

Bulletin



Fall, 2013

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To Serve

By Gary Sabbadini, DDS



I have been on the CSPD Board for the past eight years serving the first four years as a North Director and the last four years as Editor. The story of how I came to be a part of this incredible organization is probably similar to many who have contributed to the growth of CSPD. One day in late 2005, I received a phone call from Marty Steigner who was the President-Elect of CSPD at the time. He said that one of the Director positions had opened up and that I was one of the people who had been recommended to fill the position. In addition to building a full time practice, I had recently finished serving a three year stint on the Board of the Contra Costa County Dental Society, was volunteer teaching at UOP Dental School, and had three children ages 3, 6, and 8. A couple of things instantly came to mind. One, I don't have time to serve on the board. Two, what do I possibly have to offer to CSPD? I have been a member of CSPD since 1997 (Dr. Arthur Dugoni, the former Dean of the University of the Pacific School of Dentistry, instilled in me the importance of membership in

organized dental organizations) but, at that time, I had no idea what CSPD actually did. After talking with my wife and thinking it over, I decided that I would accept the nomination. I felt honored to be asked and thought that maybe I might be able to make some minor contributions.

Initially, I helped out wherever I could and slowly began taking on more responsibility. Lonnie Lovingier, the CSPD Editor at the time, found out that I was an English major at Cal and asked me to help him edit articles for the Bulletin. I don't know whether Lonnie saw some talent in me or if he was just looking for someone to take over his position, but he groomed me to succeed him as CSPD Editor. While it has been a lot of work, it has been extremely rewarding both professionally and personally. I am sharing all of this because I never thought I would have much to contribute to our organization. Our members have more talent than they realize they possess. For CSPD to thrive, it needs people who are interested in leadership, public policy, advocacy, education, marketing, publication, technology, etc. Whether it is serving on a committee, as a Board member, or on the Executive Committee, you can make a difference! Being involved helps keep you informed and it provides you with an opportunity to shape our profession. If you have aspirations of advancing in the leadership of organized dentistry, CSPD has been a stepping stone for quite a few members. CSPD Past President, Lindsey Robinson, is the current President of the California Dental Association. Paul Reggiardo was President of CSPD from 1992-1993, served as AAPD President from 2002-2003, and is currently serving as CSPD Public Policy Advocate. These two incredible individuals are only a few examples of those who have used the leadership experience they received in CSPD to move

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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).

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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.

President's Message

Another Reason for Compassion

Rebecca Lee, DDS



There is a Buddhist saying that goes, "What we think, we become."

I watched a TED talk recently by health psychologist, Kelly McGonigal, entitled, "How to Make Stress Your Friend." Seeing that we, as dentists, share a profession which ranks highest in suicide rates, I felt that using my quarterly President's message to share highlights from McGonigal's presentation with the

CSPD membership is apropos. McGonigal offers two novel ways to view stress ... both based on the premise that how you think about stress matters.

1) Stress Can Be Helpful: Contradictory to the common belief that stress is unhealthy, McGonigal references an 8-year study of 30,000 U.S. adults that showed that stress only increases your risk of dying if you believe that stress is harmful to you. In fact, those people in the study who believed stress was not harmful had the lowest risk of dying, regardless of how much stress they felt they experienced. To explain these results, McGonigal cites another study that demonstrated that by simply changing your mind about stress, you can change how your body responds to stress. The physiologic signs normally seen in response to stress include increased heart rate, increased respiratory rate, and blood vessel constriction. This last sign is the reason why chronic stress has been thought to be associated with cardiovascular disease. Results from the study showed that subjects who were told to think of stress as helpful before they were exposed to a stressful scenario still showed increased heart and respiratory rates when they were exposed to stress, but did NOT show any vascular constriction. McGonigal pointedly notes that the physiologic response of increased heart and respiratory rates without vascular constriction is actually what is seen in times of joy and happiness. By viewing stress as helpful, one can eliminate the main negative physiologic response to stress and actually become "better at stress."

2) Stress Makes You Social: Oxytocin, the famous "cuddle hormone" responsible for empathy, compassion, and the desire for close physical contact, is also a stress hormone, playing as large a role in the stress response as the adrenaline that makes your heart pump. Why? McGonigal explains that it's not that your brain is telling you to cuddle with the tiger chasing you down, but rather your brain is encouraging you, in times of stress, to seek support, surround yourself with people who care about you, and notice when others are struggling and = offer them your own support. Another important role of oxytocin is its physiologic effect on the body. Oxytocin is

a natural anti-inflammatory which, when released during stress, makes you healthier by maintaining vasodilation and helping heart cells regenerate and heal from stress-induced damage. Tying the behavioral and physiological effects of oxytocin together, McGonigal concludes that the body's "built-in mechanism for resilience" is human connection. By reaching out to others under times of stress, your stress response becomes healthier and you actually recover faster from stress. McGonigal supports her conclusion by citing a research study which asked 1,000 adults how much stress they experienced over the past year and how much time they spent helping friends, neighbors, or people in their community. The researchers then used public records to track the subjects who died over the next five years. Results from the study showed that although every major stressful life experience increased the risk of dying by 30%, those subjects who spent time caring for others showed absolutely NO stress-related increase in dying. "Caring created resilience."

McGonigal's lecture struck a chord with me, as it seems particularly relevant to the CSPD membership. We are dentists, and as the statisticians love to point out, that makes us 5.45 times more likely than the average person to be suicidal. But the silver lining is that we are not just dentists, we are pediatric dentists. Yes, our careers are undoubtedly stressful, but our careers are also dedicated to helping children. Compassion is inherent in our profession, and if compassion creates resilience, our breed is meant to stay. The stress we may encounter in our practices isn't fun to deal with, but its effects don't necessarily have to be unhealthy. By choosing to view the stress response as helpful, we learn to accept that our body is preparing ourselves to handle life's challenges. By connecting with our patients and their parents, our compassion allows us to recover better from stress. Finally, if the oxytocin released with stress allows us to access our compassionate heart, we will understand that we can seek support from the people who care for us and don't have to face our stresses alone.

I've often been asked why I've gotten so involved with CSPD. My answer has always been that participating in CSPD has brought an invaluable sense of fulfillment and completion to my career that I could not have found by practicing alone in private practice. I am wondering now if CSPD was also my way of surrounding me with individuals who are not just passionate about their profession, but are also compassionate towards their patients and peers. The work of the CSPD leadership this the past quarter displays the perfect example of their desire to improve the oral health of California's children. Our ad hoc Access to Care Committee has spent myriad hours debating whether the expansion of the scope of duties of hygienists and assistants proposed

President's Message

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by Bocanegra's teledentistry bill (AB 1174) will truly be in the best interest of California's underserved children. Further, with the implementation of the Affordable Care Act beginning, the committee created two informational fliers that may be downloaded from our website to answer questions providers and parents may have about how the implementation will affect our patients' insurance.

Compassion can also be seen by the work of our ad hoc committee that was appointed to reevaluate our membership categories with regards to retired members who serve as part time faculty. The committee will be recommending that the Board and membership approve a bylaws change that will allow retired and life retired members to retain their position in these categories even if receiving a stipend for working as a part-time faculty member one day or less a week. The Board is also reevaluating our governance system to consider whether members should be allowed to vote on proposed bylaws changes and elected officers by mail-in ballot. They will also be asking the membership to approve a bylaws change that will reinstate Constitution and Bylaws and Access to Care as standing committees. These and other issues (AB 1174, voting by mail-in-ballot, the rise of corporate dentistry, etc.) are all sensitive and extremely important matters that "stress me out". However, I can find solace knowing that I am surrounded by compassionate peers and mentors working together to handle our organization's most pressing matters. I am becoming one with stress.



CSPD is seeking applicants for Board Director positions

Positions for North and South Directors on the CSPD Board of Directors are available in 2014. These positions are for a two-year term with an additional two-year term of eligibility.

CSPD is seeking applicants for the position of Editor

CSPD is looking for a well qualified individual to produce the CSPD Bulletin and other publications within the organization as its Editor.

If you have an interest in any of these positions, please submit your application online via the Leadership Development page on the CSPD web site (www.cspd.org/leadershipdev/) Applications are due by November 10, 2013. For further information, please contact Ray Stewart at drstewart@aol.com or Santos Cortez at scortezdds@gmail.com.

Continuing Education Report

Aparna Aghi, DDS



Case Based Learning: The Most Valuable Continuing Education

I recently took the ABPD oral board examination. While the preparation and anxiety that naturally accompanies the exam is stressful, I found the entire process professionally fulfilling.

My experience preparing for and taking the exam has made me realize that to really enhance professional growth we must continue the case-based learning format even as we practice. While I must

admit I was not enamored with the stress of being examined, I did enjoy the process of trying to solve the puzzle of an interesting case. As chair of Continuing Education, I started to think about how to bring this process of learning to our membership. Rarely

are we challenged by the clinical picture and/or radiographs that we see every day in our patients. However, occasionally we see a patient whose diagnosis and treatment plan leads us to pull out our digital cameras, search PubMed articles, and query our colleagues and mentors. Situations like this really test our abilities as pediatric dental specialists. They are the cases from which we can all learn and should be shared with our colleagues. Given the advances in technology and communication, an online forum on the CSPD website where members could post cases and discuss them may be an innovative addition to our continuing education offerings.

Most pediatric dentists realize the value of continuing to learn through continuing education courses, classes, and meetings. But this sort of learning must continue to be supplemented with the practical learning that comes from a case-based approach. Such an approach requires the type of interaction that can be provided by professional groups like the CSPD.

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Executive Director's Message

Training Our GP Colleagues...A Misstep Or An Obligation??

Ray E. Stewart, DDS

For many years, CSPD has engaged in activities aimed at providing our general dentist colleagues with opportunities to enhance their knowledge and skills in the provision of oral health services to children. These activities have consisted of presentations at the CDA Presents continuing education programs and the CSPD/CDA Pediatric Oral Health Programs (POHAP). POHAP has been offered with the assumption that these enhanced skills and services would be especially made available to those children who may have had problems accessing dental services.

The problem of access to care experienced by many low income families throughout California has been chronic and widespread. While there are many reasons, the fact remains that fewer than 37% of children under age 6 visited a dentist or received oral health services in the past year. This disparity is all the more striking when one focuses on that portion of the pediatric population who are eligible for Medicaid services. Among that demographic, the statistics are even more significant. A mere 20% of Medicaid children age 0-6 have ever received oral health services.

In California, it is estimated that there are fewer than 400 specialty trained pediatric dentists practicing full time in California (Full time practice is defined as 4 or more days per week) and an estimated additional 150 who practice part time (1-3 days per week). With over 9 million children in California under 18 years of age who are in need of and eligible for oral health care services, it is clear that the potential demand far exceeds the capacity for pediatric dentists alone to provide even the minimum of required preventive services for this population.

Recognizing this lack of capacity, CSPD and CDA (with original funding by Delta Dental Denti-Cal Outreach) sponsored the first Pediatric Dentistry Intensive Training for General Dentists in 2002. Over 40 dentists attended the three day course held at CDA in Sacramento. This was followed in 2003 by the first Pediatric Oral Health Program (POHAP) in Los Angeles, funded by LA Care Health Plan with a grant to the CDA Foundation. This course combined the didactic portion of the initial program with a day of hands on bench-top restorative exercises. In order to move POHAP beyond Los Angeles County, CDA Foundation worked closely with The California Endowment to craft a

proposal for expansion to six programs in various areas of the state. These trainings began in early 2007 through 2008. As reported in the CDA Foundation's 2011 Annual Report, "POHAP has successfully trained hundreds of general practitioners increasing children's access to dental care throughout California by providing care amounting to more than \$28,000,000 in treatment, and \$3,500,000 in pro bono services."

Since its inception, over 500 general dentists have been trained in advanced theory and practice of pediatric dentistry. Of these, approximately 100 have completed the oral conscious sedation (OCS) permit requirements; however, it is estimated that less than one half of these have actually engaged in the provision of OCS services in their practices. The majority of participants have been employees of Community Health Centers (CHC) many of which are designated as Federally Qualified Health Centers (FQHC). These entities are unique in that they are reimbursed for services they provide on an "encounter basis" rather than a "fee for service" based system.

Some of our pediatric dentist colleagues have lamented the fact that many of the general dentists which we are training in advanced pediatric dental techniques are not limiting their services exclusively to the children who suffer from a lack of access to oral health care but are setting up practices limited to children and are directly competing for the same insured middle and upper income families where there is no access to care issue. Many of these GP owned practices "look and feel" just like the ones owned by pediatric dentists. This has led to considerable confusion by the public who believe that they are being served by a "specialty" practice and that the general dentist providers are "specialists." As a result, there are some pediatric dentists who oppose any efforts to increase the skills and knowledge base of our GP colleagues that would make those practices more competitive. This is not an altogether unwarranted or unexpected reaction. A pediatric dentist has spent an additional two to three years in training, often having invested significant additional time and resources in the process of becoming Board certified and setting up private practices. Understandably, this may lead to negative feelings by many pediatric dentists toward any program which trains and equips a general dentist to compete for patients without a clear and visible disclosure

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Public Policy Advocate's Report

Report of the Meeting of the Dental Board of California

Prepared for the California Society of Pediatric Dentistry

Paul Reggiardo, DDS, Public Policy Advocate



The Dental Board of California met August 26-27, 2013, in Sacramento. The following report 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.

DENTAL LICENSING PROCESS

The Western Regional Examination Board (WREB) is presently the only clinical dental licensure examination given in California. The California clinical examination administered by the Dental Board since the 1920's was effectively replaced by the WREB examination through 2006 legislation which authorized the Board to accept the WREB for California licensure and also established the portfolio examination as a future pathway to license in California.

The WREB is presently administered by 17 states and accepted for licensing in these and an additional 17 others. Approximately 36% of the 5300 students graduating from US dental schools take the WREB exam. California graduates represented 28% of WREB examinees in 2012 and 697 dentists who successfully completed the examination were granted California licenses that year. Most western states no longer provide their own licensure examination and recognize the WREB exam instead. The cost of the examination varies by site, but is approximately \$2,000. The WREB is a "criterion referenced examination" designed to test for minimum competency, thereby resulting in a high pass rate. In 2012, the overall pass rate was 94.7%.

Plans for the Licensure by Portfolio Examination remain on track, although implementation will not occur in time for the Class of 2014. The Dental Board has developed proposed regulatory language relative to the portfolio examination requirements and now enters into the rulemaking phase of regulatory adoption. Proposed regulatory language relevant to the portfolio examination requirements may be accessed on the Board's website (pages 36-88 at www.dbc.ca.gov/about_us/materials/20130826fbmm.pdf.)

Comment: Licensure by Portfolio will be a more rigorous licensing process than passage of the WREB examination and it is unclear at this stage what percentage of students will want to avail them self of the process, especially in view that it provides licensure only in California.

ACTION ON LEGISLATION

The Board this year has tracked 25 bills pertaining to health care coverage, military licensing, and healing arts boards. At the August meeting, the Board acted on five bills currently being considered by the legislature.

- 1. AB 496 (Gordon)** – Reauthorizes the *Task Force on Culturally and Linguistically Competent Physicians and Dentists Task Force* to advocate for and provide health services to members of linguistic and ethnic minority groups and lesbian, gay, bisexual, transgender and intersex groups at a cost to the Dental Board of \$110,000 over a two-year period. **ACTION: Move from Watch to Support.**
- 2. AB 512 (Rendon)** –The current law allowing out of state health care practitioners to provide services to uninsured or underinsured persons on a voluntary basis at specified sponsored events after approval by the applicable healing arts licensing board of the practitioner and sponsoring entity has been extended to January 1, 2018. **ACTION: Move from Watch to Support.**
- 3. AB 836 (Skinner)** – Reduces from 50 to 30 the continuing education hours biannual required for license renewal by active retired dentists who solely provide uncompensated care. All qualifying units must be earned through courses related to the actual delivery of dental services. **ACTION: Continued Support.** CSPD supports the bill.
- 4. AB 1231 (Perez, V. Manuel)** – Facilitates and encourages the utilization of telehealth in meeting the health and dental care needs of clients and the families of clients of state Regional Centers (which serves individuals with developmental disabilities - including autism). It involves no changes in scope of practice or supervision of current healthcare providers. **ACTION: Continue to Watch.**
- 5. SB 562 (Galgiani)** – Establishes regulation of portable dental units by the Dental Board, provides authority for increased regulation of mobile dental units, and deletes the current restriction limiting dentists to the operation of only one mobile dental clinic. **ACTION: Move from Watch to Support if Amended.** CSPD supports the bill.

Comment: The Board requests clarification in an amended bill that it will be charged with the regulation of licensed dentists providing portable dental services rather than the obligation to directly regulate the portable dental units. CDA is working with Assembly Business and Professions Committee to secure this clarification as well as one exempting sponsored healthcare events such as [CDA Cares](#).

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REVISION OF THE DENTAL PRACTICE ACT SECTIONS RELATED TO GENERAL ANESTHESIA AND CONSCIOUS SEDATION

In October, 2007, the American Dental Association House of Delegates adopted revised *Guidelines for the Use of Sedation and General Anesthesia by Dentists*. The Dental Board of California governs general anesthesia, conscious sedation, and oral conscious sedation though provisions of statute embodied in the Business and Professions Code and by regulations adopted by the Board. About two years ago, a two-person subcommittee of the Board was charged with reviewing and reporting back to the Board on consistency of the revised ADA Guidelines with current California statutes and regulations. That report found that "the scope of practice for dentists who provide sedation and anesthesia in California are generally consistent with the ADA educational guidelines, with some differences." The Subcommittee did not recommend any changes to scope of practice. The report went on to recommend "revision of the Dental Practice Act sections related to general anesthesia and conscious sedation to improve clarity and where possible consistency with nationally recognized guidelines, such as the ADA Guidelines."

At the request of Dr. Bruce Witcher, an oral surgeon and immediate past president of the Dental Board, the California Dental Association assembled a stakeholder workgroup in April to evaluate current regulation and present proposed changes for consideration and possible action by the Board. Dr. David Rothman represented CSPD on the work group.

At the August meeting, Dr. Witcher circulated a draft of the recommendations coming from the work group, which will form the basis of future proposed regulation.

Comment: That draft will be reviewed for CSPD by Dr. Rothman and Dr. Richard Udin and will be distributed to the Board of CSPD and interested CSPD members by request. CSPD will respond by written or verbal public comment at the appropriate time at the direction of the Board.

BUDGET REPORT AND INCREASE IN DENTAL LICENSING FEES.

On June 30th, the Dental Board closed the 2012-13 fiscal year with a \$1.6 million surplus from a \$11.4 million appropriation reverting back to the Dentistry Fund. With this and a final rerepayment to the Dentistry Fund of a 2002 loan to the state's General Fund, the Board projects a balanced 2013-14 budget. However, the state's Analysis of Fund Condition shows a negative balance of \$1.3 million for fiscal year 2014-15 and an ongoing fund balance deficit thereafter without an increase in dental licensing fees. The Board has therefore determined that it is necessary to increase initial licensing and biannual renewal fees from \$365 to \$450, the maximum allowable under statute. The Board's existing initial licensing and biannual renewal fees have remained static since 1998. The increase will take effect following adoption of proposed regulatory language, probably in January, 2014. Other licensing and permit fees will also increase.

Comment: The Dental Assisting Fund, which cannot be comingled with the Dentistry Fund, remains solvent and the Analysis of Fund Condition projects a FY 2014-15 surplus of \$2.3 million. Licensure fees for registered dental assistant categories will remain unchanged.

State Begins 10% Provider Reimbursement Reduction

Effective September 5, 2013, the California Department of Health Care Services (DHCS) began implementing a 10% reduction in payment to Denti-Cal fee-for-service providers that was authorized by the legislature in 2011. In addition, the Department will later announce the process by which it will recoup or "claw back" the 10% "excess payments" made to providers since June, 2011, something the DHCS has said will not begin until at least 60 days after issuing advance notice to providers.

When the reductions were approved by the legislature as part of the 2011 budget process, the DHCS first had to seek a "waiver" from the federal Center for Medicare and Medicaid Services (CMS). That waiver, which was challenged unsuccessfully in the courts, requires that the state actively monitor the impact of the reduced fees on Medi-Cal beneficiaries' access to dental services and that this access remain equal to that in the private sector.

A petition filed with the Supreme Court by a coalition of provider organizations, including the California Dental Association (CDA), seeks a review of the lower court decisions allowing the rate reductions to go forward. In the meantime, CSPD members and other providers of children's dental services are asked to share with the DHCS and CDA any plans they have to alter their delivery of Medi-Cal Dental Services (Denti-Cal) under the fee decrease. To facilitate such reporting, CDA has issued the following directive:

If you are currently providing services through the Medi-Cal dental program and are no longer able to participate, you are requested to notify the Department of Health Care Services by submitting Medi-Cal Supplemental Changes Form (Form DHCS 6209) and deactivating your provider number. That option is found under the "Miscellaneous" section on page five of the form. Providers may alternately submit a letter in writing stating their request to deactivate/terminate their provider number. The letter must be signed and include a legible, valid copy of the provider's driver's license or other state-issued identification card number. The form or letter must be sent to DHCS at the address at the found at the top of the Form DHCS 6209. The form may be accessed on the DHCS website at www.denti-cal.ca.gov/provsrvcs/forms/dhcs6209_9106.pdf. For more information, contact the DHCS at 800.423.0507.

CDA has requested that dentists deactivating as a Denti-Cal provider, or otherwise planning to alter the care delivered to Medi-Cal beneficiaries, notify the Association of their action. Capturing this information will be helpful to CDA's ongoing legal efforts and efforts to ensure the DHCS internal monitoring and reporting accurately reflect the rate reduction impact on provider network capacity and access to care. Reporting to CDA should be made to Nicette Short, CDA Manager of Legislative Affairs, at nicette.short@cda.org.

Requests for further information should be directed to CSPD Public Policy Advocate, Dr. Paul Reggiardo, at Reggiardo@prodigy.net.

Helpful Affordable Care Act (ACA) Resources

The CSPD Membership Services Committee has produced a pair of documents that can be found on www.CSPD.org. The first document - "[How does the Affordable Care Act affect Pediatric Dentistry in California?](#)" - is intended to keep pediatric dentists in California well informed about the potential effects of the Affordable Care Act (ACA) on their practices. The second document - "[How will the Affordable Care Act affect my child's dental insurance?](#)" - is for you to distribute to patient's families. Information provided in this handout may be of value to them when choosing a health care plan from one of three available avenues: employer-sponsored insurance; stand-alone dental plans (Exchange or non-Exchange); or Medi-Cal or CHP programs. Please feel free to distribute these documents on your own letterhead or use them in any way that you may see fit.

A special thank you goes to CSPD member, Dr. Cheryl Willett, who, with the able assistance of other committee members, developed the language and content of these documents.



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Bills of Interest to CSPD

California Legislature 2013-2014 First Regular Session

October 1, 2013

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 18 (Pan) ACA: Pediatric Oral Health Benefits.

The bill requires that at least 75% of the premium cost of pediatric dental plans offered in the California Benefit Exchange goes toward actual patient care and any amount below this level must be refunded to the purchaser of the plan.

CSPD Position: Support

Outcome: Stalled in the Assembly

Comment: CDA will move the bill forward in 2014 with amended language that will expand the regulation to require all dental plans sold in the state to adhere to a medical loss ratio (MLR) in which they must contribute a certain percentage of their premium revenues to actual patient care and limit the amount that can be used for administrative costs.

AB 836 (Skinner) Continuing Education Required of Retired Dentists. This bill would mandate that the Dental Board reduce the continuing education licensure requirements for retired dentists providing only uncompensated care to no more than 60% of those hours required for an active license.

CSPD Position: Support

Outcome: Passed by the legislature and signed into law by the Governor

Comment: The purpose of this CDA-sponsored bill is to reduce the continuing education requirements for retired dentists providing volunteer care, thereby encouraging such activity for those wishing to do so. All of the reduced hours of continuing education would be required to be in Category I (actual delivery of dental services).

AB 1174 (Bocanegra) Teledentistry: Expanded Duties and Medi-Cal Billing. This bill would expand the scope of a practice of a Registered Dental Assistant and Registered Dental Hygienist to prescribe dental radiographs and the Registered Dental Assistant in Expanded Functions and the Registered Dental Hygienist to place interim therapeutic restorations pursuant to the order of a licensed dentist. The bill would authorize asynchronous transmission of information to be reviewed at a later time by a licensed dentist at a distant site as a billable encounter under Medi-Cal regulations.

CSPD Position: Watch

Outcome: The bill is held in the Assembly and will not be considered until second legislative session in 2014.

Comment: Introduced at the request of The Children's Partnership, the bill would place into statute the elements of the Virtual Dental Home pilot project (Health Workforce Pilot Project #172) developed by Dr. Paul Glassman and the Pacific Center for Special Care at the Arthur A Dugoni School of Dentistry. This will now be a "two-year bill" which must pass out the Assembly by January 31, 2014. The Board of CSPD is considering amendments that would make the bill acceptable to its membership, core values, and AAPD Clinical Guidelines and Oral Health Policies.

AB 456 (Padilla) Health Care Coverage. Introduced as a "spot" bill for possible later legislation related to dental workforce study and the establishment of a state dental director.

CSPD Position: Monitor

Outcome: This will be a "spot bill" held for the 2014 legislative session

Comment: Senator Padilla has indicated he will not move forward with SB 456 unless consensus is achieved between CDA and The Children's Partnership on both the state dental director's office and the workforce study and the funding issues related to both that derailed last year's SB 694.

SB 562 (Galgiani) Mobile or Portable Dental Services.

This bill would direct the Dental Board of California to bolster regulations governing mobile and portable dental units regarding provisions for follow-up and emergency care and for maintenance and availability of provider and patient records.

CSPD Position: Support

Outcome: Passed by the legislature and signed into law by the Governor.

Comment: This CDA sponsored bill addresses concerns about continuity of care and maintenance and availability of patient records when entities operating mobile or portable dental facilities market services in schools or community settings. The bill grants authority to the Dental Board of California to adopt governing regulations.

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First Phase of Strategic Planning Completed

At the CSPD Board meeting in September, the Officers and Board of Directors completed the first step of CSPD's Strategic Planning by selecting Lisa Yates of ACS Quantum Strategies as the consultant. Ms. Yates is a seasoned facilitator and is well acquainted with the challenges facing our association. She has previously performed strategic planning for CSPD, CSPD Foundation and will be facilitating strategic planning for the American Board of Pediatric Dentistry next month. Prior to serving as a consultant, Lisa was Chief Operating Officer (COO) for Integrated Realtime Information Services, Inc. and was COO for the California Hospital Association. We look forward to Ms. Yates' assistance as we move forward with the process.

The next phase of Strategic Planning involves gathering the necessary data for our planners to think strategically. This involves conducting both external and internal environmental scans. The external scans will attempt to identify those defining forces with

which we must contend in the coming years. This will include such areas as legislation, novel workforce issues (including midlevel providers and corporate dentistry), implementation of the Affordable Care Act, government regulation, and public perception. Simultaneously, an internal scan will be performed to determine the needs and wants of our membership and volunteer leaders. Very soon, you will be receiving a series of short email surveys from CSPD. These will be designed so that you can quickly complete them between patients. They are your opportunity to register your concerns about the future of our profession. Please take the time to complete them. If you have not provided us with your email address or need to update it, please email simone@cpspd.org. Your participation is critical in assisting us in devising a plan that strategically guide us in future years.

~ Rebecca Lee, CSPD President

CDA Cares volunteer changes young patient's life

California dentists provide a tremendous amount of pro bono work to those who experience barriers to care. In fact, dentists across the state provide oral health care services worth an estimated \$388 million each year (\$15,668 per dentist). One such example occurred recently at the CDA Cares San Jose program.

Dental decay can be a problem for people of all ages, and no one knows that better than the family of Esmy, a 3-year old girl whose severe early childhood caries had done so much damage to her teeth that she had begun to cover her mouth when smiling.

Every photo and every opportunity to smile big or talk caused the young girl to shield her mouth, said her grandmother, Ruby Smallwood. But that was before she attended the CDA Foundation's CDA Cares program in San Jose in May and had her life changed by a generous pediatric dentist who practices in Redlands.

Rick Nichols, DDS, volunteered in the children's area at CDA Cares, a program that allows volunteer dentists, with the assistance of other dental professionals, to provide dental services at no charge to patients who experience barriers to care. Most patients wait in line over night to receive care and many suffer from severe pain and infection.

Ruby and her daughter-in-law Jessica brought Esmy to CDA Cares San Jose from Sacramento, Jessica, Esmy's mother who also needed treatment, had traveled all the way from Texas at the request of Ruby. After an overnight sleep outside of the San Jose Convention Center, Esmy ended up in Nichols' chair. It only took a short time for him to discover that the young girl needed serious work, work that would require IV sedation to complete – something that is beyond the scope of services that can be performed at CDA Cares. (CDA Cares provides fillings, cleanings, extractions and a limited number of dentures.)

Esmy was suffering from generalized moderate to severe dental

decay. "I told them that there are a couple of pediatric dentists in Stockton and Sacramento who I could refer them to, but her mom was genuinely desperate," Nichols said. "Sometimes you meet people who are in serious need and you know you have to do the right thing." That's when Nichols offered to take Esmy in as a patient in his own practice. "At that point, my daughter-in-law was crying so hard, she was so grateful because other than that, there was no option," Ruby recalled.

Three weeks after CDA Cares, the family took Nichols up on his offer and drove nearly 8 hours from Sacramento to his practice in Redlands. Considering the amount of treatment needed and the fact that IV sedation was necessary, Nichols also paid for Esmy and her mother to stay in a nearby hotel the night before and the night of the treatment. "He was a huge blessing. He paid for the hotel for the night, he did all the work in the morning; it was amazing what he did," Ruby said. Nichols treated 14 of Esmy's teeth during a sedation case that lasted for two hours.

For Nichols, this was the first patient he had adopted from long distance, but adopting patient is nothing new for him. He has been involved with the local chapter of the Give Kids a Smile Program for years and has adopted patients through that program. He also served as the chair of the Tri-County Dental Society's Give Kids a Smile program for five years.

The rest of this story can be found at <http://www.cda.org/news-events/cda-cares-volunteer-changes-young-patient%E2%80%99s-life>

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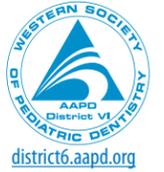
To date, with the help of 4,559 volunteers, CDA Cares has provided \$4.4 million in care to 5,878 patients. CDA Cares will be in San Diego Dec. 7-8, Vallejo April 24-25, and Pomona Nov. 20-21, 2014.



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that he/she is a general dentist who has chosen to limit their practice to children.

The fact remains that there are in excess of 9 million children age 0-20 in this state. (9,150,549 Source: CA Dept of Finance 2013) Over one half of this number are enrolled in MediCal Health Care Services with an additional 356,000 who are eligible but not enrolled. With fewer than 600 practicing pediatric dentists (includes both full and part time) in the state, it becomes clear that the pediatric dentists are simply not able to provide all of the oral health services required for these children. (Each one would need to have to be responsible for 15,000 plus patients if this were the case). It should be abundantly clear that we need the assistance of our general dentist colleagues if we are to come anywhere close to reaching our goal of providing oral health care services to all of the children in our state...regardless of their socioeconomic status.

We all would agree that there should not be two tiers of quality or standard of care when it comes to the provision of care for the children we serve. If that is indeed the case, shouldn't we be advocating for the elevation of the standards for the education and clinical training of our pre-doctoral dental students and providing expanded opportunities for post-doctoral continuing education for those general dentists who desire to see more children

in their practices? Don't we have a moral and ethical responsibility as pediatric dentists to create advanced training and educational opportunities for those general dentists who genuinely wish to serve children but may have lacked the pre-doctoral credentials to be accepted to a residency training program? I believe that we do. That others support this premise is supported by the fact that since 1998 one of the stated objectives in the CSPD Strategic Plan has been to support and create training opportunities for general dentists to increase and enhance their skill in providing care for children. To our credit, we have participated with CDA and the CDA Foundation in the development and execution of the Pediatric Oral Health Access Program (POHAP). While this has been a step in the right direction, it is not anywhere near what will be required to satisfy the total need for pediatric oral health services in the coming decade. I firmly believe that any support in the form of training that we provide to our GP colleagues will be rewarded in spades by the number of referrals they make of the complex restorative or medically or behaviorally compromised patients which they do not feel comfortable in treating. This can be a win-win for everyone involved...especially the children we serve...all of them, regardless of their station in life.

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Early Orthodontic Screenings Assure Healthy Smiles

Seven warning signs in 7-year-olds
An orthodontist answers the following questions when making a first evaluation; these answers are based on visual observation of the mouth and teeth as well as the way a child's upper and lower jaws align with one another. When you know what to look for, you can answer these questions, too.

- 1. DO THE UPPER TEETH PROTRUDE?**
Excessive protrusion of the upper front teeth - "buck teeth" - is by far the most common orthodontic problem. You can test this by using the attached Smile...Now Let's See Your Bite ruler.
- 2. IS THERE A DEEP BITE?**
The upper front teeth cover too much of the lower front teeth. This may provide answers about why your child grinds his/her teeth at night and why the lower front teeth are crowded.
- 3. IS THERE AN UNDERBITE?**
All or some of the upper front teeth fit inside the arch of the lower teeth. This can lead to tooth grinding and chipping as well as root, gum and bone loss of the developing permanent teeth. Jaw asymmetry may sometimes be noted.
- 4. IS THERE AN OPEN BITE?**
The child can stick his or her tongue between the upper and lower front teeth when the back teeth are together. A finger/thumb habit or improper swallowing pattern may cause this situation to develop. Present and future jaw alignment is a primary concern along with the child's developing dentition.
- 5. IS THERE TOO LITTLE OR TOO MUCH ROOM FOR THE TEETH?**
Teeth are crowded, overlapped or there may be noticeably large gaps between teeth which can lead to caries, gum and bone loss.
- 6. DO THE FRONT TEETH LINE UP?**
The space between the two upper front teeth and the two lower front teeth should line up with each other, both should line up with the bridge of the nose. When they do not, some probable causes are drifting permanent teeth, missing or crowding of permanent teeth, or an asymmetrically developing or lower jaw. This can all result in an improper bite or other dental issues.
- 7. IS THERE A CROSSBITE?**
The upper teeth fit inside, rather than outside of the lower teeth. There can be several types of crossbite; in the front teeth only, one or both sides of the mouth, or a combination. This may lead to the same concerns as found when an underbite is present.

Smile... Now Let's See Your Bite Ruler Test
The Smile...Now Let's See Your Bite ruler attached to this pamphlet is especially designed to help you detect excessive protrusion of the upper front teeth, one of several early warning signs of orthodontic problems in children.
Detach the ruler at the perforation. Have your child bite down normally, keeping lips open. With printed side up, place the red end of orthodontic ruler against the lower front teeth with the teeth touching on the ruler. If the bite is within the red zone, probably excessive protrusion and your child should be evaluated by an orthodontist.
Note: This Smile...Now Let's See Your Bite ruler is intended only as an indicator of upper protrusion and jaw problems in 7-year-old children. It is not a substitute for a consultation with a specialist in orthodontics. Use the ruler only as a guide.

Seek treatment earlier than age 7 if the child has:

- difficulty chewing
- open-mouth breathing
- snoring
- tongue is always between child's front teeth
- thumb or finger sucking
- overlapping or crowding of erupting permanent teeth
- jaws that click or pop
- biting of the cheek or into the roof of the mouth
- speech problems
- grinding or wearing down of the teeth
- a profile is not balanced
- a lower jaw looks too small or big
- an upper jaw "sticks out"
- obvious abnormal late development of any kind

Consider a visit to an orthodontist at any time to have you or your child's questions answered or to receive information on what your child may need orthodontically as they grow older.

Smile... Now Let's See Your Bite!
Early Orthodontic Screenings Assure Healthy Smiles

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* Data on file: Influence of Saliva Contamination on Ceramic Zirconia Bonding Investigators: Kern et al., Dent. Mater. 24, 508 - 2008

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The California Association of Orthodontists **Smile...Now Let's See Your Bite!** kit is designed to help the public understand the advantages of orthodontic detection and treatment. The kit has been field tested nationally and found to be simple to use and most effective; just tear off the ruler and place against the lower front teeth to determine the extent of malocclusion.

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Each year, CSPD contacts the California Society of Pediatric Dentistry Post-doctoral programs and requests information on their incoming residents. The program directors provide photos and profiles of their residents so that we might get to know them. If you encounter them, please encourage them as they enter into our pediatric dentistry family.

If your residents are not shown and you would like to include them, please contact Dr. Jay Golinveaux (jgolinveaux@yahoo.com).

UCSF RESIDENTS



Dr. Gina Graziani, DDS was raised in West Virginia where she graduated *summa cum laude* from West Virginia University with a BS in biology in 2006 prior to working as a method validation chemist for a pharmaceutical company. Realizing a desire to care for others, she completed her dental training at West Virginia University School of Dentistry where she became active in organized dentistry and served as the president of West Virginia's ASDA chapter. While in dental school, she received many awards including induction into Omicron Kappa Upsilon National Dental Honor Society. While living in San Francisco, Gina enjoys cooking, reading, and hiking with her dog, Baxter.



Dr. Krunal Sherathiya, DDS was born and raised in India and became one of the youngest dentists in India at the age of 22 prior to moving to the United States to pursue an advanced dental education. He received his DDS from UCSF School of Dentistry where he was involved in many community events focusing on children's oral health. His ultimate passion lies in improving children's oral health at the global level which led him to join various free health camps both in India and internationally. Krunal and his wife, Avani, enjoy life in San Francisco and in his spare time Krunal enjoys tennis, hiking, painting and learning new languages.



Dr. Neha Das was born in Dallas, Texas but has also lived in Ohio, Michigan, Arizona, and California. She received her BS degrees in Biology and Philosophy with Honors from the California Institute of Technology. During this time, Neha became particularly interested in craniofacial development, and she conducted research there for a year before beginning dental school at UCSF. While at UCSF, she held multiple leadership positions and received several awards for her research, leadership, and community involvement. Neha was inducted into the Omicron Kappa Upsilon dental honor society upon graduation and she and her husband love living in San Francisco.



Dr. Anuhya Uppula, DMD was born in southern India and moved to the Bay Area at 8 years old. She graduated high school at 16 years of age and attended UC Berkeley where she obtained a degree in Integrative Biology and did research on neuroendocrine pathways. Working at a community health center in San Francisco stimulated her interest in pursuing dentistry and pediatric clinical research, particularly in risk assessment and prevention. Anuhya obtained her D.M.D degree from the University Of Pennsylvania School Of Dental Medicine, where she was active in teaching and mentoring, pharmacological research, community outreach, and healthcare education. Her hobbies include art, theater, and dance. Anuhya is a first year resident at the UCSF Pediatric Dentistry residency program.



Dr. Brett Martin, DDS was born and raised in Sacramento, California. He graduated with a B.S. in Molecular and Cellular Biology from UC Davis where he participated in embryological and translational neuroscience research at Shriners' Hospital for Children. He received his DDS from UCLA where he did research focused on craniofacial and developmental biology. Additionally, he was one of the founding members of the national Student Professional and Ethics Association (SPEA), which is responsible for promoting high ethical standards in the field of dentistry. While volunteering at Give Kids a Smile and an underserved pediatric dental clinic in Burbank, California, Brett decided to pursue pediatric dentistry. Besides being an avid San Francisco Giants and 49ers fan, Brett is thrilled about exploring the Bay Area.

Loma Linda Residents



Dr. Ava Chung, DDS was born in Taiwan and moved to California in 2000. She received her BS and MS in physical chemistry from UCLA and completed her DDS at the UCSF School of Dentistry. While in dental school, she participated in medical missions to Ensenada and Haiti. Ava is excited to be back in Southern California where she intends to continue her community outreach involvement. When not in school, Ava enjoys spending her time exercise and baking. Upon graduation, she hopes to continue serving the community by participating in global outreach.



Dr. Adi A. Genish, DDS graduated from the UCLA School of Dentistry in 2013. Being a pediatric dentist has been her dream for as long as she can remember. She is so honored to be at Loma Linda to accomplish this endeavor! Being Los Angeles natives, Adi and her husband love to get out of Los Angeles and travel. Even with their hectic schedule, they frequently visit other countries. When they are not traveling, they love to exercise and be outdoors with their Siberian Husky, Kaya. After finishing her residency, she plans to stay in Southern California, go into private practice, and perhaps teach one day.



Dr. Pooyan Nasibi, DDS attended the California State University of Northridge where he received a B.A. in Psychology prior to receiving his DDS from USC. During his time at USC, Dr. Nasibi received a 1st place award for his research examining the motivation and preparatory effects of Pass/Fail scoring on the NBDE I. He also received a 2nd place award for devising a reproducible protocol for volumetric analysis via micro-imaging technologies.



Dr. Minh-Ky Young, DDS graduated from USC in 2009. He currently lives in Murrieta, CA and loves spending time with his wife and 3 French bulldogs. After completing a general practice residency at Cedars-Sinai Medical Center in Los Angeles and then working in private practice for 3 years, he decided to go back to school to become a pediatric dentist. In his spare time, he enjoys surfing, snowboarding, and playing golf. At the completion of his residency program, he looks forward to going back to private practice as a pediatric dentist and teaching pediatric dentistry to future dentists.

Luther Medical Center - San Diego Residents



Dr. Deepa Pandian, DDS was born in upstate New York and raised in Mission Viejo, California. Deepa graduated from UC San Diego with a BS in Animal Physiology/Neuroscience. After college, Deepa worked in cancer research and completed a MA in Physiology at Loma Linda University prior to getting her DDS at Nova Southeastern University College of Dental Medicine in Florida. Through her work at the Saban Free Clinic, Deepa decided to become a pediatric dentist. In her free time, Deepa enjoys playing the piano, reading, hiking, running, following all Los Angeles sports teams and the Buffalo Bills, cooking, traveling, and spending time with family and friends.

She became interested in pediatric dentistry while working with children and their mothers at the Homeless Health Initiative. In the future, she intends to be involved with her local and global communities through outreach programs and academics. In her spare time, she enjoys baking, going to concerts, and spending time with her family and friends.



Dr. Drew Colantino, DMD was born and raised in Springfield, Illinois. Drew graduated with honors from Georgetown University with a bachelor's degree in business. After working in the world of marketing and advertising in New York City, he decided to attend dental school at Harvard University where he received his DMD and was involved in community outreach. After completed a GPR at the Jesse Brown VA Medical Center in Chicago, IL, Drew is very excited to experience life in San Diego where he enjoys SCUBA, the visual arts, and a variety of music. After residency, he would like to participate in international dental outreach programs.



Dr. Jessica Lee, DMD was born and raised in Ames, Iowa. She graduated from the University of Washington with a BS in Cell, Molecular, and Developmental Biology. After taking a course in public health, she decided to pursue a career in dentistry. Jessica received her DMD from University of Pennsylvania School of Dental Medicine and her GPR at Cambridge Health Alliance.

(Continued on next page)

Luther Medical Center - San Diego Residents *continued*



Dr. Komail Abbas, DMD was born and raised in the Chicago area. He received his BS in Chemical Engineering from Northwestern University and then obtained a master's degree in Public Health from the Yale School of Public Health. Komail obtained his DMD from the Boston University School of Dental Medicine and then completed an Advanced Education in General Dentistry (AEGD) residency at the Milwaukee Veterans Affairs

Medical Center. When not practicing dentistry, Komail is usually at the gym playing basketball or lifting weights. After graduation, Komail plans on teaching, working in community health pediatric dentistry, and working in private practice.



Dr. Rayna Karoll, DMD was born in Chicago, IL grew up in Plainview, NY. She went to Case Western Reserve University in Cleveland, OH and did a joint six-year program for both undergraduate and dental school and then completed a GPR at St. Vincent/St. Luke's in Cleveland. Rayna spends a lot of time volunteering for various organizations including The Special Olympics. After her pediatric dental

residency, Rayna one day hopes to own her own practice and volunteer as a dentist in underserved communities. Rayna enjoys spending time with friends, playing organized sports, particularly softball and basketball, going to weekly trivia, and cuddling with her adorable rescue dog, Chewie, whose large Class III only makes him cuter!



Dr. Staci T. Robinson, DDS was born and raised in Queens, NY. She graduated from St. John's University with a BS in Biology. Staci received her DDS from Columbia University College of Dental Medicine where she devoted much of her free time towards serving in leadership and community service activities. Staci completed a GPR at St. Francis Hospital in Hartford, CT. While she loved her co-residents and patients she

won't miss New England winters or dentures. Staci and her fiancé Christopher are enjoying San Diego immensely. Staci hopes to one day become director of a pediatric dentistry residency program.



Dr. Grace Nantale, DDS graduated from Northeastern State University in Oklahoma with a BS in Medical Technology and DDS from UCLA. While in dental school, she volunteered in underserved communities both in the U.S. and abroad. Grace completed a GPR at Northshore University Health System in Evanston, Illinois and is excited to return to southern California

where she will continue to reach out to the needs of her community as she trains in pediatric dentistry. In her free time, Grace enjoys traveling to different parts of the world, visiting her family in the United Kingdom and Uganda, biking, and experimenting with new, healthy recipes she collects from her travels.



Dr. Marina Nguyen, DDS was born and raised in Vietnam after the Vietnam War. Living without true freedom until 1989, she received an opportunity to flee the communist regime by boat and eventually made it to the US. Marina graduated from the University of Florida with a BS in Chemistry and received her DDS degree from Meharry Medical

College in Nashville, TN where she spent a fair amount of time working with underserved children. Marina, her 2 children, and husband are thrilled to be living in San Diego and she is excited to see what the future holds upon completing her pediatric residency.



Dr. Mahnaz Heydari, DDS was born and raised in the small Iranian city of Damavand. In 1995, she left Iran with newborn son and moved to the USA. She graduated from UC Berkeley with BA degree in Molecular and Cellular Biology. While obtaining a DDS degree from UCSF, she became involved with La Clinica, a community clinic that provided dental care to homeless

shelters. In 2005, She started working for La Clinica in Oakland and Vallejo. There she developed her commitment to treating children who face economic and cultural obstacles to essential oral health and dental care. She proudly participates in several outreach programs in Solano County-California which provide dental care for low-income and uninsured children.

UCLA Residents



Dr. Shiva Borukhim, DDS (Westwood Program) was born in Tehran, Iran and raised in Los Angeles, California. She received her Bachelor of Science degree from UCLA in 2009 and her DDS degree from UCLA in 2013, graduating Magna Cum Laude and as a member of the National Dental Honor Society. She married her wonderful and supportive (Trojan!) husband during her second year of dental school. Shiva enjoys baking and cooking, and sometimes shares with others. She is proud and excited to continue her education at UCLA's pediatric dentistry program.



Dr. Julio Escobar, DDS (Venice Program) grew up in Guatemala and has lived in the San Francisco Bay Area ever since. He obtained his undergraduate degree from UC, Santa Cruz and his DDS degree from UCSF. After practicing in Chicago for a few years, Julio is very excited to be at UCLA-Venice Pediatric Dental program. He enjoys competitive and endurance sports and is training for his fourth marathon. When he is not running, he enjoys food and hanging out with friends.



Dr. Kendra Farmer, DDS (Venice Program) was born and raised in Seattle, Washington. She received her BS from Washington State University in Biology and her DDS from the University of Washington School of Dentistry. Kendra has participated in several community outreach programs locally throughout Seattle and internationally in Port-au-Prince, Haiti. In her spare time, she enjoys being outdoors, traveling and spending time with her family and friends.



Dr. Arina Hartunian, DDS (Westwood Program) was born in Tehran, Iran moved to the US in 2000 to continue higher education. She received her BS in Evolutionary Biology and her DDS from UCLA. Upon graduation she completed a GPR at the West LA Veterans Administration to gain more experience treating medically compromised patient. To follow her passion serving the disabled population she did another GPR at

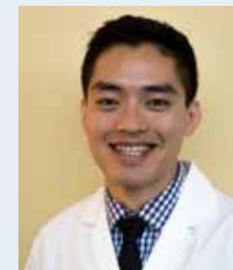
the Rancho Los Amigos Rehabilitation Clinic. She enjoys playing tennis, swimming, dancing, and spending time with friends and family.



Dr. Andy Ko, DDS (Westwood Program) was born in Los Angeles, CA and raised in Orange County. He received both his BS in Psychobiology and his DDS from UCLA. Andy's proudest moment occurred in 2009 when he finally dunked a basketball after many years of training. Dr. Ko is right or left handed depending on the activity. He writes, eats, drills, and brushes his teeth with his right hand but shoots a basketball, throws a baseball and uppercuts with his left hand. Dr. Ko has almost drowned twice in his life, once in the raging waters of Yosemite and another time in the Red Sea. He is very lucky and thankful to be alive and strives to live everyday with an attitude of gratitude.



Dr. Richard Manwaring, DDS (Westwood Program) was born in Provo, Utah but also grew up living in Oregon and Arizona. He received a BS in Marriage, Family, and Human Development from BYU and graduated with honors from the UCLA School of Dentistry, after which he began practicing in a pediatric-centered clinic in McAllen, Texas. Dr. Manwaring is obsessed with food, plays the drums and dabbles in piano, and considers himself a wannabe bird watcher. He and his lovely wife and four children are excited to be close to the beach!



Dr. Peter Nguyen, DDS (Westwood Program) was born in Fountain Valley, CA, and raised in Pomona, CA. He graduated from UCLA with a BS in Biology and continued his education at Harvard University Continuing Education. Peter received his DDS from the University of Michigan School of Dentistry. Other interests include video games, ice cream, basketball, and movies. In other words, Peter is really a large child masquerading as an adult. Since grade school, Peter has had an unhealthy obsession with Disney movies, and plans to challenge all patients to a movie trivia challenge with the winner getting free dental care.

By Mark Lisagor, DDS

USC Residents



Sahar Hamedani DDS, MPH was born in Fountain Valley, CA and grew up in the Orange County area. She graduated from UCLA in 2007 and earned her MPH degree from USC in 2008. While in dental school, Sahar was active in organized dentistry and plans to continue her activities during her program. She has a passion for issues related to child advocacy and community outreach.

In her spare time, she enjoys traveling, cooking, dancing and playing board games. Sahar plans to combine private practice, community health and teaching following her program.



Stephen Kim, DDS was born and raised in Seattle, Washington. He completed both his undergraduate studies and dental school at the University of Washington, receiving a BS degree in Biology and his DDS degree. Following dental school, Stephen worked in private practice before applying to pediatric dentistry programs. Stephen is interested in working with children having craniofacial anomalies

and other children with special health care needs. His hobbies include playing golf, running and trying different foods. Following completion of the program, Stephen plans on returning to private practice and possibly some teaching.



Paula Lobo, DMD was born in Arlington Heights, IL and grew up in the Chicago area. She received both her predoctoral degree in psychology and her DMD degree from Tufts University. Following dental school, Paula completed a GPR at Loyola University Medical Center and then entered private practice. Paula has participated in volunteer activities including the Special Olympics. She

enjoys eating and playing football and tennis. Following her program, she plans to enter private practice and possibly teach.



Suneet (Sonia) Nijjar, DDS was born and raised in Fresno, CA. She earned her bachelor's degree in Biology from UC Berkeley and her DDS from USC. At USC, Sonia participated in the mobile clinic program and also volunteered to go to Mexico with the AYUDA organization. Sonia is interested in preventive dentistry as well as working with patients having special health care needs. Her hobbies

include exploring new cuisines, cooking, hiking, traveling, and dancing. After finishing her program, Sonia plans to enter private practice in northern California and possibly teach part-time.



Aimee Nguyen, DMD was born in Los Angeles, CA and raised in Orange County. She completed her undergraduate degree in Psychobiology at UCLA and received her DMD degree from Tufts University. During her undergraduate and dental school training, Aimee volunteered in many outreach activities. Aimee's areas of interest are medicine and public health and her hobbies include snowboarding,

traveling and (yes) Harry Potter! Following completion of the program, Aimee plans to enter private practice and possibly teach.



Trang Pham, DDS was born and grew up in Olympia, WA. She completed her undergraduate degree in biology at the University of Washington and her dental degree at USC. At USC, Trang was active as a student co-director in the mobile clinic program. Trang enjoys working with patients with special health care needs. When she has free time, she enjoys baking. Her plans after graduation from

the program are up in the air right now.



Rachel Rittenberg, DMD was born in Columbia, SC and grew up in Charleston. She graduated from Clemson University in 2007 with a bachelor's degree in art and went to dental school at the Medical University of South Carolina. Rachel is interested in issues related to access to care and community outreach. She is an avid Clemson football fan and likes to watch movies and to travel. Rachel is

keeping an open mind regarding her plans after she completes her program.



Mandi Wilson, DDS was born and raised in the Tyler, TX area of the country. She graduated from the University of Texas at Tyler with a bachelor's degree in Biology. Her interests in pediatric dentistry include prevention of early childhood caries, pulp therapy, and oral conscious sedation. Mandi's hobbies include exercise, camping, rock climbing, music, and sports. Mandi hopes to enter private

practice and be involved in the community following completion of her program.

Do you ever wonder? (maybe while waiting for the curing light to work its magic on that beautiful composite...) Do you ever find your mind wandering what it might be like to combine your fascination with visiting a distant, exotic land with a desire to give back by using your skills to help some children in need?

So often these kinds of thoughts pretty much die on the vine because the process to make it happen just seems too daunting to even contemplate. Non-profit organizations like **Global Dental Relief** may just be the missing link to help you turn those "wonderings" into wanderings!

An organization dedicated to providing badly needed dental care for children of poverty in six countries around the world, Global Dental Relief has been organizing teams of volunteers for more than 12 years, with over 10,000 children now being served each year.

The beauty of this concept is that all an interested volunteer (dentist, dental hygienist, dental assistant, or non-dental person) has to do is decide when and where they want to go. One tax-deductible check is written to **GDR** and they take care of everything. There's no need to worry about plane flights, ground transportation, transfers, housing...even most food. All the necessary dental equipment and supplies and patient scheduling and logistics are taken care of for you. Just pack your toothbrush and say goodbye to your little friends in the office for trips ranging from one to three weeks, depending on locale.

Wherever you go, you'll know that you will be part of an amazing team of people from all over the world. You'll work hard, play hard, and even laugh hard together and will come away with memories and friendships that will last a lifetime.

If you still need some extra encouragement before you take the leap, why not email or call one of these pediatric dentist colleagues from District VI to hear what they have to say about



their experience....Drs. Jack Faia, Mark Bayless, Stephanie Brandli, Purva Merchant, Conway Jensen, Jeff Marks, Mike Pasoff, Neal Katsura, or Todd Pakofsky. You can also contact me at marklisagor@gmail.com. I have led four teams each year to the clinics in Kathmandu, Nepal, and Ladakh, India for many years.

Todd Pacofsky, who just returned from a clinic in Guatemala, had this to say: "This was a great experience. Global Dental took care of all the logistics allowing the volunteers to focus on our work and enjoy our time with the patients and with each other..." "This was a great way to satisfy the need to serve and to fulfill the call for adventure."

Go to www.globaldentalrelief.org to learn more. Most trips book up six to twelve months in advance, so start planning now for 2014!



Wednesday, March 26, 2014

PALS® (Pediatric Advanced Life Support) by John Bovia

Time: To Be Announced
7.5 CE Units

Refresh Emergency Response Skills; Protect Pediatric Patients

If a pediatric patient has a medical emergency in your office, the first-responder is you. Are you prepared to shoulder that huge responsibility? Ensure that your skills are current. Earn your recertification.

Sign up Pediatric Advanced Life Support (PALS) recertification course and quickly gain the following advantages:

- **Targeted skills** – Receive emergency training designed by dentists for use in a dental office setting
- **Essential emergency protocols** – Learn the vital tools and skills to save a pediatric patient's life, including crucial airway management
- **Peace of mind** – Create an emergency medical plan for your office, and rest easy knowing that you're prepared
- **Hands-on practice with simulators** – Get practical training to prepare for everyday emergency scenarios using best-in-class pediatric simulators

It's rarely sufficient to know the appropriate adult response during a medical crisis. Children present a unique challenge because their initial symptoms of distress can mirror nervous behavior. In addition, you'll likely be working from an incomplete medical history that may not contain vital details about allergies or other key conditions.

This 1-day PALS Recertification course provides the latest developments in pediatric emergency response procedures. You'll gain up-to-date information while also meeting recertification requirements. Highly qualified and experienced instructors lead this hands-on pediatric course. You'll gain practical experience (using patient simulators) to prepare you to respond to a real-life emergency with the equipment common to most dental offices and learn how to quickly determine the right medication doses for children.



John Bovia has 30 years of experience in emergency medical services dating back to his time in the U.S. military. He was one of the first paramedics to be licensed in the state of Michigan in the late 1970's. John is the co-founder of Life Support Services, Inc., and he has been recognized over the years as an outstanding instructor for the American Heart Association (AHA). He has trained over

200,000 health care providers including nurses, EMTs, physicians and dentists. He is an instructor for the ACLS course for DOCS Education and runs one of the largest training centers for the AHA, instructing health care providers and other trainers on the topic of resuscitation.

Thursday, March 27, 2014

CSPD FOUNDATION LECTURE Corporate Dentistry and Its Effect on Pediatric Dental Care

1:30 – 5:00 p.m.
3 CE Units

Program Cost: \$100.00

(Free to residents, current CSPD Foundation donors and their staff)

The goal of this program is to examine how corporate dentistry works and discuss its effect on the practice of pediatric dentistry and its patients.

Speakers: To Be Announced

Friday, March 28, 2014

Pulp Therapy by N. Sue Seal, DDS, MSD

8:00 a.m. – 11:00 a.m.
3 CE Units

This presentation will focus on recent, evidence-based approaches to pulp therapy for cariously involved primary teeth. Current best evidence for a variety of pulpotomy techniques and agents will be presented, with emphasis on the controversy surrounding formocresol. The mounting body of evidence supporting indirect pulp therapy (IPT) in primary teeth as an alternative to pulpotomy will be discussed, along with a description of techniques and medicaments for IPT in primary teeth.

Course objectives:

- Review recent evidence based findings about pulpotomy techniques using formocresol, electrosurgery, laser, ferric sulfate, and MTA in primary teeth.
- How to use alternative criteria to determine success following pulpotomy in primary teeth.
- How to diagnose and determine treatment indications for the alternative to pulpotomy of indirect pulp treatment (IPT) in primary teeth
- Recent evidence-based findings about the success of IPT compared with pulpotomy techniques.



Dr. N. Sue Seal is Regents Professor, Department of Pediatric Dentistry, Baylor College of Dentistry, Texas A&M Health Science Center in Dallas, Texas. She was Chairman of the Department of Pediatric Dentistry at Baylor from 1986 until 2009 where she still teaches ½ day

a week. She is Editor in Chief of *Pediatric Dentistry*. She served on the Board of Trustees of the American Academy of Pediatric Dentistry from 1999-2002, was named AAPD Pediatric Dentist of the Year in 2001 and received their Merle C. Hunter Leadership Award in 2003. She is a Diplomate of the American Board of Pediatric Dentistry and a Fellow in the American College of Dentists and the International College of Dentists. She has published 85 articles in peer-reviewed journals and mentored numerous Master's students.

Sedation by Steve Ganzberg, DMD, MS

2:30 – 5:30 p.m.
3 CE Units

Course Description: To Be Announced



Dr. Steven Ganzberg, Clinical Professor of Anesthesiology at the UCLA School of Dentistry, graduated from MIT in 1977 and the University of Pennsylvania School of Dental Medicine in 1981. He completed his pain management training at New York University and his anesthesiology training and Master's degree at Ohio State. Dr. Ganzberg is a Diplomate of the American

Dental Board of Anesthesiology and the American Board of Orofacial Pain. Dr. Ganzberg taught at Ohio State University for 17 years before coming to UCLA. Dr. Ganzberg is a past president of the American Society of Dentist Anesthesiologists and the American Dental Board of Anesthesiology. Currently, he is Director of Anesthesiology for the Century City Outpatient Surgery Center, a Joint Commission accredited surgery center focusing on dentoalveolar, maxillofacial and facial plastic surgery. Dr. Ganzberg has lectured extensively both nationally and internationally on topics involving anesthesiology and head & facial pain management. He has published over 50 original research articles and book chapters in the field. His research focuses on out-patient anesthesia techniques and clinical pharmacology.

NEW DENTIST LECTURE

Social Media and Your Practice by Jim Squires

2:30 – 5:30 p.m.
3 CE Units

The internet has revolutionized the way we market our practices. Facebook and other companies have become the new "word of mouth" and managing your practice requires you to manage your online reputation. Learn how to grow your practice using social media and the secrets to successful online marketing. Facebook's Jim Squires will help you navigate the social networking revolution and survive in the digital age!



Mr. Jim Squires is Director of Product Marketing at **Facebook**, focusing on the company's products for brands and advertisers. He played a key role in the development and launch of Sponsored Stories, one of the first native ad formats, and the introduction of sponsored content in News Feed and mobile. Before Facebook, Mr. Squires headed up product at Mixercast, a startup that enabled brands to use

widgets as a promotional vehicle, and Ning, a social networking platform. Prior to that he was Director of Product Management at Yahoo, where he developed the company's video, entertainment, and broadband products. He originally joined Yahoo in 1999 with the acquisition of Broadcast.com, an early video startup based in Dallas. Mr. Squires holds a bachelor's degree in marketing from Texas Christian University and an MBA from the University of California, Berkeley.

Saturday, March 29, 2014

Challenging Cases in Dental Traumatology by Dennis McTigue, DDS, MS

8:00 – 11:00 a.m.
3 CE Units

This program will explore new methodologies in managing traumatic dental injuries in children. Challenging clinical cases will be presented and discussed in an interactive format. This evidence-based dialogue will include the following issues:

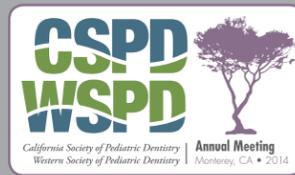
- Review of currently accepted treatment guidelines for traumatized teeth
- Tissue regeneration techniques currently applied in treatment of necrotic, immature permanent teeth.
- Sequential steps in managing "lost-cause" permanent incisors, including decoronation and interim prostheses.



Dennis McTigue, DDS, MS is a professor of Pediatric Dentistry at Ohio State University. He chaired the Department of Pediatric Dentistry there for eight years and then served the college as Associate Dean for Academic Affairs. He is past president of the American Board of Pediatric Dentistry, the American Academy of Pediatric Dentistry, and the Academy of Dentistry for the Handicapped

and past chair of the Commission on Dental Accreditation. His research interests involve dental injuries to children and guidance of child behavior in the dental office. He oversees the Dental Trauma Clinic at Nationwide Children's Hospital in Columbus, Ohio, and serves on the editorial board of *Dental Traumatology*. He has maintained a private practice in pediatric dentistry for over 35 years.

(Continued on next page 22)



Infant Oral Health: Effects on Subsequent Use, Costs and Oral Health Status by Jessica Y. Lee, DDS, MPH, PhD
1:00 – 3:30 p.m.
2.5 CE Units

The significance of the consequences of early childhood caries (ECC) is gaining the acknowledgment of professional organizations, child advocacy groups, and policymakers. Despite improvements in many oral health indicators over the last decades, ECC in particular has increased among vulnerable pediatric populations in the US and beyond. Seeing children at a young age can have positive effects over a lifetime. This presentation will provide a comprehensive overview of infant oral health and the effects on subsequent use, costs and oral health status

Course Objectives:

- Describe the etiology and prevention of early childhood caries
- Describe best practices in implementing and infant oral health program in your office
- Discuss the impact of an early preventive visit on subsequent use, costs, and oral health status

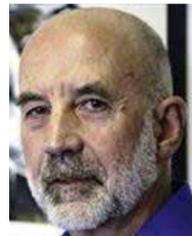


Dr. Jessica Lee is the Demeritt Distinguished Professor at the University of North Carolina. She is on faculty in both the Departments of Pediatric Dentistry and Health Policy and Management and serves as the Director of the Pediatric Dentistry Residency Program. She is the current AAPD At Large Trustee and has served on numerous AAPD councils and committees. Dr. Lee received

her MPH and DDS degrees from Columbia University and her Certificate in Pediatric Dentistry and PhD in Health Policy and Management from the University of North Carolina at Chapel Hill where she was also a NIDCR National Research Service Award recipient and Post-doc fellow at the Cecil G. Sheps Center for Health Services Research. She is a board certified pediatric dentist, an active member of the medical staff at UNC Hospitals, and practices in the school's Faculty Practice. She has authored over a 100 peer reviewed manuscripts, abstracts, and book chapters. She serves on the editorial boards of the Journal of Dental Research, Journal of Public Health Dentistry, and Dental Traumatology. She is involved in teaching, clinical practice, and research and maintains several research grants. Dr. Lee is the recipient of numerous teaching and research awards and in 2011, Dr. Lee was named the 'Pediatric Dentist of the Year' by the AAPD.

Lasers and the Future of Dentistry by John Featherstone, MSc, PhD
9:00 – 11:30 a.m.
2.5 CE Units

Course Description: To Be Announced



John Featherstone, MSc, PhD, is Professor of Preventive and Restorative Dental Sciences at UCSF and Dean of the School of Dentistry. He earned his MSc in physical chemistry from the University of Manchester (UK) and a PhD in chemistry from the University of Wellington (New Zealand). His research over the past 34 years has covered several aspects of

cariology including fluoride mechanisms of action, caries risk assessment, demineralization and remineralization of the teeth, apatite chemistry, salivary dysfunction, caries prevention, and laser effects on dental hard tissues with emphasis on caries prevention and early caries removal. He is currently active in implementing caries management by risk assessment in several dental schools across the nation.

See you in Monterey!



Join us in **2014**

Hyatt Regency Monterey Hotel and Spa
on Del Monte Golf Course
March 26–30, 2014
www.cspd.org



World-renowned Speakers!
Topics include:

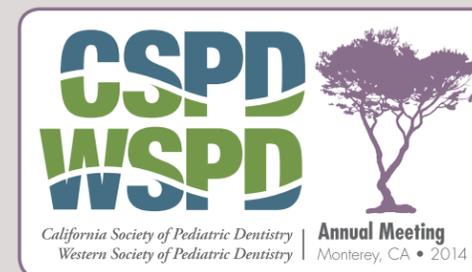
- **Dr. Jessica Y. Lee**
Infant Oral Health
- **Dr. Dennis McTigue**
Dental Trauma
- **Dr. Sue Seale**
Pulp Therapy
- **Dr. John Featherstone**
Future of Lasers in Dentistry
- **Dr. Steve Ganzberg**
Sedation
- **Various Speakers**
Corporate Dentistry

Come experience the possibilities in Monterey!

- Play golf on the [Del Monte Golf Course](#) which was ranked by Golf Digest as one of the top five golf courses over 100 years old in America
- Dine at [TusCa Ristorante](#) which is famous for their Farm to Table menu featuring locally grown seasonal ingredients
- Explore the [Monterey Bay Aquarium](#) where you can see animals indigenous to the area such as sea otters, jellyfish, penguins, and many more!
- Looking to leave the hotel? Monterey has picturesque scenery, museums, shopping, wine tasting and numerous outdoor activities such as kayaking, whale watching, and bike tours.

Earn more than 20 CEUs!

The Greatest Meeting of Land and Sea



Membership in CSPD

By Ann Tornabene, DDS



When I graduated from the University of the Pacific, Dugoni School of Dentistry in 2003, I joined dental organizations because everyone joined. We had the student representatives stand in front of our class and give us a speech about organized dentistry and then filled out the enrollment forms. At that time, I didn't appreciate the advantages of joining organizations such as CSPD until I was a pediatric dental resident at UCSF. In my residency,

I developed an interest in the politics of CSPD and was granted a Warren Brandli intern position where I was able to attend board meetings for one year and work on my own projects within the organization. I love being a member of CSPD! However, I was unsure how to respond to new graduates and practicing dentists who asked me, "Why be a member of CSPD?" So, here my list of why pediatric dentists should join CSPD:

Our voice: It is our voice against those who will try to make laws that are not in our best interests or in the best interests of our patients. We are stronger as a group and, in this changing time of insurance and autonomy, this is more important than ever. We have tremendous influence when we speak as a unified voice.

Keeping current on child advocacy: The CSPD has members who tirelessly work to get its members the information on the latest laws, bills, and any changes that may affect how we practice. Without these people presenting us with a concise summary of proposed laws in this bulletin, we may not have the time or resources to find out this information. The CSPD keeps us current on our profession.

Business connections and exchange of information: The CSPD provides a network for us to connect and learn from other pediatric dentists. Whether looking for a job, looking for a partner, or looking to connect with a local study club, the CSPD can provide that through the Annual Meeting or the website.

Annual Meeting and continuing education: The CSPD provides continuing education opportunities including an outstanding annual meeting and scientific session at a reduced member registration fee. The Annual Meeting consists of numerous social events as well as a scientific program, panel discussions, table clinics, business meetings, and exhibitors. The CSPD website also offers a

number of online continuing education courses including some which satisfy recertification of California's oral conscious sedation permit.

Future leadership: The society provides for the cultivation of new leaders in our profession. The CSPD has numerous opportunities for members to get involved all with varying time commitments. These appointments will grow and develop the future leaders of our profession.

Publications and Media: Membership in the organization gives you full use of the website www.cspd.org, a copy of the quarterly Bulletin designed to educate the members on projects and current issues facing our profession (and to read interesting articles like this one!), and use of the membership directory updated annually. Also, the CSPD leadership occasionally sends out important and immediate updates to its members via email or mail.

Peer review: CSPD maintains a committee of member dentists to provide for case review under the direction of the California Dental Association.

Programs for new dentists: The CSPD offers specific programs for new pediatric dentists both at the Annual Meeting and throughout the year. A mentoring program is also available whereby a new member dentist can be connected to an experienced pediatric dentist.

Interaction and camaraderie: It is simply our brotherhood and our sisterhood. We are lucky to be in a friendly, supportive profession where we help each other instead of ruthlessly compete with each other. There is work for everyone. Camaraderie is in our personalities and we need to foster this trait. A

Membership in the CSPD has significant benefits for its members. Besides the list that I have presented above, I personally feel that I am supported by a strong organization whose members would step in to help should I face a health issue or any number of challenges that life can bring. As of June, 2013, the CSPD is 682 members strong. The fastest growing membership category is our student membership (77 in June, 2013 vs. 64 in April, 1012) and we also have about 10 predoctoral student members this year for the first time. The addition of the younger members helps assure the survival and growth of the CSPD. Let's stay a strong voice for both our profession and our patients and continue to advance the profession of pediatric dentistry through membership in one of its most important voices, the CSPD.

Patient Safety Committee Report

By Don Schmitt, DDS

More Bad News for BPA

The bad news on bisphenol A just continues to pile up. According to Bicuspid.com, a recent study in the American Journal of Pathology found that rats exposed to low daily doses of BPA experienced damage to their enamel. The enamel on the rats' teeth showed characteristics similar to those seen in hypomineralized molars and incisors. The permanent incisors and first molars are forming during the first years of life when studies have shown that humans are most sensitive to BPA. Both the rats' teeth and hypomineralized human teeth showed fragile and brittle enamel and a significant reduction in the calcium-phosphorous (Ca/P) and the calcium-creatinine (Ca/C) ratios. Other studies have pointed to a possible association between early exposure to BPA and defects in a testicular hormone in male newborns that can lead to undescended testes. A study at the University of Illinois at Chicago linked early BPA exposure to a significant increase in the risk of future prostate cancer. The investigators used human prostate stem cells to grow prostate tissue in a mouse model. According to lead author, Dr Gail Prins, "The main takeaway from this study is that...human prostate stem cell if exposed to BPA in early development will produce tissue that is much more susceptible to developing prostate cancer years down the road..." Work at the University of Michigan has found that fetal exposure to BPA may lead to inflammation in fat tissues after birth, which may then lead to obesity and metabolic disease. (www.drbcuspid.com/index.aspx?sec=sup&sub=rst&pag=dis&ItemID=313628 and www.drbcuspid.com/index.aspx?sec=sup&sub=rst&pag=dis&ItemID=313543)

More Research Finds Little Evidence of Link between Dental X-Rays and Cancer

In a recent study, a team from Memorial Sloan-Kettering Cancer Center, New York University College of Dentistry, and Stony Brook University School of Dental Medicine exposed four anthropomorphic phantoms (2 adults, a 5 year old child, and 10 year old child) to bitewing radiographs at film and digital settings using both rectangular and round collimation. For children, the average organ doses were less than 40 microgray units (μGy), and the highest doses were to the salivary glands, parotid, oral mucosa, skin, and extrathoracic airway. Effective doses ranged from 1.5 to 1.8 micro-Sievert units (μSv) for children and 2.6 to 3.6 μSv for adults. "Optimized doses were a fraction of the natural daily background exposure," the researchers wrote. "Therefore, predictions of hypothetical cancer incidence or detriment in patient populations exposed to such low doses are highly speculative and should be discouraged." They went on to encourage to dentist to use the ALARA (as low as reasonably achievable) principal and to always examine the patient prior to recommending films. (www.drbcuspid.com/index.aspx?sec=sup&sub=img&pag=dis&ItemID=314026)

Needle Free Dentistry?

A nasal spray, Kovacaine Mist, is currently in phase III clinical trials. The mist is designed to provide needle free anesthesia to the maxillary arch. Its inventor, Mark Kollar, DDS, created the product based on his experience being treated for an injury to his nose sustained in a pickup basketball game. He was treated with a nasal spray commonly used by ENT's to numb the nose and he noted that it also numbed his maxillary teeth. Since this is a topical product, dental assistants would be able to apply the mist freeing up dentist time for other procedures. Because the mist does not

circulate in the bloodstream for as long, it reduces potential harm to the kidneys, liver, and lungs. Further, it wears off more quickly than injectable anesthetics so there are fewer postoperative concerns with drooling and biting the lip. In phase II trials, 90% of subjects achieved anesthesia from premolar to premolar. Side effects were minor and included stuffiness, runny nose, numbness of the roof of the mouth, and sneezing. FDA trials will likely be completed by the end of summer, 2013. (www.drbcuspid.com/index.aspx?sec=sup&sub=rst&pag=dis&ItemID=313570)

Dramatic Rise in US Hospitalization from Dental Infection

A research team in Boston noted a 41% increase between 2000 and 2008 in hospitalizations attributable to periapical abscesses. The researchers opined that lack of insurance may have been a driving factor in patients delaying otherwise minor treatment which untreated eventually lead to hospitalization. While access to care in the U.S. hinges on having dental insurance, as many as 25% of adults 65 and younger lack coverage according to the Centers for Disease Control and Prevention's National Center for Health Statistics. Much of the burden for the average \$14,245 cost of dental care fell to Medicaid. A separate study in Britain showed a 62% increase in patients requiring admission and operation for spreading dental infections in the three years after the British government changed the way general practitioners were paid, resulting in fewer government insurance-accepting dentists. (British Journal of Oral and Maxillofacial Surgery, January 2011, Vol. 49:1, pp. 26-28). According to the American researchers, the trends indicate improvements need to be made to the U.S. healthcare system given the cost disparity between hospitalization for a periapical abscess and preventive or routine dental treatment in a dental practice. (www.drbcuspid.com/index.aspx?sec=sup&sub=pmt&pag=dis&ItemID=314176)

News and Notes

The Florida Board of Dentistry has decided against expanding the scope of practice for certified registered nurse anesthetists (CRNAs). The board unanimously voted to prohibit certified registered nurse anesthetists from sedating patients to a level deeper than the sedation permit held by dentists, according to a Tampa Bay Business Journal story. Florida law requires a physician or dentist to administer or supervise this type of sedation. The issue revolves around access and cost of care, taking into consideration the reimbursement for sedation based on what medical professional is involved, the story stated. CRNAs and other healthcare professionals want to change Florida laws limiting the scopes of their practice, asserting they can provide more access to care and cut costs. But physicians, anesthesiologists, and other medical professionals maintain that patients' safety is at stake.

An autopsy has revealed that a San Diego man who died in March of 2012 following wisdom tooth surgery died of an anesthetic overdose. The man was given 6 different types of sedatives including Propofol. The victim's family is considering legal action pending a report from the Dental Board of California.

The Arkansas State Board of Examiners is looking into whether an orthodontist offering prophylaxes at his office is violating the state's Dental Practice Act. According to the board a dentist cannot have a specialty license and practice general dentistry. The orthodontist is offering the service (performed by hygienists he employs) to address a lack of access to care. The board has not made a final decision in the case.



Foundation President's Message

Ch-ch-ch-Changes (David Bowie, 1971)

Steve Gross, CDT

As with everything in the world, all things change. That being said, I am happy to inform you that the Foundation is morphing. After a long and tenuous reexamination, strategic planning session, and many long hours of deliberation, the Foundation determined that changes had to be made in order to address our mission.

There were numerous recommendations on the best way to direct our recourses, including disbanding the Foundation, disperse its funds to the various programs, and sailing off into the sunset.

After many years of declining donations and with our reserve funds declining, the members of the CSPD and many of our new corporate sponsors came to the rescue. I am pleased to report that the 2012-2013 giving campaign was the best in years, pointing towards new life and prosperity for the Foundation.

The Foundation has funded many programs over the last ten years: research and faculty grants, Platinum sponsorship and resident support for the CSPD Annual Meetings, lunch and learns for resident programs, leadership funding, two Brandli Intern per year, and our most ambitious program, the Bridging the Gap faculty grant.

The Bridge the Gap program, now in its third year, offers the pediatric resident programs in California up to \$25,000 of funding per year with the stipulation that the monies be used for supporting additional faculty to improve and advance the training of residents who are the future of your specialty. Thus far, this program has been an overwhelming success!

Congratulations goes out to UCLA who just received their second year \$25,000 grant and UCSF who received their third year grant of \$20,000. Additionally, USC has applied for their third year funding and Loma Linda University for their second year funding, both of which are under review.

We also sponsor and coordinate the Foundation Presentation on Thursday afternoon at the CSPD/WSPD Annual Meeting with current topics and issues that have a direct effect on your specialty and your practices.

At the last Foundation meeting, the Board elected to downsize from 15 members to seven members and an Advisory Council. This will enable the Board to conduct general business in a more efficient manner and focus on our main mission of raising funds, Foundation awareness, and governance. Our meetings will be limited to one live meeting per year with all other business conducted via conference calls and email. This in turn saves valuable funds which can support additional grants. Our Bylaws have been revised in accordance to this change and our Policy & Procedure manual is presently being reviewed.

With the 2013-2014 CSPD Foundation Giving Campaign kicking off in a few weeks, I hope and wish that you will consider becoming donors to this valuable cause. Without you, the Foundation cannot survive and many of these valuable programs would not be possible.

I would like to thank all of you, our past, present and corporate donors, as well as our volunteer board who devote many hours of their valuable time addressing the crisis in pediatric dental education.

I welcome your comments and suggestions – steve@SMLglobal.com



Donate online at
www.CSPD.org/foundation

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Faculty Spotlight

By Justin Shuffer, DDS

Five Questions with Dr. Eduardo Correa



Dr. Eduardo Correa obtained his DDS degree at UCLA and his pediatric specialty training at USC and hospital training at Children's Hospital Orange County. Dr. Correa has a private practice in the city of Orange and serves as an Adjunct Associate Professor of Pediatric Dentistry at USC where he teaches pediatric dental residents in the areas of hospital dentistry, sedation management, and clinical practice. Dr. Correa holds staff hospital privileges at Children's Hospital Orange County and St. Joseph's Hospital in Orange, CA.



Q: With a busy practice, how do you find the time to assist the residents with their training and education?

A: I feel teaching provides an opportunity to give a unique perspective to residents and I have made a commitment to actively set aside time for these worthwhile endeavors. It can be difficult with a growing practice but blocking out my days months ahead of time

gives me an opportunity to make the schedule work.

Q: Why did you keep a foot in academia immediately after completing residency?

A: Once you lose touch with academia, it makes it difficult to go back and reestablish those connections. It is a great way to stay in touch with your fellow alumni and keep abreast with school happenings, events, and changes in the field of pediatric dentistry.

Q: In what ways have being a faculty member positively influenced your life and/or practice?

A: It is rewarding getting different perspectives from the other faculty and from new residents. I enjoy learning from these bright, dynamic individuals and it is gratifying to teach at the community clinic level where the children we serve have the greatest need.

Q: What would you tell young practitioners that are contemplating a part-time faculty position?

A: I think part-time teaching is a great way to keep your skills sharp and your knowledge base expansive.

Q: What has been the most rewarding aspect of your career thus far?

A: I was involved in a great deal of hospital dentistry in residency and continue to be involved through my practice. Being able to help treat those with the greatest need in the hospital environment and using my medical based dental training is very gratifying and unique to pediatric dentistry.



2014 Annual Foundation Presentation

“Corporate Dentistry and Its Effect on Pediatric Dental Care”

The goal of this program is to examine how corporate dentistry works and discuss its effect on the practice of pediatric dentistry and its patients.

**Thursday, April 27, 2014, 1:30-5:00 PM (with one break)
MONTEREY HYATT, CSPD ANNUAL MEETING, 3 UNITS CE.**

Program Cost: \$100.00

(Free to residents, current Foundation donors and their staff)

Annual Giving Campaign 2013 – 2014

(All contributions accrue yearly helping you achieve a personal level of satisfaction)

All donors receive the following benefits:

- Recognition in the CSPD Foundation's Annual List of Contributors published in the CSPD Bulletin and Annual Meeting program.
- Recognition in the CSPD Foundation's Annual List of Contributors published in the Giving Campaign annual brochure.
- Badges showing membership level to be worn during the CSPD Annual Meeting.
- Recognition in the CSPD Foundation's Annual List of Contributors displayed prominently at the CSPD Annual Meeting.

President's Circle donors receive the following additional benefits:

- Special designation in the Annual List of Contributors in the CSPD Bulletin and at the CSPD Annual Meeting
- Personal Annual Briefing by Foundation Trustees
- Invitation to the President's Circle reception at the CSPD Annual Meeting

Membership Opportunities

Presidents' Circle

- Diamond Life.....\$25,000 may be payable in up to 5 annual installments of \$5,000 each
- Platinum Life.....\$10,000 may be payable in up to 10 annual installments of \$1,000 each
- Gold Life.....\$5,000 may be payable in up to 5 annual installments of \$1,000 each

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- Patron.....\$1,000
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- Recognition in the CSPD Foundation's Annual List of Contributors published in the Giving Campaign annual brochure.
- Badges showing membership level to be worn during the CSPD Annual Meeting.
- Recognition in the CSPD Foundation's Annual List of Contributors displayed prominently at the CSPD Annual Meeting.
- Special designation in the Annual List of Contributors, in all CSPD Bulletins and at the Annual Meeting
- Personal Annual Briefing by Foundation Trustees
- Invitation to the President's Circle reception at the CSPD Annual Meeting
- Mentioned by name at every social event during the CSPD Annual Meeting

- Corporate Life.....\$10,000 may be payable in up to 10 annual installments of \$1,000 each
- Corporate Sustaining.....\$5,000 may be payable in up to 5 annual installments of \$1,000 each
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Return to: **CSPD Foundation, 1215 K Street, Suite 940, Sacramento, CA 95814**

Student Activity Report for California Pediatric Dental Residencies

Justin Shuffer, DDS

USC - Julie Jenks

Both of their pedo student groups continue to remain active. The Pedo Study Club sponsored a lecture on Endodontic Management of Young Permanent Teeth by Dr. Berdan, which was attended by about 40 students. Their Pediatric Dentistry Selective (PDS) continues to meet at least once or twice a month. At the last meeting, two of their PDS students presented an interesting ortho/pedo case. Our next PDS meeting will be held soon.



UCLA - Chanel McCreedy

Summer quarter was a fun-filled service quarter for UCLA SCAAPD!

UCLA SCAAPD sponsored their annual service trip to Lone Pine at the south end of Inyo County in California. Ten dental students and Dr. Nancy Reifel volunteered their time during the summer break to provide sealants, topical fluoride, and oral health education to elementary and middle school students. Thanks to Dr. Reifel's grant funding, all of the sealants were provided to the children at no charge. It was a huge success and the students and their parents were grateful for the services they received.

Laura Van, co-president of SCAAPD, created and piloted an interactive oral health education program, Smiles across LA, at UCLA UniCamp, an annual summer camp that serves underprivileged young teens. In just one day, they taught 60 teens about oral health including relevant topics such as wisdom teeth removal,

braces, oral piercings, smoking/tobacco, etc. The teens really enjoyed the program and the camp counselors were very impressed with the program and how much the teens learned and took away from it.

UCLA's new cabinet for the 2013-2014 school year has exciting plans for the upcoming year including building a stronger network with faculty and residents, expanding service to special needs populations, recruiting more participants to attend Give Kids a Smile Day, and building a strong relationship with UCLA UniCamp to incorporate oral health education into their program. They are currently planning a Boys and Girls Club oral health education visit next quarter, and are hosting a health fair on October 12th which is anticipated to have at least 300 attendees.



UCSF - Brent Lin

UCSF student group, Student Society of Pediatric Dentistry (SSPD), has elected new officers. Michael Hong (Class of 2015) will lead the group as the President and has worked closely with Dr. Brent Lin, a long-term faculty advisor for the student group. New initiatives are in the agenda for the student group to achieve this year.

The students continue their outreach effort by serving the surrounding communities and participating in the health fairs. One recent event was the "Happy Kids Day" on August 17th, where 11 dental students participated in providing oral health education and dental screening for children attending this annual event in the city of Cupertino, which is a predominately Asian community. There was a dental van with 3 operatories and



an outdoor tent area where dental screening was conducted. Toothbrush, tooth paste, floss, and oral health brochures were distributed to approximately 300 children. Games for children with a dental theme designed by the dental students were among the many highlights of the event.

Another outreach event was held at Camp Mendocino on August 2-4. There were 5 pediatric dental residents and 4 dental students that participated in the event, under the supervision of Dr. Brent Lin. Since the UCSF students initiated the activity as a part of their Albert Schweitzer Fellowship community projects five years ago, the Oral Health Program has now become a part of the camp's yearly activities for the children from the indigent families in the Bay Area. This annual event is sponsored by the Boys and Girls Club of San Francisco where a child can attend the 10 day camp for as low as \$10.00. Under the beautiful, natural



setting surrounded by huge redwood trees and along the Skunk Train track, oral health education was delivered in several fun and memorable ways. Afterward, the dental team enjoyed a tour around the camp and an exciting rope course with zip lines over the trees and river.

Approximately 17 dental students will be applying for the pediatric dentistry residency program in the current fourth-year class. SSPD has an active journal club for interested students, and recently, three pediatric dental residents presented special pediatric dental cases and elicited discussion among the participating students. Hands-on experience will be coordinated as a future activity. The group also provided tutoring on children's dental related topics for college students through their pre-dental society.



Dr. Chen introduces the meeting to the pre-doctoral students.

Loma Linda University - Michelle Shin

In Summer, 2013, the LLU Advanced Education in Pediatric Dentistry Department organized a meeting for undergraduate and International Dentistry students who are interested in pediatric dentistry. The purpose was to provide a candid and open dialogue about the program and discuss each current resident's background and experience with applying to pediatric dentistry programs. The audience was able to ask the residents any questions about the process. Our program director, Dr. Jung-Wei Chen, also described her expectations of her pediatric dental residents. The turnout for the meeting was about thirty students, which was more than the expected twenty who signed up. This makes us very excited about the interest that the program is garnering here at LLU!

Western U, San Diego, UOP - no report submitted



A Catalyst for the Future of Pediatric Dental Education



2014 ANNUAL FOUNDATION PRESENTATION

"Corporate Dentistry and Its Effect on Pediatric Dental Care"

The goal of this program is to examine how corporate dentistry works and discuss its effect on the practice of pediatric dentistry and its patients.

Thursday, March 27, 2014, 1:30-5:00 PM
Monterey Hyatt, CSPD/WSPD Annual Meeting, 3 CE units

Program Cost: \$100.00
Free to residents, current Foundation donors and their staff.

The CSPD Foundation is an independent non-profit body of the California Society of Pediatric Dentistry.

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OFFICE OF THE CHANCELLOR
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September 12, 2013

Steve Gross, C.D.T.
President
California Society of Pediatric Dentistry Foundation
Post Office Box 1065
Wildomar, CA 92595

Dear Steve:

Thank you very much for the California Society of Pediatric Dentistry Foundation's continued support of Bridging the Gap at the UCLA School of Dentistry. I deeply appreciate your generosity, which plays an important role in ensuring that we can attract and retain the very best faculty.

I am heartened that you and your colleagues share our commitment to enriching educational opportunities for this and future generations of innovators and leaders in pediatric dentistry. Please accept my gratitude and that of the UCLA family.

Sincerely,

Gene D. Block
Chancellor

WSPD President Letter

John R. Ukich, DDS



I write you after recently attending the WSPD Board meeting where representatives from our district had the privilege to give the updates on what is happening in the states and provinces throughout the western region. In a hot political climate, there is always a lot to talk about.

In many of the smaller states where there is less organization, they continue to deal with the issues

of Medicaid and lack of reimbursement. This is a never ending battle that does not get any easier the longer you are in practice. With rising numbers of children qualifying for Medicaid, this may be a pivotal issue for the entire country. California estimates that 50% of the children in the state will be eligible for Medicaid in 2014 when the Affordable Care Act (ACA) is initiated. That is a 20% rise of children on state assistance in one year. This is going to be the story for all of the states. The topic of the ACA is an important one throughout all the states and each state is preparing and waiting to see how it will directly affect them.

The California Dental Association has filed a lawsuit against Delta Dental of California to derail Delta's rate cut process that they have threatened as they have already done in Washington and Idaho. The entire profession is watching to see the result and the effect we can have on the big insurance companies who wield a lot of power. The topic of Corporate Dentistry is an important one that is growing throughout the country, especially with the rise of those on Medicaid and the ever decreasing reimbursement rates. The CSPD Foundation has put together a lecture on this topic for the annual CSPD meeting on Thursday March 27, 2014. The corporate dentistry model is not only present in highly populated areas, but it is finding its way into smaller communities and having a huge impact on small town dentists. With the ACA ready to go into effect, the corporate dentistry model stands to expand and private practitioners need to be aware and prepared for this possibility.

The state of Washington has been entrenched in a battle against the Kellogg and Pew Foundations who seem determined to bring midlevel providers to Washington. These wealthy and influential organizations have spent millions of dollars and would have already succeeded

had it not been for a handful of pediatric dentists who met this head on at the state capital. However, this fight is not over, and each state organization should be watching and learning as it will come to you eventually.

Alaska has had the midlevel provider model in their state for a few years now and it continues to be a great tool for them. It is reported to be working well and greatly helping the access to care issues they face. The pediatric dentists in Alaska have been greatly involved with the midlevel provider program and those children being seen by the midlevel providers.

Oregon recently had a small setback as it sought to bring fluoride to the water system in Portland. It was a hard fought battle to get it onto the ballot, but it was voted down in the end. This is also a growing trend as many already fluoridated communities are revisiting this issue and voting to remove the fluoride from the water. I know the pediatric dentists continually put themselves on the front lines of this issue, worried for the future dental health of their communities.

While Nevada and Utah are states with many pediatric dentists, they have limited state pediatric organization. Both states are putting in the hard work to change that and become organized. Nevada is hoping to have its first pediatric dental meeting in February in Las Vegas. WSPD is co-sponsoring this meeting and we will get more information out when it is available. In addition, WSPD hopes to help sponsor an event in the snowy mountains of Utah either this winter or next.

WSPD is a strong district with strong leadership. We continue to seek out pediatric dentists who wish to be leaders in their communities and profession through involvement in organized dentistry. There are so many ways each of you can serve and better our profession. I look forward to seeing many of you at the CSPD/WSPD meeting March 27-30, 2014 in Monterey, CA.

on to other leadership roles. Had I not been the Editor for CSPD, I don't think I would have had the honor of being asked to be the guest editor for the August, 2013 Journal of the California Dental Association.

Friendships and relationships have been forged with other colleagues that I never would have had without being part of the CSPD Board. I also wouldn't be as acutely aware of all of the wonderful things that CSPD does for its members and the children that we serve. With all of the challenges facing our profession (Affordable Care Act, Corporate Dentistry, down economy, etc.), we need help and input from all of our members to help keep dentistry strong. Too often people have the attitude that someone else will take care of the problem. Our society needs new blood and fresh ideas. It is never a good idea to have the same people doing the same jobs for a long period of time without infusing some new people into the mix. The Warren Brandli internship program has been a huge success in introducing young pediatric dentists to our organization. While individuals such as Paul Reggiardo, our Public Policy Advocate, and Steve Niethamer, our Website Editor, have been admirably performing their tasks for many years and have not indicated that they are leaving CSPD anytime soon, it would be great to have someone shadow them so that we have a capable replacement when they decide to step away from CSPD.

Having said all of this, I am stepping down as Editor in March, 2014. My children are at a stage of their life where they need more of me and my daughters will be off to college in 3 and 4 years respectively. When my kids don't need me as much, I plan on returning. If you have any interest in being the next Editor or serving in any capacity, please contact the Leadership Development Committee chaired by Santos Cortez - www.cspd.org/leadershipdev/. Fortunately, many of the tasks that previously occupied so much of our volunteer's time have been taken over by Smith Moore & Associates (SMA), our association management company. When I took over as Editor, I had to learn how to use the Adobe program, InDesign, because I did the entire layout of the Bulletin. Now, SMA does the graphic layout under my guidance. Our use of an association management company has made many of our volunteer jobs much more manageable.

For those who decide to join the board in 2014, they will have a tremendous opportunity to help shape the direction of CSPD for the next 3-5 years as the next Strategic Planning session will occur under the guidance of Dr. Dennis Nutter. President John F. Kennedy said, "For time and the world do not stand still. Change is the law of life. And those who look only to the past or the present are certain to miss the future." Be part of the future of CSPD.

Website Notes

Steve Niethamer, DMD, Website Editor



New website update

The Board's plan to redesign the website is progressing. Smith Moore and Associates' (SMA) Director of Technology, Justin Lewis, has finished moving the membership database information into a new association management software that is more user friendly and will make manipulating the information easier. With the new site, members will be able to sign in online to change their personal and office information.

SMA has started moving the old website information into the new framework and should have the new site ready to review within a short time.

Our website was hacked

Some of you might have noticed that the CSPD website was hacked in August. Somehow, meaningless code was rather crudely added to pages and some of the actual code was removed resulting in the viewer seeing just blank pages. The backups were used to rebuild the deleted pages and the meaningless added code was removed. This hacking resulted in no permanent damage to our website.

Professional opportunities for whom?

The Professional Opportunities page is managed by Don Schmitt and continues to get more visits than any other page on the website. There are presently 6 Opportunities Wanted, 43 Opportunities Available, 5 Practices for Sale, and 1 Faculty Position listed. The Opportunities section was created to help our newer professionals and our more established members with multiple doctor offices find each other. As it has become more popular and as the pediatric dentistry residency cycles towards its yearly end, the numbers of advertisements in each category changes. At the moment, the preponderance of listings "offering opportunities" is of note. If we look more closely at this number, we can see that about half of these listings were placed by corporate types of organizations. In a time where everything seems to be getting more expensive, the CSPD's Opportunities program is still a free service to all.

Online Continuing Education

The new OCE portal continues to be a convenient way to get needed CE credits. It can also be a great resource for training new staff members. More recent additions to our library include four sedation lectures given by Dr. David Rothman at Loma Linda University, Dr. Wright's San Francisco presentation on dental genetics, and the Portland pediatric medicine and oral pathology lectures by Drs. Stout and Kratochvil. The Leslie Canham Infection Control program should also be available soon.

NEW CSPD MEMBERS

Active Members:

John Gawlik Nipomo, CA

Life Members:

Gus Charles Petras Redding, CA
 Steven Niethamer Palm Springs, CA

Post-Doctoral Student Members

Peter Nguyen UCLA
 Shiva Borukhim UCLA
 Richard Manwaring UCLA
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 Suneet Nijjar USC School of Dentistry
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"Life membership is available to members who have maintained at least 20 continuous years of Active membership or continuous Charter membership, reached the age of 65, and continues to otherwise fulfill the requirements of Active membership."

Upcoming Meetings & Continuing Education

CSPD

March 26-30, 2014: [CSPD's 39th Annual Session at Monterey Hyatt, Monterey, CA](#)

AAPD CE Meetings

November 15-16, 2013: [Beyond the Guidelines: Factors Affecting Behavior Guidance](#)

January 24-26, 2013: [Comprehensive Review of Pediatric Dentistry](#)

February 27 - March 1, 2014: [Contemporary Sedation of Children for the Dental Practice: Enteral and Parenteral Techniques](#)

March 1-2, 2014: [Management of Pediatric Sedation Emergencies: A Simulation Course](#)

May 22-25, 2014: [67th Annual AAPD Meeting, Boston, MA](#)

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

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.

Significant Approved Motions from the, September 14, 2013 CSPD Board Meeting

- Approve the June 22, 2013 Board of Directors meeting minutes as presented.
- Approve the Executive Committee motion regarding document review subcommittee description.
- Approve the Executive Committee motion regarding changing the name of the Document Review Subcommittee to the Constitution and Bylaws subcommittee.
- Approve the Executive Committee motion regarding the charge the Governance and Administration committee to construct proper language that would create the Constitution and Bylaws Committee as a standing committee.
- Approve the Executive Committee motion regarding the Governance and Administration to construct proper language that would create the Access to Care and Child Advocacy as a standing committee.
- Approve the Executive Committee motion regarding elected officer positions and board positions shall include notification to the membership through multiple venues.
- Approve Life Membership Applications for Gus Charles Petras and Steven Niethamer.
- Approve the development of a proposal that would allow CSPD members to vote by ballot in the election of officers and directors and on constitution and bylaw amendments. The proposal is to be presented to the general assembly for vote during the Business Meeting at the Annual Meeting in March 2014.
- Approve the selection of Ms. Yates with ACS be approved designated consultant and facilitator of CSPD's 2014 Strategic Planning for the amount of \$6,975 plus reasonable ancillary expenses. An adjustment will need to be made to the CSPD budget to reflect the financial liability of this expenditure; approximately \$3000 for site expenses will occur.
- Approve documents "How does the Affordable Health Care Act affect pediatric dentistry in California?" and "How will the Affordable Care Act (ACA) affect my child's dental insurance?" be distributed to the membership.
- Move to change position to watch from support on AB 18.
- Move to charge the ATC Committee to review AB 1174 and draft revised language to present to the Executive Committee.
- Move approval of the proposed changes to the Policy Manual as presented by the Document Review Committee.
- Move approval of the PALS course during the CSPD 2014 Annual Meeting by John Bovia.
- Move to receive the first quarter financial reports as presented.
- "Move approval to fund attendance Public Policy Advocate at AAPD Congressional Lobby Day in Washington DC; estimated \$850."
- Move approval to fund attendance Executive Director at AAPD Congressional Lobby Day in Washington DC; estimated \$850.
- Approve that the Executive Director be the CA Delegation Leader.
- Move to adjourn the 143rd CSPD Board of Directors Meeting.

In Memoriam:

Frank Flores, DDS & Ronald B. Mack, DDS

In Memoriam – Frank Flores, DDS

Frank Luigi Flores, DDS passed away on July 29, 2013 in Newport Beach, CA. Dr. Flores, who was born in Monterey, CA in 1929, was a track athlete at USC and he lead his team to the National Championship in 1952. He graduated from USC Dental School in 1962 and began his career as a pediatric dentist in Costa Mesa, CA where he contributed much of his time to the California Dental Association. Dr. Flores retired in 1996 and was a Life Retired member of CSPD.

"I lost a friend in July of this year with the passing of my colleague, Frank Flores. Frank wouldn't have seemed to me to be an obvious friend when, in 1975, I opened my office in Huntington Beach, a community just down the road from his practice in Costa Mesa. He should have looked on me as a competitor, himself being a fierce competitor at USC as the co-captain of the school's championship 1952 NCAA Track and Field Team, where he took medals in both the triple and long jumps. Instead, he treated me like he treated everyone else inside or outside of pediatric dentistry, as a chum. He was kind, generous, and encouraging during those first difficult years when I was establishing a practice. However, Frank never stopped being a great competitor and Parkinson's disease, which he battled after his retirement in 1996, never had a fiercer adversary."

~ Paul Reggiardo, DDS



In Memoriam – Ronald B. Mack, DDS

Dr. Ronald B. Mack died on August 10, 2013 at the age of sixty-five. Dr. Mack graduated from UC Davis with a BS in Biology in 1969, received his DDS from UOP Dental School in 1973, and his certificate in pediatric dentistry from Indiana University

in 1975. Dr. Mack was a Diplomate of the American Board of Pediatric Dentistry and a Fellow of the International College of Dentistry, the American College of Dentists, and the Pierre Fauchard Academy. He taught at both UOP and Indiana University. Dr. Mack is well known for his research and use of electrofulguration for pulpotomies in primary teeth. He is survived by his wife, Janet, his son, Joshua, and his 3 granddaughters.

California Society of Pediatric Dentistry | **Annual Meeting**
Western Society of Pediatric Dentistry | Monterey, CA • 2014



California Society of Pediatric Dentistry

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The mission of the California Society of Pediatric Dentistry is to serve its membership and the public by advocating for the optimal oral health of infants, children and adolescents.



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Groper Pedo Partial
(composite or acrylic)

Lower Lingual Arch (LLHA)



Strip Crowns
(anterior & posterior)



SML Chairside Space Maintainer



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