

CALIFORNIA SOCIETY OF PEDIATRIC DENTISTRY

BULLETIN

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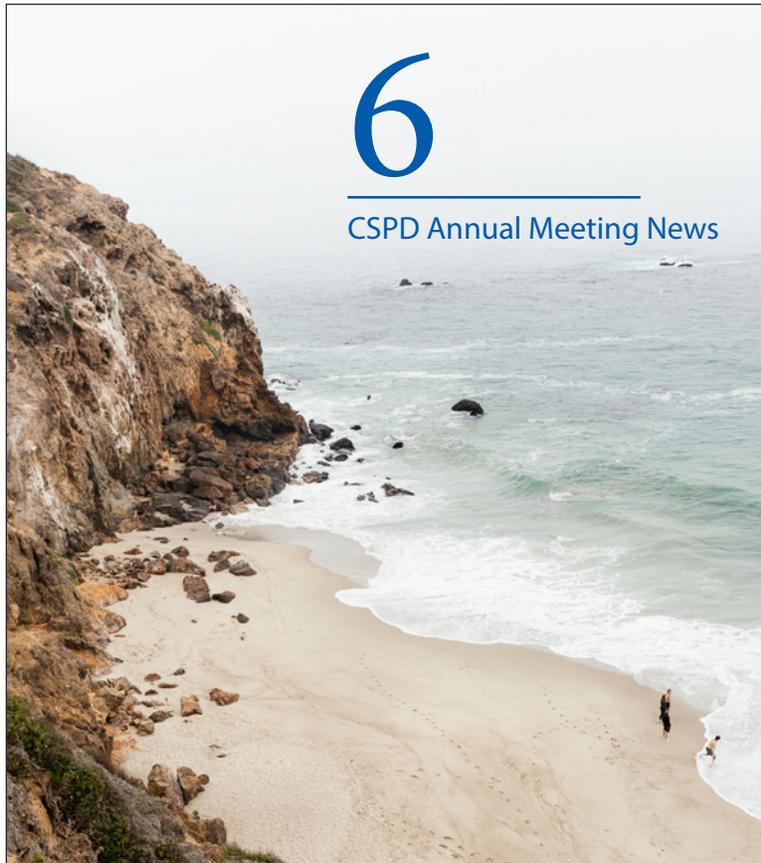
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PRESIDENT'S MESSAGE

Jacob K. Lee, DDS

IT SEEMS I'VE ONLY JUST BEGUN, BUT THE SUN IS SETTING ON MY TERM AS YOUR CSPD PRESIDENT. REST ASSURED, YOUR LEADERSHIP TEAM IS CONTINUOUSLY COMMITTED TO SERVING YOU.

Here are a few highlights of our recent activities:

Forum of Subject Matter Experts on Sedation and General Anesthesia in the Dental Setting

Periodically our Board invites outside experts to attend our meetings and share their perspectives on our subject of interest. At the January Board meeting, Dr. Larry Moore, president-elect of the California Association of Oral and Maxillofacial Surgeons (CALAOMS), Dr. James Tom, president of the American Society of Dental Anesthesiologists (ASDA), Dr. John Blake, chair of the California Dental Association's Government Affairs Council, and Dr. Henry Bennett, treasurer of the California Dental Society of Anesthesiology (CDSA) were present to provide their organizations perspectives on pending legislations regarding sedation and general anesthesia in the dental setting. Dr. Paul Reggiardo, our public policy advocate (PPA) was instrumental in coordinating this forum which enabled our Board members to hear directly from other stakeholders in order to make more informed decisions. At the end of the forum, our past president, Dr. David Perry, made an impassioned appeal to the group with his presentation on medical emergency simulations undertaken annually by his offices to minimize morbidity. We greatly appreciate the attendance and views from these speakers, and kudos to Dr. Reggiardo for making it a success.

▼ *Photo from left to right: Dr. Larry Moore, president-elect of the California Association of Oral and Maxillofacial Surgeons (CALAOMS). Dr. James Tom, president of the American Society of Dental Anesthesiologists (ASDA). Dr. John Blake, chair of the California Dental Association's Government Affairs Council. Dr. David Perry CSPD past president.*



New Design of the Bulletin

I hope you are pleased with the new design of the CSPD Bulletin. This revamping of our quarterly communications has been in the works for a while, and we're thrilled with the results. Kudos to Dr. MyLinh Ngo, managing editor, Dr. Chanel McCreedy, ad hoc editorial subcommittee chair, and Mr. David Garrison and Mr. Audie Whitt of Smith Moore and Associates, who have invested an inordinate amount of their time, energy, and creativity into giving this newsletter a whole new look.

Dr. Lonnie Lovingier is Our Next CSPD Executive Director



It is my great pleasure to announce that Dr. Lonnie Lovingier is our next executive director beginning April 1, 2018. Dr. Lovingier is no stranger to many of our members. He has served CSPD in various capacities, notably as CSPD president (2003-2004), and as the editor of our Bulletin. As

Dr. Dave Okawachi, the chair of the executive director search committee commented, Dr. Lovingier will "join a list of distinguished individuals (Drs. Tom Barber, Mel Rowan, Ray Stewart, and Andy Soderstrom) dedicated to our organization and the children we treat". Much appreciation is extended to Dr. Andy Soderstrom, who provided visionary leadership for the past 3 years.

Dr. Lovingier joined CSPD as a charter member. For many years CSPD prospered in a familial atmosphere among pediatric dental colleagues. Soon our membership will reach 1000 strong. Nevertheless, as one philosopher said, "I must change to stay the same", Dr. Lovingier is acutely aware that CSPD must continue to evolve to preserve the fellowship of professionals that has been the basis of our growth.

Appointment of a Liaison to the CA Chapter of the American Academy of Pediatrics

Our CSPD is engaged in building bridges and relationships among the vast archipelago of healthcare organizations. We are building these ties locally, statewide, nationally, and internationally with those who are committed to providing the finest pediatric care. Our goal in working with these various entities is not necessarily supporting or opposing an issue or forming a coalition. Instead we aim to foster a deeper understanding of each other's perspectives, so that we may collectively discover the best practices for delivering care. I would like to thank Dr. Kim Whippy, our board of director North, for volunteering to serve as our next CSPD ambassador to our medical colleagues. She will be a conduit of communication-a tireless advocate of the optimal oral health care for the children of California.

Tribute to the Past Presidents at the Annual Meeting in Torrey Pines

Recently, I was talking to one of our former presidents. When the topic of paying tribute to the past presidents came up, he said, "I really don't need a tribute". My response to him was that our mothership, AAPD, has had 69 past presidents. We, it's mere chapter, have had 42! That represents 42 years of professionals working together to shape CSPD into the formidable force it is today, serving as a leader in advocating exceptional pediatric dental care. This event not only recognizes the work and the accomplishments of that year's team captain, but is also a celebration and expression of gratitude to the entire team, who worked hard, made sacrifices, and played a part in advancing our great organization. Our CSPD members appreciate these efforts and how far our profession has come. Please do join us in this great salutary celebration!



Final Note

As I fade away, I would like to share an observation that has driven me this past year. Occasionally, curious CSPD members ask me what it's like to work with up to 30 diverse board members, each with a unique personality and sometimes strong opinions that can differ from yours. While we all know no one is perfect, we also know sometimes people expect you to perfectly cater to their own personal concerns. But the CSPD leadership is different! Perhaps it's because positive reinforcement is a hallmark of our specialty. When life happens, instead of sending scathing criticisms or searching for someone to blame, they have been understanding and encouraging. As in Aesop's Fable of the Wind and the Sun, they have always been the Sun and never the Wind.

Most importantly, I want to thank you, the CSPD family, for the opportunity and the privilege to serve you. It has truly been my great honor.

Gratefully,
Jacob Lee

FROM THE DESK OF THE ANNUAL MEETING CHAIR

Oariona Lowe, DDS, MPH, MA, Annual Meeting Chair



★ A TRIBUTE TO PAST PRESIDENTS ★

Networking is the key to building strong relationships within the pediatric dentistry community. Reconnect with your peers in 2018 at the beautiful Hilton Torrey Pines Hotel in La Jolla, CA. Dr. Suzy Tavara and I have a great academic program and social activities planned for all attendees. Our members represent diverse geographic locations extending from the great state of California to Hawaii, North to Oregon and Washington up to the Canadian provinces of Alberta and British Columbia, stretching to Alaska, East to include our Easternmost WSPD states of Idaho and Utah, and South to Arizona and Nevada, the Western District! We invite you to join us for a week end of Academics, Fun, and Entertainment.

This year the education and scientific sessions will offer up to 20 CEUs. A preview of what awaits you is a newly designed format for the oral poster presentations which will be unveiled on Friday evening featuring residents from the CSPD and WSPD Pediatric Dentistry graduate programs. A special lecture on Silver Diamine Fluoride (SDF) and hands-on workshop will be offered Thursday afternoon by Dr. Jung-Wei (Anna) Chen. Saturday, our keynote speaker, Dr. Robert Lustig will be speaking on "Toxic Effects of Sugar". "Updates in Pulp Therapy will be presented on Friday by Dr. Daniela Silva. Dr. Francis Serio from the ADA Foundation, joined by Drs. Larry Luke, Dawn McClellan and Andy Soderstrom will be presenting on Pediatric Dentistry Volunteerism and Mission Trips. A special presentation on "Ethical Dilemmas Facing Pediatric Dentists in Private Practice will be spotlighted on Sunday morning. We are excited to present this spectacular line-up of speakers and topics.

In addition to the wonderful academic session that is planned, the CSPD and the WSPD intends to rejuvenate your passion for the profession and invigorate you with time spent in beautiful LaJolla. Play a round of golf with your friends and colleagues! Take sailing or surfing lessons and enjoy a relaxing spa. Treat the children and grandkids for a special day at Sea World and Legoland. Both are in driving distance. For those of you who enjoy nice wine and dinners with ambiance, head into Old Town San Diego or the Gaslamp District. Spend a day at Seaport Village and another day on Coronado Island enjoying "the Del".

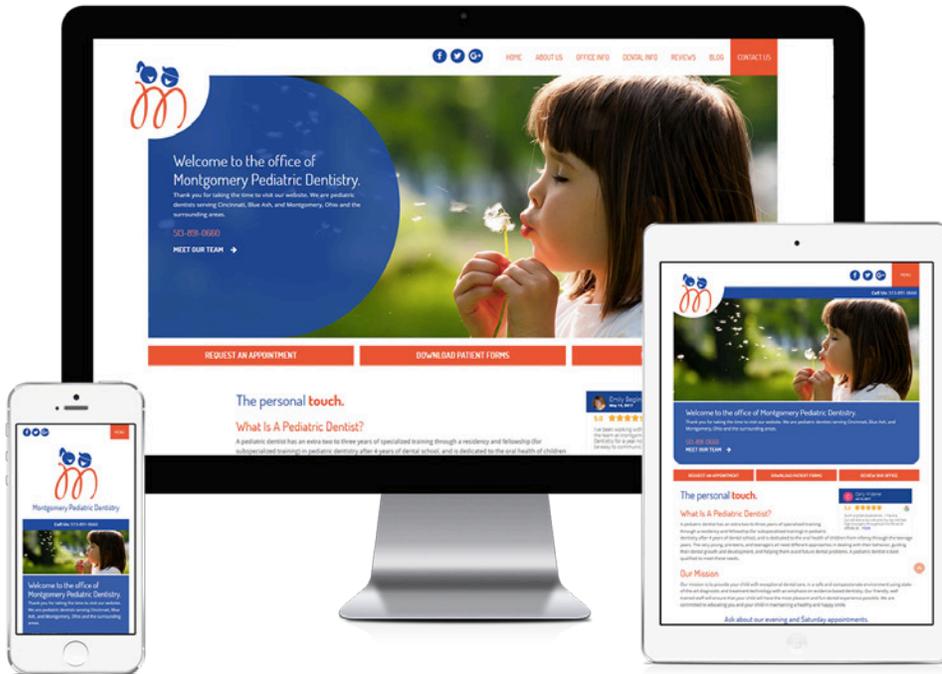
Throughout the meeting, our wonderful sponsors will be available to discuss and share their products in the exhibit hall. Some will have hands-on opportunities for you to experience. Sponsors will be addressing the members with 7-30 minute presentations about their products. Special raffle prizes will be given away for you to take home or back to the office.

Special social activities will include a special Friday Luncheon honoring our Past Presidents. The Saturday night GALA will give you to an unparalleled, unique experience, which is designed to capture your attention, it's Bollywood at Torrey Pines! Come join the fun and excitement!

Early Bird Registration will go live in April. Watch for the eblasts! Remember to make your hotel reservations at the Hilton Torrey Pines Hotel, La Jolla, CA. A reduced cost through the CSPD/WSPD room block will be available to our attendees.

See you in Torrey Pines!

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CSPD LEADERSHIP INTERNS SELECTED

Mark Lisagor, DDS, Leadership Development Committee Chair



Continuing the successful program to develop strong leadership for CSPD and other organizations representing children's oral health, the Board of Directors has announced the new Warren Brandli Interns and the Santos Cortez Graduate Student Legislative Interns.

In its 13th year, the Warren Brandli Internship program (WBI) has produced a great number of alumni who become strong leaders for CSPD, serving as directors on the board and chairing committees. Designed to introduce selected interns to the inner workings of CSPD and to help them learn the art of organizational governance and the importance of child advocacy, this program has produced many leaders within CSPD as well as other organizations representing dentistry and children's oral health.

This year's WBI interns are Dr. Remya Niranjani, a first year resident at UCSF, and Dr. Jenny Garcia, a first year resident at USC. The Brandli Interns will attend CSPD and CSPD Foundation board meetings; they will assist with the work of these boards and will be mentored by senior CSPD leadership in developing projects in service to the organization.

Four interns were selected to be the Santos Cortez Graduate Student Legislative Advocacy Interns (GSLA). Drs. Leslie Latham, Jean Marie Calvo, Elizabeth Ng and Michelle Ta are all first or second year residents at UCSF. These interns will be accompanied by a group of CSPD mentors to learn about advocacy at Advocacy training programs in Sacramento and Washington, DC, in March. They will visit their members of Congress and their state legislators to discuss issues of importance to pediatric dentistry.

The CSPD Foundation supports both of these programs.

Photo from left to right: Dr. Remya Niranjani, Dr. Jenny Garcia & Dr. Leslie Latham.



Photo from left to right: Dr. Jean Marie Calvo, Dr. Elizabeth Ng & Dr. Michelle Ta.



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SML continues its commitment of “giving back”!!!

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SML’s new web site www.SMLglobal.com has developed a fresher, more easily navigable website to help clients stay connected to the one-stop resource that actively defines the SML vision. The new design highlights both the company and its products.

Our virtual digital department is capable of receiving any intraoral scan and print models for appliance fabrication, provide digital evaluation reports or archive your digital records for documentation purposes.



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“We’re a family business,” Dr. Veis continues, “still a family business – with employees that have been with us for 40 years or more and wouldn’t work anywhere else. We want both potential and current customers to share our family pride of ownership, appreciate our commitment to offering innovative practice building solutions that differentiates and distinguishes our brand in a global marketplace.”

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MOLAR-INCISOR MALFORMATION: A Newly Described Dental Anomaly

Chanel McCreedy, DDS, MPH

IT IS NOT EVERY DAY THAT YOU STUMBLE UPON AN ORAL PATHOLOGY THAT MAKES YOUR MIND SPIN BECAUSE THROUGHOUT ALL OF YOUR TRAINING YOU HAVE NEVER ENCOUNTERED OR EVEN HEARD OF IT BEFORE.

Those days are far and few between, and they are some of the most memorable of our practice careers. If and when you see this condition for the first time, I want it to be here in the CSPD Bulletin, rather than in your office with the worried parents looking to you for answers.

To date, there are only three known manuscripts that present the anomaly known as Molar Incisor Malformation. This dental anomaly affects the morphology of the primary second molars, permanent first molars, and permanent maxillary central incisors.

The major manifestations are:

- severe coronal cervical constriction of the affected molars and
- significant underdevelopment of one or more roots of the affected molars
- abnormal notch-like defect at the cervical enamel of the permanent maxillary central incisor (not manifested in all cases)

These abnormalities may be detected during routine radiographic examination or may present as *altered or ectopic eruption of permanent molars or early exfoliation of primary second molars*. For the majority of cases reported, the patients had severe health problems early in life. Some of these health problems included premature birth, brain and central nervous system related systemic diseases, and severe health problems in the head-and-neck region.

Case Report:

Our eight-year-old male patient had a medical history positive for a sacrococcygeal teratoma, which was first diagnosed on a prenatal ultrasound at the gestational age of 33 weeks. The large lesion was excised on his second day of life. In addition, residual disease was detected at five months old and surgically excised. Currently, the patient is healthy, with no signs of neurological deficit or developmental delays.

Clinical examination and bitewing radiographs revealed a caries-free mixed dentition with *ectopic eruption of the permanent mandibular first molars* (Figure 1A). The clinical crowns of the teeth were morphologically normal, with no evidence of hypoplasia or other defects.

To address the ectopic eruption of tooth #19, an elastic orthodontic separator was utilized and complete correction was achieved. To address the more severe ectopic eruption of tooth #30, a laboratory-fabricated molar distalizer was utilized. After correction was achieved, periapical radiographs were taken prior to removal of the molar distalizer (Figure 1B). The radiographs revealed a resorbed distal root of tooth #T, as expected following severe ectopic eruption of tooth #30. Additionally, severe root malformation of tooth #30 was noted (Figure 1B). The molar distalizer was removed (Figure 1D) and a panoramic radiograph and cone beam computed tomography scan (CBCT) were taken.

The panoramic radiograph showed *abnormal morphology of the roots of all permanent first molars. Their crowns were constricted at the cervical region, and the roots appeared to be hypoplastic and malformed* (Figure 2). The CBCT showed that the distal roots of both permanent mandibular first molars were strikingly underdeveloped, with only approximately two to three millimeters of root length beyond the furcation. The mesial roots of both teeth had an aberrant morphology, with narrowing of the pulp canals. In the permanent maxillary first molars, the distobuccal and palatal roots were significantly malformed and underdeveloped. Based on these findings, a diagnosis of Molar Incisor Malformation was established.

This case was well described with additional imaging in the **Journal of Dentistry for Children** in 2016 (Molar-incisor Malformation: Two Cases of a Newly Described Dental Anomaly. McCreedy C, Robbins H, Newell A, Mallya SM. *J Dent Child* (Chic). 2016;83(1):33-7.)

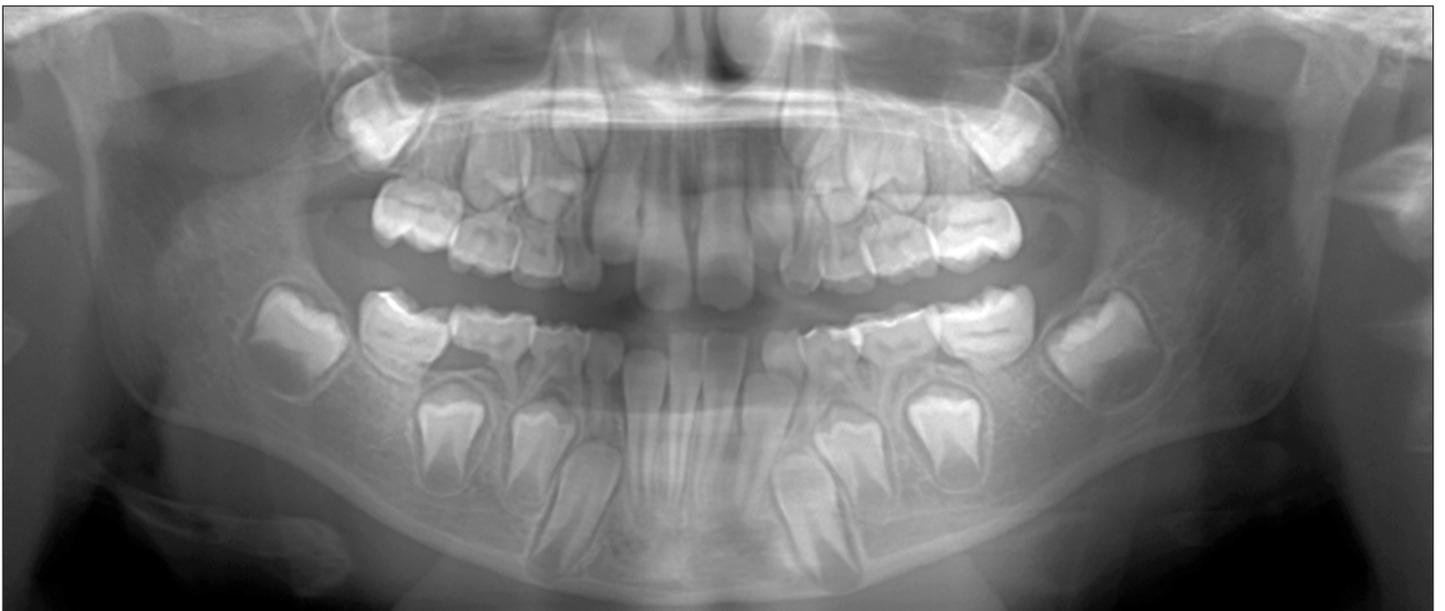
Additional cases and information can be found in the following articles published in **Oral Surgery, Oral Medicine, Oral Pathology, Oral Radiology**. (*A new type of dental anomaly: molar-incisor malformation (MIM)*. Lee et al. *Oral Surg Oral Med Oral Pathol Oral Radiol*. 2014 Jul;118(1):101-109; *Molar incisor malformation in six cases: description and diagnostic protocol*. Brusevold et al. *Oral Surg Oral Med Oral Pathol Oral Radiol*. 2017 Jul;124(1):52-61.)

Thank you to contributors Hila Robbins, DMD, Adelle Newell, DMD, MPH, and Sanjay Mallya, BDS, MDS, PHD.

Figure 1. ▶



▼ Figure 2. Panoramic radiograph showing considerable malformation of the roots of the permanent first molars.



LATEST UPDATES

— Steven Niethamer, DDS



An Update on Continuing Education

January was a very busy month for CSPD. As an ADA CERP provider approved by the AAPD, CSPD must reapply yearly in January by collecting together all of the continuing education program advertisements and sending them and other information to AAPD for review. All advertisements must comply with the ADA CERP Standards by listing the obvious program name, lecturer(s), dates and times, but also speaker bio information, disclaimer/conflict of interest information, description of course, who should benefit from attending, learning objectives for attendees and cancellation/refund policies. CE providers must obtain feedback through questionnaires answered by attendees about speakers' abilities, if lecture objectives were met and whether the facility/equipment was adequate. Complying with these standards is intended to ensure that the CE contains evidence-based information the attendees want to learn and not sales pitches from companies for one or another product.

This year CSPD will also apply to the Dental Board of California (DBC) to become a CA continuing education provider. In the past, CSPD has used the AAPD's DBC CE provider numbers. Doing this has sometimes led to confusion, since the AAPD is listed on the DBC website as a provider instead of CSPD.

CSPD OCE May Lose a Longtime Sponsor and Friend

For almost ten years, CSPD's Online Continuing Education (OCE) program has partnered with the International Association of Paediatric Dentistry (IAPD) to allow the IAPD members access to all of the OCE programs as a membership benefit. This sharing program was setup using a generous initial grant and continued with yearly support from [NuSmile Crowns](#). Dentists and their patients from all around the world have benefited from this internet access to our many excellent CE programs. If we lose NuSmile's support, CSPD will be looking for some type of replacement strategy or may even need to stop this sharing program. I believe that this program has done a lot of good and we will be discussing different options with the IAPD leadership.

One Last Thought

You might have noticed families now saying that they have started using or wanted to use this latest craze of Charcoal Toothpaste. I admit to knowing very little about this black toothpaste other than what patients have said. I'm thinking, though, that this black sludge may actually work. Why? One mom told me that this paste turns the teeth all black and it takes about 20 minutes to remove all of the black color. All this extra brushing probably will produce cleaner teeth! Maybe we should start investigating the benefits of charcoal toothpaste.



INTRODUCING TRUSTEE-ELECT: Dr. Jacob Lee

John Gibbons, DDS, Western District Trustee

THE AAPD BOARD OF TRUSTEES HELD THEIR WINTER BOARD MEETING IN JANUARY AT NAPLES, FLORIDA. IT WAS MY DISTINCT PLEASURE AT THAT MEETING TO INTRODUCE THE BOARD TO OUR WESTERN DISTRICT TRUSTEE-ELECT DR. JACOB LEE.

Jacob's background of years of serving in leadership in both the Western Society of Pediatric Dentistry and the California Society of Pediatric Dentistry will make him a strong voice for the Western District. Congratulations Dr. Lee!

At last year's ADA House of Delegates, the ADA created an independent organization to represent dental specialties called the National Commission on Dental Specialties and Certifying Boards. The formation of this independent Board will take the recognition of dental specialties out of the hands of the ADA House of Delegates which should lessen the chance of the FTC stepping in with arguments of restrictive trade. Past AAPD President Dr. Robert L. Delarosa was appointed by the AAPD Board of Trustees to represent the American Academy of Pediatric Dentistry on this new Board.

At the winter meeting the Board heard the plans from the Safety Committee to convene an AAPD Safety Symposium in 2019. The proposed safety symposium would cover topics relating to office safety such as sedations, waterlines as well as office procedures and policies. The Safety Committee, after hearing from various national ambulatory surgical site accreditation organizations has decided to work with the American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF) to explore how to develop a site accreditation process that would work for pediatric dentists. Part of the AAPD Strategic Plan is the AAPD Culture, which states "Our members put children first in everything we do, and at the highest standards of ethics and patient safety". The AAPD is committed to helping us obtain the safest environment for our patients and staff.

Evidence Based Guidelines are important because they represent the best science available to us at this time. The treatment decisions we make should, whenever possible, be evidence based. Currently the AAPD has three evidence-based guidelines: *Use of Silver Diamine Fluoride for Dental Caries Management in Children and Adolescents, including those with Special Health Care Needs; Use of Pit and Fissure Sealants; and Use of Vital Pulp Therapies in Primary Teeth with Deep Caries Lesions.* The AAPD's Evidence Based Dentistry Committee (EBDC) is or will be working on three more evidence-based guidelines: Non-Vital Pulp Therapy; Behavior Guidance; and just approved for the EBDC to examine is the evidence for a Fluoride Therapy Guideline. The process to write an evidence-based guideline requires a systematic review of the literature followed by a meta-analysis in accordance with standards

created by the National Academy of Medicine. Once approved, it qualifies for publication in the *National Guideline Clearinghouse* which is a public database of evidence-based guidelines used all around the world. The AAPD is working hard to have as many EBD Guidelines as possible for its members.

This year's Chapter Leadership Summit and PPA Workshop will be held on September 28th and 29th again in Chicago. The Chapter Leadership Summit will take place on Friday and the PPA Workshop will take place on Saturday. Attendees will be encouraged to participate in both days. This summit allows State and District Leaders to network and learn from each other. Of course, I am biased but it was apparent at last year's conference that CSPD and the Western Society of Pediatric Dentistry were looked at as organizations to emulate. As great as these two organizations are we need to constantly work to keep improving. The AAPD will be at its best when it's component chapters are at their best. This Chapter Leadership Summit / PPA Workshop is one of the best vehicles we have at this time to elevate us all.

At the AAPD Winter Board of Trustees meeting it was approved to operationalize Special Interest Groups (SIGs) by placing them into the *AAPD Administration Policy and Procedure Manual*. The purpose of the SIGs is to expand the opportunity of our members to participate with others in areas of common interest. If you have interest in a certain topic or would like to lead a group please contact me before May. The goal is to launch the SIGs when the AAPD new website is completed.

One of the most memorable experiences I have participated in is the AAPD National Media training course. The training takes place in Chicago and is limited to 9 or 10 participants each year. This is an intense two day course that addresses topics in pediatric dentistry, including how to deal with controversial issues that can arise. There is an effort to create an AAPD District Media training course to be pioneered in our Western District. This would be a great benefit to expand the number of members who will have the opportunity to participate in this outstanding event. Stay tuned for more on this development.

Lastly, what a privilege it has been to be the Western District Trustee and represent such an outstanding district. Thank You!

LEGISLATIVE BILLS OF INTEREST TO CSPD

Paul Reggiardo, DDS



AB 224 (Thurmond): Pediatric Dental Sedation. This bill would establish new definitions and revised permitting structure for the administration of deep sedation/general anesthesia, moderate sedation, and minimal sedation for patients under 13 years of age and require an analysis of outcomes and complications related to dental sedation.

CSPD Position: Under Consideration
Comment: A provision to require a separate anesthesia provider for children seven years of age or younger from that of the operating dentist included in earlier renderings of the bill is absent from this version. The author proposed in hearing that the dedicated anesthesia monitor for patients under 7 years of age be a dentist holding a general anesthesia permit, a physician anesthesiologist, a clinical nurse specialist with pediatric critical care or recovery room experience, a registered nurse anesthetist, or a nurse practitioner with pediatric critical care or recovery room experience. That provision was not accepted by the Committee.

AB 2643 (Irwin): Dentistry: General Anesthesia Clean-Up Bill. This bill would revise the required written informed consent statement, applicable for minors when dental services are provided, to encourage the exploration of nonsurgical treatment options; clarify the statement is required only in the case of general anesthesia; and remove current language that limits medical plan reimbursement for general anesthesia when dental services are rendered to that provided in a hospital or surgery center.

CSPD Position: Support
Comment: The bill, if enacted, would require that general anesthesia benefits available under a medical reimbursement plan licensed for sale in California by the Department of Insurance may not be withheld for a

child under seven years of age or any person with specified disabilities when dental services are provided in any setting (not just an accredited hospital or surgical center). CSPD may co-sponsor the bill with CDA.

AB SB 392 (Bates): Pediatric Dental Patients: Access to Care; Continuing Education. The bill would require the Dental Board to provide to the Legislature an analysis of the effects on access to care for pediatric dental patients as it relates to requiring the addition of a second general anesthesia permit holder during the administration of general anesthesia on a patient seven years of age or younger, if the operator-provider is currently a general anesthesia permit holder.

CSPD Position: Under Consideration
Comment: The bill earlier would have directed the Dental Board to develop curriculum requirements for a course in Pediatric Life Support to be required of anesthesia permit holders. The reporting requirement closely duplicates that in SB 501 (Glazer).

SB 501 (Glazer): Dentistry: Anesthesia and Sedation. The bill revises sedation definitions and the requirements for the administration of all levels of sedation in the dental setting. Requires at least three people present when deep sedation/general anesthesia is provided to a patient under 7 years of age, with one person solely dedicated to monitoring the patient.

CSPD Position: Under Consideration
Comment: The bill most closely mirrors AAPD Guidelines regarding all levels and all aspects of dental sedation. CSPD created and required amendments which would establish a single requirement for all patients under 13 years of age (instead of a less stringent requirement for 7 – 13 years of age), established a single requirement for personnel for

all children under 13 years of age consistent with AAPD guidelines, and removed the prohibition that minimal sedation be limited to the administration of a single drug in addition to local anesthesia and a mix of oxygen and nitrous oxide. These three changes (and others in subsequent modifications) which bring the bill closer to AAPD guidelines.

SB 562 (Lara): California Healthy Care Act: Single Healthcare Payer System.

This bill would eliminate all other public and commercial health care plans and provide taxpayer-funded comprehensive universal single-payer health care coverage for all California residents. This bill is prohibited from becoming operative until the Secretary of Health and Human Services has determined that the Healthy California Trust Fund has adequate revenues to fund the costs of implementing this bill.

CSPD Position: Oppose

Comment: The bill, sponsored by the California Nurses Association, if enacted, is estimated to cost between \$330 to \$400 billion (far exceeding the state's entire budget) and would disrupt the state's current medical delivery system without a clear blueprint for replacement. CSPD is part of the Coalition to Protect Access to Care, comprised of over 100,000 California physicians, dentists, nurse practitioners, community clinics and pharmacists, opposed to the bill. Passage in the current legislature is unlikely..

SB 707 (Canella): Denti-Cal Advisory Group. This bill would establish the Denti-Cal Advisory Group in the Department of Health Care Services for the purpose of studying the structure, policies and priorities of Denti-Cal with the goal of raising the Denti-Cal utilization rate among eligible child beneficiaries to 60% or greater.

CSPD Position: Support

Comment: The bill names a representative of CSPD as one of the 11 designated panel members. It is almost identical to a bill introduced by Senate Member Canella in 2016, which was modified before passage to remove the advisory panel. The Advisory Group would report annually

to the legislature and would sunset January 1, 2023, unless extended by statute.

SB 1008 (Skinner): Dental Loss Ratio. This bill would express the intent of the Legislature to enact a medical loss ratio standard for health insurance policies that cover dental services no later than January 1, 2019

CSPD Position: Support

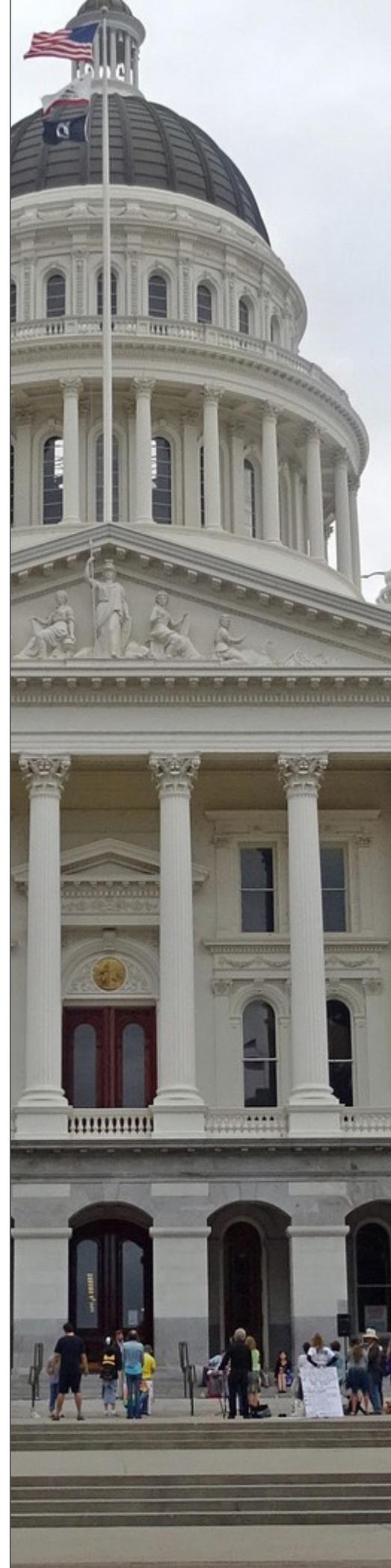
Comment: The Affordable Care Act requires a health insurance issuer to provide an annual rebate to each insured if the medical loss ratio (amount of premium spent on actual patient care) is less than a certain percentage. This would provide the same protection to dental benefit policies

SB 1148 (Pan): Denti-Cal: Silver Diamine Fluoride Benefit. This bill would require the Department of Health Care Services to make the application of Silver Diamine Fluoride (CDT code D1354) a Denti-Cal program benefit

CSPD Position: Support

Comment: The Department has declined to act under its own jurisdiction to make CDT code D1354 a program benefit.

CSPD follows a number of bills under consideration by the state legislature which potentially impact pediatric oral health. 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.



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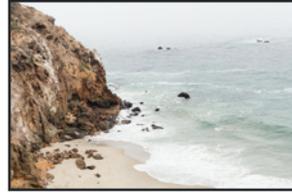
Visit www.cspd.org for the most update information.

May 24-27, 2018



AAPD 71st Annual Session
- Honolulu, HI

Oct 11-14, 2018



2018 CSPD & WSPD Annual Meeting - La Jolla, CA

Apr 27, 2019



2019 CSPD Mid-Year Meeting
- Anaheim, CA

Oct 17-20, 2019



2019 CSPD Annual Meeting
- San Francisco, CA

Oct 20-24, 2020



2020 CSPD Annual Meeting
- Palm Desert, CA

CALENDAR

	FRI	SAT
4	5	6
11	12	13
18	19	20
25	26	27

EDITOR'S NOTES

MyLinh Ngo, DMD

New Bulletin!

Our Bulletin just got a fresh, new makeover. We wanted to provide CSPD members with a more professional and modern publication that represented the quality of our organization and its members. Re-designing the CSPD Bulletin from a journal format into a fully digital platform allows our readers to see images in high definition, scroll through content easily, and click on topics of interest to learn more. We partnered with Smith Moore and Associates to utilize a digital publishing company called ISSUU. ISSUU is a local media group based in Palo Alto, CA who "thrive on giving publishers and readers a simple yet technologically superior way to connect through content." ISSUU has connected people around the world to over 300 million documents through their website and app.

We hope you enjoy our launch into the digital age with this new layout and its many interactive links. We welcome your feedback and ideas on how we can improve to enhance your reading experience.

Erratum

We apologize for an error published in the 2017 Fall issue which presented incoming residents from UCSD. Please note their program name is NYU-Langone Hospital – Pediatric Dentistry Residency, CA Site.

Interested in Contributing to the 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 by email to MyLinh Ngo, DMD at mylinh.ngo@gmail.com or to Chanel McCreedy, DDS, MPH at chanel.mccreedy@gmail.com.

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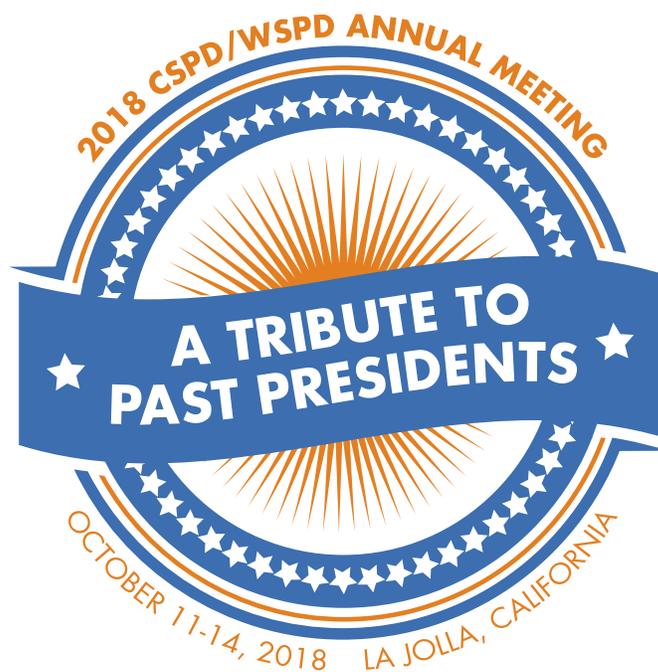
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SIGNIFICANT APPROVED MOTIONS

Recorded January 20, 2018.

Schmitt: Move to approve the slate of leadership proposed by the nominating committee.

Schmitt: Move to accept the amendments to Executive Director descriptive found in P&P Manual.





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