

CALIFORNIA SOCIETY OF PEDIATRIC DENTISTRY

BULLETIN

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SUMMER RUSH WINDING DOWN

Dr. Suzy Taviana

I want to wish our members a wonderful start to the school year! As our summer rush winds down and our patients start to gear up for back to school night, I hope we all take a moment to embrace our hard working staff members who bustled around with us as we saw our patients for scooter accidents, popsicle toothaches and campfire s'more cavities. #summer.

"Without CSPD we have no seat at the table, no voice advocating for our reimbursements, no protection for our vulnerable patients, and no support for each other."

The theme of this bulletin article will be on the shift from focusing on our patients to focusing on each other. One of my favorite parts of the fall season is the inevitable relaxation in the office and the new free time I am suddenly gifted with. In that time, I enjoy late summer trips with my family, holiday planning, and focusing on CSPD. I get to catch up on the new changes in legislation that occurred over the summer, the excitement of a new annual meeting getting planned, and all of our new interns applying for positions within our organization.

CSPD is so lucky to be a volunteer run organization. The people fighting for you in Sacramento, the ones planning all of your yearly CE, and the ones ensuring you are recognized as a specialist: all volunteers. This fall I want to encourage each of you to find a way to volunteer your time with CSPD to help with one of these efforts! As many of our long time volunteers retire and look to pass the torch of their hard work, it's my job to encourage you to be the one who will pick up where they are leaving off. Our founding members thrive when they see the hard work of their successors. Let me give you an idea of the ways you can contribute to CSPD!

The best way is to attend our Annual Meeting in San Francisco! Attending means that you get a chance to attend the business meeting and help to vote for our upcoming leaders. That participation alone is a huge help

to our volunteer leaders. How can we continue to represent you if we don't have your feedback? Vote for the young, energetic leaders that represent the ideals you care about. Investing our time in these up-and-coming leaders now means we will have decades of wonderful leadership we will all benefit from. Take the time to meet your current leaders at our receptions and installations. Give your feedback about what it's like to practice pediatric dentistry in your local area. Our ears are open and we want to make sure our members are as involved as possible.

Additionally, we are looking for volunteers who are passionate about legislation and political advocacy. The stronger our presence is on the state level, the better we can lobby for our patients and ourselves. There is a never-ending list of meetings, work groups, and political committees that we want to participate in. The members who have the time to help us maintain a seat at the table during these important conversations are worth their weight in gold to our organization. If this kind of advocacy work is intriguing for you- please reach out to me! There is so much work to be done and so many volunteers that can support you! We cannot truly advocate for ourselves if only a small handful of us are doing the hard work. Every volunteer, no matter how small their contribution, helps to maintain the integrity of our specialty.

Lastly, I want to make sure each of our members takes a moment to recognize our amazing Leadership Development Chair, Sahar Hamedani. She has been a superstar organizer for decades, well before she became a pediatric dentist. Her gentle personality and sweet disposition make her a wonderful volunteer, dedicated to helping members find their place within our society. Reaching out to her with your availability and interest means that she can properly map out which committee you are best suited for and which volunteers are best suited to mentor you. I encourage every member to take advantage of her amazing leadership and reach out to her for committee placement. When you navigate our leadership page on the CSPD website we are both one easy click away!

Have a wonderful start to our "slow season". Our busy summer was hopefully a wonderful success in each of your offices and clinics. Enjoy the newfound freedom we each get to enjoy as our patients start school again and our schedules lighten up. Take that extra time and reach out to CSPD with how you want to participate and lift up your patients and fellow pediatric dentists. As a past president once explained to me, "We have no speciality if we have no organization". Without CSPD we have no seat at the table, no voice advocating for our reimbursements, no protection for our vulnerable patients, and no support for each other.





"SUMMER READING"

— Dr. Paul Reggiardo

As this is written in the closing days of July, I am reminded of what my mother used to call “summer reading,” something intended to keep me quiet, out of trouble, and improve my mind. I’m not sure about the last requirement, but it otherwise seemed to work, and as the dog days of summer stretch

on I still pick up reading material and find there is more of interest going on in this world than I imagined. While the subject matter has changed, the habit hasn’t, and I have for members of CSPD a smattering of this summer’s “must” reading.

The list begins with the July and August theme issues of the *CDA Journal*, edited by CSPD member Dr. David Rothman. Dave tells us in these two back-to-back periodicals that the subject of safety in the dental setting “is not exciting, but it sure is necessary.” He presents a collection of articles by well-respected authorities on creating within our offices and other clinical settings a culture of prevention of harm as a practice cornerstone. While ignorance or disregard of safety regulations, administrative rules, best practice recommendations, and internal office policies can result in monetary penalties, civil litigation, criminal proceedings, and licensing sanctions, the highest cost is paid with the knowledge of having caused avoidable damage to our patients or staff.

The two issues also serve as a stimulant and motivational exercise to attending the upcoming AAPD Safety Symposium in Chicago November 8-9. This inaugural conference will provide a look at safety in pediatric dental care delivery and share practical tools to improve office safety for patients, team members and pediatric dentists. Sedation, infection control protocols, case studies of adverse events, malpractice issues, and hidden high-risk areas of practice are all on the agenda. More information and registration details are available at <https://www.aapd.org/education/meetings-calendar-aapd/safety-symposia/>.

The July issue of the *Journal of the American Dental Association* contained for me, and perhaps for you, some very thought-provoking findings in a study commissioned by the American Academy of Pediatric Dentistry. The analysis of a workforce simulation model by the *Center for Health Workforce Studies* out of the School of Public Health at the State University of New York concluded that the supply of pediatric dentists is growing more rapidly than is demand, and projected at the current rate of training significant excess capacity over the next 15 years. While this may appear alarming on its face, a closer examination of the report reveals that pediatric dentists, according to 2018 data from the *ADA Health Policy Institute*, provide only 26% of dental services delivered to children in this country. If pediatric dentists were to capture a larger share of the overall market, or were to see an increase in delivery to underserved populations so these children receive the same level of services as populations with fewer



barriers to accessing oral health care, then demand would pace or outstrip the anticipated supply! So, which should we be doing? Constricting the pipeline or broadening the demand for our higher level of care and working to remove barriers for the underserved?

The August issue of the same journal also contained a research article worthy of thought. Dr. Michael Hong and colleagues at Boston Children’s Hospital, focusing on sealant placement of children six years of age and younger, demonstrated rather conclusively (and not for the first time) that sealed primary molars in high risk populations were significantly less likely to develop future dental caries. Furthermore, children with sealed primary molars had a higher percentage of caries-free teeth and a longer length of time until carious lesion development than their unsealed counterparts. So, what’s new? AAPD *Oral Health Policies*, evidence-based *Clinical Practice Guidelines*, and *Best Practice Recommendations* each have long recommended sealant placement for caries-susceptible primary teeth and on primary teeth in high caries-risk populations. California’s Medi-Cal Dental Program, however, continues to deny this essential and beneficial service. At a time of increased budgetary flexibility and heightened awareness of public and private oral healthcare disparities, might it not be time to revisit this policy with the Department of Health Care Services or with the legislature?

My thoughts, and happy reading!



GREETINGS TO ALL MY CSPD FRIENDS

Dr. Cody C. Hughes - *WSPD President*

Please don't hesitate to reach out with any questions, comments, suggestions, or concerns pertaining to our district or the AAPD. We want to serve as a resource to our members in any way possible.

I'd like to thank all those serving in various capacities throughout organized dentistry and our communities. Our profession is great because of the people who go out and make a difference.

I look forward to seeing you at our districts upcoming meetings, Washington in October and then the CSPD/WSPD meeting in San Francisco next March! Thank you again for this opportunity to serve!

I am grateful for this opportunity to serve as President of the Western Society of Pediatric Dentistry (WSPD) and look forward to working with our CSPD colleagues. CSPD continues to be the driving force for our district with well-established organization and leadership. The CSPD/WSPD meeting annually provides our district members great opportunity for CE and to catch up with friends and colleagues. I am excited to participate in the meeting in San Francisco next March.

We have a wonderful group of leadership in place for our district, those serving on the executive committee and our affiliate board representatives. We will continue to build on the strong foundation built over the years for our district. Here are a few items of focus going forward:

- Continue to support our affiliate states and provinces through communicating issues, supporting their CE courses and meetings, and providing leadership and other training opportunities.
- Leadership development of our up and coming leaders through the leadership program and supporting resident participation in the AAPD advocacy conference.
- Better communication with our members via a newly developed newsletter and an updated, current website.



JOINT ACTIVITIES

Dr. Jacob K. Lee - AAPD Western District Trustee

The following are highlights of the joint activities between CSPD and AAPD that I would like to share with you:

AAPD 2022 Annual Session

AAPD previously approved the relocation of its 2022 Annual Session to San Diego. At the May 26th, 2019 meeting, the Board of Trustees approved appointing Drs. Eric and Stephanie Dixon as Co-Chairs of the 2022 AAPD Annual Session Local Arrangements Committee. Other BOT action minutes can be viewed in their entirety at:

- <https://www.aapd.org/globalassets/2019-05-21-board-minutes.pdf>
- <https://www.aapd.org/globalassets/2019-05-26-2018-19board-minutes.pdf>
- <https://www.aapd.org/globalassets/2019-05-26-2019-20board-minutes.pdf>

Safety Symposium: Hidden Threats and Safe Practices: Steps to creating a safe dental home

Concern for the safety of our pediatric patients has always been at the forefront of the minds of our members. As the flag bearer for safety among our general and dental specialties, AAPD has charged its safety committee with organizing the Safety Symposium: Hidden Threats and Safe Practices: Steps to creating a safe dental home, November 8-9, 2019, at the Renaissance Chicago Downtown Hotel. As the board liaison to the safety committee, I would like to invite you to attend this inaugural meeting sponsored by the American Board of Pediatric Dentistry. This symposium

will provide tools and advice on how to remain vigilant and practice patient safety. In order to develop a culture of safety in all aspects and for all ages in dentistry, AAPD has invited representatives from the American Dental Association, the Academy of General Dentistry, various dental specialties, and from each state dental board to attend and to discuss future collaborations.

Call-A-Thon to Our Legislators to Co-sponsor the Bicameral Bill (S. 359, H.R. 996): Dental Loan Repayment Assistance Act

AAPD has embarked on a legislative campaign encouraging our members to contact their lawmakers and ask them to support Senate Bill 359 and House of Representatives Bill 996, both of which strengthen the Dental Faculty Loan Repayment program. We need to continually recruit and retain outstanding academicians to teach the dentists-to-be. However, heavily laden with student loans upon graduation, individuals aspiring to teach often cannot afford to secure a full-time faculty position. This bill exempts certain dental faculty participants from paying tax on the federal loan repayment credit (Title VII) they receive. This is not merely a tax issue, but a policy question on how much our legislators value high-quality dental care for the children in the states and districts they serve.

Under the guidance of Dr. Heber Simmons, our AAPD congressional liaison, **California Call-A-Thon** was organized for our CSPD member advocates to contact Senators Dianne Feinstein and Kamala Harris as well as district members of the House of Representatives regarding their respective bills. The past trustees of the AAPD Western District, Drs. Santos Cortez, John Gibbons, Weyland Lum, Jade Miller, Dick Mungo, Paul Reggiardo, and Ray Stewart, were instrumental in reaching out to our fellow advocates, program directors, past and current residents, etc. Each

caller was provided with the contact information for their legislator's office in DC, calling procedures, and the discussion points.

As the planning progressed, other states were contacted to determine their interest in participation. The response was overwhelmingly positive! Thus, **Alaska Call-A-Thon, Hawaii Call-A-Thon, Oregon Call-A-Thon**, etc., were organized. Each state was provided with the contact information for their respective legislators and customized scripts. On Monday July 22nd, 2019 and on Friday July 26th, 2019, between the hours of 12:00 PM and 2:00 PM PST, member advocates in the Western Districts called their legislators in DC, urging them to co-sponsor S. 359 and H.R. 996.

My sincere appreciation to our CSPD president, Dr. Suzy Tavana, and the CSPD leadership, who assembled the callers and participated in the Call-A-Thon. Also, a big thank-you to Mr. Steve Gross and Dr. Mark Lisagor of our CSPD Foundation, who convened their trustees and mobilized the past Warren Brandli Leadership interns and the past Santos Cortez Graduate Student Legislative Advocacy interns to the Call-A-Thon. Perhaps the most rewarding part for me was when I called Senator Harris' office and pushed #3 to speak to one of her staff members. Her voicemail recording came on and said that since so many California voters were calling her at the moment, it would be necessary to call back!

Summertime is the busiest period for pediatric dentists; however, giving a moment of your time to advocate for the children in our state evokes profound respect and admiration. As Dr. Simmons reminds us, "We can make a difference, but first, **You** have to **Be the Difference.**" My utmost gratitude is extended to the CSPD member advocates who continue to be the voice not only for the children of California but also for the children across our nation as we build the United States of pediatric dentistry!

INTERDISCIPLINARY AFFAIRS FORUM

— Dr. Paul Reggiardo

To bring together representatives of the recognized California dental specialty organizations for the purpose of exchanging information on specialty issues, and for reporting to CDA leadership the specialty groups' concerns, priorities and initiatives, the CDA president convenes no less than once each year at a formal meeting known as the Interdisciplinary Affairs Forum. The most recent such convocation occurred June 28 in Sacramento. Following is an informal summary of current specialty group interests, as reported by their representatives at the meeting.

American Society of Dentist Anesthesiologists – California

As practitioners of the most recently-recognized dental specialty, the California members of the American Society of Dentist Anesthesiologists are still in the formative stages. Their concerns presently, as reported by Dr. Michael Mashni, center around implementation of SB 501 (Glazer, 2018) and the training, permitting, and practice regulations for the administration of moderate and deep sedation and general anesthesia in the dental setting.

California Association of Oral and Maxillofacial Surgeons

CALAOMS President Dr. Larry Moore discussed the organization's opioid education program, aimed at educating high school-age students on the addictive potential of prescription pain medications, and California CareForce, a non-profit itinerant clinic program of which CALAMOS is a partner, providing free dental, medical, and vision services to residents of California. Also on the oral surgeon's horizon is the introduction of legislation which would extend the mandate regarding the use of capnography to all patients undergoing dental procedural sedation, not just to those under 7 years of age as required under SB 501, passed last year and scheduled to become effective in 2022.

California Association of Orthodontists

Dr. Kelly Giannetti, representing CAO, related the organization's concern with the rise in popularity of Direct-to-Consumer Orthodontics and ongoing efforts to interest the Dental Board of California in providing greater supervision and stricter compliance with California law and regulation.

California Society of Pediatric Dentistry

CSPD Executive Director, Dr. Paul Reggiardo, reported on the organization's membership growth and greater market penetration since the reorganization from a recognized State Unit of the American Academy of Pediatric Dentistry to a closer State Chapter affiliation. CSPD continues to actively follow the implementation of SB 501 (Glazer) governing the administration of sedative modalities of children in the dental setting, and is supporting the passage and signing of SB 154 (Pan) which would make the application of silver diamine fluoride, as a caries-arrestment agent, a Denti-Cal program benefit for children

age six and under, persons with disabilities, and adults in assisted living arrangements.

California Society of Periodontists

The CSP's legislative/regulatory priority, as reported by Dr. Kevin Chen, is establishing the clear legal standing of dentists to draw blood for the purpose of preparing platelet rich fibrin as a healing aid in implant and related applications. The Dental Board has not been clear as to whether a blood draw for this purpose is within the scope of the general dental license.

Dental Public Health

Dr. Maritza Cabezas, Dental Director of the Los Angeles County Department of Public Health, reported on support efforts for passage of legislation aimed at reducing the consumption of sugar-sweetened beverages and on curbing the practice of unlicensed dentistry in immigrant communities as Dental Public Health priorities.



DENTAL BOARD OF CALIFORNIA REPORT

Dr. Paul Reggiardo & Dr. Natalie Mansour

The Dental Board of California met May 15-16, 2019, in Anaheim. The following report summarizes actions and issues coming before the Board pertinent to pediatric oral health. Members having questions or comments should contact CSPD's Public Policy Advocate, Dr. Natalie Mansour, at natalie.usc.trojan@gmail.com or CSPD Executive Director, Dr. Paul Reggiardo, at reggiardo@prodigy.net.

The California Senate and Assembly joint Sunset Review Process provides a mechanism whereby periodically the Department of Consumer Affairs, the Legislature, licensing boards, stakeholders and interested parties evaluate and discuss the performance and effectiveness of the licensing entities, especially regarding public protection, and make recommendations for improvements.

On March 5 a Joint Oversight Committee hearing considered the Dental Board of California (DBC). The last previous review of the DBC was conducted in 2015. Among the items on which the Dental Board may take future action impacting pediatric dental care:

RDA Practical Examination

In April of 2017, the Dental Board voted to suspend the RDA practical examination as part of the RDA licensing process after determining that the average passage rate had dropped from 83% in 2014 to between 38% and 19% in 2017. A subsequent study by the Office of Professional Examinations Services (OPES) of the Department of Consumer Affairs found the practical did not accurately measure the competency of RDAs and recommended elimination of the examination. Specifically, OPES identified that inconsistencies in different test site conditions, deficiencies in scoring criteria, poor calibration of examiners, and the lack of a clear definition of minimum acceptable competence meant that

the practical examination did not meet critical psychometric standards. At its November 2017 meeting, the DBC voted to accept the recommendation of the OPES and extended suspension of the practical examination until January 1, 2020. The Board concluded that the RDA written examination, combined with the RDA Law & Ethics examination, and the fact that RDA duties are supervised by the dentist, placed the public at little risk of harm in doing so. A practical examination, the DBC concluded, would not provide additional public protection beyond that conferred by successful completion of an educational program or a written examination.

In response to inquiry by the Joint Committee, the DBC reported that since the suspension of the practical examination in April 2017, it has issued approximately 4,500 RDA licenses and has not received a single consumer or other complaint, concluded that the practical examination is unnecessary, and recommended the current suspension of the RDA practical examination be made permanent.

***Comment:** Permanent elimination of the RDA practical examination will require a change in the Dental Practice Act, which the Board will seek under future legislation.*

Dental Licensure by Portfolio Examination

A portfolio process for dental licensure in California was enacted in 2014, under which students build an assortment of completed clinical experiences and competencies over the normal course of their clinical training. The portfolio option gives California students an alternative to being tested on live patients over the course of several days.

Since California is the first state to institute this method of licensing, dentists who choose this route face potential difficulties seeking reciprocal acknowledgment of qualification by other states. Student participation in

licensure-by-portfolio has recently lessened, possibly because of this issue.

The Joint Committee questioned whether the DBC should consider additional steps to ensure licensee mobility. The Board contends during the past four years it has responded to numerous inquiries from other states expressing interest in the California portfolio model and these states now have the road map on how to develop and implement California's curriculum-integrated clinical examination should they choose to do so. In addition, a national movement has begun to consider using California's hybrid portfolio examination in lieu of the clinical examination throughout the country. Efforts are being made by the American Dental Association, the American Dental Educators Association, and the American Student Dental Association to promote licensure by a compendium of clinical competencies based on California's model. As these efforts develop, it is increasing likely that other states will recognize California's licensing practice.

***Comment:** The alternative licensing process in California is passage of the Western Regional Examining Board, which is accepted by 16 states for initial licensure and many more for reciprocal licensing.*

Dental Board Jurisdiction Over Consumer Products Marketed for Corrective Treatment of Structural or Esthetic Oral Health Conditions

Today's marketplace offers numerous products purported to improve oral health or appearance which once required an examination and delivery by the dentist and are now sold directly to consumers. An example are self-applied tooth whitening agents, in the forms of pastes, strips, and molded trays, probably posing little risk to consumers. Another field comprises orthodontic aligners, available at either a commercial storefront location

or through an at-home kit mailed to the consumer. While companies offering such products describe the mailed aligners as being “reviewed” by a dental professional by remote tele-dentistry digital scanning of the arches, it is possible for a consumer to go through the process without ever actually consulting or being seen by a licensed dentist (or a dentist licensed in the state where the product sold). Dental boards in other states have begun to take action against the marketing of such products, and ongoing litigation has resulted. Tooth veneers are another product that may now be purchased outside of a dental office. Clip-on veneers allow consumers to modify oral esthetics by masking their teeth with products ordered online and created through at-home impression kits.

The Joint Committee recommended that the DBC examine its authority to oversee consumer products aimed at promoting oral health through self-applied corrective treatments and consider any recommendations for statutory change. The Board stated it would look closely at whether it should seek to narrow the application of tele-dentistry laws in order to ensure greater public protection. The DBC also stated that it will be “gathering background information on the newly recognized specialty of dental radiology to determine whether utilizing dental radiologists, outside the state, would be considered unlicensed activity.”

Comment: *Ongoing litigation limits public disclosure by the Board of any specific remedies that may be under consideration or proposed in the future.*

Probation Disclosure

Legislation, known as the Patient’s Right to Know Act of 2018, passed last year, requires various health professionals on probation for specified serious offenses to provide information about their probationary status prior to a prospective patient’s initial visit. Physicians and surgeons, podiatrists, chiropractors, acupuncturists, and naturopathic doctors are included under the bill,

but dentists are omitted. The Joint Committee raised the question that if the ultimate objective of probation disclosure is protecting patients from being unknowingly placed in vulnerable contexts, what clear reason exists as to why dentists should be treated differently and excluded from the requirement.

The Board responded that it already posts disciplinary actions taken against licensees, including accusations, stipulated settlements, decisions, suspensions, and license revocations on its website for the consumer to review. In addition, the DBC actively pursues revocation of the license for serious violations relating to sexual abuse or misconduct; drug or alcohol abuse; criminal convictions directly involving harm to patient health; and inappropriate prescribing. In these cases, there would likely be no probation and, therefore, the necessity for probation status disclosure would be unnecessary.

Comment: *The argument is not persuasive and it is likely the Board will move forward in the future to adopt regulation that will mirror language in the Medical Practice Act to make failure to disclose probationary status known to a patient unprofessional conduct subject to disciplinary action.*

Implementation of SB 501 – Sedation And General Anesthesia

SB 501 (Glazer), signed into law last year, establishes a series of new requirements and minimal standards for sedation and general anesthesia in pediatric dental procedures. These provisions go into effect January 1, 2022. With the substantial amount of regulatory framework required, it is anticipated that the DBC is only in the beginning stages of preparing for implementation of SB 501. The Joint Committee requested that the Dental Board disclose any potential obstacles to implementation that may need to be addressed administratively or by the Legislature. The Board responded that while staff is looking to identify any areas of the Dental Practice Act which will need to be updated legislatively for requirements that may have been overlooked, at this time, no potential

obstacles to implementation have been identified.

Comment: *Outside observers are not as confident and believe there exists significant likelihood that implementation of some parts of the legislation will be pushed back until 2023 or 2024.*

Continuing Education Providers --- Conflict Of Interest

During the Sunset Review hearings, the Board was asked by Senator Richard Pan if there is an entity responsible for reviewing continuing dental education providers for conflict of interest, if the Board has a conflict of interest policy in place to ensure providers are offering relevant continuing education and not marketing sessions, and what percentage of providers the Board audits for conflict of interest. The Board’s response was that there was not another entity reviewing continuing education providers for conflict of interest, that it does not have a specific “conflict of interest” policy or requirement for continuing education providers, and it does not conduct provider audits for conflict of interest content. Instead, the Board relies upon providers to comply with FDA regulation and ADA CERP and AGD PACE approval standards to ensure educational activities are independent of commercial influence.

Comment: *It is likely that this explanation will not satisfy the legislature and that the Board will be considering regulatory reform in this arena in near future.*

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THE ELEPHANT IN THE ROOM

— Dr. Rick Nichols - CSPD Director

Dr. Rick Nichols is a Director of the California Society of Pediatric Dentistry and the owner/operator of Just for Kids Pediatric Dental Practice with offices in Redlands and Riverside. His report on the Medi-Cal Dental Program and recommendation to his colleagues reflect upon 25 years of clinical experience and expertise as a California state dental program provider.

Since the economic downturn in 2009, everyone who practices pediatric dentistry in California has felt the ever increasing economic pressure. It is getting tougher and tougher to navigate through all the increased regulations and changes in the insurance industry. It is getting very difficult to find great employees who stay for the long term. Practice overhead is always increasing, and insurance company reimbursement rates are not keeping pace. Supply costs are also going up, so maintaining profitability is always getting harder to do. Practicing pediatric dentistry is getting harder.

Back in the day, because there was less competition and a very different economic environment, the toughest choice an office owner had to make was between being a “Fee for Service” only office, or to accept PPO’s. Accepting Delta or Blue Shield meant a 15-20% cut from your UCR, and that was a huge compromise, and we only did so because the office in the next town did, and you didn’t want to lose patients to them. If you didn’t, it was because you didn’t need to. Those were the good ol’ days!

Today, there is more competition, fewer offices have the privilege of remaining Fee for Service, and fewer parents can afford to pay the full fee out of pocket, or don’t want to. Fewer employers are offering PPO’s as an option in their employee benefit packages due to cost cutting, many of the dental insurance companies are not selling PPO products anymore, and the remaining PPO’s are expecting

40%-50% fee reductions. There are also now HMO’s, PSO’s, corporate dentistry, and with the implementation of the Affordable Care Act, an ever expanding enrollment in Medi-Cal/ Denti-Cal, all competing for enrollment and a “piece of the pie”.

So, I understand, why what I am suggesting in this article might seem crazy, but I hope that you hang on long enough to read through the entire article, reserving formulating an opinion or making a decision until the end, and you give it some thought.

Up front, I am urging every private practice in California begin to accept and treat **some** of the children enrolled in Denti-Cal.

Now, I know that depending on your political persuasion, you may have an opinion regarding “entitlements”, and you may have either experienced or have preconceived opinions regarding the Medi-Cal population, or the bureaucratic nightmares when dealing with the State. You may think that it will overrun your practice and make you even less profitable. All these concerns, and many others are valid, and I hope to address as many as I can.

I am not asking you to do anything that we aren’t doing. I’m asking you to join in, and help us.

The Why

Reason #1: The kids need us! Denti-Cal used to be reserved for the dental schools, and huge dental corporations like Western Dental. As I mentioned before, Denti-Cal enrollment is expanding and the dental schools, surgery centers, and other entities cannot keep up with the demand, they need our help. The last statistics that I have seen, 51% of all of the children residing in California are enrolled in Denti-Cal. Depending

on your office location, the demand could vary. Obviously, inner-cities and rural areas have had, and do have the most need, with most suburbs less need. But, this is quickly changing. The group that is growing the fastest are the kids who live in the suburbs. As the economy continues to change, with some industries affected more than others, many employers are eliminating employee benefits or are getting priced out of the marketplace. Those employees cannot afford private insurance, therefore must rely on Medi-Cal/Denti-Cal. It’s no longer just those on Welfare or the “working poor”, it includes “middle class” families too.

Reason #2: If we don’t do it, who will? For decades, the primary reason that private practices did not participate in the Denti-Cal system was due to the low reimbursements rates, and for decades, organized dentistry has lobbied that fact to the legislature. Until recently, other stakeholders (not pediatric dentists) have been trying to develop other ways to overcome the overwhelming unmet need and shortfalls in the provider network by developing alternative practice models, like Dental Hygienists with expanded duties, Dental Therapists, Tele-dentistry, and by creating education programs specifically designed to recruit and train general dentist to treat children. Over the last 2 years, California Legislators, aided by Proposition 56 Tobacco Tax funds, a healthy economy, and a Federal matching grant, finally authorized a significant amount of resources, earmarked for oral health. They have finally acted in good faith, increased reimbursement rates by 40 percent for the most common procedures, and created an incentive program directed at prevention and retention. They have added billable codes, and fair

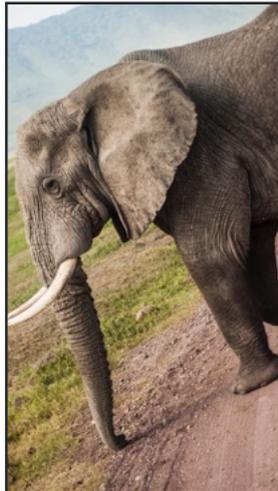
reimbursement rates, for oral risk assessment as well as a bonus system for those who at least accept a few new patients every year, and for those who retain the existing ones.

Some skeptics have the opinion that this is only a temporary agreement, and a stop gap measure being attempted by the state. I do not agree. Because, if the state does roll back these incentives, the same thing will happen as it did last time...there will be a mass exodus from the provider network, and thousands of parents will be screaming about the horrible access to care problem. If anything, more participation in the network will validate our complaints regarding unfair reimbursement rates, and prove to the legislators that we are here to help as much as we can, but they needed to meet us half way.

Reason #3: Competition/Sources of new patients. The proverbial slices of the “Fee for Service” and “PPO” pies are getting smaller and there are more offices competing for it. Especially in California, social services are expanding like crazy, and the government decision-makers in our state have every intention of continuing that expansion. There is even a push by the current Governor for a single-payer system, and that payer would be the State. (i.e. Everyone on Medi-Cal/Denti-Cal).

The How

When I first opened my practice, 25 years ago, I accepted Denti-Cal patients for two reasons; I needed new patients regardless of where they were coming from (doing work at a discount was better than doing nothing), and as good will to the community and the underserved/less fortunate. At the highpoint, Denti-Cal patients made up approximately 60% of my production. Since then, due to a myriad of economic factors, including all of the ones mentioned before, it has systematically been decreasing over the years to about 5%. I just opened a second office location, and again, the ratio is about 50% in that office. Both offices remain very profitable. How?



There is a misunderstanding out there that if you open the flood gates of Denti-Cal, that your practice will be over-run and decimate your profitability due to the huge unmet need. That is not the case.

Here’s how we’ve managed to straddle the line, and do both; serve the underserved and remain profitable.

Key #1: Limit the number of new DentiCal patients per month.

There is a misunderstanding that if you accept one new Denti-Cal patient, you must accommodate all of them that call. This is incorrect. As long as you have a “standard policy” regarding new Denti-Cal patients and you apply it universally and without bias, then you are not acting with discrimination or prejudice. We set the number at 10 new Denti-Cal patients a month (we average 60 total new patients a month), you can set that number wherever you want. We require the parents or care-providers of all new Denti-Cal-eligible patients to call at 8 am on the first working day of the month; it is a first call, first serve process and if they don’t get in, they are encouraged to call again next month. We have siblings wait until the next month. Once the parent has shown a commitment to showing up for their appointments and following

through with our treatment recommendations, the siblings can then schedule a New Patient Exam, without having to call at the beginning of the month. By the way, all patients are advised in writing, that if they miss three appointments, they are dismissed from the practice and will be required to seek treatment elsewhere. Denti-Cal patients seem to be the most loyal in this regard, because they know that our office is the best option they have.

Key #2: Denti-Cal patients fill in the cracks. We all have times in our schedules that are busier (before and after school), and other times throughout the day that are less busy. Denti-Cal parents are usually so appreciative that they have a great office to treat their children, and are very motivated to finally get the treatment completed, that they are willing to come almost any time of day. They understand that getting or keeping their child out of pain, and/or having a positive dental experience, is way more important than missing an hour of school. I wish all our parents understood that. My assumption here is that it is better to do something than nothing, especially when your staff is still on the clock.

Key #3: Treat them as well as you do any other child. Every day, a parent tells us how appreciative they are for the care we give to their children and the dignity they feel. When they experience being well taken care of, they can’t wait to share about their experience, to all their friends, colleagues, and family members, on social media, word of mouth, any way they can. So, it becomes a practice builder, not just for Denti-Cal families but for recruiting new private and insurance patients :) Now, there are some who do take what we do for them for granted, and may never say “thank you”, but we show what love looks like to their kids anyway.

Key #4: Be efficient. Your entire office team needs to be efficient. Efficient at scheduling, have great verbal skills, always being prepared, operating on time, and billing and collecting effectively. Yes, there are added layers of state bureaucracy when dealing with Denti-Cal, and there is a learning curve involved to figure out how to navigate the credentialing process for the owners and the associates, getting fee schedules inputted into your software, knowing what is considered a “covered benefit” and what isn’t, etc. Most dental insurances are also getting that way.

So, I hope you will consider joining me in this regard. You won’t be paid what you’re worth, but you will be doing a great thing. All kids deserve to receive great dental care in a great environment. Not that the dental schools and corporations can’t or don’t provide that, but they cannot meet all the need. **We are the experts**, and if we as pediatric dentists in private practice don’t step up and do our share, others will, and we most likely won’t like who’s doing it, or how they do it.



LEGISLATIVE BILLS OF INTEREST TO CSPD

Dr. Natalie Mansour - Public Policy Advocate

SUGAR SWEETENED BEVERAGE BILLS:

AB 138 (Bloom) California Community Health Fund

This bill creates a fee on sodas and other sugary beverages and uses the new revenue to offset health and economic costs associated with overconsumption of sugar.

Status: Stalled in the Committee on Revenue and Taxation due to cancellation of hearing at request of author

CSPD Position: Under consideration

Comment: This bill would establish the California Community Health Fund in the State Treasury, where moneys in the fund shall be used to diminish the human and economic costs of diabetes, obesity, and heart and dental disease in California. It is also the intent of the Legislature that moneys in the fund support health, education, and wellness programs designed to prevent and treat diabetes, obesity, and heart and dental disease, thereby reducing the burden of health conditions related to the overconsumption of sugar-sweetened beverage products.

AB 764 (Bonta) Sugar Sweetened Beverages

This bill would prohibit a soda company from offering a manufacturers coupon to their partnering manufacturing, distributor or retailer.

Status: Failed to advance to an Assembly Floor vote in May and cannot be further considered in this legislative session

CSPD Position: Support

Comment: This bill would support evidence of the link between obesity, diabetes, dental disease, and heart disease and the consumption of sugar-sweetened beverages by enacting legislation to restrict beverage companies from offering promotional and marketing incentives, including manufacturers coupons, to their partners to subsidize the lower retail costs of sugar-sweetened beverages. This bill would also directly prohibit the soda company's ability to offer promotional and marketing incentives to its partners. It would directly impact the industry's ability to influence price reductions on sugar-sweetened beverages in underperforming communities, or communities where soda purchasing is down. This is a CDA sponsored bill.

AB 765 (Wicks) Healthy Checkout Aisles for Healthy Family Acts

The bill prohibits placement of sugar-sweetened beverages near the checkout counter at supermarkets, larger grocery stores, supercenters, and warehouse clubs.

Status: Failed to advance from the Assembly Health Committee, where it was removed from consideration by the author, and will be held in committee until the 2020 legislative session

CSPD Position: Support

Comment: This bill would enact the California Healthy Checkout Aisles for Healthy Families Act, and would require a store to make available only specified beverages, including milk and natural fruit and vegetable juice, in the checkout areas of the store. The bill would require an unspecified state agency to administer and enforce the act, and would authorize the unspecified state agency to impose a civil penalty on a person or entity that violates the provision for deposit into the California Healthy Checkout Aisles for Healthy Families Fund, as

established by the bill, to be expended upon appropriation by the Legislature for the enforcement of these provisions. This is a CDA sponsored bill.

AB 766 (Chiu): Unsealed Beverage Container Portion Cap

This bill bans the sale of unsealed beverages larger than 16 ounces at food service establishments, including restaurants with self-service soda fountains.

Status: Failed to advance from the Assembly Health Committee, where it was removed from consideration by the author, and will be held in committee until the 2020 legislative session

CSPD Position: Support

Comment: This bill would prohibit a retailer from selling, offering for sale, or otherwise providing to a consumer an unsealed beverage container, as defined, that is able to contain more than 16 fluid ounces. The bill would define retailer to mean any person, firm, corporation, or business that sells, offers for sale, or otherwise provides a sugar-sweetened beverage to a consumer. This bill would make a violation of this prohibition punishable as an infraction, or a civil penalty in an action brought by the Attorney General, or a district attorney, county counsel, or city attorney, of \$200 for the first violation, \$500 for the second violation, and \$1,000 for each subsequent violation. This is a CDA sponsored bill.

SB 347 (Monning): Sugar Sweetened Beverages: Safety Warnings

This bill requires a warning label on sugar-sweetened beverages to help educate consumers as they make purchasing decisions.

Status: Failed to advance from the Assembly Health Committee, where it was removed from consideration by the author, and will be held in

committee until the 2020 legislative session

CSPD Position: Under Consideration

Comment: This bill would establish the Sugar-Sweetened Beverages Safety Warning Act, which would prohibit a person from distributing, selling, or offering for sale a sugar-sweetened beverage in a sealed beverage container, a multipack of sugar-sweetened beverages, or a concentrate, in this state unless the sealed beverage container, multipack, or packaging of the concentrate bears a safety warning. The bill also would require every person who owns, leases, or otherwise legally controls the premises where a vending machine or beverage dispensing machine is located, or where a sugar-sweetened beverage is sold in an unsealed container, to place a specified safety warning in certain locations, including on the exterior of any vending machine that includes a sugar-sweetened beverage for sale. This bill would also create the Sugar-Sweetened Beverages Safety Warning Fund for the receipt of all moneys collected for violations of those provisions. The bill would allocate moneys in this fund, upon appropriation by the Legislature, to the department for the purpose of enforcing those provisions. The bill would make legislative findings and declarations relating to the consumption of sugar-sweetened beverages, obesity, and dental disease.



OTHER BILLS:

AB-316 (Ramos) Medi-Cal Benefits: Beneficiaries with Special Dental Care Needs.

This bill is intended to improve access to care for children and adults with chronic medical, mental, behavioral or developmental conditions and disabilities that complicate their dental care, by increasing compensation for providers who treat them. This bill would require the department to implement a special needs treatment and management benefit that would be provided for 4 visits in a 12-month period for a Medi-Cal dental program beneficiary with special dental care needs, as defined. The bill would require a Medi-Cal dental program provider to document specified information, including the need for additional time to treat a Medi-Cal dental program beneficiary with special dental care needs, for purposes of reimbursement.

Status: Failed to emerge from the Assembly Appropriations Committee and will not be further considered this year

CSPD Position: Under Consideration

Comment: Patients with special needs often have higher rates of untreated dental caries, severe gum infections and missing teeth. Because it is difficult to find providers who can accommodate their needs, they may forgo dental treatment. These patients often require providers to spend additional time and furnish additional resources, resulting in higher associated costs, and some may require multiple visits to complete procedures. This bill would take the proposition 56 supplemental funding and make it a part of the governor's state budget for those beneficiaries with special needs.

AB 954 (Wood): Dental services: Third-party Network Access

This bill would require dental benefit plans to be more transparent about the common practice of "leasing" access to their network of contracted dentists to a separate third-party benefit plan.

Status: Under active consideration by the legislature at the time of publication of the CSPD bulletin

CSPD Position: Under Consideration

Comment: This bill will require dental benefits plans to be more transparent about the common practice of leasing access to a network of contracted dentists from another dental plan. The benefits of network leasing are increased visibility and patient retention. The disadvantages are that dentists sign with one plan and are not aware their contract gets sold and the purchasing plan is not required to comply with the terms the provider originally agreed to. This bill will require dental plans to identify the third party access provision, maintain a website with a list of all third parties who have access to the network contract, allow the provider to opt out of the third party access, and require the selling dental plan to notify the purchasing plan of any contract terminations within 30 days. This is a CDA sponsored bill.

SB 154 (Pan): Denti-Cal: Silver Diamine Fluoride Benefit

This bill would make the application of silver diamine fluoride, as a caries-arrestment agent, a Denti-Cal program benefit for children age six and under, persons with disabilities, and adults in assisted living arrangements. It includes provisions requiring specific informed consent and that the service is part of a comprehensive patient treatment plan.

Status: Currently active at the time of publication of the CSPD Bulletin; If the bill reaches the Governor's Desk, CSPD will actively support signing of the bill

CSPD Position: Support

Comment: The Department has declined to act under its own jurisdiction to make CDT code D1354 a program benefit. The bill passed both houses and was vetoed by the governor's office. The Dental Transformation Initiative (DTI) which is a 5 year pilot program (ending Dec. 31, 2020) currently allows SDF for children 0-5 y.o. that are high risk in certain counties. This bill would make it a Medi-Cal benefit for all children 6 and under (regardless of the county they live in or caries risk level), as well as persons with disabilities, and adults in assisted living arrangements. This is a CDA sponsored bill.

THE CITY BY THE BAY

— Dr. Oariona Lowe - *Annual Meeting Chair &*
Dr. Gila Dorostkar - *Annual Meeting Co-chair*



It's not often that visitors to the Bay area will admit that they left their 'heart' in San Francisco, California's most eclectic city, once known as the "Paris of the West".

Mark your calendars and plan to attend the CSPD's 45th and WSPD's 15th Academic Scientific Session and Annual Meeting at the luxurious and magnificent Fairmont Hotel atop Nob Hill, March 5-8, 2020. Reserve a spacious guestroom or an elegant suite. Listen to our fabulous line-up of speakers who will present topics which will enhance your desire to learn more. Dr. Beth Davis will speak on Developmental Red Flags addressing "Behavioral aspects of child development, Early intervention and Special needs," Dr. Stacey Quo presents on "Airway and Orthodontics", Dr. Catherine Flaitz will lecture on "Oral Pathology and Childhood lesions", "Contemporary Pediatric Restorative Dentistry - minimally invasive to high treatment options, Microabrasion and Bleaching in Adolescents" will be presented by Dr. Kevin Donly and a special lecture on Lasers in Pediatric Dentistry is planned. Resident poster presentations can be viewed on Friday and Saturday in the exhibit hall. **This year Friday is "Dental Team Day"!**

Are you able to arrive early on Thursday before the CSPD meeting officially kicks off with the Welcome Reception? CSPD will provide our membership with the opportunity to take either a full PALS course or simply to re-certify. In light of the increasing concern about safety in our pediatric dental offices, especially with oral sedation and general anesthesia, this might be a convenient time to complete your PALS certification with a group of fellow pediatric dentists in a supportive and friendly environment.

When not attending a lecture, jump on a cable car and take a ride to Fisherman's Wharf or shopping on Market Street. Experience the city lights and nightlife, be entertained by jazz music, piano bars and lounges. Visit Sausalito and take a romantic, breathtaking Sunset cruise on the beautiful San Francisco Bay to enjoy the city's skyline, and sail by the majestic Golden Gate Bridge, Alcatraz and Angel Island. Spend a day visiting Golden Gate Park and tour Chinatown. Enjoy the cultural diversity of San Francisco, and much more!

Don't miss the opportunity to join us and earn up to 19 CE units while having the time of your life in the City by the Bay!

Pediatric
Dentistry
by the Bay
CSPD Annual Meeting • March 2020



INTRODUCING: SPECIAL TRACK PROGRAMS

"Dental Team Day"

Be sure to block your patient appointment books now so that you and your team can attend the CSPD Annual Meeting in San Francisco.

In response to your feedback, CSPD has designed a special track of programming for dental teams on Friday, March 6th:

- Developmental Red Flags Lecture — provided by a behavioral pediatrician
- Breakout session for the Team — Providing Outstanding Customer Service for Families in Your Practice
- Their very own CSPD Team Appreciation Lunch with presentation by a Social Media Specialist
- Choice of an Esthetic Restorative Dentistry lecture for the clinical team or an Administrative/Business Team-Focused lecture

Fun perks include a fabulous goodie bag for each team member and an exclusive Exhibit Hall Dental Team raffle at the end of the day featuring a Michael Kors purse, FitBit, and other stylish prizes. Your staff will earn valuable CE credit while having an amazing time networking with other pediatric dental teams. One-day registration fees will be available for teams attending Friday only. Look like the best boss ever!

Resident/Early Career Pediatric Dentist (10 years or less in practice)

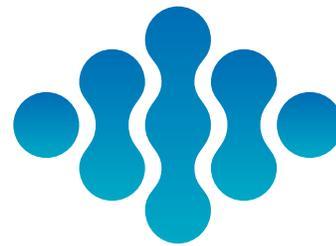
We are also planning a unique program designed for our early career dentist members on Saturday afternoon, March 7th. Of course, all stages of practice can learn from these presentations and are invited to attend.

- Associate/Partnership Contracts presented by the ADA's employment attorney
- Successful Associate/Owner Relationships. Make it a Win-Win.
- Managing Debt and Wealth presented by a professional banker/financial planner

A sincere thank you for the early commitment of these CSPD 2020 sponsors:



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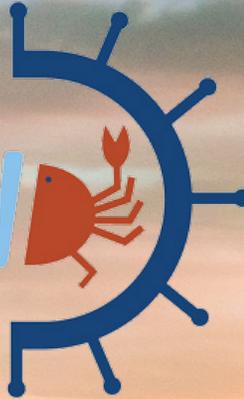
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SAVE THE DATE!

Pediatric
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CSPD Annual Meeting • March 2020

March 5-8, 2020 | Fairmont San Francisco

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DENTISTS MUST SCREEN PATIENTS FOR MEASLES, OTHER ATDS, PRIOR TO PROVIDING TREATMENT

Reprinted with permission from California Dental Association

As the number of measles cases in California and at least 25 other states continues to rise, becoming the highest number of reported cases in the U.S. since 1994, dental practices should ensure that they are screening patients for the highly contagious virus and other aerosol transmissible diseases (ATDS) prior to providing treatment.

Asking patients about their vaccination status or any international travel completed recently is a reasonable measles screening procedure for dentists to follow.

The Centers for Disease Control and Prevention recommends that health care providers consider measles in patients who present with fever and rash and “clinically compatible measles symptoms” like cough, runny nose and pink eye, particularly in patients who live in a community where measles is currently occurring and for whom one or both of the following are true:

- Recently traveled abroad or was exposed to someone who traveled abroad
- Has not been vaccinated against measles

Dental practices should reschedule a patient with suspected measles or other ATD for a time when the patient no longer exhibits ATD symptoms or has been cleared by a physician.

Cal/OSHA regulations require that health care providers follow specific exposure control processes for ATDs. However, because dentists don’t treat symptoms caused by ATDs and don’t perform procedures that the CDC considers cough-inducing, they are “conditionally exempt” from these requirements if the following three conditions are met:

1. Dental procedures are not performed on patients identified to them as ATD cases or suspected ATD cases.
2. The Injury and Illness Prevention Program includes a written procedure for screening patients for ATDs that is consistent with current guidelines issued by the CDC and prevention for infection control in dental settings and this procedure is followed before performing any dental procedure on a patient to determine whether the patient may present an ATD exposure risk.
3. Employees have been trained in the screening procedure in accordance with Section 3203.
4. Aerosol generating dental procedures are not performed on a patient identified through the screening procedure as presenting a possible ATD exposure risk unless a licensed physician determines that the patient does not currently have an ATD.

Measles Risk

At the time of this writing, 47 adult and pediatric measles cases had been confirmed year-to-date in California. One to two cases have occurred in at least five counties while higher numbers of cases have been reported in Butte, Los Angeles, Placer, Sacramento, San Francisco, San Mateo, Santa Clara and Santa Cruz Counties. Outbreaks in Butte County and the Los Angeles, Sacramento and San Francisco regions are linked to low-vaccination rates or to patients who recently traveled internationally or were in contact with someone who traveled internationally.

The CDC in May published the [Measles Outbreak Digital Toolkit](#) for providers that includes printable fact sheets that can be displayed in the office and shared with parents.

Reference the [CDC’s page on measles](#) for health care professionals.

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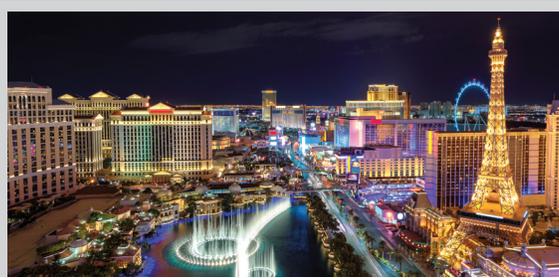
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REVISED AAP/AAPD SEDATION BEST PRACTICE RECOMMENDATIONS

— Dr. Kim Nichelini - *Chair of Patient Services Committee*

I'm Kim Nichelini (formerly Whippy) and am the new Chair of the Patient Services Committee, which is one of CSPD's standing committees. The duty of this committee is to promote and make recommendations to improve patient safety in the dental office and to advise recognized professional, lay and governmental organizations of the Clinical Guidelines and Oral Health Policies of this organization and the AAPD as they relate to all phases of dentistry for infants, children, and adolescents including those with special health care needs. CSPD's Public Policy Advocate and Patient Services Committee, as well as AAPD, work to provide our members with the most updated information and recommendations. In this column I review the history and the modifications to the sedation Best Practice Recommendations and what these changes mean for our members.

Losses of pediatric sedation patients such as Caleb Sears in 2015, however rare, have led to a constructive dialogue on improving patient safety in the dental setting. A lengthy report by the Dental Board of California released in December 2016, at the direction of the legislature, reviewed the laws governing dental anesthesia and sedation in California and the available information regarding pediatric dental anesthesia morbidity and mortality. Partly as a result, and partly as the culmination of efforts by a broad coalition of stakeholders, SB 501 (2018, Glazer) was passed by the legislature and signed into law in October 2018 for the purpose of making dental sedation

reliably safer. This bill is complex and lengthy, but one related outcome of passage is the modification of the Personnel sections of existing AAP/AAPD endorsed sedation Best Practice Recommendations for *Deep Sedation and General Anesthesia*, which were approved by both organizations and released this summer.

The previous 2016 version of the *Monitoring and Management of Pediatric Dental Patients Before, During and After Sedation for Diagnostic and Therapeutic Procedures* required ONE person to constantly observe vitals, airway patency, ventilation and administration of drugs. The new version requires TWO individuals consisting of an independent observer who is a licensed anesthesia provider and a separate operating dentist or surgeon. These TWO providers must be present with the patient throughout the extent of the procedure, including recovery, and BOTH must have a minimum of PALS or APLS (Advanced Pediatric Life Support).

The licensed anesthesia provider must not perform or assist with the dental procedure in any way. This individual's sole responsibility is to administer pharmacologic agents and to continuously monitor and record the patient's physiologic status and vitals while assuming the lead role during the management of any perioperative emergencies. As permitted by state regulation, in an office-based setting the anesthesia provider may be a dentist anesthesiologist or physician anesthesiologist, certified registered nurse anesthetist, or a second oral and maxillofacial surgeon.

In the revised *Use of Anesthesia Providers in the Administration of Office-based Deep Sedation/General Anesthesia to the Pediatric*

Dental Patient, it is emphasized that it is the exclusive responsibility of the operating dentist, when employing anesthesia providers to administer deep sedation or general anesthesia, to verify and carefully review their credentials and experience. Likewise it is the responsibility of the anesthesia provider to ensure that the operating dentist and support staff are capable of providing him or her with skilled assistance and have an established emergency and transport protocol in place in the event of an adverse incident.

Improvements to guidelines, best practice recommendations and sedation protocols will be ongoing and incremental as we advance clinically and accrue data, and we must stay vigilant to look and advocate for opportunities to improve patient care. However, it is comforting to recognize that protecting and promoting the welfare and safety of children and adolescents in our communities is of paramount importance to our members. This goal is clearly evident in these recent revisions, and I look forward to updating our membership on the Patient Services Committee's activities throughout the coming year.

Monitoring and Management of Pediatric Dental Patients Before, During and After Sedation for Diagnostic and Therapeutic Procedures AAP: <https://pediatrics.aappublications.org/content/143/6/e20191000>

AAPD: *Pediatr Dent* 2019;41(4): in press

Use of Anesthesia Providers in the Administration of Office-based Deep Sedation/General Anesthesia to the Pediatric Dental Patient

AAPD: *Pediatr Dent* 2019;41(4): in press

UNIVERSITY OF CALIFORNIA, LOS ANGELES

Ammie L. Chinchilla & Matthew Nguyen - 3rd Year Dental Students

The UCLA Student Chapter of the American Association of Pediatric Dentistry (SCAAPD) had a fulfilling 2018-2019 school year. As a chapter strong in tradition and dedicated to the improvement of pediatric oral health in the community, UCLA's SCAAPD organized a variety of events this year ranging from large-scale community outreach events and school visits to member appreciation activities and educational lectures.

Throughout the year, SCAAPD aimed to serve children at various levels in the community. The organization began small, visiting elementary school children during a formative time in their development and providing them with information regarding oral health. During these visits, emphasis was placed on the importance of eating healthy and maintaining good oral hygiene habits. SCAAPD also participated in the Tooth Fairy Convention, a program funded by the LA Trust, which aimed to educate the community about oral health. In February, the organization ran its largest event, the annual Give Kids A Smile Day at the Children's Dental Center of Greater Los Angeles. During the event, dental students and faculty not only provided dental treatment for pediatric patients, but also offered parents and children oral hygiene instructions through various fun and engaging workshops.

As is tradition, UCLA's SCAAPD members were also provided opportunities to grow and interact within the organization itself. One such experience was through SCAAPD's educational lecture series. In the spring, Dr. Setareh Ghafouri gave an amazing talk on the role pediatric dentists play in treating patients with craniofacial anomalies. Additionally, two pediatric dental residency panels were organized where members were able to listen to current UCLA pediatric faculty and residents talk about what a



▲ UCLA "Give Kids A Smile Day"



▲ Tooth Fairy Convention Group

pediatric residency, and its respective application, entailed. Throughout the year, SCAAPD also hosted events to build camaraderie. This past winter, the chapter threw a holiday party complete with festive food, beverages, and a gingerbread house competition. Holiday Grams and Valentine's Day Grams were also used to spread cheer amongst members, each complete with personalized goodie bags and words of appreciation. At the end of the year, a senior banquet was held as the final farewell to SCAAPD's senior members, where the chapter was able to celebrate the year's accomplishments and the acceptance of its seniors into pediatric dental residencies.

Overall, UCLA SCAAPD has had a wonderful year and is planning more great events to continue the organization's tradition of improving pediatric oral health in the community.

UNIVERSITY

BUSY YEAR FOR LOMA LINDA UNIVERSITY SCHOOL OF DENTISTRY

Mona Dousti - Postgraduate Year Two

This year has been a busy year for the Pediatric Dentistry Department at the Loma Linda University School of Dentistry. Every week, we invite the predoctoral students to join us for Journal Club. At each meeting, various scientific articles are discussed amongst faculty, residents, and dental students. Not only do we discuss new developments in clinical dentistry, but we also strengthen our ability to score articles using evidence-based dentistry and determine how scientifically reliable they are. Each quarter, four of the journal club sessions are devoted to case presentations by the residents. The residents present a complicated case that they treated in the LLU Pediatric Dental Clinic and discuss how they managed the case and what were the alternative options.

In addition to these weekly meetings, at the end of August, we will host our annual Pediatric Dentistry Mixer. Dental students interested in pediatric dentistry will be invited to come and meet the residents and our program director, Dr. Jung-Wei Chen. At this mixer, we will discuss the application process to our unique residency program and the specialty of pediatric dentistry in general.

In addition to the CSPD conferences that we attended and at which we presented cases and posters, our residents also presented at the Annual Cleft Palate and Craniofacial Anomalies Symposium in Santa Monica.

Our department has worked very hard to provide community outreach. In February, we organized our annual Give Kids a Smile Day with the Tri-County Dental Society to provide free dental care to children in the Loma Linda University Pediatric Dentistry Clinic. Our department, along with the dental students volunteered to help make this event a huge success.



▲ Pediatric Dentistry Team at the CSPD Social Event



▲ LLU Pediatric Dentistry at Trona Elementary



▲ LLU Pediatric Dentistry Team

We also traveled to Trona, California with our mobile dental clinic van. Trona is a small isolated town with no dentists to serve the area. The children who live in Trona either have to travel far to see a dentist or have never been to a dentist before. In preparation for treatment days, the volunteer faculty, dental students, and pediatric dental residents drove to Trona several weeks in advance to take radiographs, provide comprehensive dental exams for the students at the local elementary school, and provide oral hygiene and dietary instructions. We returned a few weeks later to provide dental treatment for these children. Led by our outstanding faculty, Dr. Wesley Okumura and Dr. Gary Kerstetter, we have served Trona for seven years, and we are going to continue our service to the Trona population in the future.

In March, we had Loma Linda's Children's Health Fair in our mobile van where children from all over the Inland Empire had the opportunity to visit, learn, and explore. There were various stations set up where volunteers interacted with the children to discuss medical care, diet, and oral hygiene, among other topics. The pediatric dental residents gave these kids a tour of the mobile dental van, demonstrated what to expect at dental visits, and reinforced oral hygiene.



▲ *Give Kids a Smile Day at LLU Pediatric Dental Clinic*



▲ *Pediatric Dental Residents at Loma Linda's Children Health Fair*



DENTAL BOARD OF CALIFORNIA

Dr. Steven Niethamer - *Website Editor*

Continuing Education is the Reason CSPD Exists

We all know that the Dental Board of California requires 50 units of continuing education (CE) every two years to recertify state dental licenses. Of course, most of our professionals would continue to be updated without this non-renewal of license threat hanging over us. Almost all states, however, must protect the public from the few that would not update their knowledge by requiring CE. CSPD's annual meeting, for most of us, is a primary source for those required CE units.

CSPD used to provide this CE as a Joint Provider with the AAPD. Life was easy back then. AAPD did all the work. Our executive director (ED) would send a list of programs to AAPD and receive back ADA CERP and California approval. CSPD vice-presidents would have permission to run our CE programs in any which way they wanted. It was the Wild West where the brochure designer had as much say about what to tell our members as the lecturer.

About five years ago, AAPD informed our ED that we needed to apply to the Commission for Continuing Education Provider Recognition (CCEPR) through their Extended Approval Process (EAP) in order to continue using the ADA CERP logo. The Online Continuing Education (OCE) program was originally setup to follow the ADA CERP Guidelines due to the OCE appeal to national pediatric dentists. So, to maintain OCE's ADA CERP provider status and to bring CSPD's annual meeting into compliance, the

OCE committee started the process of applying yearly to become an ADA CERP recognized provider through the EAP program. A large part of this annual task is sending copies of our meeting advertisements, speaker contracts, and sponsor agreements, along with the reapplication to AAPD and the CCEPR.

ADA CERP CE is the Gold Standard

ADA CERP CE is the gold standard for dental continuing education. These courses are recognized by every state in the US along with most other organizations that require CE in their approval processes. It is the most acceptable CE because of its CE Recognition Standards and Procedures. To be an ADA CERP provider, organizations must demonstrate compliance with fourteen standards and criteria for recognition.

Staying compliant is a big, complicated task – especially in an organization where most have not read the standards. It should involve a committee that develops the Mission/Goals, runs Needs Assessments, creates Educational Objectives, and continually Evaluates program effectiveness. If we allow our programs to become too commercialized, then the U.S. Food and Drug Administration (FDA) must get involved. That's bad. So, there are many rules to keep companies from promoting specific products. There are also rules for providing the best lectures to appropriate audiences in adequate facilities.

One of the most important standards is dealing with Publicity. Every advertisement must include about thirteen different types of information in order to keep these ads informative but not misleading.

Back in the wild days, most CSPD leaders knew little about these standards. Even now, except for a

couple in our leadership, few of our members understand or even care about these ADA CERP Standards. Luckily, the committee running the compliant OCE also controlled all of the advertisements added to the websites, so CSPD has remained compliant. We understand how boring staying obedient is to most of us, which is why most of this paperwork was done in the background by the OCE committee. But this stay-out-of-sight policy seems to have failed. As CSPD grows in membership, adds a management company with their own website/graphic designers/promotion people and CSPD regularly changes their leadership members, staying compliant is becoming more difficult. Our committee should have been better at explaining what is absolutely needed for our continuing education programs to maintain this status. Carrying a big club might have also helped!

What is Needed

As the Dental Board of California gets more involved with CE requirements, CSPD needs to carefully provide even better CE – which will need all of our members' cooperation. All of our leadership, our management company staff and every member of the Annual Meeting Committee should understand this ADA CERP Recognition Standards document. The CSPD Board of Directors took an important first step by reappointing the Continuing Education Committee to help share in the annual completion of these tasks. Attendees of our annual meetings need to take extra care in filling out surveys. These questions are required to help us evaluate what works and what doesn't. CSPD is trying to create a system that must record attendance, collect information about the programs and provide a verification of participation document (a certificate). Please be patient. There is no perfect, affordable system yet, but we are working to develop one.

Thank you all for listening! In the meantime, you can view many of our [Anaheim annual meeting](#) and [Chicago AAPD](#) meeting photos in the [Latest News](#). Enjoy!



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UPDATE

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The Foundation has announced a research grant to Dr. Carolyn Vuong DMD at UCSF. This study will analyze shear bond strengths of glass ionomer cement to SDF-treated dentin at different time intervals.

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MOTIONS

REVISED motions from Dr. Ngo

2019.07.13.02 Guijon: To approve the Board and Committee Appointments for 2019-2020 as presented. **CARRIED**

2019.07.13.04 Schmitt: To approve policy to maintain general liability insurance for the organization, a Directors & Officers Liability Policy for elected and appointed leadership and members engaged in society operations, and to remove the current requirement to maintain a separate fiduciary bond or employee dishonesty bond. **CARRIED**

2019.07.13.05 Guijon: To approve the proposed modifications to the Administrative Policy and Procedure Manual regarding Society insurance and General Financial Policies, Conflict of Interest Policy. **CARRIED**

2019.07.13.06 (Amended) Dorostkar: To approve policy to place the appointed Sponsor Relationship Liaison a consultant (ex officio) to the Annual Meeting, Communications, and Member Services Committees, and the Social Media Subcommittee. **CARRIED**

2019.07.13.11 Schmitt: To remove a “roll call vote” as a voting method option at the meetings of the Board of Trustees. **DEFEATED 3-6-3**

2019.07.13.13 Schmitt: To approve the proposed modifications to the Administrative Policy and Procedure Manual regarding Board Motions and Minutes as contained in the report of the Executive Director, with referral to the appropriate organization entities before placement, incorporating the following changes: (1) A “vote by [secret] ballot” may be used at the Board table and the process and procedures by which it would be conducted; (2) Adoption of policy that members of the Board participating in a meeting by teleconference or similar electronic means may vote on a motion, except in the case of a call for a “vote by [secret] ballot”. **CARRIED**

2019.07.13.17 Lee, J: To establish policy that the Annual Meeting exists

primarily as a membership benefit and production of non-dues income is a secondary consideration. **CARRIED**

2019.07.13.18 Schmitt: The Annual Meeting registration fee for post-doctoral student members of CSPD and WSPD be set at \$100.00. **CARRIED**

2019.07.13.21 Schmitt: To approve the proposed modifications to the Administrative Policy and Procedure Manual regarding Annual Meeting Finances as contained in the report of the Executive Director, with referral to the appropriate organization entities before placement, incorporating the following changes: (1) The projected and real loss of income from the reduced Annual Meeting post-doctoral registration fee, after adjustment for grants and subsidies, be a cost of the budgeting process and “profit and loss” of the Annual Meeting. **CARRIED**

2019.07.13.22 Schmitt: CSPD support SB 154 (Pan) as introduced 1/23/19. **CARRIED**

2019.07.13.23 Schmitt: An ad hoc Strategic Planning Committee be appointed by President Tavana for the purpose of planning, coordinating and executing the next Strategic Planning Exercise in 2020 or 2021. **CARRIED**

2019.07.13.24 Schmitt: The Executive Director be instructed to enter into contract negotiations with the current association management company (Smith Moore and Associates) and to report to the Board on the result of these discussions with recommendation for Board action. **CARRIED**

2019.07.13.25 Schmitt: The Executive Director be directed to create a work support group to assist in the evaluation of structure and function of association management support of CSPD objectives and mission, coordination with CSPD governance, and integration into organization strategic planning. The Executive Director will report quarterly to the Board on this directive. **CARRIED**

2019.07.13.26 Dorostkar: The Omni Scottsdale Resort and Spa at Montelucia will be the meeting site of the 2022 CSPD Annual Meeting in Scottsdale, Arizona, from March 30-April 3. **CARRIED**

2019.07.13.27 Schmitt: The proposed 2020 Annual Meeting budget included in the agenda materials be approved. **CARRIED**

2019.07.13.28 Schmitt: The proposed Fiscal Year 2019-2020 as included in the agenda materials be approved. **CARRIED**

2019.07.13.29 Schmitt: CSPD Reserve Funds be placed in a Vanguard Federal Money Market Fund. **CARRIED**

2019.07.13.30 Hsieh: The President be directed to establish and appoint an ad hoc Online Continuing Education Subcommittee of the Membership Services Committee and an ad hoc Annual Meeting Continuing Dental Education Subcommittee of the Annual Meeting Committee, each with standing charges and composition derived from similar subcommittees existing in 2018-19. **CARRIED**

2019.07.13.32 Schmitt: Move to table definitely the action items from the report of the Social Media Subcommittee to the next board meeting:

1. Request for identification of Social Media Platforms
2. Consolidation of two CSPD-moderated Facebook pages
3. Request for editorial materials

CARRIED

CSPD LEADERSHIP

Full list of committee members is located at www.cspd.org.

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 Dr. Katarina Calilung (USC)

SANTOS CORTEZ GRADUATE STUDENT LEGISLATIVE ADVOCACY INTERNS

Dr. Irene Ching (UCSF)
 Dr. Joanna Meekay (UCSF)
 Dr. Shuran Liang (NYU Langone Dental Medicine San Diego)

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UPCOMING EVENTS

Mar 5-8, 2020



2020 CSPD Annual Meeting

Fairmont San Francisco
 - San Francisco, CA

Mar 18-21, 2021



2021 CSPD Annual Meeting

JW Marriott Desert Springs
 Resort & Spa - Palm Desert, CA

Mar 31-Apr 3, 2022



2022 CSPD Annual Meeting

Omni Montelucia Resort
 - Scottsdale, AZ

Mar 23-26, 2023



2023 CSPD Annual Meeting

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 - San Francisco, CA



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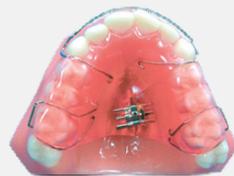
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