



BULLETIN

CALIFORNIA SOCIETY OF PEDIATRIC DENTISTS

SUMMER, 1994

VOL. XX, NO. 2

PRESIDENT'S MESSAGE

Dr. Suzanne Berger

When you spend so many of your formative years (and then some) in school, you become imprinted with the message that Summer means Vacation. I am even convinced that our primitive forebears shared this impression and kicked back a bit during these months; summer being such a likeable and compellingly enjoyable season. This impression will always be lurking in our primal brain stems no matter how adult we've become, nor how many years we've trotted off to work. There may even be a gene somewhere, instructing us (contrary to the advice of our dermatologists) to lay down our dental tools and play in the sunshine. For this reason, it always comes as somewhat of a rude surprise when "The Issues" intrude on this fine season. Remember, Shakespeare never wrote, "now is the summer of our discontentment."

The main Black Cloud of Summer lurking on the horizon is, of course, the political issue of whether or not our Nation will actually adopt a program of socialized medicine. I hope not. My position is based less on my sniveling self interest for the "Future of Dentistry As We Know It", than on my concern for the 3 big issues of health care: quality of care, access to care, and cost of care. One has but to look next door to Canada for a model of how to lower quality of care and access to care while increasing cost of care. There is no working model anywhere in the world that is demonstrably superior to our present system. The rest of the world views us as the leader in Health Care. For me, this poses the question: why abandon this excellent system that, according to a recent well-publicized survey, services 80% of our population satisfactorily? It makes more economic sense to me to focus on improving the manner in which we deliver services to the underserved.

I applaud President Clinton for rallying our legislators to better address the needs of the underserved. Dentistry has been lobbying this for years and has been far less effective. It is a national disgrace that access to good care is not universal; however, the consequences of National

Health Care Reform, as currently proposed, can only result in inferior health care overall and a disaster for the national budget. I cannot comprehend the thinking behind this plan. It is ill-conceived and irresponsible. No corporation in existence with an eye toward the bottom line would risk the liability for changes of this magnitude without thorough investigation, analysis, and testing. I view my government as not performing due diligence in this matter. A shareholder can sell out and invest elsewhere, what recourse has the taxpayer?

Whether or not the Health Care Reform Basic Benefit Package is enacted, we still have to deal with another Black Cloud that I call the "HMO-ification" of Dentistry. For most of us, our only contact with an HMO occurs when they refer us a patient that they are unable to treat, or a patient selects us because they require emergency treatment and cannot wait for the appointment they have been given two weeks from now. A few of our colleagues within our State report that they have begun to join HMO panels not by choice, but to keep large numbers of their patients of record. They tell us that the rest of us are extremely naive if we think patients will be "loyal" to us and not transfer to the HMO dentist who will treat them for a five dollar copayment. Does anyone really think that these patients give careful consideration to the economics of the situation? Why shouldn't a visit to a doctor only cost five dollars? Why shouldn't a trip to the grocery store only cost five dollars? Why shouldn't there be a chicken in every pot?

I wonder what we'll be cogitating over next summer. Will these dilemmas be resolved? Will we be involved in the resolution? Will the something-for-nothing mentality win out over common sense? Will private practice as we know it, be a thing of the past? Will free enterprise lose out to the forces of darkness? Will the Evil Empire have the last laugh? Will we perhaps, be unionizing? Stay tuned.

Hope your summer is going well.

Sincerely,
Suzanne

A.A.P. LIAISON REPORT

JUNE 7, 1994

During the fall and winter months, the A.A.P. California Chapter 2 executive meetings are held monthly at the Sunset Holiday Inn in Westwood.

The A.A.P. is very concerned over health care policy and the prospect of managed care. The district meeting focused on violence in the street and also on television. This coming October has named Anti-violence Month.

The local A.A.P. chapter sponsors several meetings each year. The last meeting in Palm Springs was considered an educational success. Between its Vegas and other meetings, the chapter nets several hundred thousand dollars in revenue.

A resolution on approval of health care reform was sent back to committee for rewording and revision. Currently, the Academy only supports the concept of Universal access to care. Support for any or all of the Health Care proposals will not be forthcoming until the membership is polled.

The latest issue of the California Pediatrician is being distributed, with an excellent article contributed by Dr. Steve Chan. As the C.S.P.D. may be charged for future magazines, we must determine if we should continue to contribute articles and/or our association with the California Pediatrician.

Chapter 2 has initiated a \$20.00 assessment to help fund a P.R. campaign to promote the concept of Pediatricians as primary health care providers as opposed to Family practitioners. We may consider joining that A.A.P. campaign with a lobbying effort of our own, or in conjunction with that of the A.A.P.

Respectfully submitted,
D.F. Duperon

Liaison, A.A.P. California Chapter 2

MEMBERSHIP NEWS

The Society welcomes the following new members to CSPD:

Dr. Linda D. Lott is a 1974 DDS Graduate of UCLA who continued on in pediatric dentistry serving a year of internship at the Martin Luther King Jr. Hospital and then continuing to complete a Certificate in Pedodontics at the University of Texas Dental Branch in Houston, Texas. Dr. Lott returned to the Los Angeles area in 1977 to serve as the Chief of Pedodontics at the Watts Health Foundation until 1982. Dr. Lott currently practices in Los Angeles.

Dr. Diane C. Sizgorich received her DDS at UOP in 1993 and is currently enrolled in the pedo program at USC. **Dr. Lerida F. Lipumano** completed her DDS degree at the University of the Philippines in 1986 and completed postgraduate pediatric dentistry at Boston University in 1992 and currently is in private practice in San Francisco and South San Francisco. **Dr. Mostafa T. Rad** earned his DDS at the University of Tehran in 1977, completed a Certificate in Pediatric Dentistry and a Master of Science degree at the University of Illinois in 1980. Dr. Rad currently has private practices in Woodland Hills and Long Beach.

Dr. Danny E. Davidson is a new Associate Member who is the Immediate

Past President of the Washington State Component of the American Academy of Pediatric Dentistry. Dr. Davidson completed his DDS degree at the University of Washington in 1982 and his Certificate in Pedodontics at the Children's Hospital in Seattle in 1984. Dr. Davidson is engaged in private practice in Olympia, WA.

Tom Barber

MILK CARTONS AND MOUTH GUARDS

As a result of the efforts of the Public and Professional Relations Committee, a side panel message program promoting Mouth Guard wear has been initiated. The following placements have been secured:

McCull's Dairy Corp. Aug. 22-Sept. 5
Safeway Stores, Inc. Aug.-Sept.
Clover-Stornetta Farms Aug. 22-Sept. 5
Foster Farms Aug.-Sept.
Sunnyside Farms/Mid Valley Aug.-Sept.
Chase Brothers Sept.
Crystal Cream & Butter June-Aug.

Our thanks to Dave Perry and his committee members.

"AUTUMN IN NEW YORK"

FIRST ANNUAL NORTHEAST
REGIONAL MEETING
AAPD DISTRICT 1
October 14-16, 1994
Marriot Marquis Hotel
(Heart of the Theatre District)

"Adjunctive Care of the Pediatric Dental Patient"

Info: Dr. Robert Frank 617-391-8300

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CLINICIAN'S CORNER

RETENTION AND STABILITY IN ORTHODONTICS

Nanda & Burstone
W.B. Saunders Company 1993

As a change of pace in this issues Clinician's Corner, I thought you might be interested in a recently published text. While not all of us actively practice orthodontics, we all see cases in progress, and most certainly observe the successes and failures of retention and post-retention.

The twelve chapters cover not only the mechanics which should be preformed to provide for successful post-retention, but also the theories which support the treatment. Each chapter is liberally supplied with photographs, charts and tracings to exemplify the points being made. For those who wish to pursue the issues further, each chapter also has it's Reference list. The overall feeling is much like reading through one of our thesis reports.

Our responsibility (in part) as pediatric dentists is to insure that our patient's growth and development evolve in such a manner that facial form, functional mechanics, and overall esthetics are maximized. Simply put, if we start seeing a child at two or three years old, our knowledge of growth and development should allow for the best possible results for any given child. Unfortunately, this does not always work out. From chapter two: "...one may philosophize that nothing about human morphology is stationary. Aging is a well-documented process of change. Dentitional adjustment and changing dental relationships are known to all even in otherwise healthy individuals."

For those of us actively working for the best facial form and function, and for those of us who monitor what our colleagues are doing, this text provides insight into the processes of growth and development that affects *all* our patients.

Ed.

DISTRICT VI TRUSTEE REPORT TO CSPD

JUNE, 1994

The American Academy of Pediatric Dentistry has just completed its forty-seventh annual meeting in Orlando, Florida. This meeting had the largest attendance of both dentists and their families of any prior meeting. Educational and social programs were both well attended in spite of the numerous Disney attractions of Orlando. The initial portion of the meeting consisted of Board of Trustees meetings, committee and reference meetings, and then followed by the AAPD sponsored a continuing education course, "Periodontal disease for the child and the adolescent," which was extremely well attended by members.

The Board of Trustees of the Academy met on May 22, 23 and 28th. A summary of their actions and discussions follows:

1. Health care reform was a major topic, and the Academy's position of universal access was clarified. This basic position includes continuation of care for those receiving care at the excellent levels now available and providing care for those underserved by enhanced programs or newly initiated programs. Dentistry should not be included in the basic medical benefits for insurance coverage to continue. The Academy's role in child advocacy as regards to health care was discussed. Currently, our stated position differs from that of ASDC to the extent that the child advocate, Dave Johnson, cannot adequately represent both positions. Due to this conflict, in the future he will represent only the American Academy of Pediatric Dentistry in his role in Washington D.C., to present the AAPD positions regarding the various bills concerning dental care for children.

2. The AAPD professional promotion campaigns/media programs are now almost completely funded by outside corporate support and sponsorship. This has allowed us to markedly increase our audience exposure while not increasing AAPD dues for nine years.

3. New membership services announced A) Pulsecard, a patient credit card billing service for AAPD members; and B) Transnational Communications long distance advantage program, a discount telephone service for office and home. Both of these programs benefit the practitioner while supporting AAPD programs through their use.

4. School-linked integrated service systems were discussed. It is perceived, by the majority of the Board, that many of these programs were poorly designed for providing care for underserved children and are not in the best interest of the majority of children. Therefore, the support and name of the Academy could not be directly given. However, we will continue to participate to attempt to make these programs more appropriate for their intended population.

5. Continuing education courses are planned for this coming year. In September a review and relax course in Toronto is planned, as well as a practice management course in the Washington D.C./Virginia area. In November an emergency medicine course is planned for Atlanta, and in February a comprehensive review course is planned for San Diego. In addition, a second course in sedation is planned in Kentucky for this coming April. Attendance at the C.E. courses has generally been excellent. Future joint programs with the American Association of Orthodontics are also in the planning cycle.

6. The public and professional relations committee is continuing to prepare a slide sequence for members use at both professional and lay presentations. In addition, they're preparing pre-school visit protocols; and another Skyline display is being purchased to be available for an increased number of professional presentations.

7. The clinical affairs committee presented guidelines in a number of areas. These were later approved at the general

EDITORIAL

LEAD DANGER LURKS IN HOMES

According to federal officials, seventy-four percent of all private housing built before 1980 contains some lead paint. Those officials also state that lead poisoning is the single most dangerous environmental hazard to young children under the age of six.

Exposure to lead and lead dust can cause brain damage, slow learning, slow speech, hyperactivity, loss of hearing, and any number of problems. Once lead damage occurs, there appears no way to reverse its effects.

A Newsweek magazine article suggested that one reason the government may have delayed any significant action lead until the last two years is because it was thought to be a problem of the poor. However, the EPA states that about one in six children has high levels of lead in their blood.

New legislation signed in 1992 by George Bush, called Title X (ten), will take effect in California in October of 1994. This law mandates, among other things, that HUD and EPA issue regulations requiring disclosure of known lead-based paint hazards to purchasers or lessees of target housing.

Through the use of a sophisticated testing device (XRF machine), we at Environmental Lead Detection will be able to perform an inspection that will give a quantitative analysis of the amounts of lead in the home.

The future is now; let's protect our most precious resource, *our children*, while we have the opportunity to do so.

Bob Brody, E.L.D., Inc.

TO: AAPD COMPONENT PRESIDENTS

The California Society of Pediatric Dentists is pleased to inaugurate the distribution of our quarterly newsletter, *The Bulletin*, to each of the component chapter presidents of the American Academy of Pediatric Dentists beginning with this issue. In the spirit of information exchange, and broader exposure to activities throughout pediatric dentistry, CSPD would be pleased to receive newsletters from other components of AAPD. Material may also be submitted for publication from any component member.

Suzanne Berger, President

assembly of the AAPD. These included breast-feeding, hospital guidelines for pediatric dentistry, immunization of children, and a policy statement on infant oral health (which included and emphasized education for the prevention of disease, risk assessment, and anticipatory guidance). Recently clarified quality assurance criteria in the area of behavior management and guidelines for pediatric restorative dentistry were also presented.

8. A continuing attempt to modify the American Academy of Pediatric sedation guidelines will be undertaken at this time. Our dissatisfaction was not unique among medical specialties. Representatives from emergency room doctors, radiologists, cardiologists, and urologists, as well as pediatric dentists, will be forming a multi-disciplinary team to meet with the anesthesiologist component of the American Academy of Pediatrics to see if more universally accepted guidelines can be formed.

9. The component meeting was extremely well attended this year and provided for a very busy agenda. Four major issues were discussed, in addition to details from many statewide chapters.

A. Paul Reggiardo presented a review of pediatric dentists as primary care providers. He emphasized that we have done well by increasing public awareness but we are not thought of as gate-keepers by any of the entities which control the finances. Therefore, a new program to affect the decision makers in placing patients is needed. A broad-base approach is needed. Families, AAPD members, and company benefits representatives and legislators will all be approached for reeducation. The American Dental Association, federal and state governments, and insurance companies are necessary to accept our position as primary care providers, in addition to the specialist role that we have for children. This position is clearly defined in the definition of our specialty and also in the guidelines of our training programs, and should be continually emphasized.

B. The double-barreled effect of health care reform proposals can capitation/managed care types of coverage affecting our current patients was discussed in detail. We are in a position right now where we do not realize the impact this may have on our practices, nor the restrictions which may be placed on insurance coverage. It has become obvious that the current "reform of health care" is truly "fiscal reform," which will limit patient/doctor choices.

C. Medicaid -- changes and improvements in a number of state programs may be temporary, as managed care and capitation programs are instituted to replace to replace any fee-for-service programs that have recently been modified. Very few good programs exist throughout the United States currently, but these can be used as role models (in addition to the Champus program) for those patients currently receiving inadequate or no dental coverage.

D. Licensure problems facing numerous pediatric dentists who are now leaving the uniform services were discussed. Credentialing is a problem in a number of states, and especially in those states that require specialty licenses only.

Additional details about any of the noted programs or actions taken by the AAPD Board can be gotten through me or through the Central Office of the Academy. Continual activity occurs in a variety of areas, and input from the members is always extremely important. I look forward to meeting all of you in the near future and serving as your representative to the Board of Trustees.

Have a wonderful summer.

Richard S. Sobel, Trustee

BOARD OF DIRECTORS MEETING

MINUTES — JUNE 25, 1994
San Francisco, California

The 78th meeting of the Board of Directors of the California Society of Pediatric Dentists was called to order by President Suzanne Berger at 9:10 A.M. A quorum was established with members present: Drs. J. Pederson, P. Wolkstein, M. Lisagor, W. Grossman, M. Steigner, J. Wampler, D. Perry, D. Duperon, L. Luke, D. McGavin, J. Musser, R. Stewart. Also present was Executive Director Tom Barber.

Dr. Berger introduced and welcomed the new Board members. A motion was made and seconded to approve the minutes of the April 7, 1994 Board meeting with one correction in date.

Dr. Berger reported the following correspondence:

Letter to Mr. P. Rodriguez from Dr. Berger.

Letter to Mr. Rodriguez from AAPD President Ray Klein.

President's Report

Dr. Berger discussed the Palm Springs meeting and reported a slight surplus for the meeting (\$48). Her full report and recommendations will be mailed to the Board in the near future.

Dr. Berger distributed and discussed the assignments and chairmanship of 1994-95 committees. There are two new committees:

1. Annual Meeting Committee
2. Membership Services Committee

Dr. Reggiardo will be asked to update the CSPD Administrative Manual to include the changes of these two new committees.

President-Elect's Report

Dr. Pederson stated his goals and objectives for the 1994-95 year. He reported the proceedings of the Annual Meeting Committee at Palm Springs. Dr. Richard Simonson will be the featured speaker. There will be a panel discussion on Managed Care chaired by Drs. Blain and Jacks. There will be a theme party for the President's Friday night dinner. Dr. Pederson will present a final budget and proposal at the next Board Meeting with a possible increase in the meeting fee for 1995.

Dr. Pederson noted that Dr. Barber will be moving to Arroyo Grande, which will facilitate the administrative communication during his tenure as president. It was moved and seconded that consideration be given to inviting someone from CA (by President-Elect) to our annual meeting. There will be no compensation by CSPD.

Motion 6.25.94.1 (Grossman/Stewart)

Moved that the annual meeting committee be directed to study feasibility of inviting CA officials to future annual meetings. A formal resolution will be presented at the next board meeting by the chairman of the Annual Meeting Committee. PASSED.

Vice President's Report

1. Dr. Lisagor made a suggestion that CSPD consider changing its policy of inviting the AAPD President to our annual meetings to invite the President-Elect as an alternative. Drs. Pederson and Lisagor will explore the best way to implement this action.

2. CSPD Board liability insurance status report by Dr. Pederson regarding efforts to get AAPD to respond to an informal survey by CSPD of the components which indicates that there is considerable interest in having AAPD implement such a policy. Dr. Pederson was directed to initiate a liability policy for CSPD in the event that nothing is forthcoming from AAPD.

3. Dr. Jimmy Pinkham has been invited to be the main speaker at the 1996 meeting in Pasadena and will speak on "Behavior Management." A panel will be organized to address current issues and techniques in behavior management.

4. Dr. Lisagor reported on the first Board Retreat for Strategic Planning which will be facilitated by Dr. Mel Rowan. The retreat is planned tentatively for September 17-18 at a location to be announced in Southern California. Dr. David Perry will assist Dr. Rowan in the organization and implementation of this meeting.

Treasurer's Report

1. Dr. Grossman gave the current financial report as of 4-30-94. A discussion of the current costs of the Bulletin took place. Dr. Grossman will investigate these expenses and search for ways to reduce the costs which have steadily increased over the past several years.

2. The California Pediatrician has asked us to help cover the expenses of mailing the publication by contributing \$1000 per issue. The board discussed underwriting this expense. It was decided by unanimous vote not to authorize this expenditure.

Motion 6.25.94.2

The amended budget as presented for 1994-95 be approved. Passed.

Editor's Report

Dr. Duperon reported on the current articles in progress for California Pediatrician.

Executive Director's Report

The new address and phone number for Dr. Barber's new location and CSPD offices will become effective after July 4. The necessity of a dedicated FAX line was discussed. It was decided that this was not necessary.

Kids Care Fair

Dr. Barber's relocation necessitates the appointment of another CSPD member to replace him as a representative to this organization. Dr. Barber will identify his replacement, which will necessarily should be someone in the Los Angeles area and preferably a Board Member.

Public & Professional Relations

Chairs report, Dr. Perry

The PANDA program (Prevention of Child Abuse) was reviewed and CSPD's interaction with CA in promoting the objectives of this coalition was reviewed.

The impact of the Clinton Health Care Reform proposal to tax dental benefits was discussed. An explanation of the letter writing campaign to congressman and senators to attempt to deter this proposal was given by Dr. Perry. A mailing has been made to CSPD members encouraging a letter writing campaign by our staff and patients. This was done to augment the CA campaign to address the same issue.

A discussion of a recent proposal to modify the State Dental Practice Act to eliminate a significant number of duties currently performed by dental assistants currently before the Committee on Dental Auxiliaries (COMDA) which would require that only registered dental assistants could perform the following duties currently authorized to dental assistants:

- Take impressions for diagnostic and opposing models
- Apply non-aerosol and non-caustic topical agents
- Remove post-extractions and periodontal dressings
- Place or remove orthodontic elastic separators
- Hold anterior matrices
- Remove sutures
- Take intra-oral measurements for orthodontic procedures
- Check for loose bands
- Remove arch wires
- Remove ligature ties
- Apply topical fluoride**
- Place and remove rubber dams, and**
- Place, wedge and remove matrices.**

Under the proposal, dental assistants would be able to continue to remove debris and excess saliva and maintain a dry oral cavity, but this would require that the licensed practitioner be present at chairside. Dental Assistants would also be allowed to continue to take x-rays, if certified!

The proposal is promoted by the California Association of Dental Assisting Teachers (CADAT) and supported by both the California Dental Assistants Association (CDAA) and the California Dental Hygienists Association.

Dr. Perry recommended that CSPD react pro-actively and the Board agree to undertake the following:

1. CSPD will take a position against the proposed changes to the Dental Practice Act.
2. CSPD will write a letter to the State Board of Dental Examiners stating our position. (Letter to be published in the Bulletin.)
3. CSPD will send Dr. Perry to the hearing on July 16, 1994 to present our position.

Milk carton side panel messages campaign was pitched to each of California's 37 dairies by CA's Council on Community Health emphasizing the use of mouth guards. Placements have been secured through several milk producers throughout the state. (See "Milk Carton")

AAP Liaison Report

Dr. Duperon reported on California AAP activities and potential interaction with CSPD in their position on emerging Health Care proposals.

Dental Care

Dr. Stewart and Dr. Jacks have been directed by the Board to undertake a survey of the CSPD membership to ascertain the extent to which our members are currently participating in "Manager Care" programs. The Board also requested that some level of communication be developed for the membership, either through the Bulletin or some other mailing, to keep them abreast of the constant changes which are occurring both nationally and in California.

The suggestion was made that consideration be given to forming an Independent Practice Association (IPA) of the Pediatric Dentists in order to negotiate more effectively with the numerous plans which are currently active in California. Drs. Stewart and Jacks were directed to develop proposals and to address the pros and cons of this issue to the Board and membership.

Credentials and Membership

We currently have 411 active members. Applications have been mailed to the graduate programs soliciting student members.

Professional Activities

Dr. Luke reported on the projects funded by his committee. The committee met at the annual meeting to evaluate the submitted research proposals. The committee decided to award our support as follows:

Dr. Claudia Massouredis	\$500 (Student Fund)
Dr. Patricia Nartallo-Turley	\$1000 (Student Fund \$500 & Member Fund \$500)
and Dr. Patrick Turley	

Annual Meeting Site Selection

Drs. Stewart and Barber are meeting on June 27th at Carmel Valley Ranch to finalize the site arrangements.

Membership Services

Dr. Azama presented a proposal for the 1994 CSPD Auxiliary CE course on October 15th in San Francisco and October 22nd in Los Angeles. The program was approved. Hotel arrangements are pending. Dr. Stiegner gave an update on the Patient Information Material Topics scheduled for production this year. He asked for suggestions for additional topics.

The meeting was adjourned at 3:30 P.M.

Dr. Ray Stewart, Secretary

HEAR YE, HEAR YE

All members and friends
of CSPD. . . please note

CSPD has a new address

P. O. Box 299

Arroyo Grande, CA 93421

(805) 473-2093

RAY STEWART

Secretary



Ray is currently the Secretary of CSPD. He has been a Board Member since 1980?

Ray and his wife Penny reside in beautiful Carmel Valley on the Monterey Peninsula where they have been since moving from Los Angeles in 1982. He spent twelve years on the faculty at UCLA and Harbor General Hospital. Ray founded the Pediatric Dental Residency program at Harbor General in 1974.

He is in a full time practice in Salinas with partners Roger Sanger and Peter Chiang. He is actively involved in numerous community organizations including an advisory board position with the Monterey County Board of Supervisors, the Salinas Valley Memorial Hospital Foundation and California Ducks Unlimited.

Ray's spare time is consumed by a variety of avocational interests. He has planned a small Chardonnay Vineyard, which is due to produce its first crop in the next season. He is actively learning the art of viticulture and plans to bottle and label his own wine. (Look for the first release in 1996). Ray has been restoring and racing vintage cars for years. He has just completed restoration of another old Porsche race car which he will campaign on the vintage races circuit in California.

Hunting and fly-fishing are his true loves in life (other than his wife Penny, daughter Heather and son Ray, of course). He and Penny just returned from a month long safari in Africa which they report to have been the only trip they have taken where "the experience exceeded their expectations." He and his best friend Lacy (a Gordon Setter) have a full schedule of bird hunting planned for this Fall and Winter.

Ray is about to become a grandfather for the first time later this year. Although he reports that he doesn't feel old enough to be a grandparent the mirror tells him otherwise. He already has a car seat fitted for his car and a B-B gun and fishing pole in the closet awaiting the new arrival.

MARTIN STEIGNER

Director '95 North

Marty was born in New Jersey, and moved to Orange County in '55 when there were still orange groves.

He did his undergraduate years at San Diego State College where he was awarded Scholar-Athlete in 68-69. Marty played on two college division NCAA football teams under Don "Air" Corvell. After dental school at UCLA ('73) and a Residency at Harbor General ('75) he moved to Petaluma. This has been his professional home ever since.

Active on the Board previously, Marty has also served as Chairman for the Dental Dept. Petaluma Valley Hospital, and President of the Redwood Empire Dental Society.

He and Dea have been married 18 years. They have three girls: Lindsay, 16, is a High School Jr.; Rebecca, 13, is in eighth grade; and Stacy, 9, is in fourth grade. Son, Steven, is currently enrolled at UC Santa Barbara.

Skiing and camping are high on the recreational list for this family.

AAPD SAN FRANCISCO

MAY '95

**Submission Deadline for Presentations
at the 1995 Annual Session**

Presentation	Submission Deadline
Miniclinics	September 30, 1994
Sessions with the Experts	November 30, 1994
Table Clinics	February 1, 1995
Graduate Student Research Award	December 1, 1994
Research Abstracts/Educational Foundation Award	December 1, 1994
Pocket Clinics	November 30, 1994
Academicians Workshop	November 30, 1994
Special Interest Program	December 1, 1994

These deadlines will be strictly adhered to.

If you are interested in making a presentation at the 48th Annual Session in San Francisco, contact the Headquarters Office for further information.

CDA LIAISON REPORT

SUMMER 1994

I. House of Delegates

A. Health Care Reform Grassroots campaign.

Action Item: Propose that the President of CSPD write a letter on behalf of the 400 members of CSPD and the children of California to preserve the tax deductibility of dental benefits to Senator Dianne Feinstein and Senator Barbara Boxer

B. State's Pilot "managed care" denti-cal program

The Council on Legislation is directed to pursue legislative course to require the State to finish and report on the pilot dental program before implementing the statewide program.

CA's Solicitation for Response to the Denti-Cal Managed Care Program proposal included a question if pediatric dentists are considered primary care providers. The text on this provision was forwarded to Suzanne Berger.

C. Truth in Premium Dollars.

The Council on Legislation is directed to pursue legislation/regulation to have third party payers to disclose how much premiums are actually spent on patient care (and therefore how much goes to the insurance company as "administration")

D. Council on Community Health.

1. The CCH will be reengaging the issue of OTC mouthwash safety campaign
2. Baby Bottle tooth Decay and Mouthguard project reported by Dr. Perry.
3. CCH to actively engage the Delta sponsored PANDA program
4. A needs assessment study of dental care for indigent kids is started.

ACTION ITEM: SUGGEST LETTER FROM CSPD TO CCH TO OFFER ASSISTANCE IN NETWORKING IMPLEMENTING THE PANDA PROGRAM

E. Council on Peer Review.

Dave Taylor won a CA award as outstanding specialty chairman for PR. The newly formed Council on Peer Review must submit a mission statement to be approved by the Board of Trustees. Currently, the Council adjudicates cases brought before it and follows the procedure in the PR manual. I've had discussions with Dave Taylor on the merits of an educational component to the PR mission.

Reminder. Peer review is only for CA members. Some CSPD members are not CA members.

ACTION ITEM: Letter from our PR Chairman to suggest mission statement. Statement to include the council to conduct ongoing educational vehicles to members on issues brought before the council.

F. School Solicitation Policy.

Solicitation of kids in private or public schools by the use of dental health programs (screening, mouthguards, sealants) for personal financial benefit or to generate referrals will incur ethics violations.

G. Adjudication of Behavior Management Cases by Judicial Council and local component Ethics Committees.

The issue is being reopened and renegotiation of procedures for cases above are being conducted. Letters to Chairman Gerry McClellan.

H. Screening Committee.

Last year, we tried to position Scott Jacks as a nominee to the Council on Dental Care in light of Health Care Reform and economic forces of managed care. Scott has consented to forward his nomination again.

I. CA Journal

February 1995 issue will feature an article by Don Duperon on BBTD

J. Council on Education and Professional Relations.

AAO requested support redesignation of the specialty of "orthodontics" to specialty of "orthodontics and dentofacial orthopedics". BE CAREFUL. The name change may include a greater scope of practice designed to politically encroach on the territory mutually shared by pedo. It is worthwhile to request a copy of the request from the Council from AAO. CSPD may need to advise the Council if the name change is truly innocent or a political agenda. (The Council has been asked by ADA to consider any objections.) Judicial Council comments were also solicited.

K. Single Payer Initiative

This initiative has enough signatures to be on the November ballot. The implications were previously reported at the April CSPD meeting. This one is dangerous. CA is opposed to it and is supporting a coalition to oppose it.

ACTION ITEM: CSPD should examine the provisions of the initiation. Recommend that CSPD oppose this initiative and write letter of support of CA position to oppose the initiative.

Steven Chan

The student approached his Zen Master.

"Master, what is it that makes you so wise?"

"It is because I show good judgement."

"Master, how does one learn good judgement?"

"It comes from experience."

"Master, how does one get experience?"

"From using bad judgement."

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BULLETIN

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Stephen J. Howard, D.D.S.

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