



BULLETIN

CALIFORNIA SOCIETY OF PEDIATRIC DENTISTS

December 1997

Vol. XXIII, No. 3

PRESIDENT'S MESSAGE

Dr. Ray Stewart

Just when you think there is clear sailing ahead, a small cloud appears on the horizon. That small cloud quickly swells into a towering thunderhead. So it is with the recent (cloud) over oral sedation in the dental offices. What started off as a disci-



plinary action directed at a large multi-office Dentical practice, while treating a four year old child using chloral hydrate, resulting in the child's tragic death, has expanded into a politically charged attempt, on the part of the State Board of Dental Examiners, to legislate regulations to control the use of oral sedation by removing its exemption from the currently enforced conscious sedation permit. That would mean that any of us using oral sedation would have to do so under a Conscious Sedation Permit. At this writing the outcome of the BDE's effort is not entirely clear, but thanks to the tireless efforts of Dr. Paul Reggiardo, it looks like we have at least been successful in avoiding the requirement for in office demonstrations. What is clear, however, is that there is considerable public interest and misunderstanding in this matter, which has been fueled by the extensive media sensationalism we have come to expect in situations such as

See PRES. MESSAGE, page 2

Board of Dental Examiners Considering Regulation of Oral Sedation

Prompted by the oral sedation-related death in August of a four year old child in a Santa Ana dental clinic, the State Board of Dental Examiners placed regulation of oral agents on its September meeting agenda. In addition to this apparently avoidable tragedy, the Board identified three other deaths of children age four and younger associated with oral sedation since 1991.

At their meeting, the Board entertained a motion to seek statutory authority to include oral medication under the current conscious sedation permit. In testimony before the Board, representatives from C.S.P.D. and others argued that the parenteral conscious sedation permit was not the best vehicle to reduce risk and still maintain needed treatment access by encouraging qualified practitioners to continue to provide the care for which they were trained. The motion was withdrawn and, instead, the Board remanded the issue to an ad hoc committee for study and recommendations.

This committee, composed of four State Board members and one representative each from pediatric dentistry, oral surgery, dental anesthesiology, and periodontics, as well as one member from the California Dental Association, met October 27 in Los Angeles. C.S.P.D. provided pediatric dentistry's input and representation. Public comment was solicited from other interested parties, including educators in pharmacology and anesthesia.

The committee heard argument on the issues and agreed upon the following recommendations:

Oral sedation of infants and children deserves Board supervision and regulation.

A permitting process is appropriate to monitor those prescribing, administering or treating children under oral sedation. In order to obtain this permit, applicants will have to show (1) evidence of formal training in a program approved by the Board of Dental Examiners and (2) evidence of competency as demonstrated by a written or computer-simulation examination. Satisfactory completion of an accredited program in pediatric dentistry will satisfy the training requirement.

Holders of the permit will adhere to regulations concerning monitoring procedures and equipment, record keeping, patient history, physical evaluation and the ability to respond to emergent situations. These regulations will be derived from and be consistent with those of the American Academy of Pediatric Dentistry's Guidelines for the Elective Use of Pharmacologic Conscious Sedation and Deep Sedation

See ORAL SEDATION, page 3

This Bulletin...

President's Message	1	Wilfred Nation Remembered	7
Oral Sedation	1	AAPD Liaison	8
Dental Care MSO	3	Children's Initiative	8
Legislative Issues	4	Office Based Research Survey	insert
MRMIB	5	Board Minutes	10
Legislative Preview	6	Professional Opportunities	11

this. One encouraging note to this whole affair is the extent to which CDA and other branches of organized dentistry have begun looking to CSPD for leadership and consultation when issues of importance, especially those concerning children, surface. A detailed report of the current status of this important issue is included in this issue of the Bulletin.

(The fact that we have several members in leadership roles at CDA greatly enhances our ability to keep the CSPD agenda highly visible.) Congratulations to Dr. Steve Chan, who was recently elected as Treasurer of CDA. He joins the executive committee and will be moving through the chairs to one day, soon, be the president of CDA. Dr. David Perry was appointed to the Finance Committee and also is to be congratulated.

Since the last Bulletin, several other significant events have occurred which merit mentioning.

CDA has asked CSPD to join them in developing a program which has the goal of having a greater number of dentists who are comfortable and competent at treating children. This request comes with the realization that the number of children and adolescents in need of dental care exceeds, by far, our specialty's ability to provide these services. These needs can only be met if we somehow increase the number of dentists and auxiliaries providing services. I have asked Dr. Frank Enriquez, with the help of Dr. Scott Jacks, to chair a sub-committee, which will work with CDA representatives to explore the feasibility and content of such a C.E. program. Roger Sanger and his Manpower subcommittee have planned a meeting for early 1998, with the department chairs from the five schools, to discuss how CSPD can play a supportive role in expanding the number of post-doctoral students/residents who are being trained and to encourage those students completing programs to remain in California to practice, especially in underserved areas where the access problem is particularly acute. The Dental Health Foundation, which is the organization, which recently published "The Unrecognized Epidemic," recently received a grant amounting to \$2.1 million to establish five pilot school-based programs throughout the state.

These five pilot projects will endeavor to do oral health screenings and provide

preventive education and services, (including sealants on permanent molars) on large numbers of children in underserved communities. A concentrated effort will be made to make referrals to dentists in these communities to provide urgent or emergency services for children identified as having needs but no provider of record. CSPD has representation on the DHF advisory board, which will assure that the program maintains the standards set forth in the AAPD guidelines. I would encourage our members to become involved with these pilot projects if one exists in your community, (certainly in an advisory or planning capacity and more preferably by organizing a group of dentists to serve as providers for all or some of the kids with extreme needs). In short, Pediatric Dentistry needs to be there if we expect to be considered the leaders in advocating for children's oral health.

I was invited to attend a meeting at CDA in Sacramento, with the executive director of the Managed Risk Medical Insurance Board (MRMIB), on October 20, 1997. (See MRMIB column elsewhere in this issue.) The purpose of the meeting was to determine why dentistry was not included as a member on the 11 member MRMIB Advisory Board, with other disciplines such as pediatric medicine, family medicine, mental health, public health, the insurance industry, the business community, community health clinics, lay public, etc. We were assured that "it was a legislative error and that dentistry would be included in the discussions and planning, although it would take a change in legislation to make them an official member." Yet another negative message was that the funds will be allocated using a "managed care model" by contract with one or more of the large HMO's, which in any language reads "capitation." They were surprised to learn that there would be essentially zero participation from Pediatric Dentists and not much better than that for other dentists in service areas outside of the metropolitan areas of the state. Mind you, these folks have little or no experience in providing dental coverage to large numbers of people. The positive aspects of the meeting were that a "disproportionate share" of the budget will be devoted to dental care. They recognize and accept the fact that dental health is the largest unmet health need in this population and that the needs in this

group far surpass those of middle America.

They, (MRMIB), have asked CSPD to provide them with suggestions for minimum performance criteria and standards to which the HMOs will have to conform. We intend to recommend the AAPD periodicity schedules and guidelines for quality assessment and outcome expectations as the yard sticks by which performance should be measured.

As for old business, we have requested that the CDA Counsel on Legislation prioritize the matter of general anesthesia insurance benefits for dental procedures. We have been assured that it will be a top of their agenda.

You will note that Dr. Richard Udin's request for Office Based Research topics is in this issue. Please take a few minutes to respond.

With so much going on, I want to thank our Executive Director, Dr. Mel Rowan, and our entire Board of Directors for their hard work and dedication to this organization. A special note of thanks to Dr. Paul Reggiardo for his key role in representing CSPD on the State Board's ad hoc committee on oral health. The time spent on all of these projects and activities is mind boggling, so, if you have the opportunity to do so, tell them thanks!

Respectfully,

Ray Stewart
President

BULLETIN

California Society of Pediatric Dentists

CSPD members are encouraged to contribute to the *Bulletin*. Articles, Letters to the Editor, or other items of interest are welcome. The next deadline for submission is January 30, 1998. Items for publication may be submitted by e-mail (editor@cspd.org), in computer format on a 3.5" disk or double spaced, typewritten and of reproducible quality for Xerox.

Product and informational content presented in the *Bulletin* by contributing authors are not necessarily supported by the Executive Board of CSPD.

Published 4 times annually
Editor
James M. Yee, DDS

What To Do When Wall Street Comes Calling?

It's starting to happen. Wall Street has broadened its horizon beyond medical, management service organizations (MSO's) and its starting to turn its attention to Dentistry.

Throughout the country dental MSO's are appearing everywhere. Their goal is to buy up dental practices, or their revenue streams, bundle them together, manage them from afar, and take them public. The potential profits for the dealmakers are astronomical, but the downside risks are considerable.

Orthodontic Centers of America was one of the first dental companies to go public. They put a lot of orthodontic practices together under central management and took them public. Since that time they have continued to grow by buying practices and starting new ones.

At this point it might be beneficial to review the mechanics of how this process works. First a management company is formed. This company will then start to acquire practices for cash, private stock, or a note secured by the new company. Typically it is a combination of all three. In states where it is illegal for non-dentists to own practices, the MSO will enter into a management agreement with the dentist to manage and promote his/her practice for a management fee. Usually the dentist will continue to own his charts (patients) but everything else will be owned or managed by the MSO. They will buy the hard assets of the practice and sign a long-term management agreement (up to 40 years) with the owner dentist. He will usually agree to work a minimum of five years for the MSO to make practice. In order to make other take a percentage of the gross income for its monthly fee (i.e. 15%) or it may ask the dentist to take a fixed salary. In either case in order for this to work, the dentist must reduce his take-home pay. He is essentially selling some of his future income for cash or equity in the new company. If the new company goes public and if the stock appreciates in future years the doctor may make significant profits. This is not a foolproof system for getting rich. There are significant risks. I'll discuss the risks in a minute.



In order to more fully understand how this system can work it is important to understand public markets. Stockholders want either income (dividends) and/or appreciation in their stock price. If stockowners believe that they are getting in on the ground floor of a growing company, they may choose to overpay for a stock based on its potential future earnings. This phenomena enables MSO's to buy practices from you and I at two to three times earnings (annual profits minus doctors annual salary) and sell the stock of their company at 20 to 80 times annual earnings (net income minus corporate taxes).

These numbers offer a significant arbitrage, and as long as stock purchasers believe in your growth industry (sector) and your specific company, the math works. The problem is public markets are very fickle. There is a lot of hype in the stock market. People are willing to pay 20 times earnings because they believe

in Pediatric Dental Patients.

Continuing dental education will be necessary to maintain the permit.

A permit will not be required for the oral administration of sedative medications to patients over twelve years of age.

If the recommendations of the committee are accepted, the Board will approach the state legislature in January to gain the authority for implementation.

If the Board acts within the ad hoc committee's recommendations, C.S.P.D. envisions that a one-day "refresher" course that includes administration of the competency examination could be made available to pediatric dentists possessing a program certificate or degree.

C.S.P.D. was represented at the B.D.E. meeting November 21, at which time our recommendations were considered. Members wishing to obtain more information on this issue or to provide comment are invited to contact either Paul Reggiardo or Ray Stewart.

A copy of C.S.P.D.'s position and recommendations made to the ad hoc committee is available by contacting Executive Director Dr. Mel Rowan.

Respectfully submitted,

Paul Reggiardo
District VI Trustee

they are getting in on the ground floor of growing companies in growing industries. To fulfill the promise the companies must continue to grow, and their profits must continue to grow. That growth comes from two primary areas. The first is new offices or newly acquired dental offices. The second area of income growth is "same store growth" (income growth or profit of existing dental offices). In otherwords the MSO must continue to increase the profits of each dental office they purchase. They accomplish this by reducing overhead and/or increasing production.

The public is buying the stocks of dental management companies because they believe the "story" that profits will continue to increase at a certain rate, say 20% per quarter. If the MSO's don't meet these earnings projections, then the market could trash these stocks and they could loose most of their value.

When you sell your dental practice for stock, it is usually restricted stock, and you are not allowed to sell it for many years. That means that if the MSO purchases your practice, you are along for the entire ride. You can't get off. If your stock goes down you can't sell it.

In the coming years there will be many winners and losers. The risks are significant. Do you play the game or do you stay on the sidelines and miss the opportunity? Only time will tell.

Your questions and comments are welcomed. I can be reached by E-mail at DRSTJ@aol.com.

Respectfully submitted,

Scott Jacks
Dental Care Committee

Legislative Issues Confronting Dentistry in 1997

Updated: 11/19/97

With the conclusion of the legislative session on September 12, CDA has completed one of the most challenging years in its history. At the beginning of the year, CDA was confronted with a series of major legislative issues at the same time that the Government Relations Office was being restructured. While with final actions now having been taken by the Governor, this must now be considered a highly successful year. Below is a summary of the major issues.

Dental Hygienists/Undiagnosed Care: The California Dental Hygienists' Association again sponsored legislation to allow undiagnosed care by hygienists. The original version of AB 560 (Perata) was very similar to previous hygiene bills; it would have allowed "registered dental hygienists in alternative practice" to see patients who are homebound or nursing homes, in schools, or who are in certain designated "underserved" areas. AB 560 has since been amended to require a physical examination and diagnosis by a dentist or physician prior to hygiene treatment; the hygiene treatment would be authorized by prescription. More recent amendments require that Health Manpower Pilot Project #155 be terminated upon enactment of the bill, in exchange for allowing those hygienists who have been participating in the pilot project (fewer than 15 statewide) to continue to operate their existing practices. In a few cases this will allow them to practice in settings beyond those specified in AB 560; however, they would still be required to obtain a prescription prior to hygiene treatment. With those amendments CDA removed its opposition to AB 560. The bill has been signed by the Governor. CDA this year sponsored SB 1014 (Brulte), which will place into statute a long-accepted standard of practice prohibiting a dentist from performing, or allowing to be performed, treatment on new patients prior to an initial examination, diagnosis and treatment plan developed by the dentist. SB 1014, which has now been "double-joined" with AB 560 (which means that neither can be enacted without the other), has been signed by the Governor.

Sunset Review: The sunset review process for the Board of Dental Examiners and the Committee on Dental Auxiliaries was completed in the Legislature this year. Sunset review was developed a few years ago as a means for the Legislature to determine whether state boards and commissions were still performing a necessary function, or whether those functions needed to be changed. SB 826 (Greene) is the Joint Legislative Committee on Sunset Review's vehicle for negotiating this issue; it has been signed by the Governor. Early sunset review proposals from the Administration called for, among other things, reducing dentists to minority representation on the Board. The bill now merely places the current administrative duties of COMDA into statute, and reduces the Board's authority to employ its own peace officer investigators (allowing them to hire seven instead of the current fourteen). The Board will still have the ability to contract with another state agency for peace officers if their case load warrants such. In addition, SB 713

(Rosenthal) has been amended substantially to remove CDA's opposition; originally it would have created a new Committee on Allied Dental Health Professionals with the "sole authority" to determine the "duties that licensees may perform." It now merely requires the Board to provide a written justification whenever it rejects a COMDA recommendation. SB 713 has been signed by the Governor.

Foreign Dental Graduates/Educational Standards: AB 1116 (Keeley) is a bill co-sponsored by CDA and a coalition of ethnic minority dental associations to, among other things, sunset the restorative technique exam for foreign dental school graduates in 2003 and instead require applicants to have a degree from a state-approved foreign dental school or two years of additional education in the United States, while allowing any California licensed dentist to use the letters DDS after their names. This bill has been signed by the Governor and will take effect January 1, 1998.

MICRA/Tort Reform: At least two major tort liability bills were fought this session. AB 250 (Kuehl) would raise the \$250,000 MICRA cap to \$700,000 on noneconomic damage awards, and would delete any cap in specific instances such as when the provider caused injury due to consumption of alcohol or drugs, the provider has had three or more disciplinary actions against him/her, the provider committed sexual abuse, etc. AB 250 has been placed on the Assembly Inactive File and will not be heard again until next year. AB 103 (Figueroa) would have deleted the \$30,000 threshold for reporting to the Medical Board malpractice settlements and arbitration awards against physicians. While that bill does not presently affect dentists directly, in its original form it would have set a dangerous precedent. Recent amendments have improved AB 103 by restoring the \$30,000 threshold for reporting settlements, and the bill was recently signed by the Governor after all opposition was removed.

Dental Corporations: CDA sponsored AB 348 (Cunneen), which will eliminate the longstanding and redundant requirement that dental corporations register with the Board of Dental Examiners as well as with the Secretary of State, thereby saving dental corporations the initial \$200 registration fee and the \$35 annual renewal fee. This bill was signed by the Governor and will take effect in January.

Board of Dental Examiners: The Board of Dental Examiners is sponsoring SB 1243 (Hughes), which includes an increase in various licensure fee ceilings in order to allow the Board to pay for its increasing enforcement responsibilities. The license renewal fee cap would increase to \$450. This bill also currently includes a provision extending for one year the sunset date on the provision requiring additional training after an applicant fails the RT exam three times; this provision is a safeguard in case the comprehensive reforms in AB 1116 (Keeley) do not become law this year. SB 1243 was amended to allow failure of the RT exam four times. It was

continued next page...



signed by the Governor.

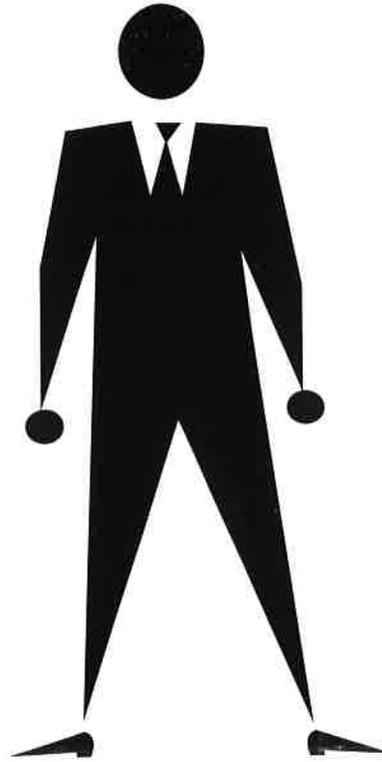
Managed Care: Managed care reform will continue to be a major issue this session, and CDA has an interest in many of the major bills. A number of bills are proposing to move regulatory jurisdiction over managed care plans away from the Department of Corporations, to either the Department of Insurance or to an entirely new agency; CDA believes that all health insurance regulation should be placed under one regulatory entity. A Governor's task force has recently been appointed to review the entire managed care environment and make recommendations to the Governor and Legislature; its report is due by January 1, 1998, and the restructuring issues will probably await the report of that task force. CDA is also supporting several bills which attempt to make the coverage decisions made by health care providers who work for a managed care plan subject to licensure sanctions. One of them, SB 557 (Leslie), was recently amended to specifically include dentists who make decisions on behalf of dental managed care plans. SB 557, along with numerous other managed care bills, is being held until next year pending the task force report.

General Anesthesia: The California Society of Anesthesiologists sponsored legislation this year to deal with a problem created by AB 595 (Speier), a 1994 bill designed to regulate outpatient settings where general anesthesia is used. That bill exempted dentists who have a general anesthesia (G.A.) permit from the Board of Dental Examiners, but in so doing inadvertently made it illegal for a M.D. anesthesiologist to administer general anesthesia in an office where the practicing dentist does not have a G.A. permit. AB 745 (Thompson), as originally introduced, would have exempted from AB 595 all dental offices where an M.D. anesthesiologist is administering the general anesthesia. CDA objected to that approach, and worked with the sponsors and the author throughout the year to reach accord on amendments which will instead require M.D. anesthesiologists who want to work in non-permitted dental offices to obtain their own G.A. permit from the BDE. Although CDA is now in support of the bill, AB 745 was made a two-year bill to work out some final details; it resides in the Senate Business and Professions Committee.

Healthy Families Program: This year's federal budget package included a major new program of block grants for states to provide subsidized health benefits for uninsured children who are not eligible for Medicaid. Since the federal matching funds become available October 1, the state needed to respond quickly to develop its plan for implementing this program. CDA was an active participant in discussions with the Administration and the Legislature, promoting the importance of a dental component of any health benefits program for children. The final package is contained in AB 1126 (Villaraigosa) and SB 903 (Lee), which have been signed by the Governor. The program will require the Managed Risk Medical Insurance Board (MRMIB) to contract with a sufficient number of dental plans (either insurance companies or managed care plans) to cover the population to be served (children in families below 200 percent of the federal poverty level). The program will provide a comprehensive package of preventive and restorative dental benefits (including medically necessary orthodontia), with no co-payments charged for preventive dental care. The intent is for the program to be up and running by July 1, 1998.

MRMIB Meeting Notes October 20, 1997, Sacramento

HAVE YOU MET MR. MIB?



If you haven't, you probably will soon! MRMIB, short for the Managed Risk Medical Insurance Board, is the agency appointed by Governor Wilson to administer the Healthy Families Program in California. They have \$478 million to provide comprehensive health care coverage for approximately 580,000 uninsured children in California for 1998. Coverage will include medical, dental and vision services for at least the next five years. Families who have incomes between 100% and 200% of the Federal poverty level (e.g., a family of 2, 100% FPL = \$10,610, a family of 3, 100% FPL = \$13,330 and a family of 4, 100% FPL =

\$16,050) will be covered under this plan.

The plan, as it is being proposed, will require eligible families to contribute a monthly premium, which will be fixed according to income and family size, ranging from \$7.00 to \$27.00 per month. Dental benefits will be comparable to the program which covers most state employees, i.e., comprehensive coverage. Dental Benefits will include:

1. Diagnostic and preventive services including x-rays, exams and cleanings at no charge.
2. Basic benefits such as fillings, sealants and extractions at no charge.
3. Permanent (cast) crowns \$50.00 co-pay.
4. No annual deductible and no maximum.

The MRMIB activities have estimated that \$70.25 per child per month will cover the entire health care package including medical, dental and vision.

They would like input from Pediatric Dentistry regarding minimum performance criteria and standards to which the HMOs will be expected to conform.

A number of issues were raised as potential problems with the managed care approach they are taking. Only time will tell if they will adopt a hybrid Fee For Service/Managed Care Model or not. Stay tuned.....

Respectfully Submitted,

Ray Stewart
President

A Sneak Preview to the 1998 Legislative Session

by State Senator Tim Leslie

Many political observers throughout California have referred to the recently concluded legislative session as one of the most productive in recent memory. Many decisions were made by the Legislature and the Governor on welfare reform, an income tax cut, funding for higher education, continued class size reduction and reform of the Endangered Species Act. However, the fates of two bills that affect the health care profession were not decided in the final, hectic days of session.

One such bill, Senate Bill 557, which I introduced, would require anyone who makes a decision regarding the medical necessity or appropriateness of any (medical or dental) diagnosis, treatment or prescription to have a California medical or dental license.

Another bill, Assembly Bill 250 by Assembly member Sheila Kuehl, would increase the Medical Injury Compensation Reform Act (MICRA) cap for pain and suffering from \$250,000 to \$700,000 and remove it entirely when a court finds that any one of five conditions apply in a particular case.

Both bills stalled in the Assembly and will be reconsidered during the second year of the current session, after the Legislature reconvenes January 5.

In the world prior to the advent of managed care, the treating physician by and large retained ultimate authority in guiding the treatment plan of his or her patient. Today, however, the physician's autonomy to act in the best interests of his or her patients is under continual attack and erosion by paperwork, delays, mandatory pre-approvals and treatment decision denials. As a result, the ultimate authority in directing the patient's care does not reside with the physician who actually "lays hands" on the patient, but instead a utilization reviewer or medical director who will never actually see the patient.

SB 557 seeks to address that problem by holding medical directors of health plans to the same level of accountability as physicians. I introduced the bill at the request of the California Medical Association, the California Dental Association, and many other medical practitioners who are frustrated and demoralized by their in-

ability to prescribe treatment without first receiving approval from a utilization reviewer or medical director—and second guessed by a non-physician—who will never even see the patient.

Current California law, the Medical Practice Act, provides that "any person who diagnoses, treats, operates for, or prescribes for any ailment...or other medical condition is required to have a valid certificate issued by the Medical Board, or is guilty of a misdemeanor."

It is certainly reasonable to require that a medical director, who is determining what level of treatment, if any, that a patient shall receive, must first be deemed qualified by the state of California to make those critical decisions and moreover, to be held liable for such "medical" decisions.

SB 557 received broad, bi-partisan support in the Senate, where it was approved 24-8. Unfortunately, though, the bill came to a sudden halt in the Assembly Appropriations Committee due to vigorous opposition from HMO's and the insurance industry and the Governor's proclamation that he would not sign any managed care bills until receiving recommendation from the Richter Commission early next year. I plan to revive the bill next year and I would appreciate the help and support of medical and dental professions who believe, as I do, that you, the practitioner, are responsible to the patient for his or her well being, not some administrator sitting on the 14th floor of an office building half a continent away.

While SB 557 makes improvements to California's system of health care in a way that benefits both dentists and physicians, AB 250 makes providers tremble. The bill is strongly supported by the Consumer Attorneys of California (formerly the California Trial Lawyers Association), but it has sent chills through the health care profession. If it becomes law, the cap for pain and suffering awards will be removed entirely if the health care provider named in the suit had been under the influence of drugs alcohol, had been previously disciplined by a licensing board for a variety of specified conditions, had committed sexual abuse or misconduct upon the plaintiff or negligence resulting in death; or, if he/she had performed misconduct

that resulted in "catastrophic injury" to a child under 14 years of age.

Proponents of the measure have used these five horrible conditions to drum up support for the bill. Few people can argue that they are not egregious offenses; any medical practitioner who is guilty of even one of these deserves to be punished to the fullest extent of the law.

However, it is important to remember that the incidence of these five conditions is still, thankfully, very rare in California. The problem with AB 250 is that it would dramatically increase costs for malpractice insurance for all medical practitioners, not just those guilty of the most egregious violations. Furthermore, an increase in malpractice insurance will increase the overall cost of health care and, in turn, reduce the level and quality of service provided to patients.

The largest medical practice in California, the University of California (UC), opposes AB 250. UC officials contend that AB 250 will have a substantial impact on its malpractice insurance premiums, and the effect of these increased costs will result in a reduction of funds available to provide indigent care and care for the uninsured.

If AB 250 will adversely affect an institution with the kind of economy of scale that UC medical facilities have, imagine what it will do to your practice.

Rest assured, if AB 250 is resurrected in the Assembly and comes before me as Vice Chair of the Senate Judiciary Committee, I will oppose it strongly. We have worked too hard and too long to reduce medical insurance premiums to see our efforts reversed now.

I encourage you and your colleagues to continue to be effective advocates for your profession by contacting legislators and committee staffs on legislation and other issues of concern to you.

Those of us in the Legislature who seek to provide greater control to medical and dental practitioners and who seek to reduce costs and increase access to medical and dental care will need your help if we are to be successful.

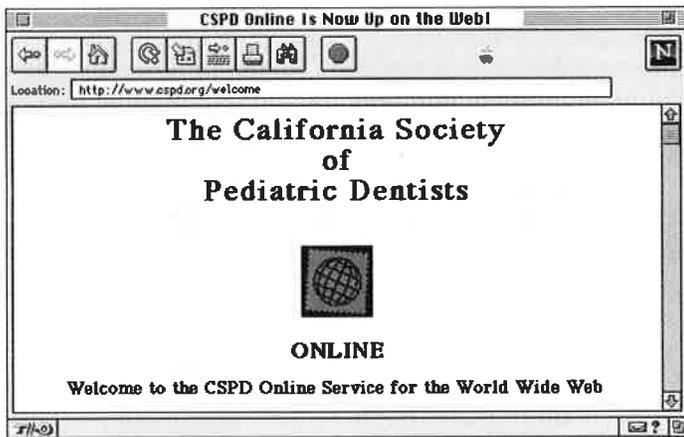
State Senator Tim Leslie (R-Tahoe City)
represents the First Senate District

CSPD Research Awards

CSPD will support original research by active, retired, or student members in good standing. Interested applicants, which include clinical teams, schools, program chairmen, study clubs, as well as individuals, must submit a standard format research proposal, and an estimated budget and grant request (in an amount not to exceed \$1000 for students and \$2500 for active and retired members). The appropriate forms may be obtained from Dr. Richard Udin at Dept. of Pediatric Dentistry, USC School of Dentistry, University Park MC 0641, Los Angeles, CA, 90089-0641.

It is the intent of the Professional Activities Committee to make the application procedure as easy as possible. The next deadline is March 31, 1998 with acceptance notification by May 1st.

www.cspd.org



Wilfred Nation, D.D.S., Remembered Through Support of New Pediatric Dentistry Clinic



Friends and colleagues of Dr. Wilfred Nation are choosing to honor the memory of this very special individual through support of a new Pediatric Dentistry Clinic in the School of Dentistry at Loma Linda University. The new clinic will be part of an expansion to the School which will also house the Surgery Center for Dentistry, an additional student laboratory and more space for the predoctoral clinic.

Dr. Nation, chairman for the Department of Pediatric Dentistry, was working on the plans for this new facility at the time of his death in 1996. He and his classmates had completed a special project to "sponsor" four of the operatories in the new pediatric clinic.

The School provides dental services to over 5,000 children annually. The current 1,280 square foot clinic was originally designed for adult patients and is inadequate to handle the patient load. In addition to increasing the treatment space available, the new clinic will provide a separate entrance for children and their parents and a special waiting area.

A grant for \$250,000 has been received from the Hutto-Patterson Charitable Foundation in Los Angeles for the clinic, but additional funds are needed to complete the financing for this new facility. Gifts in memory of Dr. Nation for this purpose are tax-deductible. Checks should be made payable to Loma Linda University and sent to the Development Office in the School of Dentistry, Loma Linda, CA 91250.

Professional Opportunities Registry

Name _____

Address _____

City _____ ZIP _____

Telephone (_____) _____

Opportunity Offered: (Associate, Partnership, Employment or Sale)

Date Available: _____

Mail Confidential form to: Douglas J. McGavin, DDS
17300 Yorba Linda Blvd., Suite G
Yorba Linda, CA 92686

Meetings Around the Country

SouthWestern Society of Pediatric Dentistry

February 21-28, 1998, Winter Ski Meeting
Inn at Beaver Creek, Avon, Colorado

- Mon: Estate Planning Attorney & Family Limited Partnerships - Clark Willingham
 - Tue: Dr. Bill Mueller, Denver Children's Hospital
 - Wed: Dr. John Pfefferle - Organizing, Planning & Running a Large Recall Practice
 - Thu: Dr. Brent Humphrey
 - Fri: Dr. Jasper Lewis, President, AAPD
- Fireside Mini-Clinics: 4-6 pm each afternoon (Mon-Fri) in lobby with snacks for informal meetings.

July 8-12, 1998, Summer Meeting
Resort at Squaw Creek, Lake Tahoe, California

Report on The Board of Trustees Ad Interim Meeting At the Chicago Marriott, November 7-8, 1997

I was privileged to represent CSPD as a component of the AAP at the Board of Trustees meeting. To avoid redundancy and focus on those highlights of greatest interest to our members, I will refer you to the comprehensive report which has been filed by our District VI Trustee, Paul Reggiardo.

Child Advocacy

The State Child Health Insurance Program (SCHIP) grants federal money to states to provide health insurance coverage to uninsured children up to 200% of the federal poverty level. States may provide this coverage either by expanding Medicaid or by creating a separate health insurance program. States do not have to participate at all, and have up to three years to implement a program without losing any funds. Unfortunately, dental care is not mandated as part of this program. Each state may determine whether or not to include dentistry.

(CSPD's Committee on Legislative and Governmental Affairs should have as a high priority gaining access to the agencies and individuals responsible for the implementation of this program in California)

The AAPD Advocates in Washington, Heber Simmons and Jim Crall, need help with access to individual members of Congress. CSPD might ask its members to identify any relationships they might have with elected officials in DC.

Annual Session

The San Diego meeting is coming together nicely, under the direction of our own Lonnie Lovingier and his local arrangements team. Social events will be on-site, allowing more dollars to be spent on the quality of the event instead of underwriting the high cost of transporting people off-site.

The AAPD Foundation Continuing Education Course will consist of two half day presentations on practice management and wealth accumulation.

Future meeting sites are: 1999, Toronto; 2000, Nashville; 2001, Atlanta; 2002, Denver; 2003, New York.

Of possible interest to our members is the fact that it costs an additional 40% to have the meeting on any weekend other than Memorial Day weekend!

Dental Care

Five states have now enacted legislation for reimbursement for medically necessary adjunctive care (hospital, general anesthesia services). They are Wisconsin, Minnesota, Louisiana, Tennessee and Texas. 36 other states are in the process of working on the passage of similar legislation. A workshop on this issue will be held at the Annual Session in San Diego.

Education

A symposium on The Early Treatment of Class II Malocclusion will be presented October 16-17, 1998, in Chicago. The program features 12 renowned experts on the subject. A large attendance is anticipated. Larry Luke was instrumental in planning and organizing this historic program.

Pediatric Dental Manpower Issue

The Strategic Planning Committee has identified this critical issue of a shortage of pediatric dentists for private practice and academics, as the focus for its 1998 retreat. The problem seems to be clearly recognized by all; possible solutions seem to be more elusive. Included with this report is a fact sheet, compiled by the AAPD office staff, on Current Demographics in the Specialty of

Pediatric Dentistry. It succinctly demonstrates the depth and breadth of this critical problem for our specialty.

Task Force on Governance and Structure

The Board spent half a day receiving and acting on the report of this task force, in an effort to better open access to the leadership of the Academy by the grass roots membership.

The following changes will be brought to the General Assembly in San Diego for approval:

The Nominating Committee would be expanded from the current three past presidents to a committee of nine members, including one elected member from each of the Trustee Districts, two AAPD immediate past presidents, and the past president of the American Board; elected members would serve three year terms. (The objective here is to remove the *appearance* of a "good old boys club" of three past presidents controlling access to future leadership positions.)

All AAPD members, active in Academy affairs, would be eligible for elected office, removing the requirement of previous service on the Board of Trustees.

Committee appointments would be representative of the various Trustee Districts, with a member from each district serving on each committee, plus three members at large.

The Bylaws Committee will also draft changes moving standing committee structure out of the Bylaws and into Procedures and Policy. This would make it easier to change, add or delete committees as various needs and priorities come and go.

(CSPD is looking into a similar change as part of its review of governance.)

A committee was appointed to find mechanisms which would make the District Trustee stronger in being a "conduit" between the Academy and individual components and members.

Nominations

Drs. Larry Luke and Ron Bell were nominated for one Directorship of the American Board; the election will take place at the San Diego meeting.

American Academy of Pediatrics

The AAP is now offering Associate Membership status to AAPD members. If a significant number of pediatric dentists join AAP (\$200 dues), we will have a great opportunity to be better heard on a variety of issues, such as infant oral care and sedation guidelines; CSPD members should be encouraged to become AAP members and to get involved on a local level. CSPD has established liaisons with each of the AAP chapters in California. It becomes very important for CSPD to monitor and insure active participation by these key individuals in AAP activities in California. Members should receive a membership application in the near future.

It is my continued observation that the pediatric dentist is being extremely well represented by the staff and volunteers in the Academy structure. The Academy's plate is overflowing, and an enormous amount of work is being done on many critical fronts. Our members would be quite impressed with the organized manner with which AAPD conducts its business on our behalf, if given the opportunity to attend these Board of Trustee Meetings.

Thank you for affording me this opportunity as your liaison.

Respectfully submitted,
Mark Lisagor, AAPD Liaison

1999 Annual Meeting At Sea Shmooze and Cruise

Plans are shaping up well for the 1999 Annual Meeting of CSPD which will be held at sea on board a Royal Caribbean Cruise ship. Currently, the Viking Serenade is the ship reserved for our group but it is very possible that we will be on a new and even more deluxe vessel, according to Wayne Grossman, 1999 Meeting Chair. Plans are for a four day/three night cruise of Baja California leaving and returning to San Pedro Harbor. The ship will embark passengers in Ensenada one day for sightseeing, shopping, and participation in tournaments. Arrangements have been made to hold golf and tennis tournament play at the spectacular Baja Mar Country Club which is a short drive from the dock in Ensenada.



The scientific program will be headlined by Dr. Ted Croll who will present a clinically oriented program that is both entertaining and at times controversial. Table clinics and exhibits by sponsors will be accommodated on the vessel and graduate students will be encouraged to participate in the entire program. Their cruise costs will be partially underwritten to assure their inclusion in the activities.

The cruise ship provides wonderful recreational opportunities and nearly nonstop entertainment. Supervised children's programs exist for age groups of toddlers through teens and at no additional costs. Members are encouraged to bring along their entire families to share in the fun. All meals are included except for alcoholic beverages and room service is available

around the clock at no extra charge (in case you miss the midnight buffet extravaganza) and children even have menus available of their favorite foods for pickier eaters. The best part of the cruise format, however, will be the opportunity for our members and families to meet and renew old friendships amid comfortable surroundings.

CSPD Members should hold the dates of March 26th through 29th in 1999. Due to the nature of cruises, it is necessary for our group to reserve adequate space well in advance to assure that all can attend and to hold the special rooms and facilities that our group will require. All members are reminded to send in their advanced deposits of \$100 per cabin required as soon as possible to hold their spaces. Send checks to meeting chair Wayne Grossman. For questions or information, please call Wayne at (916) 638-8778 or in the evenings (916)486-8147. Members will be able to select their cabins and arrange for upgrades during the Las Vegas meeting but deposits are necessary as soon as possible. Don't procrastinate and be left out!!

The support our sponsors contributes to the success of the annual meeting and helps to underwrite the projects of our society throughout the year. Please let our sponsor know we appreciate their continued support.

American Dental Technologies, Inc.
28411 Northwestern Hwy., #1100
Southfield, MI 48034
(810) 353-5300

Anesthesiology for Dentistry
13454 Poway Rd., #233
Poway, CA 92064
(800) 350-5199

Denovo
5130 Commerce Dr.
Baldwin Park, CA 91706
(800) 854-7949

Dental Communications Unlimited
P.O. Box 6405
Santa Maria, CA 93456
(800) 563-1454

Dentrix Dental Systems
44656 Park Meadow Dr.
Fremont, CA 94539
(510) 651-5435

E-Z Floss
P.O. Box 2292
Palm Springs, CA 92263
(800) 227-0208

Interactive Communication
332 Dutton Ave.
San Leandro, CA 94577
(510) 254-7916

Johnson & Johnson Co.
900 N. 90th St.
Seattle, WA 98103
(206) 524-9212

Keller, Coad & Collins
Investment Counsel, Inc.
18300 Von Karmen Ave., #640
Irvine, CA 92715
(800) 952-4683

Kreativ, Inc.
1517 Industrial Way SW
Albany, OR 97321
(800) 633-3071

Laclede Professional Products
15011 Staff Court
Gardena, CA 90248
(310) 515-1430

Littell's Oxygen
1530 Centre Point Drive
Milipitas, CA 95035
(408) 946-7773

Oral-B Laboratories
600 Clipper Drive
Belmont, CA 94002
(800) 446-7252

Orthodontic Technologies, Inc.
P.O. Box 4871
Houston, TX 77210-9649
(800) 346-5133

Premier Laser Systems
1800 Hamilton St., Suite 220
San Jose, CA 95125-5635
(408) 377-6522

Procter & Gamble
12662 Sunrise Dr.
Bainbridge Island, WA 98110
(800) 553-5075

J. Rousek Toy Co., Inc.
P.O. Box 1759
Bishop, CA 93515
(800) 423-5198

Safety Syringes, Inc.
250 W. Colorado Blvd., #101
Arcadia, CA 91007
(818) 821-1121

Space Maintainers Laboratory
9139 Lurline Ave.
Chatsworth, CA 91311
(800) 423-3270

United Concordia Insurance
1500 W. El Camino Ave., #530
Sacramento, CA 95833
(916) 924-1700

CSPD Annual Meetings

1998	1999
April 2-5	March 26-29
Tropicana Hotel	Royal Caribbean Lines
Las Vegas, NV	USA & Mexico

Board Minutes - Board Of Directors Meeting October 4, 1997 Marriot Hotel - San Francisco Airport

The 92nd meeting of the Board of Directors of the California Society of Pediatric Dentists was called to order by Dr. Ray Stewart on Saturday, October 4, 1997 at 9:13 a.m.

A quorum was established, in attendance were Drs. Stewart, Rowan, Duperon, Grossman, Lisagor, Perry, Luke, Reggiardo, DeLorme, Fisher, Enriquez, Good, Jacks, Sanger and Wiley. Absent were Drs. Yee, Buch and Wolkstein. Dr. David Gaynor was present as Strategic Planning Facilitator.

Minutes were approved for the June 28, 1997 Board Meeting after some minor grammatical corrections.

OFFICER'S REPORTS

President-Dr. Stewart

1. Dr. Stewart and Dr. Francisco Ramos-Gomez were asked to serve as members on the Advisory Board to the Dental Health Foundation.

2. Dr. Stewart reported on the Governor's California Children's Health Care Plan, a comprehensive package of health benefits for uninsured children. The Federal Government is passing \$24 billion on to the states over the next five years. The California Legislature set up the California Risk Medical Insurance Board (MRMIB) known as "Mr. Mib". The advisory panel to Mr. MIB failed to include a representative from dentistry. Dr. Gaynor suggested writing a letter expressing CSPD's outrage that dentistry was left off.

3. A draft letter to CDA Council on Legislation requesting that CDA sponsor legislation on access to general anesthesia for young children was submitted to the board by Dr. Stewart.

4. Dr. Stewart presented a summary of the recent activities related to the death of a 4 year old boy in Santa Ana Megdal dental clinic while sedated with Chloral Hydrate and the State Board of Dental Examiners actions. Dr. Reggiardo reported on the BDE meeting and the position of CSPD and AAPD. At the State Board of Dental Examiner meeting on September 19, 1997, Dr. Hartmann, President of the State Board of Dental Examiners, wanted to seek immediate statutory authority to place oral sedation under the current conscious sedation permitting requirements. Drs. Reggiardo, Mungo and Perry were in attendance at the BDE meeting in San Diego and testified in opposition to such a drastic change that would require all dentists administering oral sedation to be permitted. The Board formed a committee to look at regulating oral sedation. The next meeting will be October 27th and will be an open public hearing. Our CSPD Board members were asked their view on permitting of oral sedation. Most members felt that there should be some training and educational requirement and a large number felt that there should be some law stating the level of care similar to AAPD Conscious Sedation Guidelines. No board members felt that there should be an on-site visit requirement.

Treasurer - Dr. Luke: A clear and concise report of the first quarter was given. Dr. Luke reported that the organization continues to be healthy financially. A Financial Affairs Committee was appointed by the President and consists of Drs. Luke, Rowan, Lisagor and Brandli.

Executive Director- Dr. Rowan: Dr. Rowan reported on placing ads in the Bulletin and charging all auxiliaries the same for continuing education.

District VI AAPD Trustee Dr. Reggiardo: AAPD completed the first stages of Issues Management manual which will be distributed to components. Legislative initiatives on medical insurance reimbursement for general anesthesia are law in four states. The Dental Care Committee will sponsor a seminar in San Diego. Representatives from all four states will speak for 10 minutes on how they helped pass legislation within their state.

STANDING COMMITTEE REPORTS

Nominating- Dr. Stewart: Dr. Stewart asked the Board for recommendations for nominees to Board positions. Considerations are to be submitted to Dr. Stewart and will be put before the nominating committee.

Public and Professional Relations - Chair Dr. Fisher: Children's Health Services invited CSPD to participate in a booth on Infant Dental Care in San Francisco. Drs. Fisher and Perry were present. California School Nurses Association invited CSPD to participate in its annual meeting at San Diego in February which coincides with CSPD Annual Meeting.

Liaison CA Chapter AAP - Dr. Duperon: San Diego Academy of Pediatrics is sponsoring a joint meeting with the local chapter of AAP and pediatric dentists in the area which Dr. Duperon will be a speaker on November 20. Representative of all four local chapters are as follows: Dr. David Rothman in the north, Dr. Don Duperon in the south, Dr. Parvathi Pokala in San Diego and Dr. Paul Reggiardo in Orange County.

Liaison AAPD - Dr. Lisagor: Dr. Lisagor will be attending the Chicago Ad-interim meeting in November.

Legislative and CDA Liaison - Dr. Perry: CDA's nominating committee selected Steve Chan for Treasurer of CDA. Congratulations to Steve! Thanks also to CSPD members serving currently at CDA:

Scott Jacks	Council on Dental Care
Andy Soderstrom	Chair, Council on Community Health
Suzanne Berger	Council on Community Health
Joseph Sciarra	Chair, Council on Insurance

QUIL3 Program: The Voluntary Continued Competency Assessment will go to the House of Delegates in December for approval. The QUIL3 program will consist of a "clinical practice evaluation" and a "knowledge evaluation." The program, which is education-based, entirely voluntary and self administered is included in "QUIL3: A SelfAssessment Manual." The program does not include an office audit, supervised examination or any measure of accountability. The program can be completed in its entirety in the privacy of the dentist's office.

End-of-Year Legislative Update: CDA's Government Relations department has been tackling many new challenges as well as old this year, and has forged a new direction for legislative priorities. An agreement on the issue of alternative hygiene practice was reached with dental hygienists. CDA sponsored a bill setting uniform standards for dental licensure. The success of both efforts resulted from CDA reaching out and bringing diverse groups to the table. These bills, AB 560 Perata and SB 1014 Brulte, are on Governor Wilson's desk awaiting his signature.

Web Site Oversight Committee- Dr. DeLorme: Dr. Hansen would be in favor of a trial advertising period over the next 3-4 months. Dr. DeLorme will E-mail figures of membership activity on web to Board. Dr. DeLorme elected to find out pricing of outside advertisers on web pages.

Constituituin and Bylaws - Dr. Lisagor: Dr. Lisagor is to bring information back to Board in January to establish a separate Legislative and Government Affairs Committee as Standing Committees.

Dental Care- Dr. Jacks: Dr. Jacks reviewed the current developments of management service organizations (MSO). Presently one is developing in the Bay area that is trying to round up specialty practices, including pediatric dentists. Dr. Jacks is to submit an article in the Bulletin.

Membership Report - Dr. Rowan: Dr. Rowan reported that as of 9/97 CSPD has 449 members of whom 352 are active members. Dr. Rowan welcomed the following new members. Dr. Robert A. Khalil, Dr. Mark A. Simikawa, Dr. Jenny Lee, Dr. Jennifer Ryan, Dr. Tina Azin, Dr. Jean C. Chan, Dr. Heda Koh, Dr. Jonathan E. Lee, Dr. David Morris, Dr. William E. Alexander, Dr. Ye-Ming Wu.

Professional Activities- Dr. Udin: Dr. Udin will solicit office-based research projects via the Bulletin. The faculties of UCSF UCLA and USC will coordinate projects.

Annual Meeting Site Selection (2000) - Dr. Luke: Laguna Cliffs has been selected for the CSPD meeting in the year 2000 for the dates of March 29 through April 2nd.

Dr. Luke asked the Board for recommendations on a list of speakers for the year 2000 meeting.

1997 Meeting Report (Monterey) - Dr. Stewart: Revenues exceeded expenses for the Monterey meeting by \$5,263.96.

1998 Meeting Report (Las Vegas) - Dr. Duperon: Dr. Duperon presented the tentative program for the VIVA LAS VEGAS April 2 to 5, 1998 Meeting at the Tropicana Hotel and Casino in Las Vegas.

1999 Meeting Report (Cruise) - Dr. Grossman: There is a signed contract and space is available on flag ship. 150-200 people have signed up and 75 of those are pediatric dentists. Patterson Travel will complete the additional billing for cabins. Looking into travel insurance of \$25 per person. Invite John Bogert and Dale Redig on CSPD paid cruise to award them as honorary members.

Sub-Committee on Manpower Issues - Dr. Sanger: Dr. Sanger proposed a conference sponsored by CSPD where CSPD leadership, all program directors and other key educational people discuss the current and future manpower issues and develop a strategic management plan. The conference would be scheduled in Winter/Spring of 1997-1998 with a proposed budget of \$1500.

Continuing Education - Dr. Good: Upcoming auxiliary courses are scheduled November 15, 1997 in Costa Mesa and November 22, 1997 in Oakland and titled Bumps, Scratches, Blisters, and Rashes. A \$400 honorarium will be given to the CSPD speakers.

Ad hoc Editor Search: A written job description was submitted.

The Board meeting was adjourned at 4:45 p.m.

Respectfully submitted,
David Perry, Secretary

MOTION: 10.04.97.01: LISAGOR/JACKS: I move that CSPD express to Sandra Shewry, E.D. of "MRMIB" in the strongest possible terms its disappointment that Dentistry is not represented on its advisory panel; that, in concert with a similar correspondence from CDA, we demand that a Dentist be appointed to their committee. Furthermore, that CSPD be consulted regarding the selection of this representative. PASSED

MOTION: 10.04.97.02: GOOD/LUKE: I move that an Ad-hoc Committee be appointed to explore the possibility of CSPD offering a pediatric course to general dentists. Further, this committee should include pediatric dental school faculty. The report should address goals and structure. PASSED

MOTION: 10.04.97.03: DUPERON/SANGER: I move that we offer the some fee to charity dentist offices as we charge our own members for auxiliary training programs. PASSED

MOTION: 10.04.97.04: LUKE/LISAGOR: I move that CSPD contract with Patterson Travel to act as liaison for planning the year 2000 meeting at the Dana Point/ Laguna Cliffs Resort. This motion is contingent on there being no additional costs to CSPD. PASSED

MOTION: 10.04.97.05: WILEY/LISAGOR: I move that we approve a budget of \$1500 for a manpower issues meeting with the directors of the training programs. The monies are to come from Dental Care and Professional Relations Committees. PASSED

MOTION: 10.04.97.06: JACKS/LUKE: I move that we investigate the hiring of a production source to produce the Bulletin under the direction of the editor. PASSED

MOTION: 10.04.97.07: LUKE/DUPERON: I move that CSPD will accept the policy of exchanging notices, meetings and courses with other pediatric dental societies in our bulletins. PASSED

MOTION: 10.04.97.08: DUPERON/GOOD: I move that we direct the editor to present a fee schedule for non member classified ads in the Bulletin. PASSED

Professional Opportunities

An exciting opportunity that is currently available in our rapidly growing practice. We opened our pediatric practice in July of 1996 and due to the growth we are seeking an additional specialist to assist us.

We have four operatories and two quiet rooms in our state of the art facility. We also have privileges at the hospital (located adjacent to the facility) for general anesthesia procedures. We are located in the Central Valley of California (in between San Francisco and Yosemite).

We offer a comprehensive salary, with opportunities for bonuses and daily earnings up to \$900 a day, excellent benefits, and the flexibility of full or part-time work schedules.

To learn more about what our dynamic team and the Central Valley can offer you please contact Lina Befencourt at (209) 669-8120. Michael B. Hansted, DDS, Turlock Children's Dentistry, 1810 N. Olive Suite #2, Turlock, CA 95382, (209) 632-8200

Exceptional opportunity for a part time pediatric dentist to join a well established 42 year old group practice. We are looking for an experienced, quality oriented pediatric dentist who loves children. Please repond to Barry Kadowaki, DDS at 25617 Dodge Ave., Harbor City, CA, 90710, (310) 835-3144 or fax resumes to (310) 830-4966

California - University of California, San Francisco

Pediatric Dentistry Applications are requested for a full time position as Director of the Postgraduate Program in Pediatric Dentistry, Division of Pediatric Dentistry, Department of Growth and Development, School of Dentistry. The appointment will be made at the Associate Professor or Professor level in the Clinical or Clinical-X faculty series. Responsibilities include teaching in and direction of this postgraduate program. Opportunities for faculty practice are available. Requirements include a DDS/DMD degree or equivalent, appropriate training in pediatric dentistry from an accredited program, experience in didactic and clinical teaching, and a current dental license. Candidates must have at least five years experience in the specialty and be certified by the American Board of Pediatric Dentistry, or be in the process of completing that certification. A strong background in hospital dentistry is required. Salary and rank will be commensurate with qualifications. The University of California is an equal opportunity/affirmative action employer The position is open until filled. Applications should be received by February 1, 1998.

Applications should include a curriculum vitae and the names and addresses of three persons who are well acquainted with the candidate's educational and professional background, from whom evaluations may be solicited. Submit application and inquires to Dr. Deborah Greenspan, Department of Stomatologv School of Dentistry Box 0422, 513 Parnassus Ave, San Francisco, CA 94143-0422.

CSPD Board Meetings

Officers and members of the Board of Directors for CSPD meet quarterly. The membership of CSPD is encouraged to provide input to its leadership. Our next regularly scheduled meeting is **January 10, 1998.**

Board meetings are open to the membership, and you are welcome to attend. In the alternative, written communication should be addressed to Dr. Ray Stewart.

RETURN TO SENDER
 OUTPOST OVERHILL RD
 ORINDA CA 94563-3226
 FORWARD TIME EXP RTN TO SEND
 94/063019 1895 26 01/04/98

Dr. Karen T. Fong
 1042 Evelyn Ave.
 Albany, CA 94706

FIRST CLASS
 U.S. POSTAGE
 PAID
 SAN PEDRO, CA
 PERMIT #352

CALIFORNIA SOCIETY OF PEDIATRIC DENTISTS
 P. O. BOX 6396
 SAN PEDRO, CA 90734-6396



Officers and Members of the Board of Directors - 1997-1998

PRESIDENT:	Dr. Ray Stewart, 1117 Los Palos Dr., Salinas, CA 93901.....	(805) 424-0641
PRESIDENT-ELECT:	Dr. Don Duperon, UCLA School of Dentistry, CHS Rm 23-020, Los Angeles, CA 90024.....	(310) 825-0691
VICE PRESIDENT:	Dr. Wayne Grossman, 2001 Zinfandel Drive, #B3 Rancho Cordova, CA 95670.....	(916) 638-8778
SECRETARY:	Dr. David Perry, 2125 Whitehall Place, Alameda, CA 94501.....	(510) 521-5016
TREASURER:	Dr. Larry Luke, UCLA/Dent/CHS 23-020/Box 951668, Los Angeles, CA 90095-1668.....	(310) 825-0691
PAST PRESIDENT:	Dr. Mark Lisagor, 3687 Los Posas Road, Camarillo, CA 93010.....	(805) 484-2705
EDITOR:	Dr. James M. Yee, 19231 Victory Blvd. #551 Reseda, CA 91335.....	(818) 345-4296
EXECUTIVE DIRECTOR:	Dr. Melvin L. Reggiardo, P.O. Box 6396, San Pedro, CA 90734-6396.....	(310) 548-0134

BOARD OF DIRECTORS:

DIRECTOR '98N:	Dr. Roger Sanger, 1117 Los Palos Dr., Salinas, CA 93901.....	(408) 424-0641
DIRECTOR '98N:	Dr. Robert Fisher, 750 N. Capitol Ave., Suite C-2, San Jose, CA 95133-1942.....	(408) 258-5244
DIRECTOR '98S:	Dr. Lori Good, 9825 Mira Mesa Blvd., San Diego, CA 92131-1004.....	(619) 271-5500
DIRECTOR '98S:	Dr. Scott Jacks, 4444 Tweedy Blvd., Southgate, CA 90280.....	(213) 564-2444
DIRECTOR '99N:	Dr. Thomas Buch, 1500 Southgate Avenue, #210, Daly City, CA 94015-2231.....	(415) 756-0938
DIRECTOR '99N:	Dr. Randall Wiley, 2879 Willow Pass Rd., Concord, CA 94519-2586.....	(510) 685-0513
DIRECTOR '99S:	Dr. Frank Enriquez, 23727 Hawthorne Blvd., #4B, Torrance, CA 90505-5939.....	(310) 378-1283
DIRECTOR '99S:	Dr. John De Lorme, 26302 La Paz Rd. #216, Mission Viejo, CA 92691.....	(714) 581-5800

COMMITTEES 1997-98 (Chair)

Nominating.....(Ray Stewart, non-voting)
 Mark Lisagor (at large '98) Martin Steigner
 Jac Pedersen (a.l. '99) Michael McCartney
 (a.l. '00) Ann Azama

Public & Professional Relations...(Robert Fisher)

Thomas Buch
 Frank Enriquez
 Mark Lisagor (AAPD Liaison)
 Sub-Committee Child Advocacy...
 Francisco Ramos-Gomez, Chair
 Stephen Blain
 Wayne Grossman

Editorial.....(James Yee)

Donald Duperon
 John De Lorme
 Roland Hansen - Webmaster

Constitution & Bylaws.....(Mark Lisagor)

Weyland Lum
 Richard Sobel

Dental Care.....(Scott Jacks)

Roger Sanger
 John De Lorme
 Randall Wiley

Sub-Committee Dental Anesthesia, Sedation Access
 Jac Pedersen
 David Perry

Credentials & Membership.....(David Perry)

Douglas McGavin (Student Liaison)
 Melvin Rowan (ex off.)

Peer Review.....(Philip Wolkstein)

Douglas McGavin

Professional Activities.....(Richard Udin (USC))

Randall Wiley
 David Rothman (UOP)
 Pamela DenBesten (UCSF) - Office Based Research
 Donald Duperon (UCLA)
 Todd Milledge (L.L.U.)
 David Perry - Legislative
 Steven Chan

Membership Services.....(Tom Buch)

Victoria Sullivan
 Nina Mandelman
 Sub-Committee on Manpower Issues
 Roger Sanger, Chair
 Wayne Grossman
 John De Lorme
 Randall Wiley
 Scott Jacks

Annual Meeting Site Selection (2000).....(Larry Luke)

Mark Lisagor
 Paul Reggiardo
 Richard Sobel
 David Perry
 Melvin Rowan (ex.off)

Annual Meeting (1998).....(Donald Duperon)

Wayne Grossman
 Catherine Huene
 Larry Luke
 Paul Reggiardo

Continuing Education.....(Lori Good)

Weyland Lum
 Roger Sanger

Ad Hoc Strategic Planning Retreat.....(David Perry)

Mark Lisagor

Ad Hoc Editor Search Committee

Suzanne Berger
 Tom Barber
 Lonnie Lovingier

District VI Trustee.....Paul Reggiardo (714)848-0234