

# Bulletin

Summer 1998

Vol. XXIII No. 1

## PRESIDENT'S MESSAGE

As I sit down to write this report, I still have glowing memories of the CSPD/District VI meeting in Las Vegas. Our Speakers were excellent, the food wonderful, and the Winston stock car racing unbelievable. I would like to thank all those who served on the meeting committee for doing such a splendid job of making the meeting such a resounding success.

As I look forward to the year ahead, I see considerable progress to be made in the areas of access to dental care, and raising the standards of care for the children of California. As well, dissemination of information to members appears to be much better with the coming of our new and improved bulletin. Roland Hansen has done a superb job in the layout and the appearance of this publication.

The General Anesthesia Access bill, AB2003 has passed committee, and although it still has some hurdles the prospects are good for its passage with slight modification and amendments, primarily for the sake of clarification.

This year, we hope to be more proactive with respect to the State Board of Dental Examiners, the C.D.A. and the Legislature. Committees have been es-



Dr. Don Duperon

tablished to monitor the Board Meetings and the actions of the legislature. It is hoped that our relationship with the State Board, fostered by the great work of Paul Reggiardo, Mel Rowan and others can be continued into the current year.

As Ray Stewart mentioned in the last bulletin, the Workforce Sub Committee is planning to be in contact with the Deans of each school in an attempt to increase the number of graduating Pediatric Dentists in our State. As you are aware, Dr. Jacob Lee has been appointed as chair of Pediatric Dentistry at U.O.P. and he is looking forward to establishing a new post-doctoral program at that institution. He will receive the full support of the CSPD in his efforts to develop that program.

I consider it an honor to serve as your president for the coming year, and I ask each of you to feel free to write or contact me with ideas, suggestions and/or projects that our society could undertake in this or in coming years.

Respectfully submitted,

*Don Duperon*

## LEGISLATIVE UPDATE

CSPD's efforts to remove the financial barriers that often stand in the way of providing indicated care in the hospital or surgical center setting under general anesthesia overcame a major legislative hurdle this month. Following hearings in Sacramento, in which CSPD provided direct testimony, the Assembly Insurance Committee voted 11-0 (with four abstentions) to move the hospital access legislation, known as AB 2003, to the Assembly floor. The bill would require that medical insurance carriers not deny benefits for general anesthesia and related facilities-costs for which the patient is otherwise eligible when dental treatment is provided.

The bill was introduced in February, after the CDA House of Delegates in October approved a CSPD-initiated resolution directing the Council on Legislation to seek a legislative remedy to a long-standing problem

that the insurance benefits industry refused to acknowledge.

Seven states have now passed comparable legislation. In addition to Minnesota (1995), Texas and Tennessee (1996), and Wisconsin and Louisiana (1997), Colorado approved a law in March of this year and the Maryland state legislature passed a bill in April. In at least 14 other states, pediatric dentists are pursuing similar programs, most of which are modeled on a protocol developed by our Academy in 1995.

A vote on the Assembly floor will probably occur in late May or early June. Although bills in other states in the past have "died in committee", when this type of legislation has reached the floor of a state



Elizabeth Snow, CDA, Director of Government Relations, Dr. Paul Reggiardo, Honorable Virginia Strom-Martin Assembly Member, Mr. & Mrs. Schultz, parents of Erik Schultz, who testified on behalf of CSPD.

- President's Message ..... 1
- Legislative Update ..... 1
- What is CHIP? ..... 2
- Conference Update ..... 3
- Annual Meeting ..... 4
- Dentist in CA State Assembly? ... 5
- Photo Show & Contest ..... 11
- Positions Available / Wanted ..... 5
- Sealants are in the Groove! ..... 5
- Pediatric Dental Disease ..... 5
- New Members ..... 5
- Practice Management ..... 7
- Invitation ..... 8
- Announcements ..... 8
- Research Awards ..... 8
- Board Minutes ..... 9
- Website Update ..... 11
- Officers and Members of the Board of Directors ..... 12

# WHAT IS CHIP?

## CHILDREN'S DENTAL HEALTH PROJECT

By **Burton L. Edelsstein, DDS MPH**

The State Child Health Insurance Program (CHIP of "Title XXI") is the largest effort by Congress since Medicaid was enacted 32 years ago to provide health insurance to vulnerable children throughout the US. Enacted as part of the Balanced Budget Act of 1997, it addresses the problem of 10 million medically uninsured children. CHIP is distinct from Medicaid ("Title XIX") in that it entitles states but not individual children to federal allotments to purchase "child health assistance," it pays a 30% larger share of program costs than Medicaid, and it gives states a great deal more latitude in program design including eligibility, benefits, cost-sharing and administration. Authorized for 10 years, the total federal commitment is \$20.3 billion dollars for the first five years (1998-2002) and \$40 billion over the life of the legislation.

What are State options and current responsibilities?

States have two options for using their federal allotments: they can extend existing Medicaid programs to additional children or they can create new "state CHIP programs". (Only NY, PA and FL are "grand-fathered" in the legislation and are authorized to use the new federal money for their pre-existing child health insurance programs.) Either way, states must submit plans for approval to the Health Care Financing Administration (HCFA) of the Department of Health and Human Services before July 1, 1998 in order to qualify for their 1998 allotment. Once a plan is filed and approved, a state is given its first year allotment and has three years to expend those funds. Submitted plans can be modified at any time. However, once approved, only plan changes will be reviewed by HCFA.

Who is covered?

Generally, states can extend coverage to children who do not qualify for Medicaid and are not insured through employer coverage. They can cover children up to 200% of the federal poverty level (FPL, currently about \$16,000 for a family of 4) or 50% higher than their existing Medicaid program as long as they cover lower income children before higher income children. The overwhelming majority of newly covered children are from "working poor" families — families where one or both parents are employed full time but earn too little to afford health insurance whether or not it is offered by their employer.

Why is it important to provide dental benefits to CHIP children?

- Despite tremendous declines in childhood cavities, tooth decay remains the single most common chronic disease of childhood. The Healthy People 2000 oral health update shows that 52% of 6-8 year olds have tooth decay. This is 5-8 times more common than asthma which is usually cited as the most common chronic condition of childhood.
- Fewer and fewer children have more and more tooth decay. NIDR reports that 80% of tooth decay is now found in only 25% of children. This proportion has increased with each survey.

- Tooth decay is increasingly a disease of low and modest income children- children covered by CHIP. Low income is the single best predictor of high caries experience in children. Analysis of NHANES III caries epidemiology data shows that amount of decay in children is inversely related to income level.

- Low income children do not get the dental services they need, less than 1-in-5 EPSDT children receive a dental service. The DHHS Inspector General report of '96 shows that 18% received any EPSDT required preventive dental screening or service; GAO reports that lack of dental insurance is a strong predictor of lack of dental care.

- A substantial proportion of decay in young children goes untreated. NHANES III shows that 47% of decay in children ages 2-9 is untreated.

- Key children's oral health indicators are slipping. The Healthy People 2000 oral health indicators show an increase in the percentage of children who have untreated cavities (from 28% in '86 to 31% in 95 with goal of 20% in '00) and a decrease in the percentage of children who see a dentist before Kindergarten (from 66% in '86 to 63% in '95 with a goal of 90% in '00).

- "Early Childhood Caries" (Baby Bottle Tooth Decay)—a particularly severe form of rampant decay in toddlers—continues to be highly prevalent in many Native American and minority communities. (Public Health Reports Volume 110).

- Parents know it is a problem - Among parents who feel that their children have unmet health care needs, 57% report that the need is for dental care, according to the 1997 National Health Interview Survey.

- Communities know it is a problem - When low income communities assess their own health care needs, dental care for children is frequently cited in the top three unmet needs. (Cited in an anecdotal report from "Health of the Cities" program and from state public health officials).

- Children suffer significant morbidity from tooth decay - missed school days, bed days, low activity days. NIDR reports 630,000 annual bed

Please see page 3



Dr. Charles Hall,  
President-elect AAPD,  
Dr. Don Duperon

*The Congressional Budget Offices projects that CHIP will provide health insurance for nearly 3 million previously uninsured children and will identify another 660,000 children who are eligible but not enrolled in Medicaid.*

### CALIFORNIA SOCIETY OF PEDIATRIC DENTISTS

# Bulletin

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 July 20, 1998.

Items for publication may be submitted by e-mail (rhansen@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 endorsed by the Executive Board of CSPD.

Published 4 times annually

Editor  
Roland Hansen, DDS, MS

# CONFERENCE UPDATE

## CURRENT WORKFORCE ISSUES IN PEDIATRIC DENTISTRY FOR CALIFORNIA

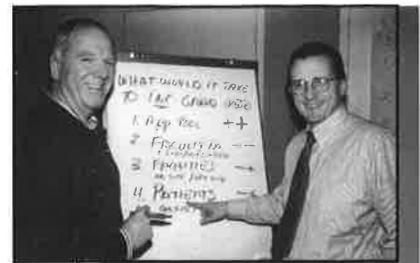
By Roger G. Sanger, D.D.S., M.S.Ed.

At the 1997 annual meeting in Monterey, President Ray Stewart appointed an Ad Hoc Subcommittee on Manpower Issues in Pediatric Dentistry, chaired by Roger Sanger. The need to study these issues was made evident by both the AAPD and CSPD membership statistics which clearly demonstrate that the shortage of pediatric dentists has reached crisis proportion in many areas of both the U.S. and California.

On February 20, 1998 a conference was convened to bring together Region VI AAPD leadership, CSPD leadership, and the department chairpersons and program directors of the five dental schools in California. This was the first time in CSPD history that its leadership had met with the five dental school pediatric dental leaders.

An all day discussion of the issues that influence the increase of pediatric dentists in California resulted in fourteen specific recommendations that were presented and accepted by the CSPD Board of Directors at its April 2, 1998 meeting in Las Vegas.

Under the presidency of Don Duperon, it is anticipated that the CSPD 1998-1999 Board of Directors will implement these recommendations. Anyone wishing a conference report can contact Mel Rowan, Executive Director, or visit our web site.



Dr. Roger Sanger, Ray Stewart



Drs. John Peterson, Don Duperon, Larry Luke, Pam DenBesten, Richard Udin and David Rothman

CHIP... Continued from pg. 2

days from tooth decay in children. CDC states that untreated tooth decay results in pain, infection, dysfunction and poor appearance/low self esteem among affected children.

- Early childhood caries is associated with poor growth and poor nutrition in children. (Acs et al. Pediatric Dentistry Volume 14) Adult caries is associated with poor cardiac and obstetrical outcomes according to NIDR.

- Untreated decay affects the life of children with severe disease:

Educator Jonothan Kozol, writing about low income children in New York City and East Saint Louis in Savage Inequalities puts a very human

face to the problem:

"Although dental problems don't command the instant fears associated with low birth weight, fetal death or cholera, they do have the consequence of wearing down the stamina of children and defeating their ambitions. Bleeding gums, impacted teeth and rotting teeth are routine matters for the children.... Children get used to feeling constant pain. They go to sleep with it. They go to school with it. Children live for months with pain that grown-ups would find unendurable. The gradual attrition of accepted pain erodes their energy and aspirations, and to me the most shocking is to see a child with an abscess that has been inflamed for weeks and that he has simply lived with and accepts as part of the routine of life. Many teachers in the urban schools have seen this. It is almost commonplace."

What dental services should be covered?

Essential categories of coverage for children include emergency, diagnostic, preventative, basic restorative care including pulp treatments for primary and permanent teeth and stainless steel crowns. Many adolescents require additional prosthetic treatments to obtain and maintain oral function and minimal esthetic demands of employability. When orofacial development results in a non-functional malocclusion, orthodontic services necessary to obtain function should be provided.

Legislative Update... Continued from pg. 1

legislature, it has never been defeated!

CSPD members may share a sense of optimism that there will truly be improved access to general anesthesia for infants, young children and patients with special needs in California soon. CSPD also recognizes and acknowledges the full commitment of the California Dental Association, which was magnificent in preparing for the successful Assembly hearings.

*Despite tremendous declines in childhood cavities, tooth decay remains the single most common chronic disease of childhood.*

### CALIFORNIA SOCIETY OF PEDIATRIC DENTISTS

# Annual Meetings

**1999**

March 26-29

Royal Carribean Lines / USA & Mexico

**2000**

March 29-April 2 / Laguna Cliffs, CA

**2001**

Grand Hyatt / Sacramento, CA

Officers and members of the Board of Directors for CSPD meet quarterly. The membership of CSPD is encouraged to provide input to leadership. Our next regularly scheduled meeting is June 27, 1998. Board meetings are open to the membership, and you are welcome to attend. In the alternative, written communication should be addressed to Dr. Don Duperon.

# ANNUAL MEETING 1999

## ROYAL CARIBBEAN LINES CRUISE

The Annual Meeting in Las Vegas provided a great opportunity for Patterson/American Express to select cabins and make upgrades on the cruise ship that will be the site of our 1999 annual meeting. They were also available to help CSPD members plan their shore excursions, book travel to the meeting, or to answer any questions regarding the cruise experience. Those members who have yet to reserve their cabins for the meeting are urged to do so at once. They can do so by contacting Meeting Chair Wayne Grossman at 916-638-8778 or at home at 916-486-8147.



Dr. Ted Croll

CSPD's first ever cruise/meeting promises to be an exciting mix of continuing education, fine dining and entertainment, and socializing with friends and colleagues. Ted Croll will headline as principal speaker with a clinically oriented presentation. Remember the dates— March 26-29, 1999.

A drawing for the free registration at the 1999 meeting was held at the annual meeting and won by Dr. Lesley Aspis.



**Annual Scientific and Business Session**  
**March 26-29, 1999**  
**Royal Caribbean Cruise to**  
**Baja, California**



Like no vacation on earth.™



Dr. Wayne Grossman

*CSPD's first ever  
cruise/meeting  
promises to be an  
exciting mix of  
continuing  
education, fine  
dining and  
entertainment, and  
socializing with  
friends and  
colleagues.*

## CALIFORNIA SOCIETY OF PEDIATRIC DENTISTS

# Sponsors

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

Bay Area Anesthesia  
Dr. R. Scott Fisher  
#2 Townsend Street, Ste. 2-310  
San Francisco. CA 94107

Denovo  
Kim C. Altomare  
5130 Commerce Dr.  
Baldwin Park, CA 91706

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

DentalAllusions  
Lewis Malamed  
325 Park Ave.  
St. Paul, MN 55115-1643

Dentrix Dental Systems  
Dr. Les Hoenig  
44656 Park Meadow Dr.  
Fremont, CA 94539

Dr. Robert White  
P.O. Box 34699  
Juneau, AK 99803

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

Loops, L.L.C. International  
Kathy Grant, President  
P.O. Box 1192  
Bonsall, CA 92003

MedPro Ltd., Steven Brill  
2 Depot Plaza  
Bedford Hills, N.Y. 10507

Nite-guide/Ortho-Tain  
Lisa Anderson  
950 Green Bay Rd, Ste 206  
Winnetka, IL 60093

Nu-Smile Primary Crowns  
Ms. Diane Johnson  
P.O. Box 4871  
Houston, TX 77210-9649

Omni Products  
Ms. Carrie Williams  
7422 Cuvier  
La Jolla, CA 92037

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

Oralgene USA Inc.  
55811 Uplander Way  
Culver City, CA 90230

Pharmascience Inc.  
Deborah Goodman-Davis  
10 Orchard Place  
Tenafly, NJ 07670

Plak Smackers Inc.  
Jennifer Heldoom  
4105 Indus Way  
Riverside, CA 925503-4848

Procter & Gamble  
Mr. Ohannes Megerdichian  
9856 S. Countrywood Dr.  
Sandy, UT 84092

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

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

Tel-A-Patient  
Henry Allain  
1255 E. Baker. Ste. 140  
Costa Mesa, CA 92626

Ultradent Products, Inc.  
Stephanie Davenport  
5505 West 10200 South  
South Jordan, UTK 84095

# SEALANTS ARE IN THE GROOVE!!!

By Robert Isman

Chief, Dental Health Section

California Department of Health Services

Effective April 10, 1998, new emergency regulations are in place governing the coverage of dental sealants in the California Medicaid Dental Program (Denti-Cal). As of that date, there are no longer any prior authorization requirements for sealants placed on permanent first or second molars through age 20, and the maximum allowable fee is raised from \$9/tooth to \$15/tooth.

In other words, any permanent first or second molar in a child through age 20 can be sealed. Sealants can be (and indeed, are encouraged to be) placed over incipient decay. No x-ray or written justification or other documentation is necessary. No previous history of caries is necessary.

It will be a few weeks yet before Delta Dental Plan of California (the fiscal intermediary for the Denti-Cal program) issues a Provider Bulletin. In the meantime, however, dental professionals providing sealants to Medi-Cal beneficiaries can provide them under the terms of the new regulations, and can assume they will be reimbursed at the \$15/tooth rate for any sealants placed on or after April 10, 1998.

## FIRST ANNUAL CSPD PHOTO SHOW & CONTEST IN 1999?

Does your interest in photography go beyond taking X-rays? Do you make those "special" images of people, places, animals, abstract or special effects? Do you look for a way to share your visions with others? Did you see Tom Barber's retirement photographs in Las Vegas? Would you like to participate in, or see, CSPD sponsor a Photo Show Exhibit & Contest at the 1999 Annual Meeting?

- 1) Type of photos: Six Categories for each of black & white and color: People portraits or studies; Animals; Landscapes/Architecture; California (anything that exemplifies this state); Still life; and Abstracts/Special effects.
- 2) Participate: Amateur photographers who are CSPD members and immediate family or office staff.
- 3) Rules: Limit is 6 prints with a max of 2 in any category. Prints must be mounted to a max of 11" X 14" (8X10 preferred) No frames or glass. Matting O.K. Entrants will be required to bring their entries to the meeting and retrieve them at the conclusion of the meeting.
- 4) Awards: To be determined depending upon response. Hopefully a cash prize for Best in Show for Black & White and Color with ribbons for others.
- 5) Judges: Either shipboard photo professional or popular choices by the attendee ballots.

Say "Yes" I am interested and inform:

tombarker@AOL.com or 2570 Bayside Pl. Arroyo Grande, CA 93420 or 805/481-4866 (that's 481-4tom).

## THERE IS NOT A DENTIST IN THE CALIFORNIA STATE ASSEMBLY — YET

Sam Aanestad, an oral surgeon from Grass Valley, is running for California's third Assembly District. Sam completed his Doctor of Dental Surgery Degree in 1973 from UCLA School of Dentistry. He served a 4-year Oral and Maxillofacial Surgery residency at Highland Hospital in Oakland, and has practiced full time in Grass Valley since 1980.

Sam has been active in his community, serving 11 years on the Grass Valley School District Board of Trustees. He has been active in his local component dental society serving as president, editor, and legislative chair. He has served in the California Dental Association for 7 years on the Council on Legislation, 4 years as chair of the Council.

Because Sam is running in a republican district, his race is really in the primary — on June 2. Running a successful Assembly campaign will cost more than a quarter of a million dollars!

Help elect a fellow dentist today. He knows the challenges of providing quality and affordable dental care and of running a successful dental practice.

Make a difference —  
send your contribution now to:

Aanestad for Assembly #911929  
P.O. Box 475  
Grass Valley, CA 95945



## POSITIONS AVAILABLE

**BAKERSFIELD, CALIFORNIA** Long term, skilled, and caring Pediatric dental staff and over 3000 private pay patients need a board certified or eligible pediatric dentist. After 20 years in practice, a board certified pediatric dentist is moving out of the area on September 1, 1998. The remaining partner, a board certified pediatric dentist, offers associateship with opportunity to buy in. The entire practice sees over 100 new patients a month with 98%+ collection averaged over the past three years. Great opportunity to walk into a very busy, quality oriented practice. Contact: Daniel V. Launspach, D.D.S. 805-327-7541 Fax: 805-327-3467.

**OPPORTUNITY** Short term associateship leading to partnership or immediate partnership. Practice is located in Monterey County, on the beautiful central coast of California. Established practice with four locations in Salinas. Call Roger Sanger, Ray Stewart or Peter Chiang. 408-443-1177.

**OPPORTUNITY** Two office/one Pediatric dental practice; located in growing outer San Francisco East Bay area (Livermore - Tracy) seeks part-time associateship leading to full time with possible buy in. Let's talk. Art Solomon 510-447-1377.

**WANTED** Competent and caring Pediatric Dentist for associateship leading to partnership for a two office Pediatric practice in San Francisco East Bay. Contact: Richard Sobel 925-757-4220. Partners are Robert Harmon and Leslie Tanimura.

**GOLDEN OPPORTUNITY** Pediatric Dentist needed to join our rapidly growing three office practice in Berkeley and Orinda, California. Modern facilities offer an excellent opportunity to live in one of Northern California's premier bayside communities. Hospital OR facilities in nearby Children's Hospital. We are seeking a personable, inspirational and dedicated Pediatric Dentist to follow in our footsteps. If a full-time associateship leading to a partnership in our corporation is your goal, call us. Dr. Joseph Wampler or Dr. Neil Katsura. 510-848-6494.

## POSITION WANTED

**PEDIATRIC DENTIST** (D.D.S., M.S.) Board eligible, seeks position as an associate (possible partnership or buy-out). Excellent communication skills with children. Energetic, enthusiastic, committed to high quality, comprehensive treatment planning. Experienced in oral conscious sedation, interceptive orthodontics, emergencies, trauma. Desires to practice in Southern California, starting July 1998. Please call or leave a message. (410) 547-8422.

*As of April 10,  
there are no  
longer any prior  
authorization  
requirements for  
sealants placed on  
permanent first or  
second molars  
through age 20.*

# PEDIATRIC DENTAL DISEASE

## THE CHILDREN'S DENTAL HEALTH PROJECT



Burton Edelstein

By Dr. Burton Edelstein

Developmental pediatrician Wendy Mouradian, MD, of Children's Hospital in Seattle sees children's oral health as a paradigm of children's general health issues. Believing that conquering oral disease can help conquer all disease, she calls upon pediatricians, advocates, policy makers and dentists to make a difference for children by focusing on their oral health.

### ORAL DISEASE CUTS ACROSS THE SPECTRUM OF CHILDREN

Tooth decay, like asthma, learning difficulties and social problems, is highly correlated with low income, limited education and social disadvantage. It causes less morbidity than its frequent occurrence would suggest but may serve as a sentinel disease for other pediatric conditions related to poor diet, hygiene and family conditions. Other dental conditions, including bad bites, oral tumors and growth and development problems are less common and more egalitarian. They, like most other childhood maladies, impact children regardless of their social condition. All oral conditions, however, are potentially exacerbated in the case of special needs children. Here again, how well dental health is managed for these children may be a marker for how well the child's overall health is managed.

### ORAL DISEASE IS TREATABLE AND LARGELY PREVENTABLE

Like most pediatric conditions, leading dental conditions affecting children's tooth decay, periodontal disease, and tobacco related conditions are fundamentally preventable and, once they occur, are absolutely treatable. Extreme presentations such as facial infections, draining abscesses, obviously rotted teeth, and bleeding gums are all hallmarks of inadequate care or overt neglect. Dental disease speaks about more than teeth. It speaks volumes about a child's life, environment, general health and personal welfare.

### DENTAL DISEASE HIGHLIGHTS ACCESS-TO-CARE ISSUES

Gross inequities between the oral health of children who access dental care and those who cannot are exaggerated reflections of underlying access inequities throughout our health care system. Dental insurance is far less common than medical insurance. Dependent dental coverage is eroding faster than dependent medi-

cal coverage. Medicaid reaches fewer children with accessible dental care than accessible medical care. Again, dental care is a bellwether for the condition of pediatric health care in the U.S.

### ORAL HEALTH IS A QUALITY OF LIFE ISSUE

Self esteem, ability to eat and speak, facial appearance, and daily living free of dental discomfort all depend heavily on oral health. Dr. Mouradian points out that children with major facial developmental disturbances often reflect on the appearance of their smile over all other esthetic concerns. If our common goal is to raise children who can function well and be self reliant, dental appearance may be a strong monitor of our successes and failures.

### ORAL HEALTH TEASES OUT OTHER ISSUES

Dr. Mouradian states simply, if oral health can be forgotten, kids can be forgotten. Since tooth decay is the most prevalent preventable chronic disease of childhood, failure to attend to it's ravages is tantamount to failure to attend to children. Therefore, a policy approach which regards dental care as an option, an administrative attitude which ignores the failure of dental Medicaid programs, parental behaviors which allow rampant oral disease to develop, and professional efforts that fail to meet the needs of all children simply reflect a lack of concern for those who are our future.

*Dental disease speaks about more than teeth. It speaks volumes about a child's life, environment, general health and personal welfare.*

## NEW MEMBERS WELCOMED

### ACTIVE

Drs. Randy L. Beemer, Bakersfield, CA; Jenise Briggs-Personeni, Rohnert Park, CA; Cathy Lam Chan, Elk Grove, CA; Silvana Chirinos-Ramos, Chino, CA; Stephen E. Dickens, San Diego, CA; Gary D. Lee, Riverside, CA; Shi-Lin Niu, Alhambra, CA; Lindsey Robinson, Grass Valley, CA; R. Christine Soto, Vallejo, CA; Gary R. Toppi, La Jolla, CA;

### ASSOCIATE

Drs. Elizabeth S. Barr, Colorado; Charles S. Czerepak, Chicago, IL; Steve A Moore, Lawrenceville, GA;

### STUDENTS

Drs. Zinnia A. Carlos, Los Angeles, CA; Joseph Cheng, Alhambra, CA; Tra T. Le, Los Angeles, CA; Joanne Suarez, Anaheim, CA; Tracy Dean Walker, Grand Terrace, CA

# DENTAL PROFESSIONAL PRACTICE MANAGEMENT

Equity Research by  
Piper Jaffray Inc. and J.C. Bradford, Inc.

## MARKET SIZE

According to the Health Care Financing Administration (HCFA), total expenditures for dental services increased from \$2.0 billion in 1960 to \$45.8 billion during 1995. Since 1995, total spending has increased 7.8 per year. Per capita spending expanded from \$88 to \$168 (+6.7% per year). While inflation accounted for half of the growth, there are significant practice trends which suggest that the market will continue to grow well into the next century. Driving this market is aging of the population, greater emphasis on preventive care and cosmetics, and the introduction of new dental procedures such as laser dentistry. HCFA estimates the dental services market will reach \$65 billion by the year 2,000.

## DENTAL INSURANCE

Dental insurance coverage in general, and managed dental care in particular, are growing rapidly. Dental insurance is the third most requested employee benefit. According to the NADP, enrollment in capitated dental plans grew from 7.8 million during 1990 to 20.7 million in 1995. Approximately 2.4 million new members were added during 1995. It is expected that continued growth in the number of managed care dental plan enrollees is assured. In addition to the 21 million dental HMO enrollees, another 13 to 14 million people are enrolled in point-of-service plans. Public funds pay for less than 4.0% of all dental procedures.

## THE PROFESSIONAL PRACTICE MANAGED MARKETPLACE

The reorganization of dental practices by combining the assets of participating dentist owners has occurred over the last several years. The structural realignment of dental practice by corporate entities seeks to "roll up" the practice assets into a firm that attempts to establish savings in day to day operation. Giving operational control to an outside firm frees the dentist to concentrate on the delivery of oral health care, allowing the entire office staff to give 100% of their effort to production. The outsourcing of all other office related activity changes short term objectives and reconstructs the dental office into a delivery system unburdened by activity unrelated to chairside production. This paradigm shift is in high gear among high grossing practices that consider non treatment related activity to be too costly. Outsourcing by privately held professional practices follows a trend that has been used in the business world for several years. The concept suggests that specialized firms can do a better job at lower cost when they concentrate on a specific business niche. Lowering overhead costs is a primary objective of all business and the employment of outside resources has created greater profits for many firms.

Professional practice outsourcing as a conceptual entity has been adopted by some dental practices that strive to improve the bottom line. The vehicle for

many dental practices is the combining of many similar practices that plan to consolidate all business activity into a single corporate structure that operates the business aspect of the practice.

## PROFESSIONAL PRACTICE MANAGEMENT

Several firms have emerged over the past few years, each with varying operational principles. Some firms join general practices, some specialty practices, some a combination of generalists and specialists. Each of these firms have a corporate structure that may have definitive practice guidelines and others may allow considerable latitude in practice administration. In every case the corporate structure owns the practice and the professional is an employee who must bear the overall responsibility of practice administration.

## PRIVATE MANAGEMENT FIRMS

Orthodontic Centers of American, Inc. (OCAI) was the first company to provide comprehensive development, management, and consulting services to orthodontic practices on a national basis. The company has grown rapidly through facility development and via acquisitions. In each of the first two quarters this year, OCAI has added 25 orthodontic centers, and currently has management or consulting arrangements with 167 orthodontists practicing in 305 offices in 34 states. The company places great emphasis on marketing to generate new patient volume. Those practices in place for at least one year generated 512 new case starts per orthodontist, compared to the national average of 170 starts per orthodontist. During 1994, OCAI completed its IPO raising proceeds of \$21.7 million at an offering price of \$11 dollars. Two follow on equity offerings have raised total net proceeds of roughly \$130 million. In the second quarter of 1997, the company reported earnings per share of \$0.12 on revenues of \$27.5 million, up substantially from the previous year.

OrthAlliance (ORAL) OrthAlliance is a national provider of practice management services to orthodontic practices in the U.S. In October of 1997, the company reported that they managed 55 orthodontic practices with \$58 million in annualized gross revenue. Since that time the company has grown through practice acquisition, satellite expansion, and improving the revenue potential of all affiliated practices. They report that approximately 90% of the 9,000 orthodontists in the U.S. are practicing in sole practices or with only one partner. Of the remaining 10%, only about 200, or 2% of all orthodontists are affiliated with professional practice management (PPM) companies. They believe that clinic level margin improvement can be realized immediately by allowing orthodontists to focus on clinical responsibilities and reassigning administrative tasks such as billing, collections, scheduling, purchasing, and staffing to office or corporate administrative personnel. ORAL's strategy is a relatively simple one. The company assumes human resource management responsi-

Please see page 8

*Professional  
practice outsourcing  
as a conceptual  
entity has been  
adopted by some  
dental practices  
that strive to  
improve the bottom  
line.*

# THE CALIFORNIA SOCIETY OF PEDIATRIC DENTISTS

Cordially invites you and your spouse/guest to a Cocktail Reception in recognition of

## CALIFORNIA PEDIATRIC DENTISTS

in conjunction with the 51st Annual Session of the American Academy of Pediatric Dentistry in

**San Diego, California**

**SUNDAY, MAY 24, 1998 • 6:30-8 p.m.**

**San Diego Marriott Hotel & Marina • Manchester Room**

There will be a no host bar with gratuity included in the price of the drink tickets. Light hors d'oeuvres will be served.

The Reception is underwritten in part by a generous grant from our friends at  
*Space Maintainer's Lab*

## CSPD RESEARCH AWARD

Last year, the Professional Activities Committee awarded \$1,000 in student funds and \$1,500 in General Member funds. To date, there has been one applicant for the 1998 award despite announcements and contact with the five schools. Last year, by extending the deadline, greater interest was generated. Perhaps the deadline needs to be moved to better accommodate the timing within the schools. The Committee will meet during the annual meeting to review the process.

A survey was included in the winter 1998 bulletin for members to indicate their interest in participating in potential office based research projects. Out of the approximately 400 members, 37 surveys have been returned (9%). The responses were equally divided between all 9 of the potential topics, with only a slight nod given to comparing sedation modalities. The survey has given us an idea of the true level of interest of our members, and copies of the survey were placed at the registration table at our annual meeting.

--Richard D Udin, D.D.S.

*Management... Continued from pg. 7*

bility, negotiates bulk purchasing arrangements with vendors, provides financial analyses to orthodontists, and educates staff on the latest technology. The company plans retreats at resort locations where the most proficient members of the alliance are asked to present their model of "best practices". The company also disseminates information regarding practice management, clinical techniques, and new technology from its own research and interaction in a broad range of practices.

—Information derived from Equity Research at Piper Jaffray & J.C. Bradford & Co. Information deemed reliable but not independently confirmed. ([www.jcbradford.com](http://www.jcbradford.com))

## ANNOUNCEMENT

### REQUESTING VOLUNTEERS TO SERVE ON ADVOCACY BOARDS

The Board of Directors of CSPD is soliciting members who are interested in serving on advocacy boards. If you have an interest in a liaison position that will interface with other child advocacy groups in California, please make your interest known to the President or one of the Officers of CSPD. A letter of interest may also be emailed to [drirstewart@aol.com](mailto:drirstewart@aol.com) or to [melrowan@aol.com](mailto:melrowan@aol.com).

*If you have an interest in a liaison position that will interface with other child advocacy groups in California, please make your interest known to the President or one of the Officers of CSPD.*

## 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

# CALIFORNIA SOCIETY OF PEDIATRIC DENTISTS

## MINUTES - BOARD OF DIRECTORS - APRIL 2, 1998 TROPICANA HOTEL, LAS VEGAS

The 94th meeting of the Board of Directors of the California Society of Pediatric Dentists was called to order by Dr. Ray Stewart on Thursday, April 2, 1998 at 9:00 a.m.

A quorum was established. In attendance were Drs. Stewart (President), Rowan (Exec. Director), Duperon (Pres. Elect), Grossman (Vice President), Perry (Secretary), Luke (Treasurer), Reggiardo (District AAPD Trustee), Buch, DeLorme, Enriquez, Fisher, Good, Hansen, Jacks, Lisagor, Mungo, Ramos-Gomez, Sanger, Sobel, Soderstrom and Wiley. Absent was Dr. Santos Cortez.

Minutes were approved for the January 10, 1998 Board Meeting.

### OFFICER'S REPORTS

#### PRESIDENT - DR. STEWART:

1. Dr. Stewart thanked Dr. Hansen for the excellent job he did on the Bulletin.

2. Dr. Stewart submitted a report on the Interdisciplinary Affairs Committee meeting in Sacramento on March 5, 1998.

3. Dr. Stewart encourages CSPD members to become Cal-D-Pac members. Dr. Perry presented sign up brochures to the Board to become members of Cal-D-Pac and the Board approved the use of ribbons on badges to promote membership.

4. Dr. Stewart reported on the Children's Defense Fund Convention in Los Angeles on March 26-28, 1998. Dr. Stewart suggested that a member of CSPD Board attend the California Partnership for Children's Board meetings on a regular basis.

5. Dr. Stewart submitted a report on the Region IX Conference on Children's Health Insurance Program (C.H.I.P.) in San Francisco on February 4, 1998.

MOTION: 04.02.98.01: SANGER/LISAGOR: I move that the Child Advocacy Committee develop a position statement regarding the (C.H.I.P.) Healthy Families Program which is currently being developed. PASSED

PRESIDENT-ELECT - DR. DUPERON reported on the preliminary attendance for the 1998 annual meeting in Las Vegas: 163 registered dentists, 45 spouses, 20 residents, 21 sponsors (51 actual representatives), 20 District VI, 84 auxiliaries to total 348 attendees. 115 are CSPD members.

#### VICE PRESIDENT - DR. GROSSMAN

Reported on the worksheet for the 1997 Strategic Plan. A summary of Strategic Goals is to be submitted for publication in the Bulletin.

TREASURER - DR. LUKE submitted the Cash Flow Report, the Category Detail Report, the Reconcile Summary, Asset report and the Proposed Budget.

Dr. Luke then reported on the recommendations of the Ad Hoc Finance Committee.

MOTION: 04.02.98.02: LUKE/WILEY: I move that

the funds held in reserve equal an average of the last two years operating expenses. PASSED

MOTION: 04.02.98.03: LUKE/WILEY: I move that the Executive Director and Treasurer investigate financial institutions and mechanisms for a business sweep account and present a proposal for the next board meeting.

And I further move that the Standing Finance Committee be charged with recommending the distribution of funds among various investment options. PASSED

MOTION: 04.02.98.04: LUKE/LISAGOR: I move that the Treasurer, the Executive Director and the Accountant meet and review proper accounting procedures for the recording of funds and for tax purposes so that standard accounting principles are followed with these funds. PASSED

MOTION: 04.02.98.05: LUKE/GOOD: I move that the Executive Director maintain current software copies of Quicken and Excel and supply them to the incoming treasurer each year. All reports should utilize these programs. PASSED

MOTION: 04.02.98.06: LUKE/BUCH: I move that the following reports must be generated or received by the Treasurer and included in the Treasurer's report to the Board of Directors and that the quarterly Treasurer's reports be sent to the accountant by the Executive Director.

Reports to include:  
Proposed Budget (Yearly)- Uses Excel  
Annual Meeting Financial Report (Yearly)  
Continuing Education (Auxiliary) Course Report (Yearly)  
Reconciliation Summary (Quarterly)- Uses Excel  
Assets Report (Quarterly)- Uses Excel  
Income/Expense Activity Report (Quarterly)- Uses Excel  
Cash Flow Report (Quarterly)- Uses Quicken  
Category Detail Report (Quarterly)- Uses Quicken PASSED

MOTION: 04.02.98.07: LUKE/BUCH: I move that a Standing Finance Committee made up of at least three members (the Treasurer, the past Treasurer and the Executive Director (ex officio) should be formed. The duties of this committee shall include the review of quarterly reports, management of operating and reserve funds and the making of recommendations for changes in financial procedures.

And further I move that all records be maintained by the Treasurer and transferred to the Executive Director at the end of the fiscal year for archiving. PASSED

MOTION: 04.02.98.08: WILEY/BUCH: I move that the Board of Directors go on record in support of a dues increase of \$60.00.

Financial impact: increase revenue by \$24,000. PASSED UNANIMOUSLY

DISTRICT VI AAPD TRUSTEE REPORT: DR. REGGIARDO reported on the upcoming 51st Annual



Dr. John De Lorme, Randall Wiley, Richard Sobel

article  
by  
dick  
luce

Preliminary  
attendance for  
the 1998 annual  
meeting in  
Las Vegas:  
163 registered  
dentists,  
45 spouses,  
20 residents  
21 sponsors  
(51 actual  
representatives),  
20 District VI,  
84 auxiliaries  
to total  
348 attendees.

Session in San Diego May 21-27, 1998 and the AAPD advocacy activities. AAPD proposed changes in the Academy structures and a Task force on Component Relations was formed. Associate membership in the American Academy of Pediatrics is now available to Pediatric Dentists. The Journal of Pediatric Dentistry will expand to include a clinical section. Dr. Reggiardo will get figures on California registration for reception purposes. A proposed change in Academy structure will require at least one member from each Trustee District sit on each Academy committee. Dr. Reggiardo reported that Colorado passed a hospital general anesthesia bill.

MOTION: 04.02.98.09: LUKE/DUPERON: I move that CSPD support the concept of holding a District VI meeting every third year. CSPD will host the meeting unless another component notifies the Trustee six years in advance. PASSED

### STANDING COMMITTEE REPORTS

PUBLIC AND PROFESSIONAL RELATIONS - DR. FISHER reported that the California School Nurses Association meeting in San Diego went well. Dr. Fisher met with his Assemblyman and spoke about legislation.

LIAISON CA CHAPTER AAP - DR. DUPERON reported that AAP is willing to lobby on CSPD's behalf on any legislation.

LIAISON AAPD - DR. LISAGOR reported that since the reception will be in California this year and that it is underfunded. Dr. Lisagor is in correspondence with Space Maintainer Labs to try and generate more funding.

LEGISLATIVE AND CDA LIAISON - DR. PERRY encouraged Board members to become active within CDA. Dr. Perry reported that Dr. Soderstrom is taking over Legislative and CDA Liaison. Dr. Soderstrom reported on CDA's Legislative Day and about 200 dentists were present. Dr. Perry presented business cards with Strom-Martin information on the backside. Dr. Duperon to contact Dr. Perry with fluoride bottled water report. A brief summary to be submitted to the Bulletin.

MOTION: 04.02.98.10: PERRY/WILEY: I move that the President appoint a member of Legislative Committee to Attend State Board of Dental Examiners Meetings.

Financial Impact: \$2000

Budget Source: 1998-99 budget PASSED

EDITORIAL - DR. HANSEN reported on the new format of the Bulletin. The "new" Bulletin creates a color splash for the front page, and a "pull-out" format that places a short descriptive sentence about an article in an adjoining column.

MOTION: 04.02.98.11: SANGER/GROSSMAN: I move that CSPD become a member of the American Association of Dental Editors for its Bulletin. Financial Impact: \$85.00 per year PASSED

MOTION: 04.02.98.12: GROSSMAN/LISAGOR: I move that the Editor and the Editorial Committee present a proposal to the next board meeting regarding advertising in the Bulletin and on the Web site as a possible source of income to offset Bulletin expenses. PASSED

CONSTITUTION & BYLAWS - DR. LISAGOR reported that some bylaws changes came out of Structure and Function.

DENTAL CARE - DR. JACKS

Dr. Hansen reported that Orthodontic Alliance is creating a subsidiary called Pedo Alliance and will be sending mailings to all pediatric dentists. An informative article will be placed in the bulletin.

MOTION: 04.02.98.13: PERRY/WILEY: I move that the Board accept Dr. Gray Berg to Life Member Retired. PASSED

The Committee identified 43 Active AAPD members who are not CSPD members. Dr. Stewart corresponded with them and as a result 9 members have joined CSPD. Dr. Perry recommended continuing to correspond with this group in the hope that more will join CSPD.

PROFESSIONAL ACTIVITIES - DR. UDIN reported on the CSPD research Award. Dr. Udin also reported on the office based research survey. Dr. Udin completes a three year term as Chairman of the committee.

ANNUAL MEETING SITE SELECTION (2000) - DR. LUKE reported that the contract has been signed with the Marriott Hotel at Dana Point. Dr. Luke commented that since it will be our 25th year that it should be a part of the meeting. Dr. Perry is co-chair of the 2000 meeting.

1999 MEETING REPORT (CRUISE) - DR. GROSSMAN submitted a status report. Dr. Stewart reported that Dr. Enriquez will be underwriting all the USC graduate students.

2001 MEETING - DR. PERRY presented two sites for consideration. The Hyatt Hotel across from the Capitol and next door to the California Dental Association Building in Sacramento because of the number of current legislative issues that are affecting pediatric dentistry. The Mark Hopkins Hotel in San Francisco was the second site proposed.

MOTION: 04.02.98.14: PERRY/LUKE: I move that CSPD have the 2001 Annual Meeting at the Sacramento Hyatt. PASSED

MOTION: 04.02.98.15: BUCH/GOOD: I move that spouses and significant others be invited to attend a morning "coffee/breakfast" on the day of the board meeting to give them an opportunity to feel connected to the day's activities. The current President would select someone to organize the coffee/breakfast. PASSED

MEMBERSHIP SERVICES COMMITTEE - DR. BUCH reported that there is no legislation to control specialty advertising with the Board of Dental Examiners. Dr. Buch discussed the "School Excuse Form" and several versions that were being proposed. Dr. Buch presented the "Caregiver Authorization Affidavit" and "Cardiac Fax Form" for the Boards approval.

MOTION: 04.02.98.16: BUCH/DELORME: I move that Membership Services Committee give the Executive Director two forms: "Caregiver's Authorization Affidavit" and "Cardiac Fax Form" for mailing to the general membership to be accompanied by a cover letter.

Budget Source: Membership Services Committee PASSED

MOTION: 04.02.98.17: BUCH/FISHER: I move

Continued on pg. 11



Drs. Frank Enriquez, Mark Lisagor, Paul Reggiardo

*A contract has been signed with the Marriott Hotel at Dana Point. It will be the CSPD's 25th year in 2000. Dr. David Perry is co-chair of the 2000 meeting.*

that CSPD proceed with the finalization and mailing to the membership of the "School Excuse for Dental Appointment" slip which was formulated in conjunction with the CAO. Budget Source: Membership Services Committee PASSED

MOTION: 04.02.98.18: SANGER/JACKS: I move that the Board accept the report of the conference on the current workforce issues in pediatric dentistry for California held February 20, 1998 and referred to a newly formed Ad hoc Committee to be appointed by Dr. Duperon. PASSED

CONTINUING EDUCATION - DR. GOOD

MOTION: 04.02.98.19: GOOD/RAMOS-GOMEZ: I move that the Continuing Education Committee develop a strategic plan for presenting continuing education courses in sedation (to satisfy the new C.E. requirement for conscious sedation) and general pediatric dentistry (for the general dentists) and bring these plans back to the Board for discussion and approval at the next board meeting. PASSED

AD HOC COMMITTEE ON GOVERNANCE AND FUNCTION: DR. SOBEL reported that the Committee has responded to charges by examining the functional structure of CSPD and recommending changes to improve the ability of the Board of Directors, the committees and the entire organization of our society to support the Mission Statement and Strategic Plan. Dr. Sobel thanked the members of this Committee, Larry Luke, Weyland Lum, Paul Reggiardo, Mel Rowan and Ray Stewart for their dedication in dealing with the responsibilities and charges.

MOTION: 04.02.98.20: LUKE/WILEY: I move that the Board approve the modifications to the Policy and Procedure Manual as proposed by the Ad hoc Committee on Structure and Function. PASSED

AD HOC 2004 AAPD ANNUAL MEETING - DR. GOOD reported that AAPD is setting up a meeting for site visitation on Friday morning in San Diego. AAPD will send out information to the National Site Selection Committee about Anaheim and San Francisco.

The President adjourned the Board meeting at 4:28 p.m.

# WEBSITE UPDATE

The bulletin cannot always carry articles in their entirety, therefore the webmaster often posts full text documents on our website. Members will be able to find the full text of the Workforce Committee Report and the Age One Dental Visit. Photographs of interest to our members can be sent to the webmaster for inclusion on the website. Suggestions that would improve our website are solicited from our members and others with an interest in the oral health for children.

## WEBSITES OF INTEREST

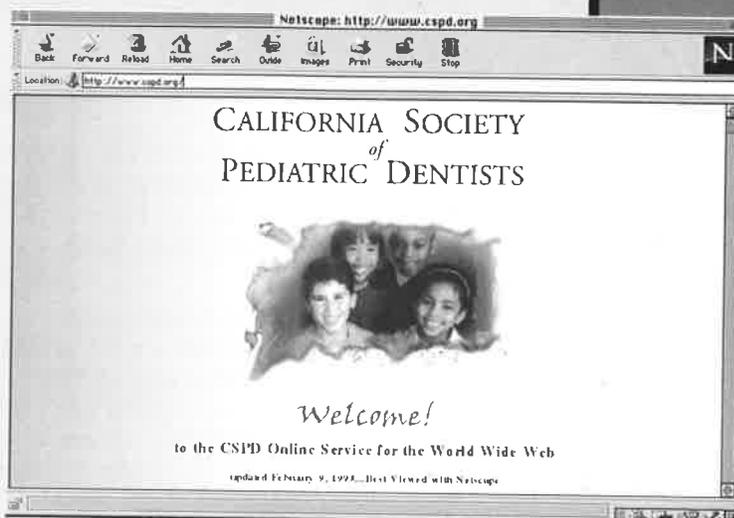
CHIP websites • [www.childrensdefense.org](http://www.childrensdefense.org) • [www.familiesusa.org](http://www.familiesusa.org)  
[www.cbpp.org](http://www.cbpp.org) • [www.nga.org](http://www.nga.org) • [www.ncsl.org](http://www.ncsl.org)

Hominid Evolution, Dental Anthropology and Human Variation (online course work) • [www.uic.edu/classes/osci/osci590/](http://www.uic.edu/classes/osci/osci590/)

Online Children's Dental Magazine • [www.magicalos.com](http://www.magicalos.com)

NIDR website revised...  
• <http://www.nidr.nih.gov>

Dental, Oral & Craniofacial Diseases/Disorders in What's New • <http://www.nidr.nih.gov/cranio/index.html>



## RECENT POSTINGS

Evidence Based Dental Care for Children and the Age One Dental Visit, The Mouradian Brief, Workforce Conference Summary, Legislative Update, New members, 4th Quarter Report for OrthAlliance • <http://www.cspd.org/whatsnew>

## HOME PAGE OPTION

Our site has enhanced value if members make the CSPD site their home page. That simply means that when you log on to the internet the CSPD page is loaded. If members are logging on to any other site first, we lose a hit up front. You may change the log on site by accessing Appearance under General Preferences in Netscape Navigator. Type in <http://www.cspd.org> as the home page location. This change could substantially increase the hits per month and favorably influence potential advertisers.

### • SYSTEM REQUIREMENTS

Access to an IBM compatible or Macintosh system, modem, and phone line. (Two lines are helpful)  
Internet access from an internet service provider. (ISP)  
Browser software: Netscape Navigator or Microsoft Internet Explorer.

### • MINIMUM PC HARDWARE REQUIREMENTS

IBM compatible 486/33 or better, including all Pentium PCs  
Windows 3.1 operating system or higher (Windows 95 or 97 preferred)  
8 MB of RAM (16 MB preferred)  
20 MB of free hard drive space (50 MB preferred)  
Modem: 14,400 BPS (28.8 BPS preferred)

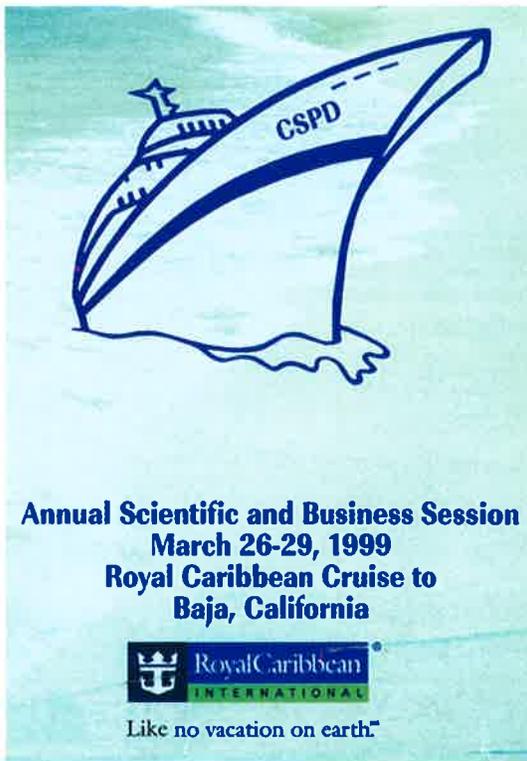
### • MINIMUM MAC HARDWARE REQUIREMENTS

Macintosh or Macintosh compatible with a 68020 processor or better, including all Power PC machines  
Mac Operating System 6.05 or higher (System 7 or higher preferred)  
8 MB of RAM (16 MB preferred)  
20 MB of free hard drive space (50 MB preferred)  
Modem: 14,400 BPS (28.8 BPS preferred)



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

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



**OFFICERS & MEMBERS OF THE BOARD OF DIRECTORS 1998-1999**

<b>PRESIDENT:</b>	Dr. Don Duperon, UCLA School of Dentistry, CHS Rm 23-020, Los Angeles, CA 90024.....	(310) 825-0691
<b>PRESIDENT-ELECT:</b>	Dr. Wayne Grossman, 2001 Zinfandel Drive, #B3 Rancho Cordova, CA 95670 .....	(916) 638-8778
<b>VICE PRESIDENT:</b>	Dr. Larry Luke, UCLA/Dent/CHS 23-020/Box 951668, Los Angeles, CA 90095-1668 .....	(310) 825-0691
<b>SECRETARY:</b>	Dr. David Perry, 2125 Whitehall Place, Alameda, CA 94501 .....	(510) 521-5016
<b>TREASURER:</b>	Dr. Richard Mungo, 17752 Beach, Ste. 201, Huntington Beach, CA 92647-6838 .....	(714) 673-9054
<b>PAST PRESIDENT:</b>	Dr. Ray Stewart, 1117 Los Palos Dr. Salinas CA 93901 .....	(805) 424-0641
<b>EDITOR:</b>	Dr. Roland Hansen, P.O. Box 100, Mammoth Lakes, CA .....	(760) 934-4915
<b>EXECUTIVE DIRECTOR:</b>	Dr. Melvin L. Rowan, P.O. Box 6396, San Pedro, CA 90734-6396 .....	(310) 548-0134

**BOARD OF DIRECTORS:**

<b>DIRECTOR '98N:</b>	Dr. Andy Soderstrom, 1605 Timothy Ave. #B, Modesto, CA 9350-4419 .....	(209) 579-5437
<b>DIRECTOR '98N:</b>	Dr. Francisco Ramos-Gomez, Rm. D1021, Box 0754/707 Parnassus, San Francisco .....	(415) 476-6826
<b>DIRECTOR '98S:</b>	Dr. Santos Cortez, 1777 Bellflower Blvd., #101, Long Beach, CA 90815 .....	(562) 597-3627
<b>DIRECTOR '98S:</b>	Dr. Scott Jacks, 4444 Tweedy Blvd., Southgate, CA 90280 .....	(213) 564-2444
<b>DIRECTOR '99N:</b>	Dr. Thomas Buch, 1500 Southgate Avenue, #210 Daly City, CA 94015-2231 .....	(415) 756-0938
<b>DIRECTOR '99N:</b>	Dr. Randall Wiley, 2879 Willow Pass Rd., Concord, CA 94519-2586 .....	(510) 685-0513
<b>DIRECTOR '99S:</b>	Dr. Frank Enriquez, 23727 Hawthorne Blvd., #4B, Torrance, CA 90505-5939 .....	(310) 378-1283
<b>DIRECTOR '99S:</b>	Dr. John De Lorme, 26302 La Paz Rd. #216, Mission Viejo, CA 92691 .....	(714) 581-5800

**COMMITTEES 1998-99 (CHAIR):**

<b>CONSTITUTION AND BYLAWS:</b> ..... RAY STEWART Weyland Lum Richard Sobel	<b>DENTAL CARE:</b> ..... SCOTT JACKS Peter Chiang John Delorme Randell wiley	<b>MEMBERSHIP SERVICES:</b> ..... THOMAS BUSH Victoria Sullivan Nina Mandelman
<b>CREDENTIALS AND MEMBERSHIP:</b> ..... DAVID PERRY Douglas McGavin (student liaison) Katherine Huene Mel Rowan (ex off.)	<b>LEGISLATION:</b> <i>J.C.G.V.</i> ..... ANDY SODERSTROM David Perry Steve Chan	<b>CONTINUING EDUCATION:</b> ..... WEYLAND LUM Quy Nguyen Frank Enriquez
<b>NOMINATING COMMITTEE:</b> .... D. F. DUPERON: (non voting) Ray Stewart Michael McCartney '99 Mark Lisagor Ann Azama '00 Lonnie Lovinger	<b>EDITORIAL:</b> ..... ROLAND HANSEN EDITOR Associate Editor: John DeLorme Newsletter & Webmaster Roland Hansen California Pediatrician Don Duperon	<b>PROFESSIONAL ACTIVITIES:</b> ..... RANDALL WILEY Todd Milledge, LLU Jacob Lee, UOP Pam DenBesten, U.S.F. Don Duperon, UCLA Richard Udin, USC Andy Soderstrom (Leg.)
<b>CHILD ADVOCACY COMMITTEE:</b> ..... RAY STEWART Fernando Ramos-Gomez Steve Blain Wayne Grossman, AAPD Liaison Mark Lissagor, Prof. Org. Outreach Coordinator/AAP Liaison Don Duperon	<b>ANNUAL MEETING COMMITTEE (1999)</b> ..... WAYNE GROSSMAN Richar Sobel Mike McCartney Lisa Brennan Mel Rowan (ex officio)	<b>PEER REVIEW:</b> ..... PHILLIP WOLKSTEIN Douglas McGavin
<b>PUBLIC AND PROFESSIONAL RELATIONS SUBCOMMITTEE</b> ..... THOMAS BUCH, CHAIR Frank Enriquez Hila Robbins	<b>ANNUAL MEETING COMMITTEE (2000)</b> ..... LARRY LUKE/DAVE PERRY Mark Lisagor Paul Reggiardo Richard Sobel Mel Rowan ex. officio	<b>SPECIAL COMMITTEES:</b>
<b>FINANCE COMMITTEE:</b> ..... RICHARD MUNGO, CHAIR Larry Luke Mel Rowan (ex off.)	<b>ANNUAL MEETING SITE (2001)</b> ..... DAVID PERRY <b>ANNUAL MEETING SITE 2002</b> ..... RICHARD MUNGO	<b>SUB-COM. WORKFORCE</b> ..... SCOTT JACKS Wayne Grossman John Delorme Randell Wiley
		<b>STATE BOARD SUB-COMMITTEE</b> ..... PAUL REGGIARDO Dave Perry Steven Chan