

Bulletin

Spring 2001

Vol. XXVIII No. 4



President's Message



Dr. Larry Luke

For my last message in the Bulletin and the first message of the new millennium (using the Gregorian Calendar), I'd like to address our role in the future of CSPD and pediatric dentistry. As one of the original members, I can recall the time when CSPD was non-existent. At that time the meetings of the AAPD were about the same size as our present component meetings. The growth of

pediatric dentistry was rapid in the 70's and early 80's but since that time it has experienced a lower growth rate. In recent times we have observed that those who entered the specialty during the growth years are beginning to retire at a time when population pressures are creating an increased need for our services.

When CSPD was formed, we focused on organizational issues and believed that we should present exceptional annual meetings. Later, our emphasis switched to member services, such as the development of office procedures and supporting documents. In the last few years we have become very involved in oral health advocacy for children, working with the state legislature, the state department of health services, the California Dental Board and CDA. As a result those groups are becoming very aware of our organization and frequently ask for our counsel in their deliberations.

I believe that it is our advocacy in matters pertaining to children's oral health that makes our organization valuable. Our leaders give many hours of their time in service to our members, their patients and the public. Our choice of Sacramento for the annual meeting was not because of its ambience or scenic value (although it has plenty of both), rather it was selected because that is where much of the resources reside for improving the oral health of the children of this state.

There are serious problems ahead. I see a workforce crisis looming. The pediatric dentists who do not retire in the next ten years are going to be overwhelmed with patients. The difference between income levels of educators and practitioners will continue to increase and specialty programs will be forced to close for lack of teachers. The total need for new faculty in dental schools is more than 200 annually. In 1998 only 20 faculty entered the system, a tenth of those needed. There are presently 300 funded but unfilled full-time faculty positions open in U.S. dental schools. When Deans must choose between educating generalists or educating special-

ists, the generalist will win every time. Decreasing numbers of specialty graduates suggests that at some time in the future the specialty could cease to exist.

Pressure will be brought on the legislature to solve this problem and I expect that the solution will be to train and certify a larger number of auxiliaries who will provide a wider variety of dental services. Foreign trained dentists will be boarded. Fewer dentists will be willing to provide services to those with limited access when they are booked months in advance with fee for service patients.

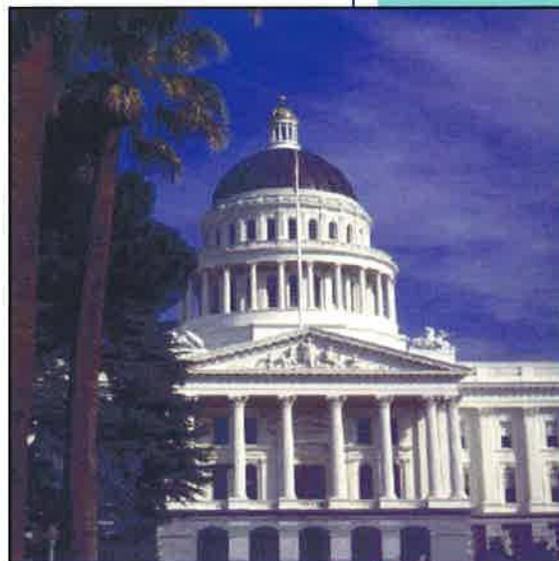
Can CSPD make a difference in any of this? I believe that it depends on you. If our members are satisfied with the status quo and not interested in contributing, then CSPD will be an observer rather than a participant. It comes down to the individual member who is willing to serve others. Please volunteer to be a leader, serve on a committee, join the Board of Directors or become an officer. Give up one day out of your office to teach at a dental school. At UCLA we have volunteer faculty, without salary, who come from Las Vegas, Phoenix and San Diego on a regular basis because they feel an obligation to teach the next generation. If they can do it, why not you?

Finally, you may need to be willing to provide funds to support CSPD, CDA, AAPD, your local dental school or auxiliary program. When you contribute it frequently allows you to advocate for changes that you think are necessary to ensure the oral health of children. Henry Adams said, "A teacher affects eternity. He never can tell where his influence stops." I believe that the same can be said for leaders. Please don't wait for others to do it for you. Be a participant, not an observer.

I want to express my appreciation for all of you that served this past year on the Executive Committee, the Board of Directors or the committees. We have a great organization and you are the reason. I especially want to acknowledge the efforts of our Executive Director, Dr. Mel Rowan. We could not accomplish anything without his dedicated service. See you all in Sacramento.

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2001: the CSPD Odyssey. "The Year of Awareness." March 28 - April 1, 2001

An Interview...

Dr. David Perry, President-elect of CSPD



Dr. David Perry

Q: Tell us about your professional training, your family, hobbies or other interests outside of pediatric dentistry.

A: UCSF gave me my start in pediatric dentistry in 1973 and after some time, I moved across the bay to join Bob Oliver in private practice. Fortunately, I have an understanding family, 2 grown daughters and my wife Judy, who tolerated my volunteering efforts at CDA, ADA and now CSPD. I enjoy skiing and gardening with my wife when not traveling.

Q: How important is our strategic plan in the administration of CSPD?

A: As a result of CSPD's strategic plan our annual session is being held in Sacramento this year on March 30 through April 1, 2001. Six years ago, we observed that dental politics was affecting pediatric dentistry and that CSPD would need to become active in Sacramento in order to have our voice heard. I am real excited about this meeting. It should be one of the most interesting for our members.

Q: You have been active in dental politics for some time. Why should CSPD be involved in dental political action?

A: Over the last several years, we have successfully passed the Access to General Anesthesia Bill (AB2003) and helped formulate the oral conscious sedation bill and regulations. Coming up next year will be legislative bills affecting pediatric dentistry including Healthy Families, and General Anesthesia permits for physicians in the dental office. The Department of Consumer Affairs will be reviewing the California Dental Board that is currently reviewing auxiliary duties. The Department of Health Services has been directed by the Federal Government through HIPPA to update dental codes and insurance forms for Denti-Cal. The importance of being there when the decisions are being made cannot be over stated.

Q: Pediatric Dentistry has assumed a new role over the past few years in improving our relationships in Sacramento. What progress have we made over this period of time?

A: Many CSPD members hold key positions at CDA. I would encourage anyone wanting to get involved at CDA or CSPD to contact me to discuss how you can volunteer. Steve Chan is CDA President-Elect, Fred Coleman is CDA Trustee, Suzanne Berger is on the Council of Community Health, Andy Soderstrom is on Council on Legislation and ADA Delegate, Scott Jacks is on the Ad Hoc Access Committee, Philip Wolkstein is on the Peer Review, Ray Stewart and Joe Renzi serve as Delegates to CDA. Mark Goldenberg serves on the California Dental Board. Joe Sciarra serves on 1201 Board and is an ADA Delegate. In addition, CSPD sends a three-person delegation to CDA House of Delegates.

Q: You are working to create strong committees. Which ones seem to hold the most promise for improving our outreach?

A: Last year, Dr. Luke arranged to have committees meet at Dana Point. In Sacramento, we also plan to hold committee meetings. Child Advocacy under Richard Udin will continue to be busy with Prop 10 issues. David Rothman is chairman of the new Patient Safety Committee looking into sentinel events that affect pediatric dental patients.

Q: Will Pediatric Dentistry be able to adequately respond to the perceived inadequacies of Medicaid?

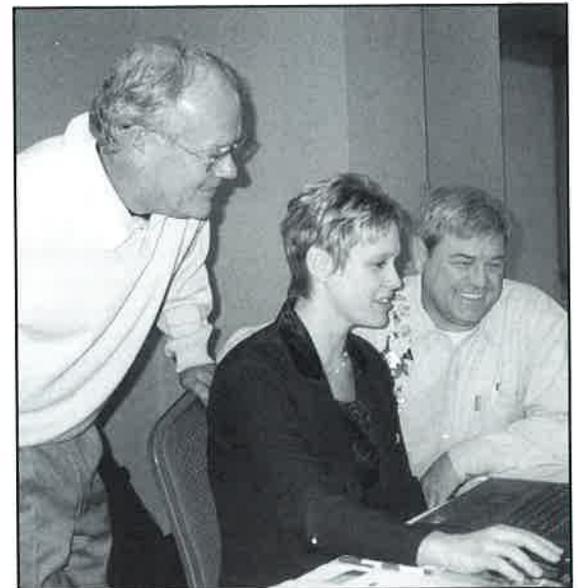
A: The Access Ad Hoc Committee met several times and came up with the following goals to improve access to Denti-Cal. The first is to push for a dental needs assessment that would take place every 5 years to act as a yardstick to see

how the State is doing. Second, CSPD would like to see a total overhaul of the Denti-Cal system, which is under funded, antiquated, under utilized and over regulated. Our position is that a private insurance program would be the best system for Denti-Cal. The military program administrated by United Concordia would be one example.

Third, CSPD needs to collaborate with CDA, DHS, HICFA, HIRSA, Delta and the many foundations that have similar goals.

Q: What are the strengths and weaknesses of our organization?

A: I am honored to be considered for the CSPD Presidency and to have worked with Larry Luke. CSPD has a strong Board, strong Executive Director in Mel Rowan and has been very efficient in serving its members. We have a dedicated Editor that puts out an exceptional Newsletter to keep our members informed. The modest size of CSPD does not keep it from being the most respected dental specialty organization in California.



Dr. David Perry, Ms. Lynn Marian & Dr. Lonnie Lovingier.

As a result of CSPD's strategic plan our annual session is being held in Sacramento this year on March 30 through April 1, 2001.

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. Items for publication may be submitted by e-mail (rhansen@cspd.org), in computer format on a 3.5" disk or typewritten in double space format.

Product and informational content presented in the Bulletin by contributing authors is not necessarily endorsed by the Executive Board of CSPD.



Published 4 times annually
Editor
Roland Hansen, DDS, MS

MISSION OF THE BULLETIN

The Bulletin of the California Society of Pediatric Dentists shall be to examine and identify the issues that affect the specialty of Pediatric Dentistry and the oral health of teenagers and children. All of our readers should remain informed and participate in the formulation of public policy and personal leadership to advance the purposes of the Society. The Bulletin is not a political publication and does not knowingly promote the specific views at the expense of others. The views and opinions expressed in the Bulletin do not necessarily represent those of the California Society of Pediatric Dentists.

Sacramento, Here We Come!

The 26th Annual Meeting and Scientific Session will convene in historic Sacramento on March 29 to April 1 at the Hyatt Regency. The program offers a unique opportunity for our C.S.P.D. membership to enhance their awareness of the governmental issues related to the practice of pediatric dentistry.

Recently enacted legislation has made general anesthesia more accessible for our patients, whether in an operating room or private office setting. Other legislation has affected conscious sedation practices. The clinical aspects of the program will center on hospital dentistry, treatment under general anesthesia, and patient monitoring with emphasis upon adherence to guidelines.

FEATURED SPEAKERS

Dr. James Steiner is Director of the Pediatric Dentistry Program at Cincinnati's Children's Hospital Medical Center and Clinical Professor of Pediatrics at the University of Cincinnati College of Medicine. Dr. Steiner has been at the forefront of hospital dentistry for over twenty years. His numerous contributions to both the medical and dental scientific literature have assisted in establishing pediatric dentistry as an integral part of today's comprehensive hospital care for children. Dr. Steiner conducts the annual A.A.P.D. Comprehensive Review of Pediatric Dentistry Course.

He will speak on "Hospital Dentistry - A Return to the Operating Room," including topics related to all aspects of dental care under general anesthesia. Case selection, pre-operative preparation, orders, informed consent, laboratory interpretation and much more. Members will be brought up to date on protocols and procedures that enhance treatment outcome.

Elizabeth M. Snow has been with the California Dental Association for ten years. As Director of the Government Relations Office (GRO), Ms. Snow annually coordinates the review of over 400 pieces of legislation that directly affect California dentistry. The GRO conducts lobbying activities with the California Legislature, the governor's office and various state regulatory agencies.

The title of her presentation is "Advocacy Starts with Knowledge-Know the Issues-Know Your Role." She will enlighten the audience on current legislative activities affecting pediatric dentistry and the distinct role of both CDA and CSPD.

LEGISLATIVE DAY

Particular interest has been shown in the first ever Legislative Day held in conjunction with our annual meeting. Leaders from the State Legislature, California Dental Association, CalDPac, Board of Dental Examiners and the American Dental Association will provide insights into the governmental process that significantly influences the practice

of dentistry today.

Dr. Mark Goldenberg is a member on the Dental Board of California. As a practicing pediatric dentist, and highly active member of the dental governmental community, Dr. Goldenberg is extremely well versed on the issues affecting every pediatric dentist within the State. His presentation, "The Dental Board of California: An Insider's Perspective," will give an introduction to the makeup of the Dental Board and its function. The topics to be explored include licensure for both doctor and staff, disciplinary issues and current legislation directly related to pediatric dentistry.

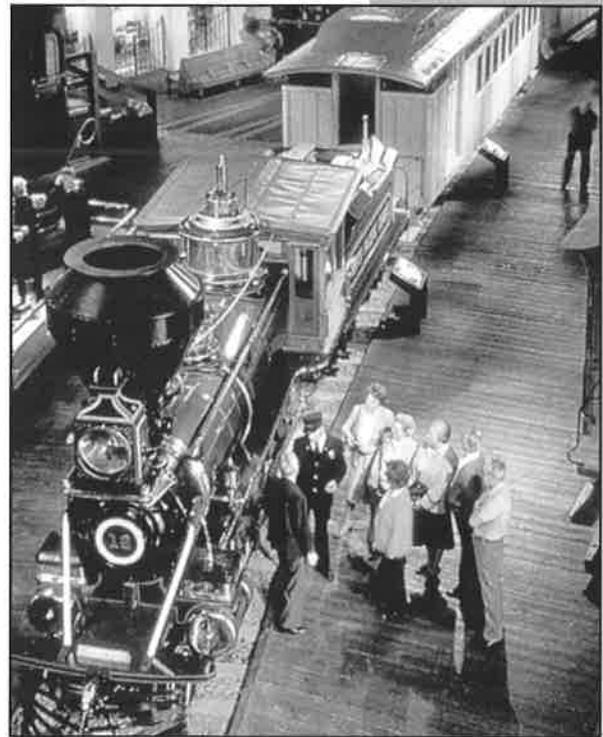
Ms. Judy Pulice, Director of the Department of State Government Affairs of the American Dental Association, will offer an update on current national issues. Ms. Pulice's fourteen years of experience as a legislative advocate and former Director of the Political Action Committee of the CDA, gives her a unique background in the relationship between local, state and national interests. Her presentation, "Leadership in Government: An Oxymoron? How to Maximize the Profession's Influence over Governmental Regulation," will offer practical hints on how to lobby politicians and policymakers.

Dr. Paul Kennedy, President-Elect of the American Academy of Pediatric Dentistry, will address our attendees on the current issues facing the Academy leadership, membership and the children we treat. Dr. Kennedy has served as Parliamentarian for the A.A.P.D. as well as, Chairman of the Clinical Affairs Committee.



The Official Sacramento website

Particular interest has been shown in the first ever Legislative Day.



CALIFORNIA STATE RAILROAD MUSEUM

Be sure to explore North America's finest and most-visited railroad museum. This must-see attraction is ideal for families and groups. Come experience the magic of railroading and find out how trains have shaped our lives, economy, and culture here in the golden State.

Marvel at lavishly restored 19th-century trains. Touch a million-pound steam locomotive. Climb aboard a gently swaying sleeping car. Peer into a plush, private railroad car, and inspect gorgeous railroad china aboard a streamlined dining car.

You'll be transported from the First Transcontinental Railroad through railroading's Golden Age, from early steam locomotives up to the decline and present-day rebirth of railroads. There truly is something here for everyone, or visit their website: www.csrnmf.org



Dr. James Steiner



Elizabeth M. Snow



Dr. Paul Kennedy

Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Program Requirements:

Under the requirements of EPSDT, Medicaid must provide comprehensive coverage of all needed dental services for children and adolescents from birth through age 20.

EPSDT is a specific program under Medicaid that provides well-child and comprehensive pediatric care for children and adolescents through age 20. EPSDT requires comprehensive coverage of physical and mental health, growth and developmental assessments, including lab and other diagnostic tests, immunizations, health education and anticipatory guidance. EPSDT also includes comprehensive dental, vision and hearing screenings. EPSDT screenings, including dental, are covered for each age group based on a clinically-sound periodicity schedule adopted by each State with consultation from professional medical and dental groups¹. The screenings are also covered "as needed" at any age.

EPSDT also requires coverage of any necessary medical or dental service reimbursable under Medicaid for the treatment of a condition identified under a periodic or "as needed" exam, even if the service is not otherwise a covered benefit in that State. Under EPSDT, dental coverage includes complete preventive care, restorative services, medically necessary orthodontic care, and emergency care.

A common complaint among dentists concerns patients who do not keep their appointments. Missed appointments cause resentment among dentists because of the office management and financial problems they create. More importantly, the patient does not receive a needed service. The likelihood of a patient keeping a dental appointment is improved with a system of case management that addresses the logistical, cultural and behavioral barriers to dental care. Medicaid can pay for case management as a medical service or as an administrative activity.

Case management services are an integral component of EPSDT and (at the discretion of the State Medicaid agency) can be provided directly by the Medicaid agency, by participating providers, or by case managers employed by State or local public health agencies. State and local maternal and child health providers can and do play a very beneficial role in providing case management services. Case management can assist parents in scheduling appointments for screening, diagnosis or treatment, can arrange transportation and follow-up to ensure that appointments are kept, re-schedule missed appointments, and work with the parent and the dental office to be sure the child obtains care.

Under EPSDT, Medicaid can also reimburse the cost of transportation to and from a covered dental exam or service. Depending on how a State chooses to provide transportation, it can be reimbursed as a service or as a component of Medicaid administration.

The Academy of Pediatric Dentistry, the American Dental Association, the American Public Health Association and the Bright Futures Project all have adopted periodicity schedules by age. Currently, each one recommends the first dental visit be scheduled at the time of the child's first birthday.

Prop 10 funds can be used for a wide variety of oral health initiatives.

NEW MISSION STATEMENT

The mission of the California Society of Pediatric Dentists is to protect, improve and advocate for the oral health and general welfare of infants, children, adolescents, and persons with disabilities. The Society serves its members and represents the specialty of Pediatric Dentistry in California to achieve excellence in practice, education, and research.

Prop 10...

THE COUNTY COMMISSIONS NEED YOU

Proposition 10, or the California Children and Families First Act of 1998 was discussed in two separate articles in the last issue of the Bulletin. Proposition 10 is also known as the Tobacco Tax which earmarks fifty cents from each pack of cigarettes sold in California to be used to improve "early childhood development". County commissions were organized to allocate funds designated for local programs. If you're not already involved, you could help develop proposals in your county to help provide oral health services for children, from the prenatal stage to age five. Among the services that could be funded by Proposition 10 grants are early preventive/intervention strategies for high risk infants and pregnant women. These would include oral hygiene instruction for improving the mother's own oral cavity and in caring for her infant, strep mutans testing, the potential use of antimicrobial therapy in at risk mothers, fluoride varnish and other preventive strategies for the infants. Funds could also be used to help in water fluoridation for a county, provide dental insurance for uninsured children and/or in developing programs to help train general dentists or other health care providers to participate in preventive programs.

The following is a list of the County Commissions with contact numbers included for each:

Alameda	(510) 667-7575	Orange	(714) 834-2307
Alpine	(530) 694-2771	Placer	(530) 889-6751
Amador	(209) 223-6545	Plumas	(530) 283-6366
Butte	(530) 538-6464	Riverside	(909) 358-5339
Calaveras	(209) 754-6460	Sacramento	(916) 874-1775
Colusa	(530) 458-0508	San Benito	(831) 636-4180
Contra Costa	(925) 335-9991	San Bernardino	(909) 386-7706
Del Norte	(707) 464-3194	San Diego	(619) 515-6979
El Dorado	(530) 622-7521	San Francisco	(415) 554-9537
Fresno	(559) 241-6515	San Joaquin	(209) 468-3211
Glenn	(530) 934-6506	San Luis Obispo	(805) 781-5564
Humboldt	(707) 445-6210	San Mateo	(650) 348-2898
Imperial	(760) 482-4474	Santa Barbara	(805) 568-3379
Inyo	(760) 873-0374	Santa Clara	(408) 299-7173
Kern	(661) 328-8888	Santa Cruz	(831) 465-2217
Kings	(559) 582-3211	Shasta	(530) 299-8300
Lake	(707) 263-8929	Sierra	(530) 993-6720
Lassen	(530) 251-8128	Siskiyou	(530) 841-4047
Los Angeles	(213) 482-5902	Solano	(707) 423-2965
Madera	(559) 675-7893	Sonoma	(707) 565-6529
Marin	(415) 203-3282	Stanislaus	(209) 558-7163
Mariposa	(209) 966-2131	Sutter	(530) 822-7327
Mendocino	(707) 463-4134	Tehama	(530) 538-1395
Merced	(209) 381-1200	Trinity	(530) 623-1325
Modoc	(530) 233-6312	Tulare	(559) 737-4660
Mono	(760) 932-5263	Tuolumne	(209) 533-1397
Monterey	(831) 755-8485	Ventura	(805) 654-2276
Napa	(707) 257-1410	Yolo	(530) 666-8820
Nevada	(530) 478-6400	Yuba	(530) 749-6271

If you would like more information, please contact Rick Udin at or (213) 740-2679.

If you would like more information, please contact Rick Udin at rdudin@hsc.use.edu or (213) 740-2679.

New Members

Todd L. Hilliard	Paul J. Morris
Michael J. Amodeo	Janet Y. Lee
Lance C. Bautista	Kathy Ying
Catherine M. Kruljac	Khanh D. Le
Anne R. Lee	Reinaldo J. Negron
Ameneh Khosrovani	

News Briefs

CDA will focus more of its resources on addressing the widespread problem of early childhood caries (ECC). The House of Delegates adopted a resolution directing CDA to develop a position paper on early childhood caries, publicize information about ECC to the public, and encourage legislators and Health Department officials to support programs to control and eradicate the disease. CDA's Council on Community Health, the Monterey Bay Dental Society and the California Society of Pediatric Dentists submitted the resolution. CDA is moving ahead on a draft of the position paper. Dr. Kerry Carney, Council on Community Health chair, said that this issue is important because many people do not understand the role of Strep Mutans in ECC.

The Fall issue of the Journal of the American College of Dentists contained six articles on Children's Oral Pain, including "Dental Pain in Children: Its Existence and Consequences" by Burt Edelstein, "Ethics, Advocacy, and Oral Health of Children" by Wendy Mauradian, "Children's Oral Health Activities of the Department of Health and Human Services" by Donald Schneider, "How Federal and State Policy Can Alleviate Children's Oral Pain" by Raymond Rawson, "How Foundations Can Help Fill the Gap in Oral Health" by Malcolm Williams and Lauren LeRoy, & "Dental Pain and Systemic Health and Wellbeing of Children" by Paul Casamassimo.

Dr. David Chambers has observed in his recent editorial in the Journal of the American College of Dentists that "There is serious talk these days about dentistry becoming an oral care profession rather than an oral health care profession."

In July of this year a Sacramento Bee editorial entitled "City School District Calls off Pepsi Deal" reported that the Sacramento City Unified School District Board of Trustees removed a proposed district-wide contract from their agenda worth 2 million dollars over a five year period. They called for healthier snacks, a strengthened nutrition program in the district's schools and the possible phase-out of sugary, caffeinated drinks.

The Dental Board of California will support legislation next year to regulate Dental Management Service Organizations (DMSO). After investigation, the Board has concluded that since the DMSO is not currently answerable to any regulatory agency, they are able to obscure the distinction between legitimate operation under the auspices of dentists and the unlawful ownership of dental practices and/or the practice of dentistry. Board staff is working with Assemblywoman Kerry Mazzoni to remedy this perceived lack of consumer protection by statute that would give it licensing power over a DMSO and specify the duties that may be legally performed by these organizations in California. Mazzoni introduced a bill last year (AB 2332) to regulate DMSOs, which was later withdrawn at the request of the DBC in order that they might have the opportunity to evaluate the need for such legislation and participate in its development.

BROADBAND IS HERE - USING A DIGITAL SUBSCRIBER LINE. (DSL)

Windows users need at least a 133 MHz Pentium or equivalent processor and Windows 95/98 or greater or Windows NT, Service Pack 3 or greater. You will also need 32 MB RAM or 64 MB for Windows 2000, and 35 MB hard drive space. You must have an Ethernet card and an open PCI slot to install the card.

Mac users need a PowerPC processor, MacOS 7.6.1 or greater, 32 MB of RAM, and 35 MB hard drive space. Your Mac must also have an Ethernet card.

One source of additional information on the web see: www.earthlink.net/dsl.

Letter to the Editor

Fluoridation, a Mandatory State Law, and Failure to Implement the Law

In California we have a mechanism in place for cities that refuse to obey the legislative mandate. If money is awarded to a jurisdiction/system, their exemption from fluoridation is immediately set aside. The Department of Health Services gives the system a time limit, usually 30-60 days to comply by response in writing that they intend to implement water fluoridation within two years. If the Department does not hear back from the city, or the city passes an ordinance not to fluoridate in spite of the law, the matter is referred to the Attorney General's Office (AG) for action. Usually, the AG will then give the system a period of time, such as 30 days, to respond stating their intention to comply with the law. If this does not happen, the next step is citation and fines. These fines may be very stiff, up to \$25,000 a day for failure to comply. If, within a specified length of time there is still no response, the Office of the Attorney General will then begin legal proceedings to force the system to comply. It is my understanding that the fines continue to run during all this.

May I state this has never happened in California since the passage in 1955 of AB 733, our fluoridation mandate. As you are no doubt aware, there are certain cities in California such as Escondido and Santa Cruz that have passed ordinances prohibiting the fluoridation of their water. We have an Attorney General's opinion which states that state law supersedes these local ordinances so that when funds are identified these jurisdictions must fluoridate in spite of their local ordinances. So far, we have chosen not to force this issue with these communities but the law is clear that the state has the power to force compliance if we so choose.

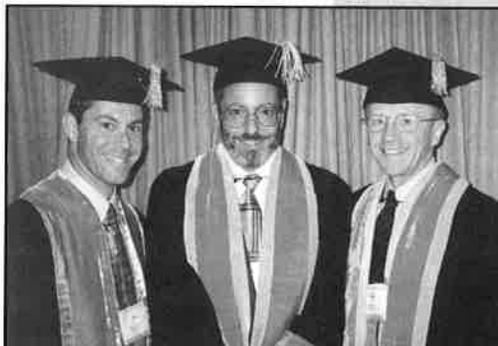
David F. Nelson, D.D.S., M.S.
Fluoridation Consultant
Office of Oral Health

NEW PEDIATRIC DENTIST

OPEN FORUM AND CONFERENCE

Dr.'s Roger Sanger and John De Lorme will be hosting an open discussion for new Pediatric Dentists on Saturday afternoon during the CSPD annual meeting in Sacramento. This will be time for sharing ideas and discussing issues relevant to your current work situation, including an associateship, partnerships, or start ups. The topics for discussion will be decided at the meeting on Saturday based on the desires of the attendees. A time and place announcement will be available at the meeting.

On April 27, 2001 the 2nd Annual New Pediatric Dentist conference will be held at the Crowne Plaza Hotel in Los Angeles. John De Lorme will host the meeting and the speakers will be Drs. Roger Sanger and Randall Berning. Two adjacent rooms will be used so that each speaker can cover separate topics. The meeting is a membership service and registration fees will be nominal.



Drs. Joseph Renzi, Richard Udin, & Paul Reggiardo were recently inducted into Fellowship in the American College of Dentists.

Are we an oral care profession rather than an oral health care profession?

Strategies to Improve Dental Medicaid Participation

Improved reimbursement: Three-fourths of States increased payment rates to dental providers in 1998 or 1999. Dentists often cite low reimbursement as a primary reason for not serving Medicaid patients. Small increases may not improve payment levels to a point that a dentist believes actual costs are covered by Medicaid payment.

* Administrative streamlining: Many States have tried to improve the business relationship with dentists by minimizing the hassle of being a provider with Medicaid. Actions have included: 1) simplifying the process of becoming a Medicaid provider; 2) providing a simple process to verify patient enrollment with Medicaid; 3) simplifying the process for prior authorization for services, or eliminating prior authorization entirely for many services; 4) reducing the number of services requiring prior authorization; 5) adopting the American Dental Association coding structure and standard claim forms; 6) establishing provider hot-lines; 7) establishing patient ombudsmen; and 8) simplifying provider manuals and program requirements.

* Creating mainstream benefit structure: The more Medicaid dental coverage is comparable to employer-sponsored dental insurance, the greater likelihood dentists will participate and serve Medicaid patients. Achieving dental coverage regarded as mainstream by the dental community may involve adding or updating covered services and procedures so they reflect modern dental practice and terminology.

* Creating a special advisory committee or task force to recommend strategies: Participation in an advisory committee or task force can raise awareness within the dental community of the urgency and need to serve this population. Significant contributions of a State oral health coalitions include: 1) helping to educate beneficiaries about the importance of oral health; 2) working with the dental community to improve participation and availability of services; 3) bringing the problems and issues to the attention of State officials and legislators; 4) engaging the public in advocacy for oral health; and 5) identifying best practices that can be adopted for State and local use.

* Outreach and marketing to dental providers: The distribution and supply of dental providers is often problematic. Many inner city and rural areas (where large numbers of Medicaid beneficiaries reside) may have few or no dental providers. Special efforts need to be focused where there is a shortage of dental providers. These efforts may include: 1) special articles in dental journals; 2) letters to individual dentists; 3) meeting with local dental societies; 4) seeking input from dentists on how to recruit additional providers; 5) improving the conditions of participation in Medicaid; and 6) using Head Start and WIC programs to assist in recruiting dentists for Medicaid.

* Case management to reduce missed appointments: Missed appointments are a serious issue for dentists. Reducing the rate of "no shows" for scheduled dental appointments can be a very important part of an overall strategy to improve dentists' participation. Medicaid can pay for case management provided by health departments, managed care organizations, state and local maternal and child health programs, FQHCs, other providers, enrollment brokers or the Medicaid agency can provide case management itself. Case management can include: 1) sending reminder postcards; 2) using case managers to assist in setting up appointments and emphasizing the importance of keeping their

appointments; 3) following up on appointments whether kept or missed; and 4) creating a toll-free hotline for dentists to call if a patient misses an appointment.

* Outreach to parents of children: Medicaid can help educate parents about the importance of oral health, the need for early care to prevent common dental problems and how to use the dental delivery system. Medicaid can provide this outreach directly or contract with other organizations, such as local health departments, schools, managed care organizations or dental provider groups.

* Transportation and making appointments: Medicaid can pay for transportation and the scheduling of appointments. A State agency or a private provider can provide both, and both can be classified as a service or an administrative activity.

* Working with schools and Head Start programs: Medicaid can provide schools and Head Start programs with literature and information to encourage early and continuing good oral health and dental check ups.

* Working with managed care: Managed care organizations under contract with Medicaid must guarantee access and quality, and comply with specific contract performance requirements. Medicaid is obliged to enforce these requirements.

* Where dental services are the responsibility of managed care organizations, Medicaid can facilitate good oral health services through adequate capitation rates and contract requirements for access and quality that are that are clear and enforceable.

* Working with safety net providers: Dental services often are available through community providers. Rural Health Clinics and hospitals may serve as safety net providers of dental care. Encouraging safety net providers to offer dental services can be an important part of an overall strategy, together with measures to encourage good participation of community-based dentists.

Excerpted from the Health Resources and Services Administration (HRSA) document entitled "Opportunities to Use Medicaid In Support of Oral Health Services." December 2000.

Is it possible to improve Dental Medicaid participation?



Drs. David Good and Rick Udin at the American College meeting held in Chicago, Illinois.

Annual Meetings

2001

March 29 - April 1
Sacramento Hyatt Regency at Capital Park
Sacramento, CA

2002

Anaheim Disneyland

2003

April 3 - April 6
Empress Hotel Victoria,
British Columbia, Canada

2004

Yosemite National Park

Officers and members of the Board of Directors for CSPD meet quarterly. The membership of CSPD is encouraged to provide input to the leadership. Our next regularly scheduled meeting will be held in San Francisco. Board meetings are open to the membership, and you are welcome to attend. Address your written intention to attend to President, Dr. Larry Luke.

District V1 Trustee Report

By Ray Stewart

The past quarter has seen the Officers and Board or your Academy engaged in a variety of activities. There has been a continuation of our ongoing advocacy and legislative efforts with several widely publicized incidents involving pediatric dentists. The Academy has responded to these events and circulated email alerts to the membership with advisories on possible contacts from local media representatives.

Several Councils and Task Forces have been working diligently to plan and implement programs that will be of vital interest and importance to the entire membership. The Board will be meeting in mid-January to undertake the annual Strategic Planning session.

The following outlines the specific activities in detail:

Several states have had considerable success in reforming their Medicaid programs with significant increases in the reimbursement rates to dental providers.

Surprise!! The participation by dental providers, including pediatric dentists, increases dramatically when reimbursement rates are raised to the 80th percentile of ADA rates for the region.

Burt Edelstein and his Children's Dental Health Project in Washington, DC have undertaken a project to determine the nature and content of the various state Medicaid enrollment forms for dentists in an effort to determine whether or not these procedures impose a barrier or deterrent to participation by providers. Members in each state have been contacted and asked to send a copy of the enrollment form for their state for review.

Due to external pressures from various organizations the AAPD has agreed to hold several Consensus Conferences or to form Task Forces to investigate or explore several issues that have surfaced recently.

The first will be the convening of a Consensus Conference in response to questions which have been raised in various states concerning the choice and use of certain materials and techniques frequently used by pediatric dentists. An AAPD Consensus Conference will be held in 2001 or 2002 wherein experts in various areas of materials and clinical science will convene to produce a position paper which will outline the current state of the art in Pediatric Restorative Dentistry.

A second Task Force and Conference will be convened to discuss the problem of adequate preparedness of dental students who are currently finishing dental school programs in this country. Many state Boards have expressed concern; that recent graduates are not adequately prepared to treat young children particularly those requiring restorative or behavior management needs. It is clear that there is a great discrepancy in both didactic and clinical curricula and exposure at the various schools across the country. The goal of this effort will be to delineate minimum standards and knowledge levels that should be met by all schools.

Finally, we are moving slowly toward organizing those states in District, VI, which currently do not have state units. It is my hope that we will have a District, VI meeting at the Annual Meeting in Atlanta to discuss a District Constitution and By-laws and a proposed District operating structure.

Respectfully Submitted,
Ray Stewart, District VI Trustee

Call for Research Awards

CSPD will support original research by active, retired, or student members in good standing. Interested applicants, which include clinical teams, schools, program chairman, study clubs, as well as individuals, must submit a 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. Pam DenBesten

E-mail: pldb@itsa.ucsf.edu fax: 415-476-1499.

The next deadline is March 10th, 2001 with acceptance notification by May 1st.

NOMINATING COMMITTEE REPORT

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Treasurer: Ann Azama
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*Several states have
had considerable
success in reforming
their Medicaid
programs.*

WEB SERVER STATISTICS FOR WWW.CSPD.ORG

Program started at Mon-08-Jan-2001 00:02.

Analysed requests from Mon-25-Sep-2000 10:58 to Sun-07-Jan-2001 23:20 (104.5 days).

GENERAL SUMMARY

(Go To: Top: General Summary: Monthly Report: Daily Summary: Hourly Summary: Domain Report: Directory Report: File Type Report: File Size Report: Status Code Report: Request Report)

(Figures in parentheses refer to the last 7 days).

Successful requests: 29,670 (1,877)

Average successful requests per day: 283 (268)

Successful requests for pages: 7,392 (487)

Average successful requests for pages per day: 70 (69)

Failed requests: 4,819 (427)

Distinct files requested: 147 (77)

Distinct hosts served: 2,754 (324)

Data transferred: 174,075 kbytes (10,395 kbytes)

Average data transferred per day: 1,665 kbytes (1,485 kbytes)

CSPD Invited to Provide Input on Dentical Fee Increases

By Wayne Grossman

The California Department of Health Services, in an unprecedented gesture, invited CSPD to meet with its representatives to discuss proposed fee increases to the Dentical Program. The CDA was the only other dental organization or society asked to comment on the upgrades that resulted from the Governor signing into law an \$80 Million budget increase for the program. Although this figure was much lower than that approved by the Legislature, it did allow for certain long overdue enhancements to the overall program. Chief among these improvements was the inclusion of the benefit of a periodic oral exam that can be provided twice a year. Additionally, a prophylaxis and topical fluoride treatment can now be provided twice per year for our young patients. To provide these new services, more than half of the budget increase will be utilized. This left approximately \$34 Million for other fee enhancements. Figuring out just how to make the most of those dollars to improve access and services was the problem faced by the DHS Dental Branch.

Many Dentical fees for service had not been increased for many years. Most fees on the list were not even increased after the Clark vs. Kizer litigation concluded years ago. Consequently, an emphasis was placed on those overlooked fees by DHS with increase that averaged 80%. Unfortunately, this allocation meant that many of the fees for services that we provide frequently to children were not raised. The high utilization for some of these procedures made it very difficult to include increases for things like simple extractions and fillings or stainless steel crowns. CSPD and CDA were asked to comment upon the proposed adjustments to the schedule.

Upon receipt of the invitation from DHS, President Luke convened a group of interested parties to formulate an appro-

prate strategy. By means of telephone conference and e-mail a position was developed that addressed not only the immediate fee revision but other pressing deficiencies in the program as well. Past-President Grossman and President-elect Perry were designated as emissaries of CSPD to address our concerns. While Dave Perry was called away by a family emergency, Wayne Grossman did meet with Dr. Robert Isman and Dr. David Noel to present our position.

Both of the DHS representatives agreed that the increase was far too little to have any significant effect on access to care for children but they wanted to do the best they could given their limited task at hand. Attention was focused on appliances which received major increases after a long period of neglect.

The pulpotomy procedure did receive a four-fold increase in its fee. As for our other concerns, DHS representatives were very sympathetic and are working on other avenues to achieve some of our recommendations. They agreed that reimbursement at the 80th percentile (as opposed to 10th percentile for many fees) would be needed to achieve any significant increase in access to care. Other efforts were needed to get to this goal. They are also working on ways to add new preventive measures to the program, such as fluoride varnish placement, infant oral health exams, and anticipatory guidance. They also shared our concern about the general anesthesia fee which was so low that services were often unattainable. We offered to assist them in the selection of a group of experts who could assist them in a clarification of the of the provisions governing office anesthesia.

They were very warm to this suggestion and a group of our members led by Rick Udin has been assigned to continue the dialogue on this and related issues.

In summary, CSPD's initial official meeting with DHS was

very successful considering the limited focus. Our involvement had a very favorable impression on the DHS staff. If we pursue this course of interaction we should be able to provide substantial input relative to future changes in the Dentical program.

Call for Table Clinics

All CSPD members and residents/post-doctoral students are invited to submit an application to present a table clinic at the 20 Annual Meeting of CSPD in Sacramento, California. Table clinics will be held on Sunday morning, April 1, 2001 from 7:00A.M. until 8:30A.M.

Students will receive a stipend of \$50 for submitting and presenting a clinic.

Deadline will close soon.

Prophylaxis and topical fluoride treatment can now be provided twice per year.

CALIFORNIA SOCIETY OF PEDIATRIC DENTISTS

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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.

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Remineralization on the Front Burner

Fred Eichmiller, head of the ADA Health Foundation's Paffenbarger Research Center, Gaithersburg, MD., thinks the issue of remineralization soon will be as important to the discussion of dental health as it is now to talk about improving bone density to fight osteoporosis. "Every major manufacturer is either looking at or developing remineralization technologies at this point," he says. "This looks to be the next phase of prevention in over-the-counter products."

For now, the big dental marketers, Procter & Gamble and Colgate, are sitting out the remineralization push. Colgate says it has spent the past 15 years touting the remineralization benefits of fluoride to dentists. Remineralization marketers and researchers think interest is going to surge, as an aging population searches for ways to preserve its teeth.

—From the Health Journal

Improving Oral Health Access in Medicaid

The issues in improving oral health and access to dental services are complex and challenging to address. Barriers include:

- 1) Low or declining participation of dentists in State Medicaid Programs;
- 2) Declining supply of dentists and dental hygienists for the general population, particularly in inner city and rural areas;
- 3) Dental service capacity of safety net providers which is inadequate;
- 4) Medicaid dental coverage, billing procedures and reimbursement levels that are not comparable to other dental insurance;
- 5) Dentists' perceptions of Medicaid patients which are sometimes negative; and
- 6) State budget limitations that make it difficult for Medicaid programs to match mainstream dental insurance in terms of reimbursement levels, services covered, authorization procedures or billing requirements.

Children with Special Health Care Needs

Services for children with special health care needs: Medicaid can play an important role in paying for portions of the required medical and dental services for children with special health care needs (CSHCN), many of whom are enrolled in the Title V Program. The Maternal and Child Health Program was enacted as Title V of the Social Security Act in 1935 as a health services safety net for all women and children. Today, Title V is administered by the Health Resources and Services Administration (HRSA).

Between 1967 and 1989, Congress added a number of requirements to Title V to work closely with and assist Medicaid in a number of activities, including finding and enrolling both children and providers. Title V State offices are required to establish memorandums of agreement with their State Medicaid offices. In 2000, the Administrators of HCFA and HRSA signed a data sharing agreement to enhance cooperation at the State level between the Medicaid and Title V programs and improve access to health care for low-income women and children. Cooperation between State Medicaid and Title V Programs can enhance the coordination and case management of sources, result in better care, and provide a financial resource for dental, primary, and specialty care.

Many children and adolescents with serious or complex health needs are enrolled both in Medicaid and in the Title V Maternal and Child Health Program. Medicaid is a key source of funding for most medically necessary services for CSHCN for conditions identified through an EPSDT screening. Medicaid is especially important for the coverage of services, such as durable medical equipment, medical supplies and prescription drugs. The Title V Program is able to provide other services, not otherwise covered by Medicaid, which may include case management or other services or supplies not included in the Medicaid benefit package.

For children with special health care needs, it is sometimes difficult to locate a dentist who is equipped to serve those with certain conditions. The State Title V and Medicaid agencies may need to work together to make special arrangements with dentists so all Medicaid-enrolled children with special health care needs can receive needed preventive and specialty dental services.

Medicaid can play an important role in paying for portions of the required medical and dental services for children with special health care needs.

Professional Opportunities Registry

Looking for an Associate or Partner? Complete this form and return it to:

South Chair:

Dr. Joseph Jedrychowski
UCLA/Dent/CHS 23-020/Box 951668
Los Angeles, CA 90095-1668
Email: jjedro@dent.ucla.edu

North Chair:

Dr. Arthur Rabitz
100 O'Connor Drive #11
San Jose, CA 95128

Name _____

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BOARD BRIEFS

CALIFORNIA SOCIETY OF PEDIATRIC DENTISTS MINUTES - BOARD OF DIRECTORS

DATE: JANUARY 13, 2001 • LOS ANGELES, CA

The 107th meeting, of the Board of Directors of the California Society of Pediatric Dentists was called to order by Dr. Larry Luke on Saturday, January 13, 2001 at 9:00 am in Los Angeles.

In attendance were Drs. Lovingier, Mungo, Soderstrom, Luke, Pederson, Rowan, Stewart, Ramos-Gomez, De Lorme, Chiang, Hansen, Reggiardo, Udin, Brennan, Grossman, Perry, Azama, Christiansen, Good and Mrs. Marian (secretarial assistant)

STRATEGIC PLAN REVIEW - DR. PERRY

Dr. Luke reported that the mission statement was approved at a previous board meeting, however the strategic plan still needs approval.

Dr. Perry reviewed the strategic plan and committee responsibility for implementing the goals and objectives of the plan. He also reviewed the role of each chairperson in the strategic plan. The president is to assign committee responsibility and the president-elect monitors the current status of our goals and objectives.

CHILD ADVOCACY - DR. UDIN

Dr. Udin discussed several items of concern including reimbursement for IV Sedation/General Anesthesia by DentiCal - After the governor passed the last budget with modest increases in DentiCal, CSPD was contacted by the Department of Health Services (DHS) and asked to look at the increases and comment on them. Fee modifications were noted as follows:

Pulpotomy fees were increased substantially.

The "400" general anesthesia code was being raised from \$33 to \$100. An Ad Hoc Committee was formed to determine if access to care would be improved if the fee were higher. The committee petitioned DHS for an increase in the fee. The DHS said that it could not be increased due to having 17,700 claims in 1999. It was determined that mostly oral surgeons and general dentists were using the code. The top 25 users were large clinics and oral surgery practices. The "998" code is used most by dental anesthesiologists. There is a base charge and a per time charge. Dr. Isman will be giving information to the committee about the increase of this code and the restrictions for its use. The Ad Hoc committee will meet at the CSPD Annual Meeting in Sacramento and continue to discuss this issue.



The Hyatt Regency in downtown Sacramento directly across from the state capitol and capitol park.

PROPOSITION 10

Dr. Udin reported that an informational clearinghouse has been established. Any member who wants to participate on their county prop 10 commission can contact Dr. Udin for materials. Dr. Udin also reported that the statewide prop 10 commission has put together a parent kit to be distributed to the parents for every baby born in California. The kits will be distributed in Spanish and English. Dr. Isman previewed all the materials and made specific comment. One concern is with the "dental care" pamphlet. CSPD is not listed with the other dental representatives, nor is CSPD listed in the parent's guide. According to our strategic plan, CSPD is the appropriate primary care provider for children's oral health. Dr. Isman wanted to know if CSPD wanted an "800" number listed on the pamphlets for someone to call for a dental referral statewide? He also asked CDA if they wanted there "800" number used for this purpose. He asked about a website referral process, could one of the websites (AAPD, CSPD) be converted to allow this process. The deadline for the decision is January 19, 2001 as Dr. Isman needs to submit information to the statewide commission by that date.

PROPOSED CSPD FOUNDATION - DR. GOOD

Dr. Luke had selected an Ad Hoc Committee to investigate the possibility of developing a Foundation for CSPD. Dr. Good acting as chair of the committee reported that in establishing the Foundation, we would have a non-profit arm of CSPD. The Board was given a proposed set of By-Laws for their review. The Editor was requested to place an announcement of the establishment of the Foundation in the next Bulletin.

LIAISON AAPD - DR. PEDERSON

1) Dr. Pederson reported that as AAPD Liaison he is responsible for setting up the CSPD reception in Atlanta, Georgia at the next AAPD meeting. This will be on Saturday night. Everyone who is attending will be invited as well as Space Maintainers laboratory. The installation of the new officers will take place Friday during lunch and Friday night will be the theme party.

2) Dr. Pederson received a fax from Dr. Reggiardo stating that it is the intention of the Academy, for the first time, to conduct the full meeting of the Board of Trustees in January in conjunction with the annual strategy planning session. CSPD must make the decision whether they want to send a state unit representative to that meeting. The meeting will be during the weekend of January 25-26, 2001. Dr. Pederson will attend the meeting on behalf of CSPD.

LEGISLATIVE AND GOVERNMENTAL AFFAIRS - DR. SODERSTROM.

1) At the CDA House of Delegates, resolution #32 was passed. This program was written by Dr. Stewart and will be used to educate pediatricians; general dentists and others interested in children's health.

2) The CDA Council on Legislation directed their staff to

advise legislators, anyone in the department of health services and other health officials about the continuing very significant problem of dental caries and associated oral pathology.

3) Two other issues that CSPD sent to the CDA Council on Legislation are:

a. We are seeking legislation to have ongoing funding placed in the budget to continue Oral Health needs assessment.

b. Reforming DentiCal by turning it into a private program, or something totally different than what it is now.

OFFICERS' REPORTS

PRESIDENT - DR. LUKE

Dr. Luke asked Dr. Rowan to review our request to gain improved access to the House of Delegates. The access to be sought through a resolution that would authorize each specialty to send a non-voting member to the House of Delegates at CDA.

PRESIDENT- ELECT - DR. PERRY

Dr. Perry reported that he is currently working on the composition of the Board for next year. He distributed a copy of the Proposed 2001-2002 officers and committees.

DISTRICT VI TRUSTEE REPORT - DR. STEWART.

1) AAPD has agreed to hold several Consensus Conferences to explore several issues that have surfaced recently. The first Conference will be held in Texas sometime late this year or early next year. The topic will be pediatric restorative dentistry covering materials and restorative techniques. That will be followed a year or so later, by a Consensus Conference on behavior management.

2) There will be a task force meeting in Chicago later this month, regarding undergraduate dental education. This emanated from the Texas Dental Association. They (TDA) approached the American Dental Association with a resolution to investigate why young dentists coming out of school are not adequately prepared to take care of young children. The Academy appointed a task force chaired by Dr. Sue Seale to look at the various curricula being taught in the dental schools around the country with a goal to delineate minimum educational standards.

3) The American Academy and the American Board of Pediatric Dentistry recently came to terms on the length of eligibility a dentist had to take his/her board for diplomat status. From this point on, once you have completed accredited program, you have lifetime eligibility.

NEW BUSINESS

After considerable discussion, the Board voted to set up an 800 number for parent referral to a pediatric dentist on a one-year trial basis. The number will be provided to the Prop 10 Commission for inclusion in their literature.

The President adjourned the 107th meeting of the Board at 4:15 pm.

Respectfully Submitted,
Lonnie R. Lovingjier, DDS

Web Notes

RECENT POSTING ON THE CSPD WEBSITE

WWW.CSPD.ORG

In What's New see:

Reprints from the Spring Bulletin

- President's Message Spring 2001
- News Briefs - Spring 2001
- Sponsors 2000-2001
- Board Briefs, Las Angeles
- Officers and Committees 2000-2001

New Website:

The National Oral Health Surveillance System
www.cdc.gov/nohss/

HRSA Website at: www.hrsa.gov/medicaidprimer.

HRSA has an Oral Health Initiative. For more information on this Initiative, see Website: www.hrsa.gov/oralhealth

Sources of Information About Medicaid
Health Care Financing Administration (HCFA)

Web site: www.hcfa.gov

* Medicaid, Medicare, and State Child Health Insurance (SHCIP) Program descriptions and data sections

* State Medicaid Director Letters (specific direction to Medicaid agencies on a range of issues)

* Federal Medical Assistance Percentages (FMAP) for each state

Bureau of Primary Health Care, Health Resources and Services Administration
Web site: www.bphc.hrsa.gov

Center for Managed Care, Health Resources and Services Administration
Web site: www.hrsa.gov/cmhc

Kaiser Commission on Medicaid and the Uninsured
Web site: www.kff.org

National Academy for State Health Policy
Web site: www.nashp.org

National Health Law Program
Web site: www.healthlaw.org/medicaid.shtml

Center on Budget and Policy Priorities
Web site: www.cbpp.org

Urban Institute New Federalism Project
Web site: newfederalism.urban.org

Rural Policy Research Institute
Web site: www.rupri.org

Gene-Linked Diseases with Oral Component at the National Institutes of Health, National Center for Dental & Craniofacial Research
<http://www.nidr.nih.gov/cranio/index.html>

The Surgeon General's Report on Oral Health the complete document in pdf format at <http://silk.nih.gov/public/hck1ocv/www.surgeon.fullrpt.pdf>

Sites related to the Surgeon General's Report on Oral Health
Centers for Disease Control - Oral Health Resources at <http://www.cdc.gov/ncccdphp/oh>

National Center for Fluoridation Policy & Research
<http://fluoride.oralhealth.org>

U. S. Centers for Disease Control, Division of Oral Health
<http://www.cdc.gov/ncccdphp/oh>



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Mel Rowan (ex-officio)

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 LA Care Representative Julie Jenks

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 Gary Okamoto

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 Lisa Brennan
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 Parvethi Pokala

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Hugh Kopel
 Jacob Lee
 Mike McCartney
 Gila Dorostkar

Finance (Ann Azama)

Richard Mungo
 Larry Luke
 Mel Rowan (ex officio)

Annual Meeting 2001 (Sacramento) (Richard Mungo)

Annual Meeting 2002 (Anaheim) (Lonnie Lovingier)

Annual Meeting 2003 (Victoria) (Ann Azama)

Annual Meeting 2004 Site Selection (Ann Azama & Cathy Christensen)

Mel Rowan

Ad Hoc Strategic Planning Coordinating Committee (David Perry & Lonnie Lovingier)

Ad Hoc Committee on Improving Access to Care (David Perry)

Mark Lisagor
 Fred Coleman
 Ray Stewart
 Francisco Ramos-Gomez
 Andrew Soderstrom
 Richard Udin
 Julie Jenks
 Consultants: Reid Snow & Robert Isman

Ad Hoc Committee on Patient Safety (David Rothman)

Santos Cortez
 Cathy Christensen
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