

ACTION

June • 2026

Journal of the Georgia Dental Association



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COOL TOOLS

Meet Your Everyday Espresso Companion:

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The De'Longhi Stilosa brings authentic, café-style espresso into your daily routine—whether you're at home before a busy clinic day or in the office between patients. Designed for simplicity and consistency, this compact machine makes it easy to enjoy espressos, lattes, and cappuccinos without the complexity of high-end equipment.

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Why you'll love it:

- **Compact & Counter-Friendly:** A sleek, space-saving design that fits easily in home kitchens or dental office break rooms
- **Authentic Espresso Experience:** 15-bar pump delivers rich, consistent espresso extraction
- **Manual Milk Frother:** Create lattes, cappuccinos, and flat whites with simple, hands-on control
- **Built for Daily Use:** Durable stainless steel boiler designed for long-term performance
- **Easy to Use & Clean:** Straightforward setup that works well in both home and shared environments

The Stilosa is a simple but powerful way to elevate everyday coffee moments—bringing a little café energy into your life, one perfect shot at a time.



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chance to

WIN!

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cooltool](https://gadental.link/cooltool)

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Volume 45. No. 3 GDA Action (2735989) is published five times per year by the Georgia Dental Association, 1850 Parkway Place, Suite 420, Marietta, GA 30067. Periodicals postage paid at Marietta, GA and at additional mailing offices.

POSTMASTER: Send address changes to GDA Action, 1850 Parkway Pl, Suite 420, Marietta, GA, 30067

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GDA ACTION seeks to be an issues-driven journal focusing on current matters affecting Georgia dentists and patients accomplished by disseminating information and providing a forum for commentary.

Closing date for all editorial and advertising materials:

Six weeks prior to publication.

Subscriptions:

\$17 of GDA membership dues is for the Journal; all others, \$75 per year. Periodicals postage paid at Marietta, GA and additional mailing offices.

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DR. RHODA J. SWORD
GDA Editor

A SUMMER OF Travel, Service, and Showing Up!

As the summer of 2026 is upon us, what are you most looking forward to? For many in Atlanta, that may be the multiple World Cup Soccer events. Excitement is surely building about the U.S., Mexico, and Canada hosting such international events happening in our very own state, much like the Olympics of 1996! Many of you are planning a well-earned family vacation this summer to beautiful locations with sand, surf, mountains, sunsets, and sunrises that cannot be captured through photography alone. There is something about actually being there that cannot be described and cannot even be pictured. One of my personal bucket list items is to travel to every continent. I am up to five, but need those last two continents, Antarctica and Australia. One day!

Other countries have a feel, a vibe, and an aura. How do you describe such a profound experience to someone who has never been to a certain place? I have been fortunate enough to go on over 25 mission trips all over the world to many developing countries to provide dental care as part of a healthcare team. These trips are so rewarding and lifechanging that I would almost give up trying to describe them because I could

never fully put it into words the impact they had on me. They are mentally, physically, spiritually, and even logistically challenging—truly all-encompassing. My only response would be, “next time, plan to come with me and you will see!” You cannot give someone else your experience. On one of those trips, a friend gave me a special travel journal containing pertinent travel quotes. I remember one that always struck me right between the eyes.

It said, “People travel to faraway places to watch, in fascination, the kind of people they ignore at home,” which is attributed to philosopher and publisher Dagobert Runes.

Georgia Mission of Mercy (GMOM)

Humbling, right? Before any of us begin to riddle ourselves in guilty reflection, think about one perfect way to avoid falling into this trap. One way is the GDA Foundation’s Georgia Mission of Mercy (GMOM). In April, we held a GMOM in Atlanta at the Ben Massell Dental Clinic, treating patients who have been on the waiting list for months in an attempt to receive dental care with the goal to move from dental illness to dental health! Thank you to our amazing GMOM team, dentists, staff, support staff, and financial contributors! Each and every component worked together to make something beautiful to show the patients in Georgia that we care about them, their dental health, and we will volunteer our time and finances to meet this goal. As Aristotle would say, “the whole is greater than the sum of its parts!” Together we can accomplish what each of us individually would not be able to complete. Congratulations on this effort! More GMOMs are planned, and more importantly, a new model is being developed that will enable us to reach more patients over time with your continued generosity—both financially and through volunteer time.

Getting Involved and Making an Impact

I know you are thinking, “what else is the GDA doing that I can personally be a part of?” Most districts have fall and spring meetings, many include CE, and many are included with your membership. Take advantage of these and let your voice be heard about the most common challenges facing dentists in Georgia today. The GDA is intentionally addressing these challenges. We had an exceptional legislative session statewide, receiving \$150,000 of funding for GMOM and \$3.2M in for rural and medical clinics. We almost increased Medicaid reimbursement by a degree not seen in decades. Only the Governor’s disregard instruction prevented it from happening. We were able to pass insurance reform that keeps virtual credit cards from being the default payment method. Dentists must now opt in to receive payment that way. When we raise our voices together, the legislators listen! They know we are striving to increase the health of Georgians, and they support us by passing these laws.

To meet your workforce needs, consider connecting with your local high school. Georgia now has a dental science curriculum, and a growing number of schools are teaching, or considering teaching, courses aimed at preparing students to enter the dental workforce. And do not forget, GDA’s Career Compass (gadental.org/careercompass) landing page is an excellent resource to help students explore career paths in dentistry.

Strengthening Your Membership Experience

Speaking of our website (gadental.org), hopefully you have had time to take a look and set up your membership profile, including your picture for networking purposes! It’s the same website, just a new



design and layout. Your Member Compass is your personalized part of the page, where you can review your event registrations and even track your CE. It can now be your go-to place to access all things GDA! Membership renewals were much easier this year because of the Member Compass, and it is very easy to choose the monthly payment plan option with the auto-renewal, making it one less burden that takes up your time each year. One less task to forget, right?

Events, Mentorship, and Looking Ahead

In your travels, we cannot wait to see you on Jekyll Island, GA, from July 2-4! Even if you missed early-bird registration this year, you can still sign up! The GDA

Annual Convention & Expo is the perfect place to relax, play with your family, and catch up with all of your dental friends and colleagues! You can also get some valuable CE credits! It is truly the perfect mix. The exhibit hall will look a bit different this year, so come see what it's all about!

One parting thought: If you could give your just-graduated dental self some advice, what would it be? Find a newly graduated dentist from 2025 or 2026, and connect with them. They want your mentorship! They want to be able to ask "silly" questions. Many are the first in their family to become dentists. Impart your wisdom, but also listen to their incredible perspective. New dentists are not only the future of dentistry—they are

the now of dentistry, and we must listen to their voices and perspectives! And if you can capture their attention long enough, you can spout off a couple of these:

- *"Focus on being a good dentist before being a fast dentist."*
- *"Keep learning—dental school was just the foundation."*
- *"Protect your body—you only get one."*
- *"Treat your team with respect—they will make or break your day."*
- *"Over communicate."*

And if they are still listening, "Back in my day..." Have a wonderful summer, and we will see you at the GDA Annual Convention & Expo!

Take care,  Dr. Rhoda J. Sword



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 gadental.org/events/2026-fall-ce-conference

Join us for the 2026 GDA Fall CE Conference—two full days of valuable continuing education designed for you and your entire dental team. **Attendees can earn up to seven hours of in-person CE each day**, with a well-rounded program of clinical, required, and business-focused topics to support your practice and professional growth.

Make plans now to connect, learn, and stay ahead this fall—we look forward to seeing you there!



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GMOM

Georgia Mission of Mercy

Patients shared what the experience meant to them:

"What you are doing for the community is very important. Thank you!"



"I appreciate everything the clinic has done for me. I can smile again."



"The service today was so uplifting to my self-confidence."

"My experience today was beyond exceptional! They were professional, but also gentle and they made me become more aware of how important my dental health is."



"Thank you for the LOVE."

Georgia Mission of Mercy

Care, Compassion, and Smiles in Atlanta

For two days in April, something special happened. It wasn't just the delivery of dental care. It was the restoration of confidence, dignity, and hope for Georgians who needed it most.

On April 18 and 19, 2026, the Georgia Dental Association Foundation for Oral Health led a Georgia Mission of Mercy (GMOM) at the Ben Massell Dental Clinic in Atlanta, bringing together 150 volunteers dental professionals and community partners to care for those facing barriers to dental services.

Over the course of the event, more than 230 patients received care and over \$260,000 of care delivered. Treatment focused on relieving pain and infection while also supporting long-term oral health. For many, it was more than dental care. It was a renewed sense of confidence and well-being.

Their leadership, alongside the compassion of our volunteers, created an experience where every patient felt cared for and valued.





GMOM Volunteer Leadership

A heartfelt thank you to the members of the GMOM Leadership Team, whose guidance, planning, and commitment made this clinic possible.

- Dr. Sidney Tourial, GMOM Executive Chair
- Drs. Jonathan Dubin & Karyn Stockwell, GMOM Co-chairs
- Dr. Tom Jagor, Restorative Chair
- Dr. Harris Siegel, Fixed Chair
- Dr. Hank Bradford, Endodontics Chair
- Drs. Amy Kuhmichel & Mike Pruett, Oral Surgery Co-chairs
- Dr. Jack Bickford, Removable Prosthodontists Chair
- Dr. Shiven Gandhi, Data Entry/Records Chair
- Dr. Kara Kramer & Lindsey Evans, Auxiliary Co-chairs



- Mike McDonald, Supplies Chair
- Dr. Melvin Washington, Facilities Chair
- Drs. Henry Benson & Robert Israel, Registration Co-chairs
- Dr. John Hann, Dr. Zach Dubin & Lesley Benson, Hospitality Co-chairs
- Barbara Jones & Emily Hunter, Jewish Family & Community Services/Ben Massell Dental Clinic
- Kristen Morgan, Carol Galbreath, Janelle Adams, Jon Hoin & Chelsea Skalski, Georgia Dental Association



We are also deeply grateful to the community partners and sponsors whose generosity continues to expand access to care across Georgia.

A big THANK YOU to our benefactors!

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- United Concordia Dental
- Dr. Marvin C. Goldstein Alpha-Omega Memorial Fund

Bronze Benefactor:

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- Microcopy Dental,
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- Patterson Dental Supply,
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- Sunstar Butler,
- Sybron Endo,
- Taqueria del Sol,

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- Zyrus

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Special thanks to

Jewish Family & Career Services and the Ben Massell Dental Clinic for hosting us at their clinic!



SEEN&HEARD

Members making news and news for GDA members.

Amber Lawson, DMD has been named the 2026 Distinguished Alumna Award recipient by the Dental College of Georgia. She completed both her dental degree and General Practice Residency at Augusta University, laying the foundation for a career defined by excellence and service.

When asked how DCG and the GDA shaped her career, Dr. Lawson stated, "DCG provided the foundation for clinical excellence, and through the GDA, I found my purpose in leadership, mentorship, and serving something greater than myself."

Congratulations, Dr. Lawson!



Rhoda Sword, DMD was recently welcomed into Omicron Kappa Upsilon (OKU), the national dental honor society recognizing excellence in character and scholarship. Annette Rainge, DMD was also inducted as an honorary member of OKU in recognition of her outstanding contributions to organized dentistry.

Annette Rainge, DMD was recently inducted as an honorary member of Omicron Kappa Upsilon in recognition of her outstanding contributions to organized dentistry.



Congratulations, to both Dr. Sword and Dr. Rainge on these meaningful and well-earned honors!



In May, the Dental College of Georgia's newest graduates crossed the stage at the Hooding Ceremony, marking their official entry into the profession in a meaningful celebration of achievement and community.

Congratulations, to the DCG Class of 2026 on this incredible achievement!



On May 5, Governor Kemp signed two bills into law that impact dental practices in Georgia.



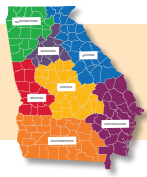
- ✔ **HB 1374** updates how insurance companies can issue payments through virtual credit cards. Providers must now give *express acceptance* before any payment method that includes fees or similar charges can be used.
- ✔ **HB 1278** improves the process for sedation permitting by allowing virtual site inspections for conscious sedation and general anesthesia permits. This change is expected to reduce scheduling delays, limit unnecessary travel, and help streamline the inspection process.

Both bills focus on reducing administrative barriers and improving efficiency for dental teams across the state.



Community leaders, educators, and dental professionals gathered in Savannah, GA, to celebrate the groundbreaking of the new dental school campus for the Dental College of Georgia at Augusta University. The expansion marks a major investment in the future of dental education and access to care in Georgia. The new facility is expected to be completed in Summer 2028, ushering in a new era of training and service for the next generation of dentists.





SEEN & HEARD

Members making news and news for GDA members.

CDDS Central District GEORGIA DENTAL ASSOCIATION

Sophia Tang, a proud native of Macon, Georgia, comes from a long line of dentists, an upbringing that has deeply shaped her passion for healthcare and service. Inspired by her mother, Dr. Amy Lee, a dentist practicing in Macon for over 20 years, as well as the vibrant central Georgia community, she carries forward a legacy rooted in compassion and dedication.

Sophia is honored to be the 2026 Miss Southeast Georgia and will compete for Miss Georgia this June, where she will showcase her background in ballet and piano. Her community service initiative focuses on art therapy, highlighting the powerful intersection between creativity and healthcare.

As a BS/DMD scholar at Augusta University, Sophia will begin her studies at the Dental College of Georgia following the Miss Georgia Competition. She is proud to be joining her mother and sisters in the profession, and to finally have a voice at the dinner table when conversations turn dental.



NDDS Northern District GEORGIA DENTAL ASSOCIATION

Spring is in full bloom across **the Northern District**—and so is our excitement for an incredible lineup of events ahead!

This April, NDDS rolled out the welcome mat with two New Member Socials—one in Hall County and one in Atlanta. We gathered on April 16 in Hall County and Vino Venue on April 23 for great conversations, new connections, and a fun, relaxed atmosphere. Looking ahead to summer, the energy continues! Following the GDA Annual Convention & Expo in July, NDDS is thrilled to co-host the Greater Atlanta Dental Foundation's Gala for Smiles—an unforgettable evening of glamour, generosity, and celebration. Mark your calendars for Saturday, August 22, and join colleagues from across the state for a night of incredible cuisine, signature cocktails, live entertainment, exciting auctions, and the opportunity to connect with more than 200 Georgia dentists and community leaders.

Don't miss out on the 2026 Gala for Smiles—get all the details and secure your spot here: ndds.org/foundation/gala-for-smiles

NWDDS Northwestern District GEORGIA DENTAL ASSOCIATION

For the past three semesters, **the Northwestern District** has partnered with the Kennesaw State University Pre dental Club to connect students with practicing dentists and provide mentorship as they explore dentistry. Meetings focus on dentists' personal journeys and topics such as applications, gap years, interviews, costs, specialization, and organized dentistry, including the GDA. The KSU Pre dental Club is active, offering volunteer and hands-on experiences. Recent speakers include Dr. Amy Kumichael, Dr. Stuart Loos, Dr. Anthea Mazzawi, Dr. Miles Mazzawi, and Dr. Antwan Treadway, with Dr. Antwan Treadway and Dr. Ronique Keane-Dawes helping facilitate discussion.

In April, the NWDDS hosted its first event of the year, the Spring CE and District Officers Meeting, featuring Dr. Julia Price, Jon Hoin, and Glenn Maron, along with GDA leadership updates from Dr. Peter Shatz and Kristen Morgan. The Executive Committee also recognized Dr. Antwan Treadway for his service as 2025 NWDDS President, highlighting his many contributions to the district. Looking ahead, NWDDS is excited to build on this momentum with upcoming CE opportunities and district events throughout the year, including the Fall CE Meeting in October 2026.



SEDDS Southeastern District GEORGIA DENTAL ASSOCIATION

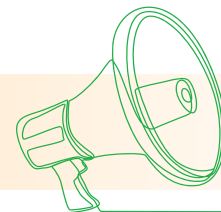
The Southeastern District is moving into summer with momentum and a strong lineup of CE designed to keep our members informed, engaged, and inspired.

Our in-person CE event took place on May 29 at the Brunswick Country Club. We especially enjoyed this meeting as it included participation from District officers, creating a great opportunity for leadership connection and district-wide engagement.

The program featured Dr. Theresa Gonzales presenting an overview of the physical examination of the head and neck. We also heard from Fortune Law Firm on key legal considerations for dental professionals. To round out the day, Jimmy Siegal explored digital workflow processes for complete and immediate partial dentures, highlighting how technology can streamline and enhance patient care.

Looking ahead, we'll continue the education with a virtual session on July 31, followed by another in-person CE event on October 23 at the Armstrong Center.

We look forward to a productive summer of continuing education and engagement across the district. For those interested in becoming more involved, please contact 2026 District President Bryan Benton at sedds@gadental.org.



SWDDS Southwestern District GEORGIA DENTAL ASSOCIATION

The Southwestern District continues to stay active across the district with several notable highlights this year:

- Dr. Hank Cook is currently serving on the state Executive Council and is in line to become the 2028 GDA President, representing the district at the state level with strong leadership and dedication.
- In May, the SWDDS hosted a successful CE program featuring guest lecturer Todd Schoenbaum, DDS, MS, from the Dental College of Georgia's Department of Restorative Sciences. The event provided valuable clinical insights and was well attended by members.
- District President Dr. Jesse McMillan was inducted into the prestigious Pierre Fauchard Academy in January, recognizing his contributions to the profession and commitment to leadership.
- Looking ahead, SWDDS will sponsor a Meet & Greet event on August 21 for third- and fourth-year students from the Dental College of Georgia, offering an opportunity to connect, network, and support the next generation of dentists.



WDDS Western District GEORGIA DENTAL ASSOCIATION

The Western District hosted a successful Spring CE & District Officers Meeting on May 1, at the beautiful Highland Country Club in LaGrange, GA. Members enjoyed a full day of continuing education, networking, and leadership updates alongside colleagues from across the district.

This CE event began with OSHA/HIPAA and infection control training, including dental unit waterline protocols, and concluded with a LEAP course presented by Stuart Oberman. Attendees also heard from Ryan Oliver of Fortune Law Firm on practical tax savings and wealth protection strategies for dental professionals.

During lunch, WDDS members were able to meet leadership from both the district and the Georgia Dental Association, including Dr. Annie Wilson, President of WDDS; Dr. Drake Childress, President-Elect of WDDS; Dr. Peter Shatz, President of the GDA; and Kristen Morgan, Executive Director of the GDA. The event provided an excellent opportunity for fellowship, leadership engagement, and valuable continuing education for members of the Western District.

CELEBRATING MEMBERSHIP—GDA

Welcome New Members Mid-March to May 2026

New members are classified as dentist joining for the first time since graduating dental school, dentists who have returned to membership after 3+ years away, or dentists who are new to Georgia.

Eastern District (EDDS)

- Dr. Eleanor Patterson
- Dr. Christy Sikes
- Dr. Sandhya Udeshi

Northern District (NDDS)

- Dr. Belema Aberé
- Dr. Alexandra Coleman
- Dr. Caroline Greenwood
- Dr. Sung Jin Oh

Southwestern District (SWDDS)

- Dr. Sabrina Anikina

Western District (WDDS)

- Dr. Clayton Stiehl

Northwestern District (NWDDS)

- Dr. Muhammad Chauhan
- Dr. Jason Turner





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Looking to improve productivity, streamline workflows, and grow your practice? Enrolling your dental assistants in **GDA's Expanded Duties & Coronal Polishing** courses can help you do exactly that.

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Registration is first come, first served and closes when capacity is reached.

Next Skills Assessment Opportunity:

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Phlebotomy Training

Are your hygienists and assistants appropriately trained to perform phlebotomy and venipuncture procedures under Georgia law? O.C.G.A. § 43-11-23 and Georgia Board Rule 150-9-.01 require training through a Georgia Board-approved provider for eligible dental auxiliaries performing these procedures.

To help practices meet this requirement, GDA is proud to offer Phlebotomy & IV Access Training for Dentists and Dental Auxiliaries—one of only three courses approved by the Georgia Board of Dentistry for dental assistants and licensed dental hygienists.

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Who Can Attend:

Dentists, dental assistants, and licensed dental hygienists.

2026 Course Dates:

June 5 – Evans, GA

September 11 – Marietta, GA

December 6 – TBD

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Online Reviews of Dentists and Their HIPAA Implications



MARC R. LEFFLER, DDS, ESQ

Dental Risk Solutions Lead, MedPro Group
Head, Dental Advisory Board, MedPro Group

In these days of every restaurant, every hotel, and every concert venue—where you eat, stay, or attend—asking for online reviews of your experiences, it is neither unusual nor surprising for dental offices to do the same. And even when dental offices do not actively seek online reviews, that does not stop patients from posting them. Beware of HIPAA constraints before responding, no matter how terrible or how glowing that review might be. Not only can an investigation and penalty ensue following an unauthorized disclosure based upon responding to a negative online review, but the same result might come to pass even when responding to positive ratings given online.

Dentists are not traditional vendors—but instead health professionals who are vested with the obligation of protecting their patients’ privacy, not only ethically, but statutorily as well. As such, dentists must not divulge any information about their patients, absent explicit written authority from the patient or a rule exception. This usually—but not exclusively—involves the sharing of health information among multiple providers who are treating the patient and who have a need to know.

Therefore, it cannot be emphasized enough that, before releasing or disclosing anything about any patient, the dentist must be in possession of a HIPAA-compliant document authorizing the release. In situations where a dentist might believe that sharing medical or dental information with another provider or entity is warranted, the safest approach is a consultation with an attorney familiar with this subject matter (in the event that explicit authorization from the patient has not been provided). That extra step might be the difference between compliance

and a large fine, or worse. Even when sharing information appropriately, HIPAA requires that the methods for doing so include reasonable protections against the dissemination of that information to any person or entity other than the one specifically intended.

It should also be noted that, when situations which trigger online reviews involve (claimed) negligent treatment which injured the patient, later leading to a malpractice lawsuit, the entire set of online events, and potentially the government actions in response, might be a source of intra-lawsuit litigation as to whether the issue could be explored in the usual discovery process and whether a jury might be able to be made aware of the events. That is not to say that it is a given that this issue would become a (distracting) part of a trial, but it is a potentially unhelpful wrench that can be eliminated with due consideration in advance. Online responses to online stimuli might feel justified at the moment, but silence is often the better approach to take. A patient’s review does not constitute authorization to respond.

As counterintuitive as it might sound, even a dentist’s posted social media “thank you” for the most glowing of positive reviews is essentially by definition a HIPAA violation, absent the patient’s written consent. A fair question at this point is “why?” The answer is simply that what patients choose to disclose in a social media post is personal to them, and under that patient’s full control. Disclosing additional or different information might, for reasons not known by or seemingly arbitrary to the dentist, upset the patient and lead them to take action against that dentist. Suppose, for example, that a



patient undergoes orthognathic surgery performed by an oral and maxillofacial surgeon, but prefers that the “whole world” does not know that. The patient leaves a five-star review with the only comments “best surgeon anywhere”; if the surgeon were to thank the patient on that same platform by saying words as benign and friendly as “so glad we could improve your profile as much as we did”, that patient’s followers have come to know, solely at the hand of the surgeon, that the patient had cosmetic surgery rather than, for example, the more common OMS procedure of third molar removals. The cover was blown, so to speak, and so were that patient’s HIPAA protections. That small disclosure has made the patient’s Protected Health Information (PHI)—the very foundation of HIPAA—unprotected.

But in this environment in which we find ourselves, there is a broad expectation that social media reviews will garner a response, whether one of appreciation or one of justification. Silence connotes lack of appreciation or lack of accountability, neither of which is viewed as being appropriate. So how can dental practitioners and practices escape the inappropriate while still protecting privacy rights? There is a straightforward, if not entirely satisfying approach: a preemptive one. A practice that has its own social media presence may place an always-present banner to the effect of: “While we appreciate ratings and commentary from all of our patients, whether positive or negative, we are unable to publicly address them in order to protect the privacy rights of every patient, although we personally and privately contact everyone who posts.” That promise needs to be followed through, or else posting patients might take steps in more public forums.

For practices that do not have a social media presence, but which do have a practice website, a similar statement might

be placed there for all to see. That will be the answer, if not a perfect one, for patients who go directly to common public social media rating platforms, where the practice is unable to be preemptive. As frustrating as HIPAA constraints might be in this setting, they exist and must be respected.

In the event that a HIPAA violation does occur, in this or other aspects of practice, the penalties can be severe, so taking them seriously is critical. Government agencies can initiate civil and/or criminal actions. Individuals can commence lawsuits—either as a tag-along to a malpractice action or as a stand-alone—or seek criminal complaints from prosecutors. Individuals can file formal complaints with state dental boards. (Suffice it to say that all of these have occurred, with little reason to think that they will not continue, or even escalate, in the future.) An argument can be made that the likelihood of any of these coming to pass is low, while, on the other hand, there is no way to minimize the pervasive nature of social media and the expectations it carries. In the end, it is the practitioner’s option to weigh and evaluate relative risks and act as they then choose.

While many dental malpractice insurance policies will provide defense counsel to insured dentists faced with defending complaints based upon claimed HIPAA violations, it is not generally (if ever) a provision of such policies to indemnify or otherwise protect dentists against government fines or other sanctions.

Online platforms have become

realities of life, affecting virtually every aspect of our daily activities. For most of those activities, it is perfectly fine to give in to the temptations that set in motion various types of online posts. But doing so in the context of dental practice is entirely different, and it carries with it potential consequences that likely do not exist elsewhere. So, taking a step back, before publicly celebrating a patient’s satisfaction or defending a patient’s criticism, is a wise risk management tool. Finally, dentists ought to be aware that what office staff members post online in the name of the dentist or the practice is as though the dentist had personally done it; it is the dentist who bears full responsibility by way of a legal concept known as vicarious liability. In this regard, dentists might wish to consider limiting who in the office—with a full understanding of ramifications—has such access to “speak” on the dentist’s behalf. 🐼





Congratulations to the Dental College of Georgia class of 2026!

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Omar Ahmed
Akosa Akpom
Aws Al Tibi
Emily Aldredge
Gino Aparicio
Clay Baker
Preston Barker
Karley Bates
Sarah Brandt
Amanda Bryans
Heather Burns
Madelyn Byrne
Isabella Burgess (Gutierrez)
Anjali Dave
Timothy Do
Jordyn Ebert
Keyanna Ennis
Kevin Eppes
Jada Erickson
Cameron Fancher
John Gadalla
Gabiella Garner
Douha Ghazal
Christian Girard

Erin Goode
Sara Gray
Kyle Harris
Aliyah Hill
Elliott Hill
Julia Hoben
Andrew Hogue
Hyeon Hwang
Alexander Kahrmann
Deana Kukhianidze
Danijela Lazic
Lauren Lindsey
Garrison Lovett
Philip Maeser
Tayyib Malik
Amy Man
Juliann Marmal
Gardner Marshall
Jerusalem Mbungu
Breanna Mcintosh
Hidiat Menasie
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Luis Meza Contreras
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Keith Thompson
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Gabrielle Van Genderen
Mary-Caroline Waldrop
Anna Lee Walker
Gracie Warren
George Watmore
Sydney Weaver
Hayley Webb
Kinsley White
Victor Zapata
Lane Zeagler

2026 Legislative Successes

- ✔ **HB 973 – AFY26 Funding:** The GDA obtained, for the first time, \$150,000 to support a series of GMOM events throughout the State. AFY26 also provides \$3.2million for the creation of rural medical and dental clinics for students to rotate through, allowing them to gain experience treating patients in the underserved parts of Georgia. This money will be available from the Office of State Rural Health through a grant program.
- ✔ **HB 1278 – Conscious Sedation Site Examinations (Rep. Lee Hawkins):** This bill allows the Georgia Board of Dentistry the option of conducting virtual site inspections during sedation permitting. This bill gives greater flexibility in permitting without altering safety standards, and it aims to increase the geographic diversity of examiners. This bill also aims to reduce the wait time to complete the permitting process.
- ✔ **HB 1374 – Virtual Credit Card Opt-In (Rep. Lee Hawkins):** This bill requires an insurance company to receive express acceptance from a healthcare provider prior to paying with a virtual credit card or any form of payment that requires fees or similar charges. This change updates a current Georgia law that requires insurers to provide providers the opportunity to opt-out of virtual credit card payments.
- ✔ **HB 974 – FY27 Funding:** The GDA secured a 10% increase for Medicaid Reimbursement Rates for 32 high-utilization codes. Unfortunately, Governor Kemp instructed the Department of Community Health to disregard the almost \$6 million in funds appropriated by Georgia’s Legislature. This was part of an almost \$300 million adjustment made to the FY27 budget, aimed to partially offset a projected \$1.3 billion revenue shortfall created by new tax cuts.

Looking Forward to 2027

- 🕒 With the end of the 2026 legislative session also comes the end of the 2025-2026 legislative biennium. Georgia legislates in a two-year cycle which allows legislators up to two sessions to pass difficult legislation and introduce new legislation. Any legislation not passed in the first year of the biennium can still be addressed in the second year. After the second year of the biennium, any legislation that has not received yay votes from both chambers is effectively dead and must be completely reintroduced in the new biennium.
- 🕒 Closing out the 2026 Legislative Session means it’s election season. In 2026, the General Assembly will lose approximately 30 elected officials between both chambers. Some of these legislators are running for higher office. Substantial changes are coming to the executive branch and the legislative branch. Governor Kemp has finished his final term, and with the governor’s office up for grabs, along with a congressional senate seat, this will be an election to watch closely. With new high-level leadership comes new committee chairs. The GDA will especially be watching to see who will be tapped as the new Senate Appropriations Chair. While change is scary, change can also be a good thing for the GDA and our Government Affairs Team.

2026 Legislative Defensive Wins

- ✔ **Community Water Fluoridation:** In response to successful campaigns to ban fluoridation in Florida and Utah, the Georgia Dental Association spent part of the 2026 legislative session educating legislators and city/county officials about the safety and significant benefit of community water fluoridation. Thanks to GDA’s public outreach and legislator education, there was no legislation introduced designed to change the way Georgia handles fluoridation.

2026 Study Committees

- 📖 **HR 1657 – House Study Committee on Medicaid Waiver Populations and Long-Term Financial and Administrative Sustainability (Rep. Alan Powell)**
- 📖 **HR 1674 – House Study Committee on State Governance of Emergency Medical Services (Rep. Rob Leverett)**
- 📖 **HR 592 – House Study Committee on Noncompete Clauses in Physician Contracts (Rep. Mark Newton)**
- 📖 **HR 1860 – House Study Committee on Comprehensive Services and Long-Term Outcomes for Individuals with Disabilities (Rep. Scott Hilton)**

Would you like to become a part of our grassroots efforts under the Gold Dome?

Sign up to become a Contact Dentist and be the direct line between your legislator and the profession of dentistry.

VISIT gadental.org/advocacy/contact-dentist-program to sign up!



2026 Legislative Receptions

During the off season, each of the Georgia Dental Association's Dental Districts hosts a legislative reception to let legislators hear directly from dentists in their area. The goal of these receptions is to build relationships with our legislators so that when bills come before the General Assembly, these legislators can reach out and get information from the experts in dentistry.



2026 Legislative Reception Dates (subject to change)

- OCTOBER 1:** SWDDS – Albany
- OCTOBER 6:** EDDS – Athens Country Club
- OCTOBER 29:** SWDDS – Valdosta
- NOVEMBER 5:** NDDS/Hall County – Chattahoochee Country Club
- NOVEMBER 19:** SEDDS – Savannah Yacht Club
- DECEMBER 1:** CDDS – Idle Hour Golf and Country Club
- DECEMBER 2:** NWDDS – Clarence Brown Conference Center
- TBD:** EDDS – Augusta
- TBD:** WDDS

Please check the GDA website to confirm dates and locations.



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GDA CONVENTION & EXPO 2026

July 2-4, 2026 | Jekyll Island, GA



There's something powerful about stepping away from the day-to-day and immersing yourself in an experience designed to inspire, connect, and energize—and that's exactly what our Annual Convention delivers. Each year, members, non-members, dental teams and families from across the state come together not just to learn, but to build meaningful relationships, exchange ideas, and strengthen the community that drives our profession forward. It's an even you won't want to miss.

At the heart of the convention is the opportunity to connect. Whether you're reconnecting with longtime colleagues or meeting new faces who

share your passion and challenges, the conversations that happen here often become the most valuable takeaway. From our Thursday evening Welcome Reception complete with open bar and prize giveaways, to the Exhibitor Happy Hour on the beach, or the New Dentist and First-Time Attendee reception, there is something for everyone to enjoy and moments to connect with colleagues and friends.

Of course, the learning opportunities are just as impactful. With a diverse lineup of continuing education sessions, attendees can explore new techniques, stay ahead of industry trends, and gain practical insights they can bring directly back to their work. This year we have a little bit of everything, *Opioid Prescribing Standards for Dentists: What the DEA*

Wants You to Know from DEA Diversion Investigator Derek Barr, *Bad Review! What to Do?* with Dr. Len Tau, *Salivary Testing & Diagnostics* with Dr. Zulema Valdivia and of course, the return of our most popular panel moderated by Harris Gignilliat with UBS, the Trends in the Business of Dentistry, to name a few.

And as the convention comes to a close, we invite you to celebrate with us in a way that's truly unforgettable. This year's family-friendly GDA Celebration will feature a festive atmosphere for all ages filled with carnival games, cookout food, artistic vendors and more, culminating in a spectacular fireworks show in honor of July Fourth—and a once-in-a-generation celebration of America's 250th anniversary.

It's more than a convention—it's where our community comes alive!

GDA CONVENTION & EXPO 2026

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Check out

to our 2026 GDA Convention & Expo Exhibitors!

- | | | |
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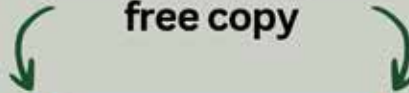
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State Level Dental Insurance Policy in 2026

Jon Hoin, GDA Senior Health Policy Manager

Every year, dentist advocates around the United States introduce policies at the state and federal levels designed to enhance a dentist's ability to provide quality dental care. These policies often focus on some of the biggest points of friction in the delivery of care. They may choose to focus on striving for dental insurance reform, reigning in benefit plans' use and abuse of their size and market power, or they may choose to focus on workforce adequacy, both in terms of raw numbers and distribution. Others focus on access to care and dental public health by protecting community water fluoridation and improving Medicaid. Dentists share common interests no matter where they locate, and as a result, inspired advocacy elsewhere may have implications for the Georgia Dental Association's future advocacy efforts.

Growing Dental Insurance Reform Efforts

Some of the most attention-grabbing policy ideas have been in the area of dental insurance reform, and this trend starts at the very top. The American Dental Association is promoting a new bill (HR 7931) which would explicitly exempt state regulation of dental plans from the Employee Retirement Income Security Act of 1974's (ERISA) preemption clause.¹ The bill is a part of ADA's effort to ensure that modern state consumer protection rules governing dental insurance apply to the whole market, rather than a subset of fully insured plans.

Virtual Credit Cards

Several states are working on refining language related to virtual credit cards. The Georgia Dental Association's (GDA) virtual credit care bill (HB 1374) was based on model language adopted by the

National Council of Legislators (NCOIL) in November of 2025.² Changes to NCOIL's model bill included the addition of language related to express consent, requiring a dental plan to get explicit agreement prior to paying a dentist with a virtual credit card. The change in language shifted the model from an opt-out to an opt-in. Illinois (HB 4483), Kansas (HB 2564), Louisiana (SB 192), and New York (AB 9510) all opted to join the movement towards an opt-in standard. Massachusetts, Rhode Island, West Virginia, and Wisconsin also floated legislation limiting contracts that would require providers to accept payment by virtual credit card.

Regulating Dental Insurance Benefits

A few groups opted to attempt to regulate benefits directly. New York (A 10442) developed a rollover benefit bill that would require insurers to automatically carry over a portion of enrollee's unused benefits, up to 25% of the total benefit amount, for use in the succeeding year: This is similar to a bill the Alabama Dental Association ran during their 2025 session and one which the GDA explored for the 2026 session. Others have bills focused on coverage of medically necessary dental care connected to a cancer diagnosis, and several are looking at mandating coverage of medically necessary treatment related to cleft lip and palate.

Washington (HB 2522) and Maryland (SB 120) have bills which would prevent dental plans from imposing certain limits on dental preventative care. Maryland's bill amends an existing standard by reducing the maximum amount of time imposed by frequency limitations from 120 days to 90 days. In other words, a dental insurance plan would not be able to limit covered preventative care to 6-month intervals,

rather they could only implement 3-month intervals. If passed, Washington's bill would keep stand-alone dental plans from using age restrictions and frequency limitations to restrict or override preventative dental services that are medically necessary and appropriate according to the prevailing standard of care.

Passing bills that directly apply to benefits can be a challenge. In states like Georgia, a philosophy prioritizing freedom of contract tends to prevail over proposals that would restrict or limit each party's options, but laws like this have been passed in the Peach State. For example, Georgia Code (O.C.G.A. § 33-24-28.4) requires health insurers to cover general anesthesia related to dental care for children under 7, intellectually and developmentally disabled persons, people with medically compromising conditions, and people who have sustained extensive facial or dental trauma. Of course, state laws such as this run right into ERISA, which explicitly preempts state laws that, "relate to any employee benefit plan," governed by ERISA.³

Some state laws have been exempted from ERISA preemption thanks to federal court decisions. For example, several cases related to pharmacy benefits managers (PBM) have been in the headlines.³ One case, *Rutledge v. PCMA*, went all the way to the Supreme Court, and it resulted in a decision that describes a 2-step approach for assessing ERISA pre-emption.^{4,5}

- 1♦ Courts should ask whether a state law directly regulates, "a central matter of plan administration."
- 2♦ Courts should ask whether a state law produces indirect economic effects that are so "acute" that they, "force an ERISA plan to adopt a certain scheme of coverage."

In *Rutledge*, the court decided that an Arkansas law requiring PBMs to



reimburse pharmacies at prices equal to or higher than their wholesale costs did not trigger ERISA pre-emption, but it also included examples in its decision, such as state laws requiring the payment of specific benefits, that would immediately trigger pre-emption.⁴

Joint Negotiations

One of the most interesting bills put forward this year is New Jersey’s S 1386. The bill establishes a state law authorizing healthcare providers to negotiate as a group with insurance carriers regarding fee and non-fee related matters. The bill, premised on the notion that carriers’ “power...to unilaterally impose provider contract terms jeopardizes the ability of health care providers to deliver... quality health care and dental services,” is necessary thanks to federal antitrust law which prohibits collusion by competitors that sets the price for a good or service.⁶ In New Jersey’s case, bill sponsors argue that the ability to enter into joint negotiations would offer a state regulated corrective to the disproportionate market power enjoyed by many insurance companies.

The bill itself aims to check off boxes that would trigger the State Action Doctrine, rendering providers immune from antitrust lawsuits. To do so, a law must meet several requirements:⁷

- 1 ♦ A state must have a clearly articulated policy to displace competition
- 2 ♦ A state must actively supervise said policy or activity

In the case of S 1386, the bill places the state attorney general’s office in the supervisory role. It requires the attorney general’s office to find that, “a carrier has substantial market power in its service area,” and that the carrier’s contract terms risk reducing the quality and availability of health care.⁶ Only after such a finding

would dentists and other healthcare providers be able to engage in joint negotiations.

New Jersey’s S 1386 has not advanced very far, but it has coalition backing that could enable it to eventually go the distance. New Jersey also legislates year-round, and the bill has time to move. Part of the reason New Jersey’s bill is interesting is that a similar concept was put forth during Georgia’s last legislative session.

HB 1393 would have allowed Georgia’s rural hospitals to collaborate and coordinate in their operations as well as jointly negotiate with insurance companies. HB 1393 received a favorable vote in the Georgia House, but it was ultimately tabled in the Senate. Opponents of HB 1393 suggested that the bill’s scope would potentially lead to unintended consequences by restricting desirable competition, ultimately raising healthcare prices while reducing the availability of care for rural Georgians.⁸ They also pointed out the lack of explicit state oversight present in early versions of the bill.⁸ The most recent draft of the bill sought to address many of these concerns, and it paired the proposal with an addition that would have repealed Georgia’s Certificate of Need (CON) laws for most providers.⁹ That draft was ultimately tabled after a robust discussion.

A Focus on Continuous Improvement

Georgia has 12, out more than 30, of the state level insurance policies supported by the American Dental Association, making Georgia a leader in this area, all thanks to broad efforts by multi-provider coalitions.¹⁰ Despite this history of effective advocacy related to dental insurance reform, there is still room to grow. Policies related to transparency and accountability

can always be advanced and improved. Not all policies are necessary or effective, and advocacy requires strategic decision making. Often, successes require victories that are measured in inches rather than miles, but forward motion is possible.

The Georgia Dental Association remains committed to driving commonsense reforms that enable dentists to provide the highest quality dental care to their patients. 📌

¹ ERISA and the Improving Dental Administration Act H.R. 7931. *American Dental Association*. Preprint posted online March 2026. Accessed April 16, 2026. https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/advocacy/lobby-day/2026/issusheet_ida.pdf?rev=b3e4032deb314de4b356d58bcb353604&hash=1833738F922E5EBDB7DE14E2F0DFB10

² Transparency in Dental Benefits Contracting Model Act. *National Council of Insurance Legislators*. Preprint posted online November 2025. Accessed April 16, 2026. <https://ncoil.org/wp-content/uploads/2025/11/NCOIL-Dental-Benefits-Contracting-Model-November-2025.pdf>

³ Staman J. *ERISA: Legal Framework and Recent Supreme Court Litigation*. 2025. Accessed April 16, 2026. <https://www.congress.gov/crs-product/R48470>

⁴ Copley W. Brief of the American Dental Association and Eight Health-Care Provider Associations as Amici Curiae in Support of Petitioners in Glen Mulready v. Pharmaceutical Care Management Association. *American Dental Association*. Preprint posted online June 12, 2024. Accessed April 16, 2026. https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/advocacy/advocacy-issues/ada_amicus_brief_final.pdf?rev=f7131ef5efe2456abbadd34bcac48cb8&hash=55867355731BEE7BBD8538F9953CCCE

⁵ Sotomayor S. *Rutledge v. Pharmaceutical Care Management Association*. (2020). Accessed April 16, 2026. https://www.supremecourt.gov/opinions/20pdf/18-540_m64o.pdf

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⁷ State Action Antitrust Immunity. *Cornell Law School Legal Information Institute*. 2024. Accessed April 16, 2026. https://www.law.cornell.edu/wex/state_action_antitrust_immunity

⁸ 03/23/2026 Senate Committee on Health & Human Services. March 23, 2026. Accessed April 16, 2026. <https://vimeo.com/1176182603>

⁹ 03/25/2026 Senate Committee on Health and Human Services. March 25, 2026. Accessed April 16, 2026. <https://vimeo.com/1177112507>

¹⁰ O’Connor P. *Overview of State Dental Insurance Laws*. 2026. Accessed April 16, 2026. https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/resources/practice/dental-insurance/2026/state_dental_insurance_laws.xlsx?rev=8ca84d9db37341e8b1443d99e6cbce57&hash=C0B9AD588FF1E59F20B43F9E6C71A3C

GDAMEMBERPROFILE

Steven Wingfield, DMD



STEVEN WINGFIELD, DMD

GDA DISTRICT:

Northern District Dental Society

PLACE OF WORK:

Midtown Smile Center

DENTAL SPECIALTY:

General

What did you want to be when you were growing up?

I didn't know exactly what it was, but I knew I wanted to build something meaningful and impact people directly. That was always the most important thing to me. Pretty quickly, I realized dentistry gave me both. It gave me the chance to change someone's life in a single visit, which I really liked—the immediate gratification of what we could do. It also gave me something I could do at scale, through teams and systems, which really interested me. I've always been a systems person, so even as a child that's what I was drawn to.

At first, I thought I wanted to be a policeman, but that quickly faded when I learned they had to work overnight—and I decided that wasn't very interesting for me anymore.

Is there anything that inspired you to become a dentist?

I was drawn to healthcare because I felt like it was where I could find what I was looking for. My parents are both public servants—my father was a fireman and my mother was a teacher—so I was always around that “helping others” mentality. I wanted to find a way to serve and make a difference in people's lives.

Dentistry came into the picture when my dad suggested, “Let's spend a day with our physician and our dentist and see what you think.” The physician's day started around 5:00 AM and ended around 11:00 PM, while the dentist's day started at 8:00 AM and ended at 4:00 PM. After asking a few more questions, I chose dentistry.



This column highlights GDA members talking about their path to dentistry and the value they find in GDA membership.

This month we hear from **Steven Wingfield, DMD**.

GDA

Which GDA benefit is the most valuable to you?

For me, the GDA has always been about community. Being around the right people—people who are doing what you do, and also people who are doing things you haven't been exposed to—is the biggest benefit.

I'm a big believer in reverse mentorship, which sounds a little unconventional, but I think proximity to the right people is what matters most. It puts you around leaders who are thinking bigger, and that can change how you think, how you lead, and how you grow.

For me, that has been the biggest benefit of the GDA—networking, learning what others are doing, and feeling like I'm part of something bigger than just myself.

Has anything over the years been a gamechanger for you and your practice (tools, resources, etc)?

At first, I thought same-day crowns were really interesting. But when I went to dental school, we didn't even have digital X-rays—we were still using analog.

Today, the biggest gamechanger for me isn't just clinical technology—it's what AI and data are bringing to healthcare. They are fundamentally changing healthcare in a positive way. It's no longer just opinion.

Now, with AI interpretation of radiographs, I can show patients their X-rays with clear indicators—green, yellow, or red. Green means things look good, yellow means we should watch it, and red means we need to stop and talk about it. That clarity helps patients immediately understand what's going on.

To me, that accelerates trust, and trust is



where outcomes start. Sometimes it takes six months to a year of repeat visits to build that trust, but AI helps open that line of communication much sooner.

You can't do same-day crowns, 3D-printed dentistry, or CBCT effectively if you don't first build enough trust to make a diagnosis and help patients understand what needs to happen. For me, the biggest gamechanger is anything that helps build trust faster so we can provide the care patients need.

What advice would you give to a dental student?

Since I own multiple practices in a dental group, I work with a lot of new graduates. We work hard to develop their skillsets, because it varies from school to school—some may have done 300 crowns, others only a few.

The providers who do best are not always the ones who focus only on clinical excellence—it's the ones who focus on communication. Clinical skills get you in the game, but leadership and communication determine how far you go.

If you can't communicate value or build trust with a patient, you can't do the dentistry you want to do. I know fantastic clinicians who don't perform the procedures they trained for because they don't focus on communication.

My biggest advice is to focus on becoming a great communicator and a great decision-maker. Be decisive. Be clear. Clarity is kind—and it's incredibly important.

What is a fun fact about yourself?

I own a dental group with many practices, and I get to work with about 300 wonderful employees every day. I really thrive on developing people.

I still practice one day a week, and I do that intentionally. Staying in the chair keeps me connected to patients, the team, and the reality behind every decision I make—and how those decisions affect the people providing care every day.

I'm a bit of a unicorn in that I love business, I love building systems, but I also love being a dentist and interacting with patients and teams.

How has the GDA supported your professional growth?

The GDA has helped me evolve from being just a clinician to being an operator—and from an operator to someone who thinks about the future of the profession.

When you're in a solo practice, it's easy

to lose perspective of what's happening in dentistry as a whole. The GDA brings together military dentists, dentists in prisons, free clinics, and those in high-end private practice. That diversity creates perspective.

For me, the GDA has been a platform not just for education, but for leadership. It has brought a sense of community to me personally and to Georgia dentists as a whole. The more involved you are, the more fulfilling being a dentist becomes.

Without saying "I'm a dentist," how would you answer someone who asks what you do for a living?

I build systems and teams that improve people's health, confidence, and quality of life at scale.

I believe the future of dentistry is where great clinicians, great leaders, and great technology all come together. That's what I'm focused on building. 📌

THE AI SHORTCUT That Could Cost Your Clinic EVERYTHING

Artificial intelligence isn't a future problem for healthcare practices; it's already happening quietly, and often without permission. We're seeing in real time that clinic staff are turning to AI tools to save time and streamline their workload often without recognizing the compliance risks involved.

From drafting emails and summarizing patient notes to assisting with billing and administrative tasks, AI tools promise to reduce workload and improve efficiency.

In fact, the U.S. Department of Health and Human Services (HHS)



has identified AI as a critical driver of innovation across healthcare, with the potential to enhance care delivery, streamline operations, and improve decision-making¹².

For smaller practices in particular, these tools can feel like a lifeline helping teams do more with fewer resources.

However, there's a problem developing behind the scenes.

Staff are beginning to use AI tools independently: without approval, oversight, or a full understanding of how those tools handle sensitive data. This growing behavior, known as Shadow AI, is quickly becoming one of the most overlooked risks to HIPAA compliance and patient privacy.

What Is Shadow AI?

Shadow AI refers to the use of artificial intelligence tools by employees without organizational approval or governance³. Unlike formal AI adoption, which involves vetting vendors and implementing safeguards, Shadow AI happens informally often through simple actions like copying and pasting information into a chatbot.

In healthcare settings, this can include:

- Summarizing patient histories using AI tools
- Asking AI for help with coding or documentation
- Drafting patient communications or insurance appeals

These actions are typically driven by good intentions. Staff are trying to work faster, reduce workload, and improve efficiency.

However, what feels like a harmless shortcut can quickly become a serious compliance issue. HHS guidance emphasizes that AI must be implemented with clear governance, oversight, and accountability¹². Shadow AI bypasses all those safeguards.

Why Shadow AI Conflicts with Federal AI Guidance

The HHS AI Strategy makes it clear that healthcare organizations must adopt AI responsibly.

This includes establishing governance frameworks, managing risks, and ensuring that patient data is protected at every stage of AI use¹².



Shadow AI directly conflicts with this approach.

When employees independently use AI tools:

- There is no validation of how the tool handles data.
- There is no oversight of how it is being used.
- There is no accountability if something goes wrong.

This creates a gap between how AI should be used and how it is used in many practices today. According to cybersecurity experts, this lack of visibility is one of the biggest risks associated with Shadow AI³.

Why Shadow AI Is Different from Other Tech Risks

Healthcare has long dealt with "Shadow IT" - the use of unapproved software or applications. But Shadow AI introduces a new level of risk. AI tools don't just store data—they process it, analyze it, and in some cases retain or reuse it²³.

When patient information is entered into a public AI tool:

- It may be stored on external servers.
- It could be used to train future AI models.
- It may be processed in ways the organization cannot track.

This creates immediate exposure that is difficult, if not impossible, to reverse. Security experts describe this as "data leaving the perimeter instantly," often through routine workflows like copy and paste⁶.

The HIPAA Risk Most Practices Miss

At the core of this issue is HIPAA compliance. Protected Health Information (PHI) must be handled according to strict privacy and security requirements. One of the most critical requirements is the Business Associate Agreement (BAA), which ensures that third-party vendors properly safeguard patient data. Most public AI tools do not offer BAAs. That means the moment patient information is entered into these platforms, it can become a direct HIPAA violation⁵. HHS reinforces that healthcare organizations are responsible for ensuring that all technologies used with patient data meet federal standards¹². This responsibility does not shift to the employee or the AI vendor.

The consequences can be:

- Financial penalties
- Regulatory investigations
- Reputational damage
- Loss of patient trust



To learn more from our endorsed partner, visit: www.gadental.org/taaspak

How Common Is the Problem?

Shadow AI is happening now- in real-time- and it's widespread and growing rapidly. Research shows that healthcare workers are increasingly using AI tools in ways that can expose sensitive data⁴. At the same time, many organizations lack formal governance structures for AI, despite federal recommendations to implement them¹¹. This creates a dangerous combination: high adoption with low oversight. HHS has warned that emerging technologies like AI must be adopted carefully to avoid unintended risks to privacy, safety, and system integrity¹². Without that oversight, organizations are left exposed.

Why Small Practices Are Especially at Risk

Smaller practices face unique challenges when it comes to AI adoption.

Large healthcare systems often have:

- Dedicated IT teams
- Formal approval processes
- Continuous monitoring systems

Smaller clinics typically do not.

This difference leads to:

- Limited visibility into how tools are being used
- Lack of formal policies around AI
- Greater reliance on staff discretion

At the same time, staff still face heavy administrative workloads and time pressures. Without approved solutions, they turn to whatever tools are readily available⁵. This creates a gap between federal expectations and day-to-day reality.

The Real Risks to Your Practice

The risks created by Shadow AI extend beyond compliance: they impact security, operations, and trust. Once patient data is entered into an unapproved system, organizations lose control over that information². HHS emphasizes that maintaining control over sensitive data is a core responsibility of healthcare providers¹². There are also operational concerns. AI-generated content may lack

auditability, making it difficult to verify or defend during audits or legal reviews⁵. Cybersecurity risks increase as well. Unapproved tools can bypass existing protections and introduce vulnerabilities into systems²⁶. Liability ultimately falls on the practice, not the employee.

Why Employees Turn to Shadow AI

To effectively address Shadow AI, it's important to understand why it happens. Healthcare professionals face significant administrative burdens. Documentation requirements alone can consume a substantial portion of the workday. HHS acknowledges that reducing administrative workload is one of the key opportunities for AI in healthcare¹². When organizations fail to provide approved tools, employees will find their own solutions. AI tools are accessible, easy to use, and highly effective. Shadow AI isn't driven by bad intention; it is driven by necessity.

How to Manage AI Safely

The solution is not to ban AI. In fact, HHS makes it clear that AI should be embraced—but used responsibly¹². For smaller practices, this means implementing practical, manageable controls:

- Educate staff on what information can and cannot be shared.
- Establish clear policies for AI use.
- Require BAAs for any vendor handling PHI.
- Provide compliant alternatives that meet staff needs.
- Monitor usage and identify risks early.

The goal is not restriction; it's control and visibility.

Building a Culture of Responsible AI

Policies alone are not enough; culture plays a critical role. HHS emphasizes that responsible AI adoption requires organizational awareness and accountability¹². Your practice should

encourage transparency. Staff should feel comfortable sharing what tools they are using without fear of punishment. Training should focus on real-world scenarios, helping employees understand both the benefits and risks of AI. When staff are informed and supported, they are far more likely to use AI responsibly.

The Bottom Line

AI is not a problem. In fact, it has the potential to transform healthcare for the better. The real issue is unmanaged use. Shadow AI is already happening, and for small practices, it can go unnoticed until it becomes a serious compliance issue. The good news is that it's manageable. By aligning with federal guidance, implementing basic governance, and providing safe tools, your practice can take advantage of AI while protecting patient privacy and maintaining compliance. Because in healthcare, innovation should never come at the expense of trust. 📌

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² OffSec. *Shadow AI Risks: What Organizations Need to Know*. <https://www.offsec.com/blog/shadow-ai-risks/>

³ Palo Alto Networks. *What Is Shadow AI?* <https://www.paloaltonetworks.com/cyberpedia/what-is-shadow-ai>

⁴ Kodiak Solutions. *Shadow AI in Healthcare: An Emerging Threat*. https://www.kodiaksolutions.io/insights/shadow_ai_in_healthcare_an_emerging_threat

⁵ SOAP Note AI. *Shadow AI in Healthcare (2026 Guide)*. <https://www.soapnoteai.com/soap-note-guides-and-example/shadow-ai-healthcare-2026/>

⁶ FS. *Shadow AI: The Silent Security Risk Lurking in Your Enterprise*. <https://www.fs.com/company/blog/shadow-ai-the-silent-security-risk-lurking-in-your-enterprise>

⁷ Paubox (via BusinessWire). *Shadow AI Is Outpacing Healthcare Security, New Report Warns*. <https://secure.businesswire.com/news/home/20251014137455/en/Shadow-AI-Is-Outpacing-Healthcare-Security-New-Paubox-Report-Warns>

⁸ DH Insights / IBM Data. *Shadow AI Emerges as One of Healthcare's Biggest Security Risks*. <https://dhinsights.org/blog/shadow-ai-emerges-as-one-of-healthcares-biggest-security-risks>

⁹ Cloud Security Alliance. *When PHI Meets Shadow AI*. <https://cloudsecurityalliance.org/blog/2026/03/10/when-phi-meets-shadow-ai>

¹⁰ GAI Review. *Shadow AI in Healthcare: Managing Risks and Governance*. <https://gaireview.com/shadow-ai-in-healthcare-managing-risks-and-governance/>

¹¹ AI2 Work. *Shadow AI in Healthcare: Why Most Health Systems Lack Governance*. <https://ai2.work/blog/shadow-ai-in-healthcare-why-most-health-systems-lack-governance-2026>

¹² U.S. Department of Health and Human Services (HHS). *Strategic Plan for the Use of Artificial Intelligence in Health, Human Services, and Public Health*. <https://www.hhs.gov/sites/default/files/hhs-artificial-intelligence-strategy.pdf>

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ADA Lobby Day 2026 RECAP

The American Dental Association’s (ADA) Lobby Day is one of the most significant dental advocacy events of the year. Many dental organizations spend time in Washington, D.C. talking to legislators, but only ADA’s Lobby Day brings dentists together from all parts of the profession. State associations send advocacy teams to the event annually to support legislation that directly affects dental professionals throughout the country. Georgia’s team met with every single office with available appointments, telling stories about the challenges dentists face every day and highlighting common-sense legislative fixes needed to meet those challenges.

Lobby Day Begins with Education

Before Lobby Day begins, ADA’s Washington team identifies pertinent topics for dentists to discuss with their Representatives and Senators. These topics are often selected based on trends in culture and ADA’s larger advocacy strategy. Some topics carry over from year to year while others may emerge quickly. This year ADA advocates focused on a mixture of old and new.

Education begins online with training covering key details about each major issue, followed by a panel discussion the morning before advocates head to the Hill. ADA Lobby Day also includes education for state-level advocacy, and this year’s Sunday sessions included topics such as grassroots advocacy, making an impact as a new dentist, tripartite advocacy, running for office, and how to meet your member of congress.

Monday morning included addresses by ADA President Dr. Rich Rosato, ADA President-Elect Dr. Tom Paumier, and Executive Director Dr. Nader Nadershahi, followed by a keynote address by CBS News Sunday Morning correspondent Robert Costa. These discussions provided insight into the political landscape and ADA policy goals. The theme throughout was confidence in dentists’ ability to work together to promote policies that benefit providers and patients. While current events may feel unpredictable, the fundamentals remain steady, and advocates can drive change by identifying throughlines and cultural trends.

The Issues

A major topic this year was dental insurance reform. The Improving Dental Administration Act (HR 7931) clarifies that state laws related to dental benefit administration are not superseded by ERISA, addressing misuse of pre-emption involving assignment of benefits and noncovered services.


ADA Lobby Day 2026 also included continued advocacy for the Resident

Education Deferred Interest Act (HR 2028 / S 942). With 84 House cosponsors, the REDI Act would pause interest accrual on student loans during dental residency. With average debt near \$297,800 and potential interest exceeding \$75,000 during residency, the bill would help graduates pursue specialty training without financial penalty.

The final issue was federal oral health infrastructure. Cuts at CDC and HRSA have reduced oral health surveillance and workforce support. The GDA team urged lawmakers to restore federal oral health capacity, fill CMS’s chief dental officer position, and protect NIH oral and craniofacial research.

Georgia’s Hill Meetings

Over two days, GDA’s team met with both Senators’ offices and 10 Georgia congressional offices. Representative Lucy McBath and Representative Mike Collins stopped in to say hello. Each meeting involved discussion with health policy staff, connecting real-world dental experiences to policy priorities and emphasizing the human impact behind the data.

Advocacy days also strengthen the Contact Dentist Network, helping dentists refine concise storytelling and anticipate policymaker questions, turning personal narratives into meaningful advocacy. 



“When talking to our members of Congress and their staff, personal stories, not just statistics, is what resonates with them. How does the current set of laws and/or regulations, or the proposed ones, really affect how I can best take care of my patients and my practice. This year’s delegation did a great job of presenting our requests and concerns, and we communicated effectively.”
– Dr. Henry Benson



Dr. Darryal McCullough and GDA Senior Health Policy Manager Jon Hoin meeting Mike Collins, a U.S. Representative for Georgia’s 10th District.



“I was proud to represent Georgia at the United States Capitol with the Georgia Dental Association—bringing the voices of our patients and communities into conversations with Congress. Strengthening access to care through advancing insurance reform, rebuilding public health dental infrastructure, and ensuring strong pathways for the healthcare workforce, this work is deeply personal and incredibly important.” – Dr. Judy Greenlea-Taylor



Jon Hoin, Dr. Darryal McCullough, Dr. Judy Greenlea-Taylor, Dr. Henry Benson, Dr. J C Shirley, and Dr. Rhoda Sword outside of U.S. Senator Raphael Warnock’s office.

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Setting Standard Office Fees: Why Smart Dentists Use Benchmarks Carefully

By Patrick O'Rourke, Founder & CEO



Dr. Michael K. Frazier of Rochelle Family Dentistry, whose practice served as a real-world example of how benchmark fee data may not fully reflect local market realities.

When dentists evaluate their standard office fees, many start in the same place: a benchmark report.

That makes sense. Today's practices have access to more fee data than ever before. Sources such as FAIR Health, Optum, internal fee schedules, insurance remittances, and other benchmarking tools can all provide useful perspective. In fact, one of the core ideas I often teach is that fee setting should begin with gathering data from multiple sources, including both internal and external references.

But there is an important difference between using benchmark data and surrendering to it.

I was reminded of that during a presentation for the Southeastern District of the Georgia Dental Association, where I spoke about fee benchmarking and the importance of using multiple data sources rather than relying on a single report. In that presentation, I emphasized gathering internal information such as fee schedules, production reports, and insurance remittances, while also comparing external sources such as the ADA Survey of Dental Fees, FAIR Health®, Dentabase® and [your own confidential] payor fee schedules. These data points should serve as guideposts, not gospel.

We drilled down using Rochelle Family Dentistry in Rochelle, GA, as a case study.

It was a perfect example.

On the very morning of the lecture, I pulled fees for selected CDT codes from two different data banks. On paper, the numbers looked precise and authoritative. They were neatly organized, localized, and exactly the kind of information many dentists are tempted to treat as the answer. But Rochelle presented a uniquely revealing test case. Dr. Michael K. Frazier of Rochelle Family Dentistry is not just one of several dentists in a busy local market. He is effectively

the dentist for that ZIP code and for all of Wilcox County.

Because our firm has been directly involved in advising Dr. Frazier on setting his standard office fees, we knew precisely what the true market rates were on that very day.

Databases gave one picture. Real life gave another.

This does not mean fee benchmarking tools are useless. Far from it. It means they must be used with judgment. Benchmarks are reference points, not verdicts.

That distinction matters for every dental practice in Georgia.

Why Dentists Need More Than One Data Source

Benchmarking can be extremely valuable when used correctly. It can help a dentist identify whether fees have lagged market movement, whether certain procedures appear materially underpriced, and whether the office's fee schedule has become inconsistent over time. It can also help frame larger questions about profitability, participation strategy, patient communication, and long-term business sustainability.

But no single report can fully determine what you should charge.

That is why a disciplined fee review begins with more than one kind of data. Methodology matters because fee setting is not just about locating a number. It is about understanding how that number came to be and the limited nature of what it represents. Frequently missing is context. We had a client that intentionally charged more than double any other dentist in his small Tennessee town for D5110/D5120 – because he hated doing dentures.

External datasets can provide useful visibility into the broader market. Your internal data shows the actual financial performance of your office(s). Insurance remittances reveal reimbursement realities. Historical fee schedules dated in a timeline

relative to Consumer Price Index (CPI) can show a perspective of whether your prices have been updated consistently or permitted important codes to stagnate. Local context adds another critical layer, especially in markets that do not fit the assumptions built into national or regional models. Your own convictions on certain treatment or services being widely accepted

When practices rely too heavily on a single benchmark, they risk mistaking a data point for a strategy. The data points may – or may not – be taking into some of the unique pricing strategies present in that zip code.

Why Benchmark Data Can Be Misleading

One of the most common misunderstandings in fee setting is the assumption that a published benchmark is inherently 'correct.' If a report shows a certain figure at the 70th, 80th, or 90th percentile, some practices assume that is where they should place their own fee.

But those benchmarks do not tell the full story.

Many datasets are built from submitted charges, aggregated market information, or other broad inputs that may not reflect what is most appropriate for a given practice. A posted charge is not always the same as a collected fee. It may be influenced by contracts, discounts, write-offs, membership arrangements, or office-specific business models. Some practices may report high fees that are rarely realized in full. Others may have pricing structures shaped by payor participation or unusual competitive conditions.

In recent years, this issue has become even more important. Rising labor costs, supply expenses, technology investments, compliance demands, and administrative burdens have pushed many practices to revisit their fees. Some have done so methodically. Others have adjusted reactively. As a result, benchmark data has become inflated relative



Rochelle, in Wilcox County, provided a useful South Georgia case study for examining the limits of benchmark fee data.



to what would make sense for a specific office with a specific patient base and a specific participation strategy.

That is why the Rochelle example resonated.

If a market as straightforward as Wilcox County can produce a gap between a database-driven impression and the fee reality known firsthand by the practice and its advisor, imagine how much more caution is required in larger, more layered markets.

The Real Goal: Interpretation, Not Imitation

The purpose of benchmarking is not to copy a number. It is to understand a range, ask better questions, and make better decisions.

A sound fee review should include at least four perspectives.

First, there are external market references, which help identify the broader local charge environment.

Second, there is the practice's own fee history, which reveals whether updates have been timely, rational, and consistent.

Third, there is actual reimbursement experience, especially for PPO-participating offices. A fee schedule may exist in relationship to contracted allowables, not in isolation from them.

Note: this would be my least recommended data point to use in isolation.

Fourth, there are the economics of the practice itself: overhead, provider time, procedure mix, technology, staffing, location, and patient demographics.

Only after those perspectives are assembled should you begin narrowing the range into a final fee schedule.

That is where judgment comes in.

Every Practice Is Local, Even When The Data Is National

One reason fee setting can become distorted is that broad reports often create the illusion that the same percentile should work everywhere. But dentistry is local.

A general dental practice in metropolitan Atlanta may face entirely different realities than a rural office serving a smaller, less saturated market. A predominantly fee-for-service practice may need a different fee posture than a PPO-heavy office. A practice with advanced technology, expanded services, and strong patient retention may be able to support a different strategy than a practice competing on convenience or volume.

That does not mean there is no value in broad data. It means local interpretation is indispensable.

The Rochelle Family Dentistry anecdote works so well because it puts that truth into plain view. It gives a face to the issue. It reminds us that benchmarking is useful, but markets are still lived on the ground, one practice at a time.

And yes, in a place where there may seem to be as many tractors as cars, a national database may not fully capture the texture of real-world economics.

one benchmark source as the final answer. Another is failing to distinguish between billed charges and actual collections.

A third is updating fees inconsistently, adjusting a handful of procedures each year while leaving others untouched long enough to become strategically outdated.

Another frequent issue is applying the same logic across all codes. Not every procedure should be evaluated the same way. Utilization, chairtime, reimbursement compression, patient sensitivity, and profitability all differ. Some codes deserve close attention. Others may already be properly positioned.

Most important, some practices avoid fee review altogether out of fear that any increase will trigger patient defections. In reality, patients respond to much more than a fee schedule. They respond to trust, clarity, service, communication, and perceived value. An outdated fee structure does not create loyalty. Often, it simply hides financial pressure until the strain becomes more serious.

A Smarter Way Forward

The best fee-setting process is not arbitrary and it is not automated. It is analytical, comparative, and specific to your practice.

Fee setting should be data-driven, not guesswork. It should combine internal performance data with credible external benchmarks so that fees reflect true value, support profitability, and contribute to more realistic market understanding.

For Georgia dentists, that means using benchmark tools carefully, not casually. It means respecting the information without blindly adopting it. It means gathering multiple data points, organizing them well, comparing them thoughtfully, and then refining them based on the economics and goals of the individual practice.

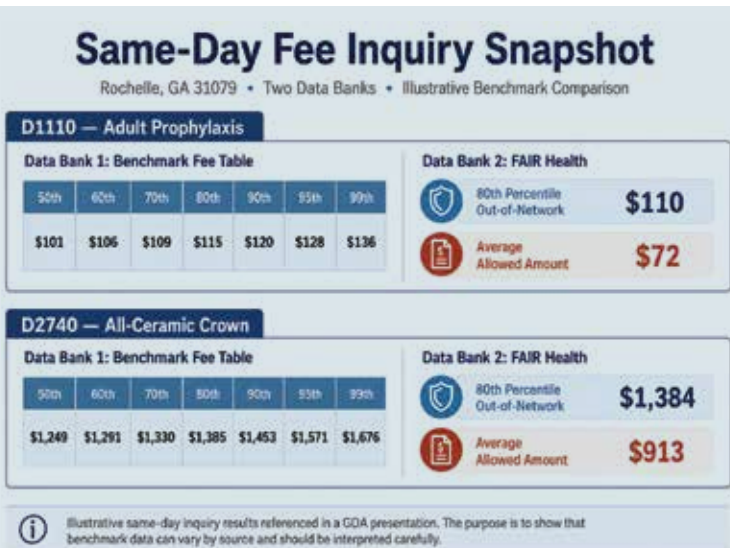
In the end, setting standard office fees is not about chasing the highest number in a report. It is about using the right information, in the right context, with the right judgment.

And sometimes, the best reminder of that comes from a small town in South Georgia, one dentist, one practice, and a case study that makes the limits of benchmarking impossible to ignore.

Common Mistakes In Fee Setting

Dentists usually do not get into trouble because they looked at data. They get into trouble because they stopped there.

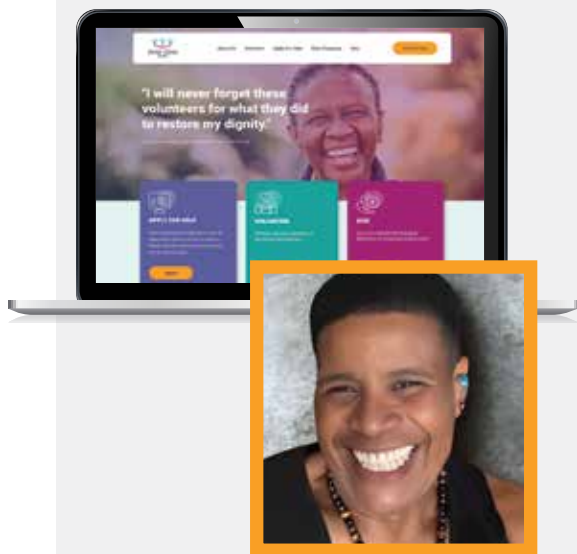
One common mistake is treating



Same-day fee inquiries for D1110 and D2740 from two different sources, used to illustrate how benchmark data can vary and should be interpreted carefully.

DDS Volunteers Restore a Single Mother's Smile

For many, a smile is a simple, everyday expression of joy. But for Angelia, 54, a single mother and Clayton County resident, her smile had become a source of pain and sorrow. After years of health struggles and dental decline, she found herself hiding away, longing for the confidence to simply feel like herself again. The dental care she needed was out of reach, until volunteers from **Dental Lifeline Network • Georgia's Donated Dental Services (DDS)** program stepped in to help.



Angelia's Story

Angelia's life is defined by her devotion to her family. As a single mother, she provides full-time care for her son, 16, who lives with a mental disability. While her spirit remains fun-loving, her body has faced significant challenges. Angelia manages multiple health conditions, including diabetes, heart disease, fatty liver disease, and mobility issues that require her to use a walking cane.

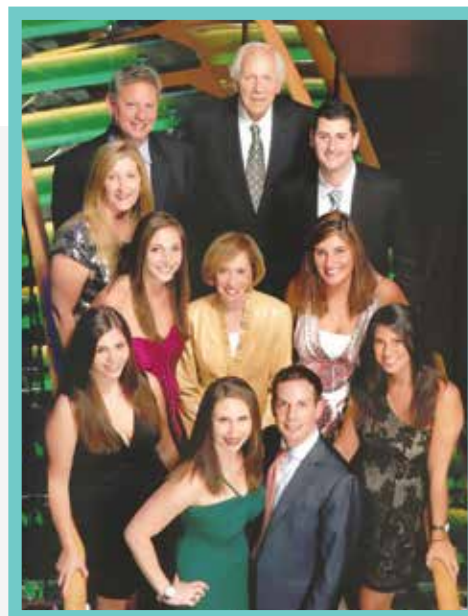
Among these challenges, Angelia's dental health had declined rapidly. When she came to the DDS program for help, she had no remaining upper teeth. The physical discomfort was only part of the struggle; the loss of her teeth was detrimental to her self-esteem. She became hesitant to go out in public, worried about her appearance. Relying solely on an SSI, she had no way to afford the dental treatment she needed. Angelia longed for the care that could truly change her life.



DDS Volunteers Make a Difference

Thankfully, Angelia's story took a turn when DDS volunteers stepped in to help. General dentist Dr. Alan Weinstein worked with New Image Dental Lab to provide Angelia a full upper denture, and thanks to their generosity, Angelia is now re-engaging in her community with confidence.

"Thank you for truly changing my life and restoring my happiness by giving me my beautiful smile back," shared Angelia. "You have given me far more than a smile – you've given me confidence, joy, and a renewed sense of self. Now, I'm planning to go out and get a job."



The DDS Program and How You Can Help

Dental Lifeline Network is a national nonprofit whose mission is to change the lives of America’s most vulnerable adults through their coordinated system of care. They provide comprehensive dental care to adults across the United States, and these patients receive this care through the generosity of a network of volunteer dentists and laboratories. Since 2016, Dental Lifeline Network’s DDS program has been operating in Georgia and changing the lives of individuals in need of dental care across the state. Through the generosity of the program’s volunteer dentists and labs, Dental Lifeline Network • Georgia’s DDS program has connected 742 individuals in need with necessary dental treatments in Georgia, reaching over \$4.7 million in donated services. Currently, 214 dentists and 62 labs volunteer through the DDS program in Georgia to change the lives of the state’s most vulnerable adults – but more volunteers are needed.



“A smile is a direct result of a person’s self-fulfillment and joy, along with their fundamental functional need,” said Samantha Paulen, Director of Marketing and Operations at New Image Dental Lab. “To help restore someone’s smile is a gift worth giving that will truly impact daily life for the patient.”

There are currently many individuals in Georgia who are awaiting the essential dental care that could transform their lives. Learn how you can make a difference and sign up to volunteer at WhyIDental.org.



Introducing Dental Lifeline Network’s New Georgia DDS Coordinator

Lauren Camel joins Dental Lifeline Network as the new DDS Coordinator for Georgia. A graduate of Rowan University with a BA in Communication and Journalism, Lauren brings a strong background in professional communication to the program’s efforts across the state.

“I am excited to help people access much needed dental care that will improve their health, life, and overall wellbeing,” Lauren shared.

Outside of the office, Lauren is an outdoor enthusiast who enjoys hiking, biking, and camping with her dog. She looks forward to collaborating with dental professionals and patients to expand access to lifechanging care throughout Georgia.

Lauren can be reached at lcamel@dentallifeline.org.



THANK YOU TO THIS YEAR'S NEWEST VOLUNTEERS!

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Dr. Milen Patel	Dr. Brett Langston
Dr. Arwa ElMaraghi	Dr. Misha Lockey
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Dr. Jae Woo Lee
has acquired the practice of
Dr. Mark Songer
Calhoun, Georgia

Dr. Bhumika Patel
has acquired the practice of
Dr. Mark Justice
Dallas, Georgia
(Pictured left.)

Dr. Richard Bennett
has acquired the practice of
Dr. Brian Kinsey
Cornelia, Georgia

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Atlanta Perio: Convert or purchase Shell. 5 Ops. Digital. Paperless. CBCT.

Bartow Co: Jumpstart available \$225K/yr. 6-Ops w/4 equipped.

Buckhead: Boutique. Cosmetic all FFS. Collects \$1M/yr. on 3 days/wk.

Chatham Co: Desirable Area! Paperless, CBCT. Mainly FFS. Collects \$600K. Strong hygiene.

NE ATL: 2 OS practices. Collects \$1M. 5 Ops ea. Referral based. Real Estate-lease/buy.

Clarke County: 5 Ops. Open to expand. Collects \$1.2M+. Profitable. Strong hygiene. Digital/paperless.

Cobb Co Ortho: PT. 5 Chairs. Room to Expand. Seller Motivated. 100% FFS.

East of ATL: Grossing \$550K. PPO/FFS. 5 Ops. Digital/paperless.

Greater Savannah: 4 Ops, 5th plumbed. Standalone Bldg. Bread & butter. Collects \$600K.

Gwinnett Co. Pedo: Collects \$800K. 8 Chairs. Highly visible shopping center.

Hall County: Revenue \$2.5M. 12 ops room to expand. CBCT, Scanner, Milling, 3D Printer.

Henry Co: Revenue \$760K. 6 Ops. Renovated. Strong Hygiene.

North Fulton: Shell. 4 Ops. Adec. Digital. Paperless. CBCT.

N GA: 100% FFS. Revenue \$1.4M. 7 Ops. CBCT. Standalone Bldg.

NE ATL: Collects under \$1M. 7 Plumbed/5 fully equipped. Busy road. CBCT, Scanner, Paperless.

NE of ATL: Ortho. Gross \$1.1M+. Beautiful, modern 5000 sq ft. facility.

NE GA: 100% FFS. 5 ops. RE for sale. Collects \$450K. Room for growth.

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Meet the Leadership GDA Class of 2026

Each year, the Georgia Dental Association welcomes a new class of dentists from across the state to participate in Leadership GDA, a program designed to cultivate leadership potential and foster professional growth within Georgia’s dental community.

The Class of 2026 demonstrates a shared commitment to service, collaboration and excellence, and are eager to help shape the future of the profession in Georgia. We invited them to share a bit about themselves and reflect on what leadership means to them.



Melissa Brown, DDS
Northern District Dental Society—East Lake Smiles Pediatric Dentistry

I discovered my path to dentistry through a deeply personal journey.

As a child, I experienced dental trauma and struggled with thumb sucking, which led to a severe Class II malocclusion and ridicule at school. The care I received from my dual-degreed pediatric dentist and orthodontist transformed not only my smile but also my confidence and sense of self, showing me early on just how powerful a healthy, happy smile can be. From a young age, I knew I wanted to give that same gift to others. I found my calling in pediatric dentistry, where I help shape both the smiles and confidence of young patients.

What I love most about being a pediatric dentist is the opportunity to create positive, lasting experiences for children during their most formative years. I strive to build trust, ease anxiety, and make every visit feel safe and empowering. Outside the office, I enjoy spending time with my family, traveling, and building LEGO. LEGO has always fascinated me because it represents creativity without limits — brick by brick, you can build something meaningful, take it apart, and reimagine it entirely.

To me, leadership mirrors that same process. A leader is a builder — someone who can create, adapt, and inspire change. Just like with LEGO, leadership requires vision, patience, and the willingness to start over when necessary. It’s about laying a strong foundation, supporting others as they grow, and understanding that even the smallest pieces, when thoughtfully connected, can come together to create something extraordinary.



Abbey Elson, DMD
Northern District Dental Society—Mini Molars Pediatric Dentistry

I became a pediatric dentist because I love accomplishing the impossible. I started my own practice two years ago — which, most days, feels like its own impossible task! I love my job and am so lucky to be able to create a space where families feel safe and welcome, but what matters most to me is my role as a mom, wife, sister, daughter, and friend.

Excellent leaders don’t just care about their vision — they care about their people, both at work and beyond. They set the tone by modeling kindness and integrity. They work hard alongside their team and take time to explain the “why” to get everyone rowing in the same direction.



Aliyah Hill, DMD
Northern District Dental Society—Hedrick Family Dentistry

Dentistry allows me to combine my love for creativity and my passion

for helping people in a way that makes a meaningful impact each day. After earning my bachelor’s degree from Georgia Tech and my Doctor of Dental Medicine from the Dental College of Georgia, I knew it was important for me to return home to Conyers, GA, and serve the community that shaped me. Outside of the office, I enjoy traveling, trying new restaurants, vlogging, and spending time with my family and friends.

My approach to leadership has been shaped by a deep commitment to service, authenticity, and community. I believe leadership is most effective when it is intentional and creates a space where everyone involved feels seen. Rather than always leading from a place of authority, I find fulfillment in leading by example and alongside my team.



Vatsala Jajoo, DMD
Northern District Dental Society—V Smile Family Dental

My journey in dentistry began in India, eventually leading me to the U.S.,

where I deepened my expertise with an MS in Microbiology and Immunology, followed by the PASS program at the University of Pennsylvania. After a twelve-year career as a practice owner in Illinois, I relocated to Georgia in 2021 to lead my current practice in Roswell, continuing a legacy of patient-first care and clinical excellence.

Beyond private practice, I proudly serve as a Captain in the U.S. Army Reserves. When I am not in the office or fulfilling my military duties, I am likely hiking through the North Georgia mountains with my husband, two children, and our dog, Iris, or tending to my garden.



To me, leadership means service. It's about creating an environment where people feel supported, respected, and motivated to do their best work. A great leader is consistent, communicates openly, and takes responsibility while helping others grow. They bring out the best in their team while fostering resilience and a shared focus on meaningful results.



Shetal Parikh, DDS
Northern District Dental Society—Dentistry 4 You

Growing up with a father in medicine, it felt natural for me to gravitate toward pursuing a career in healthcare. I was always drawn to dentistry, where I felt I could make a meaningful difference in people's lives, even in small ways, while finding the work deeply rewarding.

I completed my dental education at New York University College of Dentistry, followed by a General Practice Residency at Bronx-Lebanon Hospital Center and Montefiore Medical Center.

After moving to Suwanee, my husband and I established our own dental practice, and I'm proud to share that we have been serving the community for nearly 19 years.

Giving back through dentistry has always been important to me. I've loved working with children through school-based dental health presentations and screenings, and participating in initiatives such as Give Kids A Smile, the Special Olympics, and community health fairs.

Outside of my professional life, I enjoy painting, practicing classical Indian dance, and traveling with my family.

Leadership to me is leading by example. I wear many hats, including being a patient's dentist, an employee's boss, and a daughter's mother. I have learned that compassion, responsibility, and decisiveness are the necessary skills to balance these positions and gain the trust of those who depend on you. A leader creates an environment where their team can function at their best and continue to build on that strong foundation.



Kristin Piche, DMD
Northern District Dental Society—Cherokee Children's Dentistry and Peak Pediatric Dentistry

Growing up, I was always interested in science and healthcare. When I was assigned a project in high school where I had to pick a "career," I realized that I was always much more excited about my pediatric dental appointments than I was my pediatrician appointments, so "pediatric dentist" became my "career." This assignment jump-started my interest in dentistry; I was able to shadow my own pediatric dentist while in college, and this only fueled my desire to become a pediatric dentist. I was fortunate to attend The Dental College of Georgia for both dental school and pediatric dental residency. I loved my time in Augusta and am so thankful for the knowledge, skills, and relationships I was able to develop while there. I feel so lucky to now be living out my childhood dream of becoming a pediatric dentist. Being a pediatric dentist allows me to introduce kids to the dentist in a fun and less intimidating way; watching a child go from scared to excited about being at the dentist makes every day worth it! I am so thankful to get to do this job every single day. In my free time, I love watching college football (GO DAWGS) and other Georgia sports teams. I also enjoy hanging out with friends and family and spending time with my maltipoo, Bear.

I think the most successful leaders lead by example. The most effective leaders are able to create an environment that allows everyone on their team to grow and shine. True leadership is the ability to uplift others; good leaders provide an environment where everyone feels supported and motivated to work as one unit. In my opinion, the best leaders are those who lead and can then watch as other people on their team begin to take on the role as "leaders." Dentistry takes a village; we cannot accomplish anything without the help of our teammates. Creating an environment where everyone is motivated and working toward the goal of providing the best care for our patients is, in my opinion, the mark of true and successful leadership.



Suvidha Sachdeva, DDS
Northern District Dental Society—Sunshine Smiles Dentistry

I've wanted to be a doctor since childhood. I always felt it was a noble profession and one of the best ways to help people. Growing up, people's smiles always drew my attention, and I realized how much confidence a healthy, beautiful smile can give someone. I wanted to make a difference in people's lives through their smiles and oral health, which is what inspired me to become a dentist.

Leadership means a great deal to me and is an important part of our lives as dentists. I am a practice owner and would like to become a strong leader. I would like to build great relationships with staff and colleagues while still providing leadership and direction so that everyone can work happily and efficiently together.



Carter Shelton, DMD
Central District Dental Society—Charlie Norwood VA Medical Center

What drew me to dentistry is how naturally it aligns with my own interests—it's the perfect balance of science, artistry, and human connection. Outside of dentistry, I've always enjoyed woodworking, where precision and creativity come together to build something meaningful. Also, being deeply involved within my church has taught me discipline, consistency, and the value of being part of a supportive community. Those same qualities translate directly into how I approach patient care. Dentistry allows me to bring all of these aspects together—applying clinical knowledge, focusing on the finer aesthetic details, and building genuine relationships with patients. That blend of medicine, art, and human interaction is what makes the profession not only challenging, but deeply fulfilling in a way that feels true to who I am.

I look forward to one day sharing the profession of dentistry with my son, Wiley, just like my dad did with me. When he's old



Meet the Leadership GDA Class of 2026 | continued

enough, I'd love for him to see what I do—maybe even have a class field trip, showing him and his classmates that going to the dentist and even getting a shot isn't something to be afraid of. More than anything, I hope it helps him appreciate the impact dentistry can have on the local community and maybe even sparks an interest of his own.

I believe a true leader leads by example. This means showing the same level of care, professionalism, and work ethic you expect from your team, whether it's how you communicate with patients, maintain clinical standards, or handle challenges. When a dentist consistently models the three professional C's (compassion, character, and competence), it sets the tone for the entire office, encouraging staff to take pride in their roles and deliver a higher level of patient care.

I hope to use the profession of dentistry and the leadership role it provides to deliver high-quality, patient-centered care both in my own clinic and within the broader community, whether it's serving patients in my practice or volunteering at local clinics.



Kendall Tromp, DMD
Northern District Dental Society—Dentistry 4 Kids, Adults & Orthodontics, Too!

From a young age, I spent much of my life in the dental office—running around, playing with toys, and watching my mom care for patients and lead her team with so much compassion and confidence. Even though I didn't decide to pursue dentistry until I began assisting and working in her practice in high school, watching her lead has always been deeply inspiring and ultimately shaped the dentist I am today. I am a woman of faith and love Jesus deeply, and I am so grateful for the life I get to live with my husband, Brian, our golden retriever Leo, and our two Siamese cats, Lilly and Lyla. Outside of dentistry, I enjoy walks with our pup, Orangetheory workouts, and traveling whenever I get the chance.

My godmother, who is also a dentist, has also been a powerful example of another strong woman leader in my life, showing me what it looks like to lead with wisdom, confidence, and grace.

Leadership is about creating a space where people feel supported, valued, and comfortable enough to show up as their full selves. A strong, confident leader sets the tone for the entire team by leading with clarity, consistency, and purpose, while empowering others to step into their roles with trust and confidence.



Ashlee Turner-Lee, DMD
Western District Dental Society—Growing Grins Pediatric Dentistry

I'm a pediatric dentist and practice owner who is passionate about helping children feel safe, confident, and even excited about going to the dentist. I was drawn to dentistry at an early age. While family received dental treatment, I stood on a stool to watch intently. Our family dentist fueled my interest and encouraged me to pursue my dream of becoming a dentist. I was drawn to pediatrics because it blends healthcare, education, and the opportunity to make a lasting impact at a young age. When I'm not in the office, you can usually find me spending time with my husband and our two girls, enjoying the outdoors, or planning our next beach trip.

Leadership is about leading by example and showing others what excellence looks like in action. For me, that often looks like modeling empathy, positivity, and a commitment to creating a safe and supportive environment for both patients and team members. A great leader empowers others by equipping them with the tools, guidance, and confidence they need to succeed. I also believe that when individuals feel supported and are able to perform at their best, the entire team grows stronger, which allows us to better serve our patients, families, and community.



Oluyemi Workman, DDS
Eastern District Dental Society—Braselton Smile Studio and Smile Studio of Buford

I decided to pursue dentistry because I wanted a career where I could make a real impact on people's lives. Over time, I began to see how many people didn't have access to care or were held back by fear, cost, or past experiences. That shifted my focus toward helping patients not only receive treatment, but regain their confidence.

Today, I practice in Northeast Georgia as a dentist and practice owner, leading a multi-location office focused on comprehensive care, including sedation and implant dentistry. It is especially meaningful to care for patients who may have avoided the dentist for years and guide them through a process that feels safe, supported, and life-changing. Outside of dentistry, I enjoy running, traveling, going to church, and spending time with my family.

Leadership is rooted in service and growth. It's about setting a clear standard, leading with integrity, and creating an environment where people feel supported, challenged, and empowered to succeed. I believe a great leader builds trust through consistency, communicates expectations clearly, and is willing to serve alongside their team. True leadership is not just about leading today, but about developing others and building something that lasts. ■



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FROM SURVIVAL TO SIGNIFICANCE: The Role of Emotional Intelligence in Building High-Performing Dental Practices



**ELIJAH DESMOND,
RDH, BS**

Emotional and Psychological Stressors in Dentistry

Dentistry presents stressors beyond clinical skill, including high patient expectations and anxiety, ongoing production and financial pressures, the responsibility of managing a team, strict time constraints, and significant administrative demands.

Repeated exposure to these stressors can lead to emotional exhaustion and decreased job satisfaction. Without effective coping mechanisms, prolonged occupational stress is strongly linked to burnout and disengagement (Maslach and Leiter, 2016). In this context, awareness becomes the first step toward change. When stress is recognized, it can be managed.

Self-Awareness as the Foundation

Self-awareness is the ability to recognize and understand one's emotions, thoughts, and behaviors.

In dentistry, daily interactions often trigger emotional responses that influence communication and decision-making. An unexpected cancellation or challenging procedure can quickly create frustration.

Without awareness, reactions become automatic. With awareness, clinicians can pause and choose a more constructive response. This shift supports improved

Dentistry is one of the most rewarding professions in healthcare, offering clinicians the opportunity to improve both oral health and overall quality of life. However, beneath clinical success lies a set of challenges that are often overlooked.

Dental professionals operate in environments that demand precision, efficiency, and consistency while managing patient anxiety, team dynamics, and business pressures. Over time, these competing demands can contribute to chronic stress, emotional fatigue, and a loss of connection to purpose.

Burnout rates among healthcare professionals continue to rise, highlighting the need for strategies that address both performance and wellbeing (Shanafelt et al., 2015). Emotional intelligence provides a framework to meet this need by improving awareness, communication, and leadership within the practice.

patient interactions, more consistent leadership, reduced emotional reactivity, and better decision-making.

In this way, self-awareness shifts professionals from reactive to intentional behavior.

Self-Management and Burnout Prevention

Self-management focuses on regulating emotional responses.

Burnout is not only about workload. It is often the result of sustained emotional strain without proper management. Emotional intelligence introduces strategies such as recognizing emotional triggers, setting clear professional boundaries, managing energy rather than focusing only on time, and intentionally building recovery into daily routines.

By managing internal state, dental professionals can reduce stress and improve long-term performance.

Social Awareness and Patient Experience

Social awareness is the ability to understand and respond to others' emotions.

Patients often experience anxiety or uncertainty in dental settings. Clinicians who demonstrate empathy can significantly improve patient comfort and trust.

This includes recognizing signs of discomfort, adjusting communication styles to meet individual needs, offering reassurance throughout treatment, and practicing active listening.

Patients who feel understood are more likely to accept treatment and return for care (Levin, 2013).

Communication and Team Culture

Effective communication is critical in a team-based environment.

Miscommunication can lead to inefficiencies, conflict, and low morale. Emotionally intelligent communication emphasizes clarity, respect, and understanding. This involves setting clear expectations, providing constructive feedback, actively listening to others, and approaching conflict with a solution-focused mindset.

Strong communication improves culture, resulting in higher engagement, reduced turnover, and increased productivity.

Leadership and Emotional Intelligence

Leadership extends beyond clinical skill. It involves guiding people and shaping culture.

Emotionally intelligent leaders bring consistency to their expectations, demonstrate empathy toward both patients



and team members, remain aware of team dynamics, and adapt effectively when circumstances change.

These leaders create psychological safety, encouraging team members to contribute openly. This leads to stronger alignment and resilience within the practice.

Understanding Team Motivation

Each team member is motivated differently. Some value growth, others stability, recognition, or purpose.

Emotionally intelligent leaders identify these drivers and align them with practice goals. This alignment fosters deeper engagement, strengthens accountability, improves overall performance, and enhances team cohesion.

When individuals feel understood, they perform at a higher level.

Supporting Growth and Transition

Dental professionals often seek growth or change during their careers.

Emotionally intelligent practices support

these transitions by encouraging open communication, offering mentorship, aligning responsibilities with individual strengths, and supporting continuing development.

This fosters long-term engagement and a culture of growth.

Overcoming Limiting Beliefs

Limiting beliefs can restrict progress. Common examples include the idea that “this is how it has always been done,” that there is no time for change, or that the team will not adapt.

Emotional intelligence encourages individuals to challenge these beliefs and adopt a growth mindset. Reframing challenges creates opportunities for improvement.

Practical Applications

Emotional intelligence can be integrated into daily practice through consistent, intentional actions. This may include holding brief team check-ins, providing

regular and constructive feedback, recognizing contributions beyond production metrics, encouraging open discussions, and setting clear, shared goals.

Consistency in these actions leads to measurable improvements in culture and performance.

Conclusion

Practice success depends on more than clinical outcomes. It is shaped by relationships, communication, and leadership.

Emotional intelligence provides a framework to strengthen these areas. By developing awareness, managing emotions, and building connections, dental professionals can create high performing and fulfilling practices.

The transition from survival to significance begins internally.

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DO YOUR PATIENTS SUFFER FROM ANY OF THESE SYMPTOMS



EAR
Ear pain • Ringing in ears
Dizziness • Vertigo

JAW
Clicking, popping jaw joints
Pain in cheek • Limited opening

NECK
Lack of mobility/stiffness
Neck Pain • Tired/sore muscles
Arm/finger numbness

HEAD PAIN
Forehead • Temples
Migraine-type • Sinus-type

EYES
Pain behind eye • Blood-shot eyes • Sensitive to light

TEETH
Clenching/grinding at night
Looseness & soreness of back teeth

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MDT 624 – \$695,000 - Cobb County, GA - Long-established pediatric dental practice now available featuring 7 fully equipped chairs in a highly efficient layout and a strong reputation within a thriving Metro Atlanta community. This turnkey opportunity offers immediate continuity, loyal patient base, and excellent growth potential for an owner-operator seeking stability in a high-demand location.

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Menlo Dental Transitions – Matt Adrian
madrian@menlotransitions.com

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broker@parasellinc.com

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FOR MORE INFORMATION

Maggie Kuta
480-290-7720
maggie@menlocre.com

HOWARD FAMILY DENTAL – TWO OPPORTUNITIES

#1 – General Dentist – Rincon, GA Sign-On Bonus \$50,000

Location: **Rincon, GA**
Average Salary: **\$230,000-\$400,000**
Job Type: **Full-time**

#2 – General Dentist – Hilton Head/Bluffton Sign-On Bonus \$50,000

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Job Type: **Full-time**

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- Current, valid dental license to practice in the state or the ability to obtain.
- DEA certification
- CPR/BLS certification or the ability to obtain

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FOR MORE INFORMATION

Jacqueline Guinn, Lead Doctor Recruiter
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CANTON PEDIATRIC DENTISTRY

Pediatric Dentist – Canton, GA

About the Role: We are looking for a caring and skilled Pediatric Dentist to join our team in Canton. This is a great opportunity for someone who enjoys working with children and wants to make a positive impact on their dental health.

Our goal is simple—we treat every patient like family and focus on honest, gentle, and high-quality care.

We are planning to bring on a full-time dentist within the next 6 months and are excited to find the right fit for our team.

What You'll Do:

- Check children's teeth and diagnose any dental issues
- Provide treatments like fillings, extractions, and preventative care
- Take and review dental X-rays
- Help kids feel comfortable and safe during their visit
- Teach kids and parents how to take care of their teeth at home
- Work closely with our team to provide the best care possible
- Keep accurate patient notes and records
- Follow all safety and cleanliness guidelines

What We're Looking For:

- DDS or DMD degree
- Pediatric Residency
- Active Georgia dental license (or ability to get one)
- Friendly and patient with kids
- Good communication skills with both children and parents
- Team player who enjoys a positive work environment with positive energy

Why Join Us:

- Supportive and friendly team
- Established patient base with room to grow
- A practice that values quality care and a positive patient experience

Our Promise: We believe that great care starts with a great team. We work hard to create a place where both our patients and our providers feel comfortable, supported, and valued.

Salary negotiable

Benefits:

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