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November • 2025

Journal of the Georgia Dental Association

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From the GDA Editor



**DR. RHODA J. SWORD**  
GDA Editor

# Sweater Weather, Study Clubs, and Practicing Gratitude!

## What an exquisitely special time of year we are entering—the fall.

So many independent events culminate in this singular season, causing it to be so many people's absolute favorite! There is something special about a time of transition. The summer heat finally burns off, and as we wake up, there's a chill in the air. For some, it means football season; for others, simply "sweater weather." The leaves change into their most extravagant versions as they go out in style!

There's a popular quote that says, "The trees are about to show us how lovely it is to let things go..." Fall also begins a string of holidays that elicit so many memories—usually joy, and ideally, thankfulness. This season, what are you most thankful for?

When everything around me is chaotic and everyone needs my time, my decision-making, or my "organizational skills," I can get overwhelmed. To slow the chaos, I often do something I call "counting my blessings," from an old hymn from my faith. I try to think of the things, events, and people I'm thankful for. Sometimes I number them:

1. *My precious family (I try not to order them!)*
2. *A profession that is my true calling*
3. *My chai tea latte with whip... and on and on (they don't all have to be super profound!).*

This process can take me from a feeling of anxiety to one of more intentional focus and even calm. Some of you may even take it further by using a gratitude or prayer journal. I enjoy this practice as well. Most of you know this, but here is some common Google knowledge: "Keeping a gratitude journal is a practice supported by science, offering benefits like increased happiness, reduced stress, better sleep, and improved self-esteem by shifting focus from negative experiences to positive ones. Regularly writing down things you're thankful for helps to cultivate optimism, strengthen relationships, boost resilience, and can even improve physical health. It's a relatively simple, personal activity that can rewire your brain to focus on the good and provide a positive feedback loop for your well-being."

So, if you haven't tried a gratitude journal (or even just a list), why not? What could you lose? It may be a fun challenge this Thanksgiving season! I also enjoy randomly texting my friends something about them I'm thankful for and why they're a gift to me—I should do this more often! Do this for one friend today and see how it works out, and I will too! Think of how simple messages can affect and boost your day when others do that for you. I love quotes and recently came across one by Melody Beattie: "Gratitude makes sense of our past, brings peace for today, and creates a vision for tomorrow."

What if, when you text your dental friends about how awesome they are, you let them know the GDA/ADA/District is better

because they're part of it? If they're not, by chance, what a perfect time to remind them that the GDA/ADA/District would be a better place with them in it—and with their voice heard! Don't worry if it's a different voice than yours, a different practice type, or even... a specialist! We are stronger together, and the whole organization benefits when we have alllllll the voices at the table. Then our organization is truly representing dentistry!

Another of my favorite quotes is, "None of us is as smart as all of us." (Unknown) We need your perspective! We need you to speak up about why you love dentistry and why you love this profession—but also about the aspects that are hard for you. In your sharing and authenticity, you'll help another dentist talk about and face their hard days. We need more open and real conversations in dentistry!

We even have options for you to serve as mentors for our awesome dental students. We have so many places for you to serve in the districts and state! Start by finding out when your district meetings are and **SHOW UP!** Take a friend. Carpool—just like the good old days!

As chance would have it, we're right in the middle of renewal season for the GDA/ADA/Districts! You can renew your membership at a low monthly rate that you'll honestly never miss, or you can pay it all at once if you choose. We now have so many ways to be part of this amazing organization.

So much is on the table these days with how we practice and who controls how we practice. We want each of you at the GDA table, and we want to hear each of your thoughts and contributions. We can only do that by banding together in our vision for tomorrow. Start by asking one person to join—one-on-one is where the magic lies.



That's how I first got involved! Tell them one thing you're thankful for about them and why you want them to join you at meetings.

When we're so busy, we don't make time to stop for coffee or lunch with each other—but we can meet at meetings, chat, and even get CE (efficiency)! We're a cool crowd to be around, and we have SO MUCH FUN! We're a group of people with a common goal and passion: dentistry! It's like a study club for the cool, nerdy kids (that's us!). Renew—and get all your friends to renew, too! I'll see you soon at the next meeting, with bells on!!

*My Professional Gratitude List (Mentally make your own with me!)*

1. *GDA (It's STRONG! It's true!)*
2. *Amazing GDA Leadership – Dr. Amber Lawson and Executive Director Kristen Morgan*
3. *GDA Staff (What an incredible team!)*
4. *GDA Events (Convention & Expo, BOT, ADA Delegation meetings, District meetings!)*
5. *Laughing at all the appropriate times during these meetings!*
6. *Laughing at ALL the inappropriate*

*times during the meetings!!*

7. *Making memories with other incredible dentists!*
8. *Having an exceptional dental network (thanks GDA/ADA/District!)*
9. *On and on and on...*

By the way, I am so thankful for each of you! Thank you for allowing me to be in this role and for your friendship and camaraderie. Let's make some memories together—life is indeed short! 🐶

*With profound gratitude,*  
 Dr. Rhoda J. Sword





**SAVE THE DATE**

# LAW Day 2026

**THURSDAY, FEBRUARY 12**

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## THE MEDICAL EMERGENCY UNPREPARED DENTAL OFFICE

# Prepare Your Office Today, Save Patient Lives Tomorrow (And Your Practice)



DR. JOHN ROBERSON

- ▶ Medical emergencies can happen anywhere at any time.
- ▶ Medical emergencies don't schedule appointments!
- ▶ Everyone deserves to go home.
- ▶ No one should die in a dental office.
- ▶ Spectacular resuscitation always comes from unspectacular preparation.

### BACKGROUND

The average response time for medical emergency services (EMS) to respond to a 911 call varies. Sources differ, but the US average is reported to be approximately 10.5 minutes, with considerable variance and the possibility that up to 10% of the calls may take more than 20 minutes. Rural and congested urban areas have the longest response times. These response times were based on the primary EMS unit being available and not already responding to another call, necessitating an alternate squad being dispatched. Consequently, dental offices should be prepared to manage a medical crisis for up to 30 minutes without outside assistance. **What is your Action Plan to sustain life for 30 minutes?** The Six Links of Survival is a checklist of the educational needs and physical items necessary to fulfill the needs of a dental patient in that time period between the identification of a medical problem and the arrival of outside assistance.

### Educational Initiatives

1. Dentist Training
2. Staff Training
3. Mock Practice Drills

### Physical Initiatives

4. Written Medical Emergency Plan
5. Emergency Medications
6. Emergency Equipment

To learn more about the six links, scan the QR code.

As you read this article you know exactly where you stand as far as a State of Readiness in your dental office. You are either a Medical Emergency Prepared OR Medical Emergency Unprepared dental office. There is NO in between. When the highly pressurized emergency occurs in your office (and it will) you will sink to the level of training that you have or have not done. If you and your staff don't have the knowledge to respond to an emergency, and you and your staff haven't done the office emergency drills to perfection, then you are going to sink to the level of your training - meaning that you could lose a patient's life. Are you ready to accept something like this? You need to make yourself as defensible as possible to your defense team in the event something catastrophic goes wrong in your office! If the standard of care is having the proper knowledge and having done the emergency drills, then failing to do these things is failing to meet the standard of care. That will be indefensible in the eyes of your state dental board, your malpractice carrier, state and federal regulators, attorneys, judges, and juries.

### CHAOS

Critical  
Handling of  
Anesthesia  
Office  
Services

Scan the QR code to explore resources that will help you prepare.







It all starts with a properly prepared dental office. If the office is ready, the dentist and staff are ready. Any compromise will lead to disastrous results when an unpredictable medical emergency occurs. Inadequate medical emergency planning, lack of protocols and ill-prepared office will lead to chaos.

### **Medical Emergency = Unresponsive Patient = Acute Extreme Stress**

Impending doom, coupled with the high stakes environment and time urgency (*that medical emergency in your office*), overwhelms and short circuits the human mind, ultimately leading to situational paralysis also known as “Brain Freeze.”

Thankfully, there are TWO ways to help combat this inherently human response to acute stress, perhaps the most critical of which are planning:

- Cognitive aides
- Emergency drills

### **Preparation Is the Key to Life!**

Now, let's look at the side of being unprepared. You opted not to thoroughly prepare your office therefore you and your staff are not ready. This means your office has breaches in patient safety now. That event occurred which you always said, “this will never happen to me” in your office and if it does, “it won't be that bad.” Many failures at many different levels due to a lack of preparedness occurred on many fronts within your office. A patient dies in your office which eventually leads to a wrongful death suit brought against you. You will go through the proper channels with your malpractice company. You will answer a plethora of interrogatory questions followed by the Deposition. Then it could be Jury Trial or a very large settlement after that!

How do you think you would fare under these questions plus so many more? Treat this matter seriously to prevent failures at many levels by preparing yourself and your team and reducing the potential for a catastrophic event which can affect your livelihood at so many levels. Remember, your patients already expect that you and your facility are fully prepared when they arrive there for their office visit.

### **The Ten Deadly Failures**

No one should die in a dental office, but this will continue since there are multiple failures when a medical emergency occurs:

1. **Failure or delay in calling 911**
2. **Failure on a thorough pre-op evaluation**
3. **Failure to recognize early signs**
4. **Failure to perform properly during emergency management and treatment**
5. **Failure to prepare before the crisis**
6. **Failure to train staff on roles during a medical emergency**
7. **Failure to recall protocols or life-saving steps**
8. **Failure to monitor patients**
9. **Failure to properly perform BLS**
10. **Failure to ventilate**

### **The Six P's of Preparation**

Integrate the six P's of preparation for medical and sedation emergencies:

1. **Prevention**
  - Complete and update medical histories for every patient.
2. **Personnel**
  - Train and prepare staff for medical and sedation emergencies.
  - The dentist cannot handle emergencies alone.
3. **Products**
  - Maintain essential equipment: glucometer, AED, emergency drug kit, airway equipment.
  - Required if providing sedation or anesthesia.
4. **Protocols**
  - Develop and review a medical emergency plan monthly.
  - Review all potential emergencies.
5. **Practice**
  - Stay current and train monthly.
  - Team practice must be consistent; training once a year is not enough.
6. **Pharmaceuticals**
  - Keep in-date emergency medications accessible.
  - All staff should know where they are located.

- Consider an automatic renewal program.

Take the six P's of preparation serious, so your team can prevent the seventh P from happening, which is panic. Panic doesn't do any good during a medical emergency except introduce CHAOS. When you panic, you're going to forget simple life-saving skills on what to do. When you forget, you risk your patient's life. Or to put it another way:

**Know planning = no CHAOS**  
**No planning = know CHAOS**

### **CONCLUSION**

No dental healthcare practitioner is able to determine when he or she will be faced with a medical emergency that will require the use of the six links. It is for that reason alone, dental healthcare practitioners should stay up to date on medical emergencies as well as the drugs and equipment used to treat them and maintain a professionally inspected dental office on a regular basis. Develop a regular protocol with your staff every month to rehearse various emergencies using your emergency drugs and equipment.

If you don't have the knowledge to respond to an emergency, and you haven't done the office emergency drills to perfection, then when the pressurized emergency happens for real (and it is not a question of if, but when), you are going to sink to the level of your training - meaning that you could lose a patient's life. Are you ready to accept something like this? Treat this matter seriously to prevent failures at many levels by preparing yourself and your team and reducing the potential for a catastrophic event which can affect your livelihood at so many levels. YOU are in control of this matter, what will you do? 📌

*Get prepared.*  
*Stay prepared.*  
*Never be the*  
*unprepared.*



## Helping Heroes Smile

Dr. Alan Arrington hosted his annual Helping Heroes Smile event on September 11th this year. He offers free cleanings and fillings to honor veterans, active-duty military personnel, and law enforcement. This year's event donated nearly \$75,000 in services to almost 60 individuals.



## Dr. Bachand Honored with Lifelong Learning and Service Award



Dr. Bill Bachand was recently recognized by the Academy of General Dentistry with the 2025 Lifelong Learning and Service Recognition (LLSR). This prestigious honor highlights his dedication to education, clinical excellence, and community service. Dr. Bachand said that "Receiving the Lifelong Learning and Service Recognition is humbling, and I'm grateful to the Academy of General Dentistry. Throughout my career, I've focused on continuing to learn, giving back where I can and helping students and residents become capable, thoughtful professionals. I'm proud to bring those same values into the pre-doctoral and residency programs at the Dental College of Georgia. I joined the

Academy of General Dentistry in 1980, the year I finished my General Practice Residency in the US Army. I admired the focus the Academy placed on continuing education. Little did I know it would culminate in this award 45 years later."



## Dr. Jane Martone Honored with Prestigious AGD Award



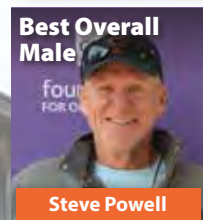
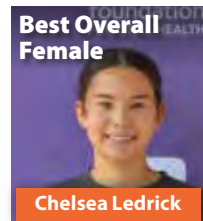
Congratulations to Dr. Jane Martone, the 2025 recipient of the Dr. Thaddeus V. Weclaw Award from the Academy of General Dentistry, a prestigious honor recognizing her dedication to dental education and ethics. Reflecting on the award, Dr. Martone said she feels "extremely blessed to work with and help mold the next generation of dentists" and is thrilled to share her knowledge with those who will carry the profession forward. She also expressed gratitude to the GDA and the Hinman Dental Society for welcoming her into their organizations, both of which embrace the responsibility of giving back.





# THANK YOU to our **2025 Pull For Smiles** Participants and Sponsors!

The Georgia Dental Association Foundation for Oral Health hosted its third annual **Pull for Smiles Clay Shoot** this October at Meadows Clay Sports in Forsyth. Attendees, including GDA members, partners, friends, family, and several DCG students, came together for a fun-filled day of shooting, friendly competition, and building connections. The event raised funds to support the GDA Foundation for Oral Health, a registered 501(c)(3) organization dedicated to promoting and improving oral health care across Georgia.







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## SCOUTING TALENT:

# How Dr. Alex Riccardi Recruited Her Winning Team

In the world of rural dentistry, recruiting new dentists can feel like scouting top athletes: it takes timing, networking and a little bit of luck.

For Dr. Alex Riccardi of Riccardi General Dentistry in Americus, that scouting effort, and the connections fostered through the Georgia Dental Association, led to two talented additions who will help carry forward a practice that has served the region for decades.

### A Tailgate Connection

The first “recruit” came out of a University of Georgia football tailgate in 2021.

“My husband, Wes, and I were setting up a tailgate and the couple next to us, Stephanie and Mark Smith, were setting up theirs,” Dr. Riccardi recalled. “We started talking, and when I said my name was Alex, Stephanie said their daughter’s name was Alexandra. Then she said, ‘Wait, you’re a dentist? Our daughter just had an interview with the dental school in Augusta!’ That was the start of a wonderful, beautiful friendship.”

Since then, the families have grown

close as the “tailgate crew,” celebrating Alexandra’s fiancé, Payne Walker, the Snapper on UGA’s two-time national championship team and Alexandra’s progress in dental school. Soon conversations turned to the couple coming to Americus after graduation and their wedding.

“Last summer she basically said, ‘We’re in. We want to come after I graduate in May of 2026.’ I was like, ‘perfect, that’s wonderful,’” said Dr. Riccardi. “My dad, Dr. Lou Riccardi, who is 81, has said Alexandra Smith has been his retirement plan for a while now.”

**Looking to connect** with the next generation of dentists? Here are a few great ways to engage:

- Host or sponsor a Lunch & Learn
- Meet future colleagues at the DCG Career Summit
- Join conversations on the GDA HUB
- Network in person at the GDA Convention & Expo
- Attend the GDA Block Party at DCG – see page 46 to learn more



Dr. Alex Riccardi (center) met future recruits Dr. Miranda Peck (left) at a Greenjackets Game hosted by the GDA and Alexandra Smith (right) while tailgating at a UGA Football Game.



## A Ballpark Introduction

While Alexandra's arrival is still on the horizon, Dr. Riccardi knew she couldn't wait two years to bring on new help. That's how GDA provided the perfect connection.

"I had gotten the email about the GDA celebrating the Dental College of Georgia's Class of 2025 at the Augusta GreenJackets game. Wes had gotten us tickets to the Women's Amateur Masters for the next day and I said, 'if we're going to be in Augusta Friday night, I would really like to go to this event. Maybe I can meet a potential associate.'"

"I started talking to Dr. Bill Bachand, Program Director of the GPR program, and I told him I was looking for a full-time associate. He said, 'Let me introduce you to one of my best clinicians this year, Dr. Miranda Peck.'"

An hour and a half later, they were still talking. Dr. Riccardi invited Dr. Peck to Americus for a working interview. Dr. Peck and her husband, Troy, made the trip to get a feel for the community. About two or three weeks later, after finishing other interviews and working through the contract, Dr. Peck said "Sign me up, I'm in."

Dr. Peck began in August 2024. "She has been crushing it," Dr. Alex Riccardi said. "The patients love her, and it has been absolutely wonderful."

"She's really fitting into the community," said Dr. Lou Riccardi. "She's got a great chairside manner, a wonderful personality and people have really taken to her very easily. We're thrilled."

Dr. Alex Riccardi and her father, Dr. Lou Riccardi (center) were thrilled that Alexandra Smith (left) and Dr. Miranda Peck (right) recognize the professional opportunity and quality of life are significant in communities like Americus.

## The Draw of Rural Dentistry

The Riccardis emphasize that while recruiting to a rural practice can be challenging, the rewards are significant. Places like Americus offer the combination of professional opportunity and quality of life.

"If I have one message, it's to give these communities a chance. Go visit them," said Dr. Lou Riccardi. "These communities need dentists. You can start a practice and be busy from day one."

"The quality of life is so much better," he said. "I can get home from my office in five minutes. You can unwind better,

and you can go out and enjoy the beauty of what God has given us."

With Dr. Peck already established and Alexandra Smith set to join in 2026, Riccardi General Dentistry is poised for the future.

"I'm very thankful to the GDA for hosting the events that allowed me to find my associate," said Dr. Peck. "It's been a huge part in my growth as a person and a professional. I've made some of my dearest friends through the GDA, and it is just very special and near and dear to my heart." 🍋





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Lack of mobility/stiffness  
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Arm/finger numbness

**HEAD PAIN**  
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**EYES**  
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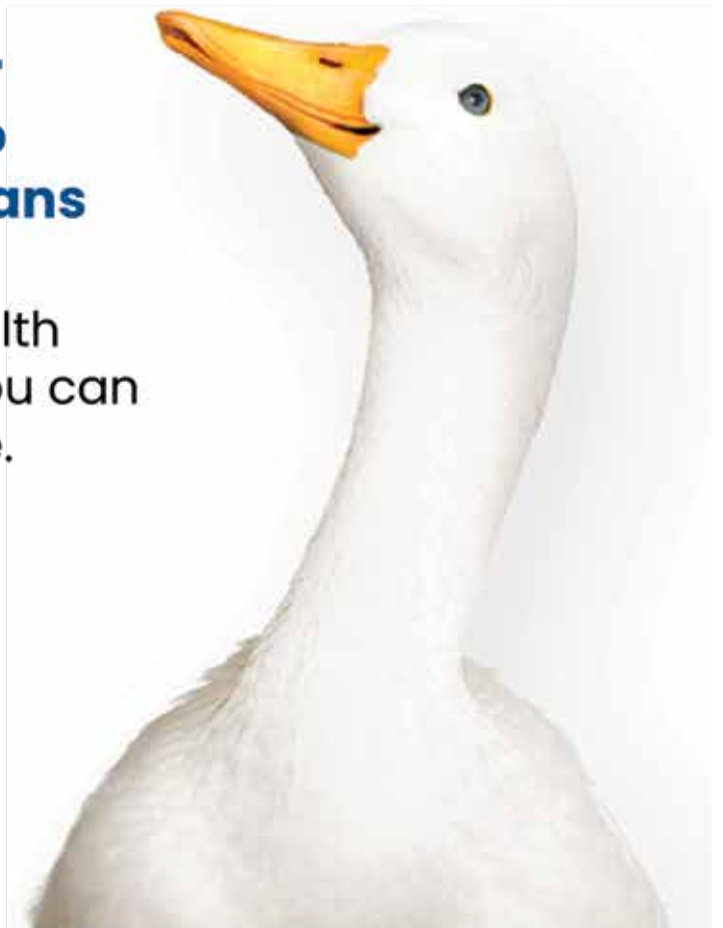




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<b>POS HDHP</b> <i>HSA Compatible</i>	Lower premium, higher out-of-pocket cost
<b>Trusted Coverage, Same Trusted GDIS Team</b>	

## What this means for you:

If you are currently insured with us and do not wish to make any changes, no action is needed—your coverage will automatically renew with your current plan for 2026.

If you are not currently insured with us and would like to join our plan, simply complete the enrollment and credit card forms and return them to us by fax or email.

Fax: 404.634.6099  
Email: [chala@gadental.org](mailto:chala@gadental.org)





# Your Questions, Answered.



We know that changing carriers can bring questions — and we're here to help. In this Q&A, you'll find clear answers and guidance to help you navigate Open Enrollment with ease.

**Q: Does the dentist have to be a member of the GDA?**

A: Yes, because our plans are group health plans, dentists are required to be a GDA member to participate and/or offer it to their staff.

**Q: Can dental practice employees enroll in the health insurance?**

A: Yes, as long as the dentist offers it to employees and the dentist is eligible by membership in the Georgia Dental Association. However, the dentist does not have to be enrolled in the plan to offer it to employees.

**Q: Are there any health questions?**

A: No! Your enrollment form has no questions about your health history. You are not rated on your preexisting conditions or health as you could be on an individual plan.

**Q: Is there a limit on the doctor visit copays per year?**

A: No, you may visit your doctor as many times as you need. Other plans could limit your visits to a certain number per year and then require you to pay your deductible and coinsurance for visits beyond that limit. On our plan, you are only responsible for your copays for doctor office visits.

**Q: Where can I check to see if my provider is in network?**

A: Visit our website at [mygdis.com](http://mygdis.com) and click on the Find a Provider link. Update the location to your provider's city or zip code, then search by doctor name or specialty. The plan code, which is KZZ, should already be filled in.

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**GMOM '26**  
Georgia Mission of Mercy

# Support the 2026 Georgia Mission of Mercy!

Give Hope. Give Smiles.

## How You Can Help:



**Donate.** Your gift supports essential dental care for those in need.



**Volunteer.** Treat patients at our April 18-19, 2026 event.



**Support.** Bring care to patients with nowhere else to turn.



Georgia Mission of Mercy (GMOM) brings free, life-changing dental care to hundreds of Georgians in need. Your generosity makes this possible!



Scan the code to volunteer!







## It Began with a **VISION**

In 2011, a dedicated group of Georgia dentists took a leap of faith. They launched the first **Georgia Mission of Mercy (GMOM)**, inspired by overseas missions, to bring free dental care to underserved Georgians in need.

What began as one bold idea has grown into a life-changing program. Since that first event, more than 7,300 patients have found relief from pain and improved health thanks to GMOM—and thanks to you. These are the stories your generosity makes possible.

## Looking Ahead: **A NEW CHAPTER FOR GMOM**

In 2026, GMOM will expand its reach by shifting from one large-scale event every few years to a new model: smaller, more frequent GMOMs held in partnership with local community clinics. This exciting change will:

- ✓ **Expand access to care closer to where patients live and work.**
- ✓ **Reduce operational costs by using existing clinic facilities and equipment.**
- ✓ **Strengthen relationships between local dental professionals and their communities.**

Each clinic will serve approximately 200 patients. With your support, we can provide the supplies, materials, and resources needed to deliver this vital care to every corner of our state—and give patients who have nowhere else to turn a reason to smile again.

## Join Us **TODAY**

**We invite every GDA dentist** to support the 2026 GMOM. Please make your gift today by scanning the QR code to the right.

*Together, we can transform lives—  
one patient, one smile at a time.*





## Smiles That Last:

# The GDA Foundation's 2025 Year of Impact

The Georgia Dental Association Foundation for Oral Health (GDA Foundation) had a milestone year—providing access to care, educating children, screening special needs athletes, preparing for Mission of Mercy, and fueling it all with the generosity of donors and volunteers.

### ✓ **Reaching Children Across Georgia**

In February, the Foundation distributed more than 10,000 Smile Kits during Children's Dental Health Month. Each kit provided toothbrushes, toothpaste, and educational materials to encourage healthy habits.

### ✓ **Special Olympics, Special Smiles**

Partnering with Special Olympics, the Foundation provided oral health screenings and mouthguards to 230 athletes at Special Smile events in January, April, and October. Families also received resources to help athletes maintain healthy smiles year-round.

### ✓ **Mission of Mercy Momentum**

Planning advanced for the 2026 Georgia Mission of Mercy (GMOM)—a two-day free dental clinic expected to serve hundreds of Georgians in need. With volunteers pledged and fundraising underway, GMOM is on track to deliver life-changing care.

### ✓ **Looking Ahead**

As 2026 begins, the Foundation is focused on expanding outreach, strengthening partnerships, and delivering a successful Mission of Mercy. Together, we are building healthier futures—one smile at a time.



**Mission:** The GDA Foundation for Oral Health is a registered 501(c)3 organization dedicated to promoting oral health in Georgia. Visit us at [gadental.org/foundation](https://gadental.org/foundation).





## HOW YOUR GIFT Makes a Difference

**\$25** can pay for 10 oral care kits, including a toothbrush, toothpaste, and floss, for a child or adult in need.

**\$50** could fund dental supplies for several people to receive screenings at a community outreach event.

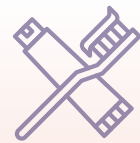
**\$100** can provide fluoride treatments and sealants to protect the teeth of multiple special needs patients from cavities.

**\$500** could provide basic restorative dental work (such as fillings and extractions) for multiple patients in need.

**\$1,000** can cover the cost to restore a smile through the Share a Smile program.

## BY THE NUMBERS

**10,000+**  
Smile Kits  
Distributed



**230**  
Special Olympics  
Athletes Served



**200+**  
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**\$6.7  
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# Donate



# GIVING BACK to Your Profession

**Jay McCaslin** | President  
The Emile T. Fisher Foundation  
for Dental Education in Georgia



**FOUNDER, DR. EMILE T. FISHER**

One of the most rewarding feelings that I have experienced as a dentist is giving back to the profession that has been so good to me. You can give back by giving your time and talents, but the easiest way is to donate to an organization that helps promote the profession of dentistry through scholarships for dental students.

In September of last year, Action magazine printed an article about Dr. Emile T. Fisher and the Foundation that he started. After his passing, his estate continues to fund scholarships for dental students. The Foundation began in 1985 with a \$50,000 donation from the GDA and has awarded nearly \$1.7 million in scholarships.

One of the biggest honors of being on the board of the Fisher Foundation is getting to read the submissions for scholarships by young students. It is gratifying to see these young future leaders in dentistry so excited about the next step in their careers. It has been personally rewarding to give these scholarships to these deserving students, but it has been as much, or more, rewarding to read the thank-you letters from many of the recipients.

These are just a few of the many thank-you letters that show how meaningful the Fisher Foundation has been throughout the years. As Winston Churchill once said, "We make a living by what we get, but we make a life by what we give." Won't you join me and the other members of the Fisher Foundation board to keep Dr. Fisher's legacy alive by giving back and helping those coming behind us carry on this wonderful profession?

Please remember the **Fisher Foundation** in your GDA dues checkoff each year. For those who are retired or close to retirement, please consider putting the Fisher Foundation in your will to carry on your legacy alongside Dr. Fisher. Even the smallest amount means a great deal to these future dental leaders.

"I am honored to be the first Dr. Emile T. Fisher Memorial Scholar and to represent a man who devoted his life to the well-being of others. This scholarship is deeply meaningful to me, as I believe in uplifting the least, the last, the lost, the left out, and the looked over. It is a privilege to carry forward Dr. Fisher's enduring legacy of service and compassion."

"I cannot thank you enough for your support as I pursue my dreams of becoming a dentist. Your aid is a tremendous blessing, and it means a lot to have you giving back to the Dental College of Georgia and contributing to the future of the dental profession."

"This support is a tremendous honor and a significant contribution to my education. This scholarship will allow me to reduce the financial stress of my education, and I am committed to making the most of this opportunity."





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# 2026

# Legislative Agenda

Maintaining optimal oral health is vital to overall well-being. That's why the Georgia Dental Association remains committed to advocating for both our member dentists and their patients across the state. Looking ahead to 2026, our efforts will center on advancing policy changes that enhance and safeguard the oral health of all Georgians.

**Dental Insurance Reform:** Over the last decade, Georgia has adopted several dental insurance reform laws. In the upcoming session, we will improve on those strides by refining existing law related to virtual credit cards and retroactive denials.

**Now/COMP Waivers:** With the expansion of Adult Dental Medicaid, it has become increasingly difficult for the intellectually and developmentally disabled (I/DD) population to receive dental care. Prior to receiving coverage under Medicaid, I/DD patients utilized an individually directed benefit available through waiver supplemental services. With a drastic decrease in reimbursement and new administrative hurdles, dentists serving I/DD patients are looking for practical fixes that will allow them to continue to see these patients. We seek to reduce barriers to the best care possible for adults with special needs.

**Dental Assisting Dual Enrollment Pathway:** Thanks to Governor Kemp's hard work to identify high demand careers, educating future dental assistants is a new priority. We are working to create a dual enrollment pathway for high school students who want to start their journey in a dental career. A dual enrollment pathway will allow students to get their high school diploma and a dental assisting certificate at the same time, allowing them to propel their career forward.

**Protecting Water Fluoridation:**

With an ongoing national conversation and two states ending community water fluoridation, Georgia Dental Association will remain grounded in the science which continues to show that fluoridated water at optimum levels is safe and effective. We are taking steps to remind the public, legislators, and our members of the significant public health benefits of community water fluoridation. We will oppose any legislation that seeks to remove Georgians' access to optimally fluoridated water.

**Distribution of Dentists:** 40 counties in Georgia have less than two dentists. The Georgia Dental Association is continually looking at ways to enhance access to care in the underserved areas of Georgia.

**Funding Requests:** GDA annually advocates for increasing Medicaid reimbursement rates to levels that are a fair price, equivalent to the cost of providing dental care plus the value of a dentist's professional judgment. We will also be advocating for funding to support our upcoming Georgia Mission of Mercy (GMOM) events, and we will seek to preserve funding for the Georgia Dentist Education Loan Repayment Program and the Donated Dental Services Program. 📌





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### MEDICAID WIN

Dr. Lawson and Dr. Mitchell met with Representative Matt Hatchett, the Chairman of House Appropriations, to discuss increases to Medicaid Reimbursement Rates. These kinds of relationships led to approximately **\$4.7 million in rate increases for our Medicaid providers** between the state and federal share.



### TELEDENTISTRY LAW

After almost a decade of work, **teledentistry was signed into law in 2025**. This success would not have been possible without the help of the GDA's contact dentists. The relationships built by the contact dentists made it easy for them to educate lawmakers about the need for crucial patient protections and how teledentistry bridges the care gap for those in underserved areas.

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## 2025 Fall Conference | *Bridging the Gap*

**A huge thank you** to our attendees, sponsors, and partners, the Georgia Dental Society and the North Georgia Dental Society! We'd also like to give a special thank you to our platinum sponsor, SGA Dental.

**2025 Fall Conference | *Bridging the Gap*** brought together 177 dentists and 45 dental team members, enjoying three days of learning and networking, featuring over 35 speakers and CE classes. Thank you to our attendees, sponsors, and partners who helped make this event possible.



Mark your calendars for next year's Fall Conference: **September 18-19, 2026!**

*"I had such a surprisingly great time at the event. EVERYONE that was helping was so nice, kind and courteous. It really made my experience an enjoyable one. Especially since I would walk out exhausted from long lectures to see people with smiles on their faces supporting the organization. Truly truly grateful. All of the vendors that were selected were amazing as well. I hope you can share the message to everyone that really gave their 100%. Thank you."* – Dr. Peter Dinh



**Scan the QR code**  
to view the complete  
**2025 Fall Conference**  
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**DR. REBECCA WEINMAN**

## *Honoring a Legacy, Embracing a New Chapter*

When GDA Life Member Dr. Rebecca Weinman first agreed to help with the Expanded Duties program in 2005, she thought she was signing up to assist with just a few courses. What began as a short-term commitment soon grew into nearly two decades of service that transformed the program and strengthened dental assistant education in Georgia.

Dr. Weinman quickly became one of the program's most dedicated champions. Known for her energy, humor, and high standards, she worked tirelessly to keep presentations current, relevant, and engaging, while serving as the program's most determined guardian of quality.

Reflecting on her start, she recalls a conversation with former GDA Executive Director Martha Phillips at a dinner years ago. When she heard there was a need for

*"The most rewarding part of working with students is when the light bulb comes on and they understand."*

— Dr. Rebecca Weinman

someone to help with the program, she volunteered—half-joking that perhaps a glass of wine helped with the decision. "It sounded like a fun, low-stress way to help the GDA," she said.

For Dr. Weinman, the most rewarding moments have always been when a student's "light bulb" comes on and they master a new skill. While instructing, she emphasized the importance of professionalism, communication, and patient care. These values were important to stress, as patients often, "defer to their assistant for clarification of what the dentist has explained." Her advice has been, "a patient should be treated as if





# Expanded Duties Program:



they were your child, or how you yourself would want to be treated.”

Her leadership extended well beyond the classroom. In 2019, when the Georgia Board of Dentistry authorized dental assistants to perform coronal polishing on primary dentition, the GDA turned to Dr. Weinman to develop the curriculum. Collaborating with colleagues, she created what became the first approved Coronal Polishing for Dental Assistants program in Georgia—a course that remains the state’s gold standard and continues to certify assistants across the state today. Dr. Weinman says, “helping to create the Coronal Polishing course” is what she’s most proud of during her GDA

*“A patient should be treated as if they were your child, or how you yourself would want to be treated.”*

– Dr. Rebecca Weinman

instructing tenure. “Assistants that are trained in Coronal Polishing can be an excellent adjunct to dentistry when used in the proper setting,” she says.

In addition, Dr. Weinman has devoted her time to mentoring and training new instructors in Expanded Duties and Coronal Polishing. Make sure to scan the QR code to learn more about the GDA members who have stepped in as new instructors of the program. Thanks to her efforts, dental teams and dentistry in Georgia are stronger than ever.

“Twenty years later, I am retiring from Expanded Duties and looking forward to more time with my family,” Dr. Weinman says. As she steps away to do so, the Expanded Duties program begins a new chapter. Built on the strong foundation Dr. Weinman helped create, the program and new instructors will continue to grow, evolve, and serve as a vital resource



for dental assistants across Georgia. While her presence will be deeply missed, her influence will carry forward for years to come. 🌸



**Please scan the QR code** to learn more about GDA’s NEW Expanded Duties and Coronal Polishing instructors.



## Tax Policy and Oral Health

**JON HOIN**

GDA Senior Health Policy Manager

Looking forward to Georgia's 2026 legislative session, federal and state conversations about taxation will play a role in important policy choices. Decisions about raising revenue will continue to impact the work of dentists in the Peach State, and they will set the context for future advocacy endeavors. Potential adjustments to income taxes and certain sales/excise taxes could influence dental public health, access to care, and demand for dental care.

### House and Senate Study Committees

Every year, Georgia's House of Representatives and Senate convene study committees to explore important issues and receive public input. Committees cover a broad base of policy issues ranging from height restrictions surrounding airports to investment funds. Some topics repeat. For example, 2024 included a Senate committee looking at artificial intelligence, and 2025 brings a committee focused on artificial intelligence and digital currency. Each committee sketches out potential policy proposals for the coming session, and taxes are always a major topic.

Much of dental health policy is bound up in what the state can spend. Revenue raised through taxes determines what can be spent, and how the revenue is raised can influence behavior. Several committees are considering issues related to taxation in Georgia, including a senate committee on eliminating Georgia's income tax and a house committee on the costs and effects of smoking. Both topics reveal how revenue decisions can be leveraged to improve the oral health and overall wellbeing of Georgians.

### Income Tax

Income taxes have been a popular political target since their inception.<sup>1</sup> The United States levied its first income tax in 1861 as a measure to pay for costs incurred during the Civil War. The tax would ultimately

be repealed in 1872, but another tax was passed and swiftly struck down by the Supreme Court in 1894. In response to further efforts to impose an income tax, congressional conservatives proposed a constitutional amendment in 1909 as part of a strategy to kill the idea. To their surprise, the amendment was ratified by the states and took effect in 1913. Shortly after, Georgia would follow suit.

**TABLE 1. Georgia's Income Tax Policy<sup>2</sup>**

<b>1929</b>	State income tax is levied for the first time at 1/3 of the federal rate
<b>1931</b>	Georgia introduces a separate graduated rate structure ranging from 1%-5%
<b>2014</b>	Top marginal tax rate capped at 6%
<b>2018</b>	Top marginal tax rate lowered to 5.75%
<b>2023</b>	Georgia passes a flat income tax of 5.49%, scheduled to decline annually by 0.1%
<b>2024</b>	Georgia flat income tax rate drops to 5.39%

Since 2023, Georgia has been on a trajectory designed to reduce its reliance on personal income taxes (Table 1). In FY 2024, Georgia's total state and local expenditures were almost \$38 billion.<sup>2</sup> The past few years' individual income taxes brought in around \$16 billion in revenue.<sup>2</sup> In 2022, this represented a per capita revenue of \$1,676.<sup>2</sup> Georgia's reliance on personal income tax revenue is similar to Kentucky, North Carolina, and Virginia.<sup>2</sup>

The historic argument for lowering state

income taxes boils down to the notion that lower personal income taxes drive in-migration and economic growth.<sup>3-5</sup> The degree to which lower state income taxes play a role in this is disputed.<sup>5-7</sup> A recent analysis looking at states' growth from 2012-2022 found that surface level data does in fact suggest a growth advantage, but the authors go on to observe that the case for income tax cuts is not so clear cut.<sup>6</sup> Cross-state growth comparisons are sensitive to the period examined, economic indicators used, and other state characteristics.<sup>6</sup> Ultimately, an individual state's story of economic growth, or lack thereof, depends on a lot of moving parts. State income taxes will not disappear from Georgia overnight. Strategies used by states seeking to reduce their reliance on income taxes utilize gradual reductions to accomplish their goal.<sup>3</sup> Testimony by Grover Norquist at the Senate's August study committee laid out a general pattern in which a state shifts to a flat tax and then gradually reduces said tax during periods when revenues exceed expenditures.<sup>3</sup> He highlighted North Carolina, who has gradually lowered their tax rate from 4.99% in 2022 to 3.99% in 2026, as an example of this pattern.<sup>3</sup>

If income taxes are not used to bring in revenue, then money must either be allocated differently, or another type of tax must take their place. States without income taxes, such as Texas and Tennessee, tend to utilize sales and excise taxes to fill this role.<sup>8</sup> Around 71% of Tennessee's general revenue comes from sales (56%) or franchise and excise taxes (15%); meanwhile, Georgia receives about 75% of its revenue from sales (27%) and personal income (48%) taxes.<sup>2,9</sup> Both Georgia and Tennessee have similar per capita tax burdens.<sup>9</sup> How the burden is distributed with respect to household income depends on the specifics of a state's tax policy. Compared to Georgia, Tennessee and Texas have slightly lower effective tax rates for the middle 60% of earners and slightly higher ones for the bottom quintile.<sup>8</sup>

At the end of the day, links between economics and oral health are multifaceted. Costs are a frequently cited barrier to obtaining dental care, more so than for other healthcare services.<sup>10</sup> Consequently, improving household



incomes or dental insurance coverage boost expected utilization of dental care.<sup>11</sup> Simultaneously, state investment, through Medicaid and other programs, boosts access to care among those least able to pay; however, underinvestment in Medicaid limits access to publicly covered dental services.<sup>12–15</sup> Georgia's posted maximum allowable charges are around 40% of average dentist charges, well below the cost of providing care.<sup>14,16</sup>

### "Sin" Taxes and Oral Health

Goods that tend to be overconsumed at the expense of social welfare are one target for potential tax increases. Taxes like this reduce undesirable consumption while raising revenue. A classic example of this kind of tax is the tobacco tax, and discussion about Georgia's tobacco tax is already underway.<sup>17</sup>

Currently, Georgia levies a tobacco tax of \$0.37 per pack of cigarettes and 10%–23% on the wholesale cost price of various other tobacco products.<sup>18</sup> Taxes on vapor products run from a flat 5 cents to a 7% sales tax.<sup>18</sup> To put this in context, the median state cigarette tax is \$1.80 per pack, and Georgia is one of only four states with a tax under \$0.50 per pack. The World Health Organization recommends a minimum 75% tax share of the retail price of tobacco.<sup>19</sup>

Conversations about raising tobacco taxes highlight several basic benefits. First, they raise revenue for the state because smokers are relatively price-inelastic, meaning that they resist reducing their consumption when prices rise on tobacco products.<sup>20</sup> Increasing Georgia's cigarette tax by \$1 per pack could generate an additional \$400 million annually.<sup>21</sup> Second, people do reduce their consumption, and young people are more likely to do so.<sup>20</sup> Because tobacco products are linked to such a wide array of health issues, most notably cancer, reducing consumption leads to savings on health care expenses and prevents productivity losses.<sup>20,21</sup>

The use of tobacco products plays a big role in the realm of oral health. Tobacco related products cause oral cancer, oral mucosal lesions, periodontal disease, implant failure, salivary gland hypofunction, and dental caries among others.<sup>22</sup> Lowering smoking rates means

savings in these realms. Treating a single case of oropharyngeal cancer can cost \$140,000 over the first 2 years after diagnosis, and Medicaid mean costs per enrollee for treating oral cancers exceeded \$9,400 in 2019.<sup>23,24</sup>

Other taxes could influence the public's oral health. Sugar sweetened beverages (SSB) significantly increase the risk of dental decay.<sup>25</sup> SSB taxes are one commonly proposed solution for addressing the problem.<sup>26</sup> These taxes work differently than tobacco taxes because of the nature of the product. Price elasticity for SSBs is much higher, and the literature suggests that a 10% SSB tax is associated with an average decline in consumption of 10% (Table 2).<sup>26</sup> Depending on how they are designed, taxes on SSBs can also have supply side effects such as manufacturers choosing to reduce sugar content in their products.<sup>26</sup>

**TABLE 2. GA Revenue From a 10% Sugar Sweetened Beverage Tax**

<b>A</b>	Mean Price Per Liter Sugar Sweetened Beverages	\$ 1.62	Leider and Powell, 2019 <sup>27</sup>
<b>B</b>	Tax on Sugar Sweetened Beverages	0.10	Assumed
<b>C</b>	Additional Revenue Per Liter	\$ 0.16	A x B
<b>D</b>	Liters Consumed Per Capita in Georgia	148.60	Andreyeva, 2021 <sup>28</sup>
<b>E</b>	Decrease in Consumption Resulting from Tax Increase	0.10	Hagenaars et al., 2021 <sup>26</sup>
<b>F</b>	Liters Consumed Following a Tax Increase	133.74	D - (D x E)
<b>G</b>	Georgia Population	11,180,000	US Census Bureau <sup>29</sup>
<b>H</b>	Additional Tax Revenue	\$ 242,683,867.90	C x F x G

### ...And Taxes

In sum, changes to Georgia's tax structure will take time, and their specifics will be determined by Georgia policymakers.

Already, the study committee has voted not to propose income tax substitutes such as a state property tax or increases to sales taxes on groceries and fuel.<sup>9</sup> While the committee's proposal is not final legislation, it does demonstrate an example of lawmakers' preferences. Significant revenue, health savings, and social benefits are available through the strategic deployment of sales and excise taxes in specific areas. Shifts in the average Georgian's income may impact demand for dental care. Through it all, GDA will continue to advocate for policy beneficial to Georgia dentists and their patients. ■

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<sup>11</sup> *Workforce Projections*. Health Resources & Services Administration. 2025. Accessed March 12, 2025. <https://data.hrsa.gov/topics/health-workforce/workforce-projections>

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# GDA MEMBER PROFILE

## Dr. Michael Reznik



**DR. MICHAEL REZNIK**

**GDA DISTRICT:**  
Northern District Dental Society



### Who inspired you to pursue a career in dentistry?

My inspiration to pursue a career in dentistry came from my uncle, the first pediatric dentist in Austin, Texas. On my summer vacations to Austin, I would visit his office, and he would do my dental work. Later, while in college and dental school, I had the opportunity to actually work in his office, gaining hands-on experience that further fueled my passion.

### What do you value most about your GDA membership?

Throughout my career, the GDA has offered many valuable opportunities. Some of the most meaningful have been places to learn, reconnect with former colleagues, and access a multitude of important services that support dentists at every stage of their careers.

### Without saying "I am a dentist," how would you describe what you do for a living?

If someone were to ask me what I do for a living, my answer would be multifaceted. First, I serve the dental needs of patients in the metro Atlanta area from all walks of life. Second, I have had the privilege of mentoring many dental graduates throughout my career. Over the last five years, that mentorship has been with my son and daughter-in-law. We truly are a family practice, offering general dentistry and orthodontics in the metro area.



This column highlights GDA members talking about their path to dentistry and the value they find in GDA membership. This month we hear from **Dr. Michael Reznik.**

**GDA**

### What advice would you give to a dental student?

Ironically, some things haven't changed during my career. For those choosing general practice, I strongly recommend completing a GPR program—there is a reason it's called the practice of dentistry. Every student also needs education on the business side of the profession; at a minimum, take an online MBA program. And finally, never stop learning. I am still learning from my two kids about technology we never had.

### What do you enjoy doing to decompress?

Dentistry is one of the most stressful professions around. Early on, I discovered that traveling once a quarter helped break up periods of prolonged stress—not to mention that I have always loved to travel. Finding an outside hobby or sport is also essential to maintaining balance and perspective.





## Dr. Michael Reznik Builds a Legacy of Compassionate Care

For Dr. Michael Reznik, dentistry has always been about people—caring for them, teaching them, and standing up for them when others would not.

A 1973 graduate of Emory University School of Dentistry, Dr. Reznik began his career as an associate and part-time clinical instructor. Teaching quickly became one of his favorite parts of the job. He loved guiding students through both the clinical side of dentistry and the realities of practicing in the real world. After gaining experience in his early associate roles, he entered a partnership that eventually led to opening his own practices.

Dr. Reznik's first practice was a blue-collar office in the Buckhead area of Atlanta. After learning that there were virtually no white dentists south of downtown Atlanta, he assembled a group of Emory graduates in the late 1970s to open a dental practice at Greenbriar Mall. Their mission was simple: to be "the people's dentist." The team worked long hours—from 9:00 AM to 9:00 PM on weekdays and on Saturdays until the afternoon. Patients from all walks of life came through their doors, and everyone was treated like family.

Dr. Reznik's guiding principle was clear: treat every patient as you would treat your own family member. That philosophy extended to his staff and colleagues as well; anyone who failed to uphold those values simply wasn't the right fit. About a year and a half after opening their first location, the group expanded to a second office at South DeKalb Mall.

In the early 1980s, Dr. Reznik sold their first venture to Pearle Vision, which went on to open several more locations across metro Atlanta. The partnership between dental and optical care was innovative for its time, and the practices were sold to an English conglomerate—an experience Dr. Reznik later described as one of the most positive corporate relationships of his career.

One defining moment came when a longtime patient—a member of a gay



couple and a friend—contracted AIDS. At a time when fear and misinformation about HIV/AIDS were rampant, many dentists refused to treat infected patients. But Dr. Reznik had infection control training and saw no reason to turn anyone away. "I swore an oath to take care of people regardless of their health condition," he said. "I chose this profession. You don't get to choose who you take care of—you take care of everyone."

Word spread quickly through the patient's community, and soon people were traveling from across the state—from Macon, Savannah, and beyond—to see Dr. Reznik because no one else would treat them. His practice adopted universal precautions long before they became standard. Every room was disinfected the same way, and every staff member double-gloved, masked, and shielded. "It wasn't anyone's business who had what," he recalled. "Everyone was treated the same." His staff fully supported the approach, and together they created a safe space for patients with HIV to receive dental care.

When his younger brother, Dr. David Reznik, joined the practice about five years later, their efforts expanded even further. David became a leading educator and advocate in HIV/AIDS dentistry, helping to dispel myths and train others in infection control. His brother's advocacy

led to funding for the Ryan White Project, which established one of the first dedicated dental clinics for patients with HIV/AIDS in Georgia, continuing the legacy they helped begin.

Dr. Reznik's approach wasn't driven by money or publicity—it was guided by ethics and compassion. Today, Dr. Reznik looks back on a career that spanned private practice, corporate dentistry, and family legacy. He spent ten years working alongside his brother, and now works with his son, Dr. Jordan Reznik, and daughter-in-law, Dr. Brenna Reznik, carrying on the family tradition of care.

He says one of his most meaningful moments came at his daughter's high school graduation. While waiting for the ceremony to begin, a man nearby recognized him and asked if he had once practiced downtown. When Dr. Reznik said yes, the man shared that his mother had brought him there for dental work as a child. They took a photo together and sent it to her—a small reminder of the lasting impact of kindness.

"I wouldn't trade my career for anything," Dr. Reznik says. "From teaching, to building practices, to caring for patients others wouldn't see—I've been truly blessed." 📌



# Dental Care for Patients with Bleeding Disorders in the Era of New Therapies



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Dental professionals are increasingly likely to encounter patients with bleeding disorders,

particularly as advances in treatment have improved life expectancy and quality of life. These conditions, whether inherited or acquired, pose unique challenges in dental care due to the risk of prolonged bleeding, hematomas, and complications such as retropharyngeal hemorrhage. This article outlines key concepts, treatment options, and collaborative strategies that enable dental teams to confidently care for patients with inherited and acquired bleeding disorders.

Hemostasis involves three key steps: vasoconstriction, platelet plug formation, and fibrin clot formation. Vasoconstriction reduces blood flow at the injury site, while platelets form a temporary plug. For larger injuries, clotting factors—primarily thrombin (Factor IIa)—activate a cascade that results in a stable fibrin clot <sup>[1]</sup>. Bleeding disorders disrupt one or more of these steps.

## Inherited Bleeding Disorders

Hemophilia is an X-linked inherited disorder that primarily affects males. Severity is determined by clotting factor activity:

- Severe hemophilia (<1% activity) often causes spontaneous joint and muscle bleeds.

- Moderate (1–5%) and mild (6–50%) cases usually present with bleeding after trauma or surgery <sup>[2,3]</sup>.

Von Willebrand disease (VWD), the most common inherited bleeding disorder, affects both sexes and varies in severity <sup>[4]</sup>.

- Type 1 involves a mild quantitative deficiency of von Willebrand factor (VWF).
- Type 2 results from qualitative defects.
- Type 3 is marked by near-complete absence of VWF.

Platelet disorders such as Glanzmann’s thrombasthenia and Bernard-Soulier syndrome and rare clotting factor deficiencies also exist, though these are far less common.

Hemophilia has seen the greatest advancements in treatment. Early management relied on whole blood transfusions, often requiring hospitalization. The 1970s brought home infusions, but the community was devastated in the 1980s when contaminated blood products transmitted HIV and hepatitis C. This tragedy spurred the development of recombinant factors and, more recently, gene therapy <sup>[5,6,7,8]</sup>.

Today, patients may be managed with standard or extended half-life factor products, subcutaneous non-factor therapies, or gene therapies that aim for long-term correction. Many receive prophylactic therapy, while others require treatment only before procedures. For dental professionals, the primary goal is to ensure factor levels are raised to a safe range—typically 50–100%—prior to invasive care.





## Clotting Disorders Related to Medications

Many patients present with bleeding risk secondary to anticoagulant or antiplatelet therapy.

### Anticoagulants:

- Direct oral anticoagulants (DOACs) such as factor Xa inhibitors (apixaban, rivaroxaban, and edoxaban) and direct thrombin inhibitor (dabigatran) and traditional agents like warfarin can increase bleeding risk <sup>[10]</sup>.
- Evidence shows that for many dental procedures, these medications can safely be continued. For example, patients on DOACs undergoing simple extractions or restorations usually experience manageable bleeding controlled with local measures <sup>[9]</sup>.
- Warfarin is considered safe for most dental procedures if the INR is  $\leq 3.5$  <sup>[11]</sup>.

Reversal agents are available but are typically restricted to hospital settings and may not be universally stocked.

- **Warfarin:** vitamin K and prothrombin complex concentrate.
- **DOACs:** idarucizumab for dabigatran; andexanet alfa for factor Xa inhibitors.
- Timing and access to these agents are critical when urgent reversal is required.

### Antiplatelet therapy:

- Consultation with the prescribing physician is recommended before making any changes <sup>[12]</sup>.
- In rare cases of uncontrollable bleeding where local measures fail, platelet transfusion may be considered.

## Practical Dental Approach

### 1. Comprehensive Assessment

Management begins with a detailed medical history and discussion of prior bleeding events, current medications, and past surgical outcomes. If a patient does not have a bleeding disorder diagnosis but has an extensive bleeding history or unusual bleeding issues with dental care, then the dental team

should strongly recommend follow-up for work up with primary care provider or hematologist.

### 2. Preventive Care

Emphasis on preventive dentistry—including fluoride, sealants, and early interventions—reduces the need for invasive procedures <sup>[13]</sup>.

### 3. Preoperative Planning

- Consult with the patient's hematologist when necessary.
- Confirm prophylactic therapy, clotting factor levels, or timing of anticoagulant dosing.
- Review all medications and supplements <sup>[14,15]</sup>.

### 4. Adjunctive Therapies

Desmopressin (DDAVP) stimulates the release of VWF and FVIII, effective in mild hemophilia and some VWD cases. Antifibrinolytics (tranexamic acid, aminocaproic acid) help stabilize clots, especially in mucosal tissues, and are valuable postoperatively.

### 5. Local Measures

- Use anesthetics with epinephrine to promote vasoconstriction.
- Favor minimally invasive techniques, such as flapless extractions and conservative suturing.
- Apply hemostatic agents like Surgicel, Avitene, or fibrin sealants directly to surgical sites <sup>[15]</sup>.

## Community Collaboration

In Georgia, Hemophilia of Georgia (HoG) provides critical support <sup>[16]</sup>. HoG serves as a hemophilia treatment center (HTC), delivering comprehensive care. The organization funds other HTC in Georgia, facilitates access to bleeding disorder medications, and coordinates care between hematology and dental teams.

When a dental procedure is planned, HoG works with the treating dentist and hematologist to ensure safe treatment, deliver factor products if needed, and provide follow-up support. This model of collaboration exemplifies how dental

professionals, when integrated into the care team, can make a profound impact on patient outcomes.

## Conclusion

Dentists play an essential role in the multidisciplinary care of patients with bleeding disorders. By maintaining current knowledge of evolving therapies, applying meticulous preventive and surgical strategies, and collaborating with subspecialty teams such as hematology, dental professionals can provide safe and effective treatment. With continued advancements in factor replacement, non-factor therapies, and gene-based treatments, clinical outcomes for individuals with bleeding disorders are improving greatly. Dental professionals remain integral to this progress, contributing significantly to the safe and effective management of these patients. ■

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# A BIG *Thank You* to Dr. Lawson:



**Dr. Amber P. Lawson**  
Retiring GDA President

## What I've Learned as President

*"Leadership and learning are indispensable to each other."*

— John F. Kennedy

As I come to the close of my term as President of the Georgia Dental Association, I've spent time reflecting on what this journey has taught me — about leadership, about people, and about the profession I love. The lessons have been humbling, sometimes hard, but always meaningful.

### **You Don't Have a Crystal Ball**

One of the first lessons I learned is that leadership doesn't come with a roadmap or a crystal ball. There were times I felt certain of something, only to realize later that asking a simple question would have given me greater clarity. I've learned that assuming less and listening more builds stronger teams and better understanding.

### **Leadership Can Feel Lonely — Unless You Engage Your Team**

At times, leadership can be lonely. But I've discovered that it doesn't have to be if you intentionally engage your team. The Georgia Dental Association is full

of people who care deeply — officers, trustees, staff, and members — and when we pull together, there is truly nothing we can't accomplish.

### **The Giants Don't Know They're Giants**

Throughout this journey, I've met so many incredible people — mentors, advocates, and volunteers who give their time and energy without ever realizing how impactful they are. The true giants in organized dentistry are often the quiet ones who simply serve because they believe in something bigger than themselves.

### **Avoid the Chaos and Noise**

Chaos and noise are the greatest hindrances to success. Some will use them to distract or deter you from your mission. Stay focused on the purpose. The real work happens in the steady, consistent moments — the phone calls, the meetings, the quiet conversations where you're advocating, educating, and building trust.

### **Most of the Work Is Unseen**

Much of what you do as a leader will never be visible to others. The bulk of time is spent caring for members, clarifying misinformation, communicating with legislators, and preserving our ability to practice dentistry the way we know best — with the patient at the center. You build relationships, mentor students, and protect the profession, often without recognition. But the impact is lasting.

### **Balance Is a Myth — Presence Is the Goal**

People often ask how I "do it all." The truth is, there's no such thing as perfect





# the GDA Appreciates You!



balance. It's about being fully present where you are. As a solo practitioner caring for more than 3,500 patients, when I'm at the office, I'm focused on them. When I'm serving the GDA, I'm fully there. And I couldn't do either without an amazing team at my practice, a dedicated GDA staff, a strong executive committee and board of trustees and a wonderful network of family, friends, and neighbors who support me — from cooking meals and running errands to caring for my dogs while I'm away, people show up to help me so I can show up to help others.

## **Growth Comes Through Challenge**

You grow more during hard times than comfortable ones. The unexpected moments — the ones that test your patience and strength — are the ones that reveal who you are and how constant God's presence truly is.

## **Support Comes in Many Forms**

Sometimes your strongest supporters aren't the ones who are the loudest in your corner. They're the ones quietly working behind the scenes, building relationships, and laying groundwork that helps you succeed.

## **The Future Is Bright**

Spending time with students at the Dental College of Georgia has given me great hope for the future of our profession. These young dentists are passionate, motivated, and eager to make a difference. They want mentors — and through programs like our GDA Mentoring Program, we've created opportunities to connect them with members who can guide and inspire them. Contrary to what some might think, many graduates want private practice — and yes, banks are lending. The next generation is ready; they just need us to believe in them.

## **Be Curious, Not Judgmental**

Ted Lasso said it best: "Be curious, not judgmental." This principle applies to everything, especially in organized dentistry. It's easy to voice complaints; it's harder, but far more powerful, to bring solutions. Imagine what we could accomplish if every concern came with a desire to understand and be a part of the conversation by creating solutions. Together, we could become an unstoppable force for the future of our profession.

## **It All Comes Back to Relationships**

In all I've learned this year, one truth has remained constant: the value of relationships. Relationships are the heart of organized dentistry — the friendships, the mentorships, the referrals, the advocacy, and the mutual support that sustains us through challenges and change.

I will forever be grateful for the opportunity to serve as your president and for those who have supported me, challenged me, and helped me grow into a better version of myself. The lessons learned this year will carry me for many years to come.

It has been a great honor to serve you. Thank you for allowing me to lead, to learn, and to love this profession even more deeply. 🇺🇸

*All my best,*  
— Amber P. Lawson





# GDA BLOCK PARTY!

GDA members and DCG students - drills down, brews up! 🍺 Come hang out, laugh, mingle and raise a glass at the GDA Block Party, where good music and great company are always on tap.

**January 30, 2026 | 4:00 PM**

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# CELEBRATING MEMBERSHIP—GDA

## Welcome to GDA Membership August – Mid-October 2025

New Members are classified as dentists 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.

### Central District (CDDS)

Dr. Abigail Campbell  
Dr. Aierress Davis  
Dr. Alexander Lazzara  
Dr. Anusha Kante  
Dr. Ashley Makala  
Dr. Christina Stoever  
Dr. Erika Austin  
Dr. Faraaz Noorani  
Dr. Gregory McCullough  
Dr. Haley Leatherbarrow  
Dr. Jacob Diaz-Castaneda  
Dr. Jazmyne Walker  
Dr. Jennifer Liou  
Dr. Jin Kim  
Dr. Keni Leonce  
Dr. Kenia Marmol Mendoza  
Dr. Martha Sanchez  
Dr. Miko Crawford  
Dr. Phillip Brownlee  
Dr. Srinivas Challa  
Dr. Yoorim Lee

### Eastern District (EDDS)

Dr. Abigail Campbell  
Dr. Aida Rassam  
Dr. Calvin Brown  
Dr. Chan Young Jin  
Dr. Christopher Rollins  
Dr. Daniel McCullough  
Dr. Emerald Karic  
Dr. Harrison Smith  
Dr. Jonathan Scaringe  
Dr. Jonathan Scaringe  
Dr. Kaitlin Thrift  
Dr. Kansionton Gloster  
Dr. Karan Thakkar  
Dr. Lena Park  
Dr. Madison Mondry  
Dr. Maxwell Yanken  
Dr. Michael Farmer  
Dr. Mitchell Brown  
Dr. Nicole Boudeau  
Dr. Sarah Miesner  
Dr. William Farmer

Dr. Yeram Kim  
Dr. Zeeshan Zahid  
Dr. Zachary Marana

### Northern District (NDDS)

Dr. Betelhem Lonse  
Dr. Brandon Horsley  
Dr. Caitlyn Long  
Dr. De'Quincy Bingham  
Dr. Drew Borgholthaus  
Dr. Hah Neul Choi  
Dr. Jashneek Cheema  
Dr. Jeni Kong  
Dr. John Weaver  
Dr. Kamili Willis  
Dr. Kennedy Powell  
Dr. Kevin Prashad  
Dr. Lina Warda  
Dr. Mark Barr  
Dr. Mark Willis  
Dr. Maria Zubillaga Gimon  
Dr. Michala Mercer  
Dr. Nathan Reisch  
Dr. Nick Kim  
Dr. Nia Taylor  
Dr. Randolph Gardner  
Dr. Sahiba Lakhani  
Dr. Sahil Patel  
Dr. Samira Salari  
Dr. Sharon Lee  
Dr. Soon Park  
Dr. Sudha Byreddy  
Dr. Sukari McMiller  
Dr. Wanda Febo-Cuello  
Dr. Zana Hunt

### Northwestern District (NWDDS)

Dr. Alicia Cumberlander  
Dr. Alex Liou  
Dr. Basmah Aref  
Dr. Bhavana Venugopalan  
Dr. Gabriel Hutcheson  
Dr. Jared Bristol  
Dr. Jennifer DeMoura  
Dr. Kameron Tauber

Dr. Kevin Patel  
Dr. Liepa Vaicekaviciute  
Dr. Lisa Kimble  
Dr. Michelle Skelton  
Dr. Nathaniel Hold  
Dr. Niang Muang  
Dr. Olubunmi Ajiboye  
Dr. Paul Bell  
Dr. Riley Hewgley  
Dr. Samuel Posey  
Dr. Thomia Campbell  
Dr. Travis Kimathi  
Dr. Tyler Driggers  
Dr. Wesley Sherrell  
Dr. Jaime Stewart

### Southeastern District (SEDDS)

Dr. Bailey Sisler  
Dr. Celeste Love  
Dr. Jacob Burton  
Dr. Karen Cooper  
Dr. Kimberly Turner  
Dr. Lauren Schott  
Dr. Loy Hagan  
Dr. Nashley Martinez  
Dr. Quentoria Walton-Wynn  
Dr. Roberto Lara  
Dr. Roma Patel  
Dr. Sarah Miesner  
Dr. Sarah Scribbins  
Dr. Subuhi Siddiqui  
Dr. Taylor Barnett

### Southwestern District (SWDDS)

Dr. Benjamin Hopkins  
Dr. Drew Borgholthaus  
Dr. Megan Wilgus  
Dr. Nathan Dallas  
Dr. Nathan Shiver  
Dr. Ranya Tomlinson

### Western District (WDDS)

Dr. Ashleigh McQuirter  
Dr. Robert Vazquez  
Dr. Walter Jackson

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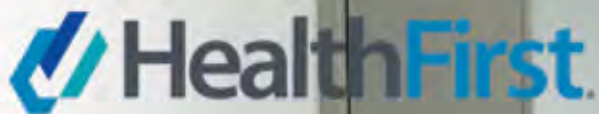
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### FOR MORE INFORMATION

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*We are pleased to announce*



Dr. David Langer has acquired the practice of Dr. Joe Looper in Atlanta, Georgia.



Dr. Amy Camba has acquired the practice of Dr. Frank O'Connor in Tucker, Georgia.



Dr. Dahlia Levine has acquired the practice of Dr. T. James Brown in Decatur, Georgia.



Dr. Hunter Chastain has acquired the practice of Dr. Betsy Ayers in Carrollton, Georgia.

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