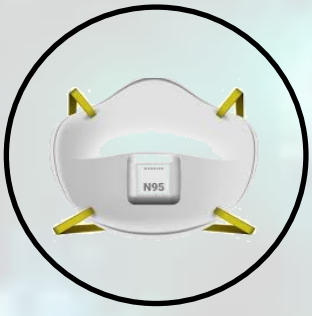
APEX

Publication of the Stanislaus Dental Society

Summer(ish) 2020

Dentistry in the Time of...



Content

Articles

Backyard

Published by the
Stanislaus Dental Society
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Editor: Charles Kim, DDS
Editorial Manager: Robin Brown

Your contributions in the form of articles, photos and/or ideas are greatly appreciated. The APEX editorial staff is interested in articles of general membership interest. This can include an accomplishment, interesting hobby, innovative idea, volunteer effort, etc. Please feel free to submit an article or call for an interview. All articles are subject to editorial review.

Presidential Pondering

Dr. Victor Pak, SDS President

The future is always uncertain. The difference is the degree of uncertainty and the degree to which we are aware of it. COVID-19 has ramped up the uncertainty factor and we are all painfully aware of it. What will mid-August be like and will there be a "second wave" come flu season? We don't know. But we must make decisions now despite the uncertainty. Let me give you my perspective on how to serve our patients in this COVID-19 era and keep our offices open.

We must protect our patients, our team, our family and most importantly, you. For obvious reasons, if you go down as captain of your office your office will close. That means taking all "Recommended" precautions without the unnecessary ones that are being marketed by opportunists. What does that mean? That means listening to reputable sources, doing your own due diligence, research, and decide what is best for your office. There is no easy recipe for this and you must educate yourself and make difficult choices. I don't think you can delegate responsibility and ownership to the situation we have right now.

You must decide when it is safe to open, how you will practice, and perhaps decide when you need to shut down. As an oral surgeon I have concerns, but they are not exactly the same as a general dentist or other specialty practice. A dentist who has open bay versus another dentist with individual rooms will not have the same concerns. Every office will be different in terms of their needs. Use standard universal precautions as we have always done, screen your patients, use social distancing and then add other precautions as necessary such as barriers, everyone wearing the appropriate masks and other PPE.

Should we or should we not charge for PPE? I feel charging patients extra for PPE looks bad to your office and to our profession. I think that it would open the question, why the extra cost, were you not practicing safely before? PPE cost should be added into the cost of the procedure just as it has happened with other products and services. I understand that you can't raise your fees overnight, but that's just my opinion.

Stay safe and know there are others in your situation. Please don't hesitate to use each other as resources. Contact me or the SDS, which means Robin, who has diligently done an outstanding job of keeping us up to date, if you have questions.

Respectfully,

Victor Pak

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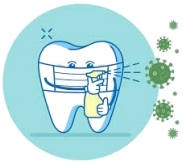
Controlling the Air



by Charles C. Kim DDS, SDS Editor

While searching for the topic to write about for this special edition of APEX, I wanted to write something about what not many people are bombarded with. The search for a unique topic to write about finally led me to write about the air we breathe in our work environment. Any facility of any type becoming a virus-free environment is impossible but countless research on this topic led me to come up with a couple of ways to make the air healthier in our offices. Let's get right down to it.

1. Open your windows so that it lets the outside air into each operatory as much as possible. Just like opening your kitchen windows to let the fresh outside air, you can easily reduce the concentration of airborne infectious particles in your office.

2. Additional suction on top of high volume evacuator. Many companies are making an extraoral dental suction system to reduce the contaminants floating around ambient air usually priced from $1000 up to $5000 per machine. Other less financially taxing alternatives include having an additional high-volume evacuator with an autoclavable dry oral cup to the second high volume evacuator on your existing delivery system. Using a tripod accessory such as Wimberley PP-200 Plamp II by Wimberley on places like Amazon will be able to have the dry oral cup positioned close to the patient's mouth.

3. Utilizing HEPA Air Purifiers in each operatory. A lot of contaminants in the air may be reduced with HEPA air filtration at high settings especially when you can't open windows in each operatory to let the outside air in. It is recommended the HEPA air purifier is positioned at a higher level (i.e., on top of a desk) to be more efficient at purifying smaller particulate matters and contaminants such as coronavirus particulates.

I cannot wait to get back to dentistry which I have a deep passion for. Like always, I want my patients, team members, and all my fellow health care providers to be safe. Please be safe.

The objective of the Stanislaus Dental Society shall be:

"To encourage the improvement of the oral health of the public, to promote the art and science of dentistry, to encourage the maintenance of high standards of professional competence and practice, and to represent the interests of the members of the dental profession and the public which it serves.

OSHA, California Dental Practice Act, and Infection Control

January, 2020
with Diane Arns

CDA Major Issues & Priorities

1. COVID-19's Impacts on Dentistry

Dental Plan Provider Network Stabilization

CDA continues to urge Governor Newsom and legislators to protect access to dental care in their response to the COVID-19 pandemic. Approximately 97% of California dental offices completely closed or were only seeing emergency patients from March through May. Now that dental practices are reopening, they are facing significantly increased overhead costs combined with decreased patient volume due to strict COVID-19 safety guidelines (additional personal protective equipment (PPE), heightened infection controls and physical distancing of patients). According to the most recent survey data, nearly one-third of dental offices in California are seeing less than 50% of their typical patient volume. The high cost of PPE is exacerbated by extreme scarcity due to supply chain disruptions that have led to price gouging by some suppliers. Meanwhile, dental benefit plans continue to collect millions in premiums from employers and enrollees throughout the crisis. CDA is asking the legislature to require that dental plans:

- Provide a $25 minimum PPE payment per patient, per visit through the end of 2021.
- Extend 2020 annual plan maximums through the end of 2021 to allow enrollees to receive some of the dental care they were unable to receive during shelter-in-place restrictions.

With the state facing the possibility of widespread closures of dental practices, dental plans must be called on to share in the high costs of additional PPE, without which dental care is not currently possible. This proposal is targeted, time-limited relief that will help keep provider networks intact and prevent massive disruption to dental care access in California.

COVID-19 Testing

CDA is also working with the Legislature to ensure that once reliable rapid testing technology is available, dentists can obtain and use COVID-19 test kits to identify asymptomatic patients and route them to the appropriate venue for care, obtain all applicable lab licenses and receive reasonable reimbursement for administering tests.

2. Proposition 56 and the Medi-Cal dental program

In the midst of a global health care crisis, the 2020-21 state budget preserves critical safety-net health care funding in the Medi-Cal dental (Denti-Cal) program. The COVID-19 pandemic has led to significant revenue losses for California's economy, and Governor Newsom laid out a budget proposal in May that slashed billions of dollars to close a $54 billion deficit. Included in these cuts were reduced Medi-Cal adult dental benefits, cutting provider reimbursement rates by 40% and eliminating other recently restored adult Medi-Cal benefits. CDA, with support from thousands of members who participated in our grassroots efforts, successfully advocated for the preservation of adult dental benefits, Proposition 56 supplemental payments and the CalHealthCares student loan repayment program. Proposition 56 funds have led to a steady increase of over 1,500 newly enrolled Medi-Cal dental providers since 2017, after decades of declining participation. The cuts proposed by the governor in May would have resulted in a significant rate cut to dental reimbursements and worsened the damage already done to Medi-Cal dentists as a result of the pandemic. CDA will continue to work closely with the Legislature and governor's office to protect the Medi-Cal dental program as the state's budget situation develops.

3. AB 1998: Direct-to-Consumer Orthodontic Protections – Support

AB 1998 by Assemblymember Evan Low (D-Silicon Valley) builds upon direct-to-consumer (DTC) orthodontic consumer protections in last year's dental board sunset review bill by:

- Refining diagnostic record requirements for orthodontic treatment
- Codifying dental record retention requirements
- Further defining at what point during treatment a patient must be given contact information for their treating dentist
- Expanding the prohibition for any person, including an employee, to enter into a contract that limits their ability to submit complaints to a regulator
- Establishing explicit rights to request copies of any documents signed by a patient.

(cont. on Page 7)

(cont. from Page 6)

Providing dental care that involves the movement of teeth without a proper evaluation can lead to serious patient harm, including loose or cracked teeth, bleeding tongue and gums, gum recession or a misaligned bite. With the emergence of new DTC business models offering various dental services that are ordered without an in-person clinical examination, it is imperative that dental treatment continues to meet a uniform standard of care regardless of whether a dentist provides treatment through telehealth or in person. CDA continues to advocate for consumer protections which ensure that DTC orthodontic business models have the same level of dentist oversight and patient safety as the virtual dental home model and in-person dental care.

4. SB 1383: Expands California Family Rights Act - Oppose

Under current law the California Family Rights Act (CFRA), and the federal Family Medical Leave Act, provides eligible employees up to 12 work weeks of protected, unpaid leave. CFRA only applies to employers with 50 or more employees, and this leave can be taken for the birth, adoption or foster care placement a child or for the employee's own serious health condition or that of a child, parent or spouse. CDA is opposing SB 1383 by Senator Hannah-Beth Jackson (D-Santa Barbara), which proposes to reduce the CFRA employee threshold to employers of 5 or more, applying CFRA's provisions to nearly all employers, including a large percentage of dental practices.

CDA has been working in coalition with other employer organizations to oppose the bill and express the unique concerns of dental practices to members of the legislature. Approximately 80% of dental practices have 10 or less employees, and unlike larger businesses where staff duties can be adjusted to cover the work of an employee on a leave of absence, there is often little cross over between roles in a dental office. Dental assistants are not licensed to do the work of a dental hygienist, nor can an office manager, who is not already trained, take over the duties of a dental assistant. This specialization makes it very difficult to continue to see the existing volume of patients without hiring a new employee to fill the role of the employee on leave. Hiring and training new employees takes time and most importantly unbudgeted financial resources. It is estimated that the cost of hiring and training a new employee costs a business 30% of that individual's first-year potential earnings. These added expenses come at a time when small businesses, especially small health care practices that are struggling with COVID-19, can least afford it. CDA will continue to work in partnership to reduce the impact of this proposed change in employee leave requirements.

5. MICRA Repeal Ballot Measure – Oppose

The Medical Injury Compensation Reform Act allows injured patients to receive unlimited economic damages for all past and future medical costs, lost wages and lifetime earning potential. MICRA also allows up to $250,000 in noneconomic damages and includes a limit on attorneys' fees, stabilizes liability costs and reduces incentives for frivolous lawsuits against health care providers. A group of trial lawyers have qualified a ballot measure for the November 2022 election that would essentially eliminate the MICRA's protections. This measure would undeniably raise health care costs and reduce access to care for those who need it most, including people who use Medi-Cal, county health programs, safety-net providers and school-based health centers.

CDA is part of Californians to Protect Patients and Contain Health Care Costs, a broad coalition including physicians, nurses, hospitals, safety-net clinics and other health care providers who are committed to fighting this initiative.

6. AB 2164: Improving Access to Care Through Telehealth – Support

CDA is supporting AB 2164 by Assemblymembers Robert Rivas (D-Hollister) and Rudy Salas (D-Bakersfield) this year to facilitate access to dental care through telehealth, specifically in federally qualified health centers using the virtual dental home model. This bill clarifies that an FQHC can establish a new patient and bill for a virtual dental home visit when a billable Medi-Cal provider employed by the FQHC supervises or provides the services for the patient via telehealth either in real-time or with store-and-forward technology. Recent guidance published by the Department of Health Care Services would significantly hinder the continuation and expansion of virtual dental homes in FQHCs. CDA was a co-sponsor of previous legislation that authorized the virtual dental home model and supports its continued use to increase access to care among some of the most vulnerable populations in California.

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(cont. from Page 7)

7. SB 653: Dental Hygienists - Support

CDA is supporting SB 653 by Senator Ling Ling Chang (R-Diamond Bar), which will permit registered dental hygienists to apply fluoride varnish without the supervision of a dentist. It will also allow RDHs to provide services in medical offices through the virtual dental home model of care and in a larger variety of public health programs. Additionally, this bill expands the settings where registered dental hygienists in alternative practice can provide local anesthesia and soft tissue curettage when following specified safety protocols, including the collaboration of a dentist, in order to increase access to dental care in underserved areas and populations throughout California. SB 653 is the result of significant negotiations and collaboration efforts between Senator Chang, CDA and the bill sponsor, the California Dental Hygienists Association.

8. SB 793: Flavored Vaping/Tobacco Ban – Support

CDA supports SB 793 by Senator Jerry Hill (D-San Mateo) which will prohibit the sale of flavored tobacco products, including electronic cigarettes, in California. Flavored products, especially e-cigarettes, have the potential to reverse years of decline in tobacco usage in the state. Of greater concern is the alarming rise in vaping and e-cigarette use among youth, who often use these flavored nicotine-filled products. According to the California Department of Public Health, youth who would otherwise not have smoked cigarettes or used other tobacco products are still choosing to use flavored, electronic smoking devices. While research is still in process on vaping devices, we know that traditional tobacco use is estimated to account for over 90% of cancers in the oral cavity and pharynx and represents the greatest single preventable risk factor for oral cancer. It also contributes to periodontal disease, heart disease and other cancers of the body.

9. Dental Plan Transparency

Over the past several years, CDA has worked to improve transparency of dental plans for dentists and consumers. AB 1962 (2014) required commercial dental plans to annually disclose to the state how much premium revenue they spend on patient care versus administrative costs, which is known as a dental loss ratio (DLR). The reported data show a wide range of premium revenue spent on patient care, with a quarter of all California dental plans spending less than 50% of premiums on care and some plans even falling below 10%. SB 1008 (2018) built upon this by requiring all dental plans to use a uniform matrix to disclose their benefits directly to consumers, similar to the one used by medical plans. This provides plan beneficiaries with a uniform summary of plan details, including covered services, reimbursement levels, estimated enrollee cost share, limitations and exceptions. In 2019, CDA successfully sponsored AB 954 (Wood, D-Santa Rosa) which requires dental benefit plans to be more transparent about the common practice of “leasing” access to a network of contracted dentists from another dental benefit plan to provide clarity for patients and providers, reduce confusion and help preserve trust in the dentist-patient relationship. These transparency measures help level the playing field for consumers and providers, are consistent with standards that apply to medical plans and help hold dental plans accountable for how they spend premium dollars.

Updated August 2020

Stanislaus Dental Foundation Report

Your Stanislaus Dental Foundation continues to be the dental plan that supports you, the dentist. During the height of the Pandemic we continued to process your claims as quickly as possible so you could have the money you earned and needed with little delay. We also reached out to the businesses we serve to make sure their Dental plan needs were being addressed. We renewed contracts, but unfortunately did lose a couple smaller ones (fewer than 10 employees with coverage) that had to make hard economic decisions.

The Stanislaus Dental Foundation was created by us – local dentists – and continues to have our interest, and those of the patients we serve, as our focus. Maintaining our local hold is not easy. We continue to battle against larger companies with expanded panels. These companies often exhibit more interest in their own profit with no interest in your success. We know that you as a dentist, appreciate preauthorization – the ability to know a procedure is covered prior to performing that procedure, quick turn around on payments, and the comfort you find in knowing that your claims are reviewed by an actual dentist when there is a question. What we, as the Stanislaus Dental Foundation, appreciate are those of you that are signed up and accept our plan. We also appreciate your honesty in submitting your lowest accepted fees without elevating the fees you submit to us beyond what you accept from other carriers. Falsely elevating your fees to us impacts our cost to employers and works against our ability to sell and maintain contracts with employers.

Some of you were concerned that the Foundation did not compensate extra for your added PPE when you reopened. Unlike other Dental Plans, we operate at a low profit – returning what we do make after needed expenses back to the community to support Dental Health. Because of this, we had to stick with contracted fee schedules and were not able to add any extra PPE compensation.

If you are not currently a provider with SDF, please consider signing up today! If you accept another company's PPO schedule, please consider the PPO that we also offer in addition to our Premium plan. Robin is happy to help you with your application.

Elizabeth Demichelis, DDS—SDF President

Joanne Chipponeri—Executive Director, Stanislaus Medical/Dental Foundation

Robin's Relevant Remarks

SDS Executive Director

Whew, who could have seen THAT coming?!

2020 has not been kind for so many reasons, but despite a crippling virus requiring us to become one with our couches and TVs for an extended period, historic weather patterns, insect invasions (murder hornets, locusts, and plague-infested fleas), and an ongoing contentious political environment...we're still here!

From the beginning, a concerted effort from your tripartite (ADA/CDA/SDS) has worked to provide members with all the resources we can from grant/loan opportunities, updates on constantly changing mandates, the challenge of finding PPE, staying current with licensure via free CEU's, dealing with employment laws and regulations, to the challenge of changing how you do business on a daily basis.

I thank you all for your kindness and patience as I cull through many different organizations attempting to bring you information as quickly as possible. Many of those resources come from CDA, ADA and their affiliates all working together to keep you afloat. Meanwhile, the SDS board is exploring ways to attempt to bring you the most meaningful local experience due to social distancing. I know we all really miss the time we get to spend together in one room. I know I miss you!

Please know that all the way through this bumpy ride, the SDS office and your Board of Directors will be here to help you pilot your way through to the other side. We will all truly get through this together.

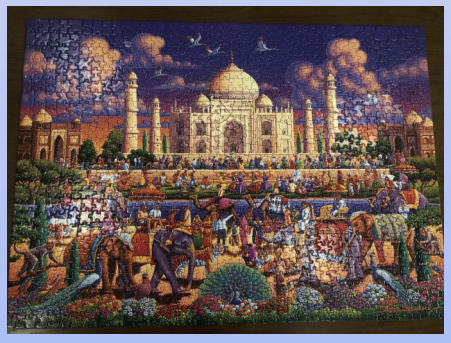
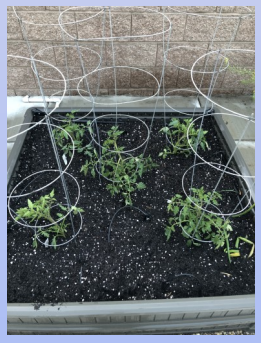
And despite it all, you continued to be,

...SDS members (and team) preserving the dental health of the earth's population, one patient at a time!

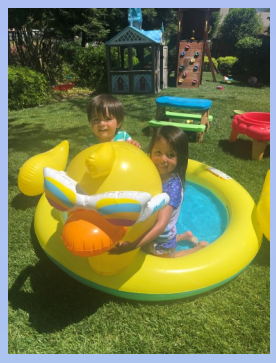
And What Did You Do During Your COVID-induced Vacation?

Dr. Rimmie Pandher





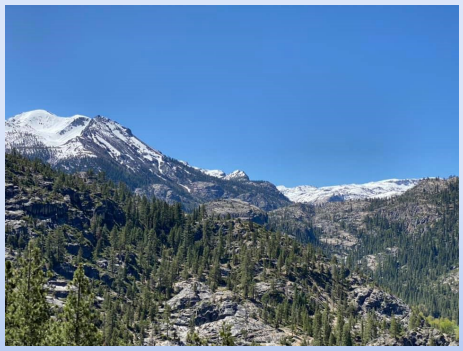
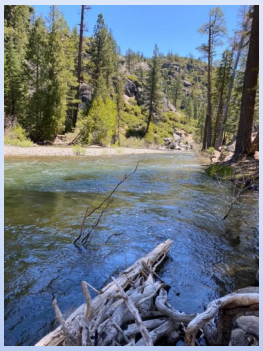


Dr. Sirina Aguilar

Dr. Amanda Farley



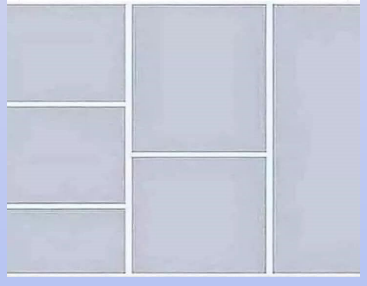


Dr. Corey Acree

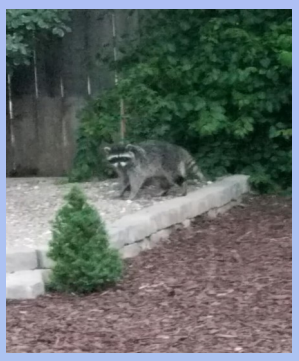
Dr. Elizabeth Demichelis and her planned trip to Germany!

Here are some photos of my spring vacation enjoy



Uhh..I think one of these is Dr. Andy Fletcher!

Dr. Sharokina Eshaghi, animal tamer



Dr. Edward Gerodias

Was supposed to go to Rome, January 2021 with the St. Joseph's choir.
Scheduled to perform at:
1, St. Peter's Basilica organ for the Epiphany MASS with Pope Francis celebrant!
2, Basilica of Sta. Maria Maggiore- where the Sistine Chapel is located
3, Basilica of St. Francis Assisi
4, Church of St. Augustine
Now awaiting to be scheduled again to perform for the Pope by 2022.

ED Robin Brown

General Membership Meeting—February
Labor Law Updates

CEA Speaker, Jennifer Connelly

New safety sharps product available to dentists

Reminder: Cal/OSHA requires evaluation of safety sharps use

Reprinted with permission from California Dental Association

A new safety sharps product, the Verena Solutions SimpleCAP, is available to dentists and can be purchased from most major suppliers. CDA Practice Support has updated its list of safety sharps providers to include this newest product. Members can access the list, which includes links to the manufacturers' websites, in the resource library at cda.org/practicesupport.

Dental practices are required by the Cal/OSHA bloodborne pathogens regulation to regularly evaluate the appropriateness of using safety sharps with the goal of reducing needlesticks and other "sharps" injuries that can cause exposure to bloodborne pathogens.

Practices must either use safety sharps or document in their Cal/OSHA-required exposure control plan the reasons why they do not use safety sharps. The evaluation must be completed for each type of sharp used. Four exceptions allowed by Cal/OSHA are relevant to dentistry and include if the use of a sharp with an engineered sharps injury protection feature jeopardizes patient safety or the success of the dental procedure and if needleless systems are not available in the marketplace as determined by specific research.

The evaluation must document specific information, including, but not limited to, (1) the brand of dental sharps used; (2) the dental procedures for which the sharps are used; (3) whether the sharp has an engineered sharps injury protection feature, which is a physical attribute built into the sharp that effectively reduces the risk of an exposure incident, and, if not, which of Cal/OSHA's exceptions the dental office uses; and (4) whether sharps were involved in exposure incidents and the frequency of the sharps' use.

CDA Practice Support provides for members an exposure control plan (included in the CDA Regulatory Compliance Manual), a dental sharps evaluation form and a list of safety sharps providers, which was updated recently to include the new Verena Solutions SimpleCAP.

Find all resources referenced in this article under the "Regulatory Compliance" tab in the resource library at cda.org/practicesupport.

Areas of financial relief developed to help ease members economic burdens

CDA financial relief

- Extended 2020 membership dues payment grace period to May 31.
- Waived fees for CDA online continuing education .
- Audio recordings from prior CDA Presents available at no charge.
- Online C.E. presentations featuring topics and speakers from the CDA Presents 2020 programs. C.E. will be offered for most courses.
- Deferred monthly CDA Friends of the Foundation donations.
- Deferred loan payments for 90 days with CDA Endorsed Partner Bank of America.

TDIC financial relief

- Credit card payment fees are temporarily waived until September 30, 2020.
- Temporarily waive credit card and insufficient-fund fees for TDIC insurance policyholders through Sept. 1.
- Policyholders who are no longer practicing full time may convert to part-time status with Professional Liability insurance premiums.
- Partial policy premium refunds for certain months of the shelter-in-place order for some lines of coverage due to limiting care to urgent and emergency patients during the pandemic.

Special COVID-19 communications to support and inform members during the pandemic

Communications

- Dedicated information page cda.org/covid19.
- Daily posts in social media channels.
- Live tweeting of webinar Q&As on Twitter.
- Weekly special-edition COVID-19 e-newsletter with video messages from Dr. Nagy, CDA president.
- Comprehensive and informative online Q&As from CDA Practice Support experts.
- Weekly update calls with the component executive directors.
- COVID-19 wellness resources to cope with stress and mental health.
- Media Center with links to national and local media stories featuring dental professionals.

Webinars, expert advice and resources to help members navigate and understand the impacts of COVID-19

Education, advice and resources from CDA, TDIC and TDSC

- CDA-produced COVID-19 webinars.
- Financial health webinars sponsored and produced by TDIC.
- TDSC partner-provided online continuing education courses.
- One-on-one guidance by phone and email from CDA Practice Support experts.
- Compliance Resources for practicing dentistry during a pandemic.

Volunteering and donations

- Supporting dentists' ability to register with the state of California's Disaster Healthcare Volunteers website.
- Helping dentists deliver spare supplies directly to places in their communities that are in need.
- The CDA Foundation donated 15,000 masks, 25,000 gloves and 2,000 gowns to a Southern California hospital to support and help protect medical professionals who are providing care during the pandemic.
- Seeking government and private funding to help cover the increased practice costs that will be incurred, especially for PPE and infection control protocols.

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Advocacy actions and efforts to support the dentistry profession

Advocacy actions completed:

- Helped members understand the CARES Act, including how it provides targeted relief for dentists and dental teams. Provided a practical guide with detailed steps on how to access benefits.
- Interpreted the Families First Coronavirus Response Act to help dentists understand the act's benefits and paid-leave requirements.
- Secured extensions of the C.E. requirement for licensure renewal.
- Clarified the Small Business Administration PPP and EIDL loans.
- Advocated that dental benefit companies provide relief and financial support for dentists to keep their provider networks healthy, vibrant, and available to patients.
- Delta Dental of California postponed its planned fee reductions for specialists.
- $200 million loan program established by Delta Dental for its independent provider network.
  Natasha Lee, DDS, appointed to Gov. Gavin Newsom's Business and Jobs Recovery Task Force.
  CDA established the Economic Recovery and Clinical Care workgroups.

Advocacy progress:

- Establishing clear clinical guidelines with public health officials to safely return to practice.
- Having active conversations with the governor's office, the Legislature and the Dental Board of California to ensure that graduating dental students have an immediate pathway to licensure.
- Urging Congress through a grassroots call-to-action to replenish and increase funding for PPP and EIDL loans, target SBA funds for small businesses that employ fewer than 10 employees and give relief to dentists and other vulnerable health care providers. Seeking additional funding targeted for dentists in future rounds of legislation.
- Working to source proper PPE supplies and determining protocols for patient treatment as dentists prepare to return to routine practice and quickly re-establish patient care.

New Peer Review Alternative

Recently, CDA informed its members they would no longer be offering a member Peer Review program. This decision was made by the CDA Board of Trustees' (board) as it was not a frequently used program and to reduce expenses for the financial health of the organization. To replace the Peer Review program, SDS has instituted a Mediation program chaired by SDS member and former SDS Peer Review Chair, Dr. Kenneth Thompson.

CDA will no longer be processing Peer Review complaints but will refer patient calls back to the local component where the patient care originated. In the past, when patient concerns came directly to the component, staff would attempt to offer frontline mediation and advised the patient to communicate their concerns directly with the dentist who provided the dental care. This process will remain the same; however, if a patient is unwilling to do so based on a previous attempt to discuss this with their dentist without satisfaction, the next step will be to open a mediation claim overseen by the Mediation chair. Therefore direct communication between patients and dentists is highly encouraged and recommended to resolve disputes, when possible.

Potential patient recourse if mediation is not successful can include:

- The Dental Board of California reviewing complaints involving licensed California dentists.
- Many dental benefit plans have internal processes for dispute resolution. If a dental benefit plan was utilized, the patient may consider contacting the plan for assistance.
- The Department of Managed Health Care reviews complaints about health care plans.
- Most dental disputes are within the monetary threshold of small claims court. Additionally, the State Bar of California may be a resource regarding legal options. Large claims may warrant exploration with an attorney.

Recent Accomplishments by Government Affairs

SBA Loans

- **Fought for passage of a Small Business Administration (SBA) Paycheck Protection Program (PPP) loan program that was funded at $349 billion**
- **Supported the creation of an Economic Injury Disaster Loan (EIDL) advance which provides grants of up to $10,000 for those that apply for the EIDL program.**
- **Pushed for flexibility for preexisting SBA loans to be used for mortgages, salaries, rent, debt, and other overhead expenses, regardless of any prior restrictions on the use of those funds.**
- **Lobbied for SBA loans to be forgiven tax free if used on coronavirus–related overhead and payroll expenses.**
- **Clarified SBA guidance allowing dentists to apply for both EIDL and PPP loans, thus providing them with two potential sources of emergency funds.**
- **Advocated for additional funding for EIDL and PPP loans, and helped secure an additional $370 billion for these programs.**

The Impact

$349B

The Small Business Administration Paycheck Protection Program funded at $349 billion.

$10K

The Economic Injury Disaster Loan (EIDL) advance created, providing grants of up to $10,000.

$370B

An additional $370 billion secured to fund EIDL and PPP loans.

PPE and COVID–19 Efforts

- **Provided information and guidance to help state executives locate personal protective equipment (PPE) donations and Emergency Department (ED) Referral programs.**
- **Lobbied the Federal Emergency Management Agency (FEMA) to allow dentists to receive 1.5 million KN95 masks in preparation for the reopening of dental offices.**
- **Secured interim Centers for Disease Control and Prevention (CDC) guidance for protecting dental patients and staff from COVID–19 during emergency and urgent care situations.**

- **Advocated for the Department of Health and Human Services (HHS) to release CARES Act provider relief funding to dentists. Successfully extended the deadline twice for dentists to apply, educated dentists about the relief payments, and ensured that dentists who received an initial small amount of Medicare payments as well as those who recently had a change in ownership would be able to apply for the same funding as their peers.**
- **Highlighted by Seema Verma, administrator of the Centers for Medicare and Medicaid Services, at the White House as being one of the organizations leading the fight against the COVID–19 pandemic.**

Paid Sick and Family Medical

- Secured a small business exemption from the Department of Labor (DOL) to the paid leave and Family and Medical Leave Act (FMLA) provisions of the CARES Act.
- Assisted in obtaining a tax credit for dentists who are providing COVID-19 related leave to their employees.

OTC Drugs

- Pushed for long-sought reform of the Food and Drug Administration's (FDA) 40 year-old system for reviewing and approving applications to sell drugs over-the-counter (OTC), which could provide more opioid alternatives for post-operative pain.
- Lobbied for consumers to now purchase OTC drugs with Health Savings Accounts (HSAs) and Flexible Spending Accounts (FSAs).

General Economic Relief

- Aided in securing coronavirus-related federal tax rebates, which will supply dentists and their employees with emergency cash.
- Secured an employment tax credit to help offset the cost to dentists who retain their employees for the duration of the crisis.
- Worked to expand unemployment insurance for dental employees who are laid off due to extended office closures.

Additional Efforts

- Requested an extension for the deadline to install amalgam separators in dental offices from the Environmental Protection Agency.
- Worked to relieve dentists from paying federal student loans for 6 months, without accumulating interest.
- Helped pass legislation to establish a United States Public Health Service (USPHS) Ready Reserve Corps to backfill vacancies when active duty USPHS officers are called to respond to public health or national emergencies.

Member Engagement

- Engaged more than 150,000 dentists and others connected to dentistry to send nearly 600,000 emails to Capitol Hill during the coronavirus deliberations via two grassroots action alerts.

The Impact

150K More than 150,000 dentists engaged in government outreach.

600K Nearly 600,000 emails sent to Capitol Hill during coronavirus deliberations.

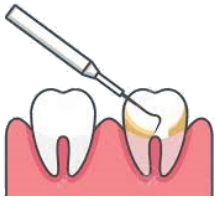
Is it really scaling and root planing?

Dental plan SRP denials: What you need to know

August 26, 2020

By Cindy Hartwell, dental benefits analyst at CDA Practice Support

Reprinted with permission from California Dental Association



CDA Practice Support is receiving calls from dentists and their staff concerning claim denials for scaling and root planing services by dental benefit plans. In this article, I review the criteria utilized by dental plans when reviewing claims for scaling and root planing and why some of the plan denials are correct based on the American Dental Association's definition of scaling and root planing.

First, let's look at the difference between the D4341 and D4346.

In the ADA Guide to Reporting D4346, version 4, published July 2018, the code descriptor for D4341 (periodontal scaling and root planing – four or more teeth per quadrant) reads, "The code is to be used to report a procedure that involves instrumentation of the crown and root surfaces of the teeth to remove plaque and calculus from these surfaces. It is indicated for patients with periodontal disease and is therapeutic, not prophylactic, in nature."

The descriptor continues: "Root planing is the definitive procedure designed for the removal of cementum and dentin that is rough, and/or permeated by calculus or contaminated with toxins or microorganisms. Some soft tissue removal occurs. This procedure may be used as a definitive treatment in some stages of periodontal disease and/or as a part of pre-surgical procedures in others."

The ADA in 2017 introduced a new code: D4346 (scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation). That code descriptor reads, "this code is to report the removal of plaque, calculus and stains from supra- and sub-gingival tooth surfaces when there is generalized moderate or severe gingival inflammation in the absence of periodontitis. It is indicated for patients who have swollen, inflamed gingiva, generalized suprabony pockets, and moderate to severe bleeding on probing. It should not be reported in conjunction with prophylaxis, scaling and root planing, or debridement procedures."

In its guide to reporting the D4346, the ADA explains why the code was implemented. The guide states that the code D1110 is largely a preventive procedure but can be therapeutic depending on the periodontium's overall health. It is applicable for patients with generally healthy periodontium where any deposits are removed to control irritational factors and also for patients with localized gingivitis to prevent further progression of the disease.

The ADA guide goes on to explain that codes D4341 and D4342 are therapeutic procedures and are indicated for patients who require scaling and root planing due to bone loss and subsequent loss of attachment. Instrumentation of the exposed root surface to remove deposits is an integral part of this procedure.

Before D4346 was implemented, there was no code available to report therapeutic treatment of patients with generalized moderate to severe gingival inflammation with or without pseudo-pockets but exhibiting no bone loss. With the implementation of the D4346 code, that gap was filled.

As a result, dental benefit plans are focusing not just on the submitted periodontal markings, but they are also looking for radiographic evidence of bone loss. Without the radiographic evidence of bone loss, a plan is likely to deny the scaling and root planing claim.

Keep in mind that if the radiographic evidence of bone loss is only visible on one to three teeth, the code D4342 exists to report this service as it is used to report periodontal scaling and root planing for one to three teeth per quadrant.

It is important to remember that while dental plans are required to recognize the current CDT codes, they are not required to pay or provide benefits for the code.

Dental offices are encouraged to log into the plan's online portal and review their patient's benefit design for coverage. While logged into the online portal, review the plan's updated provider handbook to stay on top of plan processing policy changes. If you cannot access the online portal for a plan or cannot locate the above-mentioned information in the portal, contact the plan for assistance.

For more information on reporting the D4346, CDA encourages members to refer to the ADA Guide to Reporting D4346.

In memory of Past CDA President and former
SDS Board of Directors member, Dr. Andy Soderstrom
4/11/1955—4/30/2020

Per the Soderstrom Family

Donations may be made in Andy Soderstrom's name to the College Area Neighborhood Alliance (CANA)* for the development of a children's play area in Enslen Park. The parks have always been important to our family, and improvements will help draw neighbors from around the community, with new play structures, a community clubhouse, and even activities like bocce ball.

DONATE VIA CHECK
Mail check made out to: MNI/CANA to MNI
920 13th St., Suite 1, Modesto, CA 95354
On Memo line General Fund, or Andrew Soderstrom Park Fund

DONATE VIA PAYPAL OR CREDIT CARD
Go to,

https://www.canamodesto.org/donate?fbclid=IwAR2-G8zrip2KmuwNkbCIytCM3qy9iCKFXoUV7H2JKkxLjvTj0idaVMJFYN0

and select in the drop down: CANA General Fund, or Andrew Soderstrom Park Fund.
College Area Neighborhood Alliance is a part of Modesto Neighborhoods, Inc. (MNI) a 501 (c) (3) charitable organization.

In 2015, Dr. Andy Soderstrom was the recipient of CDA's Humanitarian Award. Many SDS members are unaware of the legacy he left behind. Following is an overview of his many contributions to society.

As Executive Director of the Stanislaus Dental Society for the last seven years, I have watched Dr. Andy Soderstrom quietly donate his time and service aiding the underserved and serving in a many and varied leadership capacity. He does so without fanfare nor ask for, or even seeming to want, recognition.

Soon after I started working at the society seven years ago, I culled through the stacks of binders and folders to become familiar with the society's background and found Dr. Soderstrom's name deeply embedded throughout the last 30 years of its history. Not long after graduating from UCSF in 1985 as a pediatric specialist, he joined the Stanislaus DS and has served as part of its leadership for 30 years. He has chaired multiple committees (Public Relations, Dental Health and Legislative), and has worn many hats as: Editor of the SDS newsletter, SDS Board of Directors, SD Foundation Board of Directors and CDA Trustee. In his drive to improve adolescent community dental health, he has been at the forefront of SDS efforts to provide dental screening to students at schools in Stanislaus County and is always quick to volunteer to screen students at schools who don't have a dedicated dental member. He currently serves as our Legislative Chair and as alternate delegate to the CDA House of Delegates.

Dr. Soderstrom is also well-known locally for the service he provides to the Stanislaus community. He was instrumental in leading the charge on the inclusion of a fluoridation system in the water treatment facility in Modesto and as a long-time member and past President of the Modesto Rotary Club, he helped establish the beginning of a biking and walking path which now spans three miles of nature called the Virginia Corridor and is actively used by the community. He was President of the Mid-Valley Dental Foundation, through which local dentists provided free care to children whose family couldn't afford to provide dental care and has been a provider for adolescent dentistry in the Denti-Cal system for 30 years. He has been a member of multiple health-related advisory committees and is currently involved in the Salvation Army's Transitional Living program.

His passion to enrich and protect the field of dentistry is evident by his many years of active leadership involvement within the Stanislaus Dental Society, California Dental Society, American Dental Society, and the California Society of Pediatric Dentistry for which he was recently elected as Executive Director. He was the driving force behind the development of CDA Cares and has been a member of its leadership team since its inception. Serving as chair for the first event that took place in Modesto in 2012, he worked extremely hard to secure donations and gain community support; 1,650 people received care at that first clinic. Since 2012, nearly 14,000 people have received much needed dental care through CDA Cares clinics. He has also provided technical assistance to other state Mission of Mercy events. I have watched him serve at each event, walking constantly throughout each day helping resolve issues, patiently and with a smile, no matter to whom he is speaking or how exhausted he may be.

Through his involvement with the International Rotary Club, his compassion for the underserved knows no boundaries. He has provided leadership direction in other countries improving the basic quality of life for its inhabitants whether it be a hospital project in Africa, or an improved water system, and habitable school buildings and needed school supplies in the Philippines.




Testing Dental Employees for Antibodies and Antigens

Can an employer require employees to undergo antibody testing for COVID-19?

What about antigen testing? With respect to antibody testing, the short answer is no. According to the most recent guide from the US Equal Opportunity Commission ("EEOC"), an antibody test at this time does not meet the Title I of Americans with Disabilities Act's ("ADA) "job related and consistent with business necessity" standard for medical examinations or inquiries for current employees. Therefore, requiring antibody testing before allowing employees to re-enter the workplace is not allowed under the AwDA.

However, a covered employer is permitted to administer a COVID-19 antigen test (viral test that is used to detect the presence of the COVID-19 virus). AwDA allows employers to take steps to determine if employees entering the workplace will pose a "direct threat" to the health of others, which includes the risk of infecting others with COVID-19. (See https://www.eeoc.gov/laws/guidance/pandemic-preparedness-workplace-and-americans-disabilities-act; Section II-B outlines what constitutes a "direct threat".)

Generally, AwDA covers dental practices and hospitals with 15 or more employees. However, state laws may be more stringent and impose obligations on employers with fewer employees. Given that laws relating to COVID-19 are still emerging, a dental practice would be prudent to be familiar with current federal and state laws and guidance from EEOC to ensure compliance.

- **Reference: U.S. Equal Employment Opportunity Commission**, What you should know about COVID19 and the ADA, the Rehabilitation Act, and other EEO laws. (Updated on Jun.17, 2020)

If I can't require my employee be tested for antibodies, how should I determine when it is safe for them to return to work?

For employees displaying symptoms, the CDC recommendations allow for a symptom-based or time based strategy instead of a test based strategy. Health care workers who are symptomatic with suspected or confirmed COVID-19 should be excluded from work until at least 3 days have passed since recovery AND at least 10 days have passed since symptoms first appeared. Recovery is defined as resolution of fever without using fever reducing medications and improvement in respiratory symptoms.

Employees with a positive laboratory test for COVID-19 and no symptoms should not work for 10 days since the date of the first positive COVID-19 test. Should symptoms present during this period of time, symptoms have to resolve for at least 3 days and the 10 day work exclusion period begins following the date the symptoms presented.

Local infectious disease experts, as well as state and local health authorities, may be able to provide advice and guidance concerning employees with higher COVID-19 risk factors.

- **Reference: Centers for Disease Control and Prevention**, "Criteria for Return to Work for Healthcare Personnel with Suspected or Confirmed COVID-19 (Interim Guidance)" (page last reviewed May 2, 2020)

When my employee comes back to work after a COVID-19 infection, is there anything I need to do?

Employees returning to work should practice source control at all times. A facemask or N95 respirator must be worn until all symptoms are completely resolved. (If the employee is providing patient care and a N95 mask is required, it should be worn during patient care and a facemask at other times).

After complete resolution of all symptoms, the employee can follow the office's policy regarding source control during the pandemic.

If you have 10 or more employees, OSHA's record keeping requirements state you must maintain a log of persons with work-related COVID-19 infections. For employers with fewer than 10 employees, you must report work-related COVID-19 illnesses that result in a fatality or an employee's in-patient hospitalization.

- **References: Centers for Disease Control and Prevention**, "Criteria for Return to Work for Healthcare Personnel with Suspected or Confirmed COVID-19 (Interim Guidance)" (page last reviewed May 2, 2020) and the U.S. Department of Labor, Occupational Safety and Health Administration's "Enforcement Memos Revised Enforcement Guidance for Recording Cases of Coronavirus Disease 2019 (COVID-19)" (page last reviewed May 19, 2020)

Last Updated: June 24, 2020

Resources can help practices get ahead of amalgam separator requirement

Reprinted with permission from California Dental Association

Most dental facilities that have not installed an amalgam separator to comply with a rule published in June 2017 by the Environmental Protection Agency must install an amalgam separator by July 14, 2020. A facility is exempt if it certifies it does not place dental amalgam and does not remove amalgam except in limited circumstances or if it is one of six exempt dental specialties.

The EPA's rule is intended to reduce the discharge of mercury from dental offices into publicly owned treatment works, which discharge treated wastewater to rivers, lakes, bays and the ocean. Amalgam separators capture this mercury prior to discharge into sewers and allow it to be recycled or properly disposed.

To effectively capture mercury, the amalgam separator must be compliant with either the American National Standards Institute (ANSI) American National Standard/American Dental Association (ADA) Specification 108 for Amalgam Separators (2009) With Technical Addendum (2011) or the International Organization for Standardization (ISO) 11143 Standard (2008) or subsequent versions as long as that version requires amalgam separators to achieve at least a 95% removal efficiency. Regular inspection and maintenance in accordance with the manufacturer's instructions is required.

The EPA rule requires dental facilities to collect all waste amalgam, including amalgam in chairside traps, screens, vacuum pump filters, instruments or collection devices, and prohibits the use of line cleaners that have a pH lower than 6 or greater than 8, are acidic or contain oxidizers. California has additional amalgam waste management requirements.

CDA Practice Support in June 2017 published the resource "Amalgam Separator Requirement — Q&A" to assist members with compliance and updated the resource in October 2018 to reflect more recent developments. The resource covers in detail questions about compliance dates and expectations, specifications, documentation and record-keeping requirements, including a requirement that facilities submit to their local sanitation agency a one-time compliance report. A sample "Amalgam Separator Inspection and Maintenance Log" is available at cda.org/practicesupport.

ECO II amalgam separator

CDA worked with PureLife Dental, a CDA Endorsed Program, to help make complying with the EPA's requirement easier and more affordable. PureLife's ECO II amalgam separator is compliant and available to members for only $99 per unit with a discounted one-year replacement cartridge and disposal service agreement. To learn more, visit cda.org/amalgam.

Dentists should keep in mind the availability of technicians to install the equipment. Dental facilities that had installed properly functioning amalgam separators prior to June 14, 2017, are required to replace their separators by June 14, 2027.

For more details, read "Amalgam Separator Requirement – Q&A" available at cda.org/practicesupport.

Congratulations!

Baby News!

Congratulations Dr. David and Jessica Paxman on the birth of your fourth child, first girl baby!, Eleanor Kay born April 10!

Per Dr. Paxman:
"We originally planned to have her in the hospital but with the restrictions and my wife's birth plans, it became obvious that she didn't want to have her in the hospital. We elected to do a home birth and luckily found a mid-wife who took us on so late in my wife's pregnancy. But the baby beat the mid-wife to our home. So I delivered my first daughter, on the floor of our shower in our home. Pretty cool. The mid-wife showed up a minute or two after the actually delivery and took over from there."

Teen singer from Oakdale catches ear of Metropolitan Opera of New York

by John Holland - Modesto Bee January 04, 2020

Singer Darby Schmidt, 17, of Oakdale will get five days of intensive training at the Metropolitan Opera of New York.

The performer with Opera Modesto is one of 10 taking part in the annual program that the renowned company holds for high school students. It will take place in late February and include workshops, audition tips, a backstage tour at Lincoln Center, and attendance at "Cosi fan tutte" by Mozart.

Schmidt has trained under Annalisa Winberg at the Modesto troupe for five years. She will make her professional debut as Maria Bertram in "Mansfield Park," to be performed Jan. 11 and 12 at the State Theatre in Modesto. It is part of the Central Valley Jane Austen-Con Destination Weekend.

Schmidt spent two years at Oakdale High School, where she sang in the choir and had lead roles in a few musicals. She completed high school in December via independent study at Oakdale Charter School.

She is the daughter of Dennis (SDS member) and Amelia Schmidt, who sing with her in the Opera Modesto Chorus.

Our goal is to help you pursue yours. It's that simple.

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Assistant Vice President
Financial Advisor
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801 10th Street
Floor 7
Modesto, CA 95354

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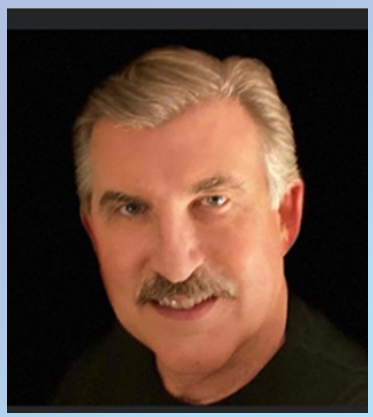
Condolences



Scott Smith, DDS
11/05/57—1/12/20
Dual Member since 2016

Jeffrey Roy, DDS
12/30/55—7/27/20
Member for 28 years!

Craig Jenkin, DDS
07/08/39—8/03/20
Member for 55 years!

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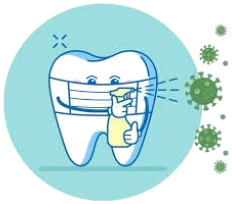
COVID-19 Resources



General Guidance

- ADA Toolkit – regularly updated!
- ADA COVID-19 Frequently Asked Questions
- CDA Back to Practice Resources
- CDC Guidance for Dental Settings
- HR for Health COVID-19 Resources for Employers

Office Practice and Safety Protocols

- ADA COVID-19 Safety and Clinical Resources
- ADA COVID-19 Coding and Billing Interim Guidance: PPE
- ADA Patient Return Resource Center
- ADA Steps to Take if a Patient Reports COVID-19 Exposure After Treatment
- ADA Paying Staff Who Are on Leave Due to COVID19 FAQs
- ADA What to Do if Someone on Your Staff Tests Positive for COVID-19
- CDA Guidelines for reporting COVID-19 cases in the workplace
- CDA Tips to manage uncooperative patients who refuse to follow COVID-19 safety protocols
- CDC Decontamination and Reuse of Filtering Facepiece Respirators
- CDC Clinician Outreach and Communication Activity (COCA) - Webinars Information, Summaries, & Slide Sets
- Fitbit Testing CPR & Safety Solutions with Justin Crone (Modesto firefighter), 678-3936 $25/each per employee https://cprandsafetysolutions.com/OSHA Dentistry Workers and Employers
- EPA Coronavirus (COVID-19)
- EPA Disinfectant wipes
- FDA Coronavirus Disease 2019 (COVID-19)

Employee Resources

- CDA FFCRA Documentation Checklist (For Employer Use Only)
- EDD Coronavirus 2019 (COVID-19)-Unemployment information
- U.S. Dept. of Labor Families First Coronavirus Response Act: Employer Paid Leave Requirements

Grant and Loans

- H.H.S. (U.S. Dept. of Health and Human Services)-Detailed Provider Relief Fund FAQs
- PracticeCFO COVID-19 Resource Center for Dentists (PPP loan info)
- SBA Loan Forgiveness Application for Borrowers (PPP loan)
- U.S. Dept. of the Treasury PPP Loan information

Webinars

- VivaLearning: Updated courses
- Dentsply-Sirona: Multiple short courses-Endodontics, Implant Dentistry, Orthodontics, Preventative, Restorative

Misc.

- Stanislaus County Health Services Agency – daily infection rate info and testing sites
- TDSC (888) 253-0445

Calendar 2020

October

1	Shred-it/E-waste-4:30pm-7:00pm
15	General Membership Meeting (TBD)
16	SDS CE-(TBD)

November

10	SDS Board Meeting-6:00pm-virtual
11	Veterans Day (office closed)
13	House of Delegates-virtual
26-27	Thanksgiving Holiday (office closed)

December

3	Holiday/Spouse Member Mixer (TBD)
23-Jan 3	Winter Holiday (office closed)

Welcome New Members!

Archnaa Rajasekaran, DDS
General Dentist
Allure Dental
2217 Coffee Rd. Ste. A, Modesto-521-3400
UCSF, 2019

Eun Young Lim, DDS
General Dentist
No practice address
Loma Linda, 2020

Broneil Ishaya, DDS
General Dentist
No practice address
UCSF, 2020

Joseph Wanzo, DDS
General Dentist
No practice address
UCSF, 1981

Gregory Singer, DDS
General Dentist
In practice with Dr. David Paxman
400 E. Orangeburg Ave. Ste 4, Modesto-524-4763
UOP, Art Dugoni, 2020

SDS Members by the Number

Total: 285
Market Share: 84%
(Total # of Dentists in Stanislaus County who are members of the Tripartite (ADA, CDA, SDS)
Active – 190
(Recent graduate-Reduced dues members)
RD1 – 2 / RD2 – 10 / RD3 – 14 / RD4 – 3
Life Active-21 / Life Retired-43 / Retired-2
Permanently disabled – 1
Non-members in county - 55