



PRESIDENT'S MESSAGE APRIL 2015



Dr. Paul Tronsgard

You all know by now that SB 2354 (The Mid-Level Bill) was defeated in the senate by a vote of 40 – 6 on February 23rd. Our collective effort in contacting every senator in the state and your personal, one-on-one contact is what won the day. This result is ultimately about giving collaborative innovation a chance to reduce barriers to care in North Dakota. Our job now is to use the momentum we have developed to create meaningful change for the underserved in our state.

In addition to member advocacy and education that are central to our NDDA mission, leading in removing barriers to care is a priority. Taking this to the next level requires all members to be engaged and contribute and we will make you aware of how you can be involved in the coming days. I'm proud of the benevolence of North Dakota dentists and the way these acts change people's lives. Our lawmakers, dental stakeholders and the public need to know what's being done, but also that benevolence alone will not solve access problems in our state. Collaborative efforts are what will turn the tide. We've developed our "Ten-Point-Plan" of real solutions that can be viewed at www.NDActionForDentalHealth.org where our current and ongoing programs and the Ten Solutions are listed.

A bill simplifying the dental student loan repayment program and a second expanding the Seal!ND school sealant program both passed the senate and will move on to the house for consideration. We'll monitor those and keep you updated. I want to highlight and thank our Executive Director, Brent Holman for the tremendous effort he has given these issues since being hired in May. He's endured sleepless nights, long days, and countless hours, not to mention his 24/7 tether to his phone and computer. I'm grateful for his passion, wisdom and leadership.

Senator Brad Bekkedahl, a dentist from Williston, understands well, the mid-level issue and need for North Dakota based solutions and, as our liaison to the senate is invaluable. The support of the ADA through this process has made very clear to me the value of membership. It is cooperation by the local, state and national components at its best. Thank you to all of you who used our new **Engage** legislative alert system as well. It's a rapid link directly to your legislator via email that requires less than two minutes of your

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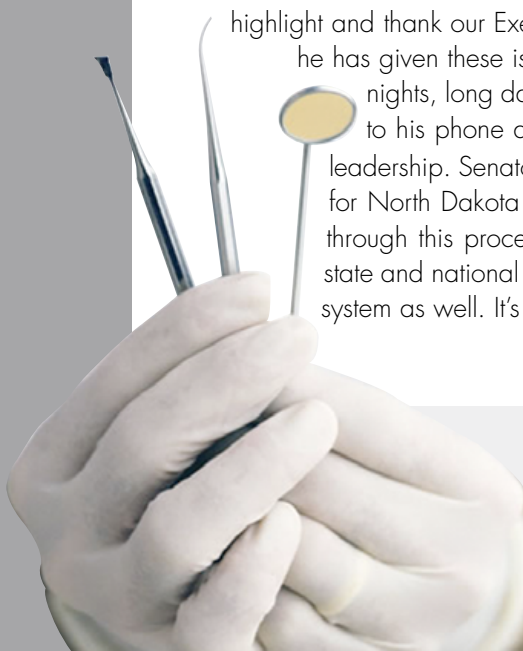
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OUR VISION

"We will be the voice that protects the interests of dentistry to uphold the highest standards of our profession."

MISSION STATEMENT

The North Dakota Dental Association is the leading advocate of oral health promoting education and service to its member and the public.



time. Please watch for more alerts as the session continues.

The first half of my term has been focused on legislation. In addition to NDDA business, we will be prioritizing and implementing our Ten Solutions. You've elected a very talented and committed Board of Trustees. We are ready to move beyond the mid-level issue and focus on the effort to give every North Dakotan an opportunity for care by the entire dental team. Please be ready to help us do just that.

Respectively submitted,

Paul Tronsgard, DDS

NDDA President

Alert!

"Self-Reporting" for all ND licensed dentists:

The law states that the practitioner must report charges 60 days following the event to the North Dakota Board of Dental Examiners. This includes a legal proceeding or judgment, any illegal event, any unethical or errant behavior or conduct. For further clarification please contact the Board of Dental Examiners at 701-258-8600.

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FROM THE EXECUTIVE DIRECTOR'S DESK

As we pass the halfway point of the 2015 North Dakota Legislative Session, there have been several bills of dental interest. The Senate voted 6-40 to defeat SB 2354 which would have created a new midlevel provider called an "Advanced Practice Dental Hygienist". This was one of the more contentious bills ever involving dentistry in the state and there was a lot of media coverage. The bill came out of committee 4-2 DO PASS, but was soundly defeated by the full Senate. This was a clear message that the Senators were listening to North Dakota dentists and agreed that this concept was not in the best interest of our patients. This outcome was a direct result of your contacts with your Senators and your clear expression of your concerns about this bill. Our message was that North Dakota did not need to be only the 4th state to try the midlevel experiment and we had a long-term commitment to reducing barriers to care (www.NDAActionForDentalHealth.org). We also owe a big thanks to our new dentist Senator, Brad Bekkedahl. Brad was a great voice for dentistry in the deliberations of this bill.

Other bills of interest include SB 2205, which simplifies the dental loan repayment program. This bill passed the Senate and was recently heard in the House Human Services Committee. It is expected to pass by the time you read this message. The NDDA supports this bill. The bill makes the various loan repayment programs and the eligibility for them easier to understand and market. The new language will help target the funds to the most deserving applicant.

SCR 4004 was passed as an interim study to further study the midlevel provider model, as was done during the last interim period. It was recently heard in committee in the House. It is unlikely that it will be accepted as an interim study given that SB 2354 was so strongly defeated.

SB 2197 passed the Senate and now moves to the House. It was recently heard in the House Human Services Committee. This bill expands the Seal!ND Program to include an additional 2,000 low-income children, who do not have a dental home, in school-based sealant programs. This program is currently managed through the State Oral Health Program. The NDDA supports this bill.

SB 2066 was a bill brought by the ND Board of Dental Examiners and included statutory changes in the dental practice act. This bill had an amendment attached to it by Senator Lee's Human Services Committee, that



asserted tribal sovereignty and was an attempt to get federally-required state authorization to allow midlevel providers on North Dakota's Native American reservations. It passed the Senate but recently was stripped out of SB 2066 by the House Industry, Business, and Labor Committee. Although it is symbolic, given the reality of the Indian Health Service dental facilities in the state, we opposed the specific amendment. Since there are differences in the versions of this bill between the House and Senate, there will be conference committee to work out final issues. Thanks to those of you who contacted your Representatives that were on that committee.

Finally, continued funding for the Ronald McDonald CareMobile was approved in the House and was included in the Health Department funding.

Although there is still the second half of the session to go, you can be proud of the team that is representing the NDDA. While that team has been working hard, it's you, the NDDA member dentist that makes the difference. Please stay engaged! We also need to make sure that for the NDDA, reducing barriers to care is a job that never ends and we need to continue to communicate that to policymakers.

Please contact your Trustee or me if you have any questions. Thanks!

Respectfully Submitted,

Brent Holman, DDS

Brent Holman DDS

Executive Director

ADA 10th District News



James K Zenk, DDS
10th District Trustee

Finally – Spring is here! As I sit at my kitchen table writing this trustee report and staring out the window for inspiration, I catch myself daydreaming of spring time activities. The snow is gone, the crocus and tulips are blooming and the buds are appearing in the Minnesota River Valley below our house. Life is good – time to get outside!

With this dreaming of springtime, thoughts and planning for all the upcoming ADA 10th District spring meetings are happening in my head. I am excited to attend another Minnesota Dental Association Star of the North Meeting this April and catch up with all our friends, colleagues, and classmates. I would like to invite you to please join me and come across the border to Minnesota to experience the many excellent programs this “Nationally Known...Close to Home” meeting is ready to provide.

As reported before, much of my time as your ADA Trustee is spent in strategic planning. With the beginning of 2015 our new American Dental Association Strategic Plan – “Members First 2020 -

Helping all Members Succeed” is in full launch. All future decisions, spending, and budgets of the ADA will relate to the Strategic Plan. Our members are our association’s customers. The ADA is committed to helping all members succeed, wherever they live, practice, or engage in organized dentistry.

The word “all” in the Strategic Plan is used on purpose. There are dentists of all generations and work opportunities that are members of our professional dental association. Much writing, work and discussion has occurred on who is our customer and what are their needs. For this article, I would like to focus on the subject of generational differences within the workplace. This is important because with the beginning of 2015 the largest proportion of our active membership comes from the Generation Y or the Millennial generation, those born after 1981. This is an age group that wants to be agents of change, they value diversity, and they want their work to be meaningful. They are the first generation to have grown up in an era in which technology was a part of their everyday lives and education. Engaging this generation isn’t as simple as “pushing repeat” on the programs, products and services we have customarily provided. Making innovations that will engage our new and future members, volunteers and leaders is the charge

of your American Dental Association Board of Trustees.

The first step of understanding the different generations is getting to know them. The ADA membership is made up of dentists from all four present generations. Dentists born before 1945, are members of the Traditionalists generation. These dentists are very loyal, value logic and discipline and join their professional association because they are dentists and it is the “right thing to do.” The next oldest generation – my generation - is the “Boomers.” The Baby Boomers are generally considered to be those born from 1946-64. We have been optimists, agents of change and goal driven to build our careers. Following the Boomers is Generation X, those born between 1965 and 1980. “Gen-Xers” desire to seek a balance in life between work and leisure time, and they value their personal freedom. And as touched on above, the future of our association is the Millennial generation – the present dental students and new dentists. They expect cutting-edge technology in all facets of organizational activities, including communications, dues payments, membership and management applications (Apps). The difference of our dental members and their respective generations is apparent in communication. It is generally best to make a phone call to the Traditionalists, email the Boomers, text message the Gen-Xer’s and tweet the Millennials.

At our winter ADA BOT meeting, board members and senior ADA staff members devoted two days with members of the ADA New Dentist Committee and student leaders of the American Student Dental Association (ASDA). With the help of professional facilitator and author Sarah Sladek, we did a deep dive into the future of our association. Sarah Sladek is a fellow Minnesotan and the author of four books. Reading her latest book “Knowing Y – Engage the Next Generation Now” was our homework assignment for this meeting. In our discussions we learned that this generation’s interest in joining our professional association is based on factors that are different than the past three generations. Generation Y will do their initial research of our association online. Of course, there are additional factors that go into their decision to join, but the value – what is in it for them – has to appear and jump out at them from our website, and our postings on social media. Generation Y make decisions driven by quality, popularity, price,

adventure, connectedness, convenience, access and sharing. There is an overarching demand to know how their engagement in joining their professional dental association will make their lives easier, happier and better. Younger generations are our toughest customers. They want to associate themselves with a cause. They want to be inspired to make a difference. We have an opportunity as the American Dental Association to meet these challenges of our next generations of dentists- welcome them – embrace change – and work together with the partnership of the Power of Three to fully “Help all Members Succeed.”

Remember – all generations of dentists, their families and team members are invited to join me in Washington D.C. this fall. The next ADA Annual Meeting, “ADA 2015 America’s Dental Meeting” will be held November 5-10th. There will be programming and activities of interest for all ages. A special focus of attention will be given to the New Dentist Members as we will be hosting special meetings and social activities for them as a means of involvement, leadership development

and providing continuing education with their specific needs addressed within the greater meeting. Please register today and come with your family to our nation’s capital for a fun week of history, monuments, museums and an exceptional dental meeting. To learn more, please visit ada.org/meeting. Please come – this will be a memorable meeting you do not want to miss!

I want to thank you again for giving me this opportunity to serve as your ADA 10th District Trustee. I am enjoying my term as trustee, representing our district and getting to know dentists of all generations. We all need to be proud of our wonderful profession and continue to work together to make a positive impact on the future of dentistry.

James K. Zenk DDS

ADA 10th District Trustee

zenkj@ada.org



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ND North Dakota
DENTAL ASSOCIATION
Board of Trustees
MINUTES

**1:00 p.m., Friday,
January 16, 2015**

Ramada Hotel, Bismarck, North Dakota

Attending: Drs Paul Tronsgard, Murray Greer, Anthony Fisher, Katie Stewart, Omar Chahal, Caron Berg, Brent Holman, and Ms. Mary Bandle.

Dr. Brad Anderson via telephone conference

District Presidents: Drs Carrie Orn, Jeremy Badger, Colleen Hofer, Kristin Schoch, and Daren Sullivan

President Dr. Tronsgard called the meeting to order at 12:46 p.m.

Dr. Mark Latta with Creighton University discussed the possibility of partnering with the NDDA to develop some incentives for ND students to attend Creighton at reduced tuition rates.

September 20th & November 11th, 2014 meeting minutes were approved.

Dr. Tronsgard discussed the Dental Lifeline program and the year-end data we received.

Ronald McDonald Caremobile report from Kathy Keiser was reviewed and discussed.

Mr. John Olson, NDDA Lobbyist joined us and provided a Legislative update and the importance of Grassroots Campaign.

Dr. Holman continued the discussion on legislative updates and our message to our representatives. He also discussed our website updates and advocacy page.

Dr. Chahal provided an update on the Board of Dental Examiners meeting that was on January 10th.

Dr. Holman talked about Medicaid in the State and forming a committee to work with the State. Also discussed the "Take Five" program in Colorado and initiating it in ND.

At the suggestion of Mary Amundson, who heads the dental loan repayment program, Dr. Holman discussed Regional Dental School visits and having ND Dentists visit with dental students about the loan repayment program and opportunities in our state.

Dr. Holman provided an update on the Native American Initiative and goals for 2015.

Dr. Holman discussed the partnership of the ND Dental Foundation with the Dakota Medical Foundation to manage the new endowment distribution and the reserve amount they have received.

Ms. Bandle provided an update on the status of the endorsement with Mountain West Benefits.

The board discussed dissolving the Council on Scientific Programs. A resolution will be drafted for the next House of Delegates meeting. Motion was made and approved.

Ms. Bandle provided an update on the Mid-Winter meeting and next year's speaker and topic. Ethics and Jurisprudence will be offered on Thursday evening.

Ms. Bandle discussed specifics regarding the 2015 Annual Session including the venue and changes made to the exhibitor prospectus.

Ms. Bandle provided a financial update on the 2014 Annual Session.

Ms. Jackie Seefeldt from the Health Department provided an oral health update.

Year-end financial report was reviewed and discussed by the board.

2015 membership renewals were discussed.

Dr. Holman discussed long-term funding sustainability for future lobbyists.

Dr. Chahal provided his report on the President-Elects conference.

Dr. Tronsgard discussed who will be attending the Washington Leadership Conference.

The board revisited Dr. Mark Latta presentation. Dr. Holman will follow-up with Dr. Latta.

Next board meeting will be held Friday, June 11, 2015.

Meeting adjourned at 4:41 p.m.

Respectfully Submitted,

Brent Holman, DDS

Brent Holman DDS

Executive Director

ND DENTAL POLITICAL ACTION COMMITTEE

As this is written, legislation introduced by a select few in the ND Senate that would have permitted dental therapists to practice in our state has been soundly defeated – a victory for all patients in ND whom we serve. The outcome of this effort is a result of the combined work of our Association, the ADA, ADPAC, NDDPAC, our Executive Director, the Board of Trustees and particularly that of each of you who have supported these individuals and organizations not only with your dollars but also with your shared thoughts and advocacy through emails and phone calls to legislators helping educate them regarding the issues. Dentists and their teams can take pride in this accomplishment.

Unfortunately the sense of relief we may each currently feel will only be temporary in all likelihood. Similar encounters in other states have led to similar repeated efforts during subsequent legislative sessions. We cannot assume that these issues are now resolved and will remain so as decided in 2015. Rather, we must stay the course by continuing our strong support of our Association, our NDDPAC and ADPAC (without whose help the outcome could well have been different). Please commit to your future support to each of these organizations so that dentistry in ND will continue to provide the optimal care that all patients deserve.

We are well advised on such things within the quotes from two famous Americans:

“No man’s life, liberty, or property are safe while the legislature is in session.”

– Mark Twain

“Alone we can do so little, together we can do so much.”

– Helen Keller

Respectfully,

Dennis Sommers

Dennis Sommers

NDDPAC Grassroots Chair



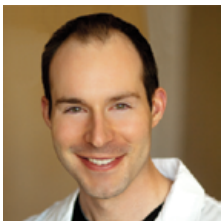
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Center for Professional Success offers resources to help members navigate Medicare decision

March 11, 2015
By Kelly Soderlund

The deadline for opting in or out of Medicare is looming for dentists, and the ADA Center for Professional Success has a number of online resources that can help them make sense of the regulation and what to do.

Any dentist who prescribes Part D covered drugs to Medicare beneficiaries has three choices. They must enroll in the program either as a provider of Medicare services or as an ordering/referring provider or opt out in order for prescriptions they write to be reimbursed by Medicare, according to the federal government. Dentists who fit this requirement must take action by Dec. 1.

The Centers for Medicare and Medicaid Services has several options for enrolling that apply to dentists. Opting out of the program, by signing an affidavit and entering into private contracts with patients as appropriate, means dentists are out of Medicare for two years and cannot receive any direct or indirect Medicare payment for services provided to Medicare patients. Regardless of the choice, a full explanation and links to the appropriate form, as well as sample affidavits, are available through the Center for Professional success.

The Center for Professional Success has a number of other resources that can help with this sometimes complicated and confusing process:

- Medicare tutorial video
- Frequently asked questions about the Part D regulation
- Resources for enrolling as a Medicare provider
- Resources to opt-in as a Medicare ordering/referring provider
- Resources to opt out

The Medicare tutorial video, along with the FAQs, is designed to help dentists make a decision on which option is right for them.

To access these resources and more, visit Success.ADA.org.

Additional resources are provided in the following articles: [Dentists must choose to opt in or out of Medicare enrollment](#) and [ADA offers Q&A primer on opting in or out of Medicare](#).

Classifieds

Please submit your resume or vitae to Marcia at Bridging the Dental Gap, 1223 So 12th St, Ste 1 Bismarck 58504 for the following:

Dental Assistant

FT or PT licensed chairside dental assistant for Bridging the Dental Gap. Will consider hygienist to work as an assistant. Competitive salary and benefits including health insurance.

Dental Hygienist

PT Dental Hygienist for fill in and one day per week permanent schedule for Bridging the Dental Gap.

Dental Hygienist for School Sealant Program

School Sealant program with Ronald McDonald Caremobile. Set up and operate school based sealant in cooperation with Caremobile and State Sealant projects. Part time and expanding over next several years. Some travel. Mileage will be paid.

Dentist – Public Health Type setting

FT dentist for Bridging the Dental Gap. Competitive salary and benefits including health insurance. Possibility for Dental Student Loan Repayment program.

2015 ANNUAL SESSION

September 18th-19th, Fargo, ND

Friday, September 18th

Jack Pfister, DDS - Lecture Series Featuring:



Paul H. Feuerstein, DMD



John C. Flucke, DDS



Martin J. Jablow, DMD, FAGD

What's New In High Tech Dentistry?

The goal of this lecture to give dentists and their staff the information to succeed in integrating the latest high tech dental products and software into their practices. You will learn about state of the art diagnostics, magnification, easy predictable anesthesia delivery, minimally invasive dentistry, digital impressions, lasers and much more.

These easy to implement and affordable concepts will enable you to provide better diagnosis and treatment to your patients. This will reduce stress on you and your patients while increasing the productivity of your practice. High Tech Dentistry makes dentistry enjoyable again!

Outline

- You cannot treat what you have not diagnosed
- Digital Radiography and 3D Imaging is not just for specialists.

- Cancer detection is "YOUR RESPONSIBILITY"
- Computer Controlled Anesthesia – No missed blocks!
- Minimally Invasive Dentistry- Products and techniques to reverse and treat caries.
- Lasers – Light changes the way you do things
- Digital Impressions means no more gook in the mouth
- Electric handpieces, Curing lights and other small items make dentistry easier.
- New Materials and Techniques – because not all new technology beeps

Nothing stays the same and that includes dentistry. I don't do any procedure the way I was taught in dental school. Join the revolution of high tech dentistry.

Saturday, September 19th

Jack Pfister, DDS - Lecture Series Featuring:



Paul H. Feuerstein, DMD



John C. Flucke, DDS



Martin J. Jablow, DMD, FAGD

High Tech Dentistry for the Entire Office

A high tech dental office is not just in the operator. Every member of the dental team participates in the technology to run and grow a practice.

Learn strategies for converting from paper to chartless and why chartless and paperless are not the same thing. See the benefits of digital records and why you will need to get there. Learn easy ways to make film digital along your conversation

path. Proper data backup and preparations for computer disasters. Getting the most out of the office Internet connection and using social media in the practice. How auxiliary staff can assist in digital impression.

Nothing stays the same and that includes dentistry. I don't do any procedure the way I was taught in dental school. Join the revolution of high tech dentistry.

2015 ANNUAL SESSION**Saturday, September 19th**

Dan Wicker, CPA, Partner
Cain, Watters & Associates, P.L.L.C.

The NDDA is offering a special session this year for our doctors and their spouses. (Staff or other members of the dental team are not able to register for this session.)

Mr. Wicker is a partner at CAIN, WATTERS & ASSOCIATES, P.L.L.C. (CWA) a "fee only" certified public accounting firm located in Plano, Texas. Mr. Wicker has designed financial plans for hundreds health care professionals across the country that help each client take advantage of their earning power. CAIN, WATTERS & ASSOCIATES, P.L.L.C. also provides tax and accounting services, ongoing financial monitoring, practice valuations and transitions, and estate planning for their financial counseling clients.

He currently serves as the partner in charge of CWA operations. Dan oversees the financial planning process as well as the CWA planners among other operational responsibilities. He has served the

clients of CWA in all financial planning roles including the development of financial plans, tax planning and practice valuations.

Dan also serves as one of the main speakers for CWA. He regularly speaks at the CWA practice transition seminar and travels throughout the US to speak at many dental and society meetings and study clubs.

Dan is a graduate of Kansas State University. He holds a CPA & Personal Financial Specialist (PFS) license from the AICPA and is a registered investment advisor. Dan also maintains memberships in the AICPA, and the TX Society of CPA. He started his career at the international accounting firm KPMG.

Dan is an avid outdoor enthusiast and enjoys spending as much time as possible waterskiing, snow skiing, and running. He is married to Kim and has two children Justin and Jenna.

"The greatest part about working at CWA is the relationships we build with our clients. It is impossible to put into words the responsibility and desire we have to see our clients reach their financial goals. The process of being successful financially is not normal in the US and it takes dedication and accountability. It requires action, responsibility and review all of which are the trademarks of CWA."

Topics Covered:**Wealth Accumulation & Tax Strategies for Dentists**

We have performed this presentation over two hundred times during the past thirty years and we are constantly refining it to incorporate the most recently updated laws and opportunities as it applies to dentistry. The purpose of the presentation is to educate you so that you can determine where you stand on the path to financial freedom, while being able to recognize new opportunities as dental business owner.

The scope of the lecture ranges from graduating dental school to preparing your estate for your heirs. The Accumulation Phase consists of your practicing career, in which you spend approximately 30 years accumulating enough assets to retire financially free. The Preservation Phase starts prior to your retirement, encompassing everything from the transitioning of your practice and your life as a working individual to making sure that your accumulated assets will be able to sustain your lifestyle for at least 30 more years.

Therefore, we will teach you: the proven math behind wealth accumulation, which tax strategies will further your plan, what the most beneficial investment environments are, and how to maximize your cash flow. Furthermore, we will update you on the current pension laws, tax strategies for a dentist, and how to come up with the money to fund for your retirement.

By the end of this lecture you will be able to: (1) set the foundation to define what your most advantageous pension plan is; (2) understand the math proving the advantage of tax-deferred growth; (3) explain the tax benefit of particular investments; (4) set realistic goals for your personal financial plan; and (5) explain how to find the balance between debt reduction and wealth accumulation.

Successful Dental Partnerships - A Step-By-Step Process to Practice Transitions

Preparing to enter a partnership and to transition a dental practice is a wonderful financial opportunity for both the buyer and the seller. However, partnership/transition opportunities are not just about dollars and cents. In fact, creating a perfect partnership structure and taking into account intangibles like goodwill and dedication are of utmost importance. Failure to accomplish this leads to a large number of failed partnerships and to associates that never become partners.

Over the past 25 years, we have created a methodology to transition dental practices of all specialties, and have successfully done so over 500 times with a high associate-to-partner success rate. This lecture presents information on how to create a successful partnership that is fair and equitable to both parties. In addition, it shows how the transition will have significant tax advantages for both the buyer and the seller, creating a win-win transition.

The topics covered during this lecture will give you a thorough outline of considerations to be made when contemplating a partnership. Finding an appropriate value for the practice and somebody who wants to buy it is simply not enough. You must identify when you are financially ready to sell and the effect the sale will have on your financial future and earnings. Additionally, you must identify how much of the practice is an appropriate amount for the buyer to purchase, whether bank financing or owner-financing is appropriate, how the money will be split, how you terminate the deal if something adverse happens, how each party should be incorporated, and what type of pension plan needs to be in place.

Buyer & Seller Tax Planning

Valuing the Practice

How Much to Sell

Associate & Partnership Contracts

Associate Compensation

Splitting Money in a Partnership

Patient Allocation

Post-Sale Partner Income

Pension Planning for a New Partnership

Financing

 **ADA 2015**
AMERICA'S DENTAL MEETING

November 5-10 • Washington, D.C.

Education: November 5-8 • Exhibition: November 5-7
House of Delegates: November 6-10

Save the date for the New Dentist Conference at ADA 2015

For the first time, the New Dentist Conference will coincide with the ADA annual meeting November 5-8. New Dentist Conference programming is in development now and will include leadership development courses, a special CE track, and social events, plus all the annual meeting has to offer and more.

Registration will open in the spring at ADA.org/meeting.



Save the Date for the New Dentist Conference at ADA 2015

Mark your calendars for ADA 2015 – America’s Dental Meeting November 5-10 in Washington, D.C. The ADA is pleased to announce that for the first time, the New Dentist Conference will coincide with the ADA annual meeting. Join all your colleagues as we meet in our nation’s capital. Registration will open in the spring at ADA.org/meeting.

The final touches for programming are in development and more details will be available in the coming months. Here’s a glimpse of what’s in store for new dentists.

New Dentist Conference Exclusives:

- A full day of leadership programming – featuring a keynote speaker, roundtable discussion with ADA leaders, a panel session with dentist congressmen, awards luncheon, leadership networking reception and more
- The can’t-miss New Dentist Reception – back and better than ever, and now included in the registration fee
- Access to an all-new exclusive lounge – conveniently located right in the convention center, and just for new dentists

- Discounted rates at the official new dentist hotel – save money and enjoy all the benefits of being in the center of the action

- District networking lunch – connect with colleagues from your own district at a lunch in the exhibit hall

Plus, take advantage of all the ADA annual meeting has to offer including:

- An educational track developed just for new dentists
- An all-new Welcome Reception
- The Distinguished Speaker Series
- A chance to give back at the ADA Mission of Mercy
- The exhibit hall, which includes more than 550 companies showcasing the latest technology in dentistry and CE opportunities right on the show floor
- the House of Delegates and related business meetings, where you can leverage leadership opportunities and make your voice heard

For more information, visit ADA.org/meeting. See you in D.C.!

NDDA to Sponsor One Dentist at 2015 New Dentist Conference

The NDDA, in an effort to encourage and develop new leaders in organized dentistry, will sponsor ONE dentist to the 2015 New Dentist Conference in Washington, D.C., November 5th – 10th. The NDDA will pay the dentist registration fee and airfare up to \$1,000. In exchange for this sponsorship, the dentist will be required to submit to the Board of Trustees a written report about the conference. This report will be placed in the Association Newsletter. If you are interested in attending the 2015 New Dentist Conference, please complete the application below and return it to the NDDA’s Central Office no later than May 29, 2015. The Board of Trustees will select the dentist to be the recipient of this sponsorship. In order to be eligible, applicants must have been practicing dentistry no longer than 10 years or must be under 40 years of age.

2015 New Dentist Conference Sponsorship Application

Name: _____

Address: _____

Phone Number:(_____) _____ - _____ E-mail Address: _____

Year of Graduation from Dental School: _____ Date of Birth: _____

Why You Would Like To Attend the New Dentist Conference (additional pages may be submitted if necessary): _____

Submit Applications To:
NDDA
P.O. Box 1332 | Bismarck, ND 58502

● ● ● ● **THE RISING COSTS OF HEALTHCARE ARE NO LAUGHING MATTER.**

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for your Benefits Plan Check Up!**



High Blood Pressure and Dental Care

The North Dakota Department of Health's Heart Disease and Stroke Prevention Program and Oral Health Program are partnering with the health care providers to identify and manage patients with hypertension in order to reduce the burden and eliminate disparities associated with heart disease and stroke.

Hypertension (high blood pressure) is a chronic medical condition where the blood pressure in the arteries is elevated. Blood pressure is the pressure exerted by circulating blood upon the walls of blood vessels and is one of the principal vital signs. A person's blood pressure is usually expressed in terms of the systolic pressure over diastolic pressure and is measured in millimeters of mercury (mm Hg). The top, systolic, number is when the heart beats. The bottom, diastolic, number is the pressure when the heart rests between beats. Normal resting blood pressure for an adult is approximately 120/80 mm Hg. In some individuals, the force exerted on the arteries can be too high, creating microscopic tears in the artery walls causing scar tissue. An individual can have no symptoms for years, causing damage to the blood vessels and the heart. This increases the risk of serious health problems, including heart attack and stroke.

Heart disease is the number one killer of Americans and North Dakotans, taking more lives than all forms of cancer combined. Over 150,000 North Dakotans are currently being treated for hypertension. Only 75 percent of those being treated have their hypertension under control. The impact is concerning, given that 72 percent of all North Dakota stroke cases and 69 percent of people who have a first heart attack are identified with hypertension of higher

than 140/90 mmHg. Only 61 percent of adults with uncontrolled hypertension are aware they have it.

Any situation that causes stress can increase hypertension, even including undergoing dental work. If the patient's hypertension is already high, it could result in a dangerous situation, and in a worst-case scenario, prompt a heart attack or stroke. Local anesthetics, such as epinephrine, can be a danger for some patient's by causing an increase in hypertension.

A significant number of anti-hypertensive medications can also leave the patient with unwanted oral side effects like xerostomia (dry mouth) and dysgeusia (distortion of the sense of taste). Other medications with calcium channel blockers (used to treat hypertension) can create gingival hyperplasia (increase in the size of the gums). It's important to discuss these potential side effects with your patients who take these types of medications.

The good news is that reducing average population systolic blood pressure only 12-13 mmHg could reduce stroke by 37 percent and deaths from cardiovascular disease by 25 percent. Dental professionals play a vital role in the detection of hypertension. A significant number of people are unaware they have hypertension and usually believe they're medically healthy when visiting the dentist. By taking patients' blood pressure prior to procedures and referring patients with noted high blood pressure to primary care providers, dental professionals can help in the prevention of heart attack and stroke.

For further information or questions, contact Cheri Kiefer, BSN, RN, RD, at the North Dakota Department of Health, Division of Chronic Disease at ckiefer@nd.gov or 701.328.2333. Order free patient education materials on hypertension here: www.ndhealth.gov/heartstroke.

References: www.heart.org/hbp; www.heart.org/mylifecheck; www.cdc.gov/bloodpressure; www.millionhearts.hhs.gov

THE NORTH DAKOTA DENTAL ASSOCIATION WELCOMES OUR NEW MEMBERS

Whether you are transferring from another State Association or just starting out, we wish you the best of luck and much success with your practice.

Dr. Bethany Baillargeon, Fargo

Dr. Jason Burckhard, Minot

Dr. Caleb Johnsen, Ellendale

Dr. Robert Kifer, New Town

Dr. Alex Ness, Minot

Dr. Stephanie Ness, Minot

Dr. Larry Steininger, Minot

IN MEMORIAM

It is with sincere regret that we report the death of the following member of the North Dakota Dental Association and wish to convey our deepest sympathy to the family and friends.

Dr. Carney Middleton



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Oral-pharyngeal HPV

Experts estimate that by 2020, Human Papillomavirus (HPV) will cause more oral cancers than cervical cancers in the U.S.

The incidence of HPV related oral cancers has been increasing over the last twenty years, especially among men. HPV found in the mouth and throat is called "oral HPV" and it is about three times more common in men than in women. Some types of oral HPV (known as "low risk types") can cause warts in the mouth or throat. Other types of oral HPV (known as "high risk types") can cause cancers of the head and neck area and are most commonly found in the back of the throat at the base of the tongue and tonsils. These cancers are called "oropharyngeal cancers." More than half of diagnosed oropharyngeal cancers are linked to HPV type 16.

In most cases, the body is able to fight off the HPV infection naturally and infected cells go back to normal. However, in cases where the body is not able to fight off the virus, HPV can cause visible changes and may lead to long-term health problems, including oropharyngeal cancer. Cancer caused by HPV often takes years to develop after the infection is initially acquired. Prior to becoming symptomatic, individuals can pass the infection on to others without knowing that they are infected or that they are passing it on. It

is unclear if having HPV alone is enough to cause oropharyngeal cancers, or if other factors, such as smoking or chewing tobacco, interact with HPV to cause these cancers. More research is needed to understand all the factors leading to oropharyngeal cancers and if screening for oropharyngeal cancers will have health benefits.

HPV vaccines that are now on the market were developed to prevent cervical and other HPV-related cancers. Because all three licensed vaccines protect against the HPV strain linked to oral cancer, there is potential that the vaccine can prevent oral cancers when it is administered prior to exposure to the specific HPV strain.

For more information, please visit

www.cancer.gov

The North Dakota Department of Health Immunization, Oral Health, Comprehensive Cancer Programs and North Dakota Cancer Coalition are working together to address HPV associated cancers in North Dakota.

NORTH DAKOTA DENTAL ASSOCIATION

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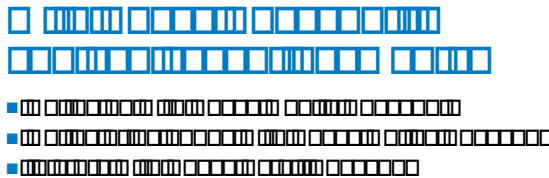
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The latest news about accepting new chip cards.

U.S. consumers are getting new debit and credit cards with embedded chip technology that better stores and protects cardholder information. While these new chip cards are part of the new card standard for Europay, MasterCard and Visa (EMV), there aren't any immediate changes required on your part. Chip cards will continue to have the magnetic stripe.

Although you can continue to take payments from patients just as you do today, here are some of the important things you need to know:

- Chip cards increase security and minimize fraud
- Most banks are in the process of reissuing all cards
- Most of your patients will have these cards by October 2015
- You can continue to accept cards via swipe

Visa®, MasterCard®, American Express® and Discover® will shift liability to U.S. merchants beginning 10/1/15. This shift will occur whether or not you implement EMV acceptance. Chase Paymentech is fully equipped to process EMV credit card transactions and help you implement EMV payment acceptance.

Learn more about chip cards and their upcoming liability shift on 10/1/2015. Plus, receive a FREE statement analysis of your current credit card processing rates. Call a Chase Paymentech representative at 800-618-1666 or visit bestpaymentprocessing.com/ada