



# North Dakota DENTAL ASSOCIATION

## Newsletter

Volume 6, Issue 3 • Fall 2016



*Katie Stewart, DDS*

### PRESIDENT'S MESSAGE

Greetings Fellow NDDA Members!

I write this message to you as I am traveling back to ND from the ADA 2016 Annual Session in Denver, CO. It was an honor to attend as an Alternate Delegate of the House of Delegates representing the great state of North Dakota. The 10th district (North Dakota, Minnesota, Nebraska, South Dakota and Iowa) is highly respected amongst our national colleagues. A large part of this is due to the amazing networking our new 10th District Trustee, Dr. Ken McDougall has done. I can assure you, Ken is the right man for the job to be serving us on a national level. He has huge shoes to fill that were left behind by Dr. Jim Zenk, but Ken will jump right in.

This year's House of Delegates proposed, discussed and voted on many issues. The ADA is working tirelessly to advocate for its members. There is a huge focus on appealing to the millennials and the newer dentists to assure they see value in being a member of the ADA and feel their voices can be heard.

I would like to thank you all for allowing me the opportunity to represent ND dentists. Thank you to Dr. Omar Chahal for a wonderful year as President. His passion for dentistry and doing the right thing for the patients, as well as the dental community, is impressive. I look forward to continuing to work with him as the Past-President. Without Omar and the other previous leaders' guidance, I am unsure I could perform my duties as President. I truly appreciate their mentorship.

As you know, our Assistant Executive Director, Mary Bandle has resigned. Another organization in Bismarck has been graced with her incredible administrative and networking skills as well as her superb work ethic. She will be greatly missed, but we are very happy to have Tracy Stoppelmoor to step into her position. Tracy has a most impressive resume and some amazing experience in administration, event planning, business organizing and accounting. She is super approachable and is here to help our NDDA be the best it can be!

Thank you to all those who made our 2016 Annual Session a success. The session was well attended and we had an outstanding number of exhibitors. Please remember to thank our exhibitors as their registration fees are a large portion of our non-dues revenue, not to mention, the amazing sponsorship dollars they provide. The planning and execution efforts by Mary and Tracy were out-of-this-world. We were honored to have Doug Burgum as the keynote speaker at the membership luncheon. He shared with us his vision for making ND better and his passion for helping small businesses be as successful as possible.

The Board of Trustees will continue to work on our four top strategies to improve access to dental care for all North Dakotans. Those include improving the dental Medicaid system, maximizing the state's current dental hygienist and assistant workforce, expanding and supporting non-profit safety-net clinics, and continuing to engage with the tribal communities. We will be keeping you updated via newsletters, emails and website postings. Please stay connected as much as possible.

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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 members and the public.





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As the 2017 legislative session nears, it is extremely important that we continue to stay connected with our local legislators. Please help us by doing your part to educate these legislators on our concerns for dentistry in ND, as well as our continual efforts to improve dental care for the patients we serve.

Thank you again. I look forward to what the rest of my term as President may bring. Wishing you all a blessed Holiday Season!

Respectfully Submitted,

*Katie Stewart, DDS*

NDDA President

## **FROM THE EXECUTIVE DIRECTOR'S DESK**



*Brent Holman DDS*

Greetings from the NDDA Central Office as we head into the winter and holiday season! Thanks to those of you who attended the NDDA September Annual Session in Bismarck; it was a successful meeting and we heard many positive comments about the newly remodeled Bismarck Convention Center and

our speakers! Mark your calendars now to attend the NDDA Mid-Winter meeting in Bismarck on January 19th and 20th. We are focusing on pharmacology at that meeting with Ms. Karen Baker speaking as our all-day presenter on "Drugs and Dentistry" and Dr. Chuck Crago speaking on Opioid Prescribing during the lunch break. We will also have a representative from the ND Board of Pharmacy who will review the Prescription Drug Monitoring Program (PDMP) and will be available to help with registration for those dentists who have not yet done that. Please plan to attend this important event!

We are pleased to welcome Dr. Katie Stewart as our new President and many thanks go out to Dr. Omar Chahal who is Past-President. Both are committed professionals who have and will continue to serve our Association in an exemplary way. Congrats also to Dr. Ken McDougall for being installed as our new 10th District Trustee at the recent ADA meeting in Denver. Ken will do a great job!

Also, if you haven't heard, we officially welcome our Assistant Executive Director, Tracy

Stoppelmoor! Welcome aboard Tracy! Her predecessor, Mary Bandle, will be greatly missed and we wish her the best in her new job!

As mentioned many times over the past months, the 2017 ND Legislative Session begins in January and we yet again expect a dental midlevel provider bill to be introduced. In our August Member Survey, 95% of our members told us they want us to oppose this model in our state. The NDDA feels there is limited evidence that this model will maintain the standard of care, reduce costs, or improve access in rural states such as North Dakota. Minnesota is still the only state that has practicing dental therapists and most are practicing in the Twin Cities area and not in rural areas. There are only 6 practicing north of I-94. For a close-up look at one dentist's experience in employing a dental therapist, visit the testimony of Dr. Anthony Hilleren of Benson, MN: [http://www.legis.nd.gov/files/committees/64-2014/appendices/17\\_5168\\_03000appendixi.pdf](http://www.legis.nd.gov/files/committees/64-2014/appendices/17_5168_03000appendixi.pdf). Please make a difference by staying informed and let your legislators know you want to be a resource on dental issues. Personal relationships are the key to success!

Finally, don't forget to frequently check out our website, [SmileNorthDakota.org](http://SmileNorthDakota.org), for the latest in advocacy news. Your login is the same as your ADA login. Also, "like" us on Facebook at [facebook.com/NDActionForDentalHealth](https://www.facebook.com/NDActionForDentalHealth) and follow us on Twitter at @dentalndda. Thanks!

Respectfully Submitted,

*Brent Holman, DDS*

Brent Holman DDS

Executive Director



# ADA 10<sup>th</sup> District News



Ken McDougall, DDS  
10<sup>th</sup> District Trustee

Hey, there is a new kid on the block. Well maybe I am not so new, but I am your new 10th District Trustee. I am honored to follow in the footsteps of the great people that have served before me such as Dr. Myron Pudwill, Dr. Bob Brandjord, Dr. Kathryn Kell, Dr. Ed Vigna and Dr. Jim Zenk. I have always been impressed with how they served all members of our district and I vow to do the same. I invite you to contact me if you have any concerns about organized dentistry as I am sure with the help of our ADA staff and your state staff we can get you an answer or an explanation.

Let me tell you a little bit about myself. I am a native of North Dakota as I grew up in the Wahpeton area and graduated from Wahpeton High School in 1974. From there I attended the North Dakota State School of Science for two years and transferred to the University of Minnesota where I received my Bachelor of Science and DDS degrees. After graduating in 1981 I moved to Jamestown North Dakota and set up my own practice. Jamestown has been a wonderful place to practice dentistry and North Dakota has offered me many opportunities to get involved in organized dentistry. I served as my component President and followed that by serving as President of the North Dakota Dental Association in 2000. I was honored to be appointed to the Council on ADA Sessions and served as Chair of that council in 2007. I was then asked to serve on the ADPAC Board and served as the 10th District Representative for four years and then was elected to Chair ADPAC and served in that capacity in 2014. I want to thank all of the members that support our advocacy efforts by contributing to your state PAC and ADPAC.

Now I have the ultimate honor as serving as your 10th District Trustee and I get to share with you on a regular basis my thoughts and information that I feel is crucial for all of our members. As I write this report, I have been in office for eight days and have had one board meeting which lasted one hour following the ADA House of Delegates meeting in Denver so what can I possibly say? Well, I would like to highlight a few things that happened in Denver and then tell you about my board assignments.

Outgoing ADA President, Dr. Carol Summerhays, emphasized the need for our organization to be open to change because the world is changing around us. She reported that 49 states are now using Aptify, our new membership software. The ADA Board has authorized a review of the organizations business plan and a complete review of the ADA Bylaws will be presented at next year's house. She reported that progress is being made with licensure mobility and we recently had an advocacy victory when the temporary licensure procedure through the Indian Health Service was streamlined and language regarding this was included in a recent bill.

Dr. Kathleen O'Loughlin, our ADA Executive Director, gave her report and stated the ADA is the envy of other health care organizations, however there is room for improvement. She outlined five behaviors we must embrace; Benevolence: we need to trust each other and treat each other kindly; Reliability: we need confidence in each other and do things on time; Competence: the people we elect and appoint must be competent so we can trust them; Integrity: we need to tell the truth and let the evidence speak for itself; and Openness: we need to share our information which can make us vulnerable but we need to treat people fairly even if they share bad news.

Dr. Ron Lemmo, the ADA Treasurer, provided an update and in a nutshell said neither our dues revenue nor our non-dues revenue is growing so we need to make some tough choices. Our dues had not gone up in four years. The 2016 ADA House of Delegates approved a \$10.00 dues increase which is a 1.9% increase.

Dr. Joe Crowley was elected to serve as our President-elect. Dr. Crowley is from Cincinnati, Ohio.

The ADA House of Delegates passed two resolutions that I think are worthy of mentioning in this article, as they were greatly debated and they may affect your practice. The ADA Council on Communications put forth a resolution for a three year initiative to drive utilization of dental services to ADA members. This is a three year plan and it has an \$18,300,000 price tag. This amounts to about \$60 per member per year. The initial reaction of the 10th District delegation was this is too expensive, but upon further explanation by council members and ADA staff the resolution received overwhelming support. This plan is aimed at approximately 1/3 of the population that can afford to go to the dentist but for various reasons do not show up in our office. The marketing will be digital ads in social media so it can be targeted very specifically to the groups we are trying to reach. Potential patients will be encouraged to go to the ADA

"Find-a-Dentist" page to set up an appointment. This means we need to make our profile in the "Find-a-Dentist" area of the ADA website appealing to potential patients. Part of the marketing plan includes a toolkit which will help ADA members do this. Currently the "Find-a-Dentist" site gets about 120,000 hits in a year. This program hopes to increase that number to as high as 1,000,000 hits in a year. The "Find-a-Dentist" site will be upgraded to make it more user friendly. This marketing plan includes funds to support state and local dental associations that want to do their own marketing efforts. I see this as a real member benefit and at a reasonable cost. Wisconsin and Michigan have done this type of marketing at a much higher cost per member and the satisfaction level after one year was very high. The American Association of Orthodontists has funded a marketing campaign at a cost of \$800.00 per member so our cost is very low compared to other efforts that have been undertaken in our country.

How will we know if this marketing plan is effective, was a big question we heard in Denver. There are metrics we can use to evaluate its effectiveness. The hits at "Find-a-Dentist" can be measured. There will be a Household Panel that will meet at the beginning of the program and one year later to see if the program is changing the target audience's attitude about the importance of visiting an ADA member dentist. The Health Policy Institute, a division of the ADA, will also track the business of ADA dentists throughout the duration of the program and share the findings with interested parties within the ADA.

How do we pay for this program? This proposal came to the ADA Board of Trustees after the 2017 budget was finalized but the Budget and Finance Committee did discuss the various ways of funding the program. Dr. Lemmo, ADA Treasurer, shared his thoughts on funding with the reference committee that was assigned this resolution and it was proposed that the funding for the first year should come from our reserves. It was also recommended that funding for the second and third year should be at the discretion of the Board as that is the group that formulates the budget. The possibilities for funding include taking it out of the reserves, a dues increase, a special assessment or a combination of any or all of these options. The House passed the resolution and sometime after the first quarter of 2017 you should start to see the actions of this initiative.

Another resolution that received considerable attention was an amendment to the ADA Principles of Ethics and Code of Professional Conduct regarding specialists. In an Attorney/Client session of the ADA House of Delegates and in the Legislative, Health, Governance and Related Matters Reference Committee, it was explained to us that we had three options: don't make the changes and most likely have a very expensive legal battle that we were almost assuredly going to lose; don't make the changes and possibly have the Federal Trade Commission show up at the ADA offices and investigate all actions of the ADA; or make these changes and avoid a restriction of trade lawsuit. This resolution significantly changes what qualifies as a specialty and removes the requirement that a specialist must limit the scope of their practice. Under the old Bylaws a specialist could be licensed to practice general dentistry but also have an ADA recognized specialty degree and practice periodontics. If that doctor chose to work one day a week at an outreach clinic he/she was violating the code of ethics even though no state license violations were occurring. Some state dental boards recognize areas of specialty that the ADA does not recognize. This creates a problem with a dentist legally advertising their state recognized specialty but in so doing, violating the ADA Code of Ethics. The previous wording in our code could be interpreted as a restriction of trade by the Federal Trade Commission and it was determined that the most prudent course of action was to change the portion of the code referring to specialists. The implications of this change, although legally necessary, may not be popular with all general dentists. Do you want an orthodontist doing restorations on your patients? Perhaps the answer is no, but if that doctor is trained to do the procedure and the state licensure laws allow it, then in no way should such an action be against ADA policy. The general dentist has the ultimate control over this as it is he/she that determines to which doctor they refer their patients.

Following the ADA House of Delegates meeting, I attended my first Board meeting. It was short and mostly informational in nature. I learned that I have been appointed to serve on the Governance Committee, am a liaison to the Commission for Continuing Education Provider Recognition and will be a delegate to the 2017 FDI World Dental Congress. It was also pointed out to me that I as a Board member, I represent the ADA and not just the 10th District. I am indeed the 10th District representative to the Board, but my responsibility is to all of the ADA. Having said that, please do not hesitate to contact me if you have any questions or concerns. The staff at the ADA are very helpful and I can call upon past 10th District Trustees for help too. Help me do my job to make the ADA the best that it can be.

Respectfully Submitted,

*Ken McDougall, DDS*

ADA 10th District Trustee

mcdougalk@ada.org

Cell# 701-269-9157



**7:00 a.m., Thursday,  
September 15, 2016  
Bismarck, ND**



# Board of Trustees MINUTES

Attending: Drs Omar Chahal, Paul Tronsgard, Caron Berg, Brad Anderson, Katie Stewart, Tony Fisher, Dave Olson, Grant Korsmo, Kamila Dornfeld, Dr. Brent Holman, and Ms. Mary Bandle.

10th District Attendees: Drs Eric Hodges, Jim Zenk, Martin Gleason, Mark and Michael Frankman.

President Dr. Chahal called the meeting to order at 7:01 a.m.

June 2016 meeting minutes were approved.

The resolutions and budget that will be presented to the HOD were reviewed and discussed. Revised language for the Tobacco Policy resolution #1 was presented to the group however the decision was made to endorse the original resolution as presented without changes. Motion made and carried.

Resolution #2 was reviewed and discussed. It will be presented to the HOD with a board recommendation of DO PASS. Motion made and carried 6 to 1.

The remaining resolutions #3 & #4 were reviewed and discussed and will be presented to the HOD as is. Motions made and carried.

The 2017 proposed budget was reviewed and discussed with clarification.

Dr. Holman provided an update on the Oral Health Interim Committee and the upcoming hearing.

Washington Leadership Conference attendees were discussed. Attendees will be the President, President-Elect and Executive Director.

Ms. RaeAnn Kelsch is unable to attend the Lobbyist Conference. Dr. Holman and potentially Dr. Stewart will attend the conference, pending her schedule.

Volunteer/Contracted service survey and results were discussed.

Medicaid calls coming in to the office have slowed. The Medicaid Advisory Committee will be meeting the end of

September.

Dr. Holman discussed the PAC and that Dr. Tronsgard will become the new Chair. Meeting for the PAC will be on Friday, September 16. Brady Martz has been asked to do a financial review of the PAC accounts going back 3 years.

Dr. Holman discussed the membership survey results.

Dr. Holman discussed the ND/MN joint MOM project and the success of it. He also discussed potential future MOM projects.

Ms. Bandle provided an update on the 2016 annual session and membership.

Next board meeting will be Saturday, September 17th, 10:30 a.m. at the Bismarck Event Center.

Meeting with Auxiliaries will be Friday, September 16th at 9:30 a.m. at the Bismarck Event Center.

The group discussed the assistant program and the status with the schools and funding.

Ms. Kim Yineman and Ms. Jackie Seefeldt with the State Health Department were present to provide an update on the Sealant Program in the state, grants they receive funding from, and potential legislation for the next session.

Dr. Shawnda Schroeder with UND Center for Rural Health was present to provide an update on the Oral Health fact sheets.

Dr. Holman provided an update on opioids subscribing issues and the registration.

Dr. Eric Hodges, ADA PAC Chair, spoke regarding the importance of giving to the AD-PAC and their efforts.

Meeting Adjourned at 10:21 a.m.

Respectfully submitted

*Dr. Brent L. Holman*

**10:30 a.m., Saturday,  
September 17, 2016  
Bismarck, ND**

Attending: Drs. Katie Stewart, Omar Chahal, David Olson, Caron Berg, Brad Anderson, Grant Korsmo, Dr. Brent Holman, and Ms. Tracy Stoppelmoor.

Guest: Scott Anderson, Executive Director of the North Dakota Dental Foundation

President Dr. Stewart called the meeting to order at 10:35 a.m.

Scott Anderson provided an update on the North Dakota Dental Foundation and its Mission, structure, impact initiatives, finances, endowment fund and future assistance/support.

September 15, 2016 meeting minutes were approved.

House of Delegates resolutions were reviewed. Discussed creation of a House Policy Book, Organization Bylaws and State Bylaws to be housed and maintained by the central office. Drs. Anderson and Holman will research and provide update.

Dr. Holman reviewed goals and objectives for the year. Add goals as follows:

- Confirm all districts are reporting financials timely and completing tax forms
- Add email accounts for district level.

Appointments to Councils and Committees were reviewed. Recommendation to add the monthly financial review to the Secretary position of the Board and Brady Martz to perform monthly processing and audit.

Dr. Holman presented request for Dr. Otto Dohm to participate in the Opioid Prescription Task Force. Dr. Omar Chahal has also tentatively agreed to participate. Also working on a Public Relations response piece.

Dr. Holman reported on BODE nominations to the Governor.

Discussion regarding comments from 2016 Annual Meeting and 2017 Presenters.

Meeting with auxiliaries was discussed.

Future speakers were reviewed.

The Mid-Winter meeting was reviewed. Thursday presentation will be presented by Diane Testa on Infection Control. Board meeting will be held Thursday at 7:00 pm. Friday will now include a presentation by Dr. Crago on Opioids.

Next board meeting will be January 19, 2017 during the Mid-Winter meeting.

Meeting Adjourned at 12:37 p.m.

Respectfully submitted

*Dr. Brent L. Holman*

**2016-2017 OFFICERS/TRUSTEES**

Dr. Katie Stewart  
*President*

Dr. Grant Korsmo  
*Trustee*

Dr. Caron Berg  
*President Elect*

Dr. Kami Dornfeld  
*Trustee*

Dr. David Olson  
*Vice President*

Brent L. Holman, DDS  
*Executive Director*

Dr. Brad Anderson  
*Secretary/Treasurer*

Tracy L. Stoppelmoor  
*Assistant Director*

Dr. Omar Chahal  
*Past President*





## 2017 MID-WINTER SESSION

January 19th – 20th, Bismarck, ND

The North Dakota Dental Association cordially invites you to join friends and colleagues at the 2017 Mid-Winter Session at the Ramada Hotel, 1400 E. Interchange Avenue, Bismarck.

### Lecture: Infection Control

**Dr. Bradley Kasson, DDS**

January 19, 2017 (Thursday evening)  
(2 credit hours)

### Lecture: Drugs & Dentistry: New Issues & Newer Solutions!

**Karen Baker, B.S., M.S.**

*From University of Iowa*

January 20, 2017 (Friday)  
(6 credit hours)

Increasing numbers of dental patients are uncontrolled hypertensives or diabetics with complex oral health problems. Many new cardiovascular, central nervous system, and endocrine drugs can interact with dental drugs or affect bleeding or wound healing. Patient self-medication with supplements and over-the-counter drugs has recently been recognized as potentially risky in dentistry. Consequently, more and more patients report chemical and drug allergies and intolerances. Dental professionals are frequently faced with medically complex and chemically challenged patients and need practical strategies for providing safe and appropriate care. The purpose of this course is to identify new drug-related problems encountered in dental practice and to outline practical management solutions. Drug and supplement references will be compared and recommendations about clinical usefulness will be discussed. Controversial issues related to the new total joint prophylaxis guidelines, dietary supplement dangers, and dental drug interactions will be presented. Throughout the program, primary emphasis will be placed on developing consistent strategies for treating medically complex dental patients. An extensive and very current handout will greatly enhance the chair-side value of this fast-paced, comprehensive and practical course.

After attending this course and reviewing the handouts, the participant should be able to:

1. Recognize the specific dental treatment modifications necessary to prevent complications in patients with major cardiovascular or central nervous system disorders,
2. Prescribe and explain antibiotic pre-medication based on new or updated guidelines,
3. Modify dental treatment for patients on new chronic medications for diabetes, osteoporosis and rheumatoid arthritis, and
4. Identify the chronic medications or dietary supplements likely to precipitate major interactions dental antibiotics, analgesics, local anesthetics, and oral or parenteral anesthesia agents.



### Professor Karen Baker

Professor Karen Baker has been on the Dental College faculty at the University of Iowa for 35 years and occupies a unique role in dental practice and education. She is a clinical pharmacist with a Master's degree in clinical pharmacology and therapeutics and is focused on patient-specific dental drug therapy. She has given over 1000 invited programs nationally and internationally and holds memberships in many dental and clinical pharmacology and therapeutics organizations. Her dental education-based pharmacy and drug therapy consultation center is the only one in the United States. She has authored more than 50 articles and abstracts and lectures extensively in pre-doctoral and graduate courses at the University of Iowa.



## 2017 MID-WINTER SESSION

### Dr. Charles A. Crago

Dr. Charles A. Crago received his undergraduate B.S. degree from Auburn University in 1974 and the matriculated at the University of Alabama, in Birmingham. He was awarded his D.M.D. in 1977 and his M.D. in 1982. Dr. Crago also completed residencies in Oral Pathology and Oral and maxillofacial Surgery while at the University of Alabama. He entered private practice in Albuquerque, New Mexico in 1984 and continued in that capacity until moving to Fargo in 2002 to join Face & Jaw Surgery Center. Dr. Crago is both a Fellow of the American Academy of Oral Pathology and a Diplomate of the American Board of Oral and Maxillofacial Surgery. He is active in the American Association of Oral and Maxillofacial Surgeons and is on the Committee on Governmental Affairs, having recently completed three years as Chairman and now serving as consultant. He is also the Caucus Chair for District V of the AAOMS House of Delegates.



Dr. Crago has special interests in craniofacial traumatology and reconstruction, orthognathic surgery, reconstructive surgical management of temporomandibular joint dysfunction, distraction osteogenesis, cleft lip and palate reconstruction, reconstruction for obstructive sleep disorders, oral pathology, and dentoalveolar and implant surgery.

### SCHEDULE OF EVENTS:

**Thursday, January 19, 2017 7 pm – 9 pm**

#### Infection Control (2CE)

Dr. Bradley Kasson, DDS

Registration: 6:00 pm

*Heritage Ballroom, Ramada Bismarck Hotel*

**Thursday, January 19, 2017 6 pm – 9 pm**

#### Board of Trustees Meeting

*Executive 106, Ramada Bismarck Hotel*

**Friday, January 20, 2017 8 am – 9:15 am**

#### Legislative Breakfast at the Capitol

(Member Doctors Only)

*Memorial Hall, ND State Capitol Building*

**Friday, January 20, 2017 8:30 am – 4:00 pm**

#### Drugs & Dentistry: New Issues & Newer Solutions! (6CE)

Professor Karen A. Baker, B.S., M.S.

Registration: 7:30 a.m.

*Heritage Ballroom, Ramada Bismarck Hotel*

**Friday, January 20, 2017 12:15 pm – 1:00 pm**

#### Prescribing Prescription Opioids

Charles A. Crago, DMD, MD

*Heritage Ballroom, Ramada Bismarck Hotel*

**Friday, January 20, 2017 1:00 pm – 4:00 pm**

#### Board of Trustees Meeting

*Executive 106, Ramada Bismarck Hotel*

#### ND Prescription Monitoring Program

Opportunity to register for a PDMP Direct Access Account with a representative from the ND Pharmacy Board

Friday, January 20th

11:00 am – 2:00 pm

(See page 17 for more information)

\*NOTE: Speaker handouts –if any– will be available **on-line only**. Please print and bring along.

Continuing Education Certificates will also be available **on-line only**. They will be posted following the meeting. Please download as necessary for your reporting requirements.

Please see our website for these items:  
[www.smilnorthdakota.org](http://www.smilnorthdakota.org)

#### For Hotel Reservations:

[Cut-off date for NDDA room block is January 4, 2017]

**Ramada Bismarck Hotel**

**701.258.7000 or  
800.554.7077**

Room block reserved under:  
ND Dental Association

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# ADA News

AMERICAN DENTAL ASSOCIATION WWW.ADA.ORG

## SECTION 1557 REQUIREMENTS

Many of you have likely heard about Section 1557 of the Affordable Care Act that prohibits entities that receive federal financial assistance from discriminating on the basis of race, color, national origin, age, disability, and sex. Providing language assistance at no cost to certain patients with limited English proficiency is one of the provisions of the final Section 1557 rule that was announced in July by the Office of Civil Rights. Another requirement of the new rule is to post notifications for patients in the 15 most frequent languages specific to your state. The ADA has released a new poster specific to states. Below is the link for the poster pertaining to Rule 1557 requirements in North Dakota that you can print and post in your office, place on your website, and any other "significant publication." The rule was effective July 18, but some provisions don't go into effect until 90 days later, which is October 16.

ND language poster link - <https://success.ada.org/en/practice/operations/section-1557/~/~~/media/4D40AE17EC624BA7B6DDCBF3F95796A4.ashx>

You are also required to post a short notice of non-discrimination. You can see Office of Civil Rights samples of these notices of nondiscrimination, as well as a checklist, by visiting the ADA.org/1557 website.

Questions have been asked regarding whether a dental practice that does not accept payment from Medicaid, Medicare, or Medicare Advantage Plans, are subject to the provisions of Rule 1557? ADA staff have advised us that the answer is "no". However, they say that a patient could still possibly bring a civil action against an office that does not provide translation services by filing a complaint under civil rights laws depending on the federal or state jurisdiction. Bottom line, check with your attorney if you have further questions about your specific responsibilities under 1557 or other applicable civil rights laws.

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Marilyn Diers  
 Harold Diers & Co.  
 800.444.1330  
 marilyn@hdiers.com  
 www.hdiers.com/ndda



Greetings!

The NDSACS Allied Dental Education Department is committed to providing the state of North Dakota with competent Dental Hygienists and Dental Assistants. This past year, we have been working with the Arts, Science and Business division exploring educational capacities for Dental Assistants. We appreciated the opportunity to present our proposal to the NDDA during the House of Delegates meeting in Bismarck at the 2016 Annual Session.

Our proposal included the following three options:

**Option A: DANB Preparation Courses - leads to QDA or RDA**

- 3 courses - Infection Control (ICE), Radiation Health and Safety (RHS), and General Chairside (GC)
- A current office-trained dental assistant could take these courses and challenge the DANB after completion of the required number of hours in a dental office.

**Option B: Distance Delivered Dental Assisting Program (online/telepresence) - leads to RDA**

- Lecture classes would be taught by NDSACS faculty via web link. Lab courses for off campus students would take place at a clinical site preferably in Bismarck or Williston.
- To date, no clinical sites have been identified.

**Option C: Dental Assisting Student Sponsorships - leads to RDA**

- Students attend Wahpeton campus or the tele-program and are sponsored by a dentist.

We understand the goal for most dental offices would be to have students graduate from our campus however, there has been increasing interest in the DANB prep courses, leading to the QDA certification in the state of ND. We have reviewed the development of DANB online prep courses through NDSACS and have found that the development and offering would cost more than options currently available through the **Dale Foundation**, a component of the DANB organization. They offer review courses in each section (chairside, radiology and infection control). The cost is \$130 per section.

The link for the Dale Foundation is: <http://www.dalefoundation.org/>.

In other news, we are currently preparing for our CODA accreditation site visit that will take place April 25-27, 2017. We also welcome dental offices willing to serve as educational sites for Dental Assisting students.

Thank you for the opportunity to provide this update of our efforts. Suggestions and comments are always welcomed! Please contact me if I can be of help in anyway.

Rhonda Edwardson, RDH, BA, M.Ed.

Department Chair

Allied Dental Education, NDSACS

Wahpeton, ND

Phone: 701-671-2334

Rhonda.Edwardson@ndscs.edu



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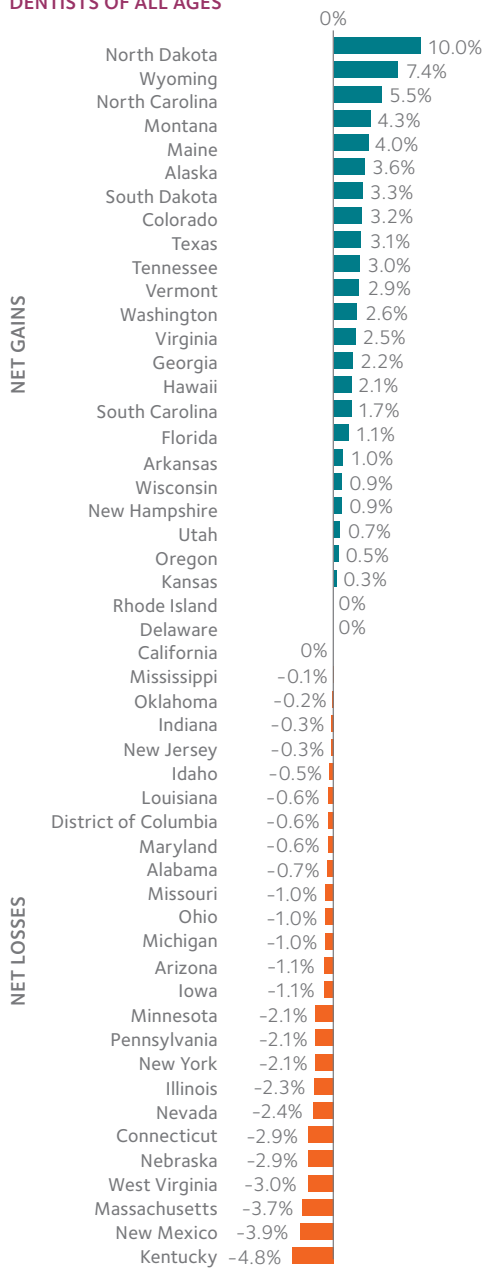
**800.999.5809**



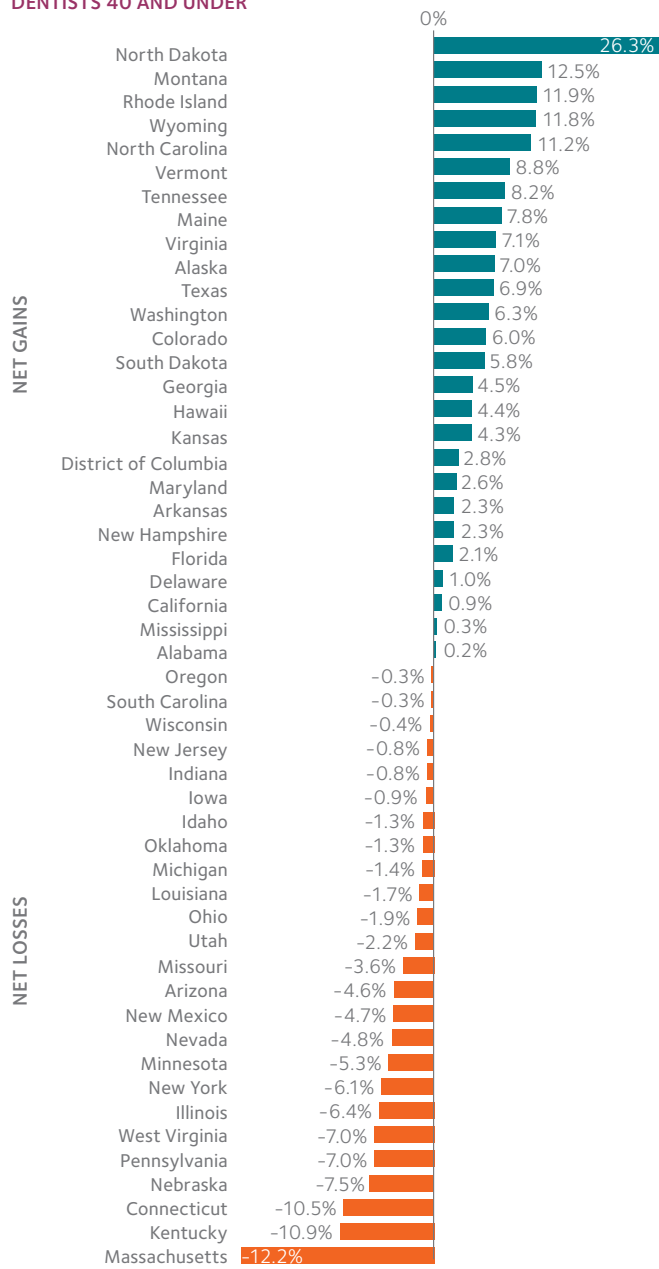
# Dentist Migration Across State Lines

**ABOUT 1 IN 18 DENTISTS** (5.5%) moved to a different state between 2011 and 2016. Dentists 40 years or younger were much more likely to move, with about 1 in 8 (12.6%) migrating across state lines.

### DENTISTS OF ALL AGES



### DENTISTS 40 AND UNDER



**Note:** Percentages in the figures refer to net migration of practicing dentists between January 2011 and January 2016 (i.e., the number of dentists who entered the state minus number of dentists who left the state) divided by the number of practicing dentists in the state in January 2011. Age is calculated as of January 2011. Sample includes all dentists in the United States who were practicing in both January 2011 and January 2016. Based on HPI analysis of the ADA masterfile.

Download the [detailed data](#) on the number of dentists migrating from each state to all 49 other states.

# HPV IS NOW THE LEADING CAUSE OF OROPHARYNGEAL CANCER



**What is HPV?** The Human Papillomavirus (HPV) is the most common sexually transmitted disease in the United States. There are nearly 200 strains of the virus, nine of which are known to cause cancer. HPV strains 16 and 18 are associated

with oropharyngeal cancers as well as cervical, anal, and penile cancers. In the U.S., 12,000 people between 15 to 24 years old are infected every day. According to ongoing NHANES studies, this translates to approximately 26 million Americans having an oral HPV infection on any given day.

HPV has become the leading cause of oropharyngeal cancers (surpassing tobacco) and is diagnosed most often in white, nonsmoking men between the ages of 35 to 55, according to The Oral Cancer Foundation. The CDC states that up to 80% of Americans will have an HPV infection in their lifetime, many of whom will have no noticeable symptoms and clear the virus naturally. There is no cure for an HPV infection; our best strategy is to prevent it entirely.

**What are the signs of oral and oropharyngeal cancer?** Oral cancers, regardless of the source, have similar symptoms and include: sores and ulcers that persist beyond two weeks, discoloration of mouth tissues, difficult/painful swallowing, swollen tonsils, pain when chewing, persistent sore throat or hoarseness, swelling or lumps in the mouth, and several others.

**What should dental professionals know?** There is a vaccine available that prevents 9 strains of HPV, including strains 16 and 18. The vaccine is available for people 9-26 years old and is recommended for males and females at 11-12 years, or 13-26 years if they have not already received the vaccine. The vaccine is recommended for this age group so that immunity can develop before the risk of exposure.

**What can you do?** Children and adults see their dentists routinely. This is a great opportunity to remind parents about the vaccine and encourage it. There are also brochures and other materials that could be provided to parents and patients at the visit and in the waiting room.

If you are interested or a member of your practice is interested in assisting the North Dakota HPV Prevention Task Force in developing oral cancer-related HPV materials and/or participating in task force activities, please email [ndcc@nd.gov](mailto:ndcc@nd.gov). We would greatly appreciate your thoughts, comments, and knowledge as we continue our effort to improve HPV vaccination rates in the state. The best way to prevent HPV-associated cancers is to prevent the infection from ever happening.

For more information about the vaccines and oropharyngeal cancers associated with HPV please visit: <https://www.ndcancercoalition.org/?id=83&page=HPV+and+Cancer+Prevention>.

The 2017 Star of the North Meeting brings you the best clinicians and dental-related companies in the industry, providing the latest in cutting edge techniques and information. Choose from over 90 continuing education sessions presented by over 40 nationally recognized speakers — all conveniently located *close to home*.

**REGISTRATION OPENS  
JANUARY 2, 2017**

STAR OF THE NORTH MEETING  
134th Annual Scientific Session  
Minnesota Dental Association  
April 27 - 29, 2017  
Saint Paul RiverCentre

**EDUCATION**

We're offering more sessions than EVER before! Over 20 workshops will be available to give you valuable one-on-one time with clinicians and experience *hands-on* learning. The popular Table Clinics offer free CE opportunities on Friday! Reserve your seat at our very first **Keynote Breakfast** on Saturday morning. New staggered schedules and varying course lengths provide more choices to accommodate your schedule!

**EXHIBIT HALL**

Talk *face-to-face* with over 250 exhibitors and experience firsthand the latest advances in dental equipment and products for your practice. Reserve time in your schedule to visit the exhibit hall and take advantage of all the fun activities available — Exhibit Hall Premiere Night, the Cash Cube, Caricature drawings, Exhibit Hall CE Spot, and much more!

**NETWORKING**

Take advantage of the opportunity to learn "outside the classroom" by sharing ideas and experiences with your dental professional peers from across the Midwest. We've got plenty of activities to help break the ice — cooking classes, brewery tours/tastings, complimentary coffee each morning, receptions, and class reunions. Plus stick around for **The BIG Party** on Friday night featuring **Hairball!** This is a *must-see* event that everyone will be talking about!

For additional information or to request a copy of our Preliminary Program, visit [www.starofthenorthmeeting.org](http://www.starofthenorthmeeting.org) or email the MDA at [son@mndental.org](mailto:son@mndental.org).

## ND STATE BOARD OF DENTAL EXAMINERS ADOPT PRESCRIBING RULES

By: Rita Sommers, Executive Director

Prescribers are the gatekeepers for providing appropriate treatment for pain while avoiding opioids falling into the wrong hands. Statistically on the national front, opioid related overdoses include those of prescription opioids as well as illicit opioids such as heroin.

The legislature granted authority to the ND Board of Pharmacy [**See 19-03.5-09. Authority to adopt rules - Rules adopted by professional licensing boards.**] mandating that each professional licensing board responsible for licensing individuals authorized to prescribe or dispense controlled substances shall adopt rules requiring licensed individuals who prescribe or dispense to utilize the Prescription Drug Monitoring Program. In doing so the NDBDE was also mandated to consult with the Board of Pharmacy to maximize uniformity of the new rules among other professional boards. New rules adopted by the NDBDE which target prescribers and high risk patients are proposed to include:

**20-02-01-12. Dental Prescribers and Use of the Prescription Drug Monitoring Program.** Subject to the exceptions described in North Dakota Administrative Code section 20-02-01-13, prior to the initial prescribing of any controlled substance, including samples, a dentist authorized by the drug enforcement administration to prescribe, administer, sign for, dispense, or procure pharmaceuticals shall authorize an employee to review or personally request and review the prescription drug monitoring program report for all available prescription drug monitoring program data on the patient within the previous twelve months, and shall do all of the following:

1. Assess a patient's drug monitoring program data every twelve months during the patient's treatment with a controlled substance.
2. Review the patient's prescription drug monitoring program data if the patient requests early refills or demonstrates a pattern of taking more than the prescribed dosage.
3. Review the patient's prescription drug monitoring program data if there is a suspicion of or a known drug overuse, diversion or abuse by the patient.
4. Document the assessment of the patient's prescription drug monitoring program data.
5. Discuss the risks and benefits of the use of controlled substances with the patient, the patient's parent if the patient is an un-emancipated minor child, or the patient's legal guardian or health care surrogate, including the risk of tolerance and drug dependence.
6. Request and review prescription drug monitoring program data on the patient if the practitioner becomes aware that a patient is receiving controlled substances from multiple prescribers.
7. Request and review the patient's prescription drug monitoring program data if the prescriber has a reasonable belief that the patient may be seeking the controlled substance, in whole or in part, for any reason other than the treatment of an existing medical condition.

**20-02-01-13. Exceptions to the review requirement.** A practitioner shall not be required to review a patient's prescription drug monitoring program data if any of the following apply:

1. The controlled substance is prescribed or dispensed for a patient who is currently receiving hospice care.
2. The controlled substance is prescribed or dispensed to a patient of record as a non-refillable prescription as part of treatment for a surgical procedure.
3. The dentist prescribes a controlled substance after the performance of oral surgery and no more than a 72 hour supply of the controlled substance is prescribed.
4. The dentist prescribes pre-appointment medication for the treatment of procedure anxiety.
5. The dentist obtains a report through a board-approved risk assessment tool for health care providers that accesses patient prescription information from prescription drug monitoring program databases, analyzes the data, and provides a risk based score that includes prescription drug monitoring program data.

Although the new sections above have been adopted by the NDBDE, these Administrative Rules will not be in effect until first reviewed and approved by the Administrative Rules Committee of the ND Legislature, a process currently underway. To view all new, amended and repealed Administrative Rules pertaining to dentistry, visit the Board's website [www.nddentalboard.org](http://www.nddentalboard.org) and click on the Legislative Activity under the LAWS & REGULATIONS tab.



## THE NORTH DAKOTA PRESCRIPTION DRUG MONITORING PROGRAM:

### REGISTERING FOR A PDMP DIRECT ACCESS ACCOUNT

The 2005 North Dakota Legislative Assembly authorized the implementation of a Prescription Drug Monitoring Program (PDMP), in the North Dakota Century Code chapter 19-03.5 and rules of the Board of Pharmacy. The intent of the program is to protect the public from drug diversion and misuse through encouraging cooperation and coordination among state, local and federal agencies. Specific initiatives include early identification of individuals involved in diversion or abuse of controlled substances and the education of the public, prescribers, pharmacists, and law enforcement. Sharing of patient profiles between healthcare providers has been approved when a patient is receiving care from multiple prescribers and dispensers.

The PDMP is a secure and HIPAA-compliant online database of all Schedule II, III, IV, and V controlled substances dispensed in the state of North Dakota or for patients residing in North Dakota. All controlled substance prescriptions dispensed for a North Dakota resident are transferred to the PDMP data repository by the dispenser on a daily basis. All out-of-state pharmacies licensed with the North Dakota Board of Pharmacy also submit data on controlled substance prescriptions dispensed for North Dakota residents.

The PDMP can be utilized by healthcare workers, law enforcement, and the public. All qualified Practitioners, Pharmacists, and Licensed Addiction Counselors may access profile information on their individual patients through an online Direct Access Account.

The PDMP exists as one of the most powerful tools that Dentists have in helping to identify misuse. If you do not use the PDMP in your daily routine of patient care, we encourage you to do so. As you are well aware, the dental profession is often targeted by those looking to obtain narcotics for non-medical uses. Cooperation between all entities should help facilitate patient therapy improvement and ensure the health and safety of the citizens of our state and region. Please consider signing up for an account and utilizing it in your daily practice. Also it is important to note that you may also allow delegates (dental hygienists) to get their own account to look up patients on the authority of the dentist.

To create your ND Prescription Monitoring Program Direct Access account:

1. Go to <https://northdakota.pmpaware.net/identities/new>
2. Enter your email address and password (At least 8 characters, upper & lower case letter, and punctuation or symbol) and click Register.
3. Select your role, for example click the arrow next to Healthcare Professional and then select the box next to Dentist or Prescriber Delegate-licensed and click on the Update User Roles and Continue button.
4. Fill in the online form. If you are a dental hygienist please select the "I am a delegate for..." box and enter the email address of your Dentist who already has an account and you work with (from any location). Click the Finish button.
5. You'll receive two emails. One with an email verification link you must click on and the other contains an agreement that requires a notary signature and needs to be uploaded or faxed back to 701-328-9536.

The administrator will review your application and if everything is in order, will approve it. You can then go to <https://www.nodakpharmacy.com/pdfs/AWARxErequest.pdf> for a one page "how to" for pulling the best results when you make a request.

If you have questions please contact 701-328-9537, email [PDMP@nd.gov](mailto:PDMP@nd.gov) for assistance or call the 24 hour support line at 855-563-4767. More information can be found at [www.nodakpharmacy.com](http://www.nodakpharmacy.com).

*Information provided by the North Dakota Board of Pharmacy*

## MINNESOTA/NORTH DAKOTA MISSION OF MERCY SUMMARY REPORT

**JULY 21-23, 2016 • MEMORIAL AUDITORIUM  
CONCORDIA COLLEGE MOORHEAD, MINNESOTA**

The 2016 Minnesota/ND Mission of Mercy (MnMOM) held at the Memorial Auditorium at Concordia College in Moorhead, Minnesota, July 21-23, was another successful event. The goal was to have 1,000 volunteers provide close to \$1 million of dentistry to almost 2,000 patient encounters over the two clinic days of July 22- 23. Final statistics indicate there were 1,391 patient encounters (1,173 unique patients – 18.6% (218) of the patients came more than once) and \$997,785.00 worth of free dentistry plus \$5,981.15 of medications provided by 841 volunteers. There were 7,655 dental procedures and medications were dispensed 281 times for a total of 7,936 total procedures. Each unique patient received an average of 6.5 dental procedures at a value of \$850.63. Dental procedures included x-rays, fillings, extractions, root canals, acrylic partial dentures for missing front teeth, children's dentistry and cleanings.

The patients came from 50 different counties in Minnesota and 23 counties in North Dakota, plus 13 counties in other states. They ranged in age from 1 to 91, while 16.7% of the patients were 18 or younger. About 48% of the patients traveled 30 minutes or less to get to the clinic. About 39% of the patients stated they had dental pain and 18% reported they have sought dental care in the past at an emergency room/emergency clinic. Interestingly, 74% of the patients reported they have no insurance to pay for their dental care but 47% say they have a place to go for dental care after this event. Since this was the fifth event in Minnesota, 11.4% reported they have attended a MOM event before. Almost everyone, 96%, stated they were very satisfied with the clinic. It was interesting to note that only 40% of the patients were from North Dakota, even though the Fargo area has more population. Also, only 9.5% of the patients indicated they were eligible for government assistance.

Of the 841 compassionate volunteers, there were 169 dentists, 77 hygienists, 115 dental assistants and 3 dental therapists with 50 of the dentists coming from North Dakota. There was participation by many students in professional schools as well as 47 from the School of Dentistry at the University of Minnesota. The services of other professionals such as physicians, nurses, EMTs and pharmacists were utilized as well. The majority of the volunteers were lay people who escorted patients, served meals and snacks to volunteers, registered patients, helped set-up and tear-down the clinic, provided language translation, etc.

Thanks again to all of the North Dakota dental professionals that contributed either their time or their money! North Dakota definitely "showed up"! It was a great event and hopefully we can plan on having one in North Dakota in the near future.



**FOR IMMEDIATE RELEASE**

Contact: Michael Bittner  
bittnerm@ada.org

## NORTH DAKOTA DENTIST INSTALLED AS AMERICAN DENTAL ASSOCIATION TRUSTEE

**CHICAGO, Oct. 24, 2016** – Kenneth McDougall, D.D.S., a dentist practicing in Jamestown, North Dakota, was recently installed as a trustee of the American Dental Association (ADA). Dr. McDougall's installation took place in Denver, Colorado, at the ADA's 157th Annual Meeting.

The ADA Board of Trustees formulates and reviews policies and programs and makes recommendations to the members of the ADA's governing body, the House of Delegates. As a member of the ADA Board of Trustees, Dr. McDougall will play a major role in the organization's objective of being America's leading advocate for oral health. He will represent the Tenth District.

Dr. McDougall has been a member of the ADA since 1981, and previously served as the chair of the Council on ADA Sessions. He also served as chair of the American Dental Political Action Committee. Dr. McDougall has been an active member of the North Dakota Dental Association and was its president in 2000; he was also president of the Central District Dental Society in 1993 and has been a member since 1981. Since 2000, Dr. McDougall has been a member of the International College of Dentists.

Dr. McDougall has been in private practice in Jamestown, North Dakota, since 1981, after receiving a Doctor of Dental Surgery degree from the University of Minnesota. He has also served as a dentist at North Dakota State Hospital and on the medical staff at the Anne Carlsen School for Children.

# Memorable Times at 2016 Annual Session



**Outgoing Trustee Dr. Paul Tronsgard**



**10th District Trustee Dr. Jim Zenk presenting to Dr. Omar Chahal**



**President-Elect Dr. Caron Berg**



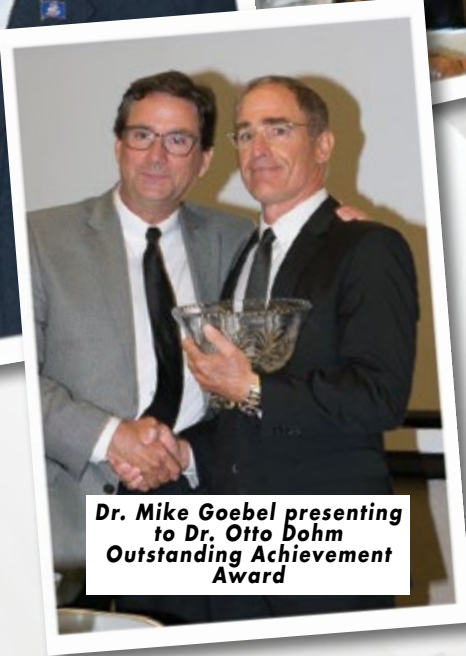
**Guest of Honor Dr. Dennis Sommers with Dr. Brent Holman**



**10th District Trustee Dr. Jim Zenk congratulating President Dr. Katie Stewart**



**Member Luncheon Keynote Speaker Doug Burgum**



**Dr. Mike Goebel presenting to Dr. Otto Dohm Outstanding Achievement Award**



**Outstanding Young Dentist Award Dr. Jackie Nord presented by Dr. Grant Korsmo**





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## **CMS POSTPONES MEDICARE PART D ENFORCEMENT UNTIL 2019**

November 01, 2016

*Baltimore* — The Centers for Medicare & Medicaid Services announced Oct. 31 that it is once again delaying the enforcement of the Medicare Part D prescriber enrollment requirement.

The new deadline for providers to enroll is Jan. 1, 2019.

CMS published a final rule in May 2014 and an interim final rule in May 2015 stating that prescribers must be enrolled or validly opted out in order for their written prescriptions to be covered under Part D.

Previously CMS said that enforcement of this requirement would begin on Feb. 1, 2017, but the agency said Oct. 31 that it also “recognizes the need to minimize the impact on the beneficiary population and ensure beneficiaries have access to the care they need.”

To do this, the agency said it plans to “implement a multifaceted, phased approach that will align full enforcement of the Part D prescriber enrollment requirements with other ongoing CMS initiatives.”

The Association continues to seek a legislative repeal of the requirement and continues to support H.R. 4062, bipartisan legislation introduced in 2015 that calls for removing the mandate that certain providers, including dentists, be enrolled in Medicare in order for pharmacists to be reimbursed.

For more information on the CMS delay, visit [CMS.gov](http://CMS.gov).



October 20-24  
Denver

### HOD Report from North Dakota

#### National Delegation:

ADA President: Carol Gomez Summerhays, CA

ADA President Elect: Gary L. Roberts, LA

ADA Speaker of the House: Glenn Hall, TX

ADA Treasurer: Ron Lemmo, OH

ADA First Vice President: Thomas W. Gamba, PA

ADA Second Vice President: Irene Marron-Tarazzi

ADA Executive Director: Kathleen O’Laughlin, MA

10th District Trustee: Jim Zenk, MN

10th District ADPAC Rep: Eric Hodges, NE

#### North Dakota Delegation:

Delegate: Steven Erlandson, Grand Forks

Delegate: Ken McDougall, Jamestown

Alternate Delegate: Caron Berg, Valley City

Alternate Delegate: Katie Stewart, Bismarck

Executive Director: Brent Holman, Fargo

10th District News: Our very own North Dakotan, Ken McDougall, was installed as the 10th District Trustee.

*Continued on page 22*

*Continued from page 21*

### **Executive Director's message:**

The ADA is a successful organization, but we can become better. There must be trust between all elements of the ADA. There are layers of rules that make it difficult at times to get things done. We must not settle for the status quo but must simplify to make things easier. We must maintain the goals of membership and financial growth.

These 5 factors are needed for trust based governance: Benevolence, Reliability, Competence, Integrity, and Openness.

### **Treasurer's message:**

We are halfway through our strategic plan and currently will not be able to obtain our financial goals. We will need to adjust our plan and improve our business model.

Reserves are strong at 56% of our operating budget. The royalties of the insurance sales currently are being placed in another account, which does not reflect the percentage of reserves.

There is a decreasing trend of our budget surplus, reserves are flattening out, and expenses are increasing.

### **Priority Item Resolutions:**

*Resolution 37:* Proposed Amendments to the Sedation and Anesthesia Guidelines

This resolution passed because most felt that capnography is the best way to find out if a patient is having trouble being sedated. The new guidelines focus on the use of capnography during moderate sedation and an increase in the hours needed for training and continuing education. This was a hotly debated resolution. The group that was against the resolution felt the current guidelines were sufficient.

*Resolution 67:* A Three Year Initiative to Drive Utilization of Dental Services for ADA Members

This resolution passed and has a large price tag, which is a total of 18 million over three years. The first year will come out of reserves. One of the overwhelming themes that the ADA is hearing from members is practice busyness. This resolution will use social media to market new patients to ADA dentists. Two groups will be marketed: (1) People that have the means to go to the dentist but for some reason, do not; and (2) People that have benefits but choose not to visit the dentist. The program will increase the web presence of the ADA: "Find a Dentist." I feel this passed, even with the large price tag, because it increases ADA member value.

*Resolution 80:* Funding Request to Support Member Engagement

This resolution passed. It is year three of the original resolution that appropriated \$250,000 a year to support member engagement. The Board of Trustees had a resolution to discontinue this program. They felt there were no metrics to justify the continued spending on this program. The membership reference committee changed the resolution to continue the program after extensive testimony supported the program.

*Resolution 10:* Establishment of Dues Effective January 1, 2017

This resolution passed. The new dues for the national portion of the ADA will be \$532. This is a \$10 increase and dues have not been raised for some time. It was needed to create a slight surplus for the 2017 budget.

### **Non-Consent Resolutions:**

*Resolution 1:* Elimination of Offices of First and Second Vice Presidents

This resolution failed. The will of the HOD is to continue the offices of the Vice Presidents. These officers are members of the Board of Trustees which are elected by the HOD. Some feel that these offices are not needed and thus with its elimination would be a money saver for the ADA.

*Resolution 65:* Amendments to Section 5.H. of the ADA Principles of Ethics and Code of Professional Conduct

This resolution passed and allows dental specialists to not have to limit their practice to their specific dental specialty. There are dental specialists who believe they have the right to practice dentistry to the whole scope of their licensure. Before this resolution was passed, it was against the ADA's Code of Ethics for a specialist to practice dentistry outside of his/her specialty. The driving force to pass this was from an ADA attorney. He felt that it would be impossible to defend a possible suit on this matter due to anti-trust implications.

Submitted by,

*Steven M. Erlandson, Delegate*

October 31, 2016

## 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. Tuan Bui, Fargo

Dr. Erika Guetter, Fargo

Dr. Weston Hafner, Bowman

Dr. Jennifer Laurence, Minot Air Force Base

Dr. John Persson, Bismarck

Dr. April Robinson, Dickinson

Dr. Renee Sellers, Fargo

Dr. Thomas Spellman, Fargo



**EFFECTIVE DEC. 19, 2016**

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SUITE 201  
BISMARCK, ND 58503**



**North Dakota**  
DENTAL ASSOCIATION

**Executive Director**

Brent Holman, DDS

**Assistant Director**

Tracy Stoppelmoor

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