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RIDA

JOURNAL OF THE
RHODE ISLAND
DENTAL ASSOCIATION

2019 LEGISLATION
OF INTEREST

NEW RULES AND
REGULATIONS

As of April 4, 2019

2019 AWARD
WINNERS



MAINE DENTAL ASSOCIATION

ANNUAL CONVENTION
MAY 31-JUNE 1

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AND SPA IN BAR HARBOR.

The Harborside offers spectacular views of Maine's coast, and is steps from Bar Harbor's downtown and whale watching tours, a few miles from Acadia National Park, and minutes from Hancock County-Bar Harbor Airport.

Dr. Harold Crossley, a well-known expert on the pharmacology of street drugs and chemical dependency, and practice management firm Jameson Consulting will be presenting continuing education courses at this year's event.

To register, or for more information, visit the Annual Convention page at www.medental.org.

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*Interested in contributing to the Journal?
Contact us TODAY! The next deadline is
July 1, 2019*



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For information regarding advertising, email: info@ridental.org or visit www.ridental.org/news-classifieds/RIDA-Journal

FROM THE PRESIDENT

By Jennifer Torbett, DMD;
Rhode Island Dental Association President

In the past few months as your president, I have come to the realization that one of the most vital aspects of our Association is volunteerism. We have all heard the adage "One of the greatest gifts you can give is your time."

Our entire association, with the exception of a few amazing people, Chris, Madeline, Pat and Christy, is managed entirely by volunteer dentists. Without the dedication of these members, the Rhode Island Dental Association (RIDA) would not thrive. However, we are coming to a lull and fewer members are volunteering.

Volunteer is a scary word. Does it mean time, money, leadership? At the RIDA it can mean anything you want. There are many capacities in which a dentist can volunteer, from a single event to leadership opportunities. A member dentist can volunteer locally in the component as a mentor to a new dentist or assist with a scout troop merit badge. There are also opportunities to help out on a state level to assist with the local governance of the component on its executive committee or as a Trustee to the RIDA Board of Trustees or even on a RIDA council or committee. On a national level, one could even volunteer on a committee or council that was interesting to the member. The Department of Health has inquired about volunteers to perform the school screenings. There are many ways in which to volunteer, each with a time structure that is compatible with the member dentist.

I know we are all busy with our professional and personal lives. We are pulled in many different directions with our families, extracurricular activities, religious affiliation, and other community organizations. Why not volunteer within our profession? It does not need to be a time-consuming commitment. "Volunteers do not necessarily have the time, they just have the heart."

There is a misconception of the time required and responsibility assumed in stepping forward with your involvement at the RIDA. To be honest, when I was asked to volunteer many years ago, I didn't know what to expect. I started as a component Trustee and then continued through the Executive Committee. I was told that you can almost customize your level of involvement as the president. It is the goal of the current Executive Committee to invite any and all members who have an inkling to give back to join us for a question and answer dinner this Spring. What can the RIDA do to help facilitate a call to change in volunteering?

Can we demystify any myths? What changes need to be implemented to allow us to increase volunteerism? "No one can do everything, but everyone can do something."

I will admit, I am impressed and continue to be amazed with the dedication volunteered by my peers. Even the smallest task is appreciated. All of us sitting around the table at our Board of Trustees meetings and in the room at our House of Delegates meetings recognize the importance, value and power of our time as it relates to our profession, its governance and its influence.

I want to thank everyone who has volunteered their time to our Association, especially, the Executive Committee: Marty, Karyn, and John. I look forward to igniting a new sense of pride and desire to give back to the profession that has given us so much.

"Volunteers are not paid - not because they are worthless, but because they are priceless."



RI Mission of Mercy 2019
Providence Community
Health Centers Dental Clinic
335R Prairie Avenue
Providence RI

SAVE THE DATE
RIMOM 2019
September 28 & 29
REGISTRATION OPENS
July 10, 2019

Looking forward to seeing everyone in September!

THE RIDENTAL PAC

By Chris Klimecko
Rhode Island Dental Association Executive Director

Political Action Committees, or PACs, have been with us since the mid 1940's. Over the years, they've become more active and widely known. There are both federal and state level PACs. A December 9, 2018 article in the Providence Journal stated that at that time, there were 230 in Rhode Island with approximately 45 of those representing industry groups such as the RIDA. [1] The RIDA's PAC; the RI Dental PAC (RIDPAC), is one of the earliest PACs formed in the state and has been serving RIDA members for over 20 years.

Over the years, RIDPAC dollars have helped the organization to have a voice in the Rhode Island legislative process. RIDPAC exists to deal with in-state issues and therefore does not contribute at the federal level. That is the mission of the American Dental Association PAC, or RIDPAC.

During a Rhode Island election cycle, should we choose to donate, the PAC is permitted to donate a maximum of \$1,000 per candidate. If that should occur, the PAC must donate to a minimum of four other candidates. However, the donation amounts do not have to be equal. So, if the PAC donates \$800 to a candidate it wishes to endorse, it must donate to four others an amount per candidate anywhere between \$1.00 and \$1,000. And yes, it could donate just \$1.00 each to the other four.

Thanks in part to our PAC, several legislative efforts have been quite successful. For example, our non-covered services law (the first in the nation) and Project Gaspee, have become national models. Today, we're working on items such as changes to the non-covered services law, virtual credit cards, the consent decree, and changes to the e-prescribing regulations.

For this type of work, we apply for and often obtain grants from the ADA. However, those ADA dollars are restricted and cannot be used for anything considered political. That's where the PAC comes in. We know that a strong, unified political voice at the Statehouse is necessary to ensure that future legislation is good for both patients and practitioners.

Thanks to the event we hosted last fall, the PAC did make money and we were able to make some donations, but the balance is still far lower than it should be, so please consider donating. Over the past 25 years we have tried to raise and maintain at least \$20,000 in our PAC. We are currently below \$5,000 and are involved in multiple critical issues, which means, we need your help. If you would like to donate to the RI Dental PAC, please send checks to:

RI Dental PAC
875 Centerville Rd, Bldg. 4, Ste 12
Warwick, RI 02886

You may also contribute by credit card (MC or Visa) by calling the RIDA office at 401-825-7700. Thank you for your support both past and present.

[1] Anderson, Patrick. "Political Scene: Wide array of PACs helped finance R.I. campaigns." Providence Journal, December 9, 2018.
<https://www.providencejournal.com/news/20181209/political-scene-wide-array-of-pacs-helped-finance-ri-campaigns>.

LEGISLATION/RESOLUTIONS OF INTEREST - MARCH 2019

By: Christy B. Durant, Esq.

- H5120/S68 Requires health insurance coverage for non-opioid treatment alternatives (PT, OT, massage therapy, acupuncture and oriental medicine).
- H5190/S444 Redefines "covered services" to exclude waiting periods.
- H5271 Allows an employee granted unpaid family or parental leave to substitute any accrued vacation, sick, or appropriate paid leave for any of the unpaid leave.

continued on page 4

NEW RULES AND REGULATIONS

HIGHLIGHTS

FOR DENTISTS, DENTAL HYGIENISTS,
AND DENTAL ASSISTANTS
AS OF APRIL 4, 2019

ALL 40 hours (dentists) and 20 hours (hygienists) of biennial CEU's can be taken online. Online courses that are CERP or PACE approved, as well as other well-known courses that are recognized and approved by the Board are accepted. If you are not certain, inquire of the Board prior to taking the course. BLS didactic can be taken online, but an in-person AED, manikin segment must also be passed.

Six (6) hours of CE credit biennially may be obtained for VOLUNTEER DENTAL TREATMENT such as Mission of Mercy, Donated Dental Services, Give Kids A Smile Day, and Rhode Island Free Clinic. Creation of a NEW type of dental hygiene practitioner called PUBLIC HEALTH HYGIENIST. Creation of a NEW type of dental assistant practitioner called DAANCE CERTIFIED DENTAL ASSISTANT.

Creation of NEW categories and rules for differing levels of sedation such as N2O, mild, moderate and deep sedation/general anesthesia.

Administration of different levels of analgesia and sedation may require both an individual permit and a facility permit. This is clearly spelled out in the new rules and regs... including the section where it states that N2O must be shut off when a provider leaves the treatment room.

RHODE ISLAND ACCEPTS THE ADEX EXAM FOR LICENSURE. THE CANDIDATE MUST HAVE TAKEN THE PERIODONTAL CLINICAL BOARD.

A trained dental assistant may take a final scan for crown and bridge, dentures and implants with the doctor's final approval.

Certified Dental Assistants (CDA) scope of practice allows coronal polishing, placing and removing retraction cord, cementation and removal of orthodontic brackets and bands.

Accrual Date Confusion: For your upcoming July 1, 2020 license renewal (that will expire midnight June 30, 2022) you are currently accruing CEUs from May 2, 2018 up to and including May 1, 2020. Dates outside that range are not considered when you attest at renewal.

IT IS YOUR RESPONSIBILITY TO REVIEW THESE NEW RULES AND REGULATIONS WHICH CAN BE FOUND AT:

<https://rules.sos.ri.gov/regulations/part/216-40-05-2/10205>

DENTISTRY HAS A NEW SPECIALTY

For the first time in 20 years, dentistry has a new specialty. Earlier this month, the National Commission on Recognition of Dental Specialties and Certifying Boards recognized dental anesthesiology as the 10th dental specialty.

Dental specialties are recognized "to protect the public, nurture the art and science of dentistry, and improve the quality of care," according to the National Commission website. You can read more about this development in ADA News.

- **H5284** Resolution in support of Children's Dental Health Month.
- **H5290** Prevents an employer from refusing to hire or discriminate against individuals for marijuana use and positive test results.
- **H5343** Mandates sexual harassment training for employees and supervisors of employers of 50 or more employees. It would recommend an annual climate survey for employers.
- **H5369** Provides utilization reviews of health insurance determinations as to insurance coverage must be conducted by a health professional in the same specialty.
- **H5421/S146** Out of Network Billing. Protects people with health insurance from surprise medical bills for emergency and other services requiring a non-participating provider to bill only for a co-payment or deductible.
- **H5431/S572** Includes licensed public health dental hygienist among persons eligible to conduct dental screenings for children in kindergarten, third grade, and ninth grade.
- **H5523** Sugary Beverage Issue. Creates a tax on sugary drinks.
- **H5535** Resolution extending condolences on passing of Dr. Clark Sammartino.
- **H5537** Restricts initial prescription to adult for opioids and any opioid prescription to minors to a seven (7) day supply with exceptions for certain conditions.
- **H5814** Allows healthcare providers to refuse to accept payment by virtual credit card payment (a single-use digital credit card) at least once each health insurance contract year.
- **S143** Provides for physician/patient discussion reading addiction and alternative treatment prior to initial and third opioid prescription.
- **S145** Non-profit dental service corporation- requires non-profit dental service plan providers to provide notice of any changes relating to coverage to all plan purchasers and to the patient.
- **S304** Non-opiate directive. Directs patients filing a voluntary non-opiate directive with the Department of Health and deletes requirements for recording in the electronic medical record, will now be in the PDMP for healthcare providers to see; jurisdiction will be with the Department of Health not the Board of Medical Licensure and Discipline.

**Please contact RIDA or cdurant@qdlawri.com or pquinlan@qdlawri.com at Quinlan Durant, LLC with specific questions related to any of the above legislation. Thank you.*

2019 RIDA AWARD WINNERS

Frank Connor, DDS - Dr. Joseph Box Everyday Leadership Award

The Dr. Box Everyday Leadership Award is presented to that member of the RIDA who has demonstrated the highest level of ethics and dedication to the improvement of the art and science of dentistry. The recipient has shown exceptional involvement in, and love for, dentistry on many levels.

Maria Saccoccio, DMD & John Wade, DMD - Good Citizen Award

Presented in recognition of a member who has demonstrated outstanding or unusual contributions or service to the community, state, or country. The award will be used to distinguish those contributions to areas such as government, environment, community, economics, public welfare and/or an activity which improves the country, state, or community.

Edward Ferry, DDS (Posthumous) - Humanitarian Award

Presented for outstanding public service to improve the quality of a human life. This award is for someone who has provided leadership and volunteer efforts that reflect favorably upon the profession of dentistry. These acts of kindness exhibit a significant devotion of time, talent, and energy that contribute to a legacy that is inspirational to the members of the dental profession and beneficial to the community.

Paul Calitri, DMD - Dr. A. James Kershaw Award

Presented to a member of the RIDA who has demonstrated honesty and integrity. A person who has made an outstanding contribution to the community while representing the goodwill of the dental profession.

Please join us in congratulating our award winners on May 22nd at the Annual Presidents Luncheon.
More information on page --

42NORTH DENTAL THE BUSINESS OF DENTISTRY DONE RIGHT

We focus on you, so you can focus on patients

Title: Director of Practice: General Dentist – EQUITY OPPORTUNITY!

Location: New Bedford, MA

We are currently seeking confident and experienced general dentist for clinical director position at Gentle Dental New Bedford!

This is a unique career opportunity in which the successful candidate can transition to an equity position within 6 months. This is a lucrative position with a generous benefit package which includes quarterly bonuses, additional CE reimbursement, family health insurance, phone and entertainment allowance as well as 401K .

The ideal candidate must have 2+ years of demonstrated success in a fee for service practice setting along with a desire to provide direct patient care while managing day to day operations with the assistance of a proven practice management team. Significant chair-side experience, excellent team building and leadership skills are a must. Directors are the primary care provider of a generous patient flow in addition to working cooperatively with and mentoring associates. Additionally the candidate must be able to work with our specialists to expand growth in specialty departments within the practice.

The directorship position can prove to be personally, professionally, and financially rewarding for the right person. This is the perfect position for a doctor who would like to focus all of their energy and interest on patient care while minimizing the non-clinical headaches.

In our established, multi-specialty group practice we welcome an abundance of new patients each month. Our state of the art facility allows optimal patient care, a comprehensive approach to full service dentistry along with a strong focus on quality, service and patient satisfaction. Providers are responsible for entire clinical patient experience from initial exam and treatment plan to delivery of care. In-office specialty services including periodontics, endodontics, oral surgery and orthodontics are available facilitating access to complete dental care for patients.

**For IMMEDIATE consideration,
please email your resume to:**

Priyanki.amroliwala@42northdental.com

Or call/text: 617-480-6355

Priyanki Amroliwala



A MESSAGE FROM ADA MEMBERSHIP AND CLIENT SERVICES

By Autumn Wolfer
Dental Society Outreach, American Dental Association

CELEBRATING 160 YEARS OF DRIVING DENTISTRY FORWARD

A new year marks a new milestone for the American Dental Association as the ADA celebrates its 160th birthday in 2019. Throughout the year to celebrate, the ADA will be reflecting on 160 impactful moments, innovations, and ways we've driven the dentistry into the future throughout our history.

Throughout the year, the ADA will have monthly celebrations that will aim to draw awareness to some of the creative and innovative ways you, our members, do and have played a role in providing care and service to your local communities.

The ADA kicked off the celebrations in February with the launch of the 2019 Give Kids a Smile initiative in North Carolina and helped bring awareness to National Children's Dental Health Month across the country. In March women in dentistry were at the forefront of reflections, leading us into April where the aim is to raise oral cancer awareness.

With the theme of "Driving Dentistry Forward" the ADA will spend much of 2019 reflecting on our industry, how far we've come, and take a hard look at what is in store for the future. All culminating with a 160th Anniversary Celebration at the ADA FDI World Dental Congress this Sept. 4 – 8, 2019 in San Francisco. We hope you'll be able to join us.

If you have a story of how you have helped to "Drive Dentistry Forward" we'd love to hear it. The ADA is encouraging members from across the country to share stories about how you, your practice, or even your friends and colleagues have given back to your communities and the profession of dentistry, please submit them to memberstories@ada.org.

You can also join the celebration on social media by using the hashtag #ADA160.

For more information about the 160th anniversary celebration, visit ADA.org/ADA160



Be a part of something extraordinary.

Register to attend the **ADA FDI World Dental Congress** September 4-8 in San Francisco. Basic Registration is FREE for all ADA member dentists and North American attendees. New package options and flexible pricing make it easy to maximize your meeting experience.

Register today at
ADA.org/meeting.

FROM THE DENTAL DIRECTOR

By Samuel Zwetchkenbaum, DDS, MPH
Dental Director, Oral Health Program, Rhode Island Department of Health

GAPS IN KNOWLEDGE ABOUT SEALANTS AMONG THE PUBLIC EXIST, AND ARE GREATEST IN VULNERABLE POPULATIONS

Sealants are one of several evidence-based preventive measures to prevent caries in children, along with diet and fluoridation. Yet many parents are unaware of sealants or don't know about their benefits. A recent CDC partner study found that education level, race/ethnicity, income level, and gender were most predictive of knowledge about sealants. For example, more than half of those with more than a high-school education knew the role of sealants, compared to one out of four with less than a high-school education. For more information, see:

https://www.cdc.gov/pcd/issues/2019/18_0398.htm

CDC WATER FLUORIDATION TRAINING COURSE

CDC announces the launch of Fluoridation Learning Online (FLO), a free training resource designed to build the capability of state fluoridation programs and increase knowledge and refine skills to implement and maintain community water fluoridation. It is worthwhile information for anyone with an interest in this important preventive modality.

Key Features:

- Use anywhere, anytime, on any device
- Interactive audio and video material
- Self-paced, personalized training based on experience and background
- Save information to a favorites page
- Reference page with additional resources

Overview of FLO

- Module 1: history and science of fluoridation, its benefits, and its health effects
- Module 2: state program management and oversight, communication principles
- Module 3: water system overview and design
- Module 4: technical information for water fluoridation additives and operations

FLO is available on CDC Train at

<http://www.train.org/cdctrain/course/1072975>. Find more information about FLO on CDC's Community Water Fluoridation website:

<https://www.cdc.gov/fluoridation/engineering/index.htm>. This information should enhance all practitioners' capacity to talk about the efficacy and safety of fluoridation.

COMING SOON! ORAL HEALTH WORKFORCE INVENTORY

The oral health portion of the 2019 Rhode Island Statewide Health Inventory will be released soon. The inventory, which assesses health services and capacity statewide, was established by State statute (RIGL 23-93-5) in 2014. This is the first time oral health has been included. Look for an e-mail with a letter and FAQs from Director of Health, Dr. Nicole Alexander-Scott. This is a great opportunity to get a full picture of the oral healthcare system in the state. Results of the previous health inventory can be found at <http://www.health.ri.gov/publications/reports/2015HealthInventory.pdf>.

HYPERTENSION SURVEY

Watch your email box for a Hypertension and Diabetes Screening survey from the Rhode Island Department of Health! Respondents will be entered into a drawing for a gift card. In addition to finding out more about practices in dental offices, the survey will help guide free training for all dental offices.

CONGRATULATIONS ON DENTAL REGULATIONS

A significant amount of work went into the revisions of the Dental Regulations. The updated regulations are posted on the Secretary of State's website at:

<https://rules.sos.ri.gov/regulations/part/216-40-05-2>

APRIL IS ORAL CANCER AWARENESS MONTH

Dentists have a role in cancer prevention through the discussion of HPV vaccination. The American Academy of Pediatrics provides resources to help dental teams with that discussion.

- Oropharyngeal Cancer (OPC) and HPV Prevention in Children: 5 Key Points that Dental Professionals Need to Know : https://www.aap.org/en-us/Documents/AAP_OPCHPV_5KeyPoints_final.pdf
- Answering Questions About HPV Vaccine: A Guide for Dental Professionals: https://www.aap.org/en-us/Documents/AAP_OPCHPV_WhatDentalProsNeedToKnow_final.pdf

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RHODE ISLAND DENTAL LICENSE DATA, BY AGE AND GENDER

THE FOLLOWING DATA IS TAKEN FROM RIDOH'S LICENSING DATABASE AND REFLECTS ALL LICENSED PRACTITIONERS IN RHODE ISLAND, REGARDLESS OF PLACE OF PRACTICE.

All Dentists										
	December 2010		December 2012		December 2014		December 2016		December 2018	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Younger than 40	120	17.9%	122	18.4%	135	20.3%	141	21.0%	154	23.2%
Age 40-49	162	24.1%	154	23.2%	149	22.4%	153	22.7%	138	20.8%
Age 50-59	195	29.0%	177	26.7%	171	25.7%	169	25.1%	148	22.3%
Age 60 or older	195	29.0%	211	31.8%	210	31.6%	210	31.2%	225	33.8%
Total	672		664		665		673		665	

Female Dentists										
	December 2010		December 2012		December 2014		December 2016		December 2018	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Younger than 40	52	32.5	52	31.0	61	33.3	70	35.7	78	37.3
Age 40-49	59	36.9	62	36.9	59	32.2	59	30.1	57	27.3
Age 50-59	41	25.6	39	23.2	46	25.1	47	24.0	46	22.0
Age 60 or older	8	5.0	15	8.9	17	9.3	20	10.2	28	13.4
Total	160		168		183		196		209	

Male Dentists										
	December 2010		December 2012		December 2014		December 2016		December 2018	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Younger than 40	68	13.3	70	14.1	74	15.4	71	14.9	76	16.7
Age 40-49	103	20.1	92	18.5	90	18.7	94	19.7	81	17.8
Age 50-59	154	30.1	138	27.8	125	25.9	122	25.6	102	22.4
Age 60 or older	187	36.5	196	39.5	193	40.0	190	39.8	197	43.2
Total	512		496		482		477		456	

ARE YOU AN AGE 1 DENTAL CHAMPION?

Dental visits for Age 1 are now the norm, and thanks to the great work of our partners at *TeethFirst!* the message is out! To get started seeing these young patients, perform knee-to-knee examinations with the toddler's head in the dentist or dental hygienist's lap for a good view to perform a tooth brush prophylaxis and fluoride varnish application. With the legs supported by the parent, they can watch, learn, and send positive messages to the child. Visit www.teethfirstri.org for more information.

Doing it already? Sign up and let parents, physicians, and others know by visiting:

<http://www.health.ri.gov/forms/registration/AgeOneChampionSubmissionForm.pdf>.

The Rhode Island Oral Health Commission Annual Oral Health Summit will take place on May 8, 2019, 8 a.m. – noon at the Providence Marriott, 1 Orms St., Providence. This year's theme is **Oral Health Equity**.

SCHOOL DENTISTS

We regularly receive inquiries from schools looking for dentists to perform screenings of children at their schools. School Dentists tell us this is a fun way to help children with first steps for dental health. If you'd like us to pass your name on, let us know by emailing Veronica Rosa DaFonseca,

v.rosadafonseca@health.ri.gov.

MEDICAID DENTAL CASE MANAGEMENT

Offices participating in the Adult Medicaid program are now eligible to receive additional payments to support unique and important case management services provided to individuals through a Pilot program. The following CDT codes will be reimbursed:

- D9991: addressing appointment compliance barriers
- D9992: care coordination
- D9993: motivational interviewing
- D9994: patient education to improve oral health literacy

Completion of online training is required and is available through the Medicaid/Medicare/CHIP Services Dental Association (MSDA) webpage:

<https://www.medicaidental.org/learning%20series-1--10>

Please contact Sandra Bates, Sandra.bates@dx.com for more information or to sign up to participate in the pilot program.

ONLINE SBIRT TRAINING

Dentists can obtain continuing education credit for learning about SBIRT: Screening, Brief intervention, and Referral for Treatment. This is an evidence-based practice to detect and assist patients in your practice at risk for substance abuse.

See <https://courses.cpe.asu.edu/browse/cabhp/courses/dentistry-sbirt-model> for more information and to register.

DENTAL ASSISTANT REGISTRY

The Dental Assistant Registry is a collaborative effort of the Rhode Island Department of Health (RIDOH) and the Rhode Island Dental Assistants Association (RIDAA) and aims to improve our ability to communicate with dental assistants, a valued component of our oral health workforce. Dental assistants can voluntarily share their contact information and will begin receiving newsletters and other important RIDOH alerts that are already distributed to dentists and dental hygienists. Dental assistants can also receive notification of educational opportunities through RIDAA and affiliated educational institutions. Individuals may opt out of the Registry at any time.

Dental assistants who are interested in joining the Registry can do so online at

<https://www.surveymonkey.com/r/LRQTJMP>.



Our philanthropic arm; the Rhode Island Dental Foundation, is ready to accept grant proposals. Grant requests for will be considered for various oral health related causes. They include education and research programs designed to improve the art and science of dentistry in the State of Rhode Island, dental public service projects in Rhode Island, programs geared towards improving accessibility and availability of dental care for underserved citizens within our state, oral health education for the public, Rhode Island based charitable or educational projects related to oral health, and Rhode Island based free dental clinics.

Grant request forms are now available via the RIDA website.



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LET THE SBA HELP YOUR SMALL BUSINESS

By: Lana M. Glovach,
U.S. Small Business Administration

Through every phase of your business lifecycle, the U.S. Small Business Administration (SBA) is your small business ally! The SBA is a Cabinet-level federal agency with a mission to help small businesses start, grow, expand, and recover. It accomplishes that mission by offering a variety of programs and services that increase a small business owner's confidence and business smarts, build capacity as that business develops, reimagine its potential as it branches out, and triumph over adversity. In short, the SBA powers the American Dream!

What are those programs and services? There are too many to list here, but here's a sample:

- **Technical Business Training and Mentoring:** High-quality training (free or at low cost) and one-on-one mentoring (free) tailored to the specific needs of small business owners.
- **Access to Funding:** Microloans (\$500 up to \$50,000) and SBA-guaranteed loans (up to \$5.5 million) with competitive terms, lower down payments, and more relaxed cash flow requirements, as well as financial counseling and education.
- **Funding for R&D:** As the coordinating agency, the SBA can help innovators connect to funding programs for next gen R&D having commercialization potential while also meeting federal agencies' specific R&D needs.
- **Disaster Preparedness and Financial Assistance:** Preparedness resources and information that can help your small business prepare for a disaster, whether it's a flood, winter weather, a hurricane, or a cyber security incident. Also, low-interest, long-term disaster loans for physical damage and economic injury made directly to small businesses, homeowners, and renters located in declared disaster areas.

Let the SBA help your small business plan for success! Assistance is available in languages other than English, including Spanish, and all SBA programs and services are extended to the public on a non-discriminatory basis.

We'll explore some of these topics in more detail in subsequent articles. To learn more about the SBA's programs and services before then, please contact Lana Glovach, SBA Economic Development Specialist, at lanaglovach@sba.gov or 401-528-4575.

FORENSIC ODONTOLOGY

- RAYMOND MILLER, DDS
- MAY 22, 2019
- 9AM-12PM
- 3 CEUS



Forensic Odontology has been used historically in victim identification and bitemark evidence. Emerging dental technology is changing methods in victim identification and solving cases that reached a dead-end in the past. Bitemark analysis has come under increased scrutiny in the courtroom and have challenged the admissibility and reliability of this evidence. The controversies will be presented and participants will be able to make an educated opinion regarding the value of this evidence. The history and science of forensic dentistry will be explored as well as to what the future may hold. Dentistry will always have a role but like many aspects of our profession it is an ever changing discipline. Participants in this program will gain knowledge in the various aspects of forensic dentistry.

ANNUAL PRESIDENTS' LUNCHEON

Our Annual Presidents' Luncheon will take place on May 22nd at 12:30pm, immediately after the "Forensic Odontology" CE course at the Quidnessett Country Club. We would love for you all to join us this year as we celebrate Dr. Jennifer Torbett's successful year as president and welcome our incoming president, Dr. Martin Elson. In addition to celebrating all our presidents, past, present, and future, we will be presenting the annual Awards of the Association. Tickets for the luncheon are \$40.

Joining us will be Professor Albert Shimkus of the Naval War College in Newport. Professor Shimkus was selected to join the National Security Affairs (NSA) resident civilian faculty in 2006. He practiced as a CRNA for over 25 years with numerous tours in support of deployed forces, teaches electives focused on Chemical and Biological Warfare and Current Southeast Asia Issues. His areas of academic interest are the application of America's soft power as an element of the national security strategy and strategic health policy. Professor Shimkus frequently lectures on international cooperative efforts in the delivery of humanitarian assistance and disaster relief and ethical issues associated with the delivery of health care in operational military environments.

Invitations to follow. If you have any questions, please call Chris or Madeline at the RIDA Executive Office: (401) 825-7700



JUST DO IT... BETTER!

- SUSAN MCMAHON, DMD
- SEPTEMBER 18, 2019
- 9AM-4PM
- 6 CEUS

Solutions for better restorations, better workflow and better well being for dentists and teams using today's technology, and other challenges will be provided by going step by step through clinical cases. Using scanners, lasers, diagnostic cameras, handpieces, new restorative materials, new finishing techniques and simple tricks, your everyday procedures will be better.

GERIATRIC DENTISTRY

- LOU GRAHAM, DDS
- NOVEMBER 13 2019
- 9AM-4PM
- 6 CEUS



Geriatric Dentistry - The Fastest Growing Demographic in Dentistry: With patients entering their 8th and 9th decades of life and even more, our role as health care providers continues to face new challenges in treating this population. As these patients walk into our offices, they present Challenges that are often unique and require customized approaches to their care.

REGISTER: WWW.RIDENTAL.ORG



154th Annual CHARTER OAK DENTAL MEETING

May 8-10, 2019  Mohegan Sun

**REGISTRATION
OPENS
FEBRUARY 1ST**

Visit
csdadentalmeeting.com
for complete details.

Get Ready to Reach for the Stars!

Here are just some things you've come to expect from CSDA's Annual Meeting:

- 65 courses to choose from. Register early to guarantee your spot!
- An Exhibit Hall featuring 125 companies showcasing their latest products and services.
- Fun, themed parties and networking opportunities.
- The latest technologies including CSDA's Annual Meeting mobile app!
- A high quality dental meeting with low registration and course fees.

Be sure to "Like" the CSDA Annual Meeting on Facebook. It's the best way to get the latest news AND be eligible for special contests leading up to the meeting!



If your goal is fulfilling your CE requirements for license renewal, we've got you covered! See page 10 of the Program Guide for a complete summary for dentists, hygienists and dental assistants. If your goal is to focus on your personal health and wellness, we've got you covered there, too! We've assembled a program that includes a wide range of interesting and timely topics – there is truly something for everyone!

**Several early sell-outs are expected.
We strongly encourage early registration.**

Interested in FREE CE and FREE lunch?

We need additional volunteers to help moderate courses during the meeting. If you would be interested in learning more about how you can take your courses for FREE in exchange for co-moderating with a "seasoned" volunteer, simply check the box on the paper registration form or during your online registration. All potential volunteers will be contacted in April when we know where our greatest needs are. *If you are officially assigned to any courses you've registered for, you will receive your lunch ticket(s) on-site and course fees get refunded the week after the meeting.*

IMPORTANT DATES TO REMEMBER:

- April 1st** – After this date, registration fees increase.
- April 16th** – Deadline to make hotel reservations under our discounted room block.
- April 26th** – Deadline to pre-register and receive your meeting credentials in advance by mail.

EXHIBIT HALL HOURS:

Thursday, May 9th – 8:30 am to 5:30 pm
Friday, May 10th – 8:30 am to 5:30 pm
Extended trade show hours on Friday including an exciting closing reception that begins at 3:30 pm!

NEED A COPY OF THE OFFICIAL PROGRAM GUIDE?



Download the printer-friendly, PDF version anytime from our website or call the CSDA Central Office and we would be happy to mail you one: (860) 378-1800.



ADA MEDICAID RESOLUTIONS: THEY MAKE THE PROVIDER AND PATIENT EXPERIENCES BETTER

By Rhonda Switzer-Nadasdi, DMD
Immediate-past volunteer on the ADA's Council for Advocacy for Access and Prevention

I love it when I see our new ADA vision statement “empowering dental professionals to achieve optimal health for all” being embraced. One way the ADA accomplishes this is by encouraging dentists to participate in Medicaid. As an incentive, the ADA created a Medicaid Provider Reference Guide and Advocacy Toolkit, which serves to educate providers and encourages greater collaboration with state Medicaid agencies to continually improve their programs.[1] Common sense Medicaid reform must improve enrollee access, quality of care, reduce administrative burdens on dentists, and be cost effective. If such reforms are successful, it will be a win/win for the patient, state Medicaid agency, taxpayer, managed care company, and dental benefits manager, as well as participating dentists. Often, this entails increasing provider reimbursement rates, but that is not always feasible based on political and fiscal climates within individual states. Incentivizing dentists to become Medicaid providers is not the only approach. Removing disincentives can be equally as valuable.

To this end, the ADA's Council on Advocacy for Access and Prevention's (CAAP) Medicaid Provider Advisory Committee (MPAC) continues to seek ways to reduce the administrative burdens and perceived risks associated with provider participation in Medicaid and CHIP. This article will explore four ADA resolutions on Medicaid that do just this. It will also provide practical examples of how and why these actions could be a game-changer in states that implement these resolutions.

The 2015 ADA House of Delegates passed two actions that laid a solid foundation for state Medicaid agencies to support strong dental Medicaid programs (Trans: 2015.275):

- 1) The American Dental Association encourages all state dental associations to work with their state Medicaid agency in hiring a Chief Medicaid Dental Officer, who is a member of organized dentistry.
- 2) The American Dental Association encourages all state dental associations to actively participate in the establishment or continuation of an existing Medicaid dental advisory committee that is recognized by the state Medicaid agency as the professional body to provide recommendations on Medicaid dental issues.

My home state of Tennessee is one of about a dozen Medicaid

managed care states that have carved out their dental program. This means that the state contracts directly with a dental benefits manager (DBM) for administering dental benefits versus contracting with a medical managed care company (MCC) that in turn subcontracts for dental services. Benefits of a dental carve out include greater DBM accountability because of a dedicated dental budget and detailed dental contract provisions, such as scope of services, enrollee access, dental network adequacy, utilization management, utilization review, quality of care and oral disease prevention, program integrity, claims processing, adjudication and payment, enrollee outreach and education. There are also liquidated damages assessed to hold the DBM's feet to the fire in instances where specific requirements have not been met.

Tennessee has had a Medicaid chief dental officer (CDO), Dr. Jim Gillcrist, for almost 17 years. Jim is both the CDO and the TennCare dental director, who has direct oversight of all Medicaid and CHIP dental contracts. He understands dentistry, has treated patients, has a specialty degree in dental public health, and is an ADA member dentist. I have worked closely with Jim for many years and know him to be a dedicated public servant who understands how to improve the oral health of underserved populations through thoughtful collaboration with dentists and other health professionals.

In addition, our state Medicaid agency felt it was important to hire an associate dental director, Dr. Crystal Manners, who is also an ADA member dentist. Tennessee is twice blessed to have these professionals at the helm to work closely with the DBM. A chief dental officer helps establish the overall vision for the Medicaid dental program, which is focused on moving from dental treatment to oral health prevention and value-based care. It is critical to have dedicated dental leadership at the Medicaid agency to hold the DBM accountable for contractual obligations. The chief dental officer can have heightened responsibilities, especially in those states with multiple medical and dental MCCs to ensure proper dental oversight and coordination across multiple stakeholders.

Tennessee was one of the first states to establish a

Medicaid Dental Advisory Committee, which serves as a forum for participating dental providers to bring forth concerns through their representatives to the committee as a whole. It allows for brainstorming, problem solving, the sharing of ideas, enhanced communication, state updates, and professional input for improving enrollee utilization and quality of care. Although the committee recommendations are not binding on the state, the vast majority of its recommendations over the past 17 years have been adopted, which improved quality of care and cost efficiency.

Committee member seats include representatives from multiple dental associations (e.g. Tennessee Dental Association and Pan Tenn-Dental Association), each of the major dental specialties, a member of the Tennessee Dental Hygienist Association, dentists from all three grand divisions of the state, Colleges of Dentistry (University of Tennessee and Meharry), the Tennessee Primary Care Association (representing federally qualified health centers), the state Department of Health, faith-based charitable dental care and the DBM. This advisory committee provides critical input and recommendations to increase the use of proven oral disease prevention modalities, medical necessity criteria and periodicity scheduling. Some states include a consumer representative. In Tennessee, this advisory committee is weighted more towards representing dental professionals, rather than member advocacy or politically oriented actions.

The 2017 and 2018 ADA House of Delegates passed subsequent actions that encouraged fairness and equity within audits conducted via the state Medicaid agency itself or through a contracted entity (Res. 33H-2017 and 69H-2018)

3) The American Dental Association encourages all state dental associations to work with their respective state Medicaid agency to ensure that Medicaid dental audits be conducted by dentists who have similar educational backgrounds and credentials as the dentists being audited, as well as being licensed within the state in which the audit is being conducted.

4) The American Dental Association encourages all state dental associations to work with their respective state Medicaid agency to create a dental peer review committee, made up of licensed current Medicaid providers who provide expert consultation on issues brought to them by the state Medicaid agency and/or third party payers.

In Tennessee, the Medicaid dental contract between the state and DBM requires, as part of their utilization review process, that the DBM have a dental provider peer review committee made up of licensed dentists in good standing with the Tennessee Board of Dentistry, who are well-versed in

TennCare's medical necessity rules and guidelines prior to reviewing cases. I serve on the DBM dental peer review committee along with other Tennessee general dentists, pediatric dentists, oral surgeons, orthodontists, and endodontists, all of whom are Medicaid providers themselves.

Our DBM dental peer review committee reviews complaints arising from patients, dental staff or other providers; however, the vast majority of reviews concern dentists whose treatment practices deviate significantly from other in-network dentists performing similar procedures based on dental specialty and where chart audits reveal suspected fraud or abuse. Close professional scrutiny by the dental peer review committee in such instances is a serious undertaking. Everything is conducted with the utmost professionalism. The information is strictly confidential with the committee not informed of the names of the dentists or the area of the state where they practice.

The committee guides the DBM as to quality of care concerns, lack of compliance with the office reference manual policies, and/or medical necessity criteria. The committee reviews the findings presented at each meeting and delivers its consensus findings in writing. Such recommendations may necessitate review of additional enrollee case files from certain dentist offices, site visits of certain offices, provider and staff education, recoupment of provider payments and/or any combination of these actions.

In particularly egregious cases, the committee has even recommended the removal of a provider from the DBM's network. Usually provider education is enough to modify a provider's errant behavior and re-establish them as a beneficial member of the dental provider network. Findings and recommendations of the dental peer review committee are shared with TennCare's Program Integrity Unit.

Though these actions have helped many states improve the oral health of Medicaid-eligible individuals, there remains an ongoing challenge of recruiting enough dentists to provide the care that is needed and retaining those currently participating. It would help for participating dentists to know that when questions about their practice arise, their unique circumstances will be reviewed and evaluated in a fair and equitable manner by their peers. A peer review committee made up of state licensed general dentists, pediatric dentists and other specialists would answer that need.

continued on page 18



RHODE ISLAND DATA BRIEF

Access to Dental Care Among Rhode Island Children and Adults, 2016

December 2018

Introduction

This report includes data on access to dental care and associated risk factors for Rhode Island children and adults. The data used for this analysis were obtained from the 2016 Rhode Island Behavioral Risk Factor Surveillance System (BRFSS).

2016 Rhode Island BRFSS

From January to December 2016, the Rhode Island BRFSS conducted interviews with 5,457 non-institutionalized Rhode Island adults. Of these respondents, 1,315 reported living in a home with a child younger than 18. As outlined by the Rhode Island Oral Health Surveillance System, the following oral health questions were included for both children and adults:

1. Likelihood of having a recent dental visit, and
2. Dental insurance status.

Reading the statistics: Survey data were weighted to adjust for the probability of selection and are representative of the Rhode Island adult and child population.

For more information about this report or oral health in Rhode Island, call the Health Information Line at **401-222-5960 / RI Relay 711** or visit <http://www.health.ri.gov/oral health>.

For more information about the BRFSS, visit: www.health.ri.gov/data/behaviorriskfactorsurvey

ABOUT THE BRFSS

The BRFSS is an ongoing, random, telephone health survey of non-institutionalized US adults age 18 or older. The BRFSS monitors the prevalence of health risks that contribute to the leading causes of disease and death among adults. Rhode Island has participated in the BRFSS since 1984. Since 2011, cell phone interviews have been included in the BRFSS.



2016 Highlights for Dental Coverage and Access to Dental Care

Rhode Island Children (Age 1-17)

- The proportion of Rhode Island children who have dental insurance coverage has gradually increased in the last 10 years. Most Rhode Island children age one to 17 reportedly had dental coverage from private insurance or publicly funded programs (Rhte Smiles or Medicaid fee-for-service) in 2016 (Figure 1). The dental coverage rate (93%) significantly increased from 2012 (89%).
- Overall, 88% of children age one to 17 had a dental visit within the previous 12 months. However, only about six out of 10 young children age one to five had a dental visit in the past year (Figure 2). Many professional organizations (American Academy of Pediatric Dentistry, American Dental Association, and American Association of Public Health Dentistry) recommend that children have a first dental visit and that parents establish a dental home for their children by age one.

FIGURE 1. PERCENT OF RHODE ISLAND CHILDREN WITH DENTAL INSURANCE, 2016

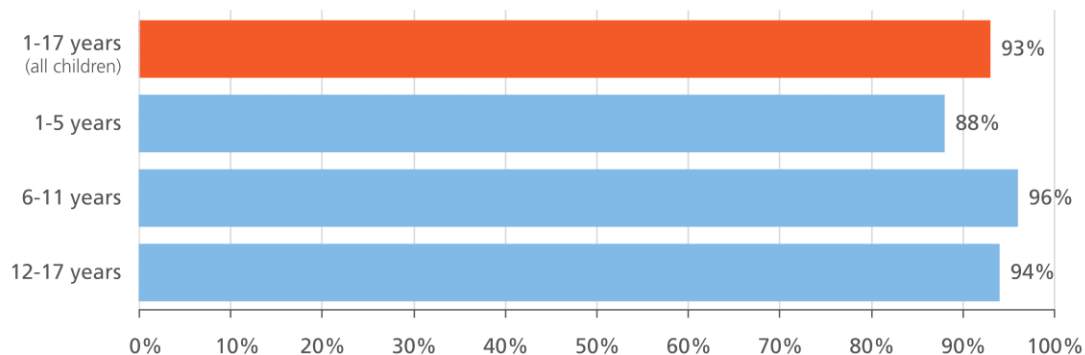
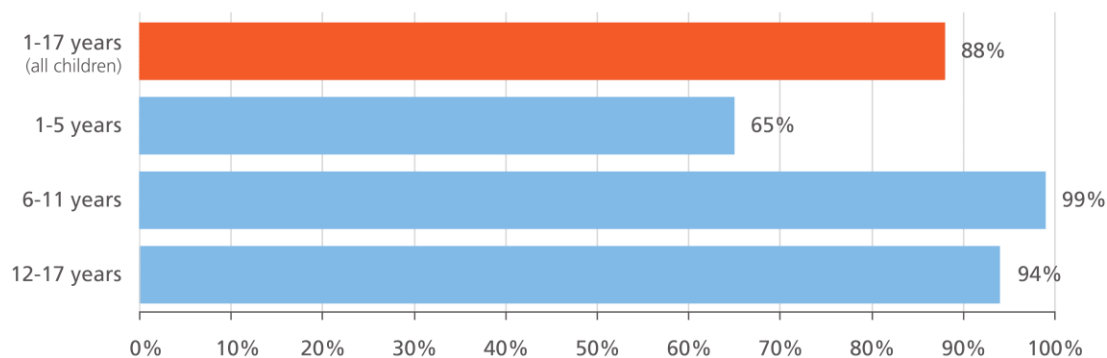


FIGURE 2. PERCENT OF RHODE ISLAND CHILDREN WITH A DENTAL VISIT IN THE PAST 12 MONTHS, 2016



2016 Highlights for Dental Coverage and Access to Dental Care

Rhode Island Adults

- Overall, about seven out of 10 Rhode Island adults reported having dental insurance coverage (Figure 3). Adult's dental coverage, an optional benefit in the Affordable Care Act, did not change noticeably from the 2012 or 2014 surveys (68%).
- Almost half of non-institutionalized Rhode Island adults age 65 and older do not have any dental insurance coverage (Figure 3). Medicare dental benefits only include dental services for hospitalized patients with limited conditions and do not include routine dental care for non-hospitalized older adults. Many uninsured older adults pay out of pocket for routine dental visits.
- The likelihood of visiting a dentist or a dental clinic is greatly determined by a person's dental insurance status. Adults who did not have any type of dental insurance were less likely to have received recent dental care than those who were insured (Figure 4).
- Adults with diabetes have a higher prevalence and more severe forms of periodontal (gum) disease. Periodic dental visits, which are recommended for diabetes management and care, provide opportunities for prevention, early detection, and treatment of periodontal disease among adults with diabetes. Receipt of dental care among adults who had diabetes was lower than that reported by adults without diabetes (Figure 4).

- People with disabilities need treatment for dental decay and periodontal disease more frequently than the general population. However, Rhode Island adults with disabilities reported lower utilization of dental services, which suggests that they have trouble obtaining the professional dental services needed to maintain oral health (Figure 4).
- Smoking increases the risk for periodontal diseases and other soft tissue lesions in the mouth. Regular dental cleanings and oral health check-ups are important for smokers to prevent periodontal diseases and detect early signs of disease. However, Rhode Islanders who currently smoke were less likely to have had a recent dental visit than those who self-reported as non-smokers (Figure 4).

FIGURE 3. PERCENT OF RHODE ISLAND ADULTS WITH DENTAL INSURANCE, 2016

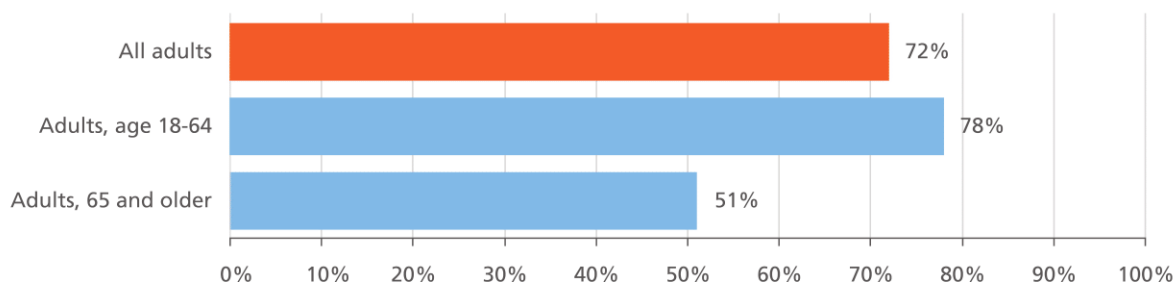
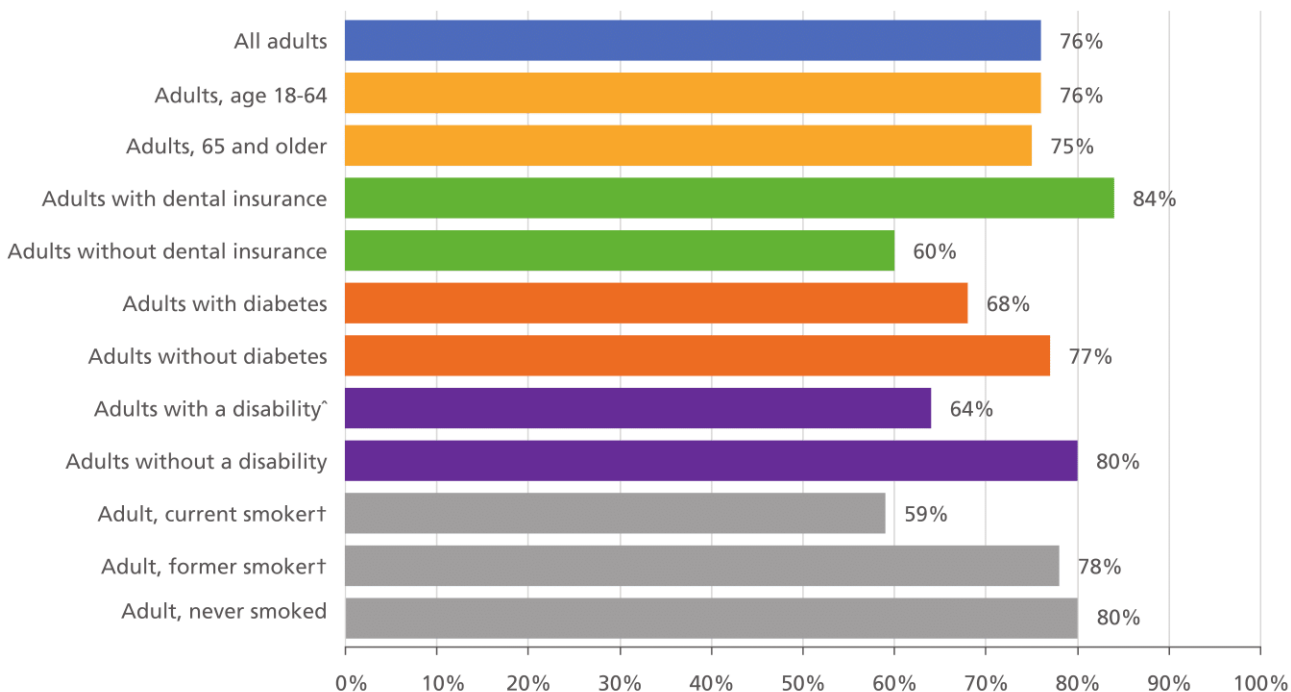


FIGURE 4. PERCENT OF RHODE ISLAND ADULTS WHO VISITED A DENTIST OR DENTAL CLINIC IN THE PAST 12 MONTHS, 2016



[^] Disability is defined as impairment with vision, hearing, cognition, mobility, self-care, or independent living.

[†] Former smokers are defined as those who have smoked at least 100 cigarettes in their lifetime and who do not currently smoke.

Current smokers are defined as those who have smoked at least 100 cigarettes in their lifetime and who currently smoke.



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Gina M. Raimondo
Governor

Nicole Alexander-Scott, MD, MPH
Director of Health

continued from page 14

I have served on both my state dental association's peer review committee and our State Medicaid program peer review committee. They are distinctly different entities with each having an entirely different rationale and set of standards. The state dental association's peer review committee mediates cases between patients and dentists, which tries to satisfy a dissatisfied customer. The DBM peer review committee on the other hand is designed to ensure that participating dentists are following the Medicaid rules, policies, and medical necessity criteria as laid out in the Medicaid reference manual, and to ensure that enrollees receive appropriate dental care. Dentists voluntarily agree to follow these when they sign their provider agreements to become Medicaid providers.

Improving Medicaid should involve more than just dollar infusion. It necessitates collaboration among the key stakeholders, namely the state Medicaid agency, health plan(s) and state dental association(s). If dentists and other health professionals are truly committed to being leaders and advocates for oral health, then they must make a concerted effort to work closely with these stakeholders to implement practical measures that all state Medicaid dental programs could benefit from, such as those presented in these four ADA resolutions.

[1] <https://www.ada.org/en/public-programs/action-for-dental-health/strengthening-the-dental-safety-net/medicaid-provider-reference-guide>

RHODE ISLAND MEDICAL SOCIETY PHYSICIAN HEALTH PROGRAM



Concerned about the well being of a doctor?

The Rhode Island Medical Society's Physician Health Program has helped hundreds of physicians, dentists, podiatrists and physician assistants address personal health issues that can sometimes compromise professional performance. As a peer review body, the Physician Health Program and its Committee have the strong protection of both Rhode Island and federal law for the confidentiality of its work.

If you are concerned about yourself or a colleague, call the RIPHP office at 401- 443-2383, and ask to speak with the Program Director. In an emergency, if you have been unable to reach the Program Director, the outgoing voice message will provide you with a contact number for a member of the Physician Health Committee.

The Physician Health Program is available to discuss any questions or concerns you might have about making a referral to the program. RIPHP is open Monday through Friday with emergency on-call coverage for evenings and weekends.

IN MEMORY OF DR. CLARK SAMMARTINO

by Francis A. Connor Jr., DDS

Dr. Clark Sammartino was a graduate of Brown University and Tufts Dental School. He served his residency in oral surgery at St. Francis Hospital in Hartford, CT. He started practice in Providence in 1967. He subsequently became Chief of Oral Surgery at Rhode Island Hospital, Roger Williams Hospital, and St. Joseph's Hospital. After retiring from his Oral Surgery practice, he started an investment firm with two partners. He also became a very well respected boxing judge, supervising several hundred bouts, including many world championship fights. In addition to all these accomplishments, he was one of the co-founders of Rhode Island Donated Dental Services, which provides dental care to the indigent and disabled RI residents.

He is survived by his wife Carole, four children, and eight grandchildren.

HOUSE RESOLUTION EXTENDS SINCERE CONDOLENCES ON THE PASSING OF DR. CLARK SAMMARTINO

At its February 26, 2019 session, the Rhode Island House of Representatives passed a resolution extending condolences for Dr. Clark Sammartino. Dr. Sammartino passed away on February 5th of this year. He was a member of the tripartite for over 53 years.

2019 -- H 5535
LC001645
STATE OF RHODE ISLAND
IN GENERAL ASSEMBLY
JANUARY SESSION, A.D. 2019
HOUSE RESOLUTION
EXTENDING SINCERE CONDOLENCES ON THE PASSING OF DR. CLARK AUGUSTUS SAMMARTINO
<small>Introduced By: Representatives Ajello, Shekarchi, Walsh, Filippi, and Lima</small>
<small>Date Introduced: February 26, 2019</small>
<small>Referred To: House read and passed</small>

NEW MEMBERS

Please welcome the following dentists as new members of the RIDA

Sean Bell, DMD

University of Pittsburgh, 2017
NYU Lutheran Medical Center, 2018
Employed: 21 Peace St., Providence

Jeffrey Ott, DDS

University at Buffalo, 2009
Sacred Heart Hospital Pennsylvania, 2010
Employed: 19 Broadway, Newport

Hillary Roberts, DMD

Midwestern University, 2017
Employed: 52 Hamlet Ave., Woonsocket

Ashleigh Graley, DDS

West Virginia University, 2018
Employed: 36 Bridge Way, Pascoag

Jasma Patel, DMD

Rutgers School of Dental Medicine, 2016
Employed: 19 Broadway, Newport

Michael Hatton, DDS

New York University, 2016
NYU Langone Medical Center, 2018
Employed: 2435 Nooseneck Hill Rd. A4, Coventry, RI

Manish Juneja, DMD

Boston University, 2017
Employed: 39 East Ave., Pawtucket

CLASSIFIEDS

Dental office in Coventry looking for an experienced Dental Assistant to fill in temporarily for approximately 4 weeks, starting ASAP. Hours are Mon, Tues, Wed, Thurs 8am-5pm. Please email covdental@gmail.com

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RIDA ENDORSED SPONSORS



RIDA CALENDAR

MAY

- **May 14**
RIDA Board of Trustees Meeting
RIDA Executive Office 6:30pm
- **May 21**
RIDA House of Delegates Meeting
RIDA Executive Office 6:30pm
- **May 22**
Continuing Education
Raymond Miller, DDS
9:00am-12:00pm
Quidnessett Country Club
- **May 22**
Presidents Luncheon
12:30pm-2:00pm
Quidnessett Country Club
- **May 31-June 1**
Maine Dental Association Annual Convention
Harborside Hotel, Bar Harbor, ME

JUNE

- **June 4**
RI Dental Foundation Meeting
RIDA Executive Office 6:30pm
- **June 11**
RIDA Board of Trustees Meeting
Restaurant TBD 6:30pm

JULY

- **July 4**
RIDA Executive Office - CLOSED
- **July 22-23**
ADA State Presidents-Elect Conference
- **July 23-34**
ADA Management Conference
- **July 25-26**
ADA Conference on Membership

AUGUST

- **August 12**
RIDA Executive Office - CLOSED
- **August TBD**
New Dentist Event

** All dates are subject to change. Please check the website for any updates.

Malpractice Insurance | By Dentists, For Dentists®



Robert Bartro, DDS
EDIC Board Director

Real Advocacy. Real Dentists. The EDIC Advantage For RIDA Dentist Members

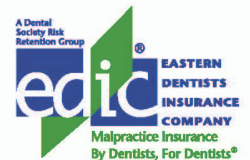
Eastern Dentists Insurance Company (EDIC), the endorsed dental malpractice carrier for Rhode Island dentists, has partnered with RIDA for over 20 years. With this endorsement, RIDA members have value-added benefits as well as local representation on the EDIC Board of Directors. Former RIDA President, Dr. Robert Bartro, serves on the EDIC Board and guarantees your voice is being heard as he participates in every decision that EDIC makes and actively advocates EDIC's "By Dentists, For Dentists®" philosophy.

The EDIC Advantage:

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- EDIC's customer service team is personally dedicated to you
- Outstanding claims handling with a 92% win rate of claims that go to trial
- EDIC issues \$75* policyholder dividends to all eligible RIDA insureds

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*Excludes corporations and policies with expiring premium of \$200 or less.



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