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# Leonard Morse, DDS

**A**nyone can have an off day: Leonard Morse, DDS, has had an off decade, through no fault of his own.

Dr. Morse is a general practitioner lifetime member of the ADA and the NY State Dental Association. Until 2006 he was active in hospital dentistry, including directing pediatric dentistry at Maimonides Medical Center in Brooklyn, in addition to serving patients in his private practice.

In April 2006, New York gubernatorial candidate Eliot Spitzer, who had been accused of being soft on healthcare fraud during his campaign, decided to demonstrate he was not soft on healthcare fraud. Spitzer targeted Dr. Morse for an alleged, but nonexistent, million dollar Medicaid fraud scheme.<sup>1</sup> Perhaps Spitzer's own most infamous scandals were his federally investigated \$80,000 prostitution adventures.<sup>2</sup> But the fact that Spitzer used the unlimited force of governmental prosecution to further his own personal agenda against an innocent citizen is truly chilling.

Prior to 2006, Dr. Morse had undergone five comprehensive Medicaid audits. None of these had shown any inappropriate conduct over a thirty year/30,000 patient Medicaid experience. Dr. Morse had never been sued for malpractice.

Still, Dr. Morse was arrested in April 2006 by Spitzer's prosecutor John Fusto, whom then whispered to Dr. Morse, "Don't worry; when the election is over, your problems are over."<sup>3</sup> Dr. Morse had to wait until June 2007 for his criminal trial. Dr. Morse prevailed at his criminal trial by showing that Spitzer's staff had purposely fabricated evidence.

Actual patient charts were kept from the grand jury which was shown "illustrative summaries" of billings, which were later "lost" by Spitzer's office. The prosecution's expert dentist later testified that she was not in any way an expert in any area of dentistry, or Medicaid, and had never even reviewed original records.<sup>4</sup> When asked if she was a member of the International College of Dentists, she stated, "I was a member of the ADA, unless they changed it to be global now." Government investigator John Fusto's tactics included merging three of Dr. Morse's patients, all with the same name, into one chart, and eliminating tooth numbers purposely.<sup>5</sup> This enabled the prosecution to convince the grand jury that Dr. Morse was submitting multiple bills for the same services. The prosecution never performed clinical examinations of Dr. Morse's patients, only telephonic interviews.

Fusto and investigator Jose Castillo created multiple false or fraudulently altered documents and encouraged others to do the same<sup>6</sup> in order to make the case against Dr. Morse.<sup>7</sup>

One prosecution investigator, Robert H. Flynn, when asked in deposition if he knew what partial dentures look like, answered, "Yes...that's deep root cleaning when they go below the gumline" (sic).<sup>8</sup>

Dr. Morse prevailed in his criminal trial. Heroically, Dr. Morse and his attorney now determined to sue the state of New York and its teams of attorneys under Spitzer's direction, its unlimited funding, and its sovereign



Leonard Morse, DDS

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immunity...a much more daunting legal task than simply "fighting city hall." But Dr. Morse wanted his grandchildren to know he was "not a crook," so he immediately planned to reenter the courthouse but, significantly, as a truthful plaintiff instead of a truthful defendant. Almost always, prosecutors have absolute immunity and grand jury proceedings are secret. But, Dr. Morse proceeded to initiate a process that ultimately forced the government to produce unredacted (except for the "lost" documents) original documents, including one initially NFP (not for publication), some of which are referenced herein.

Dr. Morse clearly documented prosecutorial misconduct in his 2007 civil lawsuit while represented by attorney Jon Norinsberg. One year ago this month, Dr. Morse prevailed in his action and was awarded \$7,700,000.00 from the State of New York. The State has appealed, but the District Judge Amon's appellate findings appear to be highly critical of the State, including comments such as: "...a reasonable jury was entitled to conclude that...constituted fabrication or fraudulent alteration..."; "The knowing use, by police or prosecutors, of evidence that has been altered to be materially misleading is just as harmful to the "truth-seeking function of the trial process...as the knowing use of evidence that has been completely made up;" "...there was evidence defendants knowingly engaged in affirmative acts that caused Grand Jury Exhibits 7 and 11 to be misleading..."; "...Fusto and Castillo...changed the nature of the evidence they had to make it look more incriminating;" "...Fusto and Castillo...conduct is reprehensible."; and "...Morse proved by a preponderance of the evidence that "the false or fraudulent evidence was material...and that he was deprived of liberty as a result..."




Dr. Morse's legal machinations continue as he rebuilds his life after he lost his practice, hospital position, and even his home during the prosecution, all under threat of a 25-year incarceration. All health practitioners and their patients owe a debt of gratitude to Dr. Morse not only for prevailing against the original false charges, but equally importantly for




succeeding in his countersuit against entities and individuals who are only very rarely adjudicated to be outside the immunity umbrella.<sup>9</sup>

To you Dr. Morse, your loyal wife Darrell, and your attorney Jon Norinsberg, thank you. ■

*Editor's note: Dr. Morse will be speaking to the senior dental student jurisprudence class at UNLV SDM in April.*

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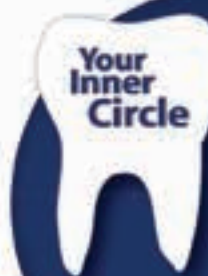













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**T**hanks to all who have contributed to our NDAPAC Fund these last few months as we have set an ambitious goal of raising \$100,000 this year. After only four months we have raised over \$51,000. Your support is critical to maintaining the NDA's all important governmental affairs' activities. It means a higher profile for dentistry at the Capitol in Carson City and throughout the state. We have included a list of contributors in this month's journal and if you are not on that list—please consider a contribution.

These are the Legislative activities we are participating in:

- Interviews of candidates for State Assembly and Senate to educate them on our issues.
- Participation in selected Assembly and Senate caucus and individual functions to get to know new candidates and make some decisions on who we need to interview.
- Interim Legislative Healthcare and coalition meetings.
- Participation in planning meetings for the two RAM (Remote Area Medical) events in our state in April.

Plans are under way for our Annual Summer Meeting to be held at the Omni Hotel in San Diego June 5–7, 2014. You will find registration material in this issue of the journal. I hope you will consider attending our meeting and bringing your family to one of the best cities in Southern California. We plan a night at a Padres baseball game as they take on the Washington Nationals. ■



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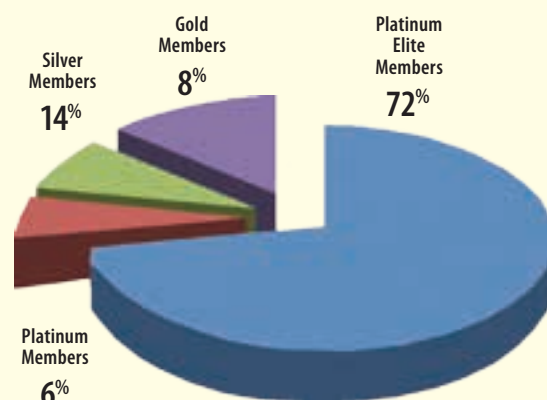
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**\$100,000**

**Total \$51,897** Each donation counts!



Stephen Rose, DDS  
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A few weeks ago as I was opening some mail, I came across an invitation to my 35 year dental school reunion. I stopped to think about where all the years had gone. I also reflected on the friendships that were founded during that time. While I have lost contact with most of them, there are still a few I talk with regularly. I do wonder how some of the others are doing.

This caused me to reflect on when I first started my practice and went to the local dental association meetings. I met many new colleagues. Friendships and bonds were made that still continue today. It seemed like everyone knew each other and almost everyone in town was a member of the ADA and came to the meetings. At least I thought everyone was a member.

As our state and the number of dentists have grown, we find that there are many dentists who are not members of our dental association. I now find myself thinking about friends and dentists I know and wondering if they are members. I'm sure all of us are probably in this situation. We all know someone who is not a member and others we are not sure about. At our mid-winter meeting, we received some instruction from the ADA about membership and how to strengthen it. The key is to build relationships and to invite these potential members to our meetings and encourage them to join us. The friendships and bonds that form can last a lifetime.

I attended a president elect conference last year where ADA president, Dr. Charles Norman, told a story of how he made a cold call visit to a dentist he did not know. After meeting the dentist and chatting for a few moments, he asked the dentist why he had not joined the ADA. The answer was, "No one ever asked me."

We all know people we can ask about association membership. If we all look for one or two people we know and reach out to them, it could have a big impact on our membership and they would receive the benefits associated with being a member. The key is to *ask*.

I would like to thank all those who attended the mid-winter meeting. It was a one-day event, but still took time away from work and family. On behalf of NDA and myself, thank you for your dedication and willingness to serve.

We are half way to our goal of \$100,000 for our PAC. If you have donated, I offer a sincere thank you. If you can contribute to the fund, please call the NDA. This money is used wisely and in small amounts as directed by our lobbyist, Chris Ferrari, and the legislative committee. I recently attended an event and presented a check from the NDA. This gave me an opportunity to talk, one on one, with this individual about the concerns of dentists in Nevada. This money is so important to the NDA and our ability to touch more legislators. Being in contact with these leaders goes a long way to protect and improve our profession. ■



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# Changes at the Nevada State Board of Dental Examiners

By Debra Shaffer-Kugel, Executive Director

**T**he Nevada State Board of Dental Examiners has a new website and a new web address. You may visit us at <http://dental.nv.gov>. Don't worry, if you type in the old website, you will be redirected to this new site. The site has been designed to be more user-friendly and to provide more information to the public as well as new applicants and current licensees.

The Board has added the public meeting agendas, public minutes and public materials for anyone to download without having to request this public information from the Board office. Currently, the information available is from 2012 to present. In addition, the Board's calendar of events has all upcoming board meetings and deadline dates to request or submit information to be considered by the Board.

The Board will be adding additional features to this site, such as, copies of the advisory opinions issued by the Board to be easily downloaded. The Board has added a section dedicated to dental assistants to provide information regarding radiographic training and the regulation outlining the duties delegable to dental assistants.

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# Registration Form

**NDA 96th Annual Summer Meeting**  
**June 5–7, 2014 • Omni Hotel • San Diego, CA**

Registrations will  
be accepted until  
May 23, 2014

Event	Time	Attendees	Fee/person	Total
Registration—NDA member/spouse/child		_____	\$ 0	
Registration—Non-NDA member (required)		_____ x	\$ 300	\$ _____
Registration—Non-ADA member (required)		_____ x	\$ 500	\$ _____

## Thursday, June 5

Executive Committee Meeting	3–5 PM	_____	Included in conference cost
Welcome Reception	6–8 PM	_____	Included in conference cost

## Friday, June 6

Joel F. Glover Fun Run & Breakfast	6 AM Run	_____	Included in conference cost
	7 AM Breakfast	_____	Included in conference cost
House of Delegates—Session 1	8–12 NOON	_____	Included in conference cost
President's Dinner Adult	5–7 PM	_____ x	\$ 60 \$ _____
President's Dinner Child (5–12)	5–7 PM	_____ x	\$ 30 \$ _____
Padres/Nationals Baseball Game	7 PM	_____ x	Included in conference cost

## Saturday, June 7

Pliny Phillips Breakfast	7–8 AM	_____	Included in conference cost
House of Delegates—Session 2	8 AM–12 NOON	_____	Included in conference cost
Golf	7 PM	_____ x	\$ 110 \$ _____

**Grand Total** \$ \_\_\_\_\_

**No refunds given past May 23, 2014.** Hotel reservations and pricing are only guaranteed through May 5, 2014!

Dentist or Member Name \_\_\_\_\_ ADA Number \_\_\_\_\_

Guest(s) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Accepted forms of payment are: check (payable to NDA), Visa, MasterCard and AMEX. Please indicate below.

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# Truth in Advertising

By Steven A. Saxe, DMD

Our profession is undergoing a paradigm shift towards a corporate model. This shift necessitates that our board of dental examiners must be aware of issues associated with such change in order to protect the public from unscrupulous entities which may attempt to harm the public, such as by means of false credentials of the employees, including dentists, or bait and switch fees evidenced at most in the fine contractual print. The deceptions online may be insurmountable, such as the inappropriate use of “keywords” about unrecognized or non-existent specialties. We need to ask, as professionals do we sit idle and tolerate unethical practices? Does becoming a professional at the cost of \$100,000s and thousands of hours in training require additional training to be able to compete with corporate entities that give away televisions, iPods and other toys in order to lure patients to their practices? We are doctors trained to care for patients, not hawk a product.

It is patently unprofessional and unethical to lure unsuspecting patients, who believe that they are seeing a doctor for their needs, and not a sales person intent on only draining insurance benefits. The misleading advertisements primarily benefit the corporate doctor or non-doctor owners who are mainly concerned with their own wealth, not their patients’ health. Perhaps the board of dental examiners could develop a committee to review all forms of media advertising in order to prevent the public from unscrupulous dental entities that have false claims in their advertisements. Freedom of the press is not an excuse to publish false information.

As an example, one component to evaluate is the use of inappropriate keywords, used when the public searches online for help with their health concerns. Some dentist employees may even be unaware of what their corporate dental facility advertising tactics involve, including making false claims by the use of inappropriate keywords online relating to the dentist employee credentials. Key word search results associated with procedures generally performed by specialists should be accompanied by a disclaimer clarifying that the services are not provided by a specialist if that is the case. Are we selling cars or are we caring for our patients’ health?

Some unscrupulous website promoters go as far as to use the last name of doctors at unrelated dental offices as a keyword to entice patients every time one searched for a particular doctor’s name. Valid advertising enhancing the public’s knowledge can be of great importance, but not at the expense of the truth.

## Current Nevada laws:

### NAC 631.270

NRS 631.348 Misleading statements; false advertising; fraud in securing license; practice under misleading name; submitting fraudulent claim to insurer; failure to notify insurer of forgiven debt. The following acts, among others, constitute unprofessional conduct:

1. Publishing or circulating, directly or indirectly, any fraudulent, false or misleading statement concerning the skill or method of practice of any dentist;
2. Using advertising which is false or misleading;
3. Claiming or inferring professional superiority over neighboring practitioners;
4. Using fraud or misrepresentation to secure a license;
5. Practicing under a name, other than a lawfully assumed or fictitious name, that is false or misleading;
6. Submitting a false or fraudulent claim for payment to an insurer for dental services rendered.

NRS 207.171 False, deceptive or misleading advertising and other sales practices. It is unlawful for any person, firm, corporation or association or any agent or employee thereof to use, publish, disseminate, display or make or cause directly or indirectly to be used, published, disseminated, displayed or made, in any newspaper, magazine or other publication, by any radio, television or other advertising medium, or by any advertising device, or by public outcry, proclamation, or declaration, or by any other manner or means, including but not limited to solicitation or dissemination by mail, telephone or door-to-door contacts, any statement which is known or through the exercise of reasonable care should be known to be false, deceptive or misleading in order to induce any person to purchase, sell, lease, dispose of, utilize or acquire any title or interest in any real or personal property or any personal or professional services or to enter into any obligation or transaction relating thereto, or to include such statement as part of a plan or scheme which intentionally misstates cost or price for the purposes of producing an erroneous belief by any person that the actual cost or price is the same as stated therein.

(Added to NRS by 1973, 210)

NRS 207.173 Actual deception unnecessary to create liability. It is sufficient in bringing any action pursuant to NRS 207.170 to 207.177, inclusive, that any statement referred to in NRS 207.171 has a tendency



to deceive or mislead the public because of its false or deceptive or misleading character even though no member of the public is actually deceived or misled by such statement.

(Added to NRS by 1973, 211)

## ADA 2012 Code of Ethics

### 5.F.2. EXAMPLES OF “FALSE OR MISLEADING.”

The following examples are set forth to provide insight into the meaning of the term “false or misleading” in a material respect. These examples are not meant to be all-inclusive. Rather, by restating the concept in alternative language and giving general examples, it is hoped that the membership will gain a better understanding of the term. With this in mind, statements shall be avoided which would: a) contain a material misrepresentation of fact, b) omit a fact necessary to make the statement considered as a whole not materially misleading, c) be intended or be likely to create an unjustified expectation about results the dentist can achieve, and d) contain a material, objective representation, whether express or implied, that the advertised services are superior in quality to those of other dentists, if that representation is not subject to reasonable substantiation.

Subjective statements about the quality of dental services can also raise ethical concerns. In particular, statements of opinion may be misleading if they are not honestly held, if they misrepresent the qualifications of the holder, or the basis of the opinion, or if the patient reasonably interprets them as implied statements of fact. Such statements will be evaluated on a case by case basis, considering how patients are likely to respond to the impression made by the advertisement as a whole. The fundamental issue is whether the advertisement, taken as a whole, is false or misleading in a material respect.

### 5.H. ANNOUNCEMENT OF SPECIALIZATION AND LIMITATION OF PRACTICE.

This section and Section 5.I are designed to help the public make an informed selection between the practitioner who has completed an accredited program beyond the dental degree and a practitioner who has not completed such a program. The dental specialties recognized by the American Dental Association and the designation for ethical specialty announcement and limitation of practice are: dental public health, endodontics, oral and maxillofacial pathology, oral and maxillofacial radiology, oral and maxillofacial surgery, orthodontics and dentofacial orthopedics, pediatric dentistry, periodontics and prosthodontics. Dentists who choose to announce specialization should use “specialist in” or “practice limited to” and shall limit their practice exclusively to the announced dental specialties, provided at the time of the announcement such dentists have met in each recognized specialty for which they announce the existing educational requirements and standards set forth by the American Dental Association. Dentists who use their eligibility to announce as specialists to make the public believe that specialty services rendered in the dental office are being rendered by qualified specialists when such is not the case are engaged in unethical conduct. The burden of responsibility is on specialists to avoid any inference that general practitioners who are associated with specialists are qualified to announce themselves as specialists.

### GENERAL STANDARDS.

The following are included within the standards of the American Dental Association for determining the education, experience and other appropriate requirements for announcing specialization and limitation of practice:

1. The special area(s) of dental practice and an appropriate certifying board must be approved by the American Dental Association.
2. Dentists who announce as specialists must have successfully completed an educational program accredited by the Commission on Dental Accreditation, two or more years in length, as specified by the Council on Dental Education and Licensure, or be diplomates of an American Dental Association recognized certifying board. The scope of the individual specialist's practice shall be governed by the educational standards for the specialty in which the specialist is announcing.
3. The practice carried on by dentists who announce as specialists shall be limited exclusively to the special area(s) of dental practice announced by the dentist.

### 5.I. GENERAL PRACTITIONER ANNOUNCEMENT OF SERVICES.

General dentists who wish to announce the services available in their practices are permitted to announce the availability of those services so long as they avoid any communications that express or imply specialization. General dentists shall also state that the services are being provided by general dentists. No dentist shall announce available services in any way that would be false or misleading in any material respect.

## Advisory Opinions

### 5.I.1. GENERAL PRACTITIONER ANNOUNCEMENT OF CREDENTIALS IN INTEREST AREAS IN GENERAL DENTISTRY.

A general dentist may not announce to the public that he or she is certified or a diplomate or otherwise similarly credentialed in an area of dentistry not recognized as a specialty area by the American Dental Association unless:

1. The organization granting the credential grants certification or diplomate status based on the following: a) the dentist's successful completion of a formal, full-time advanced education program (graduate or postgraduate level) of at least 12 months duration; and b) the dentist's training and experience; and c) successful completion of an oral and written examination based on psychometric principles;
2. The dentist discloses that he or she is a general dentist. ■

*Steven A. Saxe, DMD, is a Las Vegas, NV Oral Surgeon Board Certified by the American Board of Oral and Maxillofacial Surgery and the National Dental Board of Anesthesiology. Licensed in Nevada and California.*



# What is a Dental “Specialist”?

By Frank Recker, DDS, JD

**Y**ou can’t turn on a television or read a newspaper without seeing a multitude of “specialists” advertising their services in fields as diverse as air conditioning, hair coloring, remodeling, computer sales, car repair, information technology, and appliance repair, just to name a few. So the public is inundated with self-proclaimed specialists in virtually every occupation or endeavor. Looking for a definition of the term “specialist” provides a variety of answers, although all are, in essence, quite similar.

These include:

“One who is devoted to a particular occupation or branch of study or research.”

“A person who has special knowledge and skill relating to a particular job, or area of study.”

“A medical practitioner whose practice is limited to a particular class of patients (as children) or of diseases (as skin diseases) or of technique (as surgery).”

“A physician who is qualified by advanced training and certification by a specialty examining board to so limit his or her practice.”

...and the definitions go on.

To anyone who learned the definition of “specialty” or “specialist” in dental school, the answer to this question seems obvious. We have all been taught, as dentists, that specialists are those dentists whose area of practice is one that the American Dental Association has deemed a specialty, and who attended (either full or part-time) a dental program accredited by the Commission on Dental Education (CODA). Some dentists did not attend such a program but were grandfathered as specialists if they met certain requirements. While the above seems straightforward and clear to dentists, it has never been shown to be clear to the public.

In fact, in litigation over a dentist’s right to commercial free speech, several courts have opined on the subject of advertising as a specialist, and a state’s restrictions on this right. Indeed, from a First Amendment, commercial-free speech standpoint, the courts look to a state’s restrictions on a dentist calling himself or herself a specialist quite differently. First of all, in order for a state to justify any limitations or restrictions on commercial free speech, one of the requirements is empirical evidence that the restriction advances a state’s interest in protecting the public, and also demonstrating that the public would be harmed without such a restriction.

One such case was decided in California in 2010 (*Potts v. Stiger*, by the Federal District Court in Sacramento). In that case, the State of California attempted to justify its restrictions and limitations on a dentist’s advertising by obtaining a survey regarding what the public perceives to be a “dental specialist” from an expert in marketing, Dr. Michael Kamins, PhD. Dr. Kamins had been paid a substantial sum of money to obtain a survey that would be admissible in court, and which would substantiate public harm from allowing any non-ADA recognized area of dentistry to be advertised as a specialty or such a dentist to advertise as a specialist. When deposing Dr. Kamins, it was important to understand how his survey was composed, and what he understood a dental specialist to mean. His survey was intended to learn whether or not the public viewed ABOI/ID and/or AAID credentials to represent specialists in implant dentistry. The only problem with Dr. Kamins’ survey was that he did not include a definition of specialist in his questions! When asked what he considered to be a dental specialist, his answer was very revealing. He did not know the areas of dentistry deemed to be specialties by the ADA, nor did he otherwise know exactly what was required to be deemed a dental specialist or dental specialty by the ADA.

The following is an excerpt from the transcript of the deposition of Dr. Kamins:

**Question:** *Would it be fair to say that most people would equate the word “specialist” with “highly qualified,” or “more qualified than the average person (dentist) in that particular area of endeavor?”*

**Answer:** *I think so. [More qualified probably. More qualified.] It’s hard to specify what “highly” means as far as operational; but certainly if you claim to be a specialist, one, I think the average consumer would hope that you have some right to call yourself a specialist, be it either by extensive training in an area, or a degree in the area, or whatever else it takes...to make that claim.*

Later, at the trial held in Federal Court in Sacramento, Dr. Kamins was not called as a witness by the State of California nor did the State attempt to admit his survey into evidence. The challenged restrictions on dental advertising were deemed unconstitutional. As we dentists realize, most states have deferred the determination as to who can legally call themselves specialists in a respective state to the ADA. And, most states require that if a dentist wants to call himself or herself a specialist, it must be in an



ADA-recognized specialty area of practice, and that dentist must limit his or her practice to that specialty area.

In fact, most states have only one license that is granted to every dentist who obtains licensure. But most states also require by regulation or statute that a dentist who wishes to advertise that he/she is a specialist must meet the qualifications established by the ADA, and they must also limit their dental practices to that specific area of dentistry, even though they were required to pass the same licensure exam as was a general dentist.

One such advertising regulation is currently being challenged in a federal court in Ohio. The simple issue is: if everyone has the same license in a state and must pass the same exam, why should a dentist who is telling the truth (“I am a dental specialist”) be required to effectively constrict his or her dental license in order to advertise this truth? On the issue of a state deferring to the ADA in order for a dentist to advertise as a specialist, at least one court has declared such a regulation or statute to be unconstitutional.

In *Ducoin v. Viamonte Ros* (decided in 2009), a Florida state court concluded: “Of great interest to the Court is that the challenged statute delegates to the ADA the sole discretion to designate what specialties or specialty credentialing organizations will be recognized by the Florida Board of Dentistry and enforced under the law of this state. The ADA refuses to recognize the AGD, AACD, AAID and ABOI as certifying boards, and consequently advertising those credentials without the disclaimer, violates Florida law. In fact, under Florida law, the legislature may not delegate unguided and uncontrolled authority to a private organization to determine prospectively the lawfulness or unlawfulness of commercial speech. This is precisely what the State did by the implementation of (the statute at issue). The

Courts have rejected an ambulatory construction that would allow a private organization unbridled, prospective discretion to determine the lawfulness of certain specifications. (case citations)... Clearly, the Legislature cannot delegate lawmaking authority to the ADA. This makes the statute unconstitutional on its own... The Court finds that the statutory

scheme has effectively granted the ADA the power to regulate a citizen’s right to free speech and this cannot stand.

...the ADA is given the authority, final and unchecked, to determine the limits of lawful dental advertising and is free from procedures consistent with due process...The ADA does not have to

*Continues ➞*

The image is a composite. The top half shows a man in a dark suit standing with his back to the camera, looking at a wall covered in the word "WIN" repeated many times. The word "OBSESSED" is written in large, white, chalk-like letters across the middle of the wall. The bottom half is a promotional graphic for "HUTCHISON & STEFFEN ATTORNEYS". It features a QR code in the center, with the word "WIN." above it. Below the QR code is a red banner with the firm's name. At the bottom, there are four locations listed: LAS VEGAS, RENO, SALT LAKE CITY, and PHOENIX. The footer contains the address: PECCOLE PROFESSIONAL PARK • 10080 WEST ALTA DRIVE, SUITE 200, LAS VEGAS, NEVADA 89145 • 702.365.2500 • HUTCHLEGAL.COM

give a dentist notice or an opportunity to be heard as it determines the legality of dental advertising...There is no right to appeal any decisions made by the ADA...The challenged statute compels dentists to abide by the lawmaking determinations of the ADA. In this respect, the ADA effectively serves as a regulatory body of the state, and its determinations constitute state action."

The Florida court concluded that such delegation and deferral to the ADA by the State of Florida was unconstitutional. The State of Florida did not appeal that decision. Interestingly, in the medical world, specialty or specialist determinations are made by the American Board of Medical Specialties (ABMS), an entity that has existed for over 50 years. It is an independent entity, and not controlled or governed by the AMA House of Delegates. Such an entity avoids the inherent constitutional infirmities of specialty status being determined by the American Medical Association, private trade association much like the ADA. Unfortunately, dental regulatory bodies have deferred to the ADA in matters of "specialty."

While intentions were certainly good, the law continues to evolve, and such a deferral to the ADA now clearly seems to be contrary to law. The recent debacle encountered by the American Society of Dentist Anesthesiologists (ASDA)

when they pursued specialty status within the ADA, is a powerful argument supporting why a court determined such a process to be in conflict with constitutional protections. As a profession, we dentists all need to step back and realize that there are multiple areas of dentistry, including general dentistry, which have credentialing boards, and very likely should be entitled to be deemed "specialists."

We should support the creation of an independent entity modeled after the ABMS to determine what constitutes a legitimate certifying board of specialists in specific areas of dental practice. I think we can either work together and create a methodology which would be supported by the courts, or do nothing and watch the courts allow anyone to call themselves a specialist in virtually anything they wish, including anterior teeth, occlusion, geriatrics, cavity prevention, and virtually unlimited variations thereof. ■

*Frank Recker, DDS, JD is frequently retained by malpractice insurance carriers to assist local counsel in dental related litigation and/or state board proceedings. He is Editor and publisher of the Dental Law Digest™, a nationally recognized risk management publication.*



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## Another body to validate dental specialties:

# The American Board of Dental Specialties

By Daniel L. Orr II, DDS, PhD, JD, MD

**M**edicine has several means to recognize its specialties, including the American Board of Medical Specialties (ABMS). The ABMS was formed in 1933 in part to more objectively validate specialties outside of the politically based American Medical Association (AMA) trade organization.<sup>1</sup>

With the incorporation of the 501(c)(6) American Board of Dental Specialties (ABDS) in 2013, specialist dentists can now opt to be evaluated and recognized by the criteria based ABDS, rather than dentistry's own trade organization, the politically based House of Delegates (HOD) of the American Dental Association (ADA).

In 1929, The American Board of Orthodontics was the first specialty board formed. The ADA recognized Orthodontics as a specialty in 1950. However, in 1948 the first specialties to be recognized by the ADA included Oral and Maxillofacial Surgery, Pediatric Dentistry, Periodontology, and Prosthodontics, all with specialty boards established more than 10 years after Orthodontics.<sup>2</sup> Since 1948, the ADA HOD has recognized five more dental specialties, less than one per decade. Evidently, the ADA HOD feels dentists are adequately prepared to comprehensively treat patients in areas such as anesthesiology, craniofacial pain, and oral medicine during the three to four years of undergraduate dental training.

Certainly not all of dentistry, or its patients, have agreed with the House's political specialty determinations.<sup>3</sup> As but one example, in 1999, residency trained dentist anesthesiologists were not deemed worthy, by a handful of votes, of specialty status on only one of the five existing criteria the HOD was asked to evaluate, "need and demand." Inexplicably, the HOD determined there was no need and demand for other than traditional anesthesia options being taught in dental schools, essentially local anesthesia and nitrous oxide in oxygen. But, the very next year, the profession saw the beginnings of still expanding advanced pain control

entrepreneurial groups, such as the Dental Organization of Conscious Sedation (DOCS), which now has over 2,000 graduates who have administered millions of doses of DOCS' protocol anxiolysis. So much for the ADA HOD's finding of "no need or demand."

Historically, the ADA has not always been the sole arbiter bestowing specialty status in dentistry. For instance, prior to the ADA's first approval of specialties in 1948, states approved specialty status, such as for oral and maxillofacial surgery in Illinois, Michigan, Oklahoma, and Tennessee.<sup>4</sup> Currently, states still bestow specialty status. Further, states have been put on notice that to defer to trade organizations, such as the ADA and AMA, in matters related to evaluation of health professionals, is inappropriate on several levels.<sup>5,6,7</sup>

In the future, specialist dentists will be able to gain recognition from the politically based ADA, the criterion based ABDS, individual state boards charged with fiduciary responsibility to the public, and/or even the federal government, which may lend its imprimatur to dental specialty recognition as the possible singular player in health care. ■

### Endnotes

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2. Report of the ADA-Recognized Specialty Certifying Boards, April 2013, [http://www.aaphd.org/docs/2013%20specialty\\_certifying\\_board\\_report.pdf](http://www.aaphd.org/docs/2013%20specialty_certifying_board_report.pdf), accessed 14 March 2014.
3. Simmons, DH, My Journey Through the Specialty Recognition Process with the American Dental Association, *J TN Dent Assn*, 84:2, 5-10, 2004.
4. MacIntosh RB, Kelly, JPW, *The American Board of Oral and Maxillofacial Surgery, A History*, ABOMS. Chicago, IL, 2010.
5. Ducoin FJ vs. Viamonte Ros AM, Second Judicial Circuit, Florida, #2003 CA 696, 2009.
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## PARAGON DENTAL PRACTICE TRANSITIONS

### RECENT TRANSACTIONS

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Reno, Nevada

**Alan L. Topham, D.D.S.**

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# CA AB1174

## The Entry of Mid-Level Providers

By Guy E. Acheson, DDS, MAGD



**T**his article does not represent the opinions or positions of any dental organizations. I am a general dentist with a practice that includes conscious sedation and hospital dentistry. I work extensively with special needs patients and enjoy the help of Registered Dental Hygienists in Alternative Practice to meet the needs of these patients. If you don't like this article, complain to me.

On January 27, 2014, AB1174 passed the California Assembly and is entering its journey through the California Senate. I expect that the bill will pass with virtually no resistance. The legislation has three parts, two of which are beneficial to the people of California. The third part spells the death of a defining element of what a surgeon is and will compromise patient safety.

The good parts of AB1174 allow the implementation of the dental outreach program known as The Virtual Dental Home (VDH). The VDH is a program wherein dental auxiliaries go to remote sites such as schools, nursing homes, residential facilities, and federally designated underserved areas to complete dental examinations and create dental records on patients who can then have the records examined by a licensed dentist via teledentistry. The dentist can then diagnose, create treatment plans, and instruct the dental auxiliaries at the remote site to complete certain preventive and therapeutic procedures as needed and to identify those patients who require the services of a dentist.

AB1174 permits auxiliaries to determine which radiographs are needed for the examination and then take them without the order of a dentist. The dental chart created by the auxiliaries includes radiographs, photographs, medical and dental histories, as well as dental and periodontal charting. With this model, a dentist can make virtual contact with many patients who otherwise might never travel to a dentist. The dentist can identify those patients who truly need the services of a dentist.

AB1174 also requires the Medi-Cal/Denti-Cal system to reimburse the dentist for these teledental examinations. Payment for these virtual examinations recognizes that remote supervision and examination is a viable and valuable alternative to the traditional personal encounter with a dentist. This payment for services should be expanded to allow compensation for teledental collaboration between

dentists and specialists as part of developing appropriate treatment plans for patients.

The part of AB1174 that I disagree with allows non-dentists to remove carious tooth structure prior to placing a temporary restoration, a technique called an Interim Therapeutic Restoration, or ITR. At this time, the proposed legislation restricts ITRs to be done only upon the order of the supervising dentist, but dental hygienists are already requesting that Registered Dental Hygienists in Alternative Practice (RDHAP) should be able to do this without a dentist's order. I object to this new duty on several points.

First, these restorations are going to be placed at remote locations on people who are unlikely to seek care from a dentist. These restorations are very likely to be considered final restorations by the patients/parents because they don't intend to see a dentist and they tend to consider any treatment to be final treatment. How many of us (general dentists) have had patients who came to our office with an abscessed tooth that we completed a pulpectomy on as our palliative treatment? We carefully explained to the patient that this treatment is only temporary and that they require definitive endodontic treatment or extraction as the final treatment. The pain goes away and the patient does not return. Months or years later, they return complaining of pain from the tooth that "you did a root canal on."

Second, as the oral and maxillofacial surgeon who was my instructor during my dental residency told me, "you are allowed to do any dental procedures permitted under law, but you should not start any procedure that you are not prepared to finish...including any foreseeable complications." How many of us have started the excavation of caries only to end up with an unintended but unavoidable pulp exposure? As a dentist, I can go forward with pulp capping, pulpotomy, or pulpectomy to stabilize the situation. What will the non-dentist do? They are working on people who have difficulty getting to a dentist and now a very urgent or emergent situation is easily created.

Dental auxiliaries already have the duty to place temporary/sedative restorations. They could just as easily debride the lesion with water, a cotton pellet, and the glass ionomer conditioning agent and place the glass ionomer

over the lesion as a temporary without running the risks inherent in physically removing diseased tooth structure.

I had the privilege of being a site examiner for HWPP172 that evaluated dental auxiliaries doing ITRs. These pilot projects are always set-up to maximize success and to minimize the chance of failure. I saw dozens of examples of ITRs placed in this pilot project and not one example presented to me demonstrated the removal of tooth structure. In every case presented to me they used glass ionomer as a sealant over questionable pits and fissures, and just painted over facial decalcifications or minimal facial cavitations. In no case did I see evidence of any removal of carious tooth structure. Also, the sole criteria for judging the ITR to be successful was that the patient did not complain of pain in the immediate post-op period. That post-op period was a couple of months at the most. There was no long-term follow-up.

My third point of objection is the disregard of the historical definition of a surgeon. A surgeon is given the privilege of removing and altering human tissue in the process of affecting a cure. For dentists and physicians, the doctorate degree is the mark of a surgeon.

Unfortunately, some legislators and their staffs just do not consider teeth to be human tissue. They seem to consider

teeth to be an appendage that is primarily cosmetic in nature like hair and fingernails. How else could they justify allowing non-dentists to extract teeth on children! This is the most common duty that legislators around the country are beginning to allow non-dentists to do (mid-level providers, dental nurses, dental therapists, etc.).

I really believe that the license to practice dentistry is a privilege extended to me by the citizens of the country in which I live and practice. This privilege is extended in exchange for the duty to consider the safety and well-being of the patient above all else. The citizens' opinion of what types of treatment are allowed and by whom and with what level of training is expressed through their legislators and ultimately by the laws that those legislators pass. The critical tipping point of rejecting the historical definition of what a surgeon is and what non-surgeons are allowed to do was crossed when the California legislature passed laws allowing nurses in remote settings, without the presence of a physician, to complete aspirational abortions (AB154). If that is not surgery, extrapolation to the extraction of teeth and removing carious tooth structure is predictable. The people are speaking.

Our major dental organizations have not recognized the significance of allowing non-dentists to remove tooth

*Continues* ➞



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NEVADA'S LICENSED DENTAL PRACTICE BROKERS

structure. I suspect the trouble is that our largest dental organizations represent more than just dentists and risk alienating their non-dentist members by opposing this expansion of scope. I am upset that the dentist members do not recognize the significance of allowing the organization to support this expansion of scope. There are so many ways to improve the oral health of the public without putting

the most vulnerable patients in our population at risk of harm by justifying it as “doing something.”

These incremental decisions are chipping away at the value of a doctorate level education in health-care. The great push for universal healthcare coverage demanded by liberal politicians will increasingly push for the lowest cost of providing services. With dental schools

graduating ever increasing numbers of dental students who are paying whatever it costs to obtain their dental degrees, we are creating a professional population that is forced to take whatever employment they can find upon graduation just to service their debts. Their choices for professional growth are severely restricted because they cannot obtain loans to buy or build practices that actually have the name of a doctor on the door. The corporate entities that provide the jobs for these new dentists are ultimately motivated by one thing, profit.

Why are we allowing the slanted statistics and arguments of outside organizations like Pew and Kellogg and The Children’s Partnership to create a false impression of shortages of dental providers when the reality is that we are over-expanding our provider population?

By allowing non-dentists to remove human tissue as part of the ITR procedure the primary distinction between the dentist/surgeon and non-dentists is broken. The push to allow more surgical/irreversible procedures to be done by non-dentists will become easier and easier to accomplish. The value of the dentist in being able to provide the most complete treatment for patients is eroded. Eventually, the dentist is no longer the leader of a dental treatment team, they are just another member.

Why should I encourage my children to become dentists? ■

Guy E. Acheson, DDS, MAGD is the immediate-past president of the California AGD and in private practice in Rancho Cordova, CA.





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**Robert Anderson**  
s\_nds@hotmail.com

**W**elcome to one of the great times of the year to live in Las Vegas! The weather is beautiful and the days are getting longer. I hope everyone is taking advantage of it and shaking out those winter cobwebs!

Even though our program year is winding down, things are buzzing at the SNDS office, with a whole range of activities and events.

We have the final two installments of our Premier Series seminars. We're hosting Dr. David Hornbrook, speaking on "Hot Topics in Restorative Dentistry." In April we'll be rounding out the series when we host Dr. John Jameson, presenting "Plan. Lead. Succeed. Strategies for Developing a Practice of Excellence." These are great events, combining excellent presenters and topics with colleagues and fellowship. And of course, as members, you enjoy all of this at a substantial member discount!


Our CE Café series is running as well. We have seminars coming up on "Bone Regeneration and Implants," "Perio Protocols," and "The Regulatory Challenge." You can contact the office for details, or, even better, go to our website for complete information. The CE Café seminars are all *free* for members—included in your dues.

We have a new event coming this spring that we're very excited about. Our first annual "Shredding Day" is Friday, April 11 at the SNDS office.

Come to the SNDS office between 11:00 am and 2:00 pm, and dispose of your out-of-date records and materials. We'll also have lunch and refreshments, so plan on coming and staying for a while to visit with colleagues. This event will be *free* for members, thanks to the sponsorship by AMS Insurance and TREW Financial. We're hoping that preparing your income tax return will be a little less stressful if you can take a break and throw boxes of records and documents into a shredder! It should be a fun day.

We're also working on plans for the rest of the year. Our Premier CE Series is set, we're gathering topics for our CE Café series, and we have a few surprises and upgrades in mind for our member dinner meetings as well. Community Night is already in the works, too. Watch for the *SNDS Leader* and check our Facebook page and website for details as we move into the summer.

And most important, get out and enjoy that great spring weather! ■



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**Wednesday, April 16, 2014**  
*"Perio Protocols"*

**Nevada State Bank: 1501 W Warm Springs Rd, Henderson, NV 89014 (Warm Springs and Stephanie)**  
6:00 pm dinner, seminar from 6:30 pm to 8:30 pm - 2 CEU

**Wednesday, May 7, 2014**  
*"The Regulatory Challenge"*

**Nevada State Bank: 3688 S Jones Blvd, Las Vegas, NV 89103 (Jones and Twain)**  
6:00 pm dinner, seminar from 6:30 pm to 8:30 pm - 2 CEU

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**W**hen we spend something, we get something in return, but our time or money is gone. When we make an investment, though, we get a dividend, and get to keep the principal investment. As I look back over the last year, I feel this same example applies. We spent a lot of energy on improving, upgrading, remaking and rebranding the SNDS, and our members will enjoy the dividend of improved benefits and a great value.

Beyond doubt, the biggest event during my presidency was the terrific success we enjoyed in Carson City during the legislative session. In particular, we were able to change the non-covered services law—meaning that all dentists in Nevada now have the freedom to provide treatment plans for their patients without constraints, while also maintaining a profitable practice. This was long overdue, and I give kudos to Dr. J. B. White, our Secretary-Treasurer and a member of the NDA Legislative Committee, for making this happen. The entire NDA agenda passed, but in my estimation, the non-covered services issue was a major accomplishment. The profitability and professional freedom provided by this change alone more than balances the cost of our dues!

The next project undertaken for our members was to develop our relationship with AMS Insurance. As I write this, we are still in our season for membership renewal. Between the economic impact of our legislative victories, and the discounts available to our members through AMS Insurance, it's finally easier to write that check for our ADA/Tripartite dues! Our members also have a comprehensive, professional and local company to work with. If you haven't taken advantage of this benefit,

contact the SNDS office to find out how to connect with AMS Insurance.

We also upgraded our CE programs, booking speakers further out on the calendar so we can get some of the best speakers in the country. We've hosted Larry Emmot, Larry Rosenthal, and David Hornbrook, and will soon be hosting John Jameson. In the fall of 2014, our series will kick off with Charles Blair and John Kojs, followed by LeAnn Brady and Gerry Kugel. Members will have a fantastic value, paying member prices to spend a day with speakers like these. It's no wonder that our Premier Series draws dentists from around North America.

Of course, this doesn't minimize the value of our other CE programs, the CE Café and CE on Demand. The CE Café is free for members, and if you take advantage of all six seminars in the series, you accrue 12 CEUs. Add in the 8 CEUs you can earn by attending our eight free member dinner meetings, and you have 20 CEUs, per year, included in your dues!

This coming year, we'll be building on these upgrades to live-stream our Premier Series seminars and put our CE on Demand library online.

We've also addressed the issue of informing our members about our events and member benefits. This includes having a public Facebook page and a private, member's Facebook group on social media. Add to that our upgraded website, benefit breakout sheets, and Youtube, and you can see we've greatly expanded our footprint in social media.

As a part of this move to social media, in the last year we launched our Committee for the New Dentist. This is a dynamic national program of the ADA, and is geared at meeting the needs and interests of dentists in their first ten years of practice. We recognized



*Byron M. Blasco, DMD*  
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that we needed new options in communication with our members, and we continue to develop and expand these initiatives.

Add into that the new SNDS branding, and we truly have become a member-centered, Community of Leaders.

As I write this, the last *NDA Journal* report of my presidency, I take satisfaction in knowing that our members, and our society, will continue to draw dividends on the efforts of this past year.

I'd like to take this final opportunity to give thanks to all those who assisted the SNDS with their contribution of time talents, ideas and continual support and motivation. The relationship with our partners of the NDA have provided great support and been an appreciated resource.

I want to thank my colleagues, serving with me as your officers: Dr. Brendan Johnson, my predecessor and now Past President; Dr. Lydia Wyatt, President-Elect; and Dr. J.B. White, our Secretary-Treasurer. I'd like to thank all of the members of the SNDS for your continuing support of the SNDS and organized dentistry.

It's been a whirlwind year, and it has been a privilege to serve.

I wish you all great success. ■





Lori Benvin  
nnds@nndental.org

**P**ro-bono dentistry is the overwhelming theme this spring and I'd like to join our Executive Board in thanking and congratulating the following for their exceptional generosity. Participants have donated their time and talents as part of giving back to our northern Nevada community. We thank you.

### "Dentistry From the Heart" Day

Sala Family Dentistry in Reno held their fifth annual "Dentistry from the Heart" on November 1, 2013. Drs. Jason Sala, Todd Sala, Josh Woolley, Justin Patay, and Scott Boyden treated 126 patients and donated \$80,201 in pro-bono dentistry.

### Give Kids A Smile, Reno

The New Dentist Committee & Community Health Alliance (formerly HAWC) held a GKAS event on February 8. Doctors who gave of their time, including specialists, were: Drs. David White, James Mann, Brandi Dupont, Lindsey Nelson, Moni Ahmadian, Julio Escobar, Eric Escobar, Heather Parsons, Ben Syndergaard, Adam Welmerink, Brian Chan, Alec Filmore, Ryan Katausky, Cyrus Kwong, Jessica Clausen, and Izabella Wells. Along with dental staff, volunteers saw 98 children, performed 701 procedures and donated \$63,617 in pro-bono dentistry.

### Give Kids A Smile, Sparks

Champagne Family Dentistry held their GKAS event on February 8. Drs. Jason Champagne, Drew Champagne, Cariann Champagne, Renee Calkins, Mitch McMullen and staff treated nearly 60 children and performed over \$45,000 in pro-bono dentistry.

### Give Kids A Smile, Fallon

The Dentist's Office in Fallon hosted their GKAS event on February 14 and treated 101 children with \$38,956 in pro-bono dentistry. Drs. George Henderson, James Smerdon, and Derek Johnson generously gave their time and talents, despite a power outage for nearly two hours.

### Give Kids A Smile, Smith Valley

On February 17, Drs. Scott Leinassar and Andrea Leinassar participated in GKAS by treating 41 children with nearly \$9,000 in pro-bono dentistry.

### Adopt a Vet Dental Program

The program continues to grow with 108 dental providers, including specialists, and 13 dental labs participating. There are currently 57 veterans in treatment and over \$940,000 has been given in donated dental care since the program began in April 2010. There is still a huge need as there are still 300+ veterans on the waiting list. To help, contact the Adopt a Vet Dental Program, now part of the Northern Nevada Dental Health Program, at 775-870-4358 or [www.adoptavetdental.com](http://www.adoptavetdental.com).

We thank *all* of the participants from these events/programs, and also thank those who provide pro-bono dental care in their office every day.

The Northern Nevada Dental Health Program, our children's dental program, invites you to *be our guest* at the **2nd Biennial Pro-Bono Provider Appreciation Reception** on Thursday, May 1 at 5:30 pm at The Grove Event

Center in Reno. We will be congratulating you and hope to have some special guests to assist us.

We have one more event in this fiscal year and we are requesting *you* to volunteer. The event is April 11-13 at Hug High School, 2880 Sutro Street, in Reno. The RAM (Remote Area Medical) Reach Across America is coming! RAM's mobile set-up will offer medical, dental and vision care to our community at no charge, on a first come, first serve, no eligibility requirements basis. RAM will be set-up to see up to 800 people per day.

**How can you sign up as a dental volunteer?** Nevada volunteers and direct service providers are very much needed and welcomed, especially opticians, general practitioners, nurses, dentists, hygienists, etc. You can call the Healthy Communities line at 775-350-4597 with local questions about the RAM event, but you must sign up through the RAM online site at [www.ramusa.org](http://www.ramusa.org). Click on the "Volunteers" tab, fill out the form and create your own password.

Watch for upcoming eNewsletters for information about the NNDS 2014-2015 Calendar of Events (also on page 29). If you are not receiving our emails, please contact our office at [nnds@nndental.org](mailto:nnds@nndental.org) or visit our website at [www.nndental.org](http://www.nndental.org).

We continue to value our members and offer all monthly general membership dinner meetings at a cost of \$35 per person, as well as reduced rates for quality continuing education courses. Our Executive Board wants to thank our members who pay their membership dues and support NNDS events; we hope you will take advantage of these excellent CE opportunities right here and join us! We are in the planning stages for a laser certification this year too, so watch for more information to come. ■



**2014** is well underway and the NNDS has had a very busy calendar of events. Attendance at the monthly dinner meetings has been strong. Members in every career stage have been well-represented at the meetings which is indicative of a well-connected and engaged dental society. It is very rewarding for the NNDS leadership to see so many members having such a good time with their colleagues at these meetings.

In January, the NNDS dinner meeting featured an endodontic symposium. Six local endodontists gave short presentations on current topics in endodontics. The presentations were very well done and kept everyone's attention. We are fortunate to have these excellent specialists to help with our patients' endodontic needs.

The lecture for February's NNDS dinner meeting was given by economist Tim Wulf. His topic for the evening was the "proposed margin tax" for Nevada businesses. Wulf succinctly explained how the proposed tax would be applied to Nevada businesses. It was very interesting and deeply concerning to learn how this proposed tax would negatively impact small businesses like dental practices. If you missed this meeting and are not knowledgeable of this proposed margins tax, do some research and get informed. I'm quite sure you will come to the conclusion that this tax is bad for business and would negatively impact your business and Nevada's economy.

In March, Dr. Douglas Damm, Director of Oral Pathology at the

University of Kentucky, presented an Oral Pathology Review at the Thursday dinner meeting and the following day. Dr. Damm shared an abundance of information during his presentations. While we all have a certain knowledge of oral pathology, an indepth review such as this serves as a great refresher. Periodic reviews of topics are instrumental in keeping all of our clinical competencies up-to-date.

Also in March, we hosted two fundraisers that deserve mention. The Fourth Annual Joel Bowl was a lot of fun for all who attended. The money raised is used to further Joel F. Glover's wish to fund scholarships. Some of the scholarship recipients were on hand and expressed their gratitude for the generosity of the Glover Foundation.

The Jason Eberle, DDS Memorial Fundraiser was a huge success. The event was a benefit concert featuring The Mavericks with opening act Deep Ellum (Gilbert Trujillo and Mike Almaraz). Joe Eberle deserves special recognition for his tireless efforts in putting together this event. The substantial proceeds from the event are donated to NNDHP. Thanks, Joe.

On Thursday, April 17, the NNDS will have the Mario Gildone Lifetime Achievement Award Dinner. This year we will be honoring Dr. Bill Clements and Dr. Jack McCulloch for substantial contributions to NNDS, Dentistry and the communities they served. Please make plans to attend what will be a fun night of fellowship and lend your support in recognizing these two exceptional men.



*Frank Beglin, DDS, MS*  
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On Friday, May 16, the NNDS will provide an OSHA/CDC update at the Atlantis Casino Resort Spa in Reno. This course fulfills the licensing requirements for Nevada dentists and dental hygienists and is pre-approved by the NSBDE (not all courses provided by other entities are approved by NSBDE). It is a great course for the whole office to attend and stay abreast of the ever-changing state and federal regulations pertaining to employee and patient safety.

One of the key elements of a successful dental society is an engaged membership that finds value in the educational offerings of the society. On behalf of the NNDS, I thank all the members who attend our functions for your support and for making NNDS better for all members. ■

## Welcome new NNDS members

John Eric Cercek, DMD—General Dentist

Megan Cercek, DMD—General Dentist

Mark Ferrari, DDS—Periodontist

MaryAnn Michael, DDS—General Dentist (rejoined)

Heather Parsons, DMD—Pedodontist

Tara VanOrden, DMD—General Dentist (rejoined)

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## **School of Dental Medicine Update**

### **Admissions and student affairs—**

The office received approximately 2,000 applications in the 2013–14 cycle.

Congratulations to **Rachael D'Souza** (DS4) for receiving the Dental Trade Alliance Foundation Scholarship.

Kudos to **Amy Nygren** (DS2) for receiving the ADA Foundation Scholarship Award for 2013–14.

**Advanced Education Publications—**Jeremy Catmull, DMD, Lindsay Row, Matthew R. Repp, Cody Heslington, Tyson Miller, Jordan Diamond, Katherine Howard, PhD, Karl Kingsley, PhD, MPH. "Newly Identified Cariogenic Pathogen *Scardovia Wiggisiae* Detected by Polymerase Chain Reaction in Saliva of Teenagers and Adults in Southern Nevada." Online Forum of Dental Student Research and Innovation (FDSRI). March 2014.

### **Faculty grants & awards—**

**Dr. Gillian Galbraith** was named the 2013–2014 UNLV Outstanding Department Chair.

**Dr. Wendy Woodall** was awarded the Mountain West CTR-IN Pilot Grant for "Electronic Health Record Screening Medical/Dental Factors Associated with Cardiovascular Disease, Diabetes and Sleep Disorders."

**Dr. Michael Neubauer** was awarded the Mountain West CTR-IN Subaward from UNR for "Impact of Periodontal Disease on Outcomes in Diabetes."

**Community Service Report—**From Nov 15, 2013 to Feb 14, 2014, an estimated \$14,436 in donated services were offered in school- and community-based events (excluding specialty SDM clinics).

**SDM on Main—**The SDM on Main clinic opened on February 10. The five chair clinic is located within the UNLV Student Recreation and Wellness Center. Care will be provided by students under the supervision of licensed Nevada dental faculty. ■



# Congrats to Florida State University, the NDAJ 2013 National Football Champion

By NDA Journal FBS Championship Committee

**Dentists are among the most trusted professionals in society.**<sup>1</sup> The honorable precepts of the ADA's Professional Code of Conduct are second to none,<sup>2</sup> and the Code mandates that dentists put the welfare of society ahead of self-interest. Dentists are highly educated individuals who understand the concepts of logical and ethical cerebration.<sup>3</sup>

These attributes are absent in a program affiliated with higher education today, the faction that selects its Football Bowl Subdivision (Division I) champion primarily on the basis of maximizing remuneration for BCS member entities and individuals,<sup>4,5</sup> ignoring well-established, logical, and time-proven options (playoffs\*) to reward achievers in America.<sup>6</sup>

For these reasons, and without apology to other FBS/D-1 teams jockeying for second place:

*The NDA Journal FBS Championship Committee is pleased to announce its selection for college football's 2013 National Champion, the only undefeated team in the nation:*

**Florida State University Seminoles (14-0)**



\* The NDAJ announces that it is retiring from the college football ranking fraternity. It has been gratifying—though certainly not challenging—to choose the most legitimate champion in the land during the infamous tenure of the illogical and unethical BCS. The NDAJ welcomes the first FBS/D-1 playoff beginning next season, and will be even more pleased when the playoff properly expands to 16 teams, hopefully in less time than we have had to endure the BCS.

## NDAJ Era Champions

2002	Ohio State	14-0
2003	USC	12-1
2004	USC	13-0
	Utah	12-0
2005	Texas	13-0
2006	Boise State	13-0
2007	USC	11-2
2008	Utah	13-0
2009	Boise State	14-0
	Alabama	14-0
2010	TCU	13-0
	Auburn	14-0
2011	Oklahoma State	12-1
2012	Ohio State	12-0

## Endnotes

1. Harris Pole #37, Most Trusted Professionals, May 2006
2. [www.ada.org/194.aspx](http://www.ada.org/194.aspx), Accessed Jan 2011
3. American College of Dentists, *Ethics Handbook for Dentists*, 2010
4. Wetzel D, Peter J, Passan J, *Death to the BCS, The Definitive Case Against the Bowl Championship Series*, Gotham Books, 2010
5. Bennett D, "The Arizona Republic takes on the corruption of the BCS," Sep 26, 2011
6. Wetzel's Playoff Plan, <http://rivals.yahoo.com/ncaa/football/news?slug=dw-playoff120208&prov=yahoo&type=lgns>, Accessed Jan 2011



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\*Entry fees include the cost of golf and food at \$100 per person; balance of your sponsorship is a tax-deductible charitable contribution. Tax ID# 88-0411192

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**FRIDAY, SEPT. 26, 2014**

**7 A.M.** Breakfast & Golfer check-in

**8 A.M.** Tee Time

Format: Scramble, mulligans available.  
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# NDA Calendar of Events

APRIL – MAY 2014

**SAVE THE DATE!** June 5–7 NDA 2014 NDA Annual Summer Meeting • Omni Hotel, San Diego, CA

## APRIL

THU 3 – SAT 5	ADA Membership Conference	ALL DAY	ADA, Chicago, IL
FRI 4	SNDS presents: CE Seminar, Dr. John Jameson	9 AM – 4 PM	Gold Coast Hotel, Las Vegas
TUE 8	SNDS Member Dinner Meeting	5:30 PM	Gold Coast Hotel, Las Vegas
TUE 8	NNDS Executive Committee Meeting	5:30 PM	161 Country Estates Cir, #1B, Reno
THU 10	AGD General Membership Dinner	6 PM	TBD
WED 16	SNDS presents: CE Café	6 – 8:30 PM	SNDS Office
THU 17	NNDS presents: Mario Gildone Lifetime Achievement Award Dinner	6 PM	The Grove at SouthCreek, Reno
THU 24	SNDS Peer Review Committee Meeting	6 PM	Atlantis Hotel Casino Spa, Reno

## MAY

THU 1	NNDS presents: Pro-Bono Provider Appreciation Reception	6 PM	The Grove Event Center, Reno
TUE 6	Delegate Pre-Meeting & NNDS Executive Committee Meeting	5:30 PM	161 Country Estates Cir, #1B, Reno
WED 7	SNDS presents: CE Café	6 – 8:30 PM	Grand Sierra Resort, Reno
TUE 13	SNDS Member Dinner Meeting	5:30 PM	Gold Coast Hotel, Las Vegas
FRI 16	NNDS presents: OSHA, Infection Control & CDC CE Course	7:30 AM	Atlantis Hotel Casino Spa, Reno
MON 19 – WED 21	Washington Leadership	ALL DAY	Washington, D.C.
THU 22	SNDS Peer Review Committee Meeting		

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### NARROW-DIAMETER OVERDENTURE IMPLANTS 101

Participants will attend either an 8 hour (1 day) course or a 16 hour (2 days) course which encompasses evidence and clinical based lecture theory with a hands-on workshop with small-diameter implants. In addition, on the second day in the morning, participants will have the opportunity to view live patient surgeries. The live patient surgical procedure will illustrate live placement of implants on a patient, and to convert the patient's existing dentures into overdentures.

**DATES/TIMES:** May 2-3, 2014 / Friday-Saturday (8-5 pm)  
**TUITION:** \$695 (1 day) or \$1895 (both days)

**Hands-on & Live Surgical Demonstrations**

**See our website for complete details**

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**DATES:** Sept. 4-6, 2014 Oct. 16-18, 2014, Nov. 13-15, 2014, Dec. 11-13, 2014 and Jan. 8-10, 2015  
**TIME:** Thursday-Saturday (9-5 pm)  
**TUITION:** \$8,500 (Installment payments available)

**Five Sessions 2014**  
**150 / 300★ CEU hours**

### UPCOMING CE COURSES

4/5/14 (Saturday) 8 CEU \$149	<b>Direct Composite Restoration</b> (M. Seemann, DDS, FAACD) Outlines principals in providing successful quality restorations.
4/12/14 (Saturday) 8 CEU \$895	<b>Advanced Laser Course</b> (R. Convisser, DDS, FAGD) Hands-on experience w/ various FDA approved laser wavelengths.
4/24-26/14 (Thur.-Sat.) 24 CEU \$2,495	<b>Tooth Replacement in the Esthetic Zone</b> (P. Petrunaro, DDS, MS) Watch 3 surgical procedures performed by Dr. Petrunaro.
5/3-4/14 7 or 12 CEU (1 or 2 days; Sat. & Sun) \$495/\$995	<b>Sinus Bone Augmentation</b> (L. Al-Faraj, DDS) Indications, step-by-step protocol and complications management. Hands-on bone grafting on Sunday.

**See website for full descriptions!!**

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Continuing Education dates are subject to change. Please confirm dates and time when registering.  
**Mention code NV-03 when registering and get 5% off registration if enrolled before 3/31/14.**



# ADAM

By Robert E. Horseman, DDS



The Tooth Fairy, dentistry's most cherished myth next to the spiritual belief held by some dentists that if you tell patients to floss, they will, is still alive and flourishing. My authority for that statement is a retired hygienist from Deerfield, Illinois named Rosemary Wells, who bills herself as a Tooth Fairy Consultant. Ms. Wells is probably the nation's—if not the world's—premier collector of Tooth Fairy lore and memorabilia. Her museum in Deerfield—containing all of her Tooth Fairy references, exhibits and odds and ends—is a Mecca for Tooth Fairy aficionados. Indeed, there is some speculation that Ms. Wells is the Tooth Fairy reincarnated. She modestly denies the charge, but the rumors refuse to die.

The dental profession owes a debt to Ms. Wells for keeping the myth alive and serving as a constant reminder to parents of deciduous-exfoliating children to stay on their toes, because inflation is raising hob with traditional baby teeth values. A recent survey across the U.S. indicated that redemption of a beneath-the-pillow tooth is verging on \$2 per unit, up from about 10¢, 25 years ago. An affluent only-child can anticipate a minimum of \$5 per tooth, thus accumulating \$100 before reaching puberty. A really rich kid in Germany, where the Tooth Fairy is known as Die Pflügenweisermitodon-togewesenheit, can reasonably expect the keys to a 911 Porsche Targa under his kissen (pillow in German).

That this is clearly getting out of hand is brought into sharp focus by some recent discoveries during the translations of the Dead Sea Scrolls. The Scrolls were discovered between 1947 and 1956 in some dry caves in what is now Israeli-occupied West Bank where they had been preserved for almost 2,000 years. The translations have taken more than 40 years, partly because the only people who knew what they said were dead or seriously mummified.

An international team of scholars divided up the work and—except for weekends, religious holidays and vacations—quickly in only half a century, caused a sensation when they published their findings. The most recent work has brought to light some fascinating insights into our area of interest, the Tooth Fairy. As nearly as I can understand, without reference to my Hebrew/Aramaic/Greek-to-English dictionary, the story goes like this:

God created Adam from dust, of which, because asphalt and concrete hadn't been invented, there was plenty. He breathed life into him in a sort of ecclesiastical CPR maneuver, placed him in the Garden of Eden and then fashioned a Significant Other for him out of one of Adam's ribs. (*This doesn't exactly explain why spareribs are so popular today, but something may have been lost in the translation.*)

Well, life went on. There was some trouble with eating forbidden fruit and some kind of a hassle with a snake, but basically things were pretty much okay.

One day (Tuesday) the original Tooth Fairy fluttered in for a set-to with Adam and Eve. Seems she was puckered because she never got any tooth redemption business from the Garden of Eden. (*Of course you and I know that because Adam was just suddenly there, you know, Poof! a*

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*full-grown adult, he never had any deciduous teeth to lose. Bummer! It is not recorded whether he had a navel or not, but we can assume he was short-changed there as well.)*

Truth of the matter is, Adam never had a pillow and because he had not been issued any kind of an operating or maintenance manual, he was accustomed to sleeping standing up or sort of leaning against a tree. It wasn't until he saw a dog lying down asleep, that the concept of reclining at night with a pillow came into being. "Well, hey!" he marveled. "This changes everything!" Even though his rock pillow wasn't on the Tooth Fairy's list of approved head supports, a new era was launched.

Eve, understandably, was in the same situation and they both resolved that if they ever had any children and assuming that instructions on how to go about this would be forthcoming, this business with the Tooth Fairy would be rectified so that civilization would get off to a proper start.

In time, Cain came along, then Abel and Seth. By the time the kids' 60 deciduous teeth were lost and redeemed, everybody seemed to get the hang of it. *(Although we can be reasonably sure that, even if the Scrolls don't spell it out, none of the boys got anywhere near \$2 a tooth, let alone a Porsche.)*

Children today, being much brighter than their counterparts of centuries ago, recognize the Tooth Fairy for what she is, a potential gold mine. Even though children run out of redeemable teeth at about age 12, there are still plenty of young people, hanging around the house like members of the New Guinea Cargo Cult of WWII, waiting for the largess to resume. ■

Originally published in the *Journal of the California Dental Association*, 8/94.

Robert E. Horseman, DDS, was a contributing editor for the *Journal of the California Dental Association*.



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