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Dear Colleague:

As you've already been informed, ADA President Bob Brandjord held a media conference in Anchorage Tuesday to announce that the ADA, the Alaska Dental Society and several individual dentists had filed suit in Alaska Superior Court, seeking to prevent **dental health aide therapists** from performing irreversible surgery. We took this action as a last resort, after two years of unsuccessful attempts to negotiate a reasonable settlement with Tribal health authorities. We support every facet of the Dental Health Aide program, except for allowing non-dentists to perform surgery for which their training is inadequate. Even with this action pending, we'll continue to work with all stakeholders to implement our alternative proposal for improving dental access for Alaska Natives. If at any point the defendants agree to stop the irreversible surgery, we'll drop our suit and add those resources to the considerable investment we already are devoting to improving oral health care for Alaska Natives. Visit ADA.org for a full report on the lawsuit and the media conference.

The New York Times and others have reported on a new CDC study that found an association between **tooth loss and heart disease**. The cross-sectional study, published in the Dec. 2005 *American Journal of Preventive Medicine*, presented self-reported data from a telephone survey of over 40,000 adults (40–79 years) on the incidence of heart disease and extent of tooth loss due to caries or periodontal disease. After adjusting for confounding factors such as smoking status, diabetes and hypertension, the study found that a higher incidence of tooth loss was associated with

a higher incidence of heart disease. An association between heart disease and tooth loss doesn't mean one condition causes the other. A well-controlled, blinded clinical study is needed to prove a cause-and-effect relationship and determine if or how treating periodontal disease and tooth loss affects cardiovascular health. The study supports the importance of heart-healthy behaviors, controlling risk factors for heart disease and maintaining good oral health.

An ADA national campaign to educate the public about the relationship between **oral health and overall health** is about to kick off with Colgate sponsorship. The program's first phase will be a letter to ADA members co-signed by Colgate and the ADA offering a free kit on the oral-systemic relationship. Dental team members can order the kit on Colgate's web site. Colgate sales reps also will promote the free offering. The package contains an in-office poster, patient brochures, a Q&A and a tube of Total. The kit is part of a larger sponsorship program with Colgate that also includes a joint ADA/AMA press briefing on Feb. 23 in New York City. *JADA* Editor Michael Glick will moderate the event, which includes physician and dentist speakers. At least three state dental societies now have oral-systemic public awareness initiatives under way via TV and radio spots.

The research, public and media attention to oral-systemic issues is so important that we're hosting a **full-day scientific session** on the oral-systemic relationship at Annual Session in Las Vegas on Tuesday, Oct. 17, 10am–5pm. More information will be available April 12. If you want to learn more about this important topic, we hope you'll attend. Colgate also is sponsoring this event.

With disgraced lobbyist Jack Abramoff causing Congress to take a close look at **lobbying in Washington**, some members have contacted our Washington Office wondering how this might affect our advocacy efforts. The ADA's lobbying falls well within current law, and we expect the contemplated legal changes will have little effect on how we operate in DC. That being said, and to be absolutely certain that we remain above the fray, ADPAC has already asked its legal counsel to brief Washington staff on how to comply with any new requirements. Staff and officers have always closely monitored the lobbying activities of our Washington Office. As an example, all time sheets submitted by our lobbyists must break out hours spent lobbying v. other business. And each lobbyist must submit a report to the House of Representatives Clerk and Senate Secretary every six months documenting their activities. This process has been in place more than 20 years, and there's never been a discrepancy. ADPAC is audited twice a year, once by an in-house auditor and then again by an outside firm. ADPAC also hired a new outside legal counsel in 2004 who reviewed all ADPAC policies to ensure it complied with all laws and regulations.

The February **Consumer Reports**, in a feature titled "Staying well, 10 tips for a healthful 2006," includes as tip #8 "Ask your dentist for this test." Readers are urged to ask their dentist for an oral cancer screening, with specific mention of the brush biopsy as a procedure that most insurers cover.

We were pleased that the *Chicago Tribune* published our response to a story about **mercury and amalgam** that ran recently. We were particularly troubled by the sensationalist headline, "Are your teeth toxic? The mercury in 'silver' fillings would be hazardous waste in a river—yet it's sitting in your mouth." Our letter chided the *Tribune* for irresponsibly "basing health reporting on little more than three emotional, personal anecdotes" and advised that "there isn't a single credible scientific study linking dental amalgam to serious health problems." We also pointed out that "vulnerable people suffering from multiple sclerosis, migraines or other debilitating illnesses who read your article could think that removing their silver-colored fillings might offer a miracle cure. Giving people false hope and luring them toward unnecessary treatment is cruel and unethical." We concluded with a list of the third parties that support us on amalgam safety and pointed to last year's independent panel review of

scientific literature that found no connection between amalgam and adverse health effects.

The family of dentistry continues to be generous as it responds to **Hurricane Katrina, Rita and Wilma** victims. As a result, the ADA Foundation's response to the disasters is unprecedented. To date, \$2.6 million has been raised/pledged, and \$1.97 million given in grants. We're still receiving grant requests from dentists hit by these hurricanes, with 635 disaster grants given so far.

In a great spirit of collaboration, the Virginia, Kansas and Texas Dental Assns. and the Open Door Dental Clinic of Alamance County (NC), are taking the **Missions of Mercy** to New Orleans Feb. 6–12 as part of the largest health fair ever organized. The ADA Foundation provided a \$50,000 grant to help support this major outreach initiative. Free dental care will be given to up to 6,000 patients that week. Volunteers to help staff the clinic can sign up on VADental.org. More than 300 dentists from 36 states have already done so. For more details, see [ADA News Today](#). Sullivan-Schein has donated 100 handpieces to the program and is helping warehouse equipment. Program partners include the ADA Foundation, Kansas Dental Assn., Louisiana Dental Assn., Virginia Dental Health Foundation, New Orleans Dental Assn., LSU School of Dentistry and public health agencies.

Dentists caring for military personnel must designate one or more financial institutions to receive electronic funds transfer of government payments to ensure they're paid. Visit ADA.org to learn how to register for this convenient service

The ADA submitted comments to HHS last month on [HIPAA Administrative Simplification: Standards for Electronic Health Care Claims Attachments](#). As a Designated Standards Maintenance Organization, consultant to HHS on HIPAA Administrative Simplification standards and an ANSI Accredited Standards Organization, we should get some attention. The comments are truly arcane to anyone not involved in standards development, but this is important, difficult work that requires a high level of expertise. This is a great example of the behind-the-scenes work we do to protect our members' interests. Two of the more significant areas of comment are:

- #12 cites the ADA's support of standards in health care electronic commerce. The comment also refers to our development of a likely future HIPAA attachment standard, for periodontal claims, being crafted under a memorandum of understanding initiated by the ADA with HL7, another health care standards development organization.
- #33 challenges the proposed rulemaking's cost assumptions. Past HIPAA financial impact statements are generally considered to routinely underestimate implementation costs for individual practitioners. We point out the highly overstated practitioner revenues used to assess the financial effect of implementation costs. We cite ADA Survey Center statistics to support our challenge to the government's assumptions. A hypothetical \$100,000 implementation cost is some 20% of annual revenue according to ADA statistics, but less than 2% according to the rule's figures.

We've just completed our annual **National Recruitment & Retention Report** that tracks membership market share for active licensed dentists. We're pleased to say that the results again fall almost exclusively in the good-news category. Some highlights:

- For 2005, the number of active licensed members increased 836.
- Since 2001, the ADA has gained 9,284 members.
- After three years of membership decreases from 1998 to 2000, the ADA has increased the

number of active licensed members the past five years.

- Market share held steady at 71.3%, compared to 71.4% at the end of 2004.
- The market of active licensed dentists increased 1,516 in 2005. Since 2001, the market has increased by 10,968 active licensed dentists.
- The number of new and reinstated active members in 2005 is 3,923. In 2004 there were 3,994.
- There was an increase in members in all groups except full-time faculty and Federal Dental Service members.

This year's **ADA Member Handbook** will be polybagged with the Feb. 6 *ADA News* to all ADA active, licensed members. Copies of the Handbook also will accompany the Member Advantage catalog each month to new members who join during the year. This year's book includes a new feature, "Year in Review," highlighting some ADA accomplishments that bring value to members. Members will also receive four coupons for reduced rates on an item from the ADA Catalog, an ADA Survey Center publication or a *JADA* classified ad and two free articles from the ADA library.

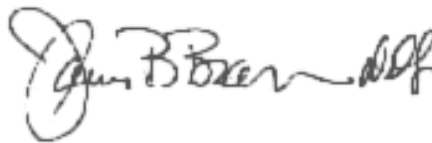
ADA President Bob Brandjord addressed the oral-health effects of methamphetamines or "**meth mouth**" last month at the National Town Hall on Methamphetamine Awareness and Prevention meeting in Washington, DC. The meeting, hosted by three senators, was convened to learn more about the drug's use and effects, as well as ways to curb use. Bob said meth mouth is characterized by rampant caries or tooth decay in which some users have described their teeth as blackened, stained, rotting, crumbling or falling apart. He added, "In as little as one year, a patient can go from having normal teeth to decayed teeth." His statement on "meth mouth" is on ADA.org, with an extensive resource library on the subject.

It's not too late for dental editors to register for the first **Dental Editors University** at the ADA Feb. 22–23. The University, held every other year, replaces the Dental Editors Conference and is staged in collaboration with the American Assn. of Dental Editors. Classes begin at 1pm on Feb. 22 with Dental Editing 101. The next day Dental Editing 201 runs from 8am–5pm. Mary Byers, CAE, will be the University's "professor." For questions contact AADE (414-272-2759).

Sincerely,



Robert M. Brandjord, DDS, president



James B. Bramson, DDS, executive director

ADA. Update

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