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Dear Colleague:

With almost five weeks remaining until the 5th anniversary **Give Kids A Smile** on Feb. 2, it looks like the 2007 event will be a record breaker. As of today, more than 50,000 volunteers, including 14,000 dentists had registered 2,100 programs. Some 735,000 children will receive care, at an estimated value of \$80 million dollars. Give Kids A Smile volunteers can register their program up to and after Feb. 2. We'll also soon announce an exciting expansion of the program to bring needed care to underserved children year round.

The ADA's recent interim guidance on **infant formula and fluoridation** continues to draw attention, and we want to remind dentists that extensive resources to deal with this issue are on [ADA.org](#). Simply go to the home page, and the link is in the green "Announcements" box on the right. You'll find our interim guidance, *ADA News* coverage and other information there. We've also posted a Q&A on the public side of [ADA.org](#) to which you can refer patients. We continue to see sporadic media coverage on the issue, and some of that is driven by anti-fluoridationists misrepresenting our interim guidance as a change in ADA policy on fluoridation. If you're involved in a local fluoridation campaign and need more help (e.g., we recently sent a letter to every member of a city council to help set the record straight with them on misinformation from anti-fluoridationists), contact Jane McGinley (2862, mcginleyj@ada.org) .

We've developed a plan to keep members informed about how the new **National Health Information Infrastructure** will affect their practices and what the ADA is doing to advocate for dentists on this government-driven activity. We'll begin regular updates on NHII issues primarily through *ADA News*, *ADA.org* and *eGrams*. Coverage will kick off with the Jan. 22 *ADA News* and online in the *ADA News Daily* section of *ADA.org*. For members to become fully informed on NHII, continuing coverage will be essential. Staff will work with our special NHII Task Force and others in leadership roles to keep our messages in front of members. The goal is to do at least one NHII-related article nearly every month throughout the coming year. A section of *ADA.org* will be a repository for NHII-related information and

resources. All *ADA News* and other articles will be housed there, along with such resource materials as the NHII Task Force report to the 2006 ADA House of Delegates, the FAQ document and the glossary of NHII-related organizations. The section also will provide links to appropriate government documents and to NHII news items in the public media. Why all the fuss? It's a complex topic that so far hasn't generated much interest or hoopla, and we're concerned about making sure you're fully informed and engaged in understanding this because it will have implications for your practice in the years to come.

The American Academy of Pediatrics and the American Academy of Pediatric Dentistry have announced joint guidelines for all medical and dental practitioners for monitoring and **management of pediatric patients during and after sedation**. "As the trend toward more outpatient procedures grows and sedation becomes more common outside of hospital environments, uniform standards are important to ensure consistent care and child safety," said AAP President Dr. Jay Berkelhamer. The announcement of the guidelines said "sedation of children is different from sedation of adults. Children often require deeper levels of sedation to control their behavior for safe completion of a procedure, and they are particularly vulnerable to the physiological effects of sedating medications. The close monitoring of a child during and following procedures that require sedating medications is critical for patient safety." The ADA Council on Dental Education and Licensure has been closely involved in development of the new guidelines. See [AAPD's Web site](#) (scroll down to Clinical Guidelines) for the guidelines.

The 2006 ADA **Dental Workforce Model: 2004–2025** has recently been released by our Health Policy Resources Center. Our Dental Workforce Model performs long-term projections of the U.S. dental workforce using statistical transition models for retirements, occupation change, location choice, specialty education and death. The report gives us national projections of the number of dentists (professionally active dentists and active private practitioners), applicants to dental school, first-year dental school enrollments and dental school graduates up to the year 2025. This report is available to members in hardcopy (catalog #DWM-2006) or downloadable (DWM-2006D) for \$65 plus shipping and handling from the [ADA Catalog](#) or call 800-947-4746.

Congress wrapped up its work on an **NIH reauthorization** bill last month, significantly amending an earlier House version that the ADA had objected to on a number of grounds. We had taken our concerns to the Senate in November, and a number of senators then convinced House GOP leaders to improve weaknesses we and other dental groups identified in the bill. Those changes include raising appropriation levels, rearranging funding mechanisms for a new research account shared by all the institutes, and maintaining for now the current number of institutes. Additionally, we joined non-dental groups lobbying to prevent changes in the bill that would have mandated that all NIH-sponsored research be posted on the internet for free public use as soon as a manuscript had been accepted for publication.

The Web site used for enrolling **federal workers** in a dental and vision program broke down last month on the final day of open enrollment, apparently overloaded by too many employees and retirees trying to sign up for the new benefits. Office of Personnel Management officials said the deadline would be extended for people stymied by the faulty Web site. So far, about 325,000 people have signed up for the new benefits, according to an article in Monday's *Washington Post*.

The Louisiana dental board recently issued regulations that will permit general supervision of **dental hygienists** in institutional settings. The regulations implement a law signed by the governor earlier this year. The dental board set some limits on how the new regulations will work. Hygienists allowed

to work under general supervision in institutions must have three years of experience and current CPR certification, and the dentist must have seen the patient of record and issued a prescribed treatment protocol within nine months of the hygiene services provided.

Once again the ADA Foundation is offering the **Hillenbrand Fellowship** to a dentist in clinical practice, education or research who has the desire and commitment to serve the profession and the public in a management and leadership role for a health-related organization. The Foundation is accepting applications for the fellowship, which begins in September 2007. Applications are due Feb. 28, 2007, and are available on ADA.org.

Sincerely,

Kathleen Roth DDS 

Kathleen Roth, DDS,
president

James B. Bramson, DDS, executive director

ADA. Update

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