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Dear Colleague:

The safety of **bisphenol A** (BPA) has been called into question in recent [media coverage](#). BPA is a chemical found in many hard plastics and used in resins that line food and beverage cans. Although some believe BPA is an ingredient in dental sealants and composites, it isn't, although there's some evidence that some dental sealants and to a lesser extent composites may contribute to low-level BPA exposure, probably through the action of salivary enzymes on a minor ingredient. We see no cause for concern at this time but do look forward to the results of a review of a draft report on BPA safety by an independent NIH panel of endocrinologists, statisticians and biologists. The panel evaluated more than 500 scientific studies and was unable to reach a conclusion so the report isn't expected to be finalized for at least several weeks. The panel has no regulatory authority, and the findings aren't binding. We've posted a press statement about BPA on [ADA.org](#) and will continue to keep the profession informed.

We're sure most of you have heard by now about the **tragic death in Maryland** last month of a young boy because of a brain infection allegedly linked to an abscessed tooth. The story was initially reported in the [Washington Post](#) and on [ABC News](#). The story was framed in terms of lack of insurance, the boy's family being ineligible for Medicaid and dentists not participating in Medicaid, as well as the boy's mother being distracted by the oral care needs of a sibling. This type of situation

stirs emotional responses from dentists, ranging from the sympathy we all feel to frustration with a system that clearly doesn't work. It also illustrates why organized dentistry—all of us, working together—must stay focused on trying to improve that system. We've taken several steps in response to the death, including a statement that's on ADA.org and an op-ed we've provided to state dental societies. In the best of worlds, we can all hope to focus on this tragedy to leverage our profile as advocates for the underserved.

The *Post* also ran an op-ed by Sens. Jeff Bingaman (D-NM) and Ben Cardin (D-MD) on legislation they've introduced (see next item) to shore up oral health care for the underserved. It's sad that it takes media attention to a tragedy to motivate and inspire. But if a wake-up call was needed, we now have it. Public policy is often driven by tragedies such as this. There's a growing sense of anger and fear that the **health care system is breaking down**, and whether we like it or not, dentistry is part of that system.

In related action on Capitol Hill, Sen. Jeff Bingaman has reintroduced ADA-supported legislation for federal grants for state **Medicaid and SCHIP** programs to provide dental care to low-income children. The bill also tries to encourage dentists to work in low-income regions, offering bonuses to providers if at least 25% of their practice consists of SCHIP and Medicaid patients. Co-sponsor Sen. Ben Cardin supports the measure, citing the Maryland death as "particularly devastating because it was easily preventable. Congress must act to make sure every child in America has access to quality dental care, which starts by including dental coverage in SCHIP." The Bingaman bill is one legislative answer, but with Congress's concern over access renewed by the death, Washington Office staff is talking with congressional aides about more ways to improve access. Among new ideas discussed are a grant program to fund Mission of Mercy projects and tax credits for dentists who donate care. While these ideas are still in the rough-draft stage, we expect to work closely with Hill staff in the coming weeks on these and other proposals.

ADA President Kathy Roth testified last week before the Health Subcommittee of the House Energy and Commerce Committee on improving access to oral health care for underserved children. She urged the panel to reform Medicaid to help boost the number of dentists in the program. She also explained how the Community Dental Health Coordinator (CDHC) could play a vital role in expanding the dental team's reach into underserved communities to help avoid future tragedies and provide a cost-effective way to improve access. She offered examples of state-based reform that are working, such as the "Healthy Kids Dental" program in Michigan. She also stressed the need for federal grants to pilot the CDHC model. The hearing signaled that Republicans are still resistant to the idea of including dental care as a required SCHIP service. There was a substantial press presence at the hearing, confirming that dental access issues continue to draw attention.

Dr. Roth also testified last month before the House Small Business Committee that legislation to **set loan incentives for health care providers**, including dentists, would help them locate practices in underserved communities, such as rural areas or those with a disproportionate number of low-income families. Her testimony supported a legislative proposal to cut the cost of SBA loans for physicians, dentists and other health care professionals who open offices in designated health professional shortage areas by reducing origination fees and increasing guarantees to lenders. Many dentists want to provide care in underserved communities but can't afford to set up practices in those areas, she explained.

Dr. Roth met face to face with **President Bush** at a March 23 lunch sponsored by the Republican National Committee. Dr. Roger Triftshauer, ADPAC secretary-treasurer, also attended. ADA

representatives and the other 45 or so invitees were able to greet and have photos taken with the president before he joined them for a speech covering a wide range of issues.

Registration for the 148th ADA **Annual Session** opened March 28. The theme for this year's meeting is "Discover Golden Opportunities," reflecting the many opportunities for innovation available to the dental team. This year we're offering a series of new educational opportunities such as Education in the Round, the Refinement Series and CE tracks for a variety of dental professionals. The Preliminary Program is available on ADA.org in PDF format, and the printed copy will be mailed in April.

We received about 1,500 comments on proposed changes to our **anesthesia guidelines** by the Feb. 23 deadline. We're listening carefully to concerns expressed about guideline changes and continue to share information about the ongoing process and communicate our unequivocal support for use of oral sedation in dental practice by appropriately trained dentists. The Council on Dental Education and Licensure's Committee on Anesthesiology met March 10 to carefully evaluate the comments, and CDEL will continue the process when it meets April 26-27. ADA President Kathy Roth wrote the U.S. Surgeon General to explain the process we're going through and to reiterate that "safety for our patients is the focus." The proposed revisions are available on ADA.org.

The ADA's "Evidenced-Based Clinical Recommendations for Professionally Applied **Topical Fluoride**" have been accepted by the Agency for Healthcare Research and Quality and are on AHRQ's National Guideline Clearinghouse Web site. The clinical recommendations are the first developed by the ADA Council on Scientific Affairs using a comprehensive evidence-based dentistry approach. They serve as a chairside reference for patient care that should make it much easier for dentists to apply the most current scientific evidence in clinical decision making. The recommendations also are on ADA.org. The Council expects to develop additional recommendations in key clinical areas using an evidence-based approach.

We continue to get inquiries about our interim guidance on **fluoride intake for infants** less than one year old so we've posted an informational letter on ADA.org (See "Emerging Issues."). Similar letters have been provided in Florida and California to help dental societies respond to queries.

We sent a letter last month to Tennessee Gov. Phil Bredesen protesting the mischaracterization by anti-fluoridationists in the state of last March's National Research Council report on **fluoride in drinking water**. As has happened elsewhere, the report's recommendation that the EPA maximum natural fluoride standard of 4 ppm should be lowered has been used to oppose community water fluoridation in general. Of course those efforts conveniently ignore the fact that the PHS standard for optimal fluoride amounts in community water fluoridation is 0.7-1.2 ppm. Our letter attempts to set the record straight and reinforces the broad-based support that community water has from numerous health authorities.

As previously reported, the ADA has partnered with the AAPD Foundation and the Dental Trade Alliance Foundation to produce a flyer promoting the "**Dental Home**." The flyer was mailed Feb. 20 to all ADA-member, general practice dentists by AAPD and also is on AAPD's Web site.

It's unusual for a dental society to persuade regulators to treat dentistry differently from other regulated entities, but that's what the Southern Maryland Dental Society accomplished last month. The Washington Suburban Sanitary Commission (WSSCC), a local wastewater treatment facility, amended regulations to allow dentists to follow best management practices in lieu of compliance with

rigid numerical limits for **mercury discharge** into wastewater. Numerical discharge limits for mercury are typically set so low that most dental offices can't meet them, even with an amalgam separator. At first, the WSCC considered requiring separators. Then a group of dentists from the local and state societies met several times with WSCC after conferring with ADA staff. The result was development of new language that doesn't require separators. Adhering to BMPs will be considered sufficient compliance with the regulations. This is a splendid example of successful tripartite advocacy!

A joint committee of the Maine legislature sent a strong message last month when it voted overwhelmingly to recommend defeat of a measure that would have first restricted then banned use of **dental amalgam**. With this strong "ought not to pass" vote, the committee in effect ended debate on the issue for this legislative session. The Maine Dental Assn., working with our Public Affairs Initiative, presented compelling testimony to the committee during a contentious hearing prior to the final vote and then used grassroots contacts with legislators to reinforce the message that this would be a misguided step.

Readership scores have just been released, and **ADA News** and **JADA** have maintained their #1 and #2 respective readership rankings for 2006. The annual rankings rate 14 leading dental publications. *ADA News* received a 65% score and *JADA* a 63% score of "projected average issue readers." The third-ranked publication, *Dental Economics*, lagged more than 10% behind with a score of 53%. Of those who receive ADA publications, 96% read *JADA*, and 94% read *ADA News*. Please join me in congratulating our great team in Publishing and our excellent *JADA* editor, Michael Glick.

We've been working closely with a producer of **CNN's "Health Minute"** that airs Monday through Friday between 1 and 6pm EST and wanted to let you know the network has scheduled three dental segments to air in April. Dr. Ada Cooper, general dentist and ADA consumer advisor from New York City, is in each of the segments. CNN's tentative schedule for the airings is Dental Spas April 5, "Teeth & Diet" April 20 and "Teeth Whitening" April 27.

Sincerely,

The image shows two handwritten signatures in black ink. The first signature on the left reads "Kathleen Roth DDS" in a cursive style. The second signature on the right reads "James B. Bramson DDS" in a more stylized cursive script.

Kathleen Roth, DDS,
president

James B. Bramson, DDS, executive director

ADA. Update

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