IMPORTANT INFORMATION: Account must be open and in good standing to earn and redeem rewards and benefits. Net purchases are purchases minus credits and returns. Not all transactions are eligible to earn rewards, such as Advances, Balance Transfers, and Convenience Checks. Upon approval, please refer to your Cardmember Agreement for additional information. Rewards points expire five (5) years from the end of the calendar quarter during which they were earned.

1. To earn 20,000 point bonus, eligible net purchase must be made within 90 days of account open date. Bonus will be credited to your account 6-8 weeks after the end of the promotion period.

2. The APR may vary and as of 9/20/19, the variable APR for Purchases and Balance Transfers is 11.74% - 23.74% based on your creditworthiness. The variable APR for Cash Advances is 25.74%. Cash Advance fee: 4% of each advance amount, $10 minimum. Convenience Check fee: 3% of each check amount, $5 minimum. Cash Equivalent fee: 4% of each cash amount, $20 minimum. Balance Transfer fee: 3% of each transfer amount, $5 minimum. There is a $2 minimum interest charge where interest is due. The annual fee is $0. Foreign Transaction fee: None. We may change APRs, fees, and other Account terms in the future based on your experience with U.S. Bank National Association and its affiliates as provided under the Cardmember Agreement and applicable law.

3. The $125,000 spend must be on eligible net purchases, and is per calendar year. The annual spend bonus eligibility timeframe is January 1 through December 31. Bonus will be credited to your account 6-8 weeks after the end of the promotion period.

4. In order to qualify for additional points purchases, the purchases must be from designated ADA-endorsed providers, as determined by the provider.

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After $125,000 annual spend.

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**For every $1 of eligible net purchases earn:**

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Friends and Colleagues,

I am proud to announce that as of the writing of this article the Center for Disease Control (CDC) reports that no COVID-19 infection has been traced back to a dental office. The latest report, updated June 17, is very encouraging. I believe this means that if we wear our equipment properly and we screen our patients well, we can practice in an environment that isn’t overly dangerous. As the CDC and the Arkansas Department of Health have made very clear, “Dental settings have unique characteristics that warrant specific infection control consideration.”

Even though we have enjoyed great success, we must remain vigilant. We have reports that several staff members and at least one doctor in Arkansas have acquired the virus. Given the information available, it is probable that they acquired the virus outside of the dental office. Of course there is no way to be certain.

To be sure, you do not want this virus. My neighbor had an O2 saturation of 84% before he improved. I have several friends that have lived through the disease that say it is a miserable experience. I have a friend whose sister died from the virus. Please be careful in and out of the office.

Your Executive Council and Executive Director, Billy Tarpley, have worked tirelessly over the past several months to provide ASDA members and non-members with the most accurate information available during this pandemic. I applaud their efforts, and I’m very grateful. It’s been a gauntlet. From our initial suggestions for you to place your staff on unemployment to how to navigate the SBA loans, we tried to give you sage advice.

Later, the quest for appropriate PPE was daunting, but the Council was able to locate and provide many sources that proved helpful. Billy has been able to secure PPE from the Arkansas Department of Emergency Management and has made it available to every dentist in the state. He has supplied many offices with PPE and will continue to work to provide for those offices in need.

Even though we have enjoyed great success, we must remain vigilant.
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FROM THE EDITOR

Werner W. Schneider, DDS

Respect

The theme for our 2020 summer edition of the ASDA Journal is COVID-19 and Arkansas Dentistry: The Past, the Present and the Future. I’m going a little outside the box with an editorial on that theme which not only relates to Arkansas dentistry, but to dentistry and its relationship and standing as a profession within the overall healthcare system.

What do I mean by our “relationship and standing” within our health care system? It’s the perception of how we are viewed by other health care professionals in regard to our overall knowledge as it relates to human health. I’m of the opinion that in most cases we are not viewed as equals, our profession is a “stepchild” to the field of medicine, and we are somehow looked upon as not being a vital part of the health care system. I feel as if I’m preaching to the choir, but this issue needs attention and resolution.

Let’s start with the past, and for me that was dental school. Comments such as pseudo doctor and “you’re not a real doctor” were often directed at our class and others by med students who were obviously the real doctors. How about the sense of inferiority instilled in a dental student when being corrected or even chastised (I certainly was) by a clinic instructor for using the word doctor instead of physician or dentist when conducting a patient evaluation. So much for us all being doctors.

And it continues even in the private practice setting. Some examples that come to mind include the occasional scrutinizing by a pharmacist when prescribing for dental infection or pain; the same by a physician in regard to a referral for a second opinion of a suspicious intraoral lesion or lump in the head and neck region. Yes, these are occasional occurrences and for the most part I (we) have a good working relationship with most healthcare professionals, but the mindset still exists.

Now to the present and how Covid-19 exposed the stepchild mentality again. All you have to do is look at the Governor’s Task Force and Health Director and observe how both handled dentistry’s role in Arkansas during the crisis shutdown and especially the

Continues on page 12
Our latest efforts are to try to locate and distribute COVID-19 tests that are quick, easy, and accurate. We have some leads but nothing solid to report as of this writing.

With three vaccines showing promise, it is easy to be excited about our future. We are all suffering from severe COVID-19 fatigue. Unfortunately, the earliest estimate for final approval and large scale production is next spring. I am hopeful that since dentistry does have “unique characteristics that warrant specific infection control,” the ADH will prioritize us in receiving the vaccine.

Respectfully submitted,

Pierce Osborne
R. Pierce Osborne II, D.D.S.
President, ASDA

Comedian Rodney Dangerfield’s famous line, “don’t get no respect” could certainly be applied to the treatment of the dentists of Arkansas during the Covid-19 crisis.

What about the future? Earlier this year, I was elected by the Executive Council and appointed by the General Assembly to become a delegate and represent the state of Arkansas in the ADA House of Delegates. It is my hope to work with other delegates and the ADA to bring dentistry to the forefront and position our profession in its rightful place as an equal among all other professions in our health care system.

Werner W. Schneider
Werner W. Schneider, DDS
Editor, Arkansas Dentistry
drnumbertwo@yahoo.com

Advertise in the one magazine that makes dollars and sense. With a readership of more than 3,000 dentists, dental students, hygienists and business owners, your ad in Arkansas Dentistry is viewed by either your customer, your potential customer or someone who can refer you to a potential customer — so not a single cent of your advertising budget is wasted.

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NEVER SAY NEVER

As with most dentists throughout Arkansas, ASDA has learned to monitor and adjust its daily routines since March, but never would we have imagined converting the headquarters office to a warehouse and shipping center for PPE.

Still, we were delighted to participate in distributing surgical masks, face shields, disposable gowns and gloves to dental offices throughout our state. And we are grateful to the Governor and the Arkansas Department of Emergency Management (ADEM) for finally opening the warehouse of supplies to the dental community.

As of this writing, ASDA has distributed thousands of pieces of PPE in hundreds of shipments, all of which were hand-packaged and delivered to the local post office for mailing. But before that happened, other steps were involved.

Continues on page 15
Advertise today in the continually improving Arkansas Dentistry. It’s the ONLY publication in Arkansas sure to provide you the biggest bang for your buck. All of our more than 3,000 readers (or 93% of all dentists in Arkansas) who see your ad are either your current customers, your hot prospects or people who may refer you to potential customers.

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Once the approval was granted for PPE to be released from the state’s supply, ASDA coordinated with ADEM for the pickup of 148,500 pieces from the warehouse in North Little Rock, not far from the ASDA office. Thanks to a rented 26-foot truck and the good-natured manual labor of Cheryl Ball, Dwight Callaham, Holly Scheiber and John Tarpley, four separate truckloads of boxes were unloaded and stored inside the ASDA headquarters office.

As a result of the email/fax blasts to licensed dentists on June 24, orders for PPE began to arrive in the ASDA office almost immediately. A quick visit to the Arkansas Medical Society to examine their process for shipping supplies to physician’s offices revealed a clear system for sorting, boxing and shipping the orders. Soon, ASDA staff was filling orders for pick-up and shipment.

Hats off to Scott Bass of ADEM for his assistance in simplifying the PPE orders, and to the Arkansas National Guard and ADEM team at the state warehouse for their support in loading the trucks. The process proved that in some cases there is no substitute for good old-fashioned manual labor to get a sweaty job done fast!

Although it would be great eventually to return our office to its original working order, ASDA is proud of the outstanding dental care provided by its members, and we will continue to represent the best interests of dentists and their patients until life returns to some semblance of normalcy.

So, of the many lessons we have all learned throughout this ordeal, the one that sticks with me is “never say never”:

- Never would I have thought a virus that originated on the other side of the world would have such an impact here at home.
- Never could I have imagined such an interruption in the dental supply chain because so many products are manufactured in China.
- Never would I have imagined that of all health professions dentistry was singled-out to be shut down except for emergency procedures.
- And Never would I have imagined that the attractive ASDA office would be packed with cardboard boxes full of PPE for distribution to dental offices that needed it.

So, if we have to continue these efforts in order to ensure that Arkansas dentists can continue to treat their patients, we’re up the task. Meantime, we will meet this and any other challenge as we always have ... together ... head on.

Billy Tarpley
Executive Director, ASDA
THE BUSINESS OF ADA CONTINUES

TERRY FIDDLER, DDS
12th District Trustee ADA

I have a new four-letter word in my vocabulary… ZOOM. I was honored to be elected the 12th District Trustee of the ADA in October 2019. My first meeting was held the first week of February 2020. That was the only time of REAL LIVE face-to-face, personal relationships that has occurred, hence ZOOM. I had never even heard of the application until then. I have spent over 200 hours since then on meetings with the Board of Trustees, countless extra meetings, and ADA councils and committees.

I can assure you in Arkansas the ASDA was purchasing what they could and doing everything they possibly could politically and practically.

The business of the ADA continues, but COVID has created so many problems in the administrative aspects that normal output is almost impossible. Few people are actually present at the downtown Chicago office. Day-to-day work is almost all home-based. We had to go back and forth with so many organizations to establish standards of what to do, when to do, and how to do.

At times, it seemed like the ADA did not know where to go or how to get there and that no information was ever going to come out for the states to do something. BUT to be fair to all groups, with ADA included, this was an unprecedented disease that left everyone scratching their heads. They are all trying. If I were to go to Chicago today, I would have to quarantine for 14 days before attending a meeting—IF there was a meeting! Ain't gonna happen!

In my estimation the worst setback of the COVID pandemic was to the private practice. The doctor-patient relationship had to be suspended—heck, stopped. I can assure you in Arkansas the ASDA was purchasing what they could and doing everything they possibly could politically and practically.

Pierce Osborne, Stotts Isbell, the other officers and executive council members have and continue to do all they possibly can to keep practices open.

Needless to say, this is all coordinated by your executive director Billy Tarpley and staff to make this all come together. Despite some negative situations that happened during the early stages that should have never happened, all of these folks stayed the course to aid in securing products and getting the offices opened as soon as possible.

I appreciate that President Osborne invited me to be part of the conversation. Mike Graham, Senior VP of Government and Public Affairs for the ADA (chief lobbyist extraordinaire) and his staff were essential in securing funding for keeping practices, paying employees, and purchasing PPEs. I was honored to help in a small way with 12th District (Arkansas, Kansas, Louisiana, and Oklahoma) to get them going again. If you get a chance, send him a thank you note at grahamm@ada.org.

While in practice for 43 years, we fought HIV, SARS 1, Swine flu, and countless other diseases without closing down. We didn't have social media or cable news (can you say dinosaur?) back then and so other situations and obstacles were not in the forefront.

I appreciate all of you so much and how you continue to deliver the best dental health care in the world despite all of the barricades. Your care for your patients does not go unnoticed. Hopefully in the next few months we will have office testing, improved therapeutics, and ultimately a vaccine. Life needs to go back to some semblance of order for the doctors, staff, and patients. I don't believe in the phrase "new normal." That sounds too defeatist to me.

If I can be of any assistance to you, please let me know.

Terry Fiddler DDS
12th District Trustee ADA
fiddler@tcworks.net
fiddlert@ada.org
501-269-7778
Dentists and staff professionals have always been on the front line when it comes to managing patient anxiety. In our current environment, anxiety is now much more likely to be a factor for our patients as they ask, “Is it safe to go to the dentist?” It is also an emerging concern for every staff member in our offices who may now question whether it is safe to go to work.

There are many informative articles and resources on the ADA website and various other dental and psychology-related websites that offer guidance on this important topic. We have included a few ideas for reducing anxiety in both dental office staff and your patients.

Anxiety Reduction Toolkit for your staff —

It is critical that any new anxiety felt by any members of the office staff be addressed promptly. If your staff members do not feel safe, then it is likely that your patients won’t feel safe.

1. Take time to identify any anxiety triggers associated with new practices in the work environment.
   a. Communicate regularly with staff. It is important to differentiate things that are outside of our control versus what we can control.
   b. Develop and discuss mitigation strategies. Be sure everyone understands your planned mitigation efforts and how they will keep all office staff safe.

2. Settle into a new routine that involves the establishment of new operational habits as quickly as possible.
   a. Clearly map out all revised roles, procedures, and workflows. This will enhance understanding across all staff.
   b. Implement and enforce new practices consistently. Recognize those who demonstrate full compliance and encourage them to be role models for others.

3. Lead by example by focusing on workplace activities. Staff members who are fully engaged in the tasks at hand will be less likely to think about other issues.
   a. Ensure office leaders understand their roles in making sure staff is engaged and busy throughout the workday.
   b. Set your team up for success by assigning smaller, achievable projects and be sure to recognize completion.

4. Take steps to limit news intake. While it is important for your office staff to stay informed, having a constant reminder of news may be counter-productive.

5. Utilize “stress-busters” at opportune times within the daily schedule.
   a. Plan for time to allow staff members to decompress and take breaks while still maintaining coverage that meets patient needs.
   b. Establish a recurring time for staff to discuss concerns to ensure that all have the opportunity to speak up when necessary.

Anxiety Reduction Toolkit for your patients —

Dentistry is one of the few professions that already has vast experience in the management of patient anxiety. It is important for us during this unprecedented time to address the newest sources of anxiety confronting our patients.

1. First and foremost, remember to continue to address “I’m afraid of the dentist” anxieties.

2. Identify the new set anxiety triggers faced by our patients, including whether it is safe for them to visit the dentist.
   a. Develop and explain the mitigation strategies that your office has implemented to keep patients safe.
   b. Ensure that the patient’s family members and anyone accompanying the patient to the office also understand your mitigation strategies.

3. Communicate often and with empathy and compassion. These are still important tools to manage anxiety.
Volunteer Opportunities – A Chance to Give Back

Why not volunteer your dental services once or twice a year in the community that provides your livelihood? Volunteer dentists, hygienists, assistants and staff are needed.

Some of the volunteer dental clinics in central Arkansas and their times of operation are listed below. A contact person is included to answer questions and set up a time to volunteer.

**Harmony Health Clinic**
201 East Roosevelt Road, Little Rock, AR 72206
Contact: Eddie Pannell
501-375-4400
Hours: day and evening clinics, Monday – Saturday
www.hamonyclinicar.org

**Interfaith Health Clinic**
514 West Faulkner, El Dorado, AR 71730
Contact: Charlotte Ellen, 870-864-8010
Hours: 8:00 a.m. – 5:00 p.m., Monday through Friday

**WelcomeHealth**
1100 N Woolsey Avenue
Fayetteville, AR 72703
Contact: Monika Fischer-Massie
479-444-7548 or mfischerm@welcomehealthnwa.org
Extraction clinic hours: Thursday from 5 – 8 p.m.

**Christian Community Care Clinic**
2200 W. South St., Benton, AR 72015
Contact: Kae Wissler at Dr. Richard Phelan 501-778-7129
Hours: The 2nd and 4th Tuesday of every month
6:00 p.m. – 8:00 p.m.
www.bentoncareclinic.com

**River City Ministries**
1321 East Washington Ave.
No. Little Rock, AR
Contact: Carol Ezell
501-376-6694
Hours: 8:30 a.m. – 4:30 p.m., seven days a week
www.rivercityministries.org

**Shepherd’s Hope Clinic**
2404 S. Tyler
Little Rock, AR 72204
Contact: Pam Ferguson
501-614-9523
Hours: 6:00 p.m. – 9:00 p.m. every Tuesday
www.shepherdshopelr.org

**Jonesboro Church Health Center Dental Clinic**
200 West Matthews Ave.
Jonesboro, AR 72401
870-972-4777

**Charitable Christian Medical Clinic**
133 Arbor St.
Hot Springs, AR 71901
Contact: Millie Lopez, 501-318-1153

**Arkansas Health Care Access**
Little Rock, AR

**Arkansas Donated Dental Services**
Dental Lifeline Network • Arkansas
888-471-6334 or go to:
https://dentallifeline.org and click on “Volunteer”
Jaime Peca, DDS Coordinator
501.993.8245
855.217.5974 (fax)
jpeca@DentalLifeline.org

**Eureka Christian Health Outreach, Inc. (ECHO Clinic)**
4004 East Van Buren
Eureka Springs, AR 72632
Contact: Janet Arnott
479-253-5547
Clinic offers free dental extractions and other medical services.

The **Harmony Health Clinic** is a free medical and dental clinic that strives to meet the needs of the homeless and less fortunate in the greater Pulaski County area. **We are currently in need of dentists to volunteer on Fridays, hours ranging from 8:00 a.m. to 12:00 p.m. and can be adjusted to meet volunteers’ schedules.** An experienced dental assistant is on staff and available to assist all volunteers. If you have four hours a year to give back or more please contact Tiffany Sikes at 501-375-4400.
a. The goal is to convince each patient that your team is doing everything possible to keep them safe.
b. Consider all communication channels, including normal advertising and social media, as well as the conversational script used by your staff when a patient calls for an appointment.

4. Update the scheduling process to ensure appropriate spacing between patients.
a. When speaking with patients about scheduling, proactively inform them of the changes that have been made for the protection of all patients and office staff.

5. Modify the office environment and protocols to ensure compliance with all state and federal requirements.
a. Patient protection measures should be blended into the office environment to the fullest extent possible.
b. Sanitization practices should be explained and managed in a manner that minimizes stress.
c. Consider updates to the office that support a calming environment, such as soft, engaging background music; aroma-therapy; and updates wall decorations and pictures.

MCNA encourages all offices to continue to follow Arkansas Department of Health and American Dental Association guidelines to ensure the safety of our members and provider office staff.

Many of our members have delayed or deferred important dental services and regular preventive care due to the pandemic and concerns for their health and safety.

We encourage you to take steps that will help patients address their anxieties about returning to your office so that they can once again receive high quality dental care and services from your team.

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Contact the ASDA office for advertising information:
501.834.7650
BY LINDY BOLLEN, JR., DDS
Director, Office of Oral Health
Arkansas Dept of Health

Over 135 days have passed since Arkansas first reacted to the coronavirus sweeping the world. With each passing day of the SARS-CoV-2 pandemic, aka COVID-19, the number of people infected, hospitalized, placed on ventilators and/or died as a result of infection continues to grow at an alarming rate. These rising numbers reflect the extent of health disparities and chronic disease co-morbidities among Americans and Arkansans alike.

While a patchwork of lock-down protocols has been enacted to mitigate the spread of the coronavirus, these have inevitably caused social, political, economic, and health care fall-outs—including within the dental profession.

Given the dire predictions of the pandemic’s second wave, dentistry must be prepared to confront not only viral outbreaks but also chronic diseases arising from the lack of adequate dental care. Dental health care professionals can be the heroes of their respective hometowns by championing safe practices and providing much-needed preventative care during these unprecedented times.

During the winter and spring months, dental providers were extremely limited in their practices out of an abundance of caution. By mid-May, restrictions began to ease and dentists in Arkansas could begin providing nonemergency treatment following the guidelines established by the Arkansas Department of Health (ADH). After five weeks under these protocols, dentistry returned to the delivery of any service or treatment while still following the recommended guidelines. This includes the proper utilization of PPE (personal protective equipment), additional schedule spacing to reduce patient crowding in the facility, and following screening protocols for all patients and staff that enter the facility. Indeed, a new normal of universal precautions is evolving as a result of this highly contagious respiratory virus.

Thanks to the due diligence of conscientious providers, there have been limited reports of viral contact spread via dental procedures here in Arkansas.
HIV/AIDS crisis in the 1980s. Dental health care professionals have long been accustomed to wearing face masks, donning surgical gloves before patient care, using disposable single-use items when possible, and exercising diligent sterilization and disinfection protocols all to protect both staff and patients.

As we all know, the COVID-19 virus presents a new problem in dentistry. Not only is it highly infectious, but it is easily spread through aerosols (Figure 1). Therefore, social distancing and mask-wearing have become the most effective defenses available that offer protection to others around us, with mask-wearing whenever social distancing is not possible.

So, how can you effectively practice dentistry under these conditions and what is the solution? First and foremost is to properly screen patients as they arrive for treatment. The ADH has listed the protocols for screening both patients and the entire dental team. If a patient reports any of the signs and symptoms, assume they may be COVID+ and reschedule this patient until they are feeling better. Conversely, if a staff member reports any symptoms, they must immediately remove themselves from the practice, seek a nearby location to testing (and identify themselves as a health care worker for quicker results), and self-quarantine as they await the results.

While I have heard many dentists complaining that they feel our profession has been unfairly treated by the stringency of Arkansas’ protocols for practicing dentistry, I respectfully disagree. The family practitioner and/or the pediatrician is not typically creating aerosols when they deliver treatment care to their patient base. Utilization of masks by patient and health care provider in those medical settings is often a sufficient measure of safety (Figure 2). But remember — the delivery of dental care is all about aerosols! There are four sources of aerosols in dentistry that can lead to aerosol transmissible diseases, or ATD. This list includes the air/water triplex syringe, dental handpieces, lasers (vaporization of tissues) and ultrasonic scalers. Not only does the use of these tools create an aerosol within the sphere of the patient, operator and assistant, but the aerosols may also linger for long periods of time before settling to the ground – particularly if the ventilation system of the treatment room is not providing a good cycle of air exchange.

The use of a dental dam was part of the original guidelines for returning to nonemergency treatment. The push back and outcry from some dentists was as if they were asked to start working with their non-dominant hand! Everyone learned how to put on a dental dam during our education, yet this measure often goes by the wayside. In this coronavirus world, it is time to re-examine practice protocols in order to find additional ways to reduce a viral aerosol load. The dental dam isolates the patient’s oral cavity thereby reducing the microflora released during the utilization of any of the aforementioned instruments. Other isolation devices have been suggested that can prove helpful to reduce the aerosols generated during ultrasonic usage. High-efficiency particulate air (HEPA) filters are devices that OSHA is recommending to address aerosols in dental offices. While currently not a requirement, it may soon become standard protocol in all dental facilities.

Ideally, every dental office would have the in-office ability or a source for rapid testing, but that day is not yet here. Nor do we have a reliable vaccine to offer immunization as a proactive measure against this virus. Who knows when either of these options will become a reality for us? In the meantime, it is necessary to remain vigilant as health care providers and to continue to set the pace by maintaining these new universal precautions all while providing valuable treatment to your patient base. The dental profession plays a critical role in mitigating viral outbreaks and reducing chronic disease in Arkansas, so please continue to do your part to ensure the safety and well-being of the communities you serve. Stay up to date on safety measures through the ADH website at www.healthy.arkansas.gov > COVID-19 > Guidance for Dentists. Here you can find the most current guidelines and links such as actions to take should a team member test positive for the coronavirus. AD

FIGURE 2: Transmission rates
Disclaimer: This guest editorial contains events and incidents the authors have personally seen within the past decade while advising students applying to the UTHSC College of Dentistry. Nothing in the article to follow is the policy of the University of Tennessee Health Science Center College of Dentistry (UTHSC-COD), nor does it refer to any specific applicant.

Introduction
The authors feel confident that there is no area of higher education more subject to “armchair quarterbacking,” second-guessing, or outright criticism than admissions—especially in professional schools where the demand for positions in a class typically far exceeds supply. Each unsuccessful applicant seems to have a personal formula that would assure admission over all others. This paper will take the reader through the admissions process for Arkansans from several viewpoints.

Characteristics of the Entering Class
Currently, the maximum entering class size is 100 students. This number is due to the dental technique lab having 100 work stations. The approximate breakdown of a typical entering class is:
- 65-70% Tennesseans
- 23% Arkansans
- 8-10% Out-of-state
We anticipate a gradual increase in

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class size over the next few years if approved by the American Dental Association’s Council on Dental Accreditation.

The Arkansas Applicant Pool:
The UTHSC College of Dentistry has a long and successful history of educating Arkansans. Table 1 shows the number of Arkansas applicants for the past five years, along with their mean grade point average (GPA) and Dental Admissions Test (DAT) composite score.

Competition for admission to dental school is intense. A previous paper notes the increase in applications over the past ten years. Typically, we have at least 12, and occasionally 15, fully qualified applications for each position in the class.

The Admissions Committee
The voting members of our Admissions Committee are dentists employed by UTHSC-COD—either full-time or part-time. Other schools have other types of professionals on their committees, but we do not. All voting members have applied to dental school at some time and have been applicants; thus, we feel there is empathy for the process. The two authors (Chair of the Committee and Director of Admissions Administration) do not vote on any applicant.

The Admissions Committee typically has 21 voting members, and the term of office is three years. Each person on the committee is elected by the faculty to serve a three-year term with at least one year between terms. The committee begins each year with an early summer organizational meeting to review and discuss criteria we believe the ideal dental student should possess. After this meeting, the interview period begins and runs from early August through December (or later if necessary).

The Application Process
Most colleges of dentistry, including ours, use the American Dental Education Association’s “Associated American Dental Schools Application Service” (AADSAS). In this system, the application period for our school opens on June 1. The applicant applies one year before the anticipated enrollment. Our application “window” is open for four months, and we don’t accept applications submitted after September 30.

Once students submit their application material, it takes three to four weeks for

<table>
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<th>Entering Year</th>
<th>Total Applicants</th>
<th>Mean GPA</th>
<th>Mean DAT</th>
<th>Interviewed</th>
<th>Offered Position</th>
<th>Accepted Position</th>
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<td>54</td>
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<td>19.44</td>
<td>60</td>
<td>37</td>
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<td>18.81</td>
<td>37</td>
<td>34</td>
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<tr>
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<td>81</td>
<td>3.40</td>
<td>18.79</td>
<td>34</td>
<td>31</td>
<td>24</td>
</tr>
</tbody>
</table>

TABLE 1: This table shows the applications from Arkansans for the past five years, along with averages of grades and DAT scores.

FIGURE 1: This diagram shows the basic flow of applicants through the system. The size of the boxes conveys, in general, the number of applicants in that group. Re-applicants automatically proceed to the 2nd Pass Review. Applicants making it past the 2nd Pass Review are either accepted into the class or named as alternates.
The interview day schedule is such that we can only interview approximately 12–15% of our applicants in any given year. It is fair for applicants to think if invited for an interview, the Admissions Committee has found no significant fault in their application.

The Selection Process
The Admissions Committee, in general, thinks the following are essential qualities for an applicant:

- Full-time course loads at a four-year institution. Grade point average around 3.50. DAT around 20 with no section scores below 18

As the application cycle continues into the fall, we typically have several tentative selection meetings. Figure 1 shows the primary selection process. During the first meeting, we consider only interviewed re-applicants. Those interviewed re-applicants who show the committee their dedication to the dental profession move forward. In a series of selection meetings that typically ends just before Thanksgiving, the committee considers the first time applicant interview results along with the re-applicants. By agreement with AADSAS, we cannot transmit any acceptances to applicants until the first business day in December.

After initial notification of acceptance, the newly accepted applicants have a fixed time to make their seat deposit and complete a variety of administrative tasks (background check, sending final transcripts, proof of immunization, etc.).

Post-Selection Period
All applicants selected in December must have a 30 day “no contact” period to consider their offer(s). In January, we look to see which of the newly chosen applicants have followed through on their pre-matriculation tasks. Contacting the accepted applicants who have not returned their letter of intent is the next step. Those attending another school will have their offer of acceptance rescinded, and someone from the alternate list replaces them.

During the “no contact” period, we comprise the alternate lists. There are three lists: Tennessee, Arkansas, and Out-of-state. By policy, we neither disclose how long the waitlist is nor where an applicant is on the list. Our feeling is that this does little more than to stir up anxiety. For instance, if we told an applicant he/she was second on the waiting list, the applicant could easily be waiting for a call that never comes.

Advising and Interacting with Applicants
In the course of advising potential applicants, several themes commonly emerge and are outlined below.
DO YOU FULLY UNDERSTAND WHAT WE ARE SAYING?

If we learned something very early on, it is that the applicants fully understand what we were saying as opposed to their interpretation. Often applicants ask the very reasonable question: "What would make me more competitive?" We will look at their academic records and maybe make some recommendations such as, "If you take these courses and make good grades, you will be more competitive."

What we found out was the applicant thought he/she "heard:" "If I take these courses and make good grades, I will get in."

Things We Hear from Applicants or Have Seen in Applications:

"My grades (or scores) are not a true reflection of my ability."

It is ubiquitous to hear the phrase above. Are you telling us you weren't trying? Most applicants with low grades or scores say this. We tend to disagree. Your record is your record. Also, if we accept you, what do you suggest we say to the student with higher grades/scores whom we didn't accept?

"I am on your waitlist and just got accepted to XYZ Dental School—what should I do?"

Our advice, 100% of the time, is to take the sure thing. If the call is an attempt by the applicants to entice us to move them up the waitlist, it won't be successful.

"My grades are low because I was on the football (or other) team."

Collegiate sports instills many excellent characteristics in participants: time management, ability to stick to a schedule, and perseverance. The thinking by the applicant is that we should make some grade point average allowance for sports. However, since we don't have any teams, academics will have to play an essential part in our decision.

"There is much more to me than my grades (scores)."

Yes, we know that. Again this is often used by applicants. However, we are trying to make an academic/intellectual decision. We are looking for an applicant who we feel can withstand the rigors of four years of dental school and are not looking for a talk show host.

"Just give me a chance (and admit me)."

When you apply, you are getting your chance. As far as admitting someone by "giving them a chance," we would thereby be denying another student's opportunity. Our pre-clinical laboratory has 100 workstations. Unlike (for instance) a law school that can add seats to a lecture hall, 100 new students is the current absolute limit.

All we can assure the applicants (and everyone else concerned) is that we take the tasks before us very seriously and do the very best that we can.

Another variant on this is in the realm of DAT scores. Applicants ask me if retaking the DAT will help their application. I might tell them a score of at least 19 is what it takes to be competitive, and they often "hear" make a 19, and I will get in.

"I NEED SIX APPLES FOR A PIE."

This fictitious request is something like what the task the Admissions Committee has before us each year. My spouse asks me to go to the market and get six apples for a pie. At the market, there are hundreds and hundreds of apples. I look over the selection, choose six to buy, and go home.

My spouse asks me, "Why did you buy those six apples?"

My reply: "What is wrong with these six?"

Spouse: "Well... nothing I just wanted to know why these are so special."

Me: "I chose the best I could."

We feel that this analogy is useful. We are looking for 100 "apples," and we have almost 1500 lovely "apples" from which to choose. All we can assure the applicants (and everyone else concerned) is that we take the tasks before us very seriously and do the very best that we can. What follows are the things we hear from applicants and others.

"What is the lowest GPA / DAT you admitted last year?"

An applicant asking this question is aiming at the wrong goal.

"I am pretty sure AADSAS made a mistake calculating my GPA."

Well, probably not. The AADSAS calculated GPA includes all attempts at a course (even if the undergraduate school does not). All activity courses and some fine arts courses do not factor into this GPA. Thus the AADSAS calculated GPA can easily be quite different (and lower) from the one the student sees.

"I will get in sooner or later if I keep applying."

The Admissions Committee notes and appreciates persistence. However, many times the applicant seems to visualize a decreasing pool of applicants, thus increasing their chance of success. When in fact, each year, a wave of first-time applicants appears to renew the level of competition.
“What will make my application stand out?”

This question is the most asked by an applicant, and the answer to that most common question is good grades, sound scores, abundant shadowing, and consistent activity in your community.

“When I was on a mission trip, I extracted a bunch of teeth!”

If an applicant is trying to make the committee angry, this is the quickest way to do it. A mission trip to a third world country should be delivering first world care. Allowing unlicensed participants to provide direct care is immoral.

“I already know how to take and develop x-rays!”

We trust that your application reflects that you are a properly licensed/registered dental assistant allowed to produce radiographs.

“I can’t wait to ‘give back’ to my community!”

Why doesn’t your application reflect this desire?

“My goal is to open and operate a free clinic for my community.”

While many practitioners deliver free dental care in several ways, more than anything, this statement shows a lack of understanding of the economics of a dental practice.

“I was born with a very strong competitive nature…”

“I have always been a fighter and never give up…”

“Shakespeare once wrote…”

“Webster’s dictionary defines…”

These are snippets from personal statements. Many applicants feel the need to wax eloquently in their personal statement. The purpose of the personal statement is to tell your story about the pursuit of dentistry as a profession, and longer is not better.

“Arrrgh! My Phone is Dead!” Or “I am otherwise out-of-touch.”

An applicant selected for admission cannot lose their slot by missing a phone call or being out of touch. The committee will use every means of communication available to contact the applicant.

“I was on the alternate list last year; will I get in this year?”

The competition renews each year. The committee carefully examines the re-applicants that moved forward, but acceptance is not assured.

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Comments Heard from Alumni, Dental Mentors, and Parents:

“You need to admit (my child) because I need to hand over my practice.”

This comment is perhaps the weakest admission argument of all.

“I just KNOW they will succeed in dental school.”

Well, we know you genuinely believe that, but we get a surprise or two every year.

“Grades are not that important.”

When someone with a 3.90 GPA says this, we’ll start listening.

“I have been mentoring (student) for three years…I can’t understand why (student) hasn’t been admitted.”

There are three likely reasons for this:
1. The mentor has no idea what the student’s grades are and assumes they are competitive or,
2. The mentor is not aware of what it takes to be competitive in today’s environment, or
3. The student has been less than forthright about their grades. “Oh…I said, 3.80? I really meant 3.08!”

Parent: “Should my child take this course or that course…?”

Parent: “I want my child to go to dental school.”

It is always a red flag to us when a parent calls on behalf of the adult child. Recently we suggested that the child call so we could speak directly with him/her, and the parent replied: “(Child) doesn’t like to talk on the phone.”

“What’s my status?”

This common question, usually in the form of a telephone call, is not at all necessary. An applicant’s status is correct on the AADSAS system 100% of the time. Unfortunately, we feel that this call is an excuse to stay in touch (aka – “stay on their radar”). Some applicants think, or have been told, to call frequently for almost any reason. This call will be fruitless, and possibly counterproductive, as no one speaking to an applicant vote for admission. The Dean of Admissions and the Director of Admissions manage the applicant pool and data, but only members of the Admissions Committee vote.
“I heard that someone with a 2.50 GPA and a DAT of 16 got in.”

We hear things like that too, but this is unlikely.

“I know someone with lower grades and scores who got in.”

This statement’s validity is possible. While grades and scores are quite significant, several other criteria need to be in place for acceptance to our program.

From Letters of Recommendation and Other Communications:

“(Applicant) is a great person from a great family... and will be a great asset to the profession and has these grades...”

We know the applicant’s grades and scores, and we assume an applicant is a good person. This letter is usually too generic to be of much help. In general, we like to hear from professors.

“Last week, when I was eating lunch with the governor/mayor/senator...”

When a third party, even one with only the best of intentions, tries to influence the committee, this will almost certainly end badly. Many on the committee remember a time when you would get in if you knew the “right” people.

Also, our communication policy is that we only communicate with the applicant about the applicant.

Master’s Degrees:

Lately, a new wrinkle has arisen on the admissions landscape—a new type of “Master’s” degree. Until fairly recently, a typical Master’s degree was usually two years in length and represented concentrated study in a specific discipline (e.g., microbiology, biochemistry). Admission decisions to these programs often rely on standardized testing such as the Graduate Record Examination or the Graduate Management Admission Test.

Lately, “Master’s” degrees have sprung up at many schools to take advantage of the large pool of applicants who did not get admitted into medical or dental school. These new programs often require nothing more than an MCAT or DAT for entry with either no or a meager threshold score. The “publicity” for these programs “guarantees” a “Master’s” degree in one year... just in time for the next admissions cycle.

“Last week, when I was eating lunch with the governor/mayor/senator...”

When a third party, even one with only the best of intentions, tries to influence the committee, this will almost certainly end badly. Many on the committee remember a time when you would get in if you knew the “right” people.

In Summary:

We are available to discuss admissions with anyone. Just let us know.

REFERENCES:

1. Currently, the state of Arkansas contracts with the UTHSC College of Dentistry for 23 slots in each class. Arkansas arranged for dental slots as well as veterinary medicine, optometry, and other health care specialties. This arrangement is through the Southern Regional Education Board’s “Academic Common Market.” SREB, 592 10th Street; NW; Atlanta, GA 30318

   When first established, the UTHSC-COD out-of-state surcharge was equal to the SREB payment. As tuition has increased, the SREB amount has not. In the current environment, the UTHSC-COD out-of-state surcharge is $38,750 annually. The SREB payment is $21,900 or 56%.

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   http://www.ed.gov/international/usnei/edlite-index.html
Over the past four months, UAMS dental faculty, staff, and residents have been resilient in their handling of the COVID crisis at UAMS. From March to early May, dental assistants, hygienists, front office staff and residents were re-deployed in various areas of the hospital to help in any way they were able. Oral Health Clinic employees worked night and day manning employee screening sites and discharge areas, as well as working telephone screenings and unloading PPE inventory in Central Supply. All of these efforts were in addition to working clinic shifts to treat patients with dental emergencies and those patients needing medically necessary dental treatment for life-saving medical procedures. They exemplified the meaning of teamwork and made everyone around them feel like we are in this together.

The workload has evolved since May, returning to the basics of elective dental treatment. In the midst of crisis, UAMS managed to turn out an incredible cohort of General Practice Residents that have made all those involved in our program extremely proud. Even prior to COVID, this group of residents had already completed the equivalent number and variety of procedures prior classes had taken all year to accomplish. All five residents have found immediate full time employment and the residency is fortunate enough to have two residents commit to a 1–2 month program extension. During the extension, they will unofficially serve as “chief residents” to facilitate our transition with the new residency class and provide more continuity of care to our patients—a silver lining to the pandemic that will, without a doubt, spoil our program and make us wish for this overlap every year!

A socially distanced and “masked-up” celebration of the 2019-2020 year took place in their final days of June. At this same time, we welcomed our new 2020–2021 residents to campus. In the past month of working with new residents, we have quickly learned that muscle memory is a real thing, and not touching a hand piece for six months is tough even for the most seasoned of dental professionals.

With patience and support, we will be tasked with providing this group enough experience and guidance to make up for a lost fourth quarter of dental school, in addition to the onslaught of residency-level curriculum. We are lucky to have such wonderful residents to navigate this new journey, and we will all be learning together this year.  

UAMS dental faculty and residents “flexing” against COVID. Four generations of residents were captured here!
Welcome UAMS 2020-2021 GPR Residency Class!

Dr. Lauren Martin
University of Tennessee
Hometown: Paragould, AR

Dr. Nakita Riley
University of Tennessee
Hometown: West Fork, AR

Dr. Leah Warford
University of Tennessee
Hometown: Malvern, AR

Dr. Julie Nessler
University of Tennessee
Hometown: Rowlett, TX

2019-2020 Residents receive their GPR certificates at the Final Case Presentation Ceremony. From left: Drs. Alex Dozier, Collin Hunt, Michelle Abouhaidar, Ontario Ward, and Thomas Cooner
We at Delta Dental of Arkansas applaud the efforts of Arkansas’ dental providers and the ASDA in keeping dental care accessible to Arkansans during COVID-19 shutdowns. We are grateful to the ASDA for their work with the Arkansas Department of Health to get dental offices reopened for all services, allowing patients to receive the care they need during this difficult time.

Since the onset of the pandemic and subsequent dental office closures, Delta Dental of Arkansas has recognized the substantial financial impact of this event on our participating providers. We immediately felt the need to offer assistance to dental practices during these unprecedented and uncertain times.

As dental offices were allowed to reopen in May, Delta Dental responded with another program to help defray the costs of PPE, sterilization, and other safety considerations necessary to comply with Arkansas Department of Health directives. Grants of $2,500, totaling $2.9 million, to support reopening readiness were made available to each Delta Dental network provider with an active license and a practice located in Arkansas.

“We have worked closely with dentists in our state to improve the oral health of all Arkansans for almost 40 years,” said Delta Dental of Arkansas President and CEO Ed Choate. “These two initiatives are a way for us to provide much-needed financial support to dental providers during a time when their practices are under significant financial stress.”

“Dentists are a critical part of our healthcare system and many are independent small business owners, employing thousands of hygienists, dental assistants, and office staff statewide,” said Choate. “We need those practices to survive this economic downturn and be ready to continue providing care to their patients.”

In addition to these programs for dental providers, Delta Dental of Arkansas offered support to our employees, group clients, brokers, and community organizations.

For our group clients, we adjusted underwriting requirements to allow coverage to continue for employees who had hours reduced or had been furloughed. We also offered a 60-day grace period on premium payment, plus implemented rate holds for clients with renewals in May–September.

In July, we gave $13 million of premium and administrative fee credits to all group clients with dental and vision insurance. In August and September, we will return $6 million in premium for the Medicaid dental program to the State of Arkansas.

The Delta Dental of Arkansas

Delta Dental of Arkansas
COVID-19 ASSISTANCE PROGRAMS

THOMAS REDD, DDS, MS
Vice President, Professional Relations
Delta Dental of Arkansas

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“Dentists are a critical part of our healthcare system and many are independent small business owners, employing thousands of hygienists, dental assistants, and office staff statewide,” said Choate. “We need those practices to survive this economic downturn and be ready to continue providing care to their patients.”

In addition to these programs for dental providers, Delta Dental of Arkansas offered support to our employees, group clients, brokers, and community organizations.

For our group clients, we adjusted underwriting requirements to allow coverage to continue for employees who had hours reduced or had been furloughed. We also offered a 60-day grace period on premium payment, plus implemented rate holds for clients with renewals in May–September.

In July, we gave $13 million of premium and administrative fee credits to all group clients with dental and vision insurance. In August and September, we will return $6 million in premium for the Medicaid dental program to the State of Arkansas.

The Delta Dental of Arkansas
Foundation created a COVID-19 Emergency Grant Fund that provided $500,000 to 80 Arkansas non-profit organizations providing assistance with urgent needs created by the pandemic. Delta Dental also donated $17,750 to the Oral Healthcare for All Foundation to support four pop-up locations offering emergency dental services.

At the national level, the Delta Dental Plans Association (DDPA) has helped the U.S. Department of Health and Human Services (HHS) to ensure the nation’s dentists were included in the list of providers eligible to receive much-needed federal assistance funds.

On April 24, the President signed into law a $484 billion relief package designed to further support small businesses in their effort to deal with the fallout from COVID-19. The legislation included $75 billion specifically designated for healthcare providers that have been hit with costs associated with preparing for and responding to the pandemic; and was an additional supplement to the $100 billion included in earlier legislation for this same purpose. While the first $100 billion was primarily for hospitals and Medicare FFS providers, this second appropriation ($75 billion) is being made available to additional providers.

In early April, HHS contacted DDPA asking for help demonstrating that dentists should be considered eligible for federal provider relief funding. HHS needed data to show dentists and dental practices had experienced significant financial harm due to COVID-19. DDPA provided a comprehensive data set that proved instrumental in HHS’ decision to include dentists in the group of providers eligible for this funding. The data set included aggregated submitted charges, patient counts, and claim counts for Delta Dental member companies from across the country during parallel weeks: March–April 2019; March–April 2020, showing a dramatic and precipitous drop in activity in each area.

When presented with this data, HHS immediately moved to add dentists as eligible providers, thus making them able to receive this much-needed federal relief funding. Importantly, and according to HHS, a dental provider can use this relief funding to cover any number of practice-related costs including, but not limited to, office lease or rent payments, staff salaries, structural office enhancements, and personal protective equipment.

At HHS’ request, DDPA provided a second data set so that the agency could efficiently and expeditiously get relief funding to dentists. This data set included the names, addresses, and NPIs of our network dentists – as well as an additional 40,000 dentists outside of the Delta Dental network (all publicly-available information).

Delta Dental of Arkansas will continue to monitor the impact of the COVID-19 pandemic on the delivery of oral health care services. It remains our priority to work together with our state’s dental providers to create the best possible outcome for the oral and overall health of all Arkansans.

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**Faculty Dentist Position Available**

The Oral Health Clinic located at the University of Arkansas for Medical Sciences, Center for Dental Education is seeking a full-time general dentist for its hospital-based clinic. The dentist is primarily expected to provide comprehensive dental services to patients of all ages to include medically complex patients. This position will have a faculty appointment commensurate upon experience. Additional responsibilities include training and supervision of dental residents and collaboration with interdisciplinary health care teams. The desired candidate must be eligible for an Arkansas dental license and a graduate of a general practice residency/advanced education in general dentistry program or have a minimum of five years of clinical experience. Previous experience with medically complex patients is preferred. The University of Arkansas for Medical Sciences is an equal opportunity/affirmative action employer. Women and minorities are encouraged to apply.

For consideration, interested applicants should send a cover letter, curriculum vitae, and three references to Holly Johnson, Education Coordinator. hajohnson2@uams.edu

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Arkansas Dentistry | Summer 2020
Henry A. Gremillion, DDS, MAGD, dean of the LSU Health New Orleans School of Dentistry (LSUSD) passed away on May 18, 2020 after a brief illness. A Louisiana native, Dr. Gremillion returned home to lead his alma mater as the sixth dean of LSUSD in 2008. A member of the dental class of 1977, Gremillion was the only LSUSD alumnus to hold the position.

“A Louisiana native, dedicated doctor and nationally recognized educator, Dr. Gremillion inspired countless dental students throughout his time as dean of the state’s only dental school,” Louisiana Governor John Bel Edwards said. “His vision steered the school through expansions and renovations so that students can practice their skills in the most advanced preclinical labs in America. I ask everyone to join Donna and me in praying for his family, friends, colleagues and students during this difficult time.”

Dr. Gremillion was adopted at the age of seven months from an orphanage in north Louisiana and raised in Cottonport, a small Louisiana farming community with a population of about 2,000 people. Last year as he was being installed as chair of the American Dental Education Association Board of Directors, he told his colleagues from dental schools throughout the United States and Canada that the town was so small you had to be lost to find it and that only one of its two red lights ever worked.

After he graduated from dental school, Gremillion returned to Cottonport to set up a general dentistry practice. He saw patients from all walks of life—his neighbors, children in the Head Start Program, members of the Tunica-Biloxi Indian Tribe and nursing home residents. His service to his community went far beyond taking care of their oral health. Dr. Gremillion was a member of the local school board and a volunteer firefighter. He entered politics, successfully running for City Council of Cottonport to implement community fluoridation and move forward with reapportionment to address the disparity in representation. In recognition of his many contributions to his hometown, he was named Cottonport Citizen of the Year in 1989.

The quest to learn more to improve the quality of life for his patients led to a two-year craniofacial pain fellowship at the University of Florida College of Dentistry (UCFD). Instead of being a steppingstone to a return to private practice back home in Louisiana, the fellowship led Dr. Gremillion to academic dentistry.

Rising through the academic ranks, Gremillion was named the Parker E. Mahan Endowed Professor of Orofacial Pain in the Department of Orthodontics and was a member of the dental staff of Shands Teaching Hospital. He also served as the director of the UCFD Parker Mahan Facial Pain Center and its fellowship program in craniomandibular dysfunction.

Along the way, Gremillion earned distinguished honors. In 2009, the Academy of General Dentistry honored him with the Thaddeus V. Weclew award for his...
exceptional contributions to the art and science of dentistry and for promoting the principles and ideals of the academy.’ He received the Dawson Academy Distinguished Service Award in 2009, the American Academy of Orofacial Pain Distinguished Service Award in 2010, and the Pierre Fauchard Academy Gold Medal Award in 2015. Presented annually to a dentist in the United States who has ‘made outstanding contributions to the progress and standing of the dental profession,’ it is one of the international dental honor organization’s most prestigious and exclusive awards.

Back at LSU Health New Orleans School of Dentistry, Gremillion continued the school’s recovery from the devastation that followed Hurricane Katrina. He guided sorely needed renovations to improve the learning environment for students. The preclinical laboratories now rival those at any school anywhere. He enhanced patient care and research by completing the only new building on the dental school campus since it was founded in 1968. The $51.4 million Allen A. Copping, DDS Advanced Clinical Care and Research Building opened in 2018.

Gremillion led the state’s only School of Dentistry and the only one in the country with degree programs in dentistry, dental hygiene and dental laboratory technology. He was most proud of his students and often spoke of their “giving nature.” He delighted in helping them with their community service projects like Give Kids a Smile Day and Adopt an Angel where you could see him wheeling bikes into elevators down to the lobby for pick up by the Salvation Army truck.

“Despite his national stature, Dr. Henry Gremillion easily related to people from all walks of life,” says Larry Hollier, MD., chancellor of LSU Health New Orleans. “Students, faculty, patients, members of the community, elected officials, and local, state and national leaders all found him approachable, respectful, caring, engaged and down to earth. His contributions to the dental profession in Louisiana and nationally are unparalleled. He leaves a legacy of professional standards, high ideals, integrity, quality education and service that will continue to shape dental practice for generations to come.”

One of the programs closest to Gremillion’s heart was the Summer Enrichment Program. The purpose of the program is to diversify dentistry by identifying and preparing students from underrepresented minority and disadvantaged backgrounds to be competitive for application to and then succeed in dental school.

“A Louisiana native, dedicated doctor and nationally recognized educator, Dr. Gremillion inspired countless dental students throughout his time as dean of the state’s only dental school.”

—Louisiana Gov. John Bel Edwards

“Dr. Gremillion changed the complexion of the Dental School,” notes LSU Health New Orleans Director of Community Relations and former State Senator Diana Bajoie. “He knew we needed to do more, and he personally championed the Summer Enrichment Program. More than half of the participants have gone on to dental school, with 39 enrolling in LSU Health’s School of Dentistry right here at home. He was so good at reaching out and working with people, and I will really miss him.”

“Dental education has lost a true gentleman, scholar and friend,” says Karen West, DMD, MPH, President and CEO of the American Dental Education Association.

“It is with great sadness that we acknowledge the passing of one of dentistry’s greatest friends and leaders, Dr. Henry Gremillion,” says Dr. Trey Carlton, President of the Louisiana Dental Association. “Henry was an incredible man, educator and visionary. His passion for the betterment of his beloved profession was powerful and sincere. Henry truly understood, and more importantly, valued the relationships between the school, the students and the dental professionals. He worked tirelessly to make sure his students had the proper education, exposure and experience to share in his vision of supporting all Louisiana
communities. Dean Gremillion will forever be missed.”

“Dr Henry Gremillion was one of the most respected in the world in his field of facial pain,” says Glenn M. Kidder, DDS, a longtime friend and colleague from the Pankey Institute in Key Biscayne, Florida where Gremillion also taught. “He was a mentor to many as a dentist and loving person and will be dearly missed by his family, friends and colleagues.”

Dr. Gremillion is survived by his wife of 45 years, Karleen “Mackey” Gremillion; daughters Erin G. Jackson (Brad) of Tampa, FL and Lindsay G. Maples (Andy) of Ponte Vedra, FL; and sons Alan Gremillion (Sarah) of Jupiter, FL and Scott Gremillion (Wendy) of River Ridge, LA; as well as 10 grandchildren.

On Saturday, September 26, the school’s annual Alumni Day will be held virtually in his memory. All proceeds from the event will benefit orofacial pain education at LSUSD for pre- and post-doctoral students.

If you would like to contribute a gift in his memory, make your check payable to LSU Health Foundation and mail to LSU Health School of Dentistry 1100 Florida Ave., Box 22, New Orleans, LA 70119. Alternatively, you can give online at https://give.lsuhealthfoundation.org/Dentistry and leave the designation as Dean’s Fund. His family will be notified of your gift in his memory.

ROBERT M. LAUGHLIN, DMD
APPOINTED INTERIM DEAN OF LSU HEALTH SCHOOL OF DENTISTRY

Dr. Larry Hollier, LSU Health Chancellor, named Robert M. Laughlin, DMD as the LSU Health School of Dentistry (LSUSD) Interim Dean on May 19, 2020 following the unexpected death of Dean Henry A. Gremillion, DDS, MAGD the day prior.

Dr. Gremillion recruited Dr. Laughlin as chair of the LSUSD Department of Oral and Maxillofacial Surgery a year ago. Dr. Laughlin will work closely with Sandra Andrieu, PhD, Associate Dean for Academic Affairs; John Gallo, DDS, Associate Dean for Clinical Affairs; and Paul Fidel, PhD, Associate Dean for Research, to sustain the School’s academic, patient care and research missions.

Dr. Laughlin earned his DMD from the University of Pittsburgh School of Dental Medicine in 2002 and completed his residency at LSU Health New Orleans School of Dentistry and Charity Hospital in 2006. He has received fellowship training in head and neck surgery and microvascular reconstruction at the University of Michigan and Shanghai Jiao Tong University in China.

Dr. Laughlin is no stranger to disaster response. He was a chief resident on call at Charity Hospital during Hurricane Katrina coordinating the survival of patients, residents, and staff. He knows what it is to be on the front lines. Afterwards, he worked hard to continue the department’s service in Baton Rouge. For his extraordinary service as acting chief resident at Charity Hospital during Hurricane Katrina, he received the John Kent World Famous OMFS Award in 2005 and the American Association of Oral and Maxillofacial Surgeons Community Service and Leadership Award for Residents in 2006.

Dr. Laughlin served with the U.S. Air Force from 1990-1998 and then joined the U.S. Navy in 1998. After completion of his training in 2007, he joined the Naval Medical Center in San Diego, where he served as attending surgeon, residency program director, and department chair.

In 2008, he received the Navy and Marine Corps Commendation Award and in 2014, he became the first oral and maxillofacial surgeon in the Navy to receive the Master Clinician Award from the Naval Medical Center in San Diego.

Dr. Laughlin has already made great contributions to the pandemic response. He is leading efforts at the dental school to make reusable, comfortable, custom-fit masks for health care workers with the highest level of protection. He and his colleagues have ramped up 3D printing.

Dr. Hollier wrote, “Although we are all still in shock and reeling from the sudden loss of Dr. Gremillion, our dental school needs leadership at this crucial time when decisions must be made to move forward during the pandemic. While no one could ever replace Henry, I have appointed an interim dean to carry on his work. Dr. Robert Laughlin, chair of the Department of Oral and Maxillofacial Surgery, has agreed to serve in that role.”

University of Tennessee College of Dentistry
JAMES C. RAGAIN, JR. DDS, MS, PHD, FACD, FICD, FPFA
Professor and Dean
University of Tennessee Health Science Center College of Dentistry

AN UPDATE FROM THE DEAN OF THE UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER COLLEGE OF DENTISTRY DURING THE COVID-19 PANDEMIC CRISIS

Since March the University of Tennessee Health Science Center (UTHSC) College of Dentistry has been challenged in ways no one would have predicted.

Due to the coronavirus pandemic our campus shut down, and the future of our college, as it was for all dental schools across our nation, looked very bleak. All face-to-face lectures ceased, and online classes and examinations began on Monday, March 23. All elective dental treatment was suspended. However, the Dunn Dental Building on the UTHSC campus and the faculty practice located in Le Bonheur Hospital remained open for emergency treatment.

Our residents, faculty, dental assistants, and front desk staff managed those clinics. Many private dental offices completely shut down, and we treated the patients from those practices that required urgent treatment. By keeping our Emergency Clinics open we kept local...
dental emergency patients out of the area hospitals’ emergency rooms so that those ERs could concentrate on the COVID-19 crisis.

Our Oral Pathology Laboratory remained open. Our D1 and D2 students fell approximately three months behind in their dental technique courses. Our D3s and D4s lost three critical months of patient contact experiences. In mid-March we had one D4 student out of a class of 98 who had passed all competency examinations and clinic requirements. No second-year dental hygiene student was ready to graduate. Our clinic revenue ground essentially to a halt. The future looked very uncertain.

Through hard work, dedicated teamwork, and strong leadership at all levels of our college administration, I am proud to say that our college is working its way back to our pre-COVID-19 status. Last Spring, we established our top three priorities of moving forward and returning to business. The first priority was to get all seniors in the dental and dental hygiene classes graduated. Our second priority was to get the D2 class caught up on missed technique courses so that they would be ready to start clinical work this summer. Our third priority was to get the clinic open in a safe and measured way.

After our accrediting body, the American Dental Association Commission on Dental Accreditation (CODA) allowed us to modify our means of testing competency and reduce the requirements for graduation, our departmental leaders and course directors went to work developing manikin exams, remote examinations and Objective Structured Clinical Examinations (OSCEs). We began graduating dental and dental hygiene students on a rolling schedule. A few students required more patient contact time.

When we were allowed to open our clinics for elective dental care we brought those students into Dunn Dental Building to gain those critical experiences. We also sent one student at a time to our Union City Dental Clinic where they worked one-on-one with the clinic director. By July 2, all dental students in the class of 2020 had been graduated. The last dental hygiene student received her degree on July 10. Priority one was accomplished.

The issue with catching the D2s up on their technique courses had a number of obstacles. In a laboratory outfitted with 100 manikin dental unit stations we could only bring about forty students in at one time. We had to keep the students spaced apart from each other and from the faculty. We had to be mindful of cross-contamination. Since our predoctoral clinic was shut down, we repurposed the dental units and chairs for manikin

Our research laboratories are open, and our faculty and students are actively working with our research personnel in cutting edge and clinically relevant research.

work. We transferred 40 manikin heads from the dental technique laboratory to the clinic. We developed excellent safety protocols based on CDC and ADA recommendations. By scheduling three sessions per day, we were able to get all of the D2s caught up by June 30. Priority two accomplished.

Opening our clinics for elective patient care brought many challenges. The biggest challenge was getting adequate PPE and specifically N95 and KN95 masks. In pre-COVID-19 days our clinics used on an average of 3,500 level one masks in one week. It took us weeks to get enough PPE to open the clinics up for our residents to begin their clinical work. We appointed one faculty to be in charge of our PPE. We located all college PPE in one area, and we are monitoring our supply daily. We obtained UVC lights and dry heat ovens to disinfect our N95 and KN95 masks. We were able to acquire this equipment through a grant given to us by Delta Dental of Tennessee.

Our guidance for opening the clinics was, “Go, but go slow.” We wanted to ensure that we could safely get patients into and out of the building. We wanted to keep all patients, students, faculty and staff as safe as possible. Everyone is screened coming into the building. Masks are worn by all folks at all times. As we slowly began bringing D4s back to the clinic we have spaced out the treatment areas and repurposed clinics in the building. For example, our Faculty Practice Clinic is temporarily our Predoctoral Fixed Prosthodontics Clinic and our Oral Diagnosis Clinic is our Predoctoral Periodontics Clinic. Our aim is to maximize the few available dental units that we can open. So far it is working well. D3s, D4s and Dental Hygiene students are back in the clinic. Priority three is being met.

We are modifying our predoctoral clinic with plexiglass extenders that will create individual “rooms” out of our essentially open-bay configuration. We are placing portable extra oral HEPA suction devices in each treatment area where aerosolizing treatment will be ongoing. After these steps are completed we expect to be able to increase the number of students working in the clinic at any given time. We have resumed our D4 clinic rotations in Union City, TN, and Bristol TN.

Our research laboratories are open, and our faculty and students are actively working with our research personnel in cutting edge and clinically relevant research.

The UTHSC College of Dentistry has a long way to go to return completely to our pre-COVID-19 status. However, the strong legacy that our college possesses inspires us to return fully to our mission of dental education, research, clinical care, and community outreach. Our vision is and will continue to be “Clinical Excellence in Dental Education.”
This spring semester was one to remember. On March 12, 2020, at the recommendation of the Arkansas Department of Health and the UAMS Infectious Disease Service, UAMS temporarily suspended all in-person didactic education, transferring the majority of it to online education through May 2020. Despite the circumstances, UAMS students showed great flexibility and understanding with the transition from face to face to online education. Senior students performed in-depth cases studies and engaged in simulations to complete all remaining clinical program competencies. Students are currently in the process of taking the National Board Dental Hygiene Examination (NBDHE). Students will take the Council of Interstate Testing Agency Examination on August 22 and 23.

On May 16, 2020, UAMS graduated 29 students. Over the academic year, students were still able to serve over 1,530 hours of community service to under-served and under-reached populations through serving at volunteer events, providing health promotion and health education, and conducting oral health screenings.

Prior to graduation, the Department presented student awards via Zoom. The award recipients and our 2020 graduates are listed below. We congratulate all of our students for their achievements in the classroom and the clinic, and we wish our new graduates the best of luck as they begin a new phase in their lives.

**UAMS GRADUATING CLASS OF 2020**

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<th>Name</th>
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<tr>
<td>Bailey Balisterri</td>
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<td>Hadley Balisterri</td>
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<td>Kristine Bates</td>
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<td>Hannah Branch</td>
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<td>Micaela O’Neal</td>
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<td>Laison Stubbs</td>
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<td>Catherine Vanlandingham</td>
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<td>Haleigh Vickers</td>
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Never before have we been so glad to see the spring semester come to a close and watch our graduates complete the program and go out to begin their careers in the dental field. Maybe you have felt the same way about the shutdown or Phase I coming to an end.

The Class of 2020 graduated in a virtual ceremony on May 30. The ceremony included messages from many of the chairs and instructors as well as the chancellor. Dr. Tijuana Byrd gave the commencement address encouraging students to become their best through challenges. We are especially proud of these graduates who met the challenges of Covid-19 along with personal life challenges. The following are the 2020 dental assisting graduates and their hometowns:

- **Unika Bush**, Little Rock
- **Whitney Byles**, Bryant
  *International College of Dentists Award*
- **Khaleah Clay**, Little Rock
- **Sa’Mone Coleman**, Little Rock
- **Aaliyah Conley**, North Little Rock
- **Angel Cotton**, Bryant
- **Chyna Cross**, Little Rock
- **Heather Gemmiti**, Cabot
  *Outstanding UA Pulaski Technical College Student*
- **Cassidy Goins**, Benton
- **Akayah Grigsby**, Conway
- **India Hayes**, Little Rock
- **Danielle Jennings**, North Little Rock
- **Jorome Miller**, North Little Rock
- **Yolanda Resendiz**, Benton
- **Vicky Smith**, Jacksonville
- **Jessica Ward**, Mabelvale

The program currently has 24 students accepted for the upcoming academic year with several applicants on the alternate list. At this time, UA Pulaski Tech is planning for face to face classes beginning August 24. Because of the possible need to transition to distance education, we will begin by utilizing a hybrid model with some distance education aspects into the program from the beginning. However, unlike last spring, we will continue to have lab classes on campus if or when the college goes to online/distance education.

There are two new dental assisting faculty with the program, Shannon Burchfield and Tanielle Price. They both began with the program in August of last year. Shannon is a UA Pulaski Tech Dental Assisting Alumni. After graduating from the dental assisting program in 1998, she spent ten years as a chairside assistant. She then went on to get her Bachelor of Science Degree in Education at Arkansas State University. Shannon worked for the Cabot Public School District until she was hired with the UA-PTC. She is very excited and glad to be doing the two things she loves and is passionate about, Dental Assisting and Teaching. Tanielle is a registered dental hygienist and a graduate of the dental hygiene program at UAMS. She went on to earn her M.S. in Health Science from University of Central Arkansas. She brings eight years of clinical experience with her to the program. She is a blogger and has written several dental related published articles.

The program is very fortunate to have such loyal support from the dental community and we want you to know how much we appreciate everything you do to assist in educating, mentoring and encouraging the students and faculty of the program. AD
As the Twelfth District representative to the Council on Advocacy for Access and Prevention (CAAP), I’d like to take this opportunity to update everyone on the initiatives of the Action for Dental Health (ADH) campaign and what Health Resources and Services Administration (HRSA) grant opportunities exist to potentially benefit some of these payments.

The Action for Dental Health campaign began in 2013 with several initiatives focusing on providing care now, strengthening the dental “safety net,” and promoting prevention. It’s no secret that today’s prevention strategies save treatment dollars tomorrow. This is a message that our legislators need to hear consistently!

The CAAP Council has prioritized the ADH initiatives, which include:
- Community Water Fluoridation (CWF),
- Emergency Department (ED) Referral,
- Medicaid programs, and the Community Dental Health Coordinator (CDHC) program, an ADA trademarked program to train a dental professional such as an assistant or hygienist, with the skill set of a community health worker.
- CAAP also oversees the National Fluoridation Advisory Committee (NFAC) which is leading the celebration of the 75th anniversary of Community Water Fluoridation this year. The series of four one-hour webinars has begun, and I am honored to be a CAAP liaison to NFAC. The Mom’s Guide to Fluoride is a key feature of useful information and can be found on ADA.org.

... job opportunities are appearing for agencies who are interested in dentally-experienced experts who can address and overcome the many barriers to accessing oral health care.

The CDHC Transitional Team meets quarterly via conference calls and is focused on expanding the program throughout the country. A CDHC is NOT a mid-level provider; instead, they are a member of the dental team with specialized case management, care coordination and patient navigation skills all grounded in a strong foundation of oral health knowledge. There are now over 600 graduates and job opportunities are appearing for agencies who are interested in dentally-experienced experts who can address and overcome the many barriers to accessing oral health care. I am anxious to see this program take off in Arkansas to help with access to care issues.

CAAP also oversees the ED Referral workgroup which features numerous Emergency Department Referral models which are available for viewing on ADA.org. These models were shared by dentists who realized the advantages of hospital community benefit funding in the provision of dental care. A recent ED Referral conference call featured the Director of Community Benefit for the Catholic Healthcare Association. Many of us were unaware of how hospitals conduct a Community Needs Assessment (CNA) every three years and delegate community benefit dollars to assist local partners in addressing those community needs, which always includes dental needs. With the American College of Emergency Physicians (ACEP) now collaborating with the CAAP regarding their identified “Priority Cities,” we look forward to expanding the utilization of these models by connecting patients to dental care who would normally go to the emergency department of their local hospital or urgent care facility. Due to the robust partnership with ACEP, dental practitioners will have a supported and amplified voice in communities looking to resolve ED visits for dental issues.

Thank you for allowing me the opportunity to update you on the Action for Dental Health from the Council on Advocacy for Access and Prevention. As the Twelfth District representative to CAAP, please feel free to contact me with any questions you may have or more information on any of these great programs. AD
Well, COVID-19 has created some interesting scenarios in Arkansas dentistry and the Central District News was certainly affected by it. With the shutdown, no local meetings and very little socialization among our members, the news was somewhat sparse and at times a little challenging to come by, but here’s what I have.

The summer edition usually has quite a few graduation announcements included, but COVID took its toll on that process as well. Some announcements are as follows.

Drs. Tacy Sundell and Ernie Woodard of Little Rock are proud to announce the graduation of their son Jackson. He graduated with honors from Little Rock Christian HS in late July due to COVID rescheduling. Jackson was a starting multisport athlete in football, baseball and earned All-State honors for football. As reported in the spring CDDS News, Jackson received preferred walk-on status to play with the Arkansas Razorbacks football team and is currently enrolled at the U of A and is working out with the team. He plans to major in Biology and eventually follow in the footsteps of his mom and dad by going to dental school.

Dr. Ned Alley of Little Rock and his wife Alice are proud of their son’s completion of his residency program. Thomas Cooner completed his GPR residency from our own UAMS Program and graduated in June. Upon graduating, Thomas decided not to stay in Little Rock and practice with his dad, but rather accept an associate position with Dr. Stephan Lindsay in Memphis, Tennessee.

Dr. Tara Pappas Scallion of Little Rock is proud to announce the graduation of her daughter. Sydney Scallion graduated with from Mt. St. Mary’s HS and, like other schools, had her graduation ceremony moved to early August due to COVID concerns. Sydney plans to attend the University of Arkansas in Fayetteville starting this fall.

Tara is also proud to announce the upcoming graduation of her son from college. Benjamin Scallion will graduate in December 2020 from the University of Central Arkansas in Conway with a degree in Business Management.

Speaking of Les and Tara, both were a part of some dental practice transitions that have recently occurred within the Central District. Dr. Bryan Austin of Maumelle is proud to announce Dr. Les Cooner joined the practice on May 11, 2020 just as the restart for Arkansas dentists occurred with the COVID crisis. Les graduated from the University of Tennessee Dental School in 1996 and a year later opened Landmark Family Dental in the Landmark community just south of Little Rock in Pulaski County. She maintained a solo practice there for 23 years before joining Bryan on June 1, 2020. Tara joins the practice along with fellow associate, Dr. Simona Ivan who has been with Bryan since 2015. She and Bryan work out of the Maumelle office while Tara will work out of the Austin Family Dental satellite office located on Cantrell Road in west Little Rock.

Dr. Randy Machen and all the other associates at Little Rock Family Dental Care are proud to announce the addition of two new associates to the practice. Dr. Les Cooner joined the practice on May 11, 2020 just as the restart for Arkansas dentists occurred with the COVID crisis. Les graduated from the University of Tennessee Dental School in 1987 and returned to Little Rock where he went into an associateship with Dr. Paul Burton for approximately three years. In 1990 Les went into practice for himself.
and practiced from 1990 to 2001 in the Colony West Shopping Center in Little Rock and then moved his practice to the Centre Mark Building on West Markham. When his son Thomas informed him of his decision to practice in Memphis, Les decided that it was time to make the transition to Little Rock Family Dental.

Dr. Dale Fallis of Little Rock has also joined with Little Rock Family Dental. Dale graduated from the University of Tennessee Dental School in 1983, practiced two years in Jacksonville, Arkansas after graduation and then relocated to West Markham in Little Rock where he has practiced since. He merged with Little Rock family Dental in December 2019 as a way to transition one day into retirement. Dale also states that the merging process has gone very well and he’s enjoying the new affiliation with Dr. Machen and the other associates.

Other news coming from LR Family Dental Care involves associate Dr. Kevin Le and his fiancée’s recent marriage. Kevin and Ly Bui exchanged vows on July 4, 2020 at Skylark Manor in Benton. Again, due to COVID, the event originally scheduled for May 24, 2020 and planned for approximately 250 guests was moved to the Fourth and the guest list paired down to about 50 people who were mainly family members and close friends. Kevin states that the wedding went well with food and drink prepared by family members and a post celebration fireworks display. Changes made also created a significant financial savings—enough to help Kevin and Ly with the purchase a new home in Bryant where Ly also works as a manicurist for a nail technician.

Since a lot of the news mentioned so far in some way or another had the COVID crisis involved, I’ve decided to do some news under the title of “Pandemic Projects” and see what some of our colleagues from around the Central District did with their time off.

Dr. Ned Alley of Little Rock spent his down time expanding and remodeling his office. Ned acquired the office space of his former neighbor Dr. Amir Mehrabi in late November of 2019, tore down some walls and took in the space to expand his office. When COVID hit in March, he finished the new space out and remodeled the entire office by adding new paint, flooring, and dental equipment to the new space as well as some of the original office space. Ned now has eight operatories and eventually he wants to take in an associate.

Drs. Scott and Brad Jolly of North Little Rock remodeled their office during the COVID break as well. No structural remodeling was done although there are future plans to do so. Changes included new paint, flooring, light fixtures as well as new cabinets and countertops designed to create as much of a “contactless” environment as possible in the office and operatories. Even the dental chairs were reupholstered. What makes the remodel really special is that it was truly a family affair. Scott and Brad did most all of the work themselves other than the carpet laying and reupholstering; and their kids helped with the painting. The staff followed up with the final cleanup and reorganization of dental equipment and supplies.

Dr. John Pitts of Little Rock remodeled as well, but chose to do exterior improvements during his time off. John added new paint and siding as well as improvements and upgrades to the exterior lighting and signage.

Dr. Robert Carlisle of Benton utilized some of his time away from the office by doing the usual outdoor projects around the house such as painting, staining, power washing, etc. One unique project involved a stock pond which Bob has on his property. He constructed nine Porcupine Fish Attractors. Each device is made of 27 assembled and glued pieces of PVC pipe (243 total pieces) and then submerged them under water to do what else but attract fish! Obviously they worked because Bob used other parts of his time relaxing and catching those fish.

Dr. Kristi Golden of Hot Springs spent her time away from the office actually being at her office, well at least part of the time. Kristi along with the help of a local lawn care professional redid the landscaping around her office. She also had her 20-year-old Heating/AC unit at the office replaced. Other activities included spending time at the lake as well.
as hiking with several of her local dental colleagues, all the time being very mindful to social distance.

Dr. Spencer Gordy of Conway did the usual by taking on many yard and landscaping projects. He too found a new hobby in the art of power washing but found the process of doing everything went very slow mainly because he was a crew of one! He did partake in his real hobby of running and states that the silver lining behind the dark cloud of COVID was the ability for him to spend quite a bit of quality time with his children and family.

Dr. Werner Schneider of Little Rock used his time off to continue an ongoing patio project by completing two additional tiered/elevated paver patios as well as some paver steps in his back yard. Asked if this and other landscaping projects have an end point, his answer was no, they just keep evolving.

Dr. Randy Rhea of Little Rock announced his retirement beginning in July of 2020. Randy attended the University of Arkansas in Fayetteville from 1976 to 1980 and graduated with a double degree in Zoology and English Literature, then enrolled in Baylor Dental School in Dallas, Texas and graduated in 1984. Upon his return to Little Rock, Randy joined the practice of Dr. Shirley Reid and remained there as an associate for his entire dental career. Another important part of Randy’s dental career was his involvement in the Little Rock Job Corps and specifically their dental clinic. He joined the clinic’s staff in 1989 working in the Job Corp Center in downtown Little Rock. The center relocated to Scott Hamilton Drive in 2008 and Randy relocated there as well until his departure in 2014. Randy and his wife Nancy plan to do some traveling once that becomes possible after COVID restrictions ease up a bit. They also are in the process of renovating and repairing some farm property belonging to Nancy’s mother near Charleston, Arkansas with the intent to sell at a later date. One of Randy’s main hobbies is woodworking and in particular, making furniture. He plans to do more of that in a shop at his residence. He also plans to do a few other projects around the house other than woodworking. Congratulations and good luck to Randy from all of us in the Central District.

Northeast District News

JODY SHANNON, DDS

Dr. Thomas M. Jackson, DMD, MSD joined Dr. Thompson’s periodontics and implant dentistry practice on July 13. Dr. Jackson was raised in Walnut Ridge and graduated from Arkansas State University in Jonesboro. He completed his residency training in the field of Periodontics, as well as completing a Master of Science in Dentistry, at the University of Louisville.

Dr. Jackson is excited to be joining the team with Dr. Thompson to help provide the area with procedures related to the regeneration and treatment of periodontal disease. Dr. Jackson will be performing gingival grafting and root coverage, sinus and ridge augmentation, traumatic tooth extraction with bone grafting, and implant placement along with IV sedation.

Dr. Anthony Rusher and wife, Samantha, are excited to announce they are expecting their first child, Lawson Rhett, on October 5, 2020. Dr. Rusher has been in practice with Higginbotham Family Dental since summer 2019. Samantha is a teacher at Nettleton Junior High School.
Congratulations to Dr. Brittany Stroope for passing her Orthodontic board exam!

Congratulations to Dr. Richard Keech for opening his new office, Greenway Dental, in Fayetteville.

Dr. Mark Bailey reflected on his retirement: “July 8, 2020 marked my 36th year of practicing in Waldron, Arkansas. One of my assistants made the lovely cake! Janet and I have been blessed to provide outstanding dental care to this community since I graduated from Baylor in June of 1984. I received my license in the mail on Wednesday, July 8, 1984, from the ASBDE, and that evening after Wednesday bible study, did my first procedure as a licensed, practicing dentist. I extracted an upper bicuspid without an assistant, and have never looked back! My sincerest thanks to my peers, colleagues, and the ASDA for the marvelous relationships and work we’ve accomplished for Arkansans during that time. Looking forward to serving western Arkansas for a few more years Lord willing!”

Dr. Bob and Donna Skinner welcomed their second granddaughter, Lily Elaine Shah, on June 18, 2020. The Skinner family was blessed to welcome their first grandchild in January, so this doubles the cuties at the Skinner household. The proud parents are Lesley and Dhaval Shah of Little Rock. Lesley is a speech pathologist and Dhaval just finished his first year of medical school at UAMS. In the words of Dr. Skinner, “Who says 2020 has been a bad year; we are so grateful!” Congratulations to the whole Skinner family on their newest little addition.

Greetings from the Southwest District! COVID-19 certainly put a damper on early summer activities but we did find a few things to report.

Dr. Larkin Wilson (El Dorado) paid a visit to Washington D.C. to attend the baptism of his granddaughter Elizabeth Ann Wilson.

Dr. Tommy Raines (Camden) is proud to announce he's going to be a papaw! Daughter Catherine and husband Dr. Jon Sims will be anxiously awaiting their first child in January 2021.

Dr. Raines’ son Dr. Stephen Raines and wife Lauren have recently opened a new dental practice in Benton after spending 2 ½ years in Hot Springs Village. According to Tommy, the startup has gone quite well despite the pandemic.

Dr. J. B. Suffridge (El Dorado) made the most of his COVID break by growing out a nice pair of COVID sideburns reminiscent of General Burnside. Nicely done JB!

Dr. Kristi Elia (El Dorado) proudly reports that her son Jon Brooks, a sophomore at El Dorado High has made the varsity golf team. Daughter Alex Grace was also named Co-Captain of the Barton
Junior High cheer squad.

Dr. Ryan Hanry (El Dorado) surprised wife Stephanie with a trip to Orange Beach for her birthday. Ryan, Stephanie, and sons Graden and Graham enjoyed a deep sea fishing trip while there and brought home a limit of red snapper as well as a trap full of blue crab.

The South Arkansas Thunder 8u team which includes Tanner Smart (grandson, Dr. Steve Smart, El Dorado) and Graham Hanry (son, Dr. Ryan Hanry) made the most of the chance to return to the diamond by nabbing the championship of the 2020 Boomtown Bash in El Dorado. The team held a perfect record on the weekend. AD
Dr. Billy Gene Cremeen
JULY 3, 1928–JUNE 28, 2020

Bill was a huge sports fan—beginning from the time he played football at Brinkley High School. Later he served as president of the Razorback Booster Club in Helena.

Dr. Tommie Ronald Lowder
DECEMBER 8, 1945–JULY 18, 2020

Dr. Tom Lowder, age 74, of Elkins, AR, passed away unexpectedly on Saturday, July 18, 2020. He was born December 8, 1945, in Sayre, Oklahoma. Tom was an ortho-
Tom was not only an exceptional orthodontist, but also owned a farm in Elkins where, among other things, he raised a large herd of buffalo!

don'tist in northwest Arkansas for forty-eight years serving orthodontic patients in private practice and, most recently, as lead orthodontist at My Village Smiles in Bentonville. He was always at the forefront of orthodontic technology with expertise in conservative TMJ and non-extraction orthodontics and the incorporation of pediatric Invisalign appliances in early myofunctional intervention for growing children.

Tom was not only an exceptional orthodontist, but also owned a farm in Elkins where, among other things, he raised a large herd of buffalo! He was an avid outdoorsman, a very accurate marksman and an exemplary family man who will be missed by his staff, patients and everyone who had the privilege of knowing him.

He is survived by his wife Marti, sons Jay (Christy) and Jared Lowder, a brother Jim Lowder; sisters Susan Lowder and Patricia Pfitzinger and his canine companions: Arrow, Kriska, and Liberty.

A private family graveside service was held at Fairview Memorial Gardens in Fayetteville. For those interested in remembering Tom, memorials may be made to Samaritan’s Purse: [https://www.samaritanspurse.org/memorial-page/dr-tom-lowder-elkins-ar](https://www.samaritanspurse.org/memorial-page/dr-tom-lowder-elkins-ar)

Dr. Nancy Lovern Malcolm
OCTOBER 24, 1962–JUNE 1, 2020

On Monday, June 1, 2020, Dr. Nancy Lovern Malcolm, 57, of Pocahontas, passed away peacefully after a lengthy and hard fought battle with health issues, under the care of the wonderful and hard-working staff at St. Bernards Medical Center in Jonesboro.

Born at Roiseres-En-Hay, France, Nancy spent her early years on the French Air Force Base, and then in Charleston, South Carolina, before moving to Jonesboro in 1968. Nancy graduated in 1980 from Jonesboro High School and from Hendrix College in 1984. She graduated top of her class from the University of Tennessee College Of Dentistry in 1997.

Immediately following graduation from UT, Nancy began a four year stint in the U.S. Navy and was hand-picked for her residency at Bethesda Naval Hospital in Maryland. Following residency, Dr. Malcolm was stationed three years at Atsugi Naval Base in Japan. In 2001, Lt. Malcolm completed her Naval service and returned to Jonesboro to join her father, Dr. Ken Lovern, in private practice.

Following Dr. Lovern’s retirement, Dr. Malcolm continued the sole dental practice. Nancy practiced full time in Jonesboro for 15 years until her health began to decline, and she became unable to work. Even then, among her coworkers Nancy was known as the “Four Wheel Drive Jeep,” willing to go anywhere, at any time, and do whatever was needed.

Dr. Malcolm was a member of the American Dental Association and the Arkansas Dental Association, and was a member of First Presbyterian Church in Jonesboro. She greatly enjoyed photography, crocheting, flower gardening, camping, bicycling, hiking, and attending concerts and music festivals. Nancy was an avid St. Louis Cardinals baseball fan, and was an animal lover who was known to adopt the stray and neglected creatures in her community.

Survivors include one daughter, Caitlin Malcolm, one son, Ian Malcolm, and her parents, Dr. Ken Lovern and Ann McCoy Lovern, all of Jonesboro; one sister and brother-in-law, Katy Lovern-O’Riley and Shawn O’Riley of Marble Falls, Texas; father of Caitlin and Ian, Alan Malcolm of Little Rock; her close companion, Curtis Mark Farley of Pocahontas; and three nephews, Zach Lovern-O’Riley and his wife Emily of Russellville and Ethan Lovern-O’Riley and Kason Lovern-O’Riley, both of Marble Falls, Texas.

Nancy was known to stop along the highway to rescue neglected or tossed out plants at abandoned houses or construction sites. As a final gesture to Nancy, the family asks that you plant a flower in her memory—preferably something good for bees, hummingbirds and butterflies.

Born at Roiseres-En-Hay, France, Nancy spent her early years on the French Air Force Base, and then in Charleston, South Carolina, before moving to Jonesboro in 1968. She graduated top of her class from the University of Tennessee College Of Dentistry in 1997.
Dr. Revels was a member of the First Baptist Church of De Queen and enjoyed farming, ranching, and working in his garden. Many people benefited from his love of gardening.

In his spare time Dr. Robertson enjoyed golfing, scuba diving, fishing, wood carving, volunteer dental services, and he was a licensed sea captain.
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Repeal of the state sales and use tax on dental appliances. With the help of ASDA members, this legislation passed in 2013, and took effect in 2014. Depending on a dentist’s lab bill each year, the average savings amounts to about $2,000 annually. That’s enough to cover ADA, ASDA and district dues TWICE OVER!

Non-covered services bill (2011). Prevents insurance companies from regulating fees for procedures not covered in a patient’s dental plan. Allows dentists to charge their usual and customary fee on non-covered services.

Dental consultants bill (2013). Again, thanks to the efforts of ASDA members, Arkansas dentists who have a claim denied now have the right to know the name, dental license number and phone number of the dental consultant who made the denial.

Halted effort by Arkansas Department of Environment Quality from requiring amalgam separators in each dental operatory. Thanks to funds available from FFDL, the association was able to hire legal representation holding that dental offices are not heavy polluters of mercury waste, thereby preventing the mandatory expense of installing separators. The EPA has now taken up this issue on a national level.

Savings on malpractice insurance, websites, and other endorsed products. ASDA’s endorsements help members save on a number of services and products that effect the bottom line.

Currently advocating for retention of fee-for-service in Medicaid Reform. ASDA has worked closely with Gov. Hutchinson and other key leaders to ensure that dentistry’s voice is heard.

Every day, ASDA staff helps with basic office and administrative problems in dental offices. Often, ASDA staff helps to provide advice and information to ASDA members that could otherwise cost hundreds or thousands of dollars if they had to seek assistance from lawyers or accountants.

Your donation to the Arkansas Dental Political Action Committee helps us communicate our concerns to Arkansas candidates. If elected, these candidates vote on legislation that effects your profession.
A healthy smile can make all the difference. Protect yours with dental insurance backed by the nation’s largest network of dentists.

STAND OUT IN A SEA OF SAMENESS WITH YOUR SMILE POWER!