Keystone explorer

PENNSYLVANIA ACADEMY of GENERAL DENTISTRY

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The Official Publication of the Pennsylvania Academy of General Dentistry

inside . . .

Pennsylvania Academy of General Dentistry Board of Directors

PENNSYLVANIA ACADEMY of GENERAL DENTISTRY
Keystone explorer

The Official Publication of the Pennsylvania Academy of General Dentistry

Editor
Maria Garubba, DMD, FAGD

Assistant Editor
Christy Young

Graphic Designer
Gennifer Richie

Contributors
Gordon Bell, DDS
Maria Garubba, DMD, FAGD
Brian Kelly
Ann Hunsicker-Morrissey, DMD, MAGD, LLSR
Susan Maples, DDS, MSBA
Steve Neidlinger, CAE
Christy Young

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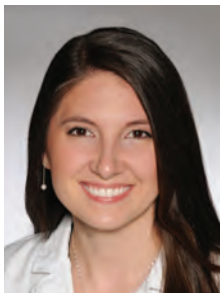
Stewards of Good Health



I'm really pregnant. And by the time you read this, I shouldn't be pregnant anymore. So far, my pregnancy has been average in just about every way. I even had one OB tell me that I've had just about the most "boring" pregnancy possible. This is all a good thing; however, I can't help but notice how little time my OB spends with me. I come with questions, which are quickly answered generically. At my 34-week appointment, she didn't even touch me. I can't help but feel it's because I'm the patient today that they see on the schedule and discount as important because I'm so apparently low risk. But I've never had this experience before. It may be "boring" for them, but it has been the exact opposite for me.

How many times are we doing the same with our patients? For example, when we do our recall exam on the 24 year old with gorgeous hygiene who never had a cavity before and complains of sensitivity on a tooth, it's easy to assume an incidental irritation, but what if it isn't? What about our 33-year-old marathon-running patient who has elevated blood pressure and tells us its because he just had a coffee and was running late? What about the patient who comes for their first filling ever? It might be a quick occlusal fix for us, but they've been Googling "what to expect when you get a cavity fixed" ever since you diagnosed the issue a few days ago.

As dentists, we need to be stewards of all aspects of our patients' health. We often see signs and symptoms of a bigger problem before anyone else. It is easy to push the responsibility onto the patient with a simple, "You should talk to your doctor about this," but we may need to do more. Although the problem may often be out of our scope of practice to treat, we need to be prepared to assist our patients in receiving the care they require. Our *Keystone Explorer* contributors have highlighted some of the areas of your practice where you can begin to focus on achieving this goal.

Maria Garubba, DMD, FAGD
Editor, PAGD *Keystone Explorer*

Giving Hope

By Ann Hunsicker-Morrissey, DMD, MAGD

It's New Year's Day 2019, and I'm sitting on the couch watching a show about the comedian Gilda Radner. During high school, I loved watching her on "Saturday Night Live" because she always made me laugh. Unfortunately, in 1989, she died after fighting ovarian cancer at the young age of 43.

Three years later in the spring of 1992, my husband graduated from Boston University School of Medicine. The speaker at the commencement was Gene Wilder, Gilda Radner's husband. His speech had such an impact on me that nearly 30 years later I still remember what he said. Wilder spoke of all the doctors his wife went to and how different they were from each other. But one doctor stood out, and that was the doctor who gave her hope. By giving her hope he gave her the strength to make the best out of a bad situation. He gave her hope when in reality there was no hope.

As dentists, we're not typically involved in life-or-death medical issues, so we don't always see a need to give our patients hope. But, as this issue of the *Keystone Explorer* focuses on how medical-dental integration is becoming more pervasive, I think it's important for us as clinicians to look beyond the mouth and see the health of the whole patient. We can play a more proactive role in helping our patients become healthier, so we do have hope to give them.

Many studies have shown the link between gum disease and diabetes, low birthweight babies and coronary artery disease. How can we use this information to inspire our patients to do a better job caring for their teeth? Instead of making them feel guilty by criticizing their home care or the state of their mouths, how can we encourage them to see that brushing and flossing are as important as diet and exercise in improving overall health?

And, how can we also connect the dots to see how the dental-medical relationship will impact what dentistry will look like in the future? Currently, dentists wait until the disease causes a problem and then they fix it. This approach will change with Big Data. Information is going to be available on the patient's risk assessment, family history, disease levels, socio-economic status, bacteriology and possibly genomics. We'll need to know how to use this information to focus on prevention rather than repair.

This shift toward prevention will further disrupt our industry because better prevention will ultimately lead to fewer procedures. So how will dentists be paid?

It's likely that hospitals will acquire dental practices as they did physicians' practices, and the dental office will be part of the primary care model. The dentist will assess a patient's risk and then develop a plan for them to prevent the need for treatment. Insurance companies will need to devise new payment structures based on the shift from procedures to treatment plans.

Change is definitely on the horizon. With so much more information about our patients, we'll be able to prevent gum disease and create better health outcomes. As dentistry becomes more integrated with medicine, we may be able to reach populations who currently can't afford quality dental care. More people will live longer, and the challenge for us will be to ensure that they can have their own teeth for the whole of their lifetime.

The dentist's role will definitely change in the future, and more of us have a chance to stand out as professionals who give our patients hope—hope for better long-term health and quality of life.

Next Caller, You're On with PAGD…

By Steve Neidlinger, CAE

Hey out there, loyal PAGD-FM listeners, this is your late-night ally on the airwaves, taking your calls and making your problems cease to be. I've got my ear to the ground and my head out of the clouds, so hit them 10 digits, make this phone ring and let me know what's keeping you up tonight. First caller, whatcha got for me?

Hi Steve, this is Priscilla from Punxsutawney. Long-time listener, first-time caller. I heard a rumor that PAGD is looking to get young dentists together for an event. Truth or fiction?

Hi Priscilla, thanks for calling in, and thanks for the free plug. The answer, just like every statement that comes out of my mouth, is the unfiltered truth. PAGD is holding its first New Dentist Conference in Harrisburg at the Hilton and Towers on March 30–31. It is designed for dentists new to practice to learn a little more about what's out there on the subjects of restorative materials, technologies and managements skills, with the goal of getting that confidence in your soul to translate to your fingers. Hope to see you there, Priscilla. Next caller…

Hi Steve, this is Alex from Exton. How is this conference different than PEAK or other Mastertrack coursework that PAGD offers?

So glad you called, Alex, and equally glad you asked. We love our PEAK programs; they bring in the best and brightest speakers and give you skills you won't get anywhere else. But we've heard from many of our neophyte brothers and sisters that these conferences can both inspire and intimidate, when all they need are the bread-and-butter skills that they can't always get in dental school. That's the difference here—simplicity and straightforwardness. Next caller, you're on the air…

Steve, this is Teresa in Tunkhannock. Is it true that there is no members-only registration for this conference?

Teresa, you speak the truth, and there's nothing I respect more. This conference was planned by your colleagues on PAGD's New Dentist Committee, and it was determined early that this is for all new dentists who need to improve their skills, not just those blessed and enlightened enough to call themselves AGD members. Next caller, you're on with your forever friend in the ether…

Steve, this is Cataldo in Kittaning. Thanks for taking my call, love the show. I'd love to come, but it's been a long time since I graduated dental school. Am I welcome?

There's no velvet ropes in this Studio 51, Cataldo. Dated references aside, while this conference was designed for young colts who have been out of school for 10 years or less, we also appreciate all you mustangs out there who can offer your expertise and mentorship. Come on out, we'd love to have you.

While I'd love to talk about this conference all night, we've got to pay those bills. But before we hear from our generous sponsors, I'm sensing a buzz amongst our loyal listeners. If you want to extract the indecision and implant the inspiration to your practice, join us in Harrisburg on March 30 and 31. You can learn more and register at www.pagd.org/ndc. I can't promise you the stars, callers, but I can promise you a good time with your colleagues, and that a better dentist will leave than the one who arrived.

See page 13 more more information about the 2019 New Dentist Conference.

Dentistry's Role In the Silent (OR NOT) Epidemic

By Gordon Bell, DDS

There is a health care crisis in the United States estimated to affect 25 to 35 million adults and 2 to 3 percent of children.[1,2] The disease is largely undiagnosed; estimates are that less than 10 percent of affected individuals are presently identified.[3,4] The dental profession has done a commendable job in recent years with regard to increasing practitioners' awareness of our role in the recognition and treatment of sleep disordered breathing (SDB) and obstructive sleep apnea (OSA) in adults. We have, however, done a poor job of identifying our at-risk pediatric population. While certainly it is not within our prevue to diagnose OSA in any of our patients, it is our responsibility to be vigilant in monitoring for those who may be at risk for the disorder. The challenge is that adult OSA and pediatric OSA present very differently. While many practitioners are adept at identifying the risk factors for adult OSA, several studies have shown the same cannot be said with regard to our prowess with pediatric OSA.

The major challenge in recognition of at-risk pediatric patients is the difference in clinical presentation from that of adult OSA. Many of the "classic" signs found in adult patients are absent or vastly different in pediatric OSA patients.

- While adult and pedo OSA patients often exhibit **hypersomnolence (daytime sleepiness)**, the symptom in pedo patients is often masked by hyperactive behavior.[4,5]
- Adult OSA is very commonly accompanied by **craniofacial and TMJ pain complaints**; pediatric OSA rarely so.[4,6]
- Often in adult patients the clinical signs of **parafunctional habits (abfractions, wear facets, hypertrophic bone formation and pathologic recession)** are red flags for OSA. Rarely are these clinical indicators present in children.[5,7]
- In adult OSA patients a common finding is **nocturnal polyuria (multiple nighttime urinations)**. In pediatric OSA patients the symptom is often manifested as bedwetting.[8,9]

A number of readily observable physical findings may aid in the screening of pediatric patients. A routine dental examination may yield numerous indicators of an underlying airway issue. Children exhibiting any of the following may warrant further evaluation with respect to possible OSA:

- **Posterior crossbites** particularly when presenting with a high vaulted palate. The crossbite suggests the possibility of insufficient space for proper tongue positioning resulting in airway crowding. The vaulted palate causes elevation of the nasal floor with resultant decrease in nasal patency.[10,11,12]
- **Adenoid facies (long midface appearance)** is strongly suggestive of airway compromise secondary to adenoid and/or tonsillar hypertrophy.[10,11,12]
- **Micrognathia** or **retrognathia**.[10,11,12]
- **Open mouth breathing posture** is a significant indicator for airway compromise.[4]
- **Raccoon eyes, dark under-eye circles**, are often associated with allergies. Quite often this symptom is an indicator of additional airway issues.[4]

A reliable historian is extremely beneficial when making evaluations of pediatric populations. Parents, other caregivers and siblings should be questioned when there are identified red flags for airway issues in children. Teachers and counselors may also be of help when looking for hyperactivity, lack of concentration, learning deficiencies and irritability behaviors.

The treatment options for pediatric OSA are well-defined and fortunately tend to be highly effective. The first line of therapy is often airway surgery. Children with identified OSA must be evaluated by an ENT with respect to possible tonsillectomy/adenoidectomy (T&A) surgery for correction of airway impingement by hypertrophied pharyngeal tissues. Multiple studies have shown a curative rate of 40 to 80 percent for T&A surgery.[14,15,16] There is, however, an age-related bias in the outcomes of surgical correction. If surgical correction is undertaken prior to age 6–7, there is a substantially higher likelihood of adequate resolution of OSA symptoms.[15,16] Evidence would suggest that the disparity in age-related outcomes is due to morphologic changes that take place as the secondary dentition erupts in the presence of the airway compromise. Consequently, consultation with oral surgery and orthodontics should be part of the pre-surgical protocol. It may, in some instances, be necessary to include post-T&A orthodontic correction or orthognathic surgical manipulation to increase the probability of a successful outcome.[17] One of the major upsides to surgical corrective options is that they are largely "one and done," as compared to other treatment modalities that are mostly ongoing. If surgical, orthodontic or orthognathic correction fails to achieve a clinically acceptable outcome, the gold-standard treatment is continuous positive airway pressure (CPAP). It is widely held that CPAP will adequately manage all except the most challenging cases.[18,19] CPAP therapy is most ideally suited to older children as frequently compliance issues become insurmountable in young children.[20,21] In any event, the challenges of successfully implementing CPAP therapy in children relegate it to a secondary position in the treatment hierarchy.

In conclusion, there are similarities between adult and pediatric OSA. There are, however, significant differences in the presentation in pediatric patients. We, as the dental team, are in a unique position to be the first therapists to recognize the signs and symptoms of a developing airway issue in our pediatric patients. It is our responsibility and our privilege to be good stewards of the trust placed in us by our patients. We must raise our awareness and increase our knowledge base in regard to airway issues in our adult and pediatric patients. We may, in many instances, be the practitioner to identify at-risk patients. Through our intervention we can affect the trajectory of our patients' lives, in some instances saving a life!

Dr. Gordon Bell is a boarded diplomate of the American Board of Dental Sleep Medicine, the American Board of Craniofacial Dental Sleep Medicine, and a diplomate of the Academy of Clinical Sleep Disorders Disciplines. Dr. Bell is the chief dental officer for York Dental Sleep Therapy, a multi-doctor, multi-location, dental sleep medicine practice in York, Pennsylvania.

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Creating Co-Collaborative, Co-Referral Relationships with the Medical Community

By Susan Maples, DDS, MSBA

The Backdrop

The medical community is a huge, untapped source of health-valuing patient referrals! But to earn those we need to learn to speak their language and collaborate—to bridge the gaps between medicine and dentistry. The health of our patients and the health of our private practices have never been more important.

We're in a new era. The dentist of today is all about the patient of today, and the typical patient of today has infinitely more health complexity than in decades past! Gone are the days when filling, crowning and scaling teeth made us feel like we were helping our patients gain health. Evidence has given us a brand-new understanding of everyday oral maladies. Identifying new causative factors and personalizing prevention strategies and treatment methods (including lifestyle changes) have been an enormous game-changer in clinical practice.

The horizon looks ominous. The United States is amidst what is thought to be the most significant decline in the history of human health. This decline is caused by a messed-up commercial food supply and sedentary, stressed lifestyles without adequate sleep. The CDC projections are grim. By 2050, 43 percent of Americans will be obese, half will have cardiovascular disease, half will experience cancer, and one-third will have diabetes, just to mention a few biggies! We are already in last place for health among industrialized countries, and at more than double the per capita expense of any other country! Sadly, 75 percent of our health care expenditure is preventable!

But we're dentists, and herein lies our big opportunity. We are the last bastions of prevention. The public associates us with helping to impede oral disease. That's why the majority of patients aim to visit regularly—long before something hurts. The medical community is moving in the opposite direction. They are already inundated with (less than 15 minutes) sick-care visits and have de-emphasized the need for regular well visits. Many physicians have adopted a pill-for-an-ill approach, because helping patients fix damaging lifestyle habits is just too arduous.

Medicating patients may temporarily cover symptoms, but it also promotes passivity. If the symptoms disappear as a result of medication, there is no need to address the real cause.

Surprisingly, all of these lifestyle diseases manifest themselves in the mouth. It is our job to analyze a host of root causes of dental disease/oral changes, and thereby rethink our approach to stabilization and repair.

For example, if I give you a proton-pump inhibitor for reflux, or metformin to lower your blood sugar, the medication will mask your symptoms and allow you to live in denial. That is, when your symptoms are veiled, you can carry on with your bad habits without ever feeling the consequential need for change. But make no mistake, no one in health care equates more meds with being healthier!

Medical professionals need our help and we need theirs.

It has never been more important that we partner with like-valued medical professionals. These are practitioners who are focused on the health of their patients, not the profitability of small, repetitious billable procedures that only address the ramifications of oral disease—not the root cause. To use an analogy, we must together extinguish the house fire before calling in the carpenter to fix the burning roof.

Let me offer an example. The new paradigm for stabilizing periodontitis includes identifying a number of significant health complications and steadying those elements as part of successful treatment. Improving the host immune response to bacteria demands that we consider genetic predisposition (tested through saliva), hyperglycemia (because diabetes makes periodontitis worse and vice versa), daily smoking habits (both tobacco and cannabis), and obstructive sleep apnea (because OSA triples the threat of periodontal destruction). And perhaps the biggest game changer is our ability to clearly identify above-threshold levels of dangerous bacteria—the kind that destroy bone, but also cause heart attacks and strokes. Penetration of these same bugs is also linked to dozens of other life-altering conditions. Beyond that, we can recognize a host of detrimental nutrient deficiencies, food sensitiveness, and viral and fungal infections.

Creating Your Total Health Team

You can't do it alone. If you are treating infants to geriatric patients, consider partnering with like-valued OBs, lactation consultants, pediatricians, ENTs, family docs, internists, cardiologists, sleep docs/pulmonologists, and the list goes on. Ask not how you can earn their referrals but what you need to know to confidently refer to them! Learn to speak their language. And write letters of personal health advocacy for your patients, illuminating your findings and suspicions. Ask clearly for further testing and definitive diagnosis. Offer to help the patient with health change behavior. After all, that's what true preventionists do!

Letters being read by the patient's physicians are wonderful opportunities to educate our medical colleagues about mouth-body connections. And it's also a perfect way to highlight your practice, as one of distinction around total health. In time, your dedicated letter writing will open a pipeline of health-valuing new patients. Remember that a physician-referred new patient will meet you with ready-made trust and enthusiasm toward choosing optimal health.

The declining health climate in America poses advantageous opportunities for our profession. As we dive into 2019, it's time to take our rightful place at the table in all efforts to upend this trend.

Dr. Susan Maples is a graduate of the University of Michigan School of Dentistry and has practiced dentistry in Holt, Michigan, for over 30 years. Dr. Maples is an international speaker in the area of total health, the oral health and systemic health connection, and the diabetes epidemic in America. To help educate the public on the mouth-body health connection, Dr. Susan authored the book, "BlabberMouth! 77 Secrets Only Your Mouth Can Tell You To Live a Healthier, Happier, Sexier Life." In addition, she writes a monthly dental column in Healthy and Fit Magazine.

PENNSYLVANIA ACADEMY of GENERAL DENTISTRY

2019 Annual Meeting
AND
PEAK Track II Spring Meeting

May 2–5, 2019

Lancaster Marriott & Lancaster County Convention Center
25 South Queen Street, Lancaster, PA 17603

SPEAKERS

Dr. Bob Lowe

- *The Aesthetics Of Occlusion: Back To The Future!*
- *Clinical Treatment Planning and Problem Solving – When It Doesn't Go By the Book*

Dr. Lou Graham

- *Diagnostically Driven Technologies and Their Essential Role in Advanced Concepts in Restorative Direct and Indirect Dentistry*

Register online at pagd.org

Welcome New Members!

PENNSYLVANIA ACADEMY of GENERAL DENTISTRY

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Christopher Schreder		Lititz	PA
Soo Won Seo		Suwanee	GA

Nothing Eerie About Erie for PEAK II

PAGD's PEAK II Mastertrack headed to Erie for the first time in a long time for its Fall 2018 meeting in October. Per usual, attendees reported excellent education and a pleasant time on Lake Erie.

Thursday featured PEAK presentations from PEAKers, but the highlight of the day was the Host Home Celebration at the home of Dr. Bill Hammerlee (right) and family.

Friday and Saturday featured a presentation of the Aesthetic Continuum from Drs. Marc Geissberger and Foroud Hakim (RIGHT, WITH DR. RICK KNOWLTON) from Northern California.

Dr. Meghan Castillo delivers her first PEAK presentation.

Dr. Jim Basara subjects himself to complimentary flu shot.

Dr. Amanda Sonntag.

Drs. David and Joel Hamilton.

Friday evening's banquet at the Erie Maritime Museum allowed attendees to meet and mingle among the tall ships and USS Niagara. The meeting wrapped with a course on implantology from Dr. Andrew Forrest of Florida (BELOW, RIGHT).

First-time attendees Drs. Kali Brong and Jordan Barber with PAGD President Ann Hunsicker-Morrissey.

Faculty, students and recent graduates from LECOM dental school in Erie.

Drs. Bill and Adam Hammerlee.

STUDENTS • **RESIDENTS** • **DENTISTS** who are in their **first ten years** of practice
EXPERIENCED DENTISTS who want to learn more about new techniques

2019 PAGD NEW DENTIST CONFERENCE

Confidence. *SPEED.* Efficiency.

PAGD will be holding its inaugural **New Dentist Conference** on **March 30–31, 2019** at the **Harrisburg Hilton and Towers**. The day-and-a-half conference is designed to provide dentists who are new to practice with skills to better treat their patients and run a practice.

Saturday, March 30, 2019

9:00 a.m. – 3:00 p.m.

Optimizing Workflow Through New Techniques and Technologies

by Dr. Ron Kaminer

"Time is money" means efficient workflow. Join us for this immersive program as we cover bread-and-butter restorative techniques with an emphasis on materials and technology. We will discuss some of the hottest topics in dentistry and show step-by-step recipes for optimum success. We will examine:

- **Diagnostics** – Using the latest technology to assist in predictable diagnosis.
- **Bioactive Materials** – What it means and which products fall into this class of materials.
- **The Diode Dental Laser** – A essential in clinical practice!
- **Scanners, Printers, Mills and More** – The truths and myths of digital dentistry.
- **The Latest in Tooth Whitening** – Why bleaching should be a huge moneymaker in all our practices.

3:00 p.m. – 4:30 p.m.

Hands-On Technology Showcase

5:00 p.m. – 7:00 p.m.

Wine Down with Colleagues

Sunday, March 31, 2019

9:00 a.m. – 12:00 p.m.

New Dentist Decision Making for Success in Private Practice

by Dr. Paul Goodman

With a 360-degree view on the life of dentists inside and outside of their dental practice, Dr. Paul Goodman's courses offer chairside and behind the scenes, easy-to-implement techniques and strategies that decrease stress and increase practice revenue.

The managing partner of a group practice, Dr. Goodman transformed a long-standing general practice into a dental operation that employs four general dentists, two specialists, and over twenty team members in two locations. He has purchased three dental practices and shares his personal experience with the transition process.

PENNSYLVANIA ACADEMY of GENERAL DENTISTRY

Register online at pagd.org/ndc

Election Outcome, New Faces, Busy Session Ahead

By Brian Kelly, Buchanan Ingersoll Rooney

Pennsylvania was one of the most closely watched states in the country on Election Day 2018. Redistricting of congressional seats meant a shakeup was coming for the commonwealth's 18-member delegation. At the statewide level, the governor and one of two U.S. senators were on the ballot. In the state Legislature, half of the 50 Senate seats (even-numbered districts) and the entire 203-seat House of Representations were up for grabs.

During the 2017-18 legislative session, the Pennsylvania House of Representatives was comprised of 121 Republicans and 82 Democrats. After the midterm election, the 2018–19 legislative session now has 109 Republicans and 94 Democrats, after the Democrats picked up 11 seats. Of particular note, there will be vacancies for the Minority Chairs of the Appropriations and Health Committees, as well as for the Majority Chair of the Professional Licensure Committee, that will need to be filled. In the Pennsylvania Senate, Republicans had a majority during the 2017–18 by a margin of 34–16. Senate Democrats picked up five seats, narrowing the Republican's majority. Next session will have 29 Republican members and 21 Democratic members. While a daunting task to educate 50 new members of the General Assembly, it is a tremendous opportunity to introduce PAGD and its legislative agenda while cultivating champions for our membership's issues.

Gov. Tom Wolf and Lt. Gov. John Fetterman defeated the Republican ticket of Scott Wagner and Jeff Bartos by a 58-to-41 percent vote margin. It is expected that Gov. Wolf will have a much larger focus on health care-related issues in his second term, in addition to a list of issues that were central to his campaign platform, including the strength of unions, abortion choice, public education and LGBTQ rights, among others.

The General Assembly returned on Nov. 13 and 14, to wrap up its end-of-session activities, particularly for the purpose of retirement speeches and caucus leadership elections. To the latter, there were no real surprises in any of the caucuses, as the leadership teams continued as they were in the previous session except for a new House Majority Leader (Bryan Cutler) and a few other changes primarily on the House Democratic side of the aisle (new leadership team members denoted with*). It should be noted Sen. Joe Scarnati was selected as Interim President Pro Tempore and the whole Senate will vote on his election as President Pro Tempore in January.

Senate Republican Leadership

- **Interim President Pro Tempore:** Joe Scarnati (Jefferson)
- **Leader:** Jake Corman (Centre)
- **Appropriations Chair:** Patrick Browne (Lehigh)
- **Whip:** John Gordner (Columbia)
- **Caucus Chair:** Bob Mensch (Montgomery)
- **Caucus Secretary:** Richard Alloway (Franklin)
- **Caucus Administrator:** To be appointed by the President Pro Tempore*
- **Policy Chair:** David Argall (Schuylkill)

Senate Democratic Leadership

- **Leader:** Jay Costa (Allegheny)
- **Appropriations Chair:** Vincent Hughes (Philadelphia)
- **Whip:** Anthony Williams (Philadelphia)
- **Caucus Chair:** Wayne Fontana (Allegheny)
- **Caucus Secretary:** Larry Farnese (Philadelphia)

- **Caucus Administrator:** John Blake (Lackawanna)
- **Policy Chair:** Lisa Boscola (Northampton)

House Republican Leadership

- **Speaker-Nominee:** Mike Turzai (Allegheny)
- **Leader:** Bryan Cutler (Lancaster)*
- **Appropriations Chair:** Stan Saylor (York)
- **Whip:** Kerry Benninghoff (Centre)*
- **Caucus Chair:** Marcy Toepel (Montgomery)
- **Caucus Secretary:** Mike Reese (Westmoreland)*
- **Caucus Administrator:** Kurt Masser (Northumberland)
- **Policy Chair:** Donna Oberlander (Clarion)*

House Democratic Leadership

- **Leader:** Frank Dermody (Allegheny)
- **Appropriations Chair:** Matt Bradford (Montgomery)*
- **Whip:** Jordan Harris (Philadelphia)*
- **Caucus Chair:** Joanna McClinton (Philadelphia)*
- **Caucus Secretary:** Rosita Youngblood (Philadelphia)
- **Caucus Administrator:** Neal Goodman (Schuylkill)
- **Policy Chair:** Mike Sturla (Lancaster)

The 2019–20 legislative session commenced Jan. 1, with the swearing in of new members of the General Assembly. Legislators will be back for official business beginning on Jan. 28. With regard to issues before the General Assembly next session, they will be numerous, many of which will be re-introductions from the prior session. Aside from the governor and General Assembly's collective efforts to combat the ongoing opioid crisis, we can expect issues such as telemedicine, pharmacy reimbursement and drug transparency, surprise balance billing, uniform insurance credentialing, and Medicaid Assistance (MA) reforms (among others) to garner legislative attention.

Of particular interest to our membership, scope of practice expansion legislation for various professions, such as public health dental hygiene practitioners (PHDHPs), is also anticipated. The State Board of Dentistry is also slated to advance regulations pursuant to previously enacted legislation that would add additional settings for unsupervised PHDHP practice. PAGD is opposed to these draft regulations and continues to work through the regulatory process to ensure our concerns are addressed. Lastly, PAGD, in its ongoing efforts to recruit practitioners to underserved populations and to remove barriers to MA and insurance practice, will be seeking measures to address the unmet dental needs for underserved populations by establishing a MA rural dentistry pilot program, reintroduction of legislation to provide student loan debt relief to graduates who agree to practice in these areas, and revisiting and expanding the scope of expanded function dental assistants, or EFDAs, under the direct supervision of a dentist, which is currently limited and has not been revised since its inception.

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Are you a graduate of an accredited* U.S./Canadian dental school? ☐ Yes ☐ No ☐ Currently enrolled

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Gender: ☐ Male ☐ Female

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☐ Associate	400	443	324
☐ Affiliate	200	221	162
☐ Resident	80	89	65
☐ 2018 Graduate	80	89	65
☐ 2017 Graduate	160	177	130
☐ 2016 Graduate	240	266	194
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Signature

Date

Please sign this application and submit payment to:

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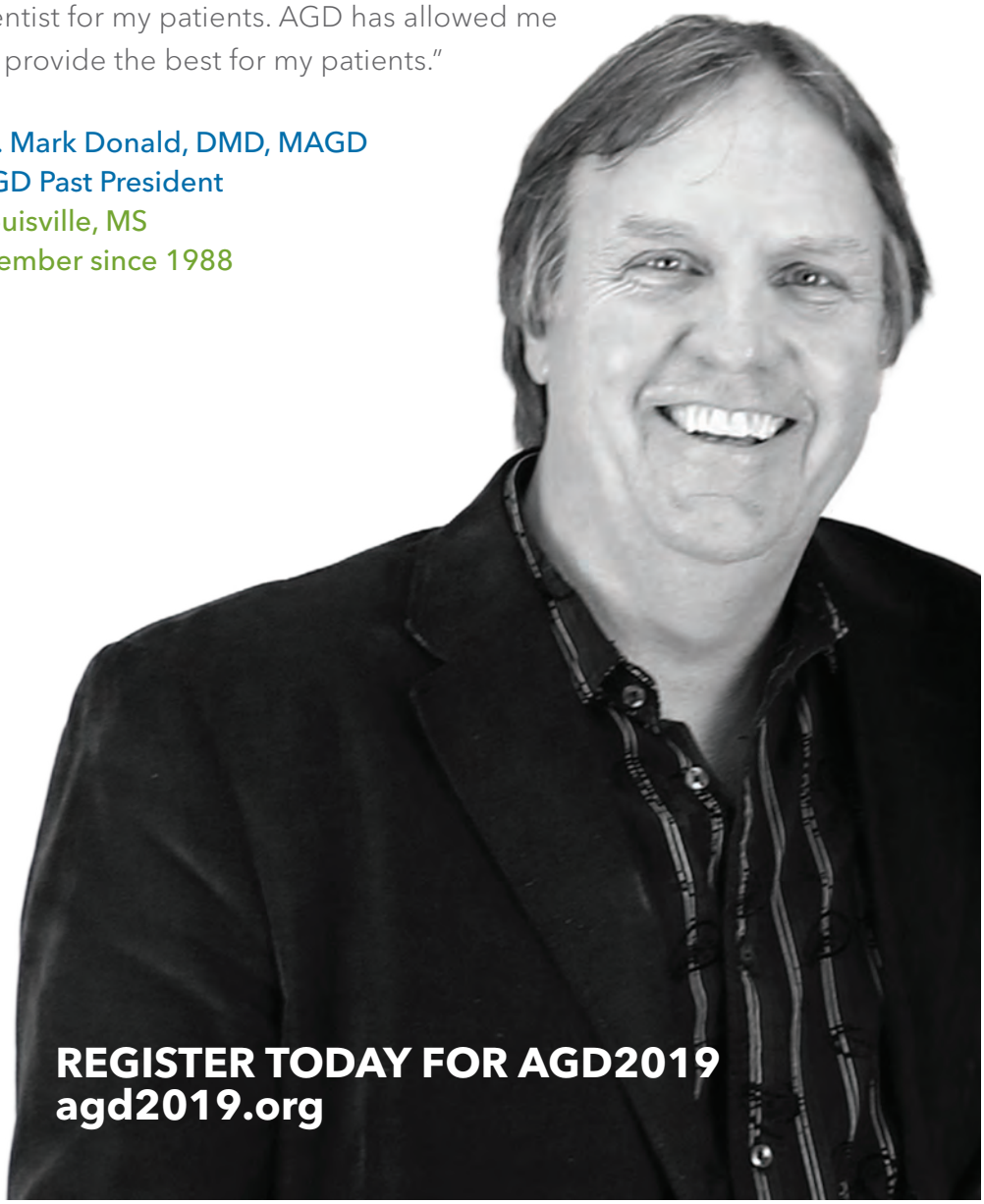

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