



ORACLE

NAPA-SOLANO DENTAL SOCIETY NEWSLETTER

CDA establishes The Dentists Service Company

CDA is constantly looking for new ways to support members in their practices and has created a new subsidiary called The Dentists Service Company, which has been approved by the CDA House of Delegates.

TDSC will support members with the business side of their practices and help them be more competitive and efficient. While ensuring all clinical-care decisions and practice ownership remain with dentists, TDSC plans to offer group purchasing of supplies, practice advising, marketing, human resources, and assistance with forming group practices.

"Members have expressed a strong interest in CDA pursuing a management services company," said CDA President Walter Weber, DDS. "We are committed to building TDSC to support members' needs with a goal of helping them achieve efficiencies in their practices."

During the next couple of years, TDSC will be in a development phase. Following that, TDSC's services will be available to all CDA members, both general dentists and specialists, and the group-purchasing option will be accessible, along with existing Practice Support resources, as a CDA member benefit.

"We are very excited about TDSC and the new opportunities it will provide to members — all coming from a trusted source, CDA," Weber said.

CDA has a long history of responding to member needs — from the malpractice crisis that led to TDIC's

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FROM THE PRESIDENT

Dear Colleagues and Friends,

In this issue of the President's Letter, I will change the topics a little bit and add some fun facts to our busy everyday lives.

I would like to wish all fathers a Happy Father's Day!

Most countries celebrate Father's Day on the third Sunday of June. However, some countries celebrate this day on various days of their Roman or lunar calendars and after a special occasion! Here are some fun facts about the Father's Day:

In Brazil, it is celebrated the second Sunday of August; Denmark, June 5; Estonia and Finland, the second Sunday of November.

And I think the most interesting is Germany. In Germany, Father's Day (*Vatertag*) is celebrated differently from other parts of the world. It is always celebrated on Ascension Day (the Thursday 40 days after Easter), which is a federal holiday. Regionally, it is also called men's day, *Männertag*, or gentlemen's day, *Herrentag*. It is tradition for groups of males (young and old but usually excluding pre-teenage boys) to do a hiking tour

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with one or more smaller wagons, *Bollerwagen*, pulled by manpower. In the wagons are wine or beer (according to region) and traditional regional food, *Hausmannskost*. Many men use this holiday as an opportunity to get drunk. According to the Federal Statistical Office of Germany, alcohol-related traffic accidents triple on this day. The tradition of getting drunk is especially prevalent in Eastern Germany.

And now I would like to share some fun dental facts.

- An average American spends 38.5 total days brushing their teeth over a lifetime.
- Seventy-three percent of Americans would rather go grocery shopping than floss.
- Dentists have recommended that a toothbrush be kept at least 6 feet away from a toilet to avoid airborne particles resulting from the flush.
- Say cheese! The calcium and phosphorous found in cheese is healthy for your teeth — it reduces the pH level in plaque and re-mineralizes the enamel.
- The average person brushes for only 45 to 70 seconds a day, according to the Academy of General Dentistry. The recommended amount of time is 2-3 minutes.
- If you're right-handed, you will chew your food on your right side. If you're left-handed, you will tend to chew your food on your left side.
- In the year 200, the Romans used a mixture of bones, eggshells, oyster shells, and honey to clean their teeth.
- The second-most common disease in the United States is tooth decay. The first is the common cold.
- The sequence in which foods are eaten can determine the risk for cavities. If you eat sugary foods after meals, you decrease the chance for cavities,

as opposed to eating sugary foods alone.

- In China, Sept. 20 is an official holiday known as Love Your Teeth Day.
- The average human produces 25,000 quarts of saliva in a lifetime. That is enough saliva to fill two swimming pools.
- The hardest tissue in the body is the enamel covering our teeth.
- An elephant's tooth can weigh more than 6 pounds and measures 1 foot across.
- Giraffes only have bottom teeth in the front.
- Just like fingerprints, tooth prints are unique to each individual.
- In the Middle Ages, people believed that dog's teeth boiled in wine made an excellent mouth rinse for tooth decay prevention.
- Dogs have 42 teeth, cats have 30 teeth, pigs have 44 teeth, and armadillos have 104 teeth.
- The snail's mouth is no larger than the head of a pin, but it can have more than 25,000 teeth!
- There are 10-12 teaspoons of sugar in a single can of soda.
- We buy 14 million gallons of toothpaste every year!
- An average American will use 18 yards of dental floss every year.
- **More than 51 million hours of school are lost each year by children due to dental-related illness.**

Remember to look at the CE calendar on Page 9 for upcoming events. Also please remember CDA Cares Fresno Oct. 2!

Have a great summer!
Emrah Basaran, DDS

TDSC continued from Page 1

formation in 1980 to the more recent creation of CDA Practice Support and Practice Advising. As CDA moves forward with TDSC's development and implementa-

tion process, we will continue to share information with members in the CDA Update, e-newsletter, and on cda.org.



State budget deal restores Denti-Cal cuts

The governor and Legislature announced that they have reached a budget deal, and CDA is pleased to report that the deal includes a full reversal of the 10 percent reimbursement rate cut for Denti-Cal providers that took effect in 2013. The reversal will be effective July 1, pending federal approval, but is based on a potentially tenuous funding source beyond this budget year. We have also been informed that the rate reversal applies only to dental providers, at a cost of \$30 million. While this is one incremental step in rebuilding Denti-Cal, it is a significant achievement for CDA's advocacy program.

Reports are that the funding source is the state's managed care organization (MCO) tax on Medi-Cal managed care plans, which comes with federal matching dollars. To preserve the \$1.1 billion in federal funding the tax currently generates, the state needs to change the current MCO tax structure because it does not comply with new federal requirements. The current structure expires at the end of fiscal year 2015-16 so, at the moment, the funding source for the 10 percent dental rate reversal after that is uncertain.

To address the looming expiration, the governor also announced that he is calling a special session on Medi-Cal (and a separate special session on transportation funding) to determine how to at least preserve this revenue either through the governor's proposed MCO tax and/or alternative sources. The proposed tobacco tax increase we have mentioned previously will be a part of this discussion. The governor is calling for the special session to be completed by September. More on the budget can be found here: <http://www.cda.org/news-events/cda-pleased-by-state-reversal-of-denti-cal-cuts>.

AB 502 (Chau – RDHAPs)

CDA is pleased to report that we were able to remove our opposition to AB 502 (Chau – RDHAPs) after the author agreed to remove the problematic provision regarding RDHAPs continuing to practice in dental health professional shortage areas even if the area loses its designation. The bill will move forward with its two other provisions that allow RDHAPs to incorporate and directly bill an insurance plan, which we do not have any concerns with.

AB 648 (Low)

Our co-sponsored virtual dental home grant program bill, AB 648 (Low), has kept its momentum going and passed unanimously on the Assembly floor on a 79-0 vote. It now goes to the Senate.

Western Dental

Pressure continues to mount on the state to address the Denti-Cal program as Western Dental, the state's largest Denti-Cal provider, announced that starting June 1 it would no longer accept new Denti-Cal patients. Western Dental serves between 650,000 and 700,000 Denti-Cal patients each year, about half of its patient load. The Department of Health Care Services stated that it is "very concerned about the potential impacts" and "will act swiftly to take action should it be necessary to ensure that our members have access to the quality dental services they need."

'May revise' budget proposal

The governor released his "May revise" budget proposal, which reflects a \$6.7
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Newsletter of the
 Napa-Solano Dental Society

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SERVING THESE COMMUNITIES

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billion increase in general fund revenues since the original January budget proposal. Constitutional requirements allocate the majority of the new revenue to K-12 schools and community colleges and much of the remainder goes to the newly enacted Proposition 2 Rainy Day Fund and debt reduction. The proposal also includes \$2.2 billion of one-time money for emergency drought response.

Delta Dental lawsuit update

A San Francisco Superior Court judge in a recent hearing issued tentative rulings denying both of Delta Dental's motions: one to dismiss the case in its entirety and the other challenging CDA's standing. This is excellent news for CDA and CDA member Premiere dentists. CDA filed the lawsuit against Delta Dental in August 2013. Since that time, it is estimated that our member dentists have saved millions of dollars collectively as a result of that action.

CDA Journal wins Maggie Award

The Journal of the California Dental Association has been awarded a 2015 Maggie Award from the Western Publishing Association for best Medical, Dental & Related Services/Trade publication. The August 2014

issue titled "TMD: The Great Controversy," with guest editor Dr. Dan Jenkins, featured the work of four authors and their differing temporomandibular disorder philosophies. Our very own **Dr. Kerry Carney** serves as the *CDA Journal* editor-in-chief. Congratulations to all!

CDA executive director honored

CDA Executive Director Peter DuBois received the Dr. Joseph J. Krajewski Award for Merit at the 2015 annual awards dinner of the American College of Dentists, Northern California Section, held May 17 in San Francisco. Dr. William Van Dyk presented the award on behalf of the Northern California Section board. "I accepted this award on behalf of the volunteers and staff who perform the body of work the California Dental Association is privileged to do every day for its 26,000 members," DuBois said. "It is an honor to serve as executive director for such an outstanding dental association and to be in the company of so many other recipients of this award." This honor is given annually to a non-dentist whose activities contribute to the advancement of the dental profession and have enhanced the image of dentistry.

Valerie Godfrey, DDS

NY's dental chief appointed California's first dental director

Gov. Jerry Brown announced in June that Jayanth V. Kumar, DDS, MPH, will serve as California's new state dental director in the Center for Chronic Disease Prevention and Health Promotion at the California Department of Public Health. He begins his tenure Aug. 1.



Kumar comes to the CDPH with more than 25 years of experience in the New York State Bureau of Dental Health. He has held the positions of state dental director and acting director since 2009 and is responsible for developing the first comprehensive state oral health plan for New York.

"CDA applauds Gov. Brown's appointment and looks forward to collaborating with Dr. Kumar, who will bring together an advisory group of stakeholders to help develop plans for improving oral health in California," said CDA President Walt Weber, DDS.

For years, CDA has advocated for a state dental

director — the establishment of this position is a major achievement for the state's oral health program.

"Under Dr. Kumar's leadership, New York's oral health program experienced significant success and is recognized as one of the finest in the nation. We are excited to have his leadership and experience here in California," Weber said. "His excellent grasp of the serious challenges our state faces in reducing barriers to dental care, and his knowledge of effective disease prevention programs and federal funding opportunities, will be a tremendous asset to California."

According to the CDPH, Kumar will direct and manage the oral health program in the CDPH and, in collaboration with the Department of Health Care Services, provide leadership in developing and implementing innovative strategies and policies to reduce oral health disparities in California.

Kumar earned a doctor of dentistry degree from Bangalore University and a master of public health degree from Johns Hopkins University.

New Dentist Conference to be held in D.C. during Annual Meeting

Registration is open for the ADA New Dentist Conference, which for the first time will coincide with the ADA Annual Meeting in Washington, D.C., Nov. 5-8.



Daymond John — entrepreneur, founder and CEO of FUBU, and *Shark Tank* co-star — will be the keynote speaker of the conference, which is designed for dentists who graduated from dental school within the past 10 years.

The new C.E. track — designed just for new dentists — features new technology allowing attendees to interact with the presenters in real time.

The New Dentist Conference provides a unique opportunity for new dentists to network with leadership, including a roundtable discussion with ADA leaders, a panel of dentist members of Congress, and an awards luncheon.

Back and better than ever, the New Dentist Reception will be held at one of D.C.'s hottest spots, Penn Social. The New Dentist Conference package includes a ticket to the reception, as well as exclusive access to an all-new lounge conveniently located

right in the convention center.

Attendees can save money and enjoy all the benefits of being in the center of the action with a discounted rate at the official new dentist hotel, the Renaissance Washington, D.C., Downtown. Only New Dentist Conference participants get access to a special \$239 rate — a \$100 per night savings.

New dentists can also join colleagues from across the country in bringing free dental care to our nation's capital.

The ADA and D.C. Dental Society will host the 3rd ADA Mission of Mercy, a free dental clinic to treat local residents without regular access to care, in conjunction with the annual meeting. Sign up when registering.

ADA 2015 has much to offer, including an all-new Welcome Reception to be held at two Smithsonian museums, Eleanor Clift and Charles Krauthammer as part of the Distinguished Speaker Series, and more than 300 cutting-edge educational opportunities.

For more information, visit www.ADA.org/NDC.

The 2015 Distinguished Speaker Series is presented by Church & Dwight, the makers of Arm & Hammer, Spinbrush, and Orajel oral care products.

California first to approve licensure by portfolio

As of 2015, California is the first state in the nation to have the regulatory process approved for licensure by portfolio vs. licensure by credential.

The portfolios would cover the following subject areas: oral diagnosis and treatment planning, periodontics, direct restoratives, indirect restoratives, endodontics, and removable prosthetics.

While dental schools, which strongly supported this move, are not required to switch to portfolio examination, they now have the option to offer it to final-year students. The review would be performed by examiners from their school's faculty, instead of a "high stakes snapshot evaluation."

Students will be able to show their work throughout their final year, on patients of record from the

school they attend, ensuring follow-up care information is available if needed.

CDA and the ADA support eliminating the one-time live-patient exam, and the Dental Board sup-



ports the portfolio (or hybrid portfolio) method as it offers the board significant fiscal savings.

While there are questions regarding licensure reciprocity in other states, the Dental Board hopes that once the new model is shown to be successful, other states will follow with licensure portability. To read more, visit <http://www.dbc.ca.gov> and search for "licensure by portfolio."

Smart and simple steps to manage patient injuries

By TDIC Risk Management Staff

An injured patient may be the last thing dentists want to think about. However, in reality, patients can be injured during dental treatment or as the result of an incident such as a slip and fall in the office. Treatment-related injuries can run the gamut and include burns, lacerations, swallowed objects, and allergic reactions, according to The Dentists Insurance Company.

TDIC recommends a few essential actions in the event of an injury to help keep the situation in check. First and foremost, stop and assess the injured individual, even if the injury appears insignificant.

TDIC Claims Representative Dina Martin said burns and cuts are common treatment-related injuries. While an incident may be minor, communication and follow-up are important.

"An injury can happen even if the dentist is very careful. Issues often develop with the management afterward," said Martin, who has reviewed thousands of claims during her 29-year career. "I have had cases where the dentist minimized the situation and that made the patient even more upset. The dentist failed to recognize and acknowledge how the patient was feeling."

Martin emphasized the importance of communication and compassion in handling a patient injury. "Sometimes the dentist thinks showing compassion is admitting guilt. We can never stress enough to communicate with patients, make referrals if appropriate, and follow up to see how they are doing."

Often what a patient wants is for the dentist to care and acknowledge the injury, she added. "For some patients, it is not always about the money."

Prior to making any representations to pay for or reimburse a bill, call the TDIC Advice Line. Risk Management analysts can help dentists navigate patient demands to alleviate uncomfortable situations. However, if the analyst believes the situation could develop into more than a simple refund, he or she may recommend the dentist speak with a claims representative.

One of the common incidents for both general

dentists and specialists occurs when a patient swallows an object. This requires the dentist to provide additional care and follow-up. TDIC advises dentists to strongly recommend patients check with their physician to receive direction on how he or she should manage the event. TDIC's Professional Liability policy provides coverage up to \$10,000 under the medical payments provision for medical expenses related to dental treatment. The insured must submit the medical bill to TDIC in order to receive consideration of the associated medical expenses such as radiographs.

Allergic reactions are another area to be aware of when considering patient injury. They are not as common as other patient injuries, but can be significant, according to TDIC. A patient's health history form is the essential tool in preventing this type of injury. TDIC recommends reviewing and updating the health history form at every appointment. Make sure the form is legible and fill out a new form when there are changes to medications. Keep previous health history forms on file.

An incident report is crucial if a patient is injured, and it can help mitigate your liability. Complete the incident report once the event is over, but no later than the following day. Briefly and factually describe the incident. Remain objective and avoid judgment about the cause or extent of the injury. Be sure to include the date, time, and location of the incident and names and contact information of witnesses. Note actions taken by you and your staff, and document any emergency medical treatment delivered, where and by whom. Also, note if medical treatment was offered and denied by the patient. Be sure to list devices — such as a walker, cane, or crutches — that the patient was using at the time of the incident in the instance of a slip and fall. If it is appropriate, photograph the injury to document the appearance and extent on the actual date of the injury.

If a patient is injured in your dental practice, a calm, caring attitude and clear communication can make a considerable difference. Combined with the following steps, dentists could prevent an incident

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MANAGING PATIENT INJURIES *continued from Page 6*

from becoming a claim. Essential actions to manage patient injuries:

- Stop and carefully assess the situation.
- Call 911 if immediate medical attention is necessary.
- Focus on the patient and provide basic first aid.
- Communicate with the patient and acknowledge the patient's perspective.
- Keep treatment for the injury within your scope of practice.
- Stabilize the patient and reschedule any in-

complete treatments.

- Refer the patient to a physician as needed.
- Document the injury (including a photo if possible) and note any witnesses with their contact information.
- Follow up with the patient to check on his or her recovery.
- Contact your insurance carrier to file an incident report.

TDIC's Risk Management Advice Line can be reached at 800-733-0634.

ADA benefit tip: Always report your full fee on claim

Dentists should always report their full fee for the procedure code on the claim form, regardless of what the benefit amount is. The full fee represents the costs of providing the service and the value of the dentist's professional judgment in providing the service. As dentists determine their fees for services rendered, the full fee could be any amount, beginning with zero dollars (i.e., \$0.00). A \$0.00 report on a claim form is a valid entry.

A contractual relationship with any payer does not change the dentist's full fee. For example, dentists in a payers' network agree to offer a discount and sometimes agree to additional processing policies that might stipulate a "least alternative benefit" or "bundling" that a service might be benefitted against. A common policy includes combining separate DO and MO restorations on a single tooth and paying for a single MOD. This is simply the payers' benefit policy and should not influence your treatment plan. When this occurs, the payer's EOB must clearly explain how the dental benefit plan's provisions affected the payment amount. The explanation must not suggest to a patient that the treatment was somehow incorrect or unnecessary. Patient education prior to treatment in such instances is key to practice success.

It is likewise important that the dentist does not

report a full fee that is artificially inflated over what he or she usually expects to collect, when no benefit is involved. If the fee collected for a given procedure is never more than \$90, then the dentist should not report a full fee of \$100. The ADA Code of Ethics states: "The fee for a patient without dental benefits shall be considered a dentist's full fee. This is the fee that should be represented to all benefit carriers regardless of any negotiated fee discount."

Over time, fees reported to the plan on claims forms are used to monitor trends and serve as the basis for the payer setting allowable amounts for the area. These analyses will not reflect the true market trends if the dentists in that area aren't submitting their full fees. Coordination of benefits is also dependent upon the fee reported on the claim form.

A dental plan administers a "benefit" to the patient and is not intended to cover all the charges. If you bill your full fee, the patient will receive the maximum benefit from their plan.

CDT Code and claim submission assistance is available from the ADA. Please call 800-621-8099 or send an email to dentalcode@ada.org. Assistance is also available when there are issues with a third-party payer. Please call 800-621-8099 or send an email to dentalbenefits@ada.org.

Now's the time to prep for filing your 2015 taxes

Brett L. Tholborn, CPA

Hopefully, you filed your 2014 tax return. At the present time, you probably want to forget about taxes — instead, perhaps you should take advantage of your current familiarity with your financial situation. By acting now, you can make next year's return less taxing.

Here are suggestions.

- Check your withholding for 2015. The best indicator that you need to change your withholding is the bottom line on your 2014 tax return. A large refund means you have given the government an interest-free loan — money you could have invested yourself or used to pay down debt. A large balance due often results in paying penalty and interest charges on top of your regular tax liability. To change your withholding, give your employer an updated Form W-4. If you are retired or have income not covered by withholding, you may need to start making quarterly estimated tax payments.

- Maximize the benefit you get from tax-deductible contributions to a retirement plan by making your 2015 contribution as early in the year as possible. This extends the time your account can grow tax-deferred.

- Establish your long-term tax planning strategies. Possibilities to consider: a salary-deferral arrangement with your employer, investing in assets that will appreciate rather than produce current income, shifting income among family members to take advantage of lower tax brackets, and structuring your borrowing to maximize interest deductions.

- Get your tax and financial records organized. A simple system to track and store electronic or paper records will save you from the last-minute scramble to pull your information together. An added benefit: You will be less likely to miss available deductions.

Regarding tax and financial records, keeping records is vital for tax purposes. One reason: if the government questions your returns and you cannot provide "substantiation," your deductions may be disallowed. Another incentive: If you are an entrepreneur, evaluating your business operations will be virtually impossible without adequate records. Also, without records, you will be unable to prepare mean-

ingful financial statements, which are necessary for obtaining credit, loans, and business insurance.

For your business, records start with original documents such as invoices, register data, credit card charges, and check register detail. You should keep all data that supports tax deductions, business expenses, or big-ticket transactions. Do retain bank and credit card statements, computer records, and legal documents such as loan agreements and sale or lease contracts. You will also need to maintain electronic or printed journals and ledgers to categorize and summarize your transactions.

For your personal return, keep records of all significant income transactions. These include interest and dividends earned, proceeds from sales of assets such as houses, vehicles, and investments, and miscellaneous receipts such as insurance settlements and loan proceeds. You will need to retain support for your tax deductions as well. Remember that some deductions such as auto expenses and charitable contributions require additional record keeping. Finally, keep records for nondeductible acquisitions in case you later sell these items at a gain or lose them to casualty or theft.

How long should you hang on to your tax records? The general rule is to keep them as long as you will need to substantiate the income or deductions on federal or state tax returns. Depending on the document and the applicable law, that period could range from three years to 20 or more in the case of a long-lived asset. Some records — such as birth certificates, Social Security cards, and corporate operating agreements — should be kept permanently.

As long as your records adequately reflect your activities, no particular type of record-keeping system is specified under current tax law, so you can tailor your records management to your preference. Calling your certified public accountant may be a good choice for determining what to keep and for how long.

Brett L. Tholborn is a managing partner at Tholborn, Ostrowski & Crane, LLP. These accountants and consultants are located at 4525 Quail Lakes Drive, Suite B, Stockton, CA 95207. If you have any questions or comments, please call Brett at 209-474-3375 or email him at Brett@TOC.accounting.com.

NSDS Continuing Education 2015

For registration and more information, contact Gail Grimm, CAE, Executive Director, 707-428-3894 or exec@n-sds.org.

DATE	TOPIC	INSTRUCTOR	LOCATION	TIME
Sept. 24	Employee Law	Ronald Goldman, JD	Rancho Solano	6-9 p.m./3 C.E.
Oct. 2	Periodontology	Dr. Serge DiBart	Ramekins	10 a.m.-5 p.m./7 C.E.
Dec. 3	Infection Control, Dental Practice Act	LaDonna Drury-Klein	Chardonnay	3-8 p.m./4 C.E.

CDA updates guide to Dental Practice Act

CDA provides a guide to its members that is intended for use by dentists and allied dental health professionals to assist them in complying with the California Dental Practice Act.

Some of the changes in the 2015 edition of *Your Guide to California Dental Practice Act Compliance* are listed below.

- Effective Jan. 1, 2016, prescribers of controlled substances are required to register to access the state's Prescription Drug Monitoring Program.
- In telehealth-connected dental teams, dental assistants in extended functions, registered dental hygienists, and registered dental hygienists in alternative practice are permitted specified duties upon completion of approved training. However, regulations to establish approved training

programs are not yet adopted.

- When a registered dental assistant in extended functions, a registered dental hygienist, or a registered dental hygienist in alternative practice treats a patient, pursuant to the diagnosis and treatment plan authorized by a supervising dentist, at a location other than the dentist's practice location, the dentist must provide to the patient or patient's representative written notification that the care is provided at the direction of the authorizing dentist. The notification must include the authorizing dentist's name, practice location address, and telephone number. The provision requiring patient notification of the authorizing dentist is not required for dental hygiene preventive services in public health programs as specified and authorized in Business & Professions Code Section 1911, or for dental hygiene care when provided as specified and authorized in Section 1926.

CDA's guide summarizes portions of the Dental Practice Act and organizes information in alphabetical order by subject. Citations are provided to the appropriate Business and Professions Code, Health and Safety Code, and to the California Code of Regulations Title 16 sections.

For details on license and permit requirements, educational requirements, fees, timelines, citations, license suspension or revocations, disciplinary guidelines, descriptions of disciplinary actions, appeals process, and exact language of the law, please refer to the websites of the Dental Board of California at <http://dbc.ca.gov/> and the Dental Hygiene Committee of California at <http://dhcc.ca.gov/>.

NSDS New Members

The Napa-Solano Dental Society welcomes the following new members:

Gerald Kaban, DDS
Endodontics
Vacaville

H. Marco Lu, DDS, MSD
General Practice
Vacaville

Jeffrey Nordlander, DDS
Prosthodontics
Vacaville

A woman with dark hair, wearing a black sleeveless top, is sitting in a green dental chair. She is smiling broadly and looking towards the camera. She is holding a dental instrument, possibly a mirror, in her hands. The background shows a window with a view of trees and a building.

**You are not
a policy number.**

The logo for The Dentists Insurance Company (TDIC) is a red square with the lowercase letters "tdic" in white. Above the letter "i" are three yellow diagonal lines of varying lengths, resembling a stylized sun or a dental instrument.

tdic

And at The Dentists Insurance Company, we won't treat you like one because we are not like other insurance companies. We were started by, and only protect, dentists. A singular focus that leads to an unparalleled knowledge of your profession and how to best protect you. It also means that TDIC is in your corner, because with us, you're never a policy number. You are a dentist.

Endorsed by the
Napa-Solano
Dental Society

Protecting dentists. It's all we do.®

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