NAPA-SOLANO
nsds
DENTAL SOCIETY

Nov/Dec 2015

ORACLE

NAPA-SOLANO DENTAL SOCIETY NEWSLETTER

Staff training, schedule plan helps office accommodate emergency appointments

All practices deal with requests for same-day appointments due to pain, but not all of them have an emergency protocol. Patients' lives are increasingly busy, and emergency appointments have become more common. Therefore, every dental office should design and implement its own emergency protocol and customize it to accommodate the changing patient landscape, according to CDA Practice Advisor Marcela Truxal.

"The question becomes: How can you start this process? First, educate your front office staff on what constitutes a true patient emergency. Train staff on what type of questions to ask and the appropriate responses," Truxal said. "The next step after identifying an emergency patient is learning how to schedule emergencies appropriately within the daily schedule. Scheduling opportunities should be discussed during the morning huddle."

Truxal recommends dentists consider building a template for the schedule with designated openings for emergencies. While patient care is always the primary focus, understanding the best way to utilize the daily schedule can help with patient management as well as predicting daily production.

"Since many emergency appointments are not production appointments, training your front office staff will be instrumental in ensuring your scheduled patients are not affected by the 'add-on' patients, or use those 'highly desirable' spots in the schedule," Truxal said.

All patients would like certain times within the day; however, these should be left open for true emergencies or high production appointments.

continued on Page 2

Inside This Issue:

From the President

Dear Colleagues and Friends,

As we were enjoying a great evening at CDA's House of Delegates, I couldn't help but notice the phone traffic that was going on between several CDA staff members. However the dinner went on. Late that night, we received the awful news about the unexpected passing of one of our colleagues: Dr. Steve Leighty.

Unexpected news like this shows us how fragile life is. As we approach this holiday season, cherish your loved ones.

I would also like to mention that a date has been set for Give Kids a Smile. We will be partnering with Solano County Dental Clinic, and this event will take place on Feb. 6, 2016. Please consider volunteering for this wonderful event.

I would also like to wish all of you a Happy Thanksgiving, Merry Christmas, and a Happy New Year!

Sincerely,
Emrah Basaran, DDS

Attend NSDS annual meeting to vote on officers, bylaws

Notice is hereby given that the annual meeting of Members of the Napa Solano Sixth District Dental Society will be held on Thursday, Dec. 3, 2015, at 3 p.m.

The meeting will be held at the Chardonnay Golf Club, 2555 Jameson Canyon Road, Napa, CA 94558. Immediately following the meeting will be a C.E. seminar titled, "Infection Control and the Dental Practice Act."

In accordance with the Napa Solano Sixth District Dental Society Bylaws, all members of the society are welcome to attend and participate in the proceedings.

The agenda will be as follows:

- Call to order
- Certification of quorum
- Introductions
- Adoption of revised bylaws
- Presentation of slate of officers and directors 2016
- Adjournment

A quorum of members is needed to conduct official business.

For additional information, please contact Gail Grimm, CAE, Executive Director, Napa Solano Sixth District Dental Society at 707-428-3894 or exec@n-sds.org.

Same Day Appointments

continued from Page 1

It is good to be flexible with patients, but a dental practice needs to keep control of its schedule. For example, a patient who calls while in pain but refuses to take the appointment time offered may not be in as much pain as stated, and therefore it's not a true emergency. Before making any determination, staff should know what questions to ask and respond accordingly.

"While not always the case, most emergency patients will accept any appointment offered within reason. It is a good idea for the dentist in the practice to come up with a specific set of questions that the front office can use to ask patients to schedule them correctly," Truxal said. "For instance, if a patient's crown came off, and it was done more than five years ago, that patient would likely need the best appointment available."

Truxal reminds dentists that they should never turn away a patient in pain because they will likely lose the patient and the patient may pass on their negative experience to their friends (potential patients).

"Angry patients like to share their experience on social media," Truxal said. "An angry patient can be very dangerous to a practice. Therefore, if at all possible, do your best to accommodate emergency patients. If you can, help that patient, and you will become their dentist for life."

Finally, dentists should ensure they are performing quality control measures with their front office staff. Truxal recommends dentists randomly listen to how the front office communicates on the phone.

"Front office staff should not tell a patient in pain that there is no room in the schedule without even a discussion with the dentist or with the back office staff," Truxal said.

Truxal also recommends making secret-shopper calls.

"You, or someone you identify, call the office and act like a new patient or an emergency patient. You can then identify areas for training opportunities and get the entire team in sync with scheduling those emergency patients," Truxal said.

For more tips, visit **http://www.cda.org/practicesupport.**

Recommendations sent to CDA house

Following are combined summaries of the Executive and Evaluation Committee meetings and Board of Trustee meeting Sept. 18. See *CDA Update* for further coverage of the 2015 House of Delegates.

Actions taken: Actions of the Executive and Evaluation Committees are subsequently considered by the board at its next meeting. All actions of the board will be moved to the House of Delegates for ratification as part of the Board Report or as a separate resolution.

Dentists providing influenza vaccines: The board approved the request that CDA approve policy acknowledging that dentists have the ability to administer influenza vaccines.

Peer review overview and mediation implementation: The Executive Committee recommended and the board approved the development and implementation of a mediation pilot program into the existing peer review process.

Petition for charter in the western Los Angeles area: The board approved to forward the petition requesting a new charter in the western Los Angeles to the house with a recommendation to deny the petition.

Peer review conflict of interest policy: The board approved that the peer review conflict of interest policy be amended to allow component officers and board members to concurrently serve on a peer review committee.

Judicial Council Conflict of Interest Guidelines: The board approved amending the Judicial Council Conflict of Interest Guidelines to assist local dental societies in making decisions concerning potential conflicts of interest among component ethics committee members concurrently serving on councils, committees, and boards at the CDA and local level.

Legislative update, CDA major issues and priorities

1. Medi-Cal/Denti-Cal. The state's Denti-Cal program continues to struggle with providing adequate access to dental care. California's provider reimbursement rates are among the lowest in the nation. The governor and Legislature agreed to a budget deal that reversed a 10 percent rate cut for Denti-Cal providers that had taken effect in 2013. However dental reimbursement rates are still at the same level as in 2000. In conjunction with the budget agreement, the governor also called for a special legislative session to determine how to reform the state's existing managed care organization tax to comply with new federal requirements and preserve critical federal funding for Medi-Cal. Much work remains to rebuild the program, and CDA will continue to advocate for multi-faceted improvements.

2. Tobacco Tax. CDA is a member of the Save Lives California coalition (http://www.savelivescalifornia.com/), which is advocating for a $2 per pack increase in the state's tobacco tax. The current tax is 87 cents per pack, ranking 35th in the nation, and California has not increased this tax since 1998. When the cost of a pack of cigarettes increases 10 percent, youth smoking decreases as much as 7 percent. The estimated $1.5 billion in new revenue raised would go toward the Medi-Cal program, smoking prevention and cessation programs, as well as the state's oral health program. A recent Field Poll shows that 67 percent

continued on Page 4

NAPA-SOLANO nsds DENTAL SOCIETY

ORACLE
Newsletter of the
Napa-Solano Dental Society
1023 Empire Street
Fairfield, CA 94533
Phone: 707.428.3894
Fax: 707.676.1412
E-Mail: exec@n-sds.org
www.napasolanodentalsociety.org

EDITORS
Thomas Campbell, DDS
707.745.1994

Valerie Godfrey, DDS
707.429.5200

James Stich, DDS
707.427.8836

EXECUTIVE DIRECTOR
Gail Grimm, CAE
707.428.3894

SERVING THESE COMMUNITIES

Allendale	Nut Tree
American Canyon	Rio Vista
Angwin	Rutherford
Benicia	Saint Helena
Calistoga	Spanish Flat
Deer Park	Suisun City
Dixon	Travis AFB
Fairfield	Vacaville
Liberty Farm	Vallejo
Napa	Yountville

2015 OFFICERS & BOARD MEMBERS

President ..... I. Emrah Basaran, DDS
Past President..... Sam Khoury, DMD
Secretary/Treasurer ..... Jan Gerber, DDS
Trustee..... James Sanderson, DDS
At-Large ..... Walter Kuzma, DDS
At-Large ..... Art Louie, DDS
At-Large ..... Arvin Mehta, DDS
At-Large ..... Angie Ring, DDS

Committee Chairs

Membership.....Kevin Adair, DDS
C.E. Program .....Mark Sutter, DDS
Ethics.....Bryan Scott, DMD
Cal-D-PAC.....James Stich, DDS
Peer Review .....Vic Chaney, DDS

 continued from Page 3

of California voters support a $2 per pack tax increase, and the coalition is moving forward with a ballot measure campaign for the November 2016 election.

3. Balance Billing – AB 533. Recent amendments to AB 533 (Bonta) would have delayed access to care for patients and placed an unfair burden on dentists and other providers who are outside of an insurance plan's network but provide care at in-network facility (hospitals, surgery centers, dental offices that provide care under general anesthesia). The amendments would have limited payments to Medicare rates for out-of-network providers in these cases (though Medicare doesn't cover many dental services) and required providers to go through a yet-to-be determined dispute resolution process to collect additional payment, unless the patient goes through a three-day waiting period. The goal of the bill is to prevent patients from receiving unexpected billing amounts after receiving care at an in-network facility, a goal that CDA shares, but additional work is needed to find an appropriate solution. AB 533 failed to pass in the Assembly, and CDA will continue working with stakeholders on this issue.

4. Virtual Dental Home Grant Program – AB 648. The Virtual Dental Home allows specially trained dental hygienists and assistants in certain community settings (community clinics, nursing homes, preschools, etc.) to provide basic care for patients under the diagnosis and direction of a dentist using telehealth technology, which helps expand access to care for patients who face difficulties in getting to a traditional dental office. The Virtual Dental Home model was enacted permanently through AB 1174 last year after being tested as a pilot program for several years, during which approximately two-thirds of the patients seen were able to receive the care they needed at the community site.

This year CDA co-sponsored AB 648 (Low), which would establish a grant program using public and private funds to expand the model into the state's greatest areas of need. The state would provide funds ($4 million) for startup elements such as training, equipment, and technical support to help advance the Virtual Dental Home model in underserved areas. AB 648 is now a two-year bill while CDA works with the state to address implementation and funding issues.

5. Dental Hygiene Oversight – AB 502. Dental hygienists are a critical part of the dental team, and California's scope of practice and functions for dental hygienists is among the broadest in the nation. Current law allows registered dental hygienists in alternative practice (RDHAPs) to provide hygiene services without dentist supervision in alternative settings such as nursing facilities and schools. RDHAPs are also permitted to establish dental hygiene practices at fixed locations in communities that have been designated as dental health professional shortage areas (DHPSA). Patients who receive hygiene care from an RDHAP for 18 months are required to get a prescription from a dentist or physician for continued care, which can be approved for a period of up to 24 months. CDA strongly supports the prescription requirement, as it encourages patients to seek critical services from a dentist that cannot be provided by a hygienist. Additionally, the RDHAP licensure category was expressly established to increase access to dental services for those facing barriers to care.

As initially proposed, AB 502 (Chau), sponsored by the California Dental Hygienists' Association, would have eliminated the requirement that patients obtain a prescription for continued care and would have allowed RDHAPs to continue practicing in a DHPSA after an area loses that designation. The author has removed both of these problematic provisions from the bill, and CDA is now in support of AB 502, which was signed into law and addresses issues related to RDHAP incorporation.

6. Dental Board Sunset Review – AB 179. The Dental Board of California went through the legislative sunset review process in 2015, during which the Legislature conducted a formal evaluation to assess its performance and whether any changes should be made. Among the key issues evaluated by the Legislature were the long-term financial solvency of the board and an appropriate cap for initial licensure and biennial renewal fees. The board has faced substantial deficits, primarily because of increased enforcement expenses mandated by the Department of Consumer Affairs for all state licensing boards. Under the Dental Board sunset review legislation enacted this year (AB 179), the cap for licensure fees will increase to $650 as of Jan. 1, 2016, and rise to $800 in 2018, which will allow the board to make necessary fee increases over the next five to 10 years. The new fee cap comes

continued on Page 5

 continued from Page 4

after an audit of the board's finances, which showed in detail that the board spends significantly more on enforcement than for all other functions and made several recommendations for regaining financial stability – including the creation of a structural budget, setting a reserve target and policies on its use, regularly and incrementally updating its fees, and repeating this type of analysis every four to five years. CDA continues to advocate for a transparent, evidence-based process for establishing any new cap or fee increases and that the board's actions should be in line with the financial analysis completed by the board's auditor.

Another issue CDA advocated on in the sunset review process was clarifying in statute that spousal care is exempt from the definition of professional misconduct, and language was included in AB 179 to extend this exemption to dentists.

7. CURES Prescription Drug Database. The state's Controlled Substance Utilization Review and Evaluation System (CURES) database is an online prescription drug-monitoring program that contains information on Schedule II through IV controlled substances dispensed to patients in California. CDA fully supports the goal of the CURES system to provide essential information to assist prescribers, dispensers, and law enforcement with identifying and deterring prescription drug abuse. CURES, however, has had significant functionality issues that have made it difficult for users to operate, and though the system is undergoing a redesign, these upgrades are not yet complete. CDA supported legislation enacted this year (AB 679) that postpones the date by which prescribing providers must register with CURES from Jan. 1, 2016 to July 1, 2016.

CDA is opposed to SB 482 (Lara), which requires prescribers to check a patient's prescription history before prescribing a Schedule II or III substance for the first time and places other restrictions on prescribing that CDA is concerned may interfere with patient care. The bill includes disciplinary action for failure to comply, unless for some reason CURES is not functional or the "Internet is not operational" – a circumstance that would be difficult to substantiate should that become necessary. Voters rejected a very similar proposal included in Proposition 46, which was defeated in the November 2014 election. SB 482 is on hold while stakeholder discussions continue, and the Legislature will reconsider the bill next year.

8. Dental director/state oral health plan. CDA's Access Plan to reduce barriers to oral health care prioritizes the need for a comprehensive state oral health program led by a state dental director. In June of this year, Jayanth Kumar, DDS, MPH, was appointed as the new state dental director, and he began on Aug. 1. Kumar comes to California with more than 25 years of experience in the New York State Bureau of Dental Health, where he also held the position of state dental director and developed the first comprehensive state oral health plan for New York. Kumar will direct and manage California's oral health program 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. In addition to developing a state oral health plan, Kumar will be responsible for establishing prevention and oral health education projects and working to secure funding for prevention-focused oral health programs, particularly for children. CDA will be working closely with him and other stakeholders this year to develop the state oral health plan.

9. Dental Plan Accountability – AB 1962 Implementation. AB 1962 (Skinner), which was sponsored by CDA and signed into law in 2014, will bring increased transparency and accountability to dental plans in California. AB 1962 creates standardized requirements for dental plans to annually disclose how they spend patient premium revenue and brings dental plan reporting requirements to the same level that exists for medical plans. The bill also declares the Legislature's intent to adopt, by 2018, a minimum percentage of patient premium dollars that dental plans must spend on patient care, as opposed to administrative overhead costs and profits, a standard known as a medical loss ratio (MLR). The first reporting deadline for dental plans was Sept. 30, and the state is currently compiling the data. Under current law, all medical plans must spend at least 80 percent of patient premium revenue directly on patient care. However, no MLR standard exists for dental plans. Due to the lack of this patient protection, some dental plans have self-reported spending as little as 38

continued on Page 6

 continued from Page 5

percent of premium revenue on patient care. The MLR requirement for medical plans has saved patients an estimated $9 billion on premiums since taking effect in 2011, and dental patients deserve the same protections and value from their dental plans.

10. Sugar-sweetened beverages. CDA is a co-sponsor of AB 1357 (Bloom), which would establish a 2 cents per ounce fee statewide on the distribution of sugar-sweetened beverages. More than half of the estimated $3 billion in revenue raised by AB 1357 would be allocated to the Department of Public Health for various purposes and specifically include oral health programs. CDA also supports SB 203 (Monning), which would require all sugary drink bottles, cans, vending machines, dispensers, and restaurants to display a warning that "drinking beverages with added sugar(s) contributes to obesity, diabetes, and tooth decay." While these bills will not be enacted in 2015, they are part of a long-term effort to push for more action from the state on sugar-sweetened beverage consumption.

11. Health Care Reform. California has moved rapidly toward full implementation of the Affordable Care Act, and 2014 marked the first year that most Americans needed to obtain health insurance coverage or pay a penalty. In 2015, the Health Care Exchange is requiring all medical plans to include pediatric dental benefits, and medical plans are partnering with separate dental plans to provide these benefits. CDA's advocacy efforts were successful in making sure these plans are structured in such a way that regulators must separately monitor the dental benefit to ensure dental plans maintain an adequate network of providers. CDA successfully advocated for the ADA's Dental Quality Alliance pediatric dental standards to be adopted by Covered California, which will be required in each dental plan contract with the Exchange. The Exchange was unable to make stand-alone family plans available this year, but is working to make such plans available in 2016 so that adults can also obtain dental benefits through the Exchange.

12. Proposition 65 Reform. Approved by voter initiative in 1986, Prop. 65 requires businesses with 10 or more employees to provide "clear and reasonable warning" if a product or business location may expose employees or customers to a chemical known to the state to cause cancer or reproductive harm. Since 2013, the governor's administration has been working to develop reforms aimed at improving the warning notices and reducing Prop. 65 litigation. The administration has been unable to reach consensus on legislation, but agency-level regulatory efforts are continuing. CDA is working with the Office of Environmental Health Hazard Assessment, which is overseeing the regulatory process, to ensure that any reforms to Prop. 65 do not create new threats or reopen the existing restorative materials warning notice that has protected dentists from litigation for the past 10 years. CDA is also working to ensure that any Prop. 65 reforms do not interfere with legitimate health care treatment decisions between providers and patients.

Mourning Loss of CDA Volunteer

It is with sadness that we lost one of our delegates Thursday evening prior to our scheduled House of Delegates meeting in Sacramento. Steve Leighty, DDS, a delegate with the Sacramento District Dental Society, was an oral surgeon with offices in Auburn and Roseville. He was incoming president of the California Association of Oral and Maxillofacial Surgeons and had previously served as president of the Butte Sierra District Dental Society.

Anti-amalgam documentary showing in Los Angeles

CDA is aware of an anti-amalgam independent film that plans to show in Los Angeles this week. Previously, it has been shown in Kansas City and most recently, New York City. The film attempts to connect amalgam to ill health effects. The ADA and New York Dental Association have not received any media inquiries about the film's showing in New York. CDA has been working with the ADA and is prepared to respond to any inquiries that may arise as a result. We will not proactively seek media coverage as that could result, indirectly, in an even wider interest in the film. If members are contacted by someone associated with the film through social media or email, ADA's recommendation is to ignore engaging in any capacity. If you receive media inquiries, please direct them to CDA's communications director, Alicia Malaby.

continued on Page 7

Compliance steps you may have missed

New rules and technology can be a challenge to identify, keep track of, and implement. Our office has recently run across a couple of quirks I'd like to share so that other dentists are aware of them.

One year ago, we requested and received a new credit card reader/scanner that could accommodate the new microchip credit cards because the more common "magnetic strip swipe" type credit cards are being phased out. This also made our transactions PCI security compliant – whatever that means in common language other than we are doing what we are supposed to be doing.

During a recent user meeting for our patient management software, some questions came to light. Although we had received and installed the credit card reader according to the instructions provided, there were further steps to be taken. The card reader needed to be programmed to accept the microchip cards.

As a result of discussion with our credit card vendor, we have switched from transmitting credit/debit card transactions via FAX to using Internet transmission. We appropriately programmed the reader and positioned the credit card reader at the front desk so patients push in and pull out their microchip cards themselves so staff doesn't need to handle the card. Banks are also removing their liability for fraudulent card use, and I am not sure of the specifics. Prudence would suggest checking names and identification for all transactions.

Previous editions of the *Oracle* have included information regarding the California Prescription Drug Monitoring Program (PDMP). This program accumulates Schedule II through IV controlled substance prescription information. When searching for "PDMP" also realize that an alternative name is CURES (Controlled Substance Utilization Review and Evaluation System). When my application was initially filled out and submitted online, a message was received stating successful registration and a confirmation number. When reading other areas of the application, it stated a need to have the application notarized, which had not been realized or accomplished as yet. The PDMP application help desk was contacted and they verified that notarization was required before the application could be processed — so the "successful application" had not actually been completed. The online application was printed and signed in the presence of a notary and officially notarized. The signed notarization was scanned and submitted electronically. A further confirmatory email was received stating that application processing could take six to 10 weeks.

The implementation date has been postponed to July 1, 2016, but do not delay. Our experience was that the PDMP help desk (916-227-3843) proved informative and user-friendly.

I hope that by sharing the challenges our office encountered, I can save other NSDS members from some confusion.

James Stich, DDS

Trustee Report *continued from Page 6*

If you receive patient concerns about amalgam safety, please direct them to the "Amalgam Fact Sheet" on http://www.cda.org or visit http://www.ada.org for more amalgam resources.

Resignation of NSDS Trustee

Effective Oct. 30, 2015, I will be resigning as NSDS trustee. As a lieutenant colonel in the U.S. Army Reserves, I have been called up for active duty and will be relocating for a few months to El Paso, Texas.

I am very grateful to have had the opportunity to serve in an esteemed position. As a member of NSDS, I am proud of our collective achievements and to have been part of an organization committed to the enhancement of oral health education, the dental welfare of the public, and the promotion of the qualities that make up the dental professional.

According to NSDS bylaws, the nominating committee has elected Dr. James Sanderson, who has graciously accepted, to complete the last year of my final term.

Thank you, All!

Valerie M. Godfrey, DDS

ADA Foundation®

Help NSDS be a part of the Give Kids a Smile movement

Through the ADA Foundation's Give Kids a Smile program, more than 5 million underserved children have received free oral health services. These free services are provided by approximately 10,000 dentists each year, along with 30,000 other dental team members.

Give Kids a Smile day is celebrated in February. GKAS events are intended to be touch points for children who do not receive dental care, for whatever reason. The ultimate goal for a GKAS program is to establish a dental home for these children — in other words, provide continuity of care.

Please join NSDS for its 2016 Give Kids a Smile Event.

Who: Thousands of dentists across the country will take time from their practices to help underserved children who aren't receiving the oral health care they need. Will you join us?

What: Give Kids a Smile, an annual one-day volunteer initiative to provide free educational, preventive, and restorative services to children from low-income families.

Why: To focus attention on the epidemic of untreated oral disease among disadvantaged children and deliver the message that dentists alone can't solve this problem without a real commitment from government and society. And to provide an effective platform from which dental societies can advocate commonsense, market-based solutions to local access problems.

When: Saturday, Feb. 6
8 a.m.–2 p.m.

Where: Solano County Dental Clinic
2101 Courage Drive
Fairfield, CA 94533

To volunteer: NSDS will need dentists, hygienists, and dental assistants to make this community event successful. To sign up, please contact Gail Grimm, Executive Director, Napa Solano Dental Society, at 707-428-3894 or exec@n-sds.org.

New changes to sick leave law approved

A new bill has been signed by Gov. Jerry Brown to clarify and simplify requirements under the new sick leave law in California, which went into effect July 1 and requires employers to provide three paid sick days each year to their employees.

AB 304, which became effective July 13, does not change the three-day sick leave law but is intended to alleviate some of the difficulties in implementing its requirements. Most importantly for dentists, the bill provides flexibility for existing paid sick leave plans, allows for alternative accrual for non-hourly payroll, and creates more flexibility in calculating sick pay for non-exempt employees. The bill makes other minor and technical changes.

Following are the bill's main goals:

Clarification about who is covered

The passage of this amendment clarifies that employees who work in California *for the same employer* for 30 or more days within a year are entitled to receive the benefit.

Flexibility for existing paid sick leave plans

The bill clarifies that employers are not required to provide additional paid sick days if they already had a policy prior to Jan. 1, 2015, that provided employees at least three sick days a year and met the specific requirements outlined in the law.

Alternative accrual for non-hourly payroll

The payroll systems for many employers do not track their employees on an hourly basis. Rather, employees typically accrue such benefits on a per day, pay month, or other similar basis. AB 304 allows employers to comply with state law if they accrue, provided accrual is on a regular basis, or front-load their sick leave policies so employees receive no less than three paid sick days by the 120th calendar day of the year or 12-month period. This significantly changes the employer's obligation to track an employee's actual hours worked.

Flexibility for calculating sick pay

Non-exempt employees often perform work at varying rates of pay, which can make it difficult to calculate the rates at which sick leave is paid to employees. Employers can now choose between the methodology required under AB 1522 as well as the more familiar "regular rate of pay," which in essence divides an employee's total pay (hourly pay plus bonuses and/or commissions) in any workweek by the total number of hours worked in that workweek. In California, total pay is divided by no more than 40.

Conforms to state law governing CalPERS retired annuitants

Under the government code, CalPERS retired annuitants are not allowed to receive any form of compensation in addition to their pay as it could affect their status under CalPERS. By exempting retired annuitants from the provisions of AB 1522, retired persons will be able to return to work while still receiving their pension annuity.

For more information about the new sick leave law, visit **http://www.cda.org/member-resources/practice-support/employment-practices/sick-leave-law.**

Dentists must comply with new medical waste law

California's Medical Waste Management Act was amended earlier this year. As a result of this amendment, there are changes dental practices need to make. It has come to CDA's attention that there has been some misinformation circulated that is causing confusion.

Below are the facts of the Medical Waste Management Act changes that impact dental practices:

A dental practice that uses a mail-back system for medical waste need only obtain proof that the U.S. Postal Service approves the system. It is no longer required that the state approve mail-back systems for medical waste.

continued on Page 10

Reminder: License renewal goes online by Jan. 6

As reported earlier, the Department of Consumer Affairs is set to launch a new computer licensing system for dentists, hygienists, and assistants at year's end.

Known as the BreEZe system, it will allow dental professionals to apply for or renew their licenses online, pay with a credit card, track the status of an application or licensing request, submit address changes, and obtain proof of license status. BreEZe also enables consumers to verify a professional license and file consumer complaints.

The Dental Board of California anticipates a transition period during which licensure renewals will be interrupted when BreEZe is activated ("goes live"), sometime between Dec. 22 and Jan. 6. This means that the board will be unable to process any licensing requests for approximately five days prior to the "go live" date. As a precaution, the board urges dentists and registered dental assistants whose licenses expire in December 2015 or January 2016 to mail in their renewals as soon as they receive notification.

For more information on BreEZe, visit **http://www.dca.ca.gov** and click on the DCA BreEZe graphic on the right-hand side of the page.

Medical Waste

continued from Page 9

A dental practice that self-hauls its medical waste to a permitted transfer station, treatment facility or other health facility for waste consolidation must comply with the U.S. Department of Transportation Materials of Trade regulation. Registration or permit from a local enforcement agency is no longer required.

When a dentist is participating in a temporary event that results in the generation of medical waste (e.g., health fairs, veteran stand downs), the dentist will either (1) obtain documentation from the event sponsor that the sponsor has notified the local enforcement agency of the event, or (2) notify the local enforcement agency of intended participation in the event at least 72 hours before the event.

Storage times for medical waste — which in a dental practice includes sharps, biohazardous waste and expired noncontrolled drugs — have not changed for "small-quantity generators" (facilities that generate less than 200 pounds of medical waste per month). For containers that contain only sharps waste or only pharmaceutical waste, the storage time clock begins when the contents are at the container fill line. Containers with combined waste must be disposed within the shorter storage time allowed. For example, a container with both sharps and biohazardous waste must be disposed within 30 days of placing the biohazardous waste in the container; if the container held only sharps, the dental practice has 30 days after the container is filled to dispose of the waste.

All dental practices will need to revise their medical waste management plans to conform to the changes in the Medical Waste Management Act. As a member benefit, CDA offers a sample Medical Waste Management and Disposal Plan as part of the Regulatory Compliance Manual, available at **http://www.cda.org/practicesupport**. A list of medical waste disposal options and a table listing dental waste storage times and disposal options also are available on **http://www.cda.org/practicesupport.**

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
Nov. 5	Practice Pointers for New Dentists	Ronald Goldman, JD	Chardonnay	6-9 p.m./3 C.E.
Dec. 3	Infection Control, Dental Practice Act	LaDonna Drury-Klein	Chardonnay	3-8 p.m./4 C.E.

IRS to combat tax fraud cases affecting dentists

During the past year, CDA has heard from its members about a scam involving other individuals filing tax returns under members' names. Other health professionals have reported being targeted as well.

This is just one of several tax scams of which CDA has been made aware.

To combat this type of activity, the Internal Revenue Service joined representatives of tax preparation and software firms, payroll and tax financial product processors, and state tax administrators to announce a collaborative effort to prevent identity theft refund fraud.

According to a statement, the IRS has identified new steps to validate taxpayer and tax return information at the time of filing. The effort will "increase information sharing between industry and governments. There will be standardized sharing of suspected identity fraud information and analytics from the tax industry to identify fraud schemes and locate indicators of fraud patterns. And there will be continued collaborative efforts going forward."

For dentists who have fallen victim to tax return identity theft, below are a few steps to take in response:

- Alert the IRS Identity Theft Protection Unit at 800-908-4490, complete Form 14039 and submit it to the IRS with any supporting documentation.
- Contact the Federal Trade Commission at 877-438-4338 and create an Identity Theft Report.
- Place a fraud alert on your credit report with the three consumer reporting agencies (Equifax: 800-525-6285, Experian: 888-397-3742 and TransUnion: 800-680-7289).
- File a report with local law enforcement.

For additional guidance, contact CDA Practice Support at 800-232-7645 or the TDIC Risk Management Advice Line at 800-733-0634. TDIC provides identity theft coverage for individual policyholders included in their professional liability coverage.

NSDS New Members

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

Bernadette Ancheta, DDS
General Practice
Fairfield

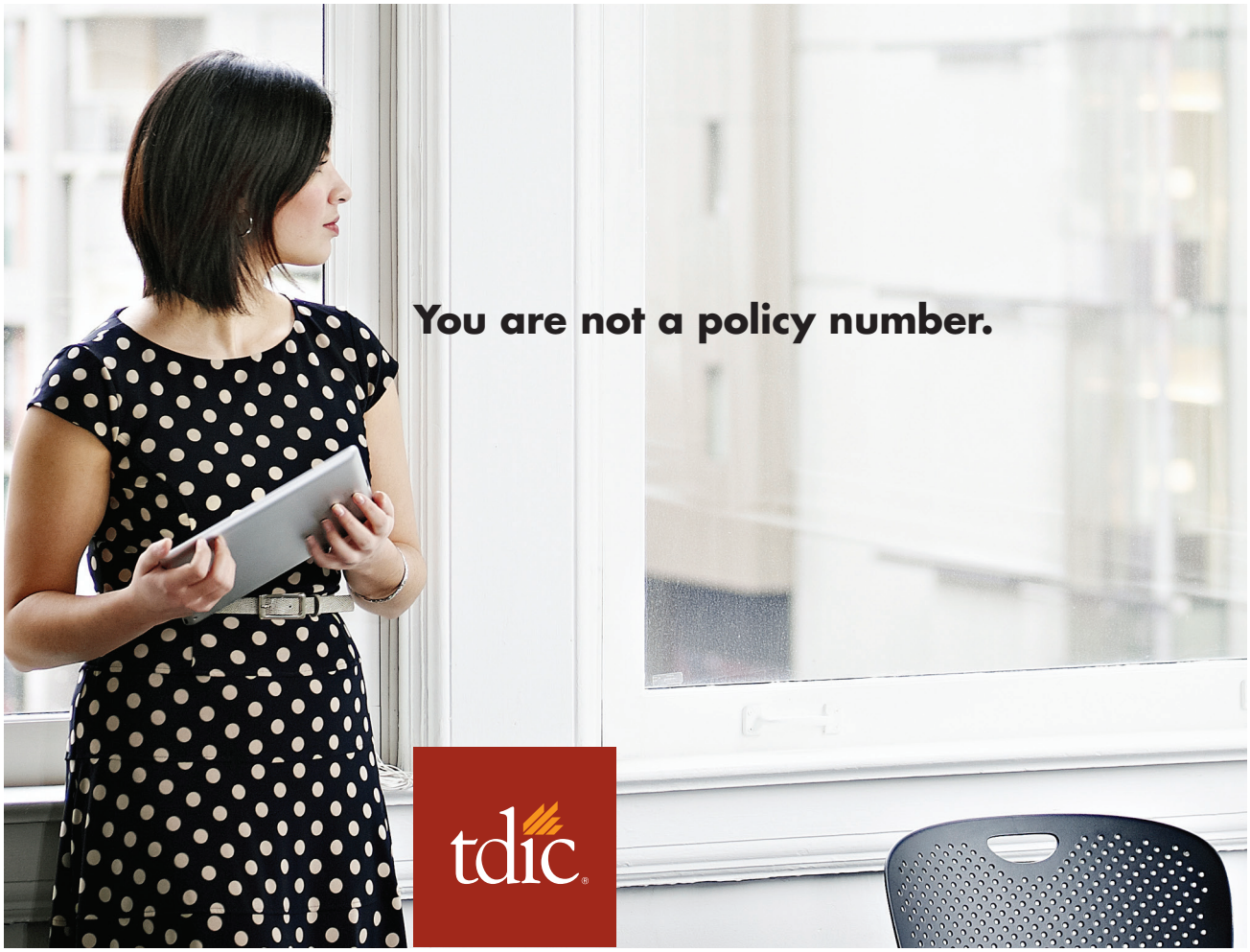
Robert Hekking, DDS
General Practice
Vacaville

Denielle Medynski, DDS
General Practice
Saint Helena

Alicia Schexnayder, DDS
General Practice
Fairfield

Amanda Silverman, DDS
General Practice
Napa

Mohammad Soltani, DDS
General Practice
Rio Vista



You are also not a sales goal or market segment. You are a dentist. And we are The Dentists Insurance Company, TDIC, where business is about doing what's best for you, our policyholders. Here, you receive the respect and care deserving of a member of your profession. You have access to an in-house claims team, razor-sharp legal team, and industry-leading resources to manage risk. Why go to such lengths? Because with us, protecting dentists is all that matters.

Endorsed by the
Napa-Solano
Dental Society

Protecting dentists. It's all we do.®

800.733.0633 | tdicsolutions.com | CA Insurance Lic. #0652783