



Signature

CENTRAL COAST DENTAL SOCIETY

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Aug/Sep 2024



CCDS President Dr. Craig Fitch

Hello CCDS Members,

As we look forward to wrapping up the summer, CCDS is here to support you and has been working to add value to your membership. There are multiple efforts being made at the CDA and ADA levels to improve the services that are offered and to protect your profession. This coming year the CDA and ADA will move to new software platforms to improve services and make it easier to interact with each. Our local society will as well switch platforms to enhance your member experience and serve you better.

Speaking of the local CCDS, we have several awesome opportunities for you to learn with our CE meetings and General Membership meetings, as well as a great social/learning opportunity for the new dentists and their guests. The new dentists have a mixer,

dinner and presentation coming up October 29 at the San Luis Obispo Country Club. So new dentists mark your calendar and attend the event on Tuesday, October 29, 6:00-9:00 pm.

The annual Family Fall Social is scheduled for Sunday, October 6 at Sinsheimer Park in SLO, 12:00-3:00 pm. If you and/or your children have chosen your Halloween costumes, feel free to wear them!

Additionally, you can get updated locally for the required, Infection Control, OSHA and CA Dental Practice Act which is scheduled for Sept 27 at the SLO Courtyard Marriott. If you want to know more about caries, one of the best speakers you will see is coming our way on Oct 25th. Brian Novy will talk to us about Cariology. I always learn many useful pearls from his courses.

CDA has been very busy working to address many of the issues we have as practicing dentists. Some interesting facts that the association brought to light is that about 65% of dentists in CA belong to the association. Currently the profession has more male dentists than female and the expectation is that by 2040 we will see parity between the numbers of male and female dentists.

One of the surveys CDA conducted made us aware what the chief concerns of practicing dentists are. #1 on the list is Insurance Reimbursement. #2 Cost of Dental Education and #3 Staff shortage. Your local society has been working to improve the staffing issue. There are talks with Cuesta to begin a DA program with the hope being that it leads to an RDA and hopefully, an RDH program as well. Currently we have SLO Partners to thank for giving students the basic knowledge of dental assisting to come into our
(Pres. Cont. on page 2

CENTRAL COAST DENTAL SOCIETY

Officers 2024

President.....Craig Fitch, D.D.S.
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BCR.....Lynn Sayre-Carstairs, D.M.D.
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Jimmy Forester, D.D.S., Craig Fitch, D.D.S. and
Ken Goldberg, D.M.D.

CDA Government Affairs Council Advisor
Bruce Whitcher, D.D.S.

CCDS Committee Chairs

Budget.....Hendrick Gonzalez, D.D.S.
Bylaws.....
Continuing Education.....Rick Kleinsasser, Doug Ng, D.D.S.
Dental Care.....D.D.S.
Dental Health.....Brack Linscott, Theron Stout, Vik Tiku, D.D.S.
Ethics.....Terry Tang, D.D.S.
Communications.....Cristian Sierra, Caroline Arceo, D.D.S.
Legislative.....Brian Hanratty, D.D.S.
Membership.....Lynn Sayre-Carstairs, D.M.D.
Allied Dental Health Education.....Randy Voss, D.M.D.
Well-Being.....Brack Linscott, Carmen Ha, Terry Tang, D.D.S.
New Professional.....Andrew Van Sicklen, Sorina Ratchford, D.D.S.

All expressions of opinion and supposed fact are those of the individual author and do not necessarily represent the views and policies of the Central Coast Dental Society.

This publication solicits announcements, essays, and articles of interest to the general membership of the CCDS. All contributions are subject to space and/or content editing at the editor's discretion.

CLASSIFIEDS:

Free to members of CCDS (limit 25 words). \$50.00 per issue for non-members (\$.50 per word after first 25 words)

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offices and be able to contribute from day one. The one thing that they will need is an x-ray license. SLO Partners are beginning an additional training program beginning September 24, 2024. Registration is currently open at www.slopartners.org.

CCDS applied for and was awarded grant monies through CDA and the CDA Foundation as part of the California's Workforce Development Board's High Road Training Partnerships and Resilient Workforce Program, which is funded through the Department of Education. The 8-hour Infection Control and Radiation Safety courses are being administered in local offices for DAs employed by CCDS members.

Your CCDS dental board is always looking for those of you that are ready to give back to the profession you love. Please reach out to me or Laurie Torgerson at the CCDS office to find out more. We are always looking for ways to serve you better.

Craig Fitch DDS
CCDS President

EDITOR'S MESSAGE

Dear Colleagues,

I would like to encourage our members to submit articles, events, birth announcements or local news to me to include in our newsletter. Please forward them to my email address:

Jonfu.dds@gmail.com

I look forward to hearing from you.

**Jon Fu, DDS
CCDS Editor**

BOARD OF COMPONENT REPRESENTATIVES MEETING SUMMARY
August 16, 2024



Lynn Sayre-Carstairs, DMD

Chair Report: The chair provided an update regarding the June and July CDA Board of Directors (board) meetings; suggested that BCR participate in a leadership development activity in 2025; discussed annually reviewing the BCR Guidelines and Norms created in 2023; and reported that staff is working on providing BCR with a technology platform for improved collaboration and communication amongst BCR members.

Consideration of CDA Board of Directors Slate: BCR considered CVP's recommendations for the board of directors at-large position and voted to support the proposed slate.

Review of 2024 Component Resolutions: BCR shared feedback regarding the Dental Plan Leasing resolution, authored by the Los Angeles Dental Society. BCR's feedback will be provided to the resolution author(s) for consideration.

Peer Review/Judicial Council Evaluation Workgroup Recommendation: BCR provided feedback regarding the workgroup's recommendation to create a new Council on Professionalism and Mediation and the provision of a neutral statewide dispute resolution program utilizing CDA's mediation program.

Establishment of CDA Membership Committee: BCR discussed the proposed scope and composition of a new membership committee and approved the recommendation to be forwarded to the board and house of delegates for further consideration.

CDA Leadership Institute: BCR received an update regarding the progress of the Leadership Institute Workgroup.

CDA Dues: BCR received an update on CDA's budget regarding operating revenue streams and membership dues structures.

Early Career Dentist Engagement: BCR received information regarding CDA's dental student and early career dentist engagement strategies including information on events and communication channels geared towards this demographic, and collaborative efforts between CDA, ADA, ASDA and local dental societies.

Shared Pressures of Organized Dentistry: BCR received an update on how the pressures identified at the January meeting (non-dues revenue, member recruitment and retention and component operations and leadership) have been integrated into CDA's operational work plans.

Component Resources Subcommittee Report: BCR received information regarding the subcommittee's progress towards finalizing updates to the Component Self-Assessment Workbook and the development of a dental society operations manual framework.

CDA MAJOR ISSUES & PRIORITIES

1. SB 1369: Predatory Dental Insurance Fees (CDA-Sponsored)

CDA is sponsoring legislation to curtail the usage of virtual credit cards (VCCs) as a method of payment used by dental insurance companies. Dental plans are more frequently using third party companies to issue payments to dental offices through VCCs, which take a processing fee of 2-5%, plus the merchant transaction fee through their credit card terminal. These predatory fees can take up to 10% off the top of the payment owed by the plan.

VCC payments in many cases become the default payment method. While dental practices can opt out of VCC services, the opt-out process is often difficult and not always permanent. VCC companies are known to reinstitute the payment method with its excessive fees after the provider opts out, even as soon as the very next payment. Furthermore, requesting an alternative payment method can delay receipt of that payment, waste administrative staff time and create challenges for office accounting.

Ultimately, this trend takes health care dollars away from patient care. SB 1369 by Sen. Monique Limon (D-Santa Barbara) will address this issue by:

- Requiring that the default payment method must be one that does not include a fee. If a provider would like to use VCCs as their primary payment method, they may do so, but only by written authorization – and they may opt out of VCCs again at any time.
- Requiring plans to provide notice of any fees associated with a particular payment method and advise dentists of alternative methods of payment along with clear instructions as to how to select an alternative method of payment.
- Requiring dental plans to provide notification of any profit-sharing or fee arrangement with the VCC company.

As dental patients continue to seek care deferred during the COVID-19 pandemic, timely access to care is imperative as ever. The fees associated with virtual credit cards can cause a significant increase in dental office overhead costs, leading to reduced office hours, limited patient scheduling and delayed care. It is essential to reduce predatory practices of dental plans and VCC companies to maximize the health care dollars going to patient care. SB 1369 passed both houses of the legislature without any “no” votes and is now on Gov. Gavin Newsom’s desk.

2. Yes on Proposition 35 – November 2024 Ballot

CDA and the Coalition to Protect Access to Care are sponsoring Prop. 35, a measure on the November 2024 ballot that will protect and increase funding for health care, including Medi-Cal Dental services, dental student loan repayments, health care workforce development and many other programs.

Medi-Cal currently provides medical and dental coverage to 15 million low-income Californians (1/3 of all residents and half of all children), making it the largest provider of medical and dental insurance in the state. The program continues to grow and needs long-term permanent funding solutions, after decades of underfunding.

The ballot measure is an important opportunity to build on Medi-Cal’s recent progress and ensure health care dollars stay in the health care system. The restoration of Medi-Cal dental benefits that had been eliminated during the Great Recession, substantially improved reimbursement rates (40% increases or more across most covered dental services) and other major programmatic changes have led to meaningful and sustained results in the Medi-Cal Dental program. In the past seven years, the state has seen nearly a 30% increase in Medi-Cal Dental providers, a rate that is consistently increasing each year, as well as a doubling of patient utilization of Medi-Cal Dental services since the Great Recession.

Prop. 35 would provide an ongoing funding source by permanently extending the state’s existing “managed care organization” (MCO) tax on health insurance companies. The revenue would be dedicated to Medi-Cal and specific health programs (as opposed to the state’s general fund like previous MCO taxes) and Medi-Cal dental services would be among the programs receiving funds starting in 2027.

Prop. 35 would also secure new funding for CalHealthCares, the state’s student loan repayment program for dentists and physicians. Furthermore, the measure will prevent the state from redirecting these revenues for non-health care purposes.

3. Dental Staffing Shortages/Dental Board Sunset Review

Approximately every four years the California Dental Board, like other regulatory boards, undergoes a standard evaluation by the state legislature, called sunset review, of roles and responsibilities of the board and the laws it enforces. CDA successfully advocated for inclusion of the following issues in this year’s sunset review legislation, SB 1453 by Sen. Angelique Ashby (D-Sacramento):

Dental Assistant Licensure Pathways: CDA has been seeking new pathways to become a registered dental assistant (RDA) to help address the critical shortage of dental staff. SB 1453 will:

- Streamline and shorten the existing 15 months of on-the-job training to 800 supervised preceptorship hours, inclusive of educational and clinical experience. 800 hours is the current standard in RDA educational programs, so this will create parity between the two options.
- Allow individuals who move to California and hold a certified dental assistant certificate from the Dental Assisting National Board (DANB) to apply for RDA licensure if they meet certain criteria.

Pediatric Sedation Permits: A law that took effect in 2022 (SB 501, Glazer) unintentionally made pediatric dentists ineligible to obtain adult minimal sedation permits required to treat patients aged 13 and older. In coordination with the California Society of Pediatric Dentists, CDA pushed for a technical fix to allow pediatric dentists to be eligible for both pediatric and adult minimal sedation permits.

Continuing Education: Specified mental health courses would now qualify as core CE for dentists, to help address well-being and burn out.

Licensure: Simplifies the path for out-of-state public health dentists practicing non-clinically to receive a California license through licensure by credential.

Scope of Practice: The duty statements for all dental assisting licensure categories will be modernized to account for improvements in technology. Additionally, the following duties have been expanded:

- Unlicensed dental assistants will be able to perform coronal polishing under direct supervision after successfully completing a

(Major Issues cont. on page 5)

(Major Issues cont. from page 4)

board-approved course; and

- RDAs will be able to attach buttons and add/remove orthodontic bands under direct supervision.

Orthodontic Assistant Permit Changes: In partnership with the California Orthodontic Association, CDA advocated for the following changes and expansions to the orthodontic assistant permit (OAP):

- OAP applications will no longer have work experience requirements to begin an OAP course or take the OAP exam (previously 6 and 12 months, respectively);
- OAP permit holders will be able to prepare teeth for provisional and bonded attachments, buttons, connections, brackets, and appliances under direct supervision; and
- OAP permit holders will also be able to remove brackets and attachments under direct supervision.

SD 1453 is now on Governor Newsom's desk awaiting a signature.

4. State Budget: Specialty Dental Clinic Grant Program

CDA successfully worked with lawmakers to maintain funding in the 2024-25 state budget for the Specialty Dental Clinic Grant program, which will fund the construction and expansion of dental facilities for patients with special health care needs and disabilities. In 2022, CDA and a broad coalition of disability, consumer and provider groups advocated for \$50 million in one-time funding to establish the program, which would fund the construction of at least 10 new dental clinics. The intent of the program is to increase capacity and access to care for those who cannot receive care in traditional dental settings. Current capacity is limited and often centralized in urban areas, so patients and their families are often forced to wait, sometimes up to two years, and travel long distances to receive basic oral health care.

The grant application process for the program, overseen by the California Health Facilities Financing Authority (CHFFA), closed on April 1, 2024, with CHFFA receiving 101 applications totaling \$270 million in proposed projects, far beyond the \$50 million allocated. CDA greatly appreciates that lawmakers preserved this urgently needed funding while facing a substantial budget deficit. This program will help transform dental care for patients with special needs, and the funding process can now continue for the many shovel-ready projects that are pending.

5. AB 2701: Medi-Cal Coverage for Adult Dental Cleanings (CDA-Sponsored)

Current Medi-Cal Dental benefits cover two cleanings and exams per year for those up to age 21. However, once an individual is age 21+, Medi-Cal only covers one cleaning and exam per year. The standard of care for most people is two dental cleanings and exams per year to prevent long-term dental disease, while some high-risk adults may need up to four cleanings annually. Unfortunately, prevalence of dental disease and tooth loss is disproportionately high among individuals who have lower incomes. Individuals eligible for Medi-Cal are likely to be most in need of additional preventive visits and the most harmed by only receiving one cleaning per year.

CDA AB 2701 by Asm. Carlos Villapudua (D-Stockton) this year, which would expand California's Medi-Cal Dental benefits to include a second cleaning and exam for adults aged 21+ when medically necessary. Over half of all states cover two adult cleanings and prevention visits a year, while California does not currently offer this basic preventive benefit. AB 2701 passed in the Assembly without any "no" votes, however, it was held in the Senate Appropriations Committee due to state budget limitations. The bill highlighted an important gap that remains in Medi-Cal Dental coverage and CDA will continue pursuing dental benefit improvements as state budget conditions allow.

6. SB 1290/AB 2914: Adult Dental Care – Essential Health Benefits (Support if Amended)

The Biden Administration released a final rule in early April that gives states the option of adding adult dental care as an essential health benefit (EHB). Addition of adult dental services as an EHB would be a monumental step in recognizing dental care as critical for overall health and would set a minimum standard benefit for dental plans, in addition to bringing dental care to adults in California who still lack coverage.

EHBs are ten categories of services that health plans are required to cover per the Affordable Care Act, including pediatric dental care. Each state selects a health care plan as the "benchmark" that identifies the minimum coverage that health plans must offer in the state, which may go beyond the federal EHBs. The new federal rule means that California has the option to require health plans offered in the individual and small group markets to provide adult dental services.

California cannot change or select a new EHB benchmark plan without legislation. SB 1290 (Roth) and AB 2914 (Bonta) were introduced this year to set a new EHB benchmark for California. The state intends to update the EHB benchmark plan in the near future, however the legislature is waiting on an analysis of the cost to add potentially several services to the benchmark, including hearing aids, fertility treatments and adult dental care. CDA will continue advocating for adult dental care to be included.

Updated September 6, 2024

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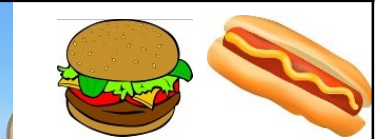
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“INDOOR HEAT ILLNESS PREVENTION REGULATION IN EFFECT IN CALIFORNIA”

Actions dentists should take now and be prepared to take in certain situations

Employers in California must take immediate steps to protect their workers from heat illness, whether the workplace is indoors or outdoors, in compliance with new Cal/OSHA regulations. The new requirements go well beyond the regulations that California already had in place to protect indoor workers from dangerously hot temperatures.

California dentists, like most other employers with indoor workplaces, are required to follow Cal/OSHA’s **“Heat Illness Prevention in Indoor Places of Employment”** standard that took effect July 24. (Prisons and detention facilities are exempt.)

Generally, the standard requires employers to implement control measures to keep indoor work sites below 87 degrees Fahrenheit whenever workers are present; however, if workers are wearing clothing that restricts heat removal, such as personal protective equipment, and the temperature is equal to or exceeds 82 F, employers must implement additional measures to protect workers. The same applies to all workers who are working in high-radiant areas where the temperature equals or exceeds 82 F.

Employers must measure the temperature and heat index and record the greater whenever either reaches 87 F (for all workers) and reaches 82 F for workers wearing restrictive clothing.

The standard does not apply to incidental exposures to temperatures that range between 82 F and 95 F if they occur for less than 15 minutes in any 60-minute period.

Written indoor heat illness prevention plan required

Dentists must either establish and maintain a separate written plan on how the office will respond to prevent heat illness if the indoor temperature approaches 82 F or add the required information to their existing injury and illness prevention plan. The plan should include the procedures to be followed for cooling down, employee and supervisor training, heat measurement and any necessary observation and emergency response.

CDA members can reference CDA’s updated **Infection Control and Cal/OSHA FAQ** for language to insert into an IIPP.

Access to cool-down areas when temperature is 82 F or higher

Employers must provide training to workers and supervisors and provide first aid or emergency response to workers who show heat illness signs or symptoms. Additionally, employees in indoor workplaces must have access to the following when the temperature reaches 82 F or higher:

- At least one cool-down area that is kept below 82 F and shielded from other high-radiant heat sources.

- Potable water that is fresh, suitably cool and free of charge.

- Preventive cool-down rest periods: Employers should encourage them, and employees may request them.

If a dental office continues to operate when the indoor temperature is higher than 82 degrees, it must comply with all requirements of the regulation — for example, maintaining records of the temperature and heat index and evaluating environmental risk factors.

Dentists should **read the regulation** to understand the scope and requirements of the standard. **Cal/OSHA’s FAQ** provides clear answers to questions about exceptions, measuring the indoor temperature and heat index, compliant training, required emergency response procedures and more.

Paying nonexempt employees in the event of office closure

If a practice is forced to close due to excessive indoor heat, the employer must pay nonexempt (hourly) employees at least half of the scheduled day’s work (no more than four hours) in accordance with the rules of **“reporting time pay.”** Salaried employees would not suffer a reduction in pay as they cannot be penalized for an employer’s failure to provide work.

Exceptions to the rule are situational. For example, if excessive heat is due to a failure of public utilities or if an “act of God” causes high indoor temperatures that the employer cannot control, the employer is not responsible for paying the remainder of the scheduled hours not worked by the hourly employee. Conversely, if the heat is rising due to an inadequate A/C system or electrical issue in the building that is not public utility-related, then the reporting time pay rules would apply.

August 20, 2024



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FRIDAY, SEPTEMBER 27, 2024

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“Infection Control, OSHA, Ethics and CA Dental Practice Act”

Nancy Dewhirst, RDH, BA

FRIDAY, OCTOBER 25, 2024

In Person and Virtual—you choose

“Codependent Cariology” AND “Offensive Dentistry”

Brian Novy, DDS

FRIDAY, JANUARY 31, 2025

In Person and Virtual—you choose

“Responsibilities And Requirements for Prescribing Schedule II Opioid Drugs in CA”

AND

“Dental Management of Patients with Common Medical Conditions”

Patrick Quaranta, DMD

FRIDAY, MARCH 14, 2025

In Person and Virtual—you choose*

**“Good to Great: Utilizing Orthodontics to Enhance Cosmetic and
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Bruce McFarlane, DMD, BScD, MCID, FRCD(C)



Darren Hulstine

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Experience you can trust:

In 2011 Darren co-founded Integrity Practice Sales and turned his attention towards helping dentists with successful transitions. He has now been in the dental industry for 29 years and, as a long-time resident of the Central Coast, he has a well-established dental network. He also holds a wealth of knowledge in regard to local practice sales trends and successful practice transitions.



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