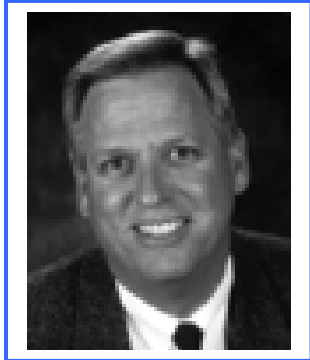


2009-2010 Reports of the Trustees

Jade A. Miller District VI Trustee

Trustee Activities



This past year has been a busy and effective year for District VI. There continues to be considerable discussion, confusion and questions as to the real benefits of the District structure. Each State unit has their challenges to convey to their membership the benefits and therefore the value for dues to our District. From my perspective as Trustee the District representatives of their state and District annual meeting is the most effective way for me to communicate with their state unit.

We had our District VI Annual meeting in conjunction with the California Society of Pediatric Dentistry April 7-11th. We suffered in Cancun, Mexico – hey someone had to do it! It was an outstanding meeting that in addition to having several great continuing education programs the AAPD was well represented by Dr John Liu.

State Unit Reports

Alaska

Current membership 20, including 6 IHS and 1 military

Officers

- President – Michelle Slezewski
- Vice Pres – Steven Rayes
- Secretary – Christine Roalofs
- Treasurer – Tom Brewer
- At-Large – Olivia Hougen

New officers will be elected at April 2010 meeting

Next meeting scheduled April 29, 2010.

Dues collected at 200 dollars yearly.

Issues

- Dental Therapist: Quiet. AAPD position is understood and will be discussed at our April meeting.
- Medicaid reimbursement: We received another small raise last summer. Most pediatric providers accept Medicaid in Alaska.
- Access to care: Geographic mostly. Plenty of providers will care for kids. Just have to identify and get them to a location where care can be provided.

District VI Trustee's Report, 2009-2010

- Lutheran Residency program strong at Alaska Native Medical Center. Several residents have stayed in area increasing our numbers.
- Head Start Initiative: Launch scheduled for Fall 2010, possibly September.
- Expanded Duty Hygiene Bill: Passed legislature, no action by dental board yet
- Dental Assistants bill: Passed legislature, no action by dental board yet
- C.E. We are planning a 2 day CE meeting for July 2011. All WSPD members will be invited.

Arizona

President – Bobby Yang
Secretary-Treasure – Timothy Wilson

Membership

Our current membership stands at 59 members.

23 new members for the 2009-10 year!

Every month 1-2 new pediatric dentists join.

Activities – Future and Past

- 2009 Fall Meeting with guest speaker Dr. Kevin Donly.
- We are in the process of rewriting the AzAPD bylaws to reflect our growing membership.
- Our Web site, www.AzAPD.com, came online in July 2009.
- We have delivered Baby Oral Health Program presentations to physicians encouraging “lift the lip” and fluoride varnish applications.
- We had a presentation at the Arizona Academy of Pediatricians Annual meeting.
- We have presented dental trauma triage information and oral hygiene instructions to school nurses on in-service days.
- Arizona will get its first pediatric residency program offered by Lutheran Medical Center scheduled to begin in July 2010 in Tucson.
- General dentist Paul Gosar is running for congress.

Concerns

- Medicaid slashed reimbursement fees.
- The Arizona legislature, in its attempts to balance the budget, axed the Kids Care program. This makes AZ the only state in the country **without** an SCHIP program!
- There are approximately 122 AAPD members in Arizona yet we have 59 AzAPD members. We would like the AAPD to encourage more participation in state societies.

Plans for the 2010-11 year

- We will hold election for new officers in June 2010.
- We are in the planning stages for a public service campaign to encourage good oral hygiene and the establishment of a dental home.
- Efforts are taking shape to form stronger ties with other Arizona professional societies and possibly team up for health care initiatives.
- We are planning a cooperative effort with the Delta Dental Foundation for oral health education.
- The AzAPD 2010 Fall Meeting is currently being organized.

- Sites will be selected for an AzAPD sponsored Give Kids a Smile Day in February 2011.

British Columbia, Canada

President – Gerry Pochynok
Vice-President – Diederik Millenaar
Treasurer – Lori Santos
Past-President – Felicity Hardwick

The following are items that have been keeping BC pediatric dentists busy over the past few months:

Use of Fluorides in Caries Prevention. The members had the opportunity to review this document which is in the process of being formalized by the Canadian Dental Association. This document is as a result of discussions between the Canadian Dental Association and Health Canada who have reached a consensus with regards to common messaging in their respective fluoride position statements. The two organizations have not enjoyed a unified position on this topic since 1996. The major area of contention during the past decade has been the use of fluoridated toothpaste in very young children. Given the strong views held by clinicians on the need for fluoridated toothpaste in many young children, especially those at risk for early childhood caries, and those held by the Office of the Chief Dental Officer of Canada (OCDO) in its ongoing commitment to promote patient safety and to safeguard water fluoridation as a highly effective public health measure, the Canadian Academy of Pediatric Dentistry (CAPD) was asked to work with the OCDO to achieve a common understanding and consensus on this issue. This consensus has now been achieved.

Western Society of Pediatric Dentistry. The issue of our continued membership came to the forefront following the increase of \$40 in our society fees to pay for our WSPD membership. At that time it was decided to bring this to the membership for a vote. The vote to maintain the society's membership in WSPD was carried by a majority.

Consultation on Report and National Position – Early Childhood Caries. Similar to the Fluoride Position Paper BCSPD's input on this document has been asked for.

Ministry of Housing and Social Development. This governmental dental coverage for under-privileged children is the province's equivalent of Medicaid, and has recently made a number of changes which will negatively impact the care our members can provide the children of BC. As a result letters and discussions regarding this issue are on-going as the BCSPD attempts to have these changes reversed.

New members of the Executive Committee. The Executive changeover will occur at the June meeting.

California

President – David Rothman
President-elect – Oarionia Low
Vice President – Steven Chan
Secretary – Rebecca Lee Pair
WSPD Representative – Jonathon Lee/Alex Alcaraz/David Rothman/ Jeff Wood

Number of pediatric dentists – CSPD State Member Pediatric Dentists: 742 (Not all of these are AAPD/WSPD/CSPD Tripartite members).

State unit and related activities, i.e. C.E offerings, meetings
4/8/10 – CSPD/WSPD - 2010 Annual Meeting in Cancun
4/8/10 – CSPD Board of Trustees Meeting in Cancun
6/12/10 – CSPD Board Meeting
9/25/10 – CSPD Board Meeting
4/6/11 – CSPD/WSPD – 2011 Annual Meeting in San Francisco

Issues

Dues structure and collections

Active Member -CSPD/WSPD \$350 (only Active Members who belong to AAPD are billed the \$40 for WSPD), CSPD non WSPD \$310, Faculty \$155, Associate \$155, Affiliate \$155, Active Member First Year \$155 (not billed for WSPD), Post and Pre-doctoral Student \$0, Retired \$0, Currently CSPD collects the dues out of CSPD's central office. CSPD will be considering using the AAPD billing systems to bill for both AAPD and CSPD dues next year in one statement from AAPD.

WSPD must decide whether to use the AAPD billing systems to do the billing for the District VI dues.

CSPD Board Update – The CSPD Board met on January 9th and 10th 2010 to discuss the strategic plan for the organization. The board worked with an outside agency to help facilitate the discussion. The board worked hard to develop objectives to improve and continue the success of the organization.

Legislative issues

California Legislature 2009-10 Second Regular Session Bills of Interest to CSPD March 15, 2010

AB 1524 (Hayashi) **Dental Licensure by Hybrid Portfolio Pathway** – This bill would replace the clinical dental licensure examination administered by the Dental Board of California with an assessment process during enrollment at an in-state dental school. The Hybrid Portfolio Pathway (HPP) would utilize uniform standards of minimal clinical experiences and require a final assessment of the submitted portfolio at the end of the school program.

CSPD Position:

Watch

Comment:

Other current paths to dental licensure would remain available, including passage of the Western Regional Examination (WREB). Although treatment of the primary dentition or treatment of the minor dental patient are not delineated in the proposed statute as one of the seven portfolio areas or six core competency requirements, the Board has indicated that inclusion of certain pediatric dental procedures will be included in regulations being developed to implement the licensure by hybrid portfolio pathway.

- AB 1783 (Hayashi)** **Denti-Cal: Change of Location Form** – This bill would allow a dentist enrolled as a Denti-Cal provider changing practice location within the same county to continue enrollment by the filing of a change of a change of address form with the Department of Health Care Services.
- CSPD Position:** **Support** – [Read CSPD's Letter of Support](#)
- Comment:* *Existing law requires a dentist to file a new enrollment application for a change of address, a process that can take the better part of a year for approval. This change would allow uninterrupted practice, continuum of care to Denti-Cal patients, and conform to a similar provision already in place for physicians.*
- AB 2035 (Coto)** **Self-Funded Dental Plans: Disclosure of ERISA Information** – This bill would require that claimants of a self-funded dental plan be informed in explanation of benefits statements and other materials that the plan is subject to compliance with the federal Employee Retirement Income Security Act (ERISA) and not subject to state law governing health care coverage for dental plans.
- CSPD Position:** **Support**
- Comment:* *This bill is identical to AB 745 (Coto), introduced in the last legislative session, which was vetoed by the Governor as "unnecessary". It enjoyed broad support in both houses of the legislature. Like AB 745, AB 2035 is sponsored by CDA.*
- SB 294 (Negrete)** **Healing Arts Boards: Enforcement Provisions** – Makes significant revisions to the enforcement programs of the 18 Healing Arts Boards under the jurisdiction of the Department of Consumer Affairs, including the Dental Board of California and the Dental Hygiene Committee of California.
- CSPD Position:** **Watch**
- Comment:* *The bill contains 50 provisions, of which about half would impact enforcement activities of the Dental Board of California. The most significant provisions would prohibit certain types of gag clauses in civil settlements, expand authority of the Board's Executive Officer to adopt default decisions and settlement agreements, permit increased accesses to documents and medical records for disciplinary actions and impose greater penalties if they are not provided, automatically suspend the license of incarcerated licensees, provide mandatory license revocation for sexual misconduct or for the status of being a sex offender, require more comprehensive reporting of convictions and criminal charges, and require suspension of the license of a licensee failing a diversion program. Some of these provisions are already essentially in place within the Dental Board of California. This bill will likely be superseded by SB 1111, introduced in the second session.*
- SB 1111 (Negrete)** **Healing Arts Boards: Enforcement Provisions** – The bill contains 37 provisions to facilitate the investigation of consumer complaints and the prosecution of licensees by the 18 Healing Arts Boards under the jurisdiction of the Department of Consumer Affairs.
- CSPD Position:** **Watch**

Comment: This bill represents a monumental change to the enforcement capabilities of the Dental Board of California and the 17 other Healing Arts Boards, expanding on the provisions of SB 294. It was introduced as part of the Department of Consumer Affairs' Consumer Protection Enforcement Initiative to reform and streamline the enforcement process of the Healing Arts Boards it oversees and reduce by half the average time of investigation and prosecution of accused licensees. While the intent is in the public interest, there is concern, at the same time, to maintain fairness and due legal process for licensees. CSPD will likely take no position on this bill until its provisions are thoroughly evaluated by CDA, a process undertaken by legal counsel.

State Board Issues

Summary of the Meeting of the Dental Board of California Prepared for the California Society of Pediatric Dentistry February 25-26, 2010

The Dental Board of California met February 25-26, 2010, in San Diego. The following summarizes actions and issues coming before the Board pertinent to pediatric oral health

8-Hour Infection Control Course Requirement for Unlicensed Dental Assistants

AB 2637 (2008), which became operational January 1, 2010, redefined the dental assisting regulatory structure. This bill created the Orthodontic Assistant Permit, the Dental Sedation Assistant Permit and modified the scope of practice of the Registered Dental Assistant, Registered Dental Assistant in Extended Functions, and unlicensed dental assistant. Included in the provisions of this legislation is the requirement that beginning in 2010, dentist employers will be responsible for ensuring that unlicensed dental assistants complete, within one year of employment, one time only, a 2-hour course on the California Dental Practice Act (CDPA) and an 8-hour infection control course. Dentists will also be responsible for ensuring that unlicensed dental assistants in their employ obtain and maintain certification in basic life support (BLS).

While the CDPA and BLS requirements can be met with existing courses, the 8-hour infection control course requires completion of a newly designed, Board-approved course specifically for unlicensed dental assistants. This course must contain a four-hour didactic component (which may be provided by electronic transmission) and a live, in-person two-hour pre-clinical and two-hour clinical component with no greater than six students per instructor which cannot be given by electronic transmission or distance learning.

The issue before the Board concerned whether this requirement was intended to apply to all unlicensed dental assistants or only those hired after January 1, 2010. The statute was ambiguous on this point. An opinion by the California Legislative Counsel, a nonpartisan public agency that drafts legislative proposals, prepares legal opinions, and provides other legal services to the Legislature, at the request of the bill's author, Mike Eng, concluded that the Dental Board could reasonably accept either interpretation. Further, it was the opinion of the Legislative Counsel that the courts would uphold either decision of the Board. With this information, the Board voted that the requirement that an unlicensed dental assistant must complete the 8-hour infection control course applies only to those individuals first hired by his

or her current employer after January 1, 2010. The Board further decided that any unlicensed dental assistant who could produce evidence of satisfactorily completion of Board-approved Registered Dental Assistant training would be deemed to having met the requirement.

Comment: The action of the Board removes a formidable obstacle to continued employment for many of the estimated 40,000 to 50,000 unlicensed dental assistants currently working in California. Two situations, however, should be noted:

- *If a dental assistant working for his or her current employer prior to January 1, 2010, leaves that employment, it becomes the responsibility the next employer to ensure that the requirement is met.*
- *If an employer changes employment entity (e.g. a sole proprietor becomes a corporation or a partnership or the practice is sold to a new practice owner), then the unlicensed dental assistant working under the January 1, 2010 prior-employment exclusion must now meet the requirement.*

Additionally, it should be noted that the decision of the Board relates only to the infection control course. The employing dentist is still responsible for ensuring that all unlicensed dental assistants, regardless of their first date of employment, meet the requirements of completing the California Dental Practice Act two-hour course and of obtaining and maintaining certification in Basic Life Support.

Consumer Protection Enforcement Initiative (CPEI) of the Department of Consumer Affairs

The Department of Consumer Affairs (DCA) has initiated a series of reforms, termed the Consumer Protection Enforcement Initiative, to reform and streamline the enforcement process of the 18 healing arts boards it oversees. The program is intended to enable healing arts boards to more efficiently investigate consumer complaints and prosecute licensees under their jurisdictions. The goal is to reduce by half (from an average of 36 months to between 12 and 18 months) the conclusion of time needed for investigation and prosecution of accused licensees. The CPEI targets three areas:

- **Administrative Reform:** New performance measures and revised internal operations of the healing arts boards' Enforcement Divisions will be designed to streamline procedures, target problem investigations, and improve probation monitoring.
- **Increase in Enforcement Resources:** The Dental Board of California's Enforcement Division will grow by approximately 20%. Reforms include the hiring on non-sworn investigators and increasing the number of dental consultants, especially dental specialists, to review cases.
- **Pursuit of Legislation:** The DCA is sponsoring legislation, SB 1111 (Negrette McLeod), that would expand the powers of the healing arts boards and provide increased regulatory tools and authorities to more efficiently investigate and prosecute suspected violations of law by healing arts practitioners.

Comment: This bill represents a monumental change to the enforcement capabilities of the Dental Board of California and the 17 other Healing Arts Boards under the jurisdiction of the DCA. While the intent is in the public interest, there is concern, at the same time, to maintain fairness and due legal process for licensees accused of violations of the Dental Practice Act or other authority. The 37 separate provisions of the bill as introduced will need to undergo rigorous legal analysis and evaluation before CSPD can determine a position on this proposed legislation.

DBC Complaint and Compliance Unit Cite and Fine Authority

In an effort to streamline enforcement investigations, effective February 1, 2010, the Board's Complaint and Compliance Unit began citing and fining licensees who fail or refuse to comply with the Board's request for dental records. In the past, it was the Board's practice to send three

letters, the last by certified mail, when records were requested. Beginning February 1, it is now the Board's practice to send a single certified letter to both subject dentists and to subsequent or previous providers. If, after 45 days the records are not received and the dentist has not been granted an extension or waiver from the Board, he or she will receive a second certified letter demanding the records accompanied by a citation and \$5,000 fine. The Board's website now contains the following policy announcement:

Effective February 1, 2010, the Dental Board of California (Board) will be uniformly citing and fining licensees who fail or refuse to comply with the Board's request for dental records.

Business and Professions Code Section 1684.1. (a) (1) states:
A licensee who fails or refuses to comply with a request for the dental records of a patient, that is accompanied by that patient's written authorization for release of record to the board, within 15 days of receiving the request and authorization, shall pay to the board a civil penalty of two hundred fifty dollars (\$250) per day for each day that the documents have not been produced after the 15th day, up to a maximum of five thousand dollars (\$5,000) unless the licensee is unable to provide the documents within this time period for good cause.

Comment: The Board will entertain an informal appeal process of the fine if the records are produced and an appeal requested within 30 days. The appeal will be heard by the Board's Executive Officer. Continued failure to produce the requested records without adequate explanation will result in initiation of disciplinary proceedings.

Retroactive Fingerprinting Regulations

Currently the Dental Board of California along with other boards and bureaus of the Department of Consumer Affairs requires license applicants to provide electronic fingerprint records for a criminal background check prior to issuance of the license. Although required since 1986, this licensure prerequisite was not retroactive. Dental licensees, therefore, who obtained licenses prior to that date, have no electronic fingerprint record. As a result the Board has no criminal history or subsequent arrest records for any dentist licensed prior to 1986 or for any Registered Dental Assistants prior to 1999.

To correct this situation, the Board approved regulatory language to amend the California Code of Regulations to require the submission of electronic fingerprint records to the Department of Justice as a condition of license renewal for any licensee without such records on file. The licensee will pay the costs of furnishing the fingerprints and the Department of Justice search, estimated at \$50 to \$60.

As another condition of license renewal, the licensee will be required to self-disclose whether, in the prior renewal cycle, he or she has been convicted of any violation of law in California or any

other state or country, omitting traffic infractions under \$1,000.00 so long as the infraction does not involve alcohol, dangerous drugs, or controlled substances.

Comment: The proposed regulatory language is still subject to a 15-day comment period and approval of what is known as the "rulemaking file" by the Office of Administrative Law before it becomes effective. It is anticipated that implementation will begin with December 2010 renewals.

State Medicaid

Dental Periodicity Schedule for Children California Medi-Cal Dental Program

Federal law governing the provision of dental services to children under Medicaid's Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program requires that dental services be provided in accordance with a dental periodicity schedule. This schedule must recommend treatment intervals that meet reasonable standards of dental practice, as determined by the State after consultation with recognized dental organizations involved in child health care, and at such other intervals that are medically necessary to determine the existence of a suspected illness or condition. The dental periodicity schedule reflects the ages and intervals at which a child should receive specified dental services, not when a referral should take place. Following consultation with the California Dental Association (CDA), California Society of Pediatric Dentistry (CSPD) and American Academy of Pediatric Dentistry (AAPD), Denti-Cal has elected to use the attached periodicity schedule recommended by AAPD (reproduced with permission). The rationale supporting the procedures recommended in the periodicity schedule can be found on the AAPD Web site at

http://www.aapd.org/media/Policies_Guidelines/G_Periodicity.pdf. Although Denti-Cal supports the intervals recommended in the AAPD Periodicity Schedule, please be aware that the Manual of Criteria contained in the Provider Handbook governs Denti-Cal policy with respect to which procedures are benefits and the frequency at which they are allowable. For questions, please contact the Denti-Cal Telephone Service Center at (800) 423-0507.

Advocacy

The Consequences of Untreated Dental Disease in Children

The California Society of Pediatric Dentistry in collaboration with the California Dental Association has produced an advocacy binder dramatically illustrating *The Consequences of Untreated Dental Disease in Children*.

Designed for supporting CDA and CSPD efforts in promoting legislation and public policy which improve children's oral health, the binder contains introductory information on the progressive and largely preventable nature of dental disease, full color illustrations of untreated pediatric dental conditions, and a Children's Oral Health Fact Sheet

Access to care issues

CSPD Provides School Absence Information and Assistance

Dentists, and pediatric dentists in particular, are often challenged by parents anxious to avoid school absence, even when that absence is for the purpose of health care delivery. Although most practitioners establish scheduling policies and protocols intended to minimize pupil absence in a manner consistent with the patient's age, the nature of the service provided, and

fairness to all families in the practice, many are still confronted with school policies that seem or profess to prohibit absence from school for the delivery of dental care during school hours.

As pediatric dentists, we recognize the importance of regular school attendance and the effect on education of chronic absence. We also recognize the negative financial implications to the school from the state when daily attendance is reduced. For these reasons, we have long urged our members to work with parents and with schools to minimize attendance disruption for oral health services – and better oral health through regular preventive care visits is one strategy for accomplishing this goal. It is not realistic, however, to expect that all pediatric and adolescent oral health care services can be delivered outside of school hours. In fact, state law [California Education Code §48205(a)(3)] specifically provides that “a pupil shall be excused from school when the absence is for the purpose of having medical, dental, optometrical, or chiropractic services rendered.”

In an effort to provide clarity on this issue to dentists, parents, and school educators, the California Society of Pediatric Dentistry has joined with the California Dental Association to provide a downloadable Message to Parents and School Administrators Regarding School Absence for Dental Appointments. This one-page information sheet, which contains Oral Health Facts for Children, may be [downloaded from the CSPD Website](#) and CDA websites for printing and distribution by dentists and their staffs.

In addition, CSPD has developed a template for a School Attendance Release Form which [may be downloaded from the CSPD Web site](#) and customized by members for individual office printing and distribution (This is a MS Word doc file). The form contains reference to §48205(a)(3) of the Education Code.

Hawaii

Number of active members: we currently have 28 active members

Officers:

President – Lynn Fujimoto

Secretary – Ellsworth Takata, Jr.

Treasurer – Michelle Kobayashi

Last meeting: February 17, 2010

Our guest speaker for this meeting was Mr. Loren Liebling, the Executive Director of the Hawaii Dental Association. Loren spoke on the legislative proceedings, changes in state licensing, the future of the University of Hawaii Dental Hygiene school, DHAT situation, and current lack of participation in the Hawaii Dental Association.

Legislative proceedings include bills covering non-covered dental benefits and bill against tooth whitening kiosks in Hawaii.

The Lutheran Medical Center has begun a pediatric dentistry residency program in Hawaii with four residents. Discussion was held about the residency and the current opposition to the residency by HAPD members.

The Head Start initiative has been very active – one of our goals was to increase Medicaid involvement by dentists in the neighbor islands. We are focusing on the island of Hawaii this

year. Hawaii received an \$11,000 grant and we have had a continuing education seminar for hygienists in Hilo about dental care for special needs patients and Medicare children. We are also collaborating on a video that will be produced to encourage early dental care for early head start children and families.

Montana

- Montana is working with the AAPD/Dental Home Initiative for our launch this fall. We have been working hard to make certain that every Head Start child has a dental home.
- We have a new pediatric dentist in Kalispell.
- We do have increased Medicaid reimbursement for children who are 4 and under for examination, prophylaxis, and fluoride varnish. We also can use the codes "oral hygiene instruction" and "nutritional counseling" for Medicaid children under 4.

Oregon

Leadership

President – Lihn Vo-Cheng (drvocheng@yahoo.com)

Joe Lubisich – Treasurer

Sheena Kalia – Vice President

Andrea Beltzner – Secretary

Leadership changes in the fall at the annual business meeting, with exception of Treasurer (3yr. Term)

Membership

Approx. 80 Member Dentists

(6 retired members-pay no dues)

Academy's checking balance is sound with no outstanding debts.

(Current balance \$44,000)

Continuing Education Opportunities

- PALS recertification class on March 20th, 2010 (Social in the evening)
- Summer Social on July 17th, 2010 (BBQ in Lake Oswego)
- Fall Business Meeting on October 9th, 2010 (Dr. William Wagonner speaking)
- Ski Meeting in Sunriver Oregon March 11th-12th, 2011 (Dr. Jessica Lee speaking on Trauma)

Current Topics

- Modification of OAPD website is under way. Leaving American Eagle.
- Donating \$4000 per year to the Residents Research Fund at OHSU
- Interested in Co-hosting a meeting with Washington

Utah

Utah has finally had a year where we have somewhat functioned as a group. The state slashed reimbursement by 30% for Medicaid in May. After a letter writing and calling campaign for 6 months the state legislature was for the most part against restoring rates. We also contacted the Federal department over Medicaid and they watched the entire thing and after a study showing that most of us had cut back Medicaid or canceled taking it, and that Jan 1 we would drop it altogether if rates were not restored we would drop them and the state would have a shortage of supply. The Feds came back and said the state was proceeding illegally and that

they would pull their federal funding if it was not restored to a reasonable rate. Rates have been restored (minus a 4% cut) and they have to retroactively pay us for all procedures back to May.

WSPD dues have tried to collect funds and hopefully it will come around soon.

Washington State

Washington has 140 pediatric dentists in our state, 127 active and 13 retired. Of this number, we have 104 who are currently WSAPD members. In addition we have 6 affiliate members and 14 post doctoral student members. Last year in March we had 69 members, by July we were up to 80+ members and at the time of our annual meeting in October we had 106 members. As an executive board we tried to call and personally invite all the pediatric dentists in our state to join the state organization. I believe our efforts have paid off. Two years ago we were averaging 20 members attending an evening dinner/ business meeting with an hour of CE. This last year, thanks to the help of the WSPD, we had a national speaker for a 4 hour course followed by a business lunch and table clinics put on by the Washington Pedo program. This year we have lined up 2 expert speakers for annual meeting at the Cedarbrook resort located near the SeaTac airport. Next year we are having our meeting at the Hotel Coeur d'Alene resort on Idaho Washington border. We are hopeful that we can strengthen our state organization by putting on first class annual meetings.

In addition to our annual meeting we have had our 2nd annual march PALS course. We had 18 attending this year's course with one attending coming from Boston.

We raised our dues to \$125 per member, \$40 of which is passed on to the WSPD. Students are free.

The current concern that we have in our state is the legislation that the Washington State Dental Association is proposing, which is an expansion of duties that trained dental assistants will be able to perform under direct supervision of the dentist which will include prepping teeth, simple extractions, pulpotomies and completing stainless steel crowns. Most comments from the pediatric dentists have been against this proposal.