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CDA LEADERS LOOK AHEAD TO NEXT 150 YEARS OF ORGANIZED DENTISTRY

“As I see CDA now and into the future as being limitless in what we can produce and do for our members.” While reflecting on CDA’s momentous milestone of 150 years in organized dentistry, Richard Nagy, DDS, president of the California Dental Association, looks ahead — optimistic about what’s next for the organization and its 27,000 members.

“CDA is continuously evolving in a positive direction,” said Dr. Nagy, “The premise of CDA since its inception was to create a standard and help to regulate and encourage each other to learn to be better; we did it 150 years ago and will continue to do so, but I think at a much more rapid pace.”

The largest state association in the ADA, CDA was created in 1870 by 23 dentists who vowed to cultivate the art and science of dentistry. Since then, the organization has initiated breakthroughs in insurance and e-commerce with the development of The Dentists Insurance Company and The Dentists Supply Company — subsidiaries of CDA and just two member resources that Nagy credits for supporting the organization’s steady and growing membership.

“From my perspective, one of CDA’s greatest accomplishments since I became a member 30 years ago is its ability to sustain membership,” he said. “A lot of professional organizations have a declining membership, but not CDA, and I believe that’s because we develop programs and resources that help our members practice more efficiently.”

Advocating for public health
Through the generosity of volunteers and donors, CDA continues to meet the needs of members and the public through two flagship programs of the CDA Foundation, the philanthropic arm of CDA: the Student Loan Repayment Grant and CDA Cares — a volunteer-run clinic that has provided $25 million in dental care to more than 30,000 people since 2012.

A leader in legislative advocacy, CDA has also been the driving force behind numerous public health initiatives.

CDA President Richard Nagy, DDS, invites members to be a part of CDA’s milestone year by sharing photos, videos and memorable moments. Learn more and watch the video at cda.org/150.

A prosthodontic potpourri: CDA Presents course highlights the future of digital dentistry

As science and technology continue to advance, the world of dentistry is evolving to incorporate a more digital approach. With its educational focus on technology, the upcoming CDA Presents The Art and Science of Dentistry in Anaheim, May 14-16, will offer dozens of courses on how to adapt to the latest tools, techniques and trends to provide patients with more efficient dental care.

“A Prosthodontic Potpourri — Panel Presentation” will collect from the thoughts and experiences of Lyndon Cooper, DDS, PhD, David Guichet, DDS, and Michael Scherer, DMD, MS — all who have been recognized for their leadership in research and digital technologies.

“Today’s dentists have the opportunity to enhance diagnosis, planning and treatment using novel biologies, improved materials and digital technology,” said Dr. Cooper, associate dean for research and head of the department of oral biology at the University of Illinois School of Dentistry, Chicago.

While highlighting nine commonly asked questions in prosthodontics, the panelists will offer pragmatic recommendations that dentists can incorporate into the practice.

“Dr. Evangelos Rossopoulos, the panel facilitator, got the idea that prosthodontists should stay at the forefront of trends in dentistry, and he wanted to bring the conversation on what’s changing, particularly in digital dentistry,” said Dr. Guichet.

A private practice owner in Orange, California, Guichet credits the latest technological advances in dentistry for his decision to scan and keep digital records of all patients — a change he made over the last two years.

Guichet describes digital dentistry as a well-tested and functional tool that goes well beyond the early adapter’s phase. “The question now is how will the early majority adapt to it,” he said.
The new year brought new dental plan rules. Are you keeping track?

Each year, the ADA publishes new, deleted and revised CDT code updates. When dental plans notify dentists about these code changes, the plans often include changes to their policies and processing guidelines, which amend the provider agreement between the dentist and the plan. For most dentists, the agreement they originally signed when they joined the dental plan network(s) is very different than the current contract they are operating under.

CDA-sponsored legislation (AB 2252) that took effect in 2013 requires dental plans to notify contracted providers 45 days in advance of any changes to their agreements, rules and procedures. If a dentist disagrees with the change(s), the dentist must act within the 45 days to terminate their contract with the dental plan in writing. CDA Practice Support heard from one dentist who was experiencing a change in a plan’s processing guidelines.

Practice Support
by CINDY HARTWEIL Dental Benefits Analyst

Cindy Hartwell has over 20 years of experience in the dental industry. After careers as an RDA and office manager in private practice, she joined a large dental benefit organization where she worked 16 years in both commercial and state government divisions. She held roles in customer service, claims processing, administration, training and professional relations.

The dentist explained that the office received an explanation of benefits from the plan for a claim the office submitted for orthodontic aligners. The office billed a D8080- comprehensive orthodontic treatment of the adolescent dentition with D8999 on the second line of the claim, noting this was an aligner case, not traditional braces. Additionally, the dental office noted the dollar difference in its contracted fee for traditional braces and the usual aligner fee. The office explained that in the past the plan had denied payment for the aligner fee, making the aligner fee the patient’s responsibility. However, in this case, the plan denied payment for D8999 and did not note the patient’s financial responsibility for the aligner fee. The office contacted the plan expecting to hear that this was nothing more than a processing error that required correction.

Instead, the office was informed that a new payment policy took effect Jan. 1 and changed the plan’s rules regarding the billing and payment of orthodontic appliances. The plan representative explained that the changes were communicated electronically and by U.S. mail to participating providers in the late fall of 2019.

The representative further explained that the notice to providers outlined changes concerning what a provider could charge a patient in orthodontic aligner cases. The resulting policy change holds a participating dentist to their contracted fee, regardless of the type of orthodontic appliance the patient selects.

Because the dental office disagreed with this change, the dentist contacted CDA Practice Support for assistance. The analyst explained that under AB 2252, the dentist had a right to act if they disagreed with the plan’s policy changes but would need to take action within 45 days from the date of the dental plan notice. Since the dentist hadn’t acted within the 45-day window allowed under law, the dentist was now bound to the new participating agreement rules and policy changes. Had the dentist or the dental team read the notifications regarding the policy update?
Navigating dental board C.E. audits and requirements with ease

Dental board licensees are required to maintain their continuing education certificates for up to three renewal periods (six years). But if you’re a licensee and you receive a C.E. audit in the mail, what happens next?

C.E. audits are done on a randomized basis and are not punitive. The dental board audits 1% of the active licensing population each year, which equates to approximately 30 licensees per month, including dentists and dental assistants. Of those 30 licensees, at least one must hold a general anesthesia, conscious sedation, oral conscious sedation, dental sedation assistant or orthodontic assistant permit.

While the chances of receiving a C.E. audit are fairly low, it is important that licensees always keep their mailing addresses updated in BreEZe — the Department of Consumer Affairs’ online licensing and enforcement system. That way, in the event the dental board sends a request for you to submit proof of C.E. completion (or any other correspondence, including renewal notices), you are able to respond in a timely manner.

Common C.E. deficiencies

Using compiled data from the past several years, the dental board has identified the following most common deficiencies as revealed through C.E. audits:

- Licensee has not completed the minimum required units for renewal. (C.E. unit requirements can be found at www.dbc.ca.gov/licensees/continuing_education.)
- Licensee has not completed a mandatory C.E. course (Basic Life Support, California Infection Control, and/or California Dental Practice Act).
- Licensee failed to take a mandatory C.E. course from an entity approved to provide mandatory courses in California.
- The BLS course must be provided by either a CERP or PACE provider or by the American Heart Association or American Red Cross.
- IC and CDPA course providers must be preapproved by the dental board to provide those courses. You can determine if your C.E. course provider is approved by using the BreEZe license search tool. For complete details, visit www.dbc.ca.gov/licensees/continuing_education.

C.E. audits are an effective way to ensure that dental board licensees are staying up to date on infection control standards, current laws and regulations and proper emergency life-saving techniques. The dental board states that, “by requiring proof of compliance in continued education from the licensees, the Board is helping to ensure safety for the consumers and emphasizing the importance of educating dental professionals.”

If you are an employer, it is also important to remember any C.E. requirements that your employees may have. For example, unlicensed dental assistants must complete, one time only, a 2-hour California Dental Practice Act course and an 8-hour California Infection Control course. Dentist employers are responsible for ensuring any unlicensed dental assistant employed beyond 120 days provides evidence of course completion for the two required courses within 12 months of the date of hire. Dentist employers must also ensure that their dental assistant employees maintain basic life support certification.

C.E. audits do not necessarily enable the licensee to perform the services within that course and, in some cases, may not qualify for C.E. credit. For example, a course related to the provision of elective dental sedation assistant or orthodontic assistant permit.

To discover opportunities to complete C.E. units, contact your local dental society, see the schedule of CDA Presents courses at cda.org/cdapresents or browse CDA’s online continuing education calendar at cda.org/ccalendar.

Newly published AAP primer supports dental-medical collaboration

Dentists now have a new resource they can use to work with their physician colleagues to improve oral health. The American Academy of Pediatrics developed an Oral Health Prevention Primer to help pediatricians and other medical professionals identify patients with oral health needs in their practice, collaborate with oral health allies and advocate to prevent dental disease.

Available by request, the resource is a finished PowerPoint presentation that introduces OHPP resources to pediatricians, primary care physicians and other health care providers who work with families. The presentation guides the user through an interactive presentation that takes 20 to 30 minutes. Dentists and other oral health professionals can use the presentation in coalition meetings and any professional or educational setting.

Dentists are encouraged to share this article and news of the new resource with their colleagues. For more information, visit the Campaign for Dental Health website (https://likemyteeth.org/ohpp).

**Request a copy** of the OHPP presentation by completing a brief form at www.research.net/r/requestsOHPP.

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Information for dental practices concerned about transmission of coronavirus and other ATDs

CDA Practice Support has received inquiries from CDA members and staff regarding the spread of the new coronavirus to California. At the time of this writing, the virus had reached nearly 47,000 people and killed more than 1,360 in China, with the World Health Organization reporting more than 3,500 new cases worldwide in one day — an increase of over 26% since WHO declared a global health emergency in late January to mobilize resources to contain the spread of the disease.

Although there were eight confirmed cases of coronavirus in California as of early February, most of the affected individuals had traveled in China where they were exposed to the virus. The California Department of Public Health reported one instance of person-to-person transmission in San Benito County, but stated it was from a close household contact. The Centers for Disease Control and Prevention states the immediate risk to the American public is still low.

ATD screening procedures

It is important for dental teams to understand that screening procedures are similar, regardless of whether the aerosol transmissible disease is coronavirus, measles, chickenpox or the flu. An important part of the Cal/OSHA required ATD screening process is to do a community risk assessment:

- Consider whether high-risk factors are present in the patient population (for example, international travel or anti-vaccine sentiments).
- Determine the incidence of ATD cases in the greater community by checking your local public health department website.

If a dental practice determines there is a medium to high risk of an ATD exposure, staff should ask each patient if they are experiencing symptoms characteristic of the particular ATD. The CDC offers interim coronavirus guidance for health care professionals. If not actively questioning patients because there is a low risk of ATD exposure, dental personnel should observe each patient's general health condition, noting symptoms such as coughing and fever and, if symptoms are present, questioning the patient about other symptoms and ATD risk factors such as exposure to an individual with an ATD.

If a patient is identified as possibly having an ATD, isolate the patient, provide them with a mask and, in most instances, refer them to their health care provider and reschedule dental care. If the patient is suspected of having the coronavirus, take the additional step of notifying the public health department.

The Cal/OSHA ATD standard requires dental practices to screen patients. The procedures for screening should be included in your practice's Injury and Illness Prevention Plan and staff must be trained on screening procedures. The regulation was developed soon after the SARS outbreak several years ago in anticipation of other outbreaks of unknown viruses.

Additionally, CDA reminds employers that they should consult with an employment attorney before limiting an employee's work due to that employee's travel to China. Each situation requires an individual risk assessment.

Members with questions may contact CDA Practice Support at 800.232.7645.
New HIPAA training resources from CDA developed specifically for dental practices

Any dental practice that is uncertain if it is fully compliant with HIPAA and state privacy laws will benefit from four new HIPAA training resources available in the CDA Practice Support section of cda.org. Each resource is intended to train both the privacy officer and the security officer in a dental practice on their shared responsibilities. These shared responsibilities include development of written policies and procedures, staff training and discipline, risk analysis and mitigation and breach assessment and notification.

The four resources are:

- “HIPAA Privacy Officer and Security Officer: Overview of Responsibilities” – The resource provides definitions, intent and other detailed information on the laws; lists and describes the required written policies and procedures; and reviews workforce training, business associates and compliance expectations.

- “HIPAA: Patient Rights, Privacy Practices and Privacy and Security Safeguards” – The resource describes several patient rights; reviews the appropriate uses and disclosures of patient information; and identifies the types of privacy and security safeguards that can be implemented in a dental practice.

- “How to do a HIPAA Risk Analysis” – The required risk analysis, which incorporates assessments of the dental practice’s risks, technical systems and compliance efforts, is essential to the dental practice’s ability to assure the privacy and security of patient information. The lack of a thorough risk analysis is often cited by the U.S. Department of Health and Human Services Office for Civil Rights when it investigates covered entities. This resource describes the steps necessary to perform a HIPAA risk analysis and what must be addressed in a mandatory risk management plan.

- “HIPAA: Breach Assessment & Notification” – The resource defines a breach and the exceptions to a breach. Incidents involving the unauthorized use or disclosure of patient information should be assessed unless the dental practice decides to move forward with the breach notification process. These new resources join two others already available to members: “Information Privacy and Security – HIPAA, State Laws” and “Access to Patient Records.” A dental practice can use these two resources in conjunction with its written policies and procedures to train all staff and other individuals who work in the practice. HIPAA does not require “HIPAA certification” and does not require that staff training be provided annually or by a third party.

Access the new resources in the CDA Practice Support resource library at cda.org/resource-library.
Journal salutes CDA’s 150th anniversary

The March issue of Journal of the California Dental Association commemorates CDA’s 150th year with articles on the history of the organization and the roles medicine, technology, dental education and societal needs play in shaping the future of dentistry and oral health.

The issue also features articles on the future of organized dentistry and past and present influences on dental practice. Additionally, an extensive timeline of dental history is presented, starting with 1830 when amalgam was introduced in the United States and ending with CDA’s sesquicentennial in 2020.

The CDA Journal is an award-winning peer-reviewed scientific publication that keeps dentists up to date about scientific advances, business management strategies and new products.

Find this issue and archived issues of the CDA Journal at cda.org/journal.

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CareCredit is accepted by more than 100,000 dental teams, making it easier for patients to manage out-of-pocket investments and say yes to treatment. Explore free resources to address financial conversations with patients and see how you can get started for only $30.
Protective aprons required during dental radiography

Some hospitals in the U.S. have stopped the practice of covering patients’ reproductive organs during radiographic examinations, but CDA reminds dentists that current state regulation requires that protective aprons be used during dental radiography. The move by hospitals follows an April 2019 recommendation by the American College of Radiology and other medical groups, Kaiser Health News reported last month. The article, which was picked up recently in an ADA Morning Huddle, also reported that the National Council of Radiation Protection and Measurements “is expected to release a statement supporting a halt to patient shielding.”

According to the AAPM statement, lead shields provide “negligible, or no, benefit to patients’ health” with the potential to “negatively affect the efficacy of the exam” by obscuring anatomy, for example, or by “drastically” increasing X-ray output and radiation dose due to modern imaging systems’ use of automatic exposure control.

Additionally, NCRP recently published “Report No. 177 – Radiation Protection in Dentistry and Oral & Maxillofacial Imaging.” Regarding protective aprons, it states, “Technological and procedural improvements have eliminated the requirement for the radiation protective apron, provided all other recommendations of this Report are rigorously followed, unless required by state regulation. However, some patients have come to expect the apron and may request that it be used.”

NCRP endorses the use of thyroid shielding when it will not interfere with imaging.

While radiographic experts are reassessing the need for protective aprons in light of current evidence and advances in technology, dentists should continue to use them until state regulation changes.

Title 17, California Code of Regulations Section 30311, requires that a protective apron of not less than 0.25 millimeter lead-equivalent be used to cover the gonadal area during dental radiography. CDA will inform members of any developments in state regulation in the Update and in the newsroom at cda.org.

While experts are reassessing the need for protective aprons, dentists should continue to use them until state regulation changes.

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Health care providers exempt from new state privacy law

Some of CCPA’s provisions are similar to HIPAA requirements

The California Consumer Privacy Act, which took effect Jan. 1, aims to give California consumers greater control over their personal information by imposing certain obligations on entities covered by the law. Frequent news from companies reporting breaches of individuals’ personal information created a need for two pieces of legislation, and former Gov. Jerry Brown signed those bills in 2018.

Although health care providers such as dental practices are exempt from this new law, it is important to understand that some of the law’s provisions are similar to those required by HIPAA and the California Confidentiality of Medical Information Act.

CCPA provides California residents with the right to transparency; the right to request an entity not to sell their personal information; the right to access their personal information; the right to data portability; the right to request deletion of personal information; the right to disclosure of the sale of personal information; and the right to opt out of the sale of personal information at any time.

The definition of “personal information” under California law is also drastically broadened under CCPA to include any information that “identifies, relates to, describes, is capable of being associated with, or could be reasonably linked, directly or indirectly, with a particular consumer or household.” This expands the definition to include IP addresses, browsing history or internet search information, geolocation data, biometric data, work history, education information, etc.

CCPA applies to entities that collect or control any personal information of a California resident and have gross annual revenues in excess of $25 million. If the revenue threshold doesn’t exempt a dental practice, the authors of CCPA recognized that health care providers already have legal obligations regarding patient privacy, record access and retention, and data security under HIPAA and the California Confidentiality of Medical Information Act and appropriately exempted health care providers from CCPA requirements.

Pending 2020 legislation, AB 713, if passed, will also exempt information that was deidentified pursuant to HIPAA regulations, as well as certain biomedical research information, from the CCPA.

A HIPAA-covered entity must obtain patient authorization to sell patient information in a transaction that is not a practice sale. In a practice sale, the buyer must have patient authorization to use the patient chart. A health care provider must provide a patient with access to information related to his or her treatment and payment for that treatment.

HIPAA-covered entities are also required to implement administrative, physical and technical safeguards to protect patient information in electronic format. If a patient requests destruction of his or her information, a health care provider is not required to comply with the request, although HIPAA does require the provider to respond to the patient’s privacy concern.

For more information on patient privacy and dental practice obligations under HIPAA and CMIA, visit CDA Practice Support at cda.org/practicesupport.

Organizations can apply through March 31 for Dental Materials and Supplies Grant

Nonprofit organizations can apply by March 31 for the CDA Foundation’s annual Dental Materials and Supplies Grant, which provides in-kind dental materials and supplies valued between $5,000 and $25,000 per year for two years. All materials and supplies are donated by Henry Schein Cares.

To be eligible for the grant, applicants must be classified by the IRS as a 501(c)(3) nonprofit organization and provide charitable dental services to underserved individuals in California.

Since the grant’s inception in 2003, more than 170 nonprofit organizations have received over $6.5 million in supplies to help provide dental care valued at $79 million. The Foundation awarded the grant to eight organizations in 2019.

Apply online and find complete grant guidelines, including selection criteria, and a list of past recipients at cdafoundation.org/grants-awards.
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The comprehensive comparison shows how much Dr. A could save on the exact same supplies by shopping online at TDSC.com.

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How did Dr. A find easy and consistent ways to save?

Dr. A visited TDSC.com/pricecompare

He gathered invoices from the practice’s current suppliers. He completed a quick online form and uploaded invoices.

And that’s it!

He was back to providing patient care.

What’s next?

His practice has streamlined shopping and found big savings!

They compared Dr. A’s invoiced prices product-by-product. In 5 business days, the custom price comparison was ready.

The comprehensive comparison shows how much Dr. A could save on the exact same supplies by shopping online at TDSC.com.

His practice has streamlined shopping and found big savings!

What’s next?

TDSC’s team created a Saved List of the compared products so Dr. A can add supplies to his TDSC.com cart any time in one click.

His practice has streamlined shopping and found big savings!

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His practice has streamlined shopping and found big savings!
A new state law that would have prohibited employers from requiring employees in California to sign certain mandatory arbitration agreements as a condition of employment did not take effect Jan. 1, as scheduled, and is awaiting final judgment in court.

Assembly Bill 51, as CDA reported last November, bans employers from requiring employees or applicants to waive any right, forum or procedure under the Fair Employment and Housing Act or Labor Code as a condition of employment. But a federal judge on Jan. 31 issued a full preliminary injunction blocking California’s enforcement of the law. The injunction follows the temporary restraining order the court issued last December after the U.S. Chamber of Commerce and other business organizations filed a lawsuit against the state of California seeking to have the law preempted by the Federal Arbitration Act.

Had the law taken affect as scheduled, it would have applied to agreements entered into, modified or extended on or after Jan. 1. Violations would subject the employer to criminal prosecution under AB 51.

With the preliminary injunction in place, AB 51 is unenforceable, and employers are not banned from requiring employees to waive any right, forum or procedure under PEHA as a condition of employment.

Employers who wish to implement arbitration agreements and employers who currently have agreements in place are encouraged to review any current arbitration agreements with legal counsel.

CDA will inform members of the final court judgment or any developments that affect employer compliance with AB 51.

Court injunction blocks California’s ban on mandatory arbitration agreements
Keeping pace with California’s employment regulations: Where to find what you need

Employers of every size are obligated to comply with federal, state and local employment laws. California regulations are enforced by six different state regulatory agencies; in comparison, other states are usually subject to only two or three.

Employment laws are in place to protect employees and ensure their safety and fair treatment. There are employment laws for employers, too, to ensure their interests are protected. The amount of information to keep track of can be overwhelming, but ignoring the regulatory requirements isn’t an option for employers.

If you’re an employer, the good news is, all the information and help you need is at your fingertips.

Legal issues involved in employment law can include discrimination, wrongful termination, improper classification of employees, workplace safety, wages and taxation.

Ways to comply with these employment laws include posting and providing required notices in a location accessible to employees, maintaining the required basic set of payroll records and maintaining written policies for those laws that require them. The notices contained in the CDA Required Poster Set (cda.org/posterset) provide many answers to wage and hour laws, legally mandated leave entitlements, employee safety, federal and state minimum wage requirements and more.

Examples of the most common everyday management of employees’ resources can be found with the following agencies:

Employment Development Department just released the “2020 California Employer’s Guide (DE 44)” that offers employers information for determining whether a worker is considered an employee, plus information on reporting new employees, using e-Services for Business to manage payroll taxes and payroll withholding. In addition, the EDD also offers free seminars and subscription to the quarterly California Employer Newsletter. Read the newsletter online at www.edd.ca.gov/payroll_taxes/california_employer_newsletter.htm.

The California Department of Industrial Relations website houses information related to the Labor Commissioner and wage orders (wages, hours and working conditions) and provides a list of workplace posting obligations with available downloadable and printable posters. It also offers paid sick leave FAQs, an alternative workweek elections database and information about Cal/OSHA and workers compensation.

Getting specific answers for specific questions

If you have questions related to a former employee’s eligibility for unemployment benefits, see the EDD’s “FAQs – Unemployment Insurance” at www.edd.ca.gov/Unemployment/FAQs.htm.

Confounded by the new independent contractor laws? The information is detailed on the Labor and Workforce Development Agency’s dedicated new website on AB 5 and employee status. Go to www.labor.ca.gov/employmentstatus.

It’s almost impossible for an employer to know every single law, ordinance and regulation, but employers in California should assume that most everything in the workplace is regulated and should “watch the clock or calendar” when considering actions. Missing important deadlines can result in
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DuBois counts community water fluoridation, which provides fluoridated drinking water to 24 million Californians, as one of the association’s most significant accomplishments of the last 17 years. And he cites CDA’s instrumental role in the passage in 2016 of the state tobacco tax, which is yielding millions of dollars every year to increase reimbursements for Medi-Cal Dental services and to provide funding for student loan repayment awards and practice relocation grants.

“These milestones have increased the number of dentists who are participating in the Medi-Cal Dental program, which has a profound impact on access to care for vulnerable populations,” he said.

150 years

From PAGE 1

“Our members have consistently told us that they want us to not only serve them, but they want us to also help them serve the public, because they believe that’s what professionals should be doing,” said Peter DuBois, executive director of CDA.

Drawn to the strength and diversity of the association, as well as to its people and its commitment to organized dentistry, DuBois accepted the position as executive director in 2003. He says what excites him the most is CDA’s pursuit of new ideas that could enhance the association’s ability to serve its members and the public.

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Laying the foundation for the next 150 years

A periodontist and private practice owner in Santa Barbara, Nagy says being a leader with CDA was not a part of his plan. As past president of the California Society of Periodontists and the Western Society of Periodontology, he spent most of his career in leadership positions specific to periodontics until he was encouraged to aim higher.

“Someone asked me to be a leader with Santa Barbara-Ventura County Dental Society; I was hesitant, but I did it,” he said. “By being involved with them, I got a glimpse into what CDA does for its members. If it wasn’t for that person asking me 14 years ago, I wouldn’t be here today.”

Now, as president of CDA, Nagy’s vision for the organization is to enhance membership value and effectively implement the organization’s mission and strategic plan.

Sharing similar values and sentiments, DuBois predicts that CDA will continue to become even more complex in the next 5-10 years with the addition of new and evolved benefits to make the member experience even richer than it is now.

“It’s humbling to be a part of an organization that’s 150 years old,” said DuBois. “I feel a sense of tremendous responsibility as one of many leaders in this organization to make sure that it can look forward to another 150 years.”

costly penalties most especially when it comes to paying employees. An employee’s final pay, which is dependent on who gives the notice of separation and when, is a commonly missed timely payment.

California is a unique state when it comes to labor and employment laws. The information is available for everyone, and it’s safe to assume your employees are educating themselves. Education, compliance and transparency are excellent defenses for employers who want to avoid potential fines and penalties.

In addition to the information available to employees through state agency websites, CDA Practice Support offers access to a dedicated team that can answer questions and provide resources on the laws that affect employers. These include “Legal Reference Guide for California Dentists” and various checklists and templates for hiring, termination, and paying employees.

Find employment resources in the CDA Practice Support resource library at cda.org/practicesupport.

Missing important deadlines can result in costly penalties. Employers commonly miss timely payment of an employee’s final pay.
Commercial property: Guidance on replacement cost and actual cash value

Whether you're opening a new dental practice or already own more than one location, selecting the right type and amount of commercial property insurance can be one of the most important decisions you'll make as a business owner. The Dentists Insurance Company offers business owner's and lessee's risk coverage policies that can protect you from significant losses due to unforeseen circumstances.

Like any other type of insurance, commercial property comes with different options of coverage including a replacement cost.

Replacement cost is the amount of money it will take to replace the property with an item of comparable quality and material. For example, if your building is destroyed by a fire, replacement cost would help you rebuild it and replace your equipment based on today's labor and material costs.

“TDIC uses industry-accepted replacement cost estimators, all while taking into consideration expertise within the dental industry to determine the replacement cost value of your property,” says Jack McKinney, TDIC vice president of sales and service. As construction and equipment costs fluctuate over time, it's advisable to review and update your policy regularly. Additionally, areas that are affected by abnormal market conditions, such as those associated with the aftermath of a wildfire, can experience higher than normal reconstruction costs. TDIC protects its policyholders by automatically increasing coverage 4% each year for inflation.

“We often find that we save our policyholders money because over time the inflation adjustment has increased their limits above what is truly required to rebuild or replace their building and equipment,” said Vanessa Morales, TDIC Insurance Solutions insurance advisor for Northern California. “Saving money for the dentists we protect is great. However, it is more important to ensure there is adequate coverage for the building and equipment so the practice may be rebuilt as it was prior to the loss.”

Practices and properties change over time. Regularly review your policy; assess your risks and adjust your coverage limits with the guidance of a trusted TDIC Insurance Solutions advisor to keep you confidently covered.

Learn more or connect to a trusted advisor at tdicinsurance.com.

Covérages written by The Dentists Insurance Company include Professional Liability, Employment Practices Liability, Commercial Property and Cyber Suite Liability. In California, TDIC also underwrites Workers’ Compensation. All other insurance products are placed through TDIC Insurance Solutions with outside carriers. CA Lic. #0652783.

Most dental facilities must install amalgam separator by July 14

All facilities required to submit one-time compliance report

Dental facilities, with a few exceptions, must comply with an Environmental Protection Agency rule to install an amalgam separator by July 14 and to implement two best-management practices.

All dental facilities, including those exempt from the federal rule, must submit a one-time compliance report to their local sanitation agency.

The EPA rule was published June 14, 2017, and required new dental facilities — those that began operating on or after June 14, 2017 — to comply immediately with the rule, as CDA has previously reported. Dental facilities operating before June 14, 2017, were given three years from the effective date of the rule to comply. That July date is approaching.

The rule is intended to reduce the discharge of mercury from dental offices into publicly owned treatment works, which discharge treated wastewater into rivers, lakes, bays and the ocean. Amalgam separators capture this mercury prior to its discharge into sewers and allow it to be recycled or properly disposed.

To effectively capture mercury, the amalgam separator must be compliant with either ANSI/ADA Specification 108 for Amalgam Separators (2009) With Technical Addendum (2011) or the ISO 11143 Standard (2008) or subsequent versions as long as that version requires amalgam separators to achieve

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at least a 99% removal efficiency. Regular inspection and maintenance of the device in accordance with the manufacturer’s instructions is required.

Mobile dental units and dental practices that discharge mercury into septic systems are not subject to the federal rule. Additionally, periodontics, oral and maxillofacial surgery and certain other specialty practices are not expected to discharge dental amalgam into their wastewater and are therefore exempt from the rule.

Best-management practices, one-time compliance report

Dental facilities required to install an amalgam separator must also:

* Capture and properly dispose of all amalgam waste from chairside traps, screens, vacuum pump filters, dental tools, cupholders or collection devices.
* Use cleaners that are not acidic or oxidizing on dental unit waterlines, chairside traps and vacuum lines.

Facilities operating before June 14, 2017, must submit the one-time compliance report no later than 90 days after Oct. 12, 2020, or 90 days after a transfer of ownership.

Facilities that began operation after June 14, 2017, are required to submit the report no later than 90 days following discharge into the sanitary sewer system. A change of facility ownership on or after July 15, 2020, also requires submission of the compliance report no later than 90 days after the transfer.

Documentation and maintenance records pertaining to the amalgam separator’s inspection, collection, repair and replacement must be maintained by dental facilities for a minimum of three years and made available in hard copy or electronic format.

The CDA Practice Support resource “Amalgam Separator Requirement – Q&A” provides more details about the rule and specific requirements, including what information must be included in the one-time compliance report and in the facility’s maintenance records. The resource also addresses alternatives to amalgam separators and questions about responsibility in shared facilities.

Access the Practice Support resource cited in this article in the “regulatory compliance” section at cda.org/resources.

The whole scope of investment is to be found places where it’s safe and little is known about it, not in a location where it’s just buried under a shovel. The diagram is for the known nothing dentists to please for the professionals.

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Dr. Glasband volunteers at CDA Cares Modesto in October 2018.

Dentist committed to making a positive difference through volunteer dental clinic

Q&A with CDA Cares Long Beach chair Gary Glasband, DDS

Popular for its sandy beaches and warm weather, Southern California is also home to thousands of families who lack access to proper oral health care.

“Along with all of this good fortune comes all of the problems that big urban environments attract,” said Gary Glasband, DDS, local arrangements committee chair of the CDA Foundation’s 17th CDA Cares clinic, which will take place for the first time in Long Beach this summer.

Over two days in July, volunteer dentists and dental professionals from across California will provide treatment — at no charge — to approximately 1,900 people. And Dr. Glasband, who practices in Long Beach, is overseeing donations, recruitment and funding.

“An event of this size cannot be a success unless you have complete buy-in from the entire community,” said Glasband who has been working behind the scenes to draw support from local city and state officials, raise funds, recruit volunteers and secure pharmaceuticals and dental lab equipment. This work begins 12 to 14 months before every event.

Glasband believes “dentistry is an opportunity to make a positive difference in the world.” He’s carried out that mission through local volunteer work and abroad as a member of The Flying Samaritans and HELPs International — organizations that have allowed him to care for individuals in Mexico and Guatemala.

A longtime CDA member who has served on various CDA councils, committees and task forces, Glasband has volunteered his time and skills to almost every CDA Cares clinic.

Over the years, he’s been involved from start to finish — helping set up and take down equipment. He has also provided care in the restorative area but now primarily facilitates clinical staff orientations. CDA spoke with him about how his past experiences have helped him prepare for the upcoming clinic at the Long Beach Convention and Entertainment Center, July 17-18.

What have you gained from volunteering at past CDA Cares clinics, particularly as it might help you approach and organize the upcoming Long Beach clinic?

My past experiences have allowed me to meet volunteers and dental colleagues from across the state who come from every walk of life. What I have learned is that a CDA Cares event will run like a well-oiled machine if everyone puts in the work at the planning stages. Can you speak about the need for this event in Long Beach and the surrounding area?

Like any big city, we have a homeless population, groups of working poor, unemployed, underemployed and uninsured people. We have families with children that have no or little access to care. These problems are not unique to Long Beach and our surrounding area, but they are indicative of the environments that an event like CDA Cares can have an impact on.

What is your fondest memory of a past CDA Cares event?

I have many fond memories from CDA Cares clinics. I have had some fun times and shared laughter with both volunteers and patients. My favorite memory is from one clinic several years ago. A group of patients who were waiting to be treated would give the volunteer dentists a standing ovation every time a patient got an upper denture or a new orleans.

waiting and applause of approval would just burst out. The entire scene was quite overwhelming to witness.

What is something you’d like to share with a dentist or dental professional who is thinking about volunteering?

If you have never volunteered for a free charitable dental event, CDA Cares is a perfect first-time experience. Dentists and dental professionals often take for granted their special talents. A filling or an extraction may seem simple or trivial to us; however, it’s a big deal to a person in need.

Register to volunteer at CDA Cares Long Beach at cdafoundation.org/long-beach.

About Gary Glasband, DDS

Dr. Glasband graduated from the University of California San Francisco, School of Dentistry in 1985. He practiced in various cities in Southern California before buying a private practice in Long Beach, where he remains today. Outside of dentistry, he has a passion for building and flying model airplanes, which he has been doing for more than 50 years.

Dr. Glasband volunteers at CDA Cares Modesto in October 2018.
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