During a ride home from work that he’ll never forget, Marc Bernardo, DMD, MPH, opened an email that would change his life. The Moreno Valley dentist learned that he had just been awarded a $300,000 CalHealthCares grant from the California Department of Health Care Services.

“It was overwhelming with gratitude and humility,” said Dr. Bernardo, who owes $500,000 in student loans. “My main purpose in becoming a dentist was to help people and make a positive difference in their lives. This grant enables me to fulfill this objective by serving my patients no matter their insurance coverage or financial means.”

Bernardo provides care at his family’s private practice and mobile care for bedridden and developmentally disabled patients. He’s among the first recipients of the new grant funded by Proposition 56, a voter-approved tobacco tax that CDA and other health care organizations sponsored in 2016. The grant program awarded $10.5 million in debt relief to 38 dentists (up to $300,000 each) in exchange for the dentists maintaining a 30% or more Medi-Cal patient caseload for five years.

“It’s like a weight has been lifted off my shoulders,” said Michelle Galeon, DMD, upon learning of her $300,000 award. “My student loan was something that I knew would take a long time to pay off.”

Dr. Galeon provides care at Valley Health Team in Fresno, a clinic where 70% of patients are covered by Medi-Cal. With $450,000 in student loan debt, the grant will allow her to continue serving people who have limited access to care.

“There are a lot of barriers to providing care. Allowing more providers to work in these rural areas makes a big difference in their lives,” said Galeon.

The grant program requires that patients undergoing any orthodontic treatment must have radiographs reviewed by the treating dentist prior to the movement of teeth and that the dentist must disclose their name and license number to the patient. This uniform standard of care applies regardless of whether the treating dentist is in person with the patient or provides services through teledentistry. The legislation will ensure that telehealth advancements continue to grow in a thoughtful way that puts patient safety first and is as effective as in-person treatment.

Support consumer protections for direct-to-consumer orthodontia — contact your legislator

With the emergence of new business models offering various dental services that are being ordered without an in-person clinical examination, such as direct-to-consumer orthodontia, it is imperative that dental treatment, no matter how it is accessed, continues to meet the standard of care. Assembly Bill 1519 requires that patients undergoing any orthodontic treatment must have radiographs reviewed by the treating dentist prior to the movement of teeth and that the dentist must disclose their name and license number to the patient. This uniform standard of care applies regardless of whether the treating dentist is in person with the patient or provides services through teledentistry.

This legislation will ensure that telehealth advancements continue to grow in a thoughtful way that puts patient safety first and is as effective as in-person treatment.

Contact your legislator to support AB 1519 at cda.org/AB1519
No ‘one size fits all’ when it comes to dental benefit contracting

CDA Practice Support receives calls from dentists who are considering adding or dropping participation with a dental benefit plan/network. The same question comes up repeatedly in these conversations: “Have you heard of a dentist who joined or dropped their participation with a dental benefit plan and experienced a successful transition?”

My answer is “yes.” Typically, the caller then asks a second question: “Have you heard of a dentist who joined or dropped their participation with a dental benefit plan, which resulted in an unsuccessful transition?” Again, my answer is “yes.”

It’s important to remember that adding or dropping a contract with a dental benefit plan is a personal business decision. There is no one size fits all in these types of business decisions, as what might work for one dentist might not work for another.

You may be asking yourself how a dentist can make a good decision about adding or dropping a dental plan/network participation, but there is one key element in each success story and it’s this: The dentist analyzed the pros and cons of adding or dropping participation with the plan/network. The saying “If you fail to plan, you are planning to fail” certainly rings true in this situation.

I occasionally receive calls from dentists who were in contract with a dental benefit plan, then added or dropped participation with the plan/network and are now experiencing issues related to their decision. What we find is that dentists often make their decision to join a plan/network predominantly based on the fee schedule. A dentist should not make their decision to join or drop a plan/network solely based on fees.

Practice Support has resources available to help dentists consider the risks and advantages of adding or dropping a plan and/or network. These include:

- Dental Benefit Plan Handbook - Chapter 2: Understanding Dental Benefit Plan Contracts & Fees
- Dental Benefit Contracting: It’s not all about the fees. What you need to know before you sign
- What You Need to Know About Dropping Dental Plan Contracts

As a CDA member, you can access these resources in the Practice Support online resource library. Simply visit cda.org/dentalbenefits and locate them under “Contracting.”

In addition to providing an online resource library, CDA Practice Support makes it easy to get answers to dental benefit questions. If you haven’t heard, CDA members can now use a simple online form to report issues and questions related to dental benefits. The question comes up repeatedly in these conversations: “Have you heard of a dentist who joined or dropped their participation with a dental benefit plan and experienced a successful transition?”

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Dentists’ use of Botox requires appropriate dental treatment plan documentation

At the direction of the 2018 CDA House of Delegates, CDA has been working with the Dental Board of California to better understand the scope of practice for general dentists as it relates to the use of cosmetic agents such as Botox and dermal fillers. The house directed CDA to take this action to clear up confusion that arose from the creation of the Elective Facial Cosmetic Surgery permit as it relates to the scope of cosmetic services general dentists may provide.

In the response to CDA’s request, the dental board in a letter advised in part: “… the Board’s message, since 2011, has been consistent: cosmetic procedures, and the use of appropriate products for those procedures, that are performed for one of the purposes laid out in Section 1625, and are part of a dental treatment plan fall into the definition of the practice of dentistry. As with any dental procedure, the licensee must possess the knowledge, skill, and ability as to when and how to perform a procedure.”

The letter explains that a dentist who does not hold an Elective Facial Cosmetic Surgery permit may only provide Botox and dermal fillers for cosmetic purposes when administered as part of a comprehensive dental treatment plan. Furthermore, an oral surgeon with the EFCS permit is the only dentist who may provide these services for cosmetic purposes on a standalone basis.

If you are not an EFCS-permitted dentist, CDA advises:

- You are prohibited from using Botox and dermal fillers solely for cosmetic enhancement purposes and from advertising their use, which misleads the consumer to think that cosmetic enhancement alone is permitted.

- To use Botox, dermal fillers or other products that have an extraoral, peri-oral esthetic impact, you must be providing dental services to the patient whereby the use of such products is directly related to those dental services and the treatment outcome.

- If you have an established patient with healthy teeth who expresses a desire to improve their facial appearance, even if that improvement involves just the lips, you are advised to proceed with caution, as you may be providing care that has no dental-related purpose and is therefore outside of your scope of practice. In these instances, a referral may be advised.

Dentists should be aware that the board’s enforcement staff has made it clear that explicit, detailed documentation, including photographs, is essential for a complete dental record — not only for procedures performed to improve their facial appearance, even if that improvement involves just the lips, but also for cosmetic improvements related to dental treatment. Because of this, CDA advocates that dentists use caution when administering these procedures and document extensively with regard to treatment rationale.

Furthermore, dentists should be wary of continuing education courses on the use of these products because they may teach procedures beyond California’s scope of dentistry.

TDIC policyholders are reminded that procedures that are not permitted under the Dental Practice Act are not covered and incur liability for the dentist.

Read the letter from the dental board at cda.org/dbc-botox.
The American Dental Association has asked the Federal Trade Commission to “investigate false and misleading claims made by SmileDirectClub, LLC to entice consumers to purchase products and services.” The ADA is concerned specifically with SmileDirectClub’s marketing and direct-to-consumer sales of plastic teeth aligners, which it says do not follow the adequate safeguards required by law.

In a letter sent June 27 to the FTC’s Bureau of Consumer Protection, the ADA outlines what it asserts are SmileDirectClub’s “unfair and deceptive” practices as defined by the FTC.

Founded in 2014, SmileDirectClub, according to its website, “represents 95% of the doctor-directed at-home clear aligner industry.” However, the ADA believes that despite SmileDirectClub’s claim that its customers receive the same level of dental/orthodontic care as dental patients, in fact “SmileDirectClub and its ‘affiliated dentists’ provide virtually no care.” ADA also says that the company’s claim to use teledentistry is false.

ADA’s letter also explains other deceptive practices committed by SmileDirectClub, including a hidden waiver-of-rights clause and a claim to correct certain orthodontic problems but later pointing to contradictory language when customers complain about poor outcomes.

The complaint letter to the FTC follows the ADA’s earlier action of filing a citizen’s petition with the Food and Drug Administration. Distinct from the complaint letter, the petition dated April 25 focuses on SmileDirectClub’s noncompliance with the FDA’s prescription-only requirement with respect to plastic teeth aligners and how such conduct poses dangers to public health and safety.

“The ADA took these actions out of concern for patient safety and to enable consumers to take action when negative treatment outcomes occur,” said Dr. Jeffrey M. Cole, ADA president, in a statement.

Dr. Cole went on to describe the harm that can occur — from bone loss to bite problems and jaw pain — when teeth are moved without having a comprehensive picture of a patient’s oral condition.

Dentists and other health care professionals, as well as patients, can use the FDA’s voluntary reporting form to report poor clinical outcomes associated with medical devices. Fillable PDFs are available at fda.gov/safety/medical-product-safety-information/forms-reporting-fda.

Additionally, after a dentist has evaluated a patient and has determined that the patient may have received past dental services that fall below the standard of care, especially if patient harm has occurred, they should recommend that their patient file a complaint with the dental board. According to the consumer complaint-form instructions, it is important for the patient to identify the dentist or other dental provider who provided the treatment being complained about. Complaints can be filed online or mailed directly by visiting www.dbc.ca.gov/consumers/complaints.

Legislation adds consumer protections

CDA is currently supporting Assembly Bill 1519 (Low, D-Campbell), which provides additional consumer protections such as preserving patients’ rights to submit complaints to the dental board, requiring the disclosure of a dentist’s license information prior to treatment and maintaining a uniform standard of care for orthodontic services received in person and through teledentistry.

Dentists can contact their legislator to urge them to support AB 1519. A letter of support is available at cda.org/AB1519.

CDA will keep members updated on the status of the ADA’s complaint with the FTC and with the legislation CDA is supporting.
CDA members might already know that The Dentists Insurance Company offers dentists-focused coverage for the dental practice, but they might not be aware that TDIC Insurance Solutions offers health coverage, including individual and family plans, small-group plans and Medicare options from trusted carriers.

Open enrollment allows everybody to sign up for health care coverage taking effect Jan. 1, 2020. Read on for a description and the enrollment period for each plan option and where to find more information.

Individual and family plans
Open enrollment: Nov. 1-Dec. 15
Effective date: Jan. 1, 2020
Individual and family plans are designed to cover you and your family. HMO, PPO and HSA-compatible plans are available, including prescription drug coverage, vision plans through VSP and supplemental plans through Aflac.

TDIC Insurance Solutions offers individual and family health plans from the following carriers: Anthem Blue Cross, Blue Shield, Health Net, Kaiser, Oscar, Sharp, Sutter Health Plus, United Healthcare and Western Health Advantage.

Additionally, the following supplemental plans are offered through Aflac: accident, hospital indemnity, critical illness, cancer/specied disease and short-term disability.

Small-group plans
Special enrollment period, which allows for purchase of group coverage without meeting the employee participation requirement.

Medicare
Open enrollment: Oct. 15-Dec. 7
Effective date: Jan. 1, 2020
If you are currently eligible for Medicare or will be converting to Medicare soon, you can benefit from TDIC Insurance Solutions’ supplemental policy, which works like health insurance to fill any gaps left by Medicare Parts A and B.

Also, for those who already have supplemental coverage, it may be helpful to know that new Medicare health plans and Part D prescription drug coverage choices are available each year. A health account representative can review your current health plan and prescription-drug coverage to help you find a plan that best fits your needs.

Plans from the following carriers are available: Anthem Blue Cross, Blue Shield, Health Net and Humana.

To explore your options or learn more, call a health account representative at 800.733.0633 or email healthenrollment@tdicins.com.

TDIC was started by dentists in 1980. The company’s reputation is reflected in the “A” rating it has earned from AM Best for 25 consecutive years. Coverages 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

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If someone you know or love may have an alcohol or chemical dependency problem, contact a support person near you for 24-hour confidential assistance.

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San Francisco/Bay Area
209.601.4410 (cell)
Central California
916.947.5676 (cell)
Southern California
310.487.5040 (cell)
San Diego
562.832.2489 (cell)

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New Course!
Dentists collectively save $5M on dental supplies at tdsc.com

Reaching the savings milestone: Success at a glance

In June, The Dentists Supply Company’s online shopping site, tdsc.com, celebrated the second anniversary of its launch to CDA’s full membership. Now, there’s a new milestone to celebrate: In July, tdsc.com reached $5 million in combined shopper savings driven by the recent expansion to association members in 47 states. The expansion has accelerated real savings for all members, as more shoppers have meant more collective buying power through negotiated pricing. While savings vary by product, practices of every size are consistently seeing an average savings of 20% compared to manufacturers’ suggested retail prices on a broad selection of dental supplies and small equipment.

In these “five lists of five,” we recognize a few of the greatest contributions to the $5M savings milestone.

5 things about TDSC you might not know
TDSC’s 24/7 shopping site (with free shipping on all orders) offers a different way to shop for dental supplies—one that benefits member dentists. Did you know:
1. TDSC was founded by dentists for dentists.
2. TDSC is a free benefit to tripartite members.
3. Products from more than 350 manufacturers are sold through tdsc.com.
4. TDSC offers consistent, competitive pricing regardless of practice size.
5. Dedicated customer care is available to answer your questions.

5 bestselling product categories
At tdsc.com, shoppers have a selection of nearly 40,000 SKUs from authorized sources only—that’s a growth of 60% since the site’s launch in February 2017. Products span 26 categories, from adhesives to X-ray materials, but the bestselling products come from these five categories:
1. Cosmetic Dentistry Products
2. Disposable Products
3. Impression Materials & Accessories
4. Infection Control
5. Pharmaceutical Products

5 favorite brands
A wide range of popular brand-name favorites and alternative brands are available at tdsc.com. And as TDSC’s price comparison studies have shown, practices don’t have to sacrifice the supplies they love or the brands they trust to control costs. Here are shoppers’ five favorite brands at tdsc.com:
1. 3M ESPE
2. Dentsply
3. PureLife Dental
4. Kerr Corp
5. GC America

5 top shoppers in California
Where do tdsc.com shoppers live and practice in California? All over the state! Together, these five shoppers have saved over $120,001 by purchasing dental supplies through tdsc.com:
1. Richard Barnes, DDS (Tulare-Kings County)
2. James Stephens, DDS (Mid-Peninsula)
3. Nicholas Marongiu, DDS (San Diego)
4. Jeffrey Knueckel, DDS (Central Coast)
5. Phillip Grossman, DDS (San Joaquin)

5 top shoppers outside of California
Members of organized dentistry in 47 states are now saving significantly on dental supplies purchased through tdsc.com. And savings are expected to reach all 50 states by the end of the year. Here are the five top shoppers outside of California as of July 11, 2017:
1. Chris Collins, DDS (Wash.)
2. Ross Simonds, DDS (Wash.)
3. Chad Galbraith, DDS (Wash.)
4. Clinton Winters, DDS (Utah)
5. Konstantinos Harogiannis, DDS (Colo.)

Explore your free member benefit at tdsc.com and, together, let’s reach the next savings milestone.

All shopping statistics are year to date, unless otherwise noted.
Total amount of savings off list price for all five shoppers is based upon purchases made from February 1, 2017, to July 11, 2019.
New state law prohibits discrimination based on natural hairstyle

A new state law prohibits discrimination based on race. Senate Bill 188, also known as the CROWN Act, was signed in July by Gov. Gavin Newsom and will take effect Jan. 1, 2020. California’s Fair Employment and Housing Act was amended by the law to include in the definition of race

“traits historically associated with race, including, but not limited to, hair texture and protective hairstyles.” Protective hairstyles can include but are not limited to braids, locks and twists.

The preamble to the CROWN Act declares in part that the Civil Rights Act of 1964 protects against discrimination against afros but that “the courts do not understand that afros are not the only natural presentation of Black hair” and that workplace dress codes and grooming policies that prohibit natural hair “are more likely to deter Black applicants and burden and punish Black employees than any other group.”

“Practice owners should review their dress and grooming policies to ensure they are not discriminatory of natural hair styles and revise the policies if needed,” said Michelle Corbo, employment practices analyst at CDA Practice Support.

California infection control regulations do not address hair; however, employers can still generally maintain policies that require employees to secure their hair for safety and hygienic reasons.

The Centers for Disease Control and Prevention does not have published guidelines about hair but does have recommendations for fingernail grooming and jewelry use in the dental care setting. These are: keep fingernails short with smooth, filed edges to allow thorough cleaning and prevent glove tears; do not wear artificial fingernails or extenders when having direct contact with patients at high risk; use of artificial fingernails is usually not recommended; and do not wear hand jewelry if it makes donning gloves more difficult or compromises the fit and integrity of the glove.

California employers should consider how it will affect employment practices analyst at CDA Practice Support.

California Supreme Court’s decision and California infection control regulations do not address hair; however, employers can still generally maintain policies that require employees to secure their hair for safety and hygienic reasons.

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California employers should consider how it will affect employment practice.

A new court ruling has temporarily halted the requirement that federal courts should apply the “ABC” test to all pending claims, regardless of when the claim originated. The “ABC” test is used to determine worker classification. The Ninth Circuit Court of Appeals has asked the California Supreme Court to determine whether its own decision in Dynamex Operations West, Inc. v. Superior Court of Los Angeles should apply retroactively as reported by CDA in the article “Recent decision holds that ‘ABC’ independent contractor test applies retroactively.” The article was published on cda.org and in the July Update.

California employers should consider classification decisions carefully and should seek legal counsel when the classification is not entirely clear.

CDA will notify members of the California Supreme Court’s decision and how it will affect employment practice.
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Final EPA rule prohibits ‘sewering’ of pharmaceutical hazardous waste

Health care facilities that produce pharmaceutical hazardous waste are required to properly manage the disposal of that waste according to the Environmental Protection Agency. Among other provisions, the EPA’s finalized rule issued in July prohibits facilities from pouring pharmaceutical hazardous waste down sink drains or toilets, a practice known as “sewering.”

Although the rule will have the greatest impact on hospitals, pharmaceutical retail outlets, long-term care facilities and reverse distributors, dental providers in some states will also need to take steps to comply with the no-sewering requirement by the Aug. 21 effective date.

Dentists in California will need to take little to no action to comply with the EPA rule. California dentists currently comply with the California Medical Waste Management Act of 1995, which requires that nonhazardous pharmaceutical waste be disposed of or managed as regulated medical waste. The California Department of Public Health does not anticipate any changes to the act as a result of the EPA rule.

Some California counties, including Sacramento and Contra Costa, already prohibit health care providers from sewering hazardous waste pharmaceuticals. The EPA, as part of the new rule, discourages sewering of even nonhazardous waste pharmaceuticals as a best management practice.

The California Medical Waste Management Act states that pharmaceutical waste:

1. May not be combined in a container with other types of medical waste (sharps and biohazardous).
2. Should be disposed through a registered medical waste hauler or through a USPS-approved mail-back program.
3. Must be disposed within 90 days of the container becoming full or, at minimum, once annually.

Composites, bonding agents, sealants, resins and other dental devices are not considered pharmaceuticals under California’s definition.

By prohibiting sewering, the final rule titled “Management Standards for Hazardous Waste Pharmaceuticals and Amendment to the P075 Listing for Nicotine” is expected to “reduce the amount of hazardous waste pharmaceuticals entering our waterways by 1,644 to 2,300 tons on an annual basis,” according to the EPA.

The rule can be viewed at www.epa.gov/hwgenerators.

For resources on dental benefit plans or to report a dental benefits issue using the simple online form, visit cda.org/dentalbenefits.
Every employer at a dental practice will likely manage a pregnant employee at least once in their career, and most employers will have at least one question about pregnancy leave and the law. CDA Practice Support has received calls from puzzled members inquiring about the obligations associated with managing employees’ accommodations, benefits, leave and return rights and pay obligations. This article addresses common questions to help guide employers and ensure they are following leave laws and best practices.

While California’s Pregnancy Disability Leave law states that employers of five or more employees must provide PDL, it is a recommended conservative best practice that all employers, even those under a five-employee head count, provide the pregnancy leave.

Full-time and part-time employees are eligible for PDL from the onset of employment. The duration of leave is up to four months for eligible employees disabled by pregnancy, childbirth or a related medical condition. This duration includes the amount of time employees may need prior to and after the birth of the baby. The employee’s health care provider, not the employee, designates the duration of leave.

When an employer grants an employee’s request for PDL, that employer is guaranteeing that the employee will return to the same position or a comparable one. If an employer should discover indications of poor performance or inadequacies in an employee’s role, the best course is to meet with the employee to discuss the performance expectations when the employee returns and then to monitor and document performance going forward.

Because of the legal risks of failing to comply with pregnancy disability laws, employers who wish to make changes to an employee’s job status before, during or after a leave of absence should seek the advice of an employment attorney prior to taking any action.

PDL does not have to be taken in one continuous period of time. Employees can take leave intermittently or on a reduced work schedule when necessary, as determined by the employee’s health care provider.

If an employee is disabled longer than four months because, for example, the employee is placed on bed rest or needs additional time off at the end of four months, the employee may be entitled to additional leave as a reasonable accommodation for a pregnancy-related or other disability under the Americans with Disabilities Act and California’s Fair Employment and Housing Act. This article specifically covers an average pregnancy leave of absence when it does not implicate those two laws.

Once the employee informs her employer of her pregnancy or related medical condition, the employee and employer should review “Your Rights and Obligations as a Pregnant Employee”
are not met or if the employee does not meet the requirements of a covered employer, and the leave does not fall under another disability law, then the employee would generally not be entitled to take that additional protected “bonding leave” by law. Employers could then consider any requests for additional time post-pregnancy leave under their personal leaves of absence policies, which employers have the right to grant or deny.

Wage replacement and benefits

PDL is generally unpaid, but employees may have certain rights to receive benefits through accrued paid sick leave or vacation time.

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Beyond pregnancy leave

Pregnancy leave is not for “baby bonding time” but to provide time off when the employee’s health care provider states that the employee is disabled by the employee’s pregnancy, childbirth and recovery or any related medical condition. After the employee is no longer disabled, PDL does not cover time simply to stay at home with a new baby.

Baby bonding leave

California’s New Parent Leave Act. NPLA applies to employers of 20 to 49 employees. An eligible employee can take up to 12 workweeks of NPLA within one year of a child’s birth, adoption or foster care placement. Covered employees must have worked for the employer for a minimum of 12 months and worked at least 1,250 hours in 12 months at a worksite with at least 20 employees in a 75-mile radius. This could apply to practice owners with two practices. The employee is guaranteed 12 weeks of job-protected leave in writing, which includes continued health care coverage and job return rights.

Family and Medical Leave Act, California Family Rights Act. The federal FMLA and the California Family Rights Act apply to employers with 50 or more employees and apply to family and medical leaves. An eligible employee can take up to 12 workweeks of unpaid FMLA/CFRA within one year of a child’s birth, adoption or foster care placement. Covered employees must have worked for the employer for a minimum of 12 months and worked at least 1,250 hours in 12 months at a worksite with at least 50 employees in a 75-mile radius. This requirement could apply to practice owners with two practices.

The Department of Fair Employment and Housing website offers detailed information on these leaves of absence. Employers should understand that if the requirements for covered employers are not met or if the employee does not meet the requirements of a covered employer, and the leave does not fall under another disability law, then the employer would generally not be entitled to take that additional protected “bonding leave” by law. Employers could then consider any requests for additional time post-pregnancy leave under their personal leaves of absence policies, which employers have the right to grant or deny.

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The Department of Fair Employment and Housing (DEE) covers the steps involved with reasonable accommodations, notice and timing obligations from both parties and return rights. Both parties should also review and discuss the practice policies related to pregnancy and leaves of absence.

Return to work

The employer can require the employee to obtain a “return to work” release from the employee’s health care provider as a condition of the employee’s return to work as long as the employer maintains the practice or policy of requiring a release for other leaves unrelated to pregnancy. The release should state that the employee is able to resume the original job duties and provide the date the employee is able to return.

Employers can consider an employee’s request to change their schedule once they return from leave just as the employer would for any other employee requesting a schedule change. Employers are not obligated to make these schedule changes if the position or reduced schedule is unavailable in the business and it is not a reasonable accommodation request based on a disability.

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Grants

In our state,” said Galeon. “I have a passion for helping the underserved. When I go to work every day I feel value in what I do and I feel like I’m making a big difference.”

The grant recipients will provide services to Medi-Cal Dental patients in 20 counties across the state. Most awardees are general dentists and nine are specialty providers. They work in varied practice settings, including community clinics or Federally Qualified Health Centers, academic settings, and group and private practices. In addition to dentists, the Department of Health Care Services awarded 240 physicians $57 million in student loan debt relief as part of the Proposition 56 Medi-Cal Physicians and Dentists Loan Repayment Act.

Bernardo, who served as a CDA student representative and TDIC Board student liaison, credits CDA’s grassroots advocacy for educating lawmakers about the importance of tobacco tax funding for the sustainability of community clinics.

“During my second year of dental school, my peers and I joined CDA in speaking with legislators at the state Capitol,” said Bernardo. “Through this experience, I realized how organized dentistry not only advocates for dentists, but also the patients we serve.”

Galeon says she, too, sees the positive impact of Proposition 56. “This proposition is making a big difference in our communities — I see it every day. We’re the only clinic for miles and patients depend on us for their care,” said Galeon.

DHCS is committed to four more rounds of student loan repayment grants. Cal-HealthCares will accept applications for its next round of awards in January 2020.

For more information, including an application tutorial video and informational webinars, visit cdahealthcares.org.

Pregnancy

Don’t leave things to chance

Know your policies, document discussions and get leave and return agreements in writing. Prior to the onset of leave, your employee should provide you a notice from her health care provider that indicates an approximate date of leave.

But do be flexible, as births can be unpredictable. If timelines shift, employees should be aware that if their return date should change, they should communicate this change to their employer as soon as practical and it should be supported by a notice from the employee’s health care provider.

Unfortunately, many of the eligibility requirements of these laws are not entirely clear to everyone. The sooner that you and your employee understand the ins and outs of notices, leave/return rights and policies, the better. Misunderstandings stem from lack of communication, inadequate documentation and assumptions. You could find yourself wondering too late when your employee is returning to work.

CDA Practice Support resources on this topic include “What to Expect When Your Employee is Expecting” and “Pregnancy, Maternity/Paternity and Baby Bonding Leave in California.” Federal and state family leave rights notices are found in CDA’s Required Poster Set.

Find CDA Practice Support resources to help manage pregnant employees at cda.org/practicesupport.

Disability Claim Advice

Since 1995 secured over 1.7 Billion dollars in benefits for disability claimants.

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CDA Cares draws support from new presenting sponsor

The CDA Foundation is gearing up for its 16th CDA Cares volunteer dental event with new and continued support from community members and key sponsors. The clinic will take place Sept. 27-28 at the National Orange Show Events Center in San Bernardino, Calif.

During the two-day event, dentists and dental professionals will provide several preventive and restorative treatments including fillings, extractions and cleanings. About 1,950 people are expected to receive oral health care services at no cost, thanks to the support of generous sponsors including Delta Dental, Western Dental, Henry Schein, Planmeca, GES, The Dentists Insurance Company and The Dentists Supply Company.

Delta Dental

This is an inaugural year for Delta Dental as a CDA Cares presenting sponsor. Delta Dental is the nation’s leading provider of dental insurance, offering coverage for more than 80 million people in all 50 states, Puerto Rico and other U.S. territories.

“Delta Dental of California is committed to improving the health and enhancing the lives of people in our communities, especially those who lack access to care,” said Kenzie Ferguson, vice president of Foundation and Corporate Social Responsibility for Delta Dental of California. Employees with Delta Dental will be volunteering on-site in San Bernardino.

Give health, hope and happiness.

CDA Cares San Bernardino
September 27–28, 2019
National Orange Show Events Center

Join us. cdafoundation.org/cdacares

By contributing your time and talent, you relieve pain, restore dignity and create smiles for thousands of people who face barriers to care. Volunteer at CDA Cares San Bernardino to help provide essential dental care to those in need.
“We take enormous pride in being a trusted health partner to our customers and are equally proud to be a trusted partner to the communities we serve,” she said.

**Western Dental**
Teaming up with the Foundation for its 12th CDA Cares, Western Dental is no stranger to the amount of time and effort it takes to make each clinic a success.

A top sponsor year after year, Western Dental is dedicated to helping the millions of Californians who are in need of dental care. With almost a century-long history of treating the underserved, Western Dental is the largest provider of the Medi-Cal Dental program with nearly 200 offices located throughout California.

In addition to a generous monetary donation, Western Dental is contributing a volunteer workforce.

**Henry Schein**
A longtime supporter of CDA Cares, the Henry Schein team is eager to contribute its time and skills to ensure as many patients as possible receive the treatment they need.

“It is with great pleasure that we partner with the Foundation at CDA Cares events,” said Burke Spielmann, Henry Schein zone general manager for Hawaii and California. “It is a very important part of our culture at Henry Schein to serve those in need.”

Team members will also assist with setting up equipment, stocking supplies and greeting patients.

**Planmeca**
Returning for its fourth CDA Cares, Planmeca is eager for the opportunity to give back.

“It’s important for patients to understand that oral health plays a vital role in their overall health, and we’re happy to help them take steps to better themselves,” said Robin Gathman, tradeshow and special events manager for Planmeca USA.

Planmeca is the largest privately held company in the field of dental equipment. Its product range includes dental units, panoramic and intraoral X-rays, digital 3D imaging X-ray systems, as well as CAD/CAM products and software solutions.

Planmeca has committed to providing three state-of-the-art Panorex X-ray machines for each event.

**GES**
For more than 40 years, GES has played a key role in CDA events.

GES is a global, full-service provider for live events, exhibits and exhibitions with more than 90 years in business. With a mission to create meaningful and memorable experiences for organizers and attendees, GES is proud to support CDA and provide valuable services to communities across California.

Team members contribute their time and skills preparing for the events and working on-site.

**The Dentists Supply Company**
The Dentists Supply Company has signed on again as a major sponsor for CDA Cares.

**The Dentists Insurance Company**
The Dentists Insurance Company has been helping to support CDA Cares at a generous level for many years. TDIC recognizes the positive impact dentistry can have on a person’s health and quality of life and team members are passionate about their involvement with CDA Cares.

For more information about CDA Cares or any of its sponsors, visit cdafoundation.org/cares.

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**CDA Cares San Bernardino Sponsors**  
(as of Aug. 15)

**CORPORATE SPONSORS**

**Presenting Sponsors ($50,000 and above)**

- Delta Dental
- GES
- Henry Schein
- Planmeca

**Gold Sponsors ($10,000—$24,999)**

- San Bernardino County Department of Public Health
- Tokuyama Dental America

**Silver Sponsors ($5,000—$9,999)**

- The Dentists Insurance Company (TDIC)
- The Dentists Supply Company (TDS)
- Western Dental

**Champions ($2,500—$4,999)**

- Brasiller USA
- Inland Empire Health Plan
- Orascoptic
- Septodont*
- Shofu*

**Ambassadors ($1,000—$2,499)**

- Orange County Dental Society
- VersaCare*

**Chair Sponsors ($500—$999)**

- Affordable Dentures Dental Laboratories
- California Association of Orthodontists
- Chaparral Village Dental

**INDIVIDUAL SPONSORS**

**Gold Sponsors ($10,000 - $24,999)**

- Stuart Gray, DDS

**Ambassadors ($1,000-$2,499)**

- CDA employees
- Harley Deisen Jr., DDS
- in memory of Jeffrey Lloyd, DDS

**Chair Sponsors ($500-$999)**

- Laurie Alias
- Melinda Anderson, DDS
- Shawn Anderson, DDS

**Honorary Benjamin, DDS**

- Wendell Bond, DDS
- Melissa Chin, DDS
- Glenn DelaFoca, DDS
- Jean Dendinger, DDS
- Peter Dubois
- Clelan Ehler, DDS
- Debir Finney, MS, DDS
- Richard Graham, DDS
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- Luke Iwata, DDS
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- Arthur Kilkuts, DMD
- Scott Kim, DDS
- Michael Masiini, DDS
- Ron Mead, DDS
- and Susan Mead
- Gerald Middleton, DDS
- James Minutello, DDS
- Koran Mody, DDS
- James Moran, DDS
- Richard Nagy, DDS
- Wayne Nakamura, DDS, in memory of Jeffrey Lloyd, DDS

- Rick Nichols, DDS
- Jude Tippett-Whyte, DDS
- Steven Neilther, DDS
- Gary Okamoto, DDS
- Thanh Pham, DDS
- Vinod Rana, DDS
- Chanchai Sangsurasak, DDS
- Paul Schafer, DDS
- Eduardo Serran Diaz, DDS
- Ann Stein, DMD
- Bruce Valentine, DDS

**TDIC**
TDSC has donated a substantial amount of supplies to ensure volunteers have the necessary tools to give patients the highest quality of care.

“We are proud to be a part of an organization that is committed to enhancing access to oral health care for underserved communities,” said Jim Wiggett, interim CEO of The Dentists Supply Company.

“TDSC appreciates the tremendous contributions of the Foundation and we’re happy to lend our support.”

**The Dentists Insurance Company**
The Dentists Insurance Company has been helping to support CDA Cares at a generous level for many years. TDIC recognizes the positive impact dentistry can have on a person’s health and quality of life and team members are passionate about their involvement with CDA Cares.

For more information about CDA Cares or any of its sponsors, visit cdafoundation.org/cares.
Join other CDA members and get big savings on dental supplies for practices of every shape and size.

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