



## "Healthy Smiles from the Start" campaign kicks off in May

MDA members often say "The public needs to know what a necessity good oral health is."

MDA is responding to the need to increase public awareness and will launch the "Healthy Smiles from the Start" oral health literacy campaign in May. "Healthy Smiles from the Start" messages will encourage expectant mothers to seek dental care during pregnancy and urge parents of young children to start professional care within six months of the first tooth erupting and no later than the child's first birthday.

The "Healthy Smiles from the Start" campaign will begin with newspaper ads, online banner ads, an updated website, social media content, brochures, and posters in May. Statewide billboards and thirty second radio spots will follow in June and July. Posters and brochures will be distributed to dental practices, social service agencies, hospitals, clinics and physicians.

A Summer Launch Party will kick-off the campaign. Community events will allow parents, children, and other community members to learn about the campaign and other MDA oral health priorities.

Dentists and dental hygienists and practice staff are being asked to participate in community education sessions throughout Montana in pre-natal and parenting classes and other health outreach programs. The educational series will be led by dental professionals who will give a presentation on oral health. As trusted sources, dentists and hygienist's will reinforce campaign messaging and can direct attendees to sources of care.

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## What's the "Future of Dentistry" Hold?

One of the MDA's most valuable membership opportunities awaits you and your staff in Missoula on April 30 and May 1. We will be gathering for several days of excellent clinical and practice continuing education and opportunities to renew and make friendships with our colleagues across Montana. I encourage you to register now (see page 18).

As a mid-career dentist, I'm especially looking forward to hearing ADA's Chief Economist, Marko Vujicic PhD, and his presentation on "The Future of Dentistry: In the Eyes of a Self-Proclaimed 'Data Whisperer'". Some of you have read Dr. Vujicic's frequent contributions to the ADA News, JADA and other publications. If so, you know he is giving us a fresh, data-driven and no-nonsense perspective on the transformation occurring in our profession.



Dr. CHRIS HIRT  
MDA President

As a futurist, he analyzes economic and demographic trends and is articulating their impact on our patient and payer base. It's a wake-up call. We need to understand how to adapt a practice model we may have entered into 15 or so years ago to a time of major changes in healthcare, dentistry included.

Dr. Roger Kiesling, our past 11<sup>th</sup> District Trustee and fellow MDA member, will moderate. As a member of ADA's "future of dentistry" task force and from his experiences as a national leader in dentistry, he'll bring his unique view as a practicing Montana dentist to this discussion.

Please don't miss this opportunity. It's not an exaggeration to say your practice may very well depend on it.

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# NEWS

## YOU CAN USE

## Practice Advice: Extraction of FPMs



Dr. Jeff Foster  
Helena Orthodontist

An interesting question arose during a recent meeting of our local study club. Dr. Mari Kiesling, a pediatric dentist, was giving a presentation on tooth restorative options when the subject of managing severely carious or hypomineralized first permanent molars (FPM) came up. More specifically, when is it appropriate to extract the FPMs and when they should be maintained.

Approximately one in five 7-13 year olds have at least one hypoplastic FPM.<sup>1,2</sup> The FPM calcify from around birth to 2.5 years of age and therefore any interruption to the tooth during this time frame can potentially result in enamel hypoplasia.

In addition to this, the FPM has been reported to be the most caries prone tooth in the permanent dentition w/ approximately 50% of children over the age of 11, have some caries experience in this tooth.<sup>3</sup>

As with any form of dental treatment, a cost-benefit analysis must be performed. When a single FPM is involved the treatment of choice is generally restorative.

If multiple FPMs are involved then extraction w/subsequent follow up orthodontic care should be considered.

If extraction is the prudent choice, the optimal age for doing so is approximately 8.5-10.5w/many factors considered.<sup>4</sup> Extraction of FPM before the age of 8 may result in unfavorable distal drifting, tilting and rotation of the unerupted second premolar.<sup>5</sup> Radiographs should be evaluated to ascertain the presence and condition of second molars. Absence of third molars is not a contraindication but their presence can be favorable. Your local orthodontist and pediatric dentist should be consulted.

### Orthodontic considerations:

**1. Compensating extraction:** This refers to the extraction of or management of the opposing molar to prevent over-eruption

**2. Balancing extraction:** This refers to the extraction of a tooth on the contralateral side to the compromised FPM. This is critical for arch symmetry and midlines. Does not necessarily need to be a FPM.

**3. Dental development of the patient:** Timing of FPM removal is generally more critical in the lower arch as mesial drift occurs more readily in the maxillary arch. Optimal timing in the maxillary arch is achieved if the upper second permanent molar is located above the CEJ of the FPM to be extracted. The ideal timing for a lower FPM extraction is when the crown of the lower second permanent molar is complete and the bifurcation of its roots is visible. This will allow the maximum amount of spontaneous mesial movement of the second molar.

**4.** As with any orthodontic evaluation we would also include initial overjet, overbite, angle classification and degree of crowding.

It must be emphasized that each individual case should be evaluated on its own merits, and not every case will be suited to extraction of FPMs. With that said, extraction of compromised FPMs has the potential to provide significant advantages from the cost-benefit perspective in carefully selected cases. This treatment option should warrant serious consideration in cases where the long-term prognosis of the FPM is questionable, and especially if future orthodontic care is desirable.

### References

1. Jalevik, B. Enamel hypomineralizations in permanent first molars. Clinical histomorphological and biochemical study. Swed. Dent. J. Suppl. 149: 1-86. 2001.
2. Leppaniemi, Al, Lukinmaa, PL, Alaluusua, JS. Non-fluoride hypomineralizations in the permanent first molars and their impact on the treatment need. Caries Res. 35(1): 36-40. 2001.
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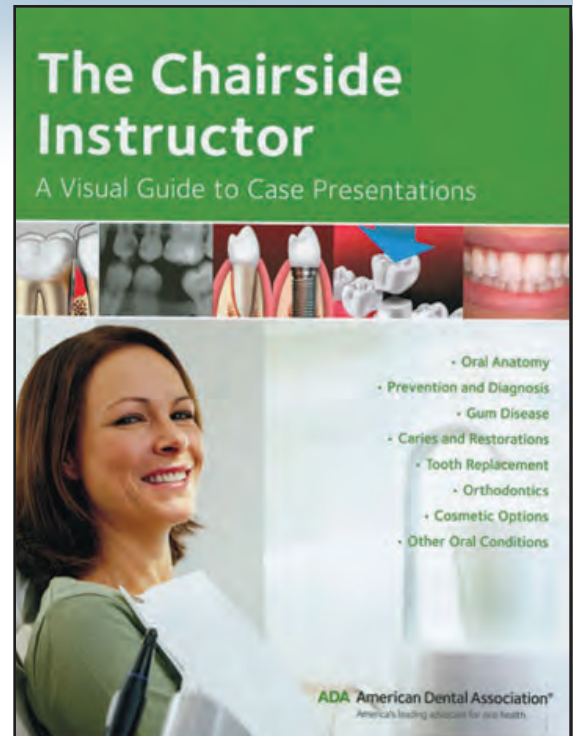
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*Reprinted from the ADA Morning Huddle, a daily digest of important dental news provided as a service to American Dental Association member.*



## NEWS ABOUT YOU

### The Marque Dr. Bisson

by Dr. John Smith

Dentistry is a demanding profession requiring patience, perseverance, attention to detail, artistic ability, and the gift of an inquisitive mind. These traits can lead to skilled and interesting hobbies away from our offices. With this in mind, I would like to introduce you to Dr. Roger Bisson. His hobbies include restoring old cars and woodworking. Roger entered the Navy after graduating from Helena High School and was honorably discharged in 1954. Anxious to get started in life, he returned to Helena, married his high school sweetheart and enrolled in College at Carroll. He thought about going into medicine, but his brother in law who was an Ob-Gyn resident at the time encouraged him to take up dentistry so he could start earning a living right after graduation. Roger spent three years at Carroll and was accepted early to Creighton University Dental School. He returned to



Montana after graduation to practice in Dillon. The Vietnam War started and Roger felt the call to once again join the Navy as a Dental Officer and serve his country. He retired as a Captain many years later and returned to Montana City to build an office and enter the private practice of dentistry. He sold his practice a few years ago and has worked several days a week at the Cooperative Health Center until his recent retirement.

*(Continued on Page 11)*



MONTANA DENTAL

# Advocate

## MDA defeats "Medical Dentistry"

MDA has defeated a bill to create a separate "Board of Medical Dentistry Examiners", license "medical denturists", and eliminate the Board of Dentistry's regulation of denturists. HB 624 was tabled 20-0 by the House Business and Labor Committee on March 26, following testimony by MDA's lobbyists and quick grassroots lobbying by many MDA members.

HB 624, sponsored by Rep. Scott Staffanson (R-Sidney) proposed a scope of practice for medical denturists that included "the diagnosis, treatment, or correction of human oral conditions, ailments, diseases, injuries, or infirmities by any means, methods, devices, or instrumentalities".

MDA executive director David Hemion told legislators that denturists weren't qualified to provide those services and couldn't be trusted to form their own board to regulate themselves.

"The only function of a licensing board is to protect the public," he said. "Some denturists, through their illegal use of the title "Doctor of Medical Dentistry" and violations of the limits placed on their scope of practice by statute, are trying to fool the public into believing they can deliver the same level of care as dentists. They don't have the education or qualifications to provide dental care."

### Medicaid Audits

HB 237, MDA's bill to reform Medicaid audits, continues to move through the Legislature. The bill places limits on records requests, time limits for audit completion, bars use of extrapolation except in cases of high risk providers, requires review by peers or experts, and requires reimbursement of a provider's legal costs if an audit is challenged and overturned. It's sponsored by Rep. Al Olszewski (R-Kalispell), an orthopedic surgeon.

MDA president Dr. Chris Hirt, Helena pediatric dentist Dr. Kevin Rencher, MDA vice president Dr. Jane Gillette, Missoula pediatric dentist Dr. Susan Tiede and

Greg Gould, MDA's attorney, testified at a hearing before the Senate Public Health, Welfare, and Safety Committee on March 13. MDA was supported by the Montana Hospital Association, Medical Association, optometrists, nursing homes, community clinics, podiatrists, dental hygienists, physical therapists, and other small health care practices. The only opposition was from the Department of Public Health and Human Services.

The bill must pass the full Senate, then will be sent back to the House (where it passed 97-3) for concurrence in a Senate amendment. Then it will go Governor Bullock for his signature. A veto is possible, due to DPHHS opposition. MDA plans a lobbying campaign of MDA members and other healthcare providers to encourage him to sign the bill.

### Medicaid Expansion

After considering the dental benefits that are included in Sen. Ed Buttrey's "Health and Economic Livelihood Partnership" bill, the MDA Government Affairs Committee and Board of Directors endorsed SB 405. The bill will expand eligibility for Medicaid and require employment training. It passed the Senate on a 28-22 vote and remains in the House, where its fate is uncertain.

### MDA Dental Funding Proposals Fail

MDA asked Sen. Mary Caferro (D-Helena) to seek \$1.66 million in the biennium budget to increase Medicaid reimbursements for topical application of fluoride, fluoride varnishes and sealants. MDA also asked her to propose \$25,000 for University of Washington dental student rotations in Montana rural communities and community clinics. The Senate rejected both amendments. HB 238, MDA's CPI-indexed Medicaid reimbursement bill, sponsored by Rep. Olszewski, was tabled in committee on a 9-8 vote in January. The proposed budget does include a 2% healthcare provider increase for each of the next two fiscal years.

[WWW.MONTANADENTALAdvocate.COM](http://WWW.MONTANADENTALAdvocate.COM)

# MDA members lobby Congress

Three MDA members will brief Montana's senators and congressman on federal issues affecting dentistry at the annual ADA Washington Leadership Conference.

Drs. Doug Hadnot, Kevin Miltko and Michael Bowman will meet with Sen. Jon Tester, Sen. Steve Daines and Rep. Ryan Zinke in their Capitol Hill office to present dentistry's positions on Medicaid audits, refinancing of student loan debt and federal funding for community activities to improve oral health.

Overpayment recovery audits are required under the federal Medicaid program. MDA has sponsored a bill in the Montana Legislature to reform audits so that they are more reasonable and fair to providers. The opportunity to explain this issue to the Montana Congressional delegation is timely.

### Other issues:

H.R. 539, the Action for Dental Health Act 2015 would allow organizations to qualify for oral health grants to improve oral health education, prevention, establish dental homes for children and adults, including the elderly, blind and disabled.

H.R. 1185, the RAISE Health Benefits Act of 2015 gives families more control of out-of-pocket health care expenses by carrying over all unused funds from year to



year, raising the savings cap from \$2,500 to \$5,000 per year, and increasing the cap for dependents.

H.R. 649, the Student Loan Refinancing Act (NEW) allows refinancing of federal student loans at any time during the life of the loans to take advantage of more favorable interest rates.

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# MDA VOICES

## Presidents recap past year, voice thanks



Dr. CHRIS HIRT  
*President*

As my year of President comes to a close, I want to acknowledge the hard work and dedication your MDA staff puts forth every year. Dave Hemion, our Executive Director, Jean Strainer our Executive Assistant and Rosita Patrick, Office Assistant, put in a tremendous amount of time and effort to keep the gears of the MDA turning. The list of what they do is long, so please thank them when you see them at the meeting in Missoula!

At last year's meeting I spoke about teamwork and how we would be shaping the future of dentistry, together. Teamwork is the only way we will have an effect on what we do in our practices each day. Together, we moved your money that was stuck in a defunct Direct Reimbursement program and put it back to work for you as part of MDA's invested reserve fund. Together, we pushed MDA's bill to reform Medicaid audits through the Legislature. House Bill 237 has set a more provider-friendly standard for how Medicaid audits are done. We asked for a fair and reasonable process that allows Medicaid dentists to deliver dentistry without the threat of an over-reaching audit. Together, during this legislative session, we established the MDA as a political player and have moved forward from reactive to proactive.

Positive change brings opportunity for involvement at the local, state, and national level. The most important place to get started is locally by attending your local meetings and getting involved with grassroots initiatives. When I visited the local components, I received many "thank you"s and comments like, "Sounds like you guys have it under control." I appreciate the vote of confidence, but I don't want that to be an excuse not to be involved. Don't let someone else worry about it. MDA needs your active participation and needs to hear your input and concerns to drive the next steps.

Moving forward, we will be looking closely at how MDA governs itself, identifying how to keep your Association relevant to you in times of change by making sure we can conduct business in ways that make sense. Please talk to your district's member of the MDA Board of Directors about your issues and your ideas for MDA to address them. Your feedback and your concerns are what shape the MDA. Together, we shape the future of dentistry.

Is organized dentistry just something we are "supposed to do" as dentists? That was how I felt when I first became an MDA member. I went through the motions of membership, but becoming involved in a leadership role made me realize the importance of member participation.

If fewer and fewer volunteers volunteer for the MDA, that will negatively impact the association's diversity and efficiencies. Serving on the Board of Directors was an eye opening experience; it was enlightening to see the positive effects and passion our board members have for dentistry in Montana. Please take a moment to thank your district representatives and the central office for their dedication to the MDA.

As president-elect, I have the opportunity to see firsthand all that the ADA does for its members and dentistry as a whole.

For example, I was fortunate this past summer to represent the MDA at the Western States Presidents Conference, where dental associations from thirteen states discussed their struggles and accomplishments to positively impact dentistry across our region.

Additionally, at the ADA's president-elects conference in Chicago I was asked to speak to 49 other state president-elects about Action on Dental Health (ADA's collaboration with states) and my nursing home care experience here in Montana.

These experiences enabled me to understand that the ADA is working on many levels including: National Legislative issues, ADA seal, Products Review, Evidence Base Dentistry and more to show the importance of ADA for dentistry and its desire to help all dentists succeed.

The ADA, the MDA, and our Local Districts are the "Power of Three" and that's what guides our membership and the future of dentistry. Please take advantage of the ADA, the MDA, and your home district and consider how you can best serve as a volunteer.



Dr. DAVID KEIM  
*President Elect*



# MDA encourages you to volunteer

MDA members have a variety of pathways open to them to volunteer as board members, serve on association committees and task forces and with you local district's projects and officers.

Most MDA standing committees are appointed by the Executive Committee. These include: Continuing Education, Dental Benefits Financial Oversight, Government Affairs, Technology (member communications), and the Council on Dental Health and Health Planning.

Task forces and work groups are appointed for short-term projects or to recommend specific policy. In 2014 the Board appointed the Medicaid Task Force to recommend legislation on Medicaid audits and Medicaid reimbursement. A Prevention Awareness Work Group oversees the MDA's "Healthy Smiles from the Start" project.

Each district selects its members of the MDA Board, MDA New Dentist Committee and MoDePAC board.

MDA nominates members of the Montana Oral Health Foundation Board of Directors and the MDA's Group Benefit Trust health plan Board of Trustees.

If you are interested lending you time and talents to the MDA, contact your district's member of the MDA

Board of Directors, component officers or the MDA Central Office (800) 257-4988. Or simply say "yes" when there is an opportunity.



Dr. Hirt, an active MDA Volunteer.



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1975

Dr. Robert Coleman  
of Great Falls  
West Virginia University  
1968

Dr. John Wright  
of Bozeman  
Baylor College of Dentistry  
1973

Dr. Delmer Heisterman  
of Missoula  
University of Missouri-Kansas City  
1976

Dr. Michael Wheeler  
of Laurel  
University of Minnesota  
1973

# NEW MDA MEMBERS

Dr. Nasim Aleagha  
of Missoula  
Columbia University 2007  
University of Texas Health  
Science Center  
2009

Dr. Kurtis Bray  
of Kalispell  
OHSU 2008  
Florida - Jackson University  
2010

Have you recently graduated from dental school and opened a practice in Montana? Retired? Inform your colleagues. Send a short bio and photo to [info@MontanaDental.org](mailto:info@MontanaDental.org).

**MDA** SALUTES

# "Bisson"

*(Continued from Page 5)*

Roger purchased his first car in high school, a 1916 Model T for \$7.50 which began his love of older cars. He has restored several cars over the years from the ground up.

One of his favorites was the 1929 Model A pictured here. He told his wife Bertie to bid \$35 for it at a local auction soon after their marriage.

She thought that was a bit too much for a car so she bid \$29.95 and won the bid with 20 cents to spare. Not only did Roger acquire a classic car but he reaffirmed the knowledge that his wife was not only beautiful, but smart and thrifty. They have now been married for over 60 years, and have five children. Roger is also recognized locally for his woodworking skills. If you have the opportunity to visit the Great Divide Ski Area, go in and check out the Bar. Roger built it.

*What do MDA members do outside their offices? MDA News wants to share interesting activities of your colleagues. Contact Dr. John E. Smith: jellsmith@juno.com; (406) 443-6160.*

# "Healthy Smiles"

*(Continued from Page 1)*

These sessions will allow community members to engage with the campaign and ask questions on a one-on-one basis. Those willing to assist with these important community education sessions will be supplied with talking points, presentation materials, and campaign collateral to distribute to attendees.

If you are willing to assist with community outreach efforts in your community, distribute campaign materials from your office, and recruit other health professionals as campaign partners, please contact Stefanie Brown with Banik Communications by email at Stefanie@banik.com or by phone at 406-454-3422, extension 102.

Banik Communications will participate in the MDA Annual Meeting April 30 through May 1 to talk with members about the campaign. Please stop by the "Healthy Smiles from the Start" booth during the Annual Meeting to find out how you can help get this campaign off to a great start for Montana!

Watch you email inbox for information about how you can become involved and community education sessions planned in your area.

"Healthy Smiles from the Start" was created by the American Dental Association and the Alliance of the American Dental Association. The \$180,000 Montana campaign is funded through grants from the Foundation for Healthy Montana, Montana Oral Health Foundation and the MDA.

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# Membership Benefits



The MDA Annual Meeting is the top member benefit you can enjoy. The April 30-May 1 Annual Meeting in Missoula promises to be just that. It's your opportunity for outstanding continuing education, Montana's biggest dental trade show and lots of camaraderie with your friends from across the state.

MDA has assembled excellent speakers to enlighten your practice, as well as topics for dentists, hygienists, assistants and office staff. MDA will host Dr. Maxine Feinberg, the president of the American Dental Association at the General Assembly luncheon and meeting (see below). Special events include the Montana Oral Health Foundation fund-raising auction and charity golf tournament, MoDePAC breakfast, and meetings of the Academy of General Dentists, International College of Dentists and American College of Dentists.

See page 17 for a complete schedule and registration form. You may also view the annual meeting registration brochure and register online at [www.MontanaDental.org](http://www.MontanaDental.org). For further meeting information contact MDA at (800) 257-4988.

You can earn up to 15 CE credits in one convenient setting without leaving Montana.

*(Continued on Page 13)*

# 'Benefits'

(Continued from Page 12)

Here's a quick look at the highlights for this year:

Dr. Marc Geissberger's presentation on "New Materials in Indirect Restorative Dentistry" is a fast paced course covering materials and techniques for dentists and staff

Dr. Marko Vujicic, ADA chief economist, provides his perspective on "The Future of Dentistry in the Eyes of a Self-Proclaimed 'Data Whisperer'." Past ADA 11th District Trustee Dr. Roger Kiesling will moderate this presentation on dentistry at the cusp of transformational change, what those trends predict and major new opportunities for the profession.

"32 Teeth and 100 Birthdays" is an entertaining exploration for the entire dental team by David Meinz, a renowned nutritionist and entertaining speaker, on how to enjoy maximum energy and health.

Plus courses for dentists and staff on Medicaid audits, healthcare ethics, lawsuits, and providing oral health care during pregnancy and early childhood.

# MDA to hear ADA president



ADA President Dr. Maxine Feinberg will address the MDA General Assembly at 11:45 a.m. on April 30, 2015, during the Annual Meeting in Missoula. Proposed amendments to the Constitution and Bylaws and election of officers will be considered by the active membership. Registration for the Annual Meeting is on page 18 or visit [www.MontanaDental.org](http://www.MontanaDental.org).

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# Ethical considerations for seeing uninsured patients

**Article contributed by  
Michael G. Maihofer, DDS**

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**Question:** Although I've never participated with our state's dental Medicaid program, I am now willing to accept patients from both Healthy Kids Dental and the Healthy Michigan Plan. I realize that the quality of patients I will be seeing through these programs won't be the same quality as my regular patients, but I feel that I have a responsibility to help. However, I plan to make it very clear that I'm doing them a favor by accepting a lower fee for the care I'll provide. I won't tolerate no-shows or last-minute cancellations that might waste my or my staff's time. Although my normal cancellation policy is different, if any of these new patients miss even one appointment, for any reason, I plan on terminating our relationship. Are there any ethical challenges in proceeding in such a manner?

**Answer:** Sometimes we forget who we are and who we're supposed to be. And while we all need to run our practices like any successful business -- paying attention to dollars and cents, overhead expenses, staff salaries and profit and loss -- as professionals we're expected to be something more than mere business people.

The first sentence in the Combined Codes reads: "The dental profession holds a special position of trust within society." That trust is bestowed by society with certain expectations of what it means to be a professional. One of those expectations is that as health care professionals we will always place the patient's welfare ahead of our own. I've never seen anything written or heard anything that implies that we should only care for patients with great dental reimbursement plans or who can pay in full up-front. Our status as dental professionals is predicated on our perceived value to society -- all of society, not just select members of our choosing.

Of course that's not to say that we need to run our practices at a financial loss and be forced out of business. And it's not to say that we aren't deserving of good financial remuneration for all our education, special skills and expertise. But as professionals, subject to a reasonable code of conduct, there must always be some compromise. In fact, society expects it.

The Preamble to our Code states it best: "The Association believes that dentists should possess not only knowledge, skill and technical competence but also those traits of character that foster adherence to ethical principles. Qualities of honesty, compassion, kindness, integrity, fairness and charity are part of the ethical education of a dentist and practice of dentistry and help to define the true professional. As such, each dentist should share in providing advocacy to and care of the underserved. It is urged that the dentist meet this goal, subject to individual circumstances."

Society at large has the expectation that as true professionals we will all share in providing care to the underserved members of our community. It doesn't specify how much or how often. It leaves that up to each of us.

On the other hand, characterizing these patients as "losers" or of "poor quality" certainly doesn't speak to professional qualities of compassion, kindness, fairness and

charity. Rather, it speaks to qualities of self-centeredness and contempt. It speaks to an inability to see something of yourself in your fellow man or woman unless you're assured, upfront, that you'll be monetarily compensated in full. Such an attitude of disrespect toward these patients is a disrespect for society at large and reflects poorly on all in our profession.

Upon examining the Combined Codes, we find that the Principle of Beneficence is relevant: "This principle expresses the concept that professionals have a duty to act for the benefit of others. Under this principle, the dentist's primary obligation is service to the patient and the public-at-large. The most important aspect of this obligation is the competent and timely delivery of dental care within the bounds of clinical circumstances presented by the patient, with due consideration being given to the needs, desires and values of the patient. The same ethical considerations apply whether the dentist engages in fee-for-service, managed care or some other practice arrangement. Dentists may choose to enter into contracts governing the provision of care to a group of patients; however, contract obligations do not excuse dentists from their ethical duty to put the patient's welfare first."

This Principle reiterates that when it comes to treatment, it's important that you treat all patients in the same manner. And while you may selectively schedule routine treatment visits for certain patients in any way you see fit, your normal routine for seeing emergencies for patients of record must apply equally for all patients. Likewise, your dismissal policy for missed appointments can't be any different than it is for your current patients.

Subsection 3.F on Professional Demeanor in the Workplace applies here as well. It states the following: "Dentists have the obligation to provide a workplace environment that supports respectful and collaborative relationships for all those involved in oral health care." Bad-mouthing of patients to staff, colleagues, and even to the patients themselves doesn't support respectful and collaborative relationships in the workplace. In fact, it cheapens the professional atmosphere and demeans the entire profession.

Finally, the Principle of Justice is relevant. It states: "This principle expresses the concept that professionals have a duty to be fair in their dealings with patients, colleagues and society. Under this principle, the dentist's primary obligations include dealing with people justly and delivering dental care without prejudice." The key word here is prejudice. When it comes to treating patients, society expects and demands that professionals treat everyone as equals. Because society is comprised of a broad cross-section of individuals -- tall and short, rich and poor, educated and ignorant -- it could never justify conferring the privilege of professional status on a group that discriminates as to whom it treats. Therefore, it reasonably expects professionals to treat all members of society the same and without prejudice.

So perhaps the next time you consider telling a patient that you're doing them a favor by treating them, take a minute to think about how this might affect that person and, just as importantly, what it says about you.



DENTISTS IN

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## Helena dentists bring dental career to students

*Local dentists and dental assistants introduce high school students to the possibility of a career in dentistry*

Helena dentists have worked together for many years to teach local High School Health Professions classes about careers in the dental field. It is a fun day for dentists, staff and students. The local High School course instructor reports that “the students find it to be one of the most interesting and informative classes of the year”.

The class begins with a power point presentation depicting common dental diseases, and dental treatments. Students are then divided up into teams of 3-5 and travel around the classroom to different dental stations that provide them an opportunity to get a taste of various aspects of dentistry. They are given the opportunity to; use a high speed handpiece and drill on extracted teeth, place composite restorations in teeth and carve them, scale teeth, administer local anesthetic, extract teeth, place sealants and discover the intricacies of endodontics. The class concludes with a discussion of dental careers. We try to have a dental hygienist, dental assistant and several dentists of all ages to help answer questions about their respective jobs. The students see how we all work together as a team to provide them a great service. They are amazed at the intricacy of our work.

Programs like this are a fun way to serve and give back to your community. Please write and tell us your local story about service in your community.

*Dentists across Montana are providing wonderful charitable dental and community oral health care. Tell MDA News about “Dentists in Service” in your area. Contact Dr. John E. Smith: [jellsmith@juno.com](mailto:jellsmith@juno.com); (406) 443-6160.*

# Members to elect officers

Proposed amendments to the Montana Dental Association Constitution and Bylaws and election of 2015-16 officers will be considered by at General Assembly luncheon meeting at 11:45 a.m. on April 30.

The Board of Directors will nominate officer candidates at its April 29 meeting. The Nominating Committee has presented these candidates for the Board's consideration:

President: Dr. David C. Keim (Kalispell)

President-Elect: Dr. E. Jane Gillette (Bozeman)

Vice President: Dr. Kevin L. Rencher (Helena)

ADA Second Alternate Delegate Dr. E Jane Gillette (Bozeman)

Candidates may also be nominated from the floor of the Assembly.

Amendments. A two-thirds favorable vote of those present is necessary to adopt amendments. Amendments by deletion are shown by strikethrough and proposed additions are underlined.

## **Proposed Bylaws Amendment 1:**

### **ARTICLE XIII - CREDENTIALS TO DELEGATES**

Section 1 - DELEGATES AND ALTERNATE DELEGATES shall be elected as per Article VIII; Section 2 of the Constitution of this Association. Delegates shall consist of two (2) Delegates-at-large, elected for three (3) year terms, and Delegates and Alternate Delegates determined

as per Article VII, Section 1 of the Constitution of this Association. The terms of the Delegates-at-large may be adjusted by the Executive Committee or the Board of Directors so that those terms are staggered.

## **Proposed Bylaws Amendment 2:**

### **ARTICLE III - DUTIES OF THE OFFICERS**

Section 2- The PRESIDENT shall preside at all meetings of this Association and of the Board of Directors and shall serve as Chairperson of the Executive Committee. The President, in conjunction with the Secretary, shall certify all official acts of this Association. The President, in consort with other members of the Executive Committee, shall appoint all special committees, and shall perform such other duties as usually pertain to that office. In addition, the President shall serve as Secretary to the Delegation during the annual ADA House of Delegates.

Section 3 - In the absence of the President, the PRESIDENT-ELECT shall preside and shall assume all duties and responsibilities of the President. The President-Elect shall supervise and coordinate the activities of all councils and committees of the Association. In addition, the President-Elect shall serve as Secretary to the Delegation during the annual ADA House of Delegates.

*For further information on the General Assembly contact David Hemion, executive director at (406) 443-2061; dave@montanadental.org*

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OR complete and send to MDA.

Include **names of all attendees** as will appear on conference badge. Use additional sheets if necessary.

Fill in **Registration Code** from list to the right and fee for each attendee.

Fill in **Course and Event codes** from list to the right that each participant will attend. (Please include the daily luncheon buffets that you will attend).

Include **tournament registration page** with your conference registration.

**Total conference fees**  
for all participants

**Complete payment instructions** on the next page.

## F E E S

	BY Apr 13	AFTER Apr 13
1. MDA Member or ADA 11th District Member of AK, ID, OR, WA	\$325	\$350
2. MDA Member using CE Credit Sticker	\$300	\$325
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4. ADA Member outside 11th District	\$330	\$355
5. Non-Member Dentist*	\$750	\$775
6. Hygienist	\$110	\$135
7. Dental Assistant	\$110	\$135
8. Office Staff or Lab Technician	\$110	\$135
9. Guest attending classes, breaks & lunch	\$110	\$135
10. Dental school, hygiene or asst students	\$25	\$25

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## C O D E S

### THURSDAY Sessions

#### CODE COURSE

**A Dr. Marc Geissberger » 6 CEC**

**B Marko Vujicic » 3 CEC**

**C Ms. Jane Baker » 3 CEC**

**D Legally Mine » 3 CEC**

**O Medicaid Audits 1 CEC**

**\*\* Radiography Study Class**

\*\*8 a.m. or 1:30 p.m. Please call MDA to register (800) 257-4988

### FRIDAY Sessions

#### CODE COURSE

**E David Meinz » 6 CEC**

**F AbCd Update » 3 CEC**

**G Dr. Robert Walsh » 1 CEC**

### THURSDAY Events

#### CODE EVENT

**H President's Lunch (Dentists Only)**

**I Spouses' Coffee**

**J Thursday Buffet at Trade Show**

**K President's Reception**

### FRIDAY Events

#### CODE EVENT

**L MoDePAC Breakfast (Dentists Only)**

**M Friday Buffet at Trade Show**

**N Golf**

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DENTIST'S NAME or EMPLOYER NAME: \_\_\_\_\_

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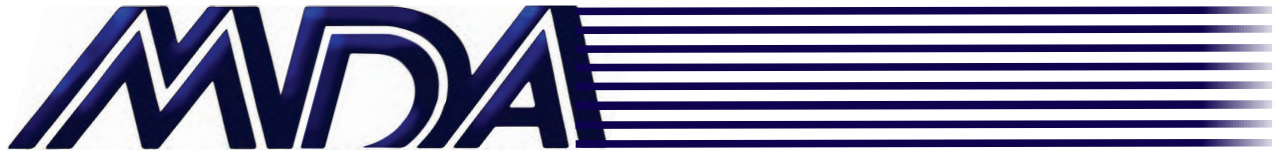
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- > Cancellations must be made by April 24, 2015 to receive a refund. No refunds will be issued after that date.
- > Partial registration is not permitted.
- > No refunds can be issued for unattended events or meals.
- > Meeting packets will be available at the registration counter and will be filed by the name of each attendee.



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**Need a Dental Hygienist?** Post your job opportunity on the MDHA website. Ads on the MDHA website are e-mailed to almost 600 Montana dental hygienists. Go to [www.montanadha.org](http://www.montanadha.org) and click on Employment Opportunities for details or call MDHA at 406-256-7384.

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Montana State Flower, Bitterroot

photo by Dr. John Smith, Helena

**2015**  
**APR**  
**MAY**  
**JUN**  
**JUL**  
**AUG**

- 29 - MDA Board of Directors, Missoula
- 30 - MDA Annual Meeting, Hilton Garden, Missoula with Dr. Marc Geissberger
- 1 - MDA Annual Meeting, Hilton Garden, Missoula with David Meinz
- 9-11 - Fly Fishing Dental Conference. Contact Dr. John B. McCollum (406) 683-5125 or PO Box 1255, Dillon MT 59725

**SEPT**  
**OCT**  
**NOV**  
**DEC**

- 18 - MDA Sponsored CE featuring Dr. Mark Donaldson, "Sedation". Helena
- 9 - MDA Board of Directors, Helena
- 5-10 - ADA Annual Session, Washington DC

**MAY 2016**  
**MAY 2017**

- May 5 - 6 - MDA Annual Meeting, Red Lion Colonial Hotel, Helena.
- May 2-3 - MDA Annual Meeting, Hilton Garden Inn, Missoula.