



Eighth District
DENTAL SOCIETY

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bulletin



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Volume 62, No 3, Fall 2026

8th DISTRICT BULLETIN



Eighth District Dental Society
of the State of New York

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The Eighth District Dental Society is organized for the purpose of encouraging improvement of the health of the public, to promote the art and science of dentistry, and to represent the interests of the members of the profession and the public which it serves.

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FROM THE EDITOR



On September 5, I'm turning nineteen! No, I haven't aged backward or developed dementia. On September 5, 2007, I had a heart attack while on vacation at Disney World. I had just finished my morning run, went back to my room, took a shower, and then headed to the living room. Suddenly, I became faint and started sweating a lot. I collapsed. Danielle came out to see what had happened and found me on the floor, unconscious. She brought me around, asked how I felt, and called 911. Since it was Disney World, the front desk sent the lifeguards from the pool to check to see if they could help. Also, since it was Disney World and we were staying at Old Key West, the EMT station was right around the corner, and the EMTs were there in about five minutes. They connected the leads of their portable ECG and told me I was having a heart attack.

The ambulance took me to the emergency room at the hospital in Celebration. There, they connected me to their ECG and confirmed I was having a heart attack. I was then helicoptered over to Florida Hospital in Orlando and taken right into the cath lab for an angiogram. The cardiothoracic surgeon told Danielle I had five blockages and needed open-heart surgery. She asked him when, and he said, "Now." So, I went from the cath lab straight into surgery. Five hours later, I woke up in CC-ICU, still breathing but not upright. I consider that my second birthday.

Danielle immediately called David Kinyon, the Executive Director of the 8th District at the time, and told him what had happened. Dave immediately started contacting orthodontists to see if anyone would be able to cover my practice while I recovered. Because of this, my practice was saved thanks to the 8th District and its members.

Every year, I find myself reminiscing about that Florida episode. I learned the hospital you're taken to decides whether you leave through the front or back door. I was so lucky to be at Florida Hospital, one of the best cardiac hospitals in Florida. But, hey, it was Disney World!

I also think about how important the 8th District was back then and how it still plays a big role in my career. We're so fortunate in Western New York to have such a fantastic professional society that supports us in our dental practice. Since I moved back to Buffalo in 1986, the 8th District has always been there for me. Our District has always had great leadership, with top-notch officers and the best office staff. This continues today with John, Dana, and Kari, who are always ready to help whenever you need them. I truly appreciate their service and what they do for us.

We have amazing continuing education opportunities covering all sorts of topics. We also have wonderful social events where we can relax and connect. One example of the variety we offer is the upcoming safe driver's course. I've taken it twice and loved it. It's always sold out and free for member dentists. The daily Shred Day is also a huge hit, again at no cost to members. We have a very lively society, but it's only because of all the hard work our members and staff do for us.

A society is only as strong as its members. For a society like the 8th District to keep growing, it needs to attract members. It's no secret membership is down in almost all organizations, not just in dentistry. It's a shame the younger generations aren't joining professional organizations in the same numbers as previous generations. This isn't good for the future of any organization.

Continued on Page 11

FROM THE PRESIDENT



Summer is over and here comes Fall. At the Eighth District, we had a busy summer. In June we had a very successful Chatauqua Dental Congress at the Chatauqua Harbor Hotel. The 2-day conference featured something for everyone, including dentists, hygienists, assistants, and staff. Thanks to all of our great sponsors who helped make this a great event, and thanks to our great speakers for a job well done. Mrs. Marilyn Ciano also made a special appearance to help us kick off the conference. Her late husband Dr. Seb Ciano started this event 40 years ago and it was wonderful to have her at the conference. Please look for the conference next year in June as we continue this tradition.

In August, through the efforts of Dr Larry Volland, Niagara County Dental Society, Dr John Craig and the Eighth District Dental Society, a plaque was re-dedicated in Niagara Falls on the site where the ADA was born. The ADA was founded in 1859 on August 4th at the Clifton House where 26 dentists from different states met. This re-dedication took place where the Clifton House once stood.

Throughout the summer, the Eighth District and its leaders continue to work with the Dental School and ECMC to help remedy the closing of the Oral Surgery Residency program. These efforts are ongoing as we look for solutions.

As summer turns to fall, we look forward to a couple of events. At the end of September on Friday, September 25th we are sponsoring a meat raffle to benefit the Foundation. Tickets can be purchased on our website. Please come out and support our foundation. On Friday, December 4th, please join us for our Fall All-Day symposium on Oral Cancer. Registration can also be done on our website. Please take advantage of this great program.

As a member benefit, the district is partnering with a company called Unified Smiles. This company can provide supplies and equipment to your office at a discounted rate. Please contact the district office or visit our web site for more information and take advantage of this great member benefit.

Please join me to thank Dr. John Craig and his staff, Kari and Dana for all their hard work and dedication on behalf of the Eighth District. Without them, nothing is accomplished.

The Eighth District is always looking for new people to join our executive council. Please volunteer for our great organization. The work of organized dentistry is extremely fulfilling.

Happy Fall!!! Go Bills! Go Sabres!

With Sincere Respect,

Michael D. Ehlers DDS
President

AMERICAN DENTAL ASSOCIATION PLAQUE DEDICATION CEREMONY



Pictured left to right are Dr. Lynn Stacy, (NYSDA president-elect), Dr. Brendan Dowd (Trustee 2nd of the ADA), Dr. James Hoddick, (NYSDA Trustee), and Dr. Lawrence Volland (Niagara County Dental Society Treasurer)

On August 3, 1859 a national dental meeting was held in Niagara Falls, NY at the International Hotel, which was located on what was then the original Main Street and Cherry Street. That location today is now Old Falls Street and Rainbow Blvd. At the annual session, which included dentists from Ohio, Pennsylvania and New York, lectures and discussions about horal health were heard.

What resulted were ethical and scientific disagreements which prompted 26 members of the meeting to leave and walk across the street to Grant Hall Hotel. What resulted from that separate discussion was the founding of the American Dental Association (ADA) on August 4, 1859, 167 years ago. Niagara Falls, NY was the birthplace of organized dentistry as we know it today. Today, the ADA supports over 152,000 members nationwide and supports oral health for our country and internationally across the globe. It's part of our WNY heritage and is worth celebrating.

On August 4, 2026, a plaque was unveiled celebrating that milestone and the recognition of WNY's importance in a growing and prosperous nation.



EXECUTIVE DIRECTOR'S REPORT



Now that summer is trending to the rear, we begin the process of building forward into 2027. There were several events and activities that have taken place since our last publication.

The House of Delegates meeting in Atlantic City provided new and interesting discussions over Peer Review benefits and exclusivity to members only, state and local component operational audits, and meeting snafus on voting and protocols for the actual house proceedings. The next three sessions are all being held in Saratoga Springs, so most delegates feel better in a more consistent location. I believe we, as a local society, will be hosting the meeting again in 2031.

We held the annual golf outing in June at Transit Valley CC with 110 golfers. We secured well over 20 sponsors and the CE for the day was Risk Management from Fortress with Dr. Regan. The weather this year was great and everyone that attended had a great time. This was Dr. Sibick's last year as Golf Committee Chairman and we thank him for his service to this annual event. Dr. Peter Davidow will now take over the reins and next year's tournament is Monday, June 14th at Niagara Falls County Club in Lewiston.

We reinstated the Chautauqua Dental Congress in memory of Dr. Sebastian Ciancio and had close to 95 people attend from various regions and states. Evaluations were extremely positive and Marilyn Ciancio was grateful for us taking this program back up in his memory. The plan is host again next June on the 24-25th before the Institute opens for the season. For the Dr. Fink All Day in December, we are hosting the ECMC Oncology Team to present on oral cancer. This seminar runs about every 5-7 years. This year's program is Friday, December 4th at Salvatore's.

We held Shred Day June 14th and are strongly considering hosting a joint electronic recycling program in addition to the document and X-ray shredding in 2027, since Lincoln Archives now performs this service. However, to do this successfully, we may need to conduct individual or member input surveys to determine the level of need to pull it off. Electronic recycling requires a little more direct planning for execution, so if we're planning to support this, we'll need to predetermine the real and actual need, and the types of electronic items members are looking to recycle.

We've made some subtle updates to the website and are planning to add a more convenient way to pay and register for events and activities via the portal. We also are piloting the pay app Venmo for the upcoming Meat Raffle for the Foundation to see how that goes.

I've also been networking over the summer with the Chautauqua County Dental Action Council on trying to keep the JCC/MCC Virtual Dental Hygienist Program viable. Funding was initially awarded by SUNY to support a three-year system start-up but was dropped to just one and that has affected the ability of the college to continue taking on new students. The college needs at least \$186K to keep the program open to new students. Efforts by the Dental Action group to develop a position paper and supporting documentation were completed and shared with stakeholders to include SUNY Chancellor Dr. John King. If fiscal support is not reached by the start of the fall semester, students will have to wait until Fall 2028 to enroll again, leaving a gap in cohort support year to year.

Have a great fall season and Go Bills!
John D. Craig, Ph.D. – Executive Director
jcraig@8ddsny.org

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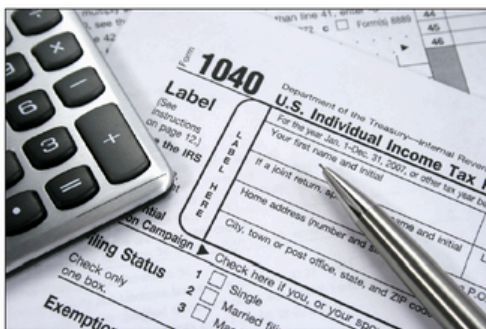
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HOUSE OF DELEGATES

The annual NYSDA House of Delegate meeting was held in Atlantic City sponsored and supported by the New York County Society and outgoing President, Dr. Maurice Edwards. Over 200 people attended the annual meeting and there were plenty of highlights and concerns expressed by many delegates.

Highlights of the meeting for our district were the dedication of service to the NYSDA Board of Trustees presented to Dr. Raymond Miller, and the appointment of our new Trustee, Dr. James Hoddick. Dr. Brendan Dowd was also recognized for his service as the 2nd District Trustee to the ADA. His official term expires at the HOD meeting in October in Indianapolis. We thank these leaders for their service and support of organized dentistry and our society.

The NYSDA budget and a slight increase in membership dues were passed along with a host of other resolutions. There were some challenges with in-person voting for the House Speaker and the need to cast a revote because of the input to the process was complicated by alternate delegates who voted but were not allowed to vote. This delayed the afternoon session on Saturday by 45 minutes.



There was also a large debate to consider whether NYSDA should have an operational audit of services prior to the appointment of a new Executive Director who would be replacing

Michael Herrmann at the end of the year. Many at the meeting were a bit at odds and often confused about the nature of operational over financial audits. They are distinctly different and serve other means for change and reflection. Others felt any audit was unnecessary until a new person is hired and they can make their own assessment of how things are done versus an outside agency telling them what they think should be done. Fiscal audits are done annually, so delegates were discussing whether NYSDA needs to get the house in order for a new administration or wait until a new person is on board.

The next three NYSDA meetings will be held in Saratoga Springs as a three-year contract was signed to support a consistent location and program format. Many western state districts were not happy with a location like Atlantic City, which is almost like traveling to the mid-west and not a convenient air route for airline travel in a more direct flight format.

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THOMAS J. FEIDT RESIDENT AWARD

The Eighth District Dental Society established the Friend of Dentistry Award in 2008 to recognize a non-dentist who had made a lasting contribution to the dental profession in Western New York. Tom Feidt, who devoted his career to serving dentists since 1974 and was considered a trusted friend to the Western New York dental community, was the inaugural recipient of this distinguished award.

In conjunction with Tom's recognition, Walsh Insurance, the endorsed insurance agency for the Eighth District Dental Society, established the Thomas J. Feidt Distinguished Resident Award, an annual scholarship presented in his memory to an outstanding resident at the University at Buffalo School of Dental Medicine.

We are pleased to announce the 2026 recipient, Dr. LeAnn Richert.

Originally from North Tonawanda, New York, Dr. Richert earned her Bachelor of Science in Chemistry from Niagara University in 2019, followed by a Master of Arts in Biology from the University at Buffalo in 2020. She received her Doctor of Dental Surgery degree from the University at Buffalo School of Dental Medicine in 2025.

During graduate and dental school, Dr. Richert completed honors research evaluating bone grafting materials for dental applications, reflecting her commitment to advancing patient care through research.



Dr. Richert is currently completing a second year of residency at ECMC, where she has developed a special interest in providing care for patients with intellectual and developmental disabilities, in addition to practicing comprehensive general dentistry. Following her residency, she plans to remain in Western New York by entering private practice while potentially continuing her work at ECMC.

Outside of dentistry, Dr. Richert enjoys playing tennis, hiking and spending time outdoors, and caring for her cat, Hazel.

The Eighth District Dental Society and Walsh Insurance are proud to honor Dr. Richert's dedication to clinical excellence, research, and compassionate patient care through this award, which continues Tom Feidt's legacy of supporting the next generation of dental professionals. We congratulate Dr. Richert on this well-deserved recognition and wish her every success in her career.

Western New York and the 8th District have a rich history in organized dentistry. If you're not familiar, the American Dental Association was established on August 4, 1859, when dentists from all over the country gathered in Niagara Falls, NY, for a dental conference. At that conference, twenty-six dentists came together to discuss the creation of an organization based on scientific principles for dentistry, which would become the American Dental Association. In 1959, the Niagara County Dental Society donated a plaque to commemorate the 100th anniversary of the ADA's formation. Sadly, that plaque disappeared, but thanks to the efforts of Dr. Larry Volland, another one was created. It was rededicated on August 4, 2026, in a permanent spot on Old Falls Street in Niagara Falls.

Just like any other aspect of life, the ADA's mission remains the same but also evolves. Now, it not only champions strong scientific principles in dentistry but also safeguards the profession and its members politically. The ADA provides us with a powerful voice in government, one that is respected by everyone. It's a voice we absolutely need to keep. Please keep your membership in the Tripartite. Also, encourage others to join, especially younger dentists who might not realize the value of membership. Only a strong organization can keep our voice strong and ensure we remain relevant.

Best Wishes,
Dr. Kevin Hanley

Disclaimer: The views expressed here are the author's own and do not necessarily represent the views of the Eighth District Dental Society.



FORTRESS MEMBERS
Dr. Matthew Fenigstein, DDS, MS; Dr. Mariel Webber, DDS;
Dr. Cynthia Czaperecker, DMD, MS; Dr. Shawn F. Jordan, DDS, MS
of Apex Endodontics of Tonawanda, NY

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Risk Management Insights

Comprehensive Informed Consent Educates Patients and Supports Your Defense

Informed consent is a process of communication between a doctor and a patient that results in the patient's authorization to proceed and undergo a specific treatment or procedure. It is more than just a form. The goal is to provide the best care possible and obtain the best outcome for patients, after informing them of all the recommended options. However, there are a few common scenarios when patients challenge your efforts to obtain informed consent:

Scenario 1: The chart contains a signed consent form, yet the patient denies the doctor had a discussion with them.

Scenario 2: A doctor is sure there was a verbal discussion with the patient; however, there is no signed consent form or chart documentation to support this.

Scenario 3: The patient reports that office staff obtained consent and not the doctor.

With these scenarios in mind, the three-step informed consent process is recommended to support patient education efforts and memorialize those efforts to defend against such allegations.

Comprehensive Informed Consent Involves Three Steps

Step 1

Discussion: The treating doctor is responsible for communicating the risks, benefits and alternatives involved with the recommended treatment option specific to an individual patient. This discussion happens before the procedure and before any sedatives. Since patients have different levels of knowledge and understanding, it is recommended to speak at the intellectual level of each patient.

Step 2

Signed procedure specific consent form: The informed consent form is one part of the process and reinforces the conversation about the risks that a provider had with the patient. A procedure specific consent form is recommended as it will contain risks specific to the procedure.

Step 3

Chart note: Document the informed consent discussion in the chart as this provides additional support showing that a provider obtained consent and can be used to refute allegations made later on.

Frequently Asked Questions

These questions are based on frequent calls made to the Patient Safety and Risk Management Department seeking guidance on informed consent matters.



Comprehensive Informed Consent Educates Patients and Supports Your Defense

continued from Page 1

What if candidly discussing procedure risks induces fear and anxiety for the patient?

If a provider is not clear about all the risks, the patient may claim later on that risks were not fully disclosed. While acknowledging the potential risks, explain to your fearful patients the steps your office takes to help mitigate these risks, the potential consequences of refusing treatment and how that refusal could compromise the patient's health.

Can I email the consent form to have the patient sign and bring it in on the day of surgery?

Some providers have the patient sign the consent form after the discussion at the consultation and some on the day of surgery. The choice is yours as long as it is signed after the discussion with the doctor and before sedatives are administered.

The patient had an extraction two months ago and needs another one. Is a consent form needed for every extraction procedure?

Even when the patient had past extractions with you, the risks involved with these extractions may be different. For example, the patient may have had recent changes to their health, changes to medications, and patients may not remember the previous discussion of risks. Without proper consent for each procedure, the patient may claim negligence due to unknown risk, or even attempt to allege medical battery.

Informed Consent State Laws and Regulations

While regulations regarding how consent is obtained, the documentation required and what information must be shared vary by state. It is important that you are familiar with your state's requirements.

The ultimate goal is that each patient makes an informed decision on whether to proceed with a specific treatment or procedure after they understand the risks, benefits and alternatives, and that this effort is memorialized in your chart through documentation. This is the essence of the informed consent process.

Resources Available

Over 45 informed consent forms, and over 30 clinical and practice resources are available for download from our website to support our insureds. Many resources, when used together, can assist with managing and documenting the entire informed consent and patient education process, while improving the overall clinical documentation process.

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Consent and Office
Documents



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WILLIAM KNAUF JR. GOLF TOURNEY

Congratulations to all of our winners at this year's annual Dr. William C. Knauf Jr Memorial Golf Tournament!

Champion Golfer – Dr. Patrick Danna with a score of 80

Scramble Championship Teams are as follows:

Ladies: Drs. Alyzza Tzetzto, Catherine Gogan, Patricia Haberman and Patricia Starring

Mixed: Drs. Frank Sindoni, Chet Gary, Tom Scibor, and Ms. Julia Gengo

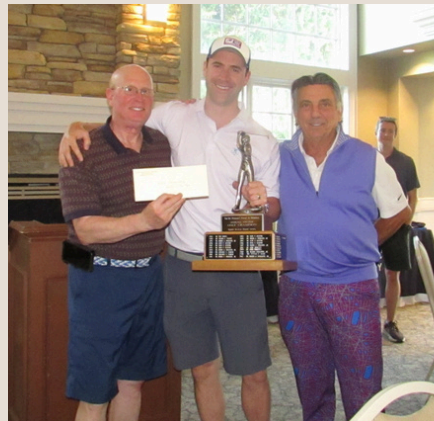
Men's: Drs. Timothy Violante, Daniel Hillery, Andrew Salamino & Kevin Apolito

Senior: Drs. Robert Reszel, Ronald Chmiel, Scott Seier and Greg George

Super Senior: Drs. Raymond Miller, Michael Ehlers and Kevin Hanley

Closest to the Pin: Joe Procopio from Vital Dental Laboratory

Longest Drive: Ladies – Julia Gengo, Mens – Dr. Carl Embury, Senior – Dr. Joseph Breloff





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CHAUTAUQUA DENTAL CONGRESS

For close to 40 years, Dr. Sebastian Ciano was a beloved member of the 8th District and UB Dental School and the field of dentistry and specifically periodontology. He founded the Chautauqua Dental Congress, a forum for continuing dental education in Western New York, and the publication Dentistry Today named him one of the nation's leading lecturers in continuing dental education.

Dr. Ciano had presented courses across the world, from Argentina to New Zealand. Dr. Ciano was a SUNY Distinguished Service Professor and the immediate past chair of the Department of Periodontology and Endodontics, a role he filled for 35 years. He was beloved by students, faculty and dentists across the country and throughout the world.

The Dental Congress ended in 2025 due to a shift in educational CE programming at the dental school in late 2024. The 8th District was presented with an opportunity to continue to run the program in his memory after the year of absence. The UB dental school continuing education department had continued to coordinate his program when he passed in 2020. We worked with and through the dental school and his wife, Marilyn, to receive her support for continuing this lecture series in his memory. We also worked with the New York Dental Hygienists Association to cater workshops for dental staff and practices, since attendance at more recent in person events have been difficult to create larger groups of participants.

Speakers for this year's program included, Dr. Marcelo Arajua, Dean of the SDM at UB, Dr. David Rice, and Dr. Ankur Gupta. In addition, we hosted Marlyce James, Colleen Huff and Elizabeth Dooher Anthony. We also had sponsorship from the following companies and organizations: Ivoclar, Walsh Insurance, Feldman Kieffer, Bank of America, DDS Match, Bio Horizons, Archy, Mas Assist, Slate, Care Credit, EMS, Nobel BioCare, Urgent Dental Care, Paperplane Therapeutic's, and Vital Dental Labs.

Overall program evaluations were positive and supportive for bringing this seminar series back to Chautauqua and we were thrilled to be able to continue the dental congress in his memory. Marilyn Ciano made a visit to the event and shared her thoughts and appreciation to the dental society for carrying this on.

Next year's Dental Congress is scheduled for Thursday & Friday, June 24-25, 2027 with a program and registration information coming in the late fall.



FOUNDATION CORNER

President – Dr. Nicole Hinchy * Treasurer – Dr. Joseph Modica



With one fundraiser completed earlier in the spring at The Sportsman's Tavern featuring the 8th District's Central Groove, the Board set its sights on hosting a unique to WNY event, the Meat Raffle this fall. These events, quite popular in recent years, are unique to this region and have played an important role for many youth groups, sports organizations, schools, volunteer and non-profit groups to raise funding for their operations. So, the Board said, "Why not us?"

On Friday, September 25th, the Society's Foundation is hosting our own 1st Annual Meat Raffle at the George Lamm American Legion Post located at 962 Wehrle Drive at 6pm. Tickets, tables and raffle items will be available along with a variety of meat raffle rounds during the evening.

You can purchase tickets by calling the office, sending a check or using the Foundation Venmo account set up for this program. Members and guests can Venmo money to @EighthDistrictFoundation. Tickets

are \$15/person or you can purchase a table of 8 for \$100.00.

You can purchase tickets by calling the office, sending a check or using the Foundation Venmo account set up for this program. Members and guests can Venmo money to @EighthDistrictFoundation. Tickets are \$15/person or you can purchase a table of 8 for \$100.00.

Beer, wine, and soda are available free to all ticket holders, and people traditionally bring their own snacks, food, desserts and other items while the event goes on. If you would like to donate a gift card, basket or other items for our fundraising raffle, please call the office 716-995-6300 or email us at admin@8ddsny.org. We hope to see you there!



EVENTS

SEPTEMBER

22nd - Erie County Board Meeting, Society Office, 7pm

25th - Foundation Meat Raffle, George Lamm American Legion, 6pm

OCTOBER

12th - Columbus Day, Office Closed

13th - Executive Council Meeting, Society Office, 7pm

27th - Erie County Board Meeting, Society Office, 7pm

NOVEMBER

2nd - Basic Life Support, Society Office, 5-9pm

4th - 6th - Buffalo-Niagara Dental Meeting, Convention Center, 8am

10th - Executive Council Appreciation Dinner & Meeting, TBD, 6pm

11th - Veteran's Day, Office Closed

26th & 27th - Thanksgiving Break

DECEMBER

4th - Dr. Richard Fink Memorial CE Seminar, Salvatore's, 8am-4pm

5th - Children's Holiday Party, Transit Valley CC, 10am-12pm

24th & 25th - Christmas, Office Closed

31st - New Years Eve, Office Closed at Noon

NOMINATIONS FOR 2027

As this year winds down, there are new opportunities to step up and support the society's Executive Council.

Ending his fifth term as Treasurer, is **Dr. Joe Modica**. Dr. Modica has been a strong advocate for our fiscal concerns and a great supporter of keeping up with our future sustainability. A past society president and active council member, Dr. Modica sold his practice and officially retired in 2025. Also ending her term as our ADA representative, is **Dr. Liz Kapral**, who will be stepping into the president-elect seat in 2027. We thank Dr. Kapral for her outstanding work and support as both our representative, a Caucus Chairwoman, and Reference Committee Chair as well. Also stepping away into retirement is former 8th District President, **Dr. Joe Craddock**. Dr. Craddock served us during the pandemic year and has served in a variety of capacities for the District, NYSDA, and the ADA. We thank him for his service to our community and sincerely wish him well in retirement.

We are therefore as a Council, pleased to announce that the following individuals will be nominated to replace these individuals in the following capacities:

Treasurer for 2027 through 2030 - Dr. Mark Barone

Secretary for 2027 to run the Chairs - Dr. Peter Davidow

ADA Reps for 2027 through 2029 - Drs. Michael Ehlers, Robert Bochiechio, Jennifer Frustino, James Hoddicks

Councilors-at-Large (2yr term) - Drs. Madison Billings, Victoria Olsen, Elizabeth Hatton, Jennifer Helfer

A formal member's vote will be made at the next Business meeting at the Dr. Fink All-Day on December 4th and approved by the society members.

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NYSDA ADVOCACY IN ACTION

NYSDA Continues Advocacy on CBCT Requirements

NYSDA is actively advocating on behalf of dentists affected by New York's new CBCT requirements.



WHAT CHANGED?

On July 22, 2026, the New York State Department of Health finalized regulations establishing new requirements for dental offices outside of New York City that use cone beam computed tomography (CBCT).

These regulations include an accreditation requirement.



NYSDA IS FIGHTING FOR MEMBERS

NYSDA formally opposed the CBCT accreditation requirement throughout the regulatory process.

Even after the regulations were finalized, NYSDA continued discussions with the Department of Health, medical physics organizations, and accreditation agencies to advocate for a compliance process that is as workable as possible for dental practices.



NEW YORK CITY DENTISTS: IMPORTANT CLARIFICATION

DOH recently clarified that the state's CBCT accreditation requirements **do NOT apply to dental CBCTs in New York City** (Bronx, Kings, New York, Queens, and Richmond counties).

New York City dental offices are governed by Article 175 of the New York City Health Code.

NYSDA will continue to advocate and keep members informed



2025 GIES AWARD

Since 1958, the William J. Gies Editorial Award has been presented yearly to the authors of the most valuable editorials published in a dental journal or periodical. Recognizing the ADEAGies Editorial Award winner has been the joint privilege of the American Association of Dental Editors and Journalists (AADEJ) and the William J. Gies Foundation for the Advancement of Dentistry (ADEAGies Foundation).

2025 First Place Gies Award Recipient:

I'm Mr. Brightside: Optimistic Dentistry Can Maintain its Leadership Role in Dentist-Patient Decision-making

By Chester J. Gary, DDS, JD

In the 2004 Killers pop song “Mr. Brightside,” the protagonist puts on a brave face as he painfully observes another man with his girlfriend. Similarly, individual dentists and our profession too often stand back and merely witness managed care organizations (MCOs) take our place as the primary decision-maker in our relationship with our patients.

While the song never relates whether Mr. Brightside intervenes and saves the relationship, we must eliminate MCOs’ intrusion into the dentist-patient relationship to protect patients’ autonomous right to informed decision-making. Dentistry must expose how MCOs manage costs to guard their own bottom line at the expense of patients’ best interests, fight MCOs’ deceptive schemes with ethical practice and legislative initiatives, and support dental benefit plans that reaffirm dentists’ authority as the leader in oral healthcare decision-making.

“It started out with a kiss. How did it end up like this?”

It started in the 1950s with dental indemnity insurance, a transparent and autonomous concept, instituted to provide increased access to affordable care and improve the public’s oral and general health. Along with direct reimbursement plans, it involved no provider contracts, no dentist networks or reimbursement manipulations. Patients were treated by the dentist of their choice. Dentists informed patients of their condition and alternatives for care. Patients made informed decisions, underwent treatment, and insurers paid to reasonable annual maximums.

Regretfully, dental insurance has remained largely unregulated, in part because the healthcare industry and society consider much of dental care a desirable, but nonessential service. Hence, MCOs gradually infiltrated this regulatory void with coercive provider agreements and heavy-handed cost-containment controls that limited both patients’ choice of dentists and treatment alternatives. It ended up as managed care, an opaque and oppressive collection of deceptions, onerous policies, and illegal restrictions foisted upon the delivery of oral healthcare.



Deception 1: MCOs Protect Patients

MCOs utilize marketing tactics and plan limitations to create the false impression that they protect patients’ oral health and autonomy, especially from overtreating and overcharging dentists. First, companies refer to their plan as “insurance,” similar to medical or dental indemnity insurances, to deceive patients into believing the plan will take care of all necessary dental needs. In reality, the plan functions

Continued on Page 23

merely as a discount or coupon on select services, not comprehensive insurance coverage. In fact, the plan protects the MCOs' bottom line above patients' oral health. MCOs calculate reimbursements to dentists on arbitrary cost-containment limitations that bear no relation to a fair fee to support treatment within the standard of care or best interest of the patient.

Second, the plan selects and engages "preferred providers" into a "network" that implies it includes a higher skill level of dentists who sought this desirable position and somehow qualified to participate. In the event outlier dentists attempt to overtreat, the MCOs protect the patient with preauthorization and utilization review mechanisms. If the company determines dentists overcharge, then the plan protects patients with a UCR fee schedule and cost-control policies, such as least-expensive alternative treatment, bundling, and downcoding.

Actually, most dentists do not prefer or desire to participate in discount plans with onerous limitations on treatment planning and poor reimbursements. Rather, MCOs indirectly pressure dentists to join the network using the threat of losing potential access to the plan's member patients. Then, the company requires participating dentists to sign borderline unconscionable provider agreements that exploit dentists' weaker bargaining power. Contract terms and mandatory fee schedules dictate treatment planning in the company's financial interest. Hence, dentists participate only as a last-resort business decision and often terminate if or when their patient demographics and cash flow allow.

Third, plans create "Participating Dentist" and "Covered Services" lists allegedly to protect patients' autonomy to select their dentist of choice and make informed decisions regarding their care. However, MCOs do not trust patients to select their dentist or make informed decisions on their oral health. MCOs influence member choices of dentists not only through limiting choice to the participant list and attempting to limit fees paid to out-of-network practitioners, but also through segmenting and grading the participant list into tiers based solely upon undisclosed dentist performance profiles that benefit the MCO profit margin.

Finally, MCOs severely limit patient autonomy in treatment planning through an extensive list of uncovered services, downgrading treatment planned to the least-expensive treatment alternatives in the predetermination process, and enforcing absurdly low annual maximums that have ignored increases in the cost of providing care and inflationary increases for decades. Ultimately, MCOs mistrust patients who, in collaboration with their dentists, will too often elect what the company deems nonessential and excessively expensive procedures and, therefore, MCOs devise reimbursement schemes to control dentist-patient decision-making.

Deception 2: Dentists and Lawmakers Condone MCO Tactics

The fact that dentists participate in MCO plans, and the law seemingly does nothing to prohibit certain deceptive policies and provider contract terms, gives the entire managed care operation the appearance of legitimacy. Dentistry must better inform the public that we are not willing accomplices in MCOs' deceptive schemes that diminish both dentists' and patients' autonomy. We do participate in plans that can provide access to care for underserved populations. However, we have successfully supported and advocated for legislation that prohibits coercive dental benefit schemes that interfere with informed decision-making, including, among others, the following:

Dental Loss Ratio ("DLR"): Requires MCOs in many states to report to state legislatures the percentage of

premiums and, in some states, requires a minimum percentage (approximately 80%) spent on patient care and quality improvement compared to administrative costs and profit.

Pre-existing Conditions: Prohibits claim denials based on patients' conditions existing prior to date of commencement of the insurance.

Gag Clauses: Prohibits clauses in provider contracts that "gag" dentists from saying anything negative regarding a plan. The legislation requires MCOs to submit a formal attestation that the MCO has complied with the Gag Clause prohibition.

Hold Harmless Clauses: Recommends dentists obtain legal review before agreeing to hold the MCO harmless and indemnify the MCO for any liability it may incur related to the dentist's acts or omissions even if an MCO restriction was at fault for a patient injury.

The ADA has collaborated with the National Council on Insurance Legislators to develop the Transparency in Dental Benefit Contracting Model Act and currently continues to fight the following new negative dental benefit trends:

Affiliated Carrier Clauses: The ADA is advocating with state dental associations in 30 states to pass network leasing legislation that requires MCOs to clearly inform and give participating dentists the ability to opt out of the MCO leasing its network of dentists to another MCO which could force dentists to accept fee schedules and processing policies different from those to which they previously agreed.

Out-of-Network Fees: Recommend patients file complaints with their employers' HR departments when MCOs reduce fees paid for out-of-network claims from the average amount dentists charge to the average amount insurers pay for services in that geographic area.

The mere fact that MCOs instituted and dentistry must fight the above tactics exposes MCOs' deceptions and reveals their profit-driven intentions. Possibly, the greater fight against dental benefit policy abuse occurs daily in every dentist-patient encounter. Regardless of exploitive provider agreement terms and MCO profit-driven cost-containment schemes, dentists remain legally and ethically accountable to deliver treatment within the standard of care and in the best interests of the patient.

"I Just Can't Look, It's Killing Me, They're Taking Control"

Unlike Mr. Brightside, dentistry has no choice but to confront and expose MCO tactics and advocate for legislation to prevent them from taking control of the dentist-patient relationship. We must promote indemnity insurances and direct reimbursement plans that eliminate provider contracts which give MCOs legal standing and the opportunity to interfere with dentist-patient decision-making.

On the bright side, the dental profession's ongoing commitment to acting in the best interests of patients and the public will enable us to save the dentist-patient relationship and continue to earn society's trust.

References

- 1.The Killers, "Mr. Brightside," by Brandon Flowers and Dave Keuning, Island Records, 2004.
- 2.Versaci M. "3 Dental Benefit Trends You Should Know." ADA News, Vol.55, No. 6, June 3, 2024.

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Dental AI: Diagnostic Aid or Malpractice Exhibit?

By Al Anthony Mercado, Esq., Partner Feldman Kieffer, LLP

Artificial intelligence is rapidly moving from theory into everyday dental practice. AI-enabled systems can analyze radiographs, identify suspected caries or periodontal bone loss, calculate measurements, assist with charting, suggest treatment options, verify insurance coverage, and prepare patient communications. Used appropriately, these tools may improve efficiency and help dentists identify findings that warrant closer attention. They do not, however, replace the dentist's clinical judgment or professional responsibility.

AI adoption is already substantial. According to the American Dental Association Health Policy Institute's Q2 2026 State of the U.S. Dental Economy, approximately 43% of responding dentists use AI for at least one practice function, most commonly imaging or diagnostics. Another 26% plan to use it. Dentists remain considerably more cautious about allowing AI to make treatment recommendations: more than four out of five reported no interest in using AI for that purpose. Respondents specifically expressed concerns about inaccuracies, misdiagnosis, and overtreatment.

The Clinical Risk: Automation Bias

"Automation bias" occurs when a clinician gives undue weight to a computer-generated finding. An AI program may highlight an area as caries, identify bone loss, or recommend treatment, but it does not necessarily possess the complete clinical picture. Its output may be affected by image quality, positioning, restorations, anatomical variations, or limitations in the data on which the system was trained.

The opposite problem is equally significant. A dentist may become less likely to identify an abnormality when the software fails to flag it. From a malpractice perspective, "the AI did not detect it" is unlikely to excuse a failure to conduct an appropriate independent review. The dentist remains responsible for correlating the radiograph with the patient's history, examination, symptoms, prior studies, and accepted clinical standards.

AI may also encourage overdiagnosis. Color overlays and numerical measurements can appear authoritative to patients even when the underlying finding is uncertain. Treatment should not be recommended merely because software identifies an abnormality. Before relying on an AI result, the dentist should determine whether it is clinically supported and whether reasonable alternatives, including observation, were considered.

Today's Diagnostic Aid May Become Tomorrow's Exhibit

AI can create additional electronically stored information, including highlighted images, automated measurements, draft notes, recommended treatment, user changes, timestamps, and audit logs. If a malpractice claim arises, a patient may seek this material during discovery.

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That evidence could assist the defense when it demonstrates a careful review and

if an AI-generated note inaccurately records an examination that never occurred. Dentists should never accept an AI-generated chart entry without reviewing it for accuracy and completeness.

The record should document the dentist's own findings and clinical reasoning, not merely reproduce the software's conclusion. When the dentist disagrees with a significant AI finding, a concise explanation may be appropriate. Practices should also adopt a consistent policy governing whether AI outputs are saved, where they are maintained, and how corrections are documented. Records should never be deleted or altered because a complaint or claim is anticipated.

Privacy and Vendor Management

Entering identifiable patient information into a public or unapproved AI platform may violate HIPAA and New York confidentiality requirements. Before using an AI vendor, the practice should determine what information the product receives, whether the vendor stores or uses that information to train its models, what security safeguards apply, and whether a business-associate agreement is required. Staff should be prohibited from uploading patient radiographs, photographs, records, or identifying information into personal AI accounts.

Practical Safeguards

A dental practice implementing AI should:

1. Confirm that the product is intended and appropriately authorized for the proposed use;
2. Independently review every clinically significant AI finding;
3. Train dentists and staff on the system's capabilities and limitations;
4. Require dentist approval of AI-generated notes and patient communications;
5. Document the dentist's actual findings, reasoning, and treatment discussion;
6. Establish privacy, cybersecurity, vendor, retention, and correction policies; and
7. Periodically audit the system for inconsistent or unreliable results.

The safest approach is to treat AI as a second set of eyes, not as a second dentist. AI can strengthen patient care and the defensibility of the record when it supports, rather than supplants, professional judgment. When used without adequate review or documentation, however, a diagnostic aid can quickly become the plaintiff's most compelling malpractice exhibit.

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- American Dental Association, Artificial Intelligence in Dentistry.
- American Dental Association, ANSI/ADA Standard No. 1110-1–2025, Validation Dataset Guidance for Image Analysis Systems Using Artificial Intelligence.
- U.S. Food and Drug Administration, Artificial Intelligence-Enabled Medical Devices.
- U.S. Department of Health and Human Services, Business Associates and HIPAA Security Rule.
- New York State Education Department, Office of the Professions, Dentistry Practice Guidelines—Patient Confidentiality.

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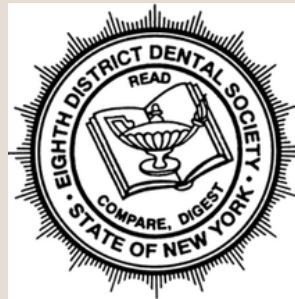
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WOMEN IN DENTISTRY EVENT

The Eighth District was happy to sponsor another Women in Dentistry event recently, held during a sunset cruise on the Grand Lady in downtown Buffalo. Many of our members enjoyed an evening of dinner, drinks, and a brief educational session on the legal and liability considerations of offering cosmetic aesthetic procedures in their practice. It was a gorgeous evening on the water! We look forward to another Women in Dentistry event this Fall, more information to follow.



TRUSTEE'S CORNER



Regards to my fellow New York State Dental Association members. This is my twelfth and final correspondence to you as your ADA Second District Trustee. First, I would like to thank everyone for giving me the opportunity to serve. It has been a very rewarding and challenging experience. The American Dental Association, along with our constituent and component organizations, are the champions and voices of the dental profession. I would like to thank every one of you for contributing in your own way to our profession. It is something we should all be proud of for serving our patients in the best possible way we can.

As the summer comes toward its inevitable conclusion, your ADA is working on many things. The 2026 budget for the American Dental Association is projected to have a four-million-dollar deficit on a cash basis at the end of the year. This is a vast improvement from last year. The draft budget for 2027 is currently being planned, and the hope is to have a balanced budget or possibly a small surplus. As you know, the ADA is working hard to reduce expenses and increase non-dues revenue via a variety of avenues.

A comprehensive governance and organizational structure evaluation of the ADA has been under way since the spring of this year. The consultant company Vista Cova has completed the preliminary findings after finishing initial surveys and interviews. There will be a Town Hall in Indianapolis on Friday, October 9th at the ADA Annual Meeting to discuss this very subject. Everyone's input is welcome, but one must attend in person to contribute to this evaluation. The study concerns governance structure, management culture as well as financial and leadership accountability. There is a governance organizational workgroup composed of ADA House of Delegate members, state leaders and ADA Board of Trustees assisting Vista Cova with interpreting the findings. The ADA Board will review the findings early in 2027 and the full report with recommendations will come before the 2027 House of Delegates.

The Oral Health 2050 initiative, a strategic forward-looking effort to help navigate the next 25 years of our profession, has key panels beginning to discuss the most important issues of dentistry. The five areas include the payment model, patient wellness, provider wellness, the delivery model and artificial intelligence/technology in dentistry. Over 130 nominations have been secured to fill the panels, and 170 inquiries have been received to assist with the panel discussions.

The ADA Health Policy Institute, a critical thought leader for knowledge concerning the US dental care system, reports dentists' confidence in their practice and the dental care sector have improved in the second quarter of 2026. Dental spending is up, although it lags overall health care spending. Employment growth is increasing but recruiting team members, particularly dental hygienists, continues to be difficult. 78% of graduating dental students have over \$312,000 in debt, which continues to affect their employment decisions after graduation. The three top

challenges for early career dentists are finding the ideal job, adjusting to dental office life, and finances.

Advocacy continues to be essential in making our country healthy via oral health. Three big areas are dental insurance reform, strengthening the workforce and student loan reform. Another continued challenge around the country is with local and state laws involving community water fluoridation. A database of results and an ADA fluoride ambassador group of nearly three hundred volunteers available on short notice to testify at hearings, complete interviews and provide scientific studies are working hard to back up ADA policy. Each case is different, but it is essential we have representation to give that specific community the solid research on the efficacy of fluoridation and community water fluoridation.

Ongoing updates continue to occur with ADA Living Guidelines program. With evidence-informed care and visual clinical support through interactive tools and chairside resources, the ADA is providing the practicing member the most up to date information to practice at the standard of care. Most recently the Oral Cancer Guideline has been updated.

As of August 1st of this year, the ADA DLOSCE (Dental License Objective Structured Clinical Exam) has been incorporated into the ADEX Dental Examination. The Joint Commission on National Dental Examinations will continue to oversee the DLOSCE. The purpose of this agreement is to simplify licensure pathways and support licensure portability. Dental students will not be charged anymore than taking the ADEX alone. As we all know, New York State requires a one-year clinical residency to be eligible for licensure.

I hope to see some of you at our annual meeting in mid-October in Indianapolis this year. This will be when I hand off my position to Dr. Payam Goudarzi, who will begin his four-year term as ADA Trustee to the Second District. Once again, thank you for the opportunity. It has been an honor of a lifetime.

Respectfully submitted,

Dr. Brendan Dowd
ADA Trustee, Second District



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Eighth District Dental Society

CHILDREN'S HOLIDAY *Party*

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