8th Bulletin

Volume 61 | Number 2 | Summer 2025

IN THIS ISSUE

- * TRUSTEE'S CORNER WITH DR. DOWD
- * EDDS MEMBER UPDATE
- * ADA PRESIDENT VISITS WNY



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Volume 61, No 2, Summer 2025 8th District BULLETIN

Eighth District Dental Society of the State of New York

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The 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.

Content

From The Editor	3
From The President	5
Executive Director's Notes	7
Trustee's Corner	8
UBSDM Signing Day	11
ADA President in WNY	12
Fortress Closed Claim Summary	15
Erie County Dental Society	18
Foundation Corner	17
FDDS Member Undate	19

From The Editor

When I returned to Buffalo in August 1986, I joined Dr. Gerry Gugino in his orthodontic practice. This practice accepted Medicaid patients who needed orthodontic treatment. The practice I left in Connecticut did not do this. I can't remember what the



Medicaid dental benefit was in Connecticut at the time. but, if there was an orthodontic benefit, I didn't know about it. In 1986, Medicaid orthodontic patients were referred to a screening clinic to see if they qualified for coverage due to their malocclusion. The dentists at the screening clinic determined if each patient met the current criteria for acceptance. These clinics met quarterly. Most of the patients we referred seemed to qualify.

In 2012, that all changed. The screening clinics were discontinued. Instead, any orthodontist participating in Medicaid would examine patients, take records, and submit those records to Medicaid for approval. Part of those records included the Handicapping Labio-lingual Indexing report. This report identifies the automatically qualifying situations in which the patient would be covered for orthodontic treatment. If the patient does not automatically qualify, a second route is to amass enough points to qualify for coverage. The total

(Continued on Page 4)

From The Editor

(Continued from Page 3)

points needed are 26. These points are based on the nature of the malocclusion present, what exactly makes up the reasons for needed orthodontic treatment, overbite and overjet, any crowding present in either arch, the presence of an open bite, crossbite of molars, etc. There are also a few early treatment situations which will qualify for a limited Phase I treatment. An example of the HDL Index can be found later in the Bulletin.

The good news is the orthodontist has some input into who would be accepted into the program. The bad news is if you don't have one of the automatically qualifying situations, reaching 26 points is extremely difficult. This means the orthodontist must inform the patient who thought they had coverage would not be covered and would have to pay for their treatment. I have been participating in the Medicaid program for my entire career here in Buffalo. When I must tell the patients and parents treatment will not be covered, most don't understand. The first words out of their mouths are usually, "But my dentist told me I had coverage." Typically, only about 20-25% of patients referred to me will be eligible for coverage. That leaves a significant number of patients who are either disappointed or disillusioned and who may not pursue needed treatment. I write this editorial as an informational one to give the general practitioner an idea as to what is covered under the Medicaid orthodontic program so the dentist can inform the patients as to their chances of coverage. Many of you may already know this information but many may not. This will allow you to tell the patients before they see an orthodontist what their chances of coverage may be. That way, when that patient reaches an orthodontist, he or she will have a realistic notion of whether coverage will be there for their treatment. I am not saying don't refer your Medicaid patients for treatment if you think there will be no coverage. An orthodontist may discover a qualifying factor you are not aware of. It is always best to refer if you think treatment is necessary.

The HDL Index has quantified the criteria for coverage. However, it is less than perfect. In an attempt to simplify the submission process, patients who desperately need treatment don't qualify because they don't have one of the six automatically qualifying situations or don't reach the magic number of 26. This leaves that patient not receiving treatment or paying for it privately. The HDL Index is a cut and dry situation. If you don't qualify according to the Index, you don't qualify. You can appeal the decision, but, in my experience, appeal is usually denied. As an example, the patient may be severely crowded, have a bilateral posterior crossbite, but normal overjet and overbite. This gives you a score of 18 using the HDL Index, eight points short of coverage. Another patient may have a perfect Class I occlusion but have an impacted canine. An impacted anterior tooth where extraction is not indicated is an automatically qualifying situation. That treatment will be covered. Both situations need treatment, but only the second one gets coverage.

I recently examined a patient whose upper incisors were in crossbite with the lower incisors. One of the criteria for coverage is an anterior tooth in crossbite with severe gingival damage. This patient had four incisors in total crossbite but had no gingival damage. I had to tell the mother coverage was not available in her son's situation because there was no gingival damage. This boy definitely needs orthodontic treatment, but won't get coverage because there was no gingival damage. Also, his posterior dentition was Class II. It is obvious his incisors erupted lingually, but his upper posterior teeth erupted in a forward position. In situations like this, you wonder why this patient wouldn't qualify for coverage where the long-term effects of his occlusion could lead to problems later.

Hopefully, this will give you some idea as to what exactly will be covered under the orthodontic Medicaid program. If you can give the patient some idea as to the likelihood of coverage, it would help the orthodontist explain the situation better and lead to not so many surprises at consultation. One other item: eligibility for the orthodontic Medicaid program ends at age 21. There is no adult orthodontic Medicaid benefit.

From The President

Friends and Colleagues,

My year serving as your president got off to a bit of a rocky start thanks to a cybersecurity scam known as "whaling." Apparently, someone thought I'd be an important enough figure to trick targeted individuals into buying them gift cards. Unfortunately, there was nothing I could do about it, since the little bit of information used about me was public knowledge, and no one hacked my actual email. Fortunately, I don't think anyone ultimately fell for it, but I heard that some were close. I'm not sure what I'd do with a gift card to Sephora, BTW.



When I give my ethics reports at our local executive council meetings, I typically follow a format of reporting on the national, state and then local levels. I'm not really involved at the national level, although I will be attending the House of Delegates meeting in Washington D.C. this fall, but I would like to point out a couple items of interest. First is, thanks to the hard work of members of the Erie County Dental Society in creating a resolution passed last fall, the ADA is working on some educational tools that can be used to promote careers in the dental field in an effort to help with workforce shortage issues. Second is the topic of community water fluoridation.

The new secretary of Health and Human Services has expressed an opinion contrary to that of the ADA and most of its members. While locally we can celebrate the reintroduction of fluoride into the Buffalo public water supply, we are likely to see it being removed elsewhere, i.e. the state of Utah and Miami-Dade county. The ADA will continue to advocate for the health of the community and encourage proper interpretation of scientific data. Contact us if you need resources.

At the state level, I'm proud to report I recently learned that New York is the only state enforcing its Code of Ethics and is also one of the only states to offer peer review. While this is great for New York and our members, it's sad the rest of the state societies don't prioritize the importance of these aspects of membership.

The Eighth District will be sending a strong contingent to the NYSDA House of Delegates meeting in Uniondale in May. While I am not aware of many resolutions at this time, there will be some that pertain to dental licensure, and there will also be discussion about the results of the investigation into the termination of the former NYSDA executive director. I will keep local membership informed.

Finally at the local level, I'm happy to report smooth sailing. We're working on some initiatives through the 8th District Foundation that will allow members to help the community in ways beyond just dental outreach, and we're also looking to generate more capital which can then be used for further community support. Pay attention to Dr. Craig's emails to stay informed about upcoming events that you can donate to, attend, or help out with. We are also looking to provide more continuing education offerings in partnership with UB School of Dental Medicine and the UB Dental Alumni Association. Look for these opportunities starting in 2026.

As always, feel free to reach out to me if you have suggestions or if there is anything I can help you with. My real email is rumfola@buffalo.edu. I don't have Gmail, Hotmail, or anything seeming suspicious.

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Executive Director's Note

We are closing in on the halfway point of the membership year and there are many exciting and yet challenging issues we face as both a membership organization and a dental community.

In less than one year, we've witnessed changes in leadership at both NYSDA and the ADA. We understand that the NYSDA investigation regarding the dismissal of the former executive director has been completed and will be shared with

Trustees at their next session in late April. While we may not get to see the full report, there were many who were concerned about the process in which it was handled. Likewise, former executive director of the ADA resigned in February amid concerns over programming progress and perhaps the new database platform (Salesforce/Fontiva) mistakes. Those alone have caused quite a stir across the membership platform for dues, invoices, reports, and revenue generation. Those concerns are still ongoing, although the updates and service model is improving.

Changes in leadership and succession are always difficult and when there are compounding issues and processes in place as well as a changing service landscape, it is never easy to adjust and keep things consistent and relevant.

This is our first digital bulletin for this year. The final two (Fall & Winter) will be printed and mailed out. We did this for a few reasons: to save printing and mailing costs as well as to conform with other service groups who are moving to an all-digital publication format. Both NYSDA and the ADA have made that shift and our Executive Council and Editor Dr. Hanley has supported and passed a resolution to move to an all-digital service model for 2026. This move will save the Society about \$7,200 a year in costs. If you feel strongly about the print version and would like to reconsider, we would certainly like to know.

Over the winter, we learned that the UB School of Dental Medicine was ending their support for Continuing Education program services in 2025. The Alumni Association will continue to coordinate their fall Buffalo-Niagara meeting for CE, but outside of that offering the school is no longer providing this service or support. Therefore, the 8th District Program Committee, which has been dormant since the pandemic is realigning their group to take a closer look at CE programs and services. There are quite a few factors that will go into this discussion. By offering more seminars and workshops, can we fill the void? Is there really any void? There are so many options in the education and business marketplace. We certainly have experienced our own decrease in seminar attendance and support. Should we consider more services models like supporting local presenters and content, online, hybrid or stick with in-person sessions, which have been the staple format for years? These are all issues as well as opportunities. Hopefully the committee can share ideas and we can pilot new and varied continuing education for all members. If you have ideas, please share them.

Upcoming events include: the William Knauf, Jr. Memorial Golf Outing - Monday, June 9th at Fox Valley CC in Lancaster and Saturday, June 14th is the annual Shred Day from 10am - 1pm. The NYS HOD meeting May 30-31 in Uniondale, NY in Long Island. If you have any questions or concerns, please contact me at jcraig@8ddsny.org.

Trustee's Corner

Eighth Letter from the ADA Second District to the NYSDA Components By Dr. Brendan Dowd

Spring is here and it is even warming up in my hometown of Buffalo. I hope all of you and your families have made it through the winter in good order and are looking forward to an enjoyable summer. There have been several changes at the American Dental Association, and I will try to get you up to speed with my correspondence to you. To begin with, we are officially in our new headquarters on the top four floors of a 35-floor building at 401 North Michigan Avenue in Chicago. We have a very agreeable



long-term lease and just completed the leasehold improvements in February. If you make a trip to Chicago any time soon, please stop by for a tour. The view is spectacular, and the location is second to none.

There has been a change at the top of the ADA administration. Our previous Executive Director, Dr. Ray Cohlmia, stepped down from the position in early February this year. The decision was reached amicably, and the ADA Board is extremely proud of Dr. Cohlmia's service to our organization. We continue to follow his vision for the ADA and hope to see many of the projects he and the ADA Board agreed upon over the past four years come to fruition and/or be completed. Dr. Cohlmia worked incredibly hard during his tenure at the ADA, and we are extremely grateful for his service. In the meantime, Dr. Betsy Shapiro was unanimously approved by the Board as Interim Executive Director. Dr. Shapiro previously served as Chief of Governance and Strategy Management. She originally graduated from dental school at the University of Illinois Chicago College of Dentistry and was in private practice for several years. She has a Juris Doctor from Northern Illinois University. Dr. Shapiro began her career at the ADA as a Hillenbrand Fellowship scholar and ended up staying at the ADA working in many different areas of the organization. The ADA Board is very pleased to have Dr. Shapiro as our interim Executive Director as we conduct a national search for a permanent director.

I would like to apologize to all our members due to the delay of the implementation of the Salesforce Fonteva IT program. Unfortunately, there have been many technical challenges. The ADA has received the help of an external consulting firm, Datazuum, to assist us with a health check of the system and implementation. It considered the overall system health rating "at risk" and recommended targeted remediation to stabilize and standardize the program over the next several months. Remediation will be discussed with the states and the Strategic Forecasting Committee during that time. Although this will take some time, the American Dental Association believes we are making progress and taking the proper corrective measures to get our organization on the right path.

The ADA credit union will be scheduled to launch at the end of Q3 or early Q4 of this year. As many of you know, this has required much background work and due diligence over the past year. The ADA is finishing the final touches on a contract with an established credit union with extensive experience in this area to provide financial services to all ADA members and their families. You will be receiving information on this exciting venture in the very near future.

I talked to you in my last Trustee's Corner about water fluoridation, but the landscape has changed even more since our last correspondence. The entire state of Utah has passed a law to eliminate water fluoridation in their state. Approximately fifteen other states are discussing it at various levels of their legislative process. Countless other municipalities nationwide have it under review. Not all the news is bad though. New Hampshire just reaffirmed its commitment to water fluoridation as did North Dakota. It is a state by state and municipality by municipality battle, depending on your location in the country. Albion, New York, located between Buffalo and Rochester, has had a hearing about it and will have another one later in the Spring.

Continued on Page 11

EIGHTH DISTRICT DENTAL SOCIETY PRESENTS

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- SARA B



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Dr. Aaron McCann and Dr. Bryan St. Marie are thrilled to announce that Dr. Kelly K. Tsimidis-Vukas, DDS, will be joining the Precision Endodontics team this summer!

With over 25 years of experience in dentistry, Dr. Kelly brings a patient-focused approach and a strong dedication to oral health. Originally from Clarence, NY, she's known for her commitment to oral health and wellness and high-quality care.

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Continued from Page 8

The most unfortunate factor is the rhetoric of our HHS Secretary in Washington, DC, Robert Kennedy Jr. He has called water fluoridation a toxic process and should be eliminated nationally. Although there is a plethora of well-done evidence-based studies over the past 80 years, he and the anti-fluoridation folks point to poorly controlled dubious international studies that have faulty conclusions. It is sad we have reached this point in our country where some of our national leaders do not understand settled science.

The ADA will not lay down due to this national trend. We have started an ADA Fluoride Ambassador program to sign up an army of dentists, hygienists, physicians, nurses, and community leaders to be ready to testify, be interviewed or provide information as needed all around the country as these hearings are announced. Currently, we have 72% of the communities in this country with properly titrated fluoridated water at .7 parts per million. The goal is to keep it at that level or increase the percentage, along with keeping a running tab of the outcomes to keep practicing dentists apprised of what is going on. The purpose is to keep our members informed to treat their patients properly as things change.

Thank you for letting me continue to serve you as your ADA Trustee and please email me at dowdb@ada.org or call me at 716-510-3217 if you have any questions. Enjoy your summer!

Sincerely,

Brendan Dowd DDS, ADA Trustee - Second District

UBSDM Signing Day 2025

The ADA annual Signing Day is an important date in organized dentistry each year. Each dental school in the country plans to establish a day to get graduating dental students an opportunity to sign up for membership, understand the benefits, and learn from other members. The Eighth District has been hosting Signing Day for many years and this year was no exception. Last year, we saw one of our biggest events ever, signing up 105 members of the graduation class; earning the ASDA student association a \$500 bonus.

The graduates of the Class of 2025 gathered to share time before graduation in May, sign up for their ADA membership, receive their ADA publication of Chair Side Assistant, and enjoy some remarks from ADA Second District Trustee, Dr. Brendan Dowd, NYSDA Trustee, Dr. Raymond Miller, and Eighth District officers, Dr. Jennifer Frustino and Dr. Nicole Hinchy.

New York and California boast the highest number of dental graduates a year. However, New York graduates often leave the state to start their dental careers and forgo the PGY-1 residency requirement that other states don't require. As a result, our state has the lowest number of New Dentist prospects in the country as well, which is alarming. We were recently informed this statistic from ADA President, Dr. Brett Kessler, when he visited UB earlier this month. We also recently were informed from UBSDM Dean, Marselo Araujo, that the UB Dental School is seeking an enrollment goal of over 80% of new classes being residents of NYS, which could help our exiting graduate trend and provide better access to care for the people of NY.





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ADA President Dr. Brett Kessler visits WNY



ADA President, Dr. Brett Kessler was on campus last month at the UB School of Dental Medicine to meet with school leaders, students and the 8th District to discuss forward thinking ideas and strategies. Greatly appreciated his time and support for Buffalo!! Pictured are EDDS Executive Director Dr. John Craig, Dr. Kessler, and Elizabeth Kapral.





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Closed Claim Summary



Patient Alleges Lack of Informed Consent in a Nerve **Injury Case**

This is a case of a 19-year-old male who presented to our insured dentist for the extraction of #18. The patient was in a significant amount of pain upon arrival. In an attempt to address the patient's pain immediately, office staff expedited the intake process by asking the patient to sign the informed consent form for the extraction of #18 in the waiting room.

The surgery was performed the same day without complication. The day after the procedure, the patient called and reported numbness on the left side of his tongue. The insured instructed the office staff to reassure the patient that numbness may present after surgical extractions and to schedule him for a one week follow up appointment. At his follow up appointment, the patient continued to complain of left sided tongue numbness.

At six weeks post-op, the patient was still reporting the same symptoms and was referred to an OMS micro neurosurgeon for nerve examination. The OMS micro neurosurgeon diagnosed the patient with a paresthetic left lingual nerve injury and recommended nerve repair surgery.

The patient underwent the surgery but reported continued pain and numbness following the procedure. He later filed a lawsuit against our insured dentist.

The patient shared, during discovery, that he did read the risk of numbness on the informed consent form but quickly signed the consent because he was in excruciating pain and was told by the dentist office staff that the doctor would not see him until he signed all forms. The insured dentist, when deposed, said he had advised the patient that the extractions may result in permanent or temporary numbness; however, there was no clinical chart documentation to support that this conversation was had prior to surgery.

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Fortress experts were supportive of the clinical care. However, the patient alleged a lack of informed consent. Without documentation of an informed consent conversation between the doctor and patient, and questions surrounding the timing of the patient signing the consent form, the patient's attorney was able to present a strong argument that the patient had not provided valid informed consent. Due to these challenges, the insured agreed with Fortress's recommendation to settle before trial.

Continued on next page

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Closed Claim Summary



Patient Alleges Lack of Informed Consent in a Nerve Injury Case

Risk Management Tips

Continued

This claim illustrates a case where the medicine was defensible, but the documentation did not support the whole story of patient care, compromising the ability to successfully defend against certain allegations, and resulting in a settlement posture.

To defend against allegations of lack of informed consent, it is important to remember that consent is more than a form; it is a process which includes three steps:

- 1 A conversation between the treating provider and the patient about the proposed treatment, risks, benefits, and alternative treatment options.
- A signed consent form. The consent form reinforces the conversation that a provider had with the patient. The patient's signature confirms they understood the conversation with the treating provider and grants the provider permission to perform that treatment. The provider also signs this form confirming the conversation with the patient about treatment.
- 3 Documentation of the patient conversation and signed consent form in the chart. This documentation memorializes the conversation with the patient, any procedure specific details discussed, any questions the patient may have had, and notes that a consent form was signed. This could also be an opportunity to note any adjunctive materials such as videos or information sheets shared with the patient in an effort to further educate them on their treatment plan.

Staff's Role

Although the informed consent conversation is between the treating provider and patient, staff members play a role in supporting the informed consent process. Staff members may assist in the process by delivering educational materials or resources and in documenting patient conversations.

Related Fortress Resources

Fortress Patient Safety Minute: The Informed Consent Process

Watch this Fortress video (<u>bit.ly/4jk7qdM</u>) for a short overview of the informed consent process. Consider referencing this video during discussions with your team about how your practice manages the informed consent process.



Nerve Injury Forms

Fortress offers the Neurosensory Exam and Neurosensory Self- Assessment forms to assist insureds with documentation of the complication and symptoms of nerve injury over time while monitoring the patient. Insureds can utilize the Care and Treatment of Sensory Nerve

Disturbance patient education form to assist with efforts to educate the patient of risk and the post-operative management options.



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Contact
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tmmontante.com



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Erie County Dental Society



Hello everybody,

I wanted to share an excerpt from the comments I made at the President's Installation Dinner this past January. For anyone who may have missed it, some of my remarks included:

"Thinking back to the beginnings of a career in dentistry, even starting in dental school, it offered all those things that immediately come to mind. You've joined a profession that is built on the relationships and connections that you make with your patients. You get to play that very direct role in helping them restore and maintain their oral health along with that increasing focus on their overall health. It can be tremendously gratifying when all of this comes together and you get to see the real impact your work has and that ripple effect that permeates through your patients' lives. For many, it's because they are smiling more confidently again, for others it may be because they have that functional occlusion, or maybe even you have simply gotten them out of pain. We can have that influence. At least when things are going well and the way they are supposed to. Because let's face it, dentistry can also be incredibly demanding and challenging.

Hopefully I'm not the only person here who has those moments where it feels like it's been a month since you hit a block and then you see that name pop up in the schedule so you can adjust that complete lower denture for the fourth time right as somebody else walks through the door with their crown in a little bag. Dentistry, in these moments, can feel, I guess a little bit lonely, if you've put yourself in a little bubble as an individual office. And this is, for me, one of the areas where organized dentistry comes in. It becomes a lot easier when you leave that little bubble and lean on the community of dentists around you and all the shared experiences that we have. Maybe you can have a conversation with one of the areas phenomenal specialists. We can constantly help each other grow and both our patients and ourselves are better off because of it. Organized dentistry has been a great way to forge new relationships that I don't believe I would have otherwise come across."

After some reflection, I have found this to be true more than ever through the first part of this year. I have been fortunate to connect with some of you and many of the current residents at the UBSDM at our annual Ski Day at Holimont Ski Resort and at our continuing education event this April. These in-person gatherings have truly fostered a sense of community for me and I always leave with a sense of revitalized energy. It goes a long way in combating those feelings of burnout that we all get from time to time. I urge anybody who has been on the fence about attending an event to join us sometime later in the year.

I wish everyone the best this summer season as we continue to strive to meet the needs of our local dental community.

Respectfully, Martin Gorkiewicz



Foundation Corner

Capital Campaign Update

The Foundation Board launched a campaign effort this year in the hopes of replenishing the Foundation's cash position. Through the years, funding from sponsorships, endorsements, continuing education receipts, and general donations allowed the Society to honor Executive Council requests to support various outreach efforts. These included: donations to dental student programming, Good Neighbors Dental Clinic at Harvest House, as well as Member Hardship & Relief efforts and scholarships for various dental programs, and dental school projects. In total, the last eight years has seen more than \$280,000.00 being shared from the Foundation budget. More recently, these donations have declined and forced the society to make cautious decisions to fund programs or services.

A recent mailer to members is asking for donations of any amount. If we could sustain a \$50 donation from every member, we could raise close to \$50K and allow the programming to once again flourish. Please consider a donation to a select area of interest or an unrestricted focus; thank you.

Non-Dental Outreach

During the summer retreat last year, it was suggested that younger dentists would like to support other forms of engagement besides providing free dental services through a variety of programs, like RAM, Veteran's Day, and Good Neighbors to name a few. Therefore, the plan was set in motion to support Buffalo Niagara Waterkeepers this month on April 26th Clean Sweep at various locations in the region. We choose Unity Park on the Buffalo west side along the NYS 190 corridor. The goal is to plan one more non-dental outreach in the year to allow members to support other causes and needs.

Member Family Picnic - SAVE THE DATE Saturday, August 23rd Wings of Hope - Orchard Park 12-5pm

In 2015, the Foundation held a fundraiser and Member Picnic at this same location and it was a great success. Therefore, we are at it again ten years later! To bolster the capital campaign effort, we're hosting another event for food, entertainment, raffles and fun. Mark your calendars and we hope to get our dental band Central Groove and guests together for an afternoon of summer fun. Please consider making a donation, sharing a gift basket or other item for the cause. We could also use some assistance. Contact the society offices to help or volunteer at 716-995-6300.

Our thanks to The Sportsmen's Tavern allowing us to host our first Eighth District Dental Foundation fundraiser for 2025. The "Central Groove" dental band - comprised of some EDDS members - performed to raise money for our Foundation programs. It was a fantastic turnout (over 200 people) and we very much appreciate the support for the Society!

Thanks to all who attended & supported our event, as well as the sponsors who donated funds, gift baskets, and their time to make this such a big success!



EDDS Member Update

Over the few years that I've been here as Executive Director, there continues to be confusion on various levels of membership. With a national, state and local tripartite format, certain elements of support can often find one confused on their relationship with other groups. For example, "if I live and work in Erie County and I'm a member of the tripartite, am I also a member of the Erie County Dental Society?"

The answer is no. County societies are volunteer or separate society groups outside of the tripartite entity umbrella requiring separate membership dues to the county association. Niagara County has a formal group as do others in our District. Some groups may not require a formal membership dues contribution, however, most do though in some form.

Some local members may also participate in Study Clubs that provide professional development continuing education seminars and networking among specialties. However, they aren't free events, or can be for members, at times. Therefore, it can be confounding to know the differences between all these entities.

Membership levels have come under fire in recent years with California considering a resolution not to require state and local members to have to join the ADA. While it hasn't been officially adopted, the new membership model emerging in five pilot states this year is changing the way membership operates. In some cases, the ADA membership has dropped to \$12/month or \$144/year, and states in turn may elect to lower their rates.

However, many of the pilot states have more volunteer local societies and there is no staff supporting local benefits or support. It is mainly a volunteer-based process for at least 15-18 states. We are fortunate in many respects here in NY that all 13 component districts have at least one full-time administrator to support services.

If you have a question on specific member affiliations, please call the office at 716-995-6300 and we will gladly provide clarity to your questions and concerns.

Best Regards, Dr. John D. Craig

Classifieds

At Fredonia Pediatric & Adolescent Dentistry our primary goal is to provide a positive, professional, and fun dental experience for our pediatric patients and their families. We are seeking candidates to join the team! We are interested in meeting motivated candidates who are looking for full time or part time employment (4-5 days per week) as a pediatric dental hygienist and/or dental assistant. Both positions include benefits! If you would like to be considered to join our team please contact Jocelyn at 716-672-2854.

