



District of Columbia
DENTAL SOCIETY

NEWSLETTER

March 2022, Vol. 68, No. 3



Dr. Pierre Cartier

Letter from the D.C. Dental Society President Pierre Cartier, DMD, MPH, FAGD, FICD, FACD

Dear Colleagues:

March holds an important position on the calendar for several reasons. For those of us that play golf, it marks the beginning of Daylight Savings Time and the opportunity to play 9 (or more) holes after work. For all of us that enjoy outdoor activities, it typically heralds warm weather and the opportunity to spend time outside. For those that follow college basketball, it also means “March Madness,” bracket contests, and the celebrations attendant to the tournaments.

The first full week of March – Dental Assistants Recognition Week (DARW) -- holds a prominent position on my office’s calendar. This year, DARW occurs from March 6-12. Our clinic typically holds some type of recognition each day of DARW. Given the challenges all healthcare personnel have been experiencing over the past two years, we find that DARW enhances morale and provides an opportunity to recognize the contributions of these essential team members. I encourage you to learn more about DARW at <https://www.adausa.org/DARW>.

Recognition of our assistants is not solely limited to DARW – this is something that can and should occur throughout the year. In my office, it is common for our faculty and residents to recognize the daily efforts of our staff members during our afternoon huddles. I would encourage you to highlight the positive contributions of your staff each day. If you are a practice owner, support their professional development beyond “just the basics.” Providing them with recognition and the opportunity to grow within your practice is a great retention tool!

At DCDS, we strive to support both you and your team throughout the year.

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March CE Event (In-Person and Virtual): "How to Take Control of One's Online Reputation and How to Respond to Negative Patient Feedback"

Wednesday, March 9, 2022

In-Person and Virtual CE Presentation by Dr. Len Tau

Business Meeting Begins at 5:45 PM

Education Program Begins at Approximately 6:00 PM

Lecture Format

CE Credits Offered: 2.5 CE Credits

Free to DCDS Members

Non-Members: \$75 Virtual or \$110 In-Person



[Register Here](#)

Location for In-Person Event

Join us on the rooftop of DCDS's office building and enjoy the views!

2001 K Street, NW, 14th Floor North Tower

Washington, D.C.

Space is limited for in-person attendance. Note that all in-person attendees must be fully vaccinated against COVID-19. **Vaccination screening required for in-person meeting attendance (see Page 4).**

Visit the [DCDS Registration Fees & Cancellation Policy page](#) for more details on registration and [read about Dr. Tau here.](#)

Program Description:

Marketing one's practice online can take a lifetime to master and leave you very confused. There are so many options to choose from when it comes to website design, paid advertising, online reviews and search engine optimization. Topics like Facebook Funnels, how to respond to negative reviews and are you actually getting an ROI leave you scratching your head. The first step to determining what to do is analyzing how your practice currently looks online, what your competition is doing and where you can improve. In this seminar, Dr. Len Tau, a practicing dentist who has been helping his fellow colleagues navigate through the world of online marketing for over twelve years will take you on a journey to actually help you determine what needs improvement and where you can actually begin.

Session 1: 1.5 hours—Learning Objectives:

- Analyze one's website to see if they violate some of the most common design elements.
- See how one's office ranks online.
- Learn how to generate more online reviews.

Continued on Page 3

Session 2: 1 hour—Learning Objectives:

- Determine whether you are ready to ramp up your marketing.
- Make sure you are actually getting return on investment in your current marketing plan.

Information for In-Person Attendance

If you plan to attend a meeting in person this month or in future months, please read the following important information regarding entry requirements for the DCDS headquarters.

ARRIVAL: While our offices at Alexander Court have a K Street address, the main lobby for our building is located at the corner of 20th and L Streets, NW. We recommend you use that entrance. It's a large, two story glass atrium with Alexander Court signage over the entry.

When you arrive at Alexander Court, proceed up the escalators to the North Tower landing and a member of our staff will greet you at the security gates. Proceed up the elevators to the 14th floor, which will open near the meeting room.

GARAGE ACCESS: The entrance to our building's garage is located on L Street between 20th and 21st.

If parking in our building's garage, come up the elevator from the garage to the 2nd floor where the security gates are located.

VACCINATION REQUIREMENT: As part of a commitment to health and safety, Smithbucklin currently requires all employees and guests in our space to be fully vaccinated against COVID-19. To help manage this requirement, Smithbucklin has partnered with CLEAR Health Pass. There is no cost to DCDS or its guests to use the CLEAR Health Pass.

If you are currently a user of CLEAR, please open the app on your mobile device prior to your arrival at our offices March 9th and complete the quick process to obtain a daily Health Pass for access to our office. To do so, please look for the "Do you have a code" prompt and enter **SmithbucklinDC** in the open field. A Green Health Pass received at the conclusion of this process means you're good to go! Please show it to DCDS staff when you arrive.

If you are not currently a user of CLEAR, please click [HERE](#) on your mobile phone as soon as possible to download the app, register your personal information, and securely confirm your vaccinated status. To complete this process, the CLEAR app requires a valid state or government issued ID and a physical copy (not a picture) of your vaccination card. When registering, at the "Do you have a code" prompt, enter **SmithbucklinDC** in the open field.

Continuing Education Disclaimer: The District of Columbia Dental Society is an ADA CERP Recognized Provider. ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry. It is the responsibility of each participant to verify the CE requirements of his or her licensing or regulatory agency and to contact them with any questions regarding licensing. The DC Dental Society designates this presentation for 2.5 CE credits.

*Concerns or complaints about a CE provider may be directed to the provider or to the **Commission for Continuing Education Provider Recognition** at [ADA.org/CERP](https://www.ada.org/CERP).*

ADA CERP® | Continuing Education
Recognition Program

Final Presentation of the 2021-2022 Continuing Education Program

Tuesday, May 10th (Virtual Only)

Lasers: What You Needed to Know Yesterday

Credits Offered: 2.5 CE Credits

Course Presenters: Dr. Juliana Barros and Dr. Shelly Patel

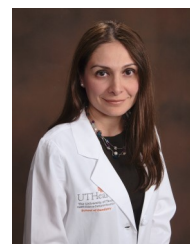
Program Description: This presentation will give a brief overview of the history, basic scientific and clinical information on lasers. The learners will receive an overview on clinical application of lasers through both scientific research and clinical case presentations. Our intended goal is to familiarize the participants with such emerging technology.

After this course, you will be able to:

- Summarize the basic principles of lasers
- Recognize laser tissue interaction and its clinical application
- Identify the types of lasers used in Dentistry



Dr. Juliana Barros



Dr. Shelly Patel

[Visit the DCDS website](#) for course information, speaker bios, fees and cancellation policy.

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ADA CERP® | Continuing Education Recognition Program

Thank you to our Partners



You are likely familiar with our successful licensure symposia that allow doctors and hygienists to meet the District's "prescribed" continuing education requirements. However, we are looking to develop programming to support your assistants and other support staff in their professional growth and contributions to your practice. Please keep an eye out for surveys in the coming months that will ask about the professional development needs for your staff and how DCDS might help you meet these. This effort will be part of an ongoing one to enhance benefits for our members.

Additionally, we are exploring ways to incorporate "auxiliary" membership options for team members. Given that dental medicine is a team effort, this is important in not only engaging the full oral healthcare community, but also supporting our members in facilitating cohesion on their teams. Please watch for further details regarding this effort over the coming months.

Our March 9th meeting will be held in a hybrid format. Dr. Len Tau will present "How to Take Control of One's Online Reputation and How to Respond to Negative Patient Feedback." I always tell our residents that approximately 90% of complaints conveyed against dentists and staff involve issues related to communication. Given the increase in negative patient feedback we have observed in all healthcare professions during COVID-19, the information Dr. Tau presents will be particularly timely.

The business meeting will occur from 5:45 – 6:00 pm, with the scientific session occurring from 6:00 – 8:45 pm. We encourage you to attend in person if you are able! As with last month's meeting, we will provide a catered dinner. If you are not able to attend in-person, please make sure to register by Monday, March 7th so that a Zoom link may be sent to you.

Again, thank you for your support of our Society, our profession, and the public we serve. I look forward to seeing you on Wednesday!

Pierre M. Cartier, DMD, MPH, FAGD, FICD, FACD

2021-2022 DCDS President

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- Dr. Luke Schwartz

DCDS Staff

Kurt Gallagher
Executive Director

Cheryl Michi
Membership and Operations
Associate

DCDS Advocacy

The DC Dental Society is your advocate on local issues of concern to the dental profession in the District of Columbia. DCDS has been working on behalf of member dentists on a number of public policy issues.

Staffing and Licensing Challenges

On February 23, DCDS Executive Director Kurt Gallagher testified during the DC Council's Committee on Health Performance Oversight Hearing on the Department of Health. Gallagher shined a spotlight on the challenges of securing dental staff in DC and called for reforms to the licensing process for dentists, dental hygienists and dental assistants to improve the staffing situation. Read the testimony on page 7.

COVID-19 Booster Requirement

During the February 23 testimony, DCDS also reiterated its call that the deadline for healthcare workers (both licensed and unlicensed) to receive a COVID 19 booster be extended until April 30. This call for an extension was a follow up to a letter DCDS cosigned with other DC healthcare organizations in January, which also requested that the deadline to receive a COVID-19 booster be extended until April 30. Read the coalition letter cosigned by DCDS on page 11.

On March 1, DCDS received a response from Director of DC Health LaQuandra Nesbitt, MD, MPH to the coalition letter (see page 13). DC Health declined to extend the deadline. Therefore the March 1 deadline for all healthcare workers (both licensed and unlicensed) to receive a COVID booster remains in effect, except for those who have requested an exemption. The letter states:

DC Health will validate compliance with the requirement for licensed and unlicensed healthcare workers to be up to date with their COVID-19 vaccine by affirming that they have attested to their COVID-19 vaccination status in the DC Health portal. To assist in this process DC Health has created an online booster vaccine reporting portal which can be accessed via the agency's website at <https://doh.force.com/ver/s/vaccinereporting>. **On a daily basis staff of DC Health's Health Regulation and Licensing Administration (HRLA) review the portal to determine if healthcare workers who are eligible for a booster are in compliance or have requested a medical or religious exemption. Healthcare workers that have not asked for an exemption and are eligible for the booster, may be summarily suspended.** Monitoring for booster eligibility will continue for those healthcare workers that were not yet eligible as of March 1, 2022. [emphasis added]

The next DCDS board of directors meeting is scheduled for March 7, and the board will discuss next steps on these important matter of public policy.



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Testimony before the District of Columbia Council

Committee on Health - Performance Oversight Hearing – Department of Health

February 23, 2022

Kurt Gallagher, CAE, Executive Director

DC Dental Society

Good afternoon Chairperson Gray and members of the Council. My name is Kurt Gallagher, CAE, and I serve as Executive Director of the DC Dental Society. DCDS is the professional association representing more than 400 dentists in the Nation's Capital.

I first want to thank the Committee and the Department of Health for your continued support during this latest COVID-19 surge.

I would like to start by reading a message recently received from a DCDS member regarding one of the biggest challenges facing dentists who practice in Washington today: securing qualified staff, which of course is contingent upon the ability of health professionals to secure a license to practice in DC.

We are already starting to lose patients because our new dental hygienist has experienced an inexplicable delay in receiving her license, which is clearly intolerable. In addition, we lost the previous hygienist candidate who opted out of coming to our practice because it was taking too long in the District and she was already licensed in Maryland. Furthermore, we have had assistants and even potential associate dentists having to wait an inordinate amount of time to receive their licenses, sometimes even several months. When phone calls are made and emails are sent to the DC Board of Dentistry's staff, no return calls or reply emails are received. As a result, licensing candidates for dentist, hygienist, and dental assistant positions, have no idea what to do next.

If I were the DC Council, I would be extremely concerned that practitioners will consider moving out of the District to MD or VA where the licensing process is much less onerous, and offices can obtain qualified personnel on a timely basis.

Before January 18, when Director Nesbitt amended her declaration regarding temporary licenses for health professionals licensed in other states, dental hygienists were not eligible to

practice in DC under a temporary license. We appreciate the amended declaration, however it excludes dental assistants and is only a short term remedy to a chronic problem.

Since the DC Health Licensing Portal opened to accept dental license renewal applications at the end of October 2021, DCDS received numerous requests for help from dentists as well as dental hygienists and dental assistants. Those requests came to DCDS because attempts to contact DC Health—via voicemail messages, emails and online support requests submitted through the Licensing Portal—went unanswered. DCDS recently conducted a poll among member dentists about the licensing process, which found that:

- 57% of survey participants indicated they personally experienced a delay or difficulty in securing their dental license during the recent renewal period.
- Up to 80% of survey participants indicated their staff experienced a delay or difficulty.

That stream of requests for assistance continued after the New Year. Since January 1st, DCDS staff have forwarded 16 requests for assistance to the Board of Dentistry on behalf of dentists, dental hygienists and dental assistants.

Delays in licensing qualified applicants within a reasonable time frame is having an adverse impact on the safety, health and well-being of the DC population by limiting the pool of licensed dental professionals. The health impacts of inadequate and delayed dental care are well documented. In addition to serious health conditions occurring in the mouth, delayed dental care is associated with systemic health conditions, including heart disease and diabetes¹.

I would like to acknowledge that last year a significant proportion of renewal applicants received their license within 24 hours of submission, which is a laudable success. However, to improve the staffing shortage for dental hygienists and dental assistants in DC, we should focus on improving the licensing process for qualified individuals whose applications are delayed, many of whom are also licensed in Maryland or Virginia. We offer the following recommendations to DC Health to improve the licensing process in DC:

1. Provide meaningful communication and increase responsiveness when an application is not automatically approved by the DC Health Licensing Portal.
 - Applicants do not receive meaningful or timely communication from DC Health, including from the Licensing Portal, explaining the cause(s) of delay so they can take action to correct any issues.
 - Many applicants do not receive a response from DC Health when calling, emailing and/or submitting a help desk request through the Licensing Portal, which prolongs the delay.

¹ “Oral-Systemic Health”, [American Dental Association, December 23, 2021,
https://www.ada.org/resources/research/science-and-research-institute/oral-health-topics/oral-systemic-health](https://www.ada.org/resources/research/science-and-research-institute/oral-health-topics/oral-systemic-health)

2. Improve the timeline to update a license application when new information is submitted.
 - Even in many of the cases where DCDS wrote to the Board of Dentistry on behalf of an applicant to draw attention to a delay, the applicant still waited days or weeks for a response from DC Health for a meaningful update or for review and approval of their application.
3. Regularly report meaningful statistics to this Committee and to the public on licensing trends including:
 - The number and percentage of applications that are automatically approved.
 - The number and percentage of applications that are delayed.
 - A meaningful breakdown of the number of days passed from the date of submission by the applicant; applications that are automatically approved should be reported separately from applications that are delayed.
 - A meaningful breakdown on the cause of delay, such as whether an applicant lacks “clean hands” or whether a specific documentation is needed.
 - The number of requests for assistance received and days to resolution.
 - Without these statistics, the ability of DC Health to evaluate its performance is impeded, this committee is hindered in providing oversight and public confidence in the licensing process is diminished.

The DC Dental Society is calling upon this committee to hold a hearing specifically focused on the licensing process for health professionals with the goal of developing appropriate legislation to improve the licensing process in DC. The hearing could explore other factors that impede the licensing process and limit the supply of dental hygienists and dental assistants. For example, the requirement that applicants for a dental, dental hygienist or dental assistant license must pay all outstanding parking tickets, tickets for moving violations and taxes; the disparity in licensing fees in DC compared to licensing fees assessed in Maryland and Virginia; and the prohibition on externships or other on-the-job training for students of programs to become a level II dental assistant or dental hygienist. These provisions limit the supply of dental hygienists and dental assistants in DC, which in turn limits the accessibility of dental care for DC residents.

I would also like to address the COVID-19 vaccine booster requirement.

On February 8, 2021, DC Health announced emergency regulation requiring that all DC healthcare workers—licensed and unlicensed—receive a COVID booster by March 1. DCDS has educated its members about this change to the regulations. Our members overwhelmingly support the booster requirement but are universally concerned with the extremely abbreviated time frame for our employees to come into compliance. Specifically, our members are concerned with their ability to administratively manage the required data in such a short time frame, especially given the fact that a larger number of employees likely sought their booster

from a community provider rather than their employer. Additionally, we are concerned that without additional time to continue our employee education and outreach on the boosters, providers may be forced to terminate employees unnecessarily in less than one week. The deadline to receive a booster increases the likelihood of disruptions in the delivery health care. We request that the compliance date moved to April 30.

Thank you for the opportunity to testify today. The members of the DC Dental Society and broader dental community are your partners in promoting the safety, health and well-being of Washingtonians. We welcome the opportunity to engage with the DC Council and DC Health to remove barriers that prevent qualified dental health professionals from being licensed in DC within a reasonable time frame.

I am happy to answer any questions you might have.

Kurt Gallagher, CAE
Executive Director
DC Dental Society



February 10, 2022

LaQuandra S. Nesbitt, MD, MPH
Director, DC Department of Health
899 North Capitol St. NE
Washington, DC 20002

Dear Dr. Nesbitt,

We want to first thank you and the Department for your continued support during this latest COVID-19 surge. With the support of the DC Health and Mayor Bowser the health care industry has been able to preserve access to care and meet the needs of our patients while experiencing the worst staffing crisis we have seen so far during the pandemic.

With the publishing of the Emergency and Proposed Regulations yesterday requiring health care workers to be up to date with their COVID-19 vaccinations by March 1st, we have begun educating our members on this change to the regulations. Our members overwhelmingly support the booster requirement but are universally concerned with the extremely abbreviated time frame for our employees to come into compliance. Some of our providers are unable to provide boosters on site without support from either DC Health or contracted partners available to provide booster clinics at the workplace this is a very concerning deadline and assistance in administering boosters is requested for these providers.

Specifically, our members are concerned with their ability to administratively manage the required data in only 18 days, especially given the fact that a larger number of employees likely sought their booster from a community provider rather than their employer. While our members have begun the process to collect booster data, we are unsure of the exact number of employees who have not received the additional dose. This unknown is concerning when you look at an increase of potential callouts due to vaccine side effects when the system is not yet fully recovered from the last surge. This coupled with high vacancy rates and increased utilization of agency staff only serves to exacerbate compliance issues.

Additionally, we are concerned that without additional time to continue our employee education and outreach on the boosters, providers may be forced to terminate employees unnecessarily in 18 days. Given our current staffing shortages this reopens the door to significant service disruptions that we recently avoided because of our dedicated employees.

Finally, we believe that additionally flexibility is needed to accommodate health care workers that have recently experienced or are currently experiencing a COVID-19 infection. Our members are already reporting that a number of their staff are uncomfortable receiving a booster shot within 10 days of recovery.

We ask that DC Health push back the compliance date until April 30th and provide health care workers a 10-day delay after recently recovering from a COVID-19 infection.

We want to reiterate our faith in the Vaccines as well as our support for this update to the mandate. Our members are only requesting some additional time for compliance. We hope the Department, given the myriad issues that will impact our ability to appropriately operationalize the new mandate, will be able to accommodate this request. We are happy to answer any questions you make have.

Sincerely,

DC Coalition of Disability Service Providers
District of Columbia Behavioral Health Association
District of Columbia Dental Society
District of Columbia Health Care Association
District of Columbia Hospital Association
District of Columbia Primary Care Association
Medical Society of the District of Columbia

Office of the Director

March 1, 2022

Kurt Gallagher, CAE
Executive Director
District of Columbia Dental Society
2001 K Street, NW, 3rd Floor North
Washington, DC 20006

Dear Mr. Gallagher,

DC Health appreciates the partnership of the District's healthcare provider community over the past 26 months as we have worked collaboratively to respond to the COVID-19 pandemic. Your commitment and dedication has helped to mitigate the adverse impacts of COVID-19 in our community and stabilize our health care delivery system during unimaginable times and circumstances. On behalf of the residents of the District of Columbia, I thank you for your leadership and service.

Throughout the COVID-19 pandemic, DC Health has taken decisive action to 1) protect the health, well-being, and safety of those living and working in the District of Columbia and 2) ensure that our healthcare and public health system can meet the needs of those requiring COVID and non-COVID related services. On August 23, 2021, DC Health promulgated emergency rules (which were replaced by an identical final rulemaking on December 10, 2021) requiring licensed and unlicensed health care workers to be at least partially vaccinated by September 30, 2021, and then receive the second dose of Pfizer or Moderna as specified on the dosing schedule or to have an approved exemption issued by DC Health. In addition, DC Health promulgated an emergency rulemaking that required healthcare facilities to ensure that all licensed and unlicensed health care workers were at least partially vaccinated by October 8, 2021, and fully vaccinated by November 8, 2021, or to have an approved exemption issued by DC Health; DC Health promulgated a second emergency rulemaking on January 12, 2022, to continue the full vaccination requirement while the final rulemaking undergoes Council review which is not yet complete.

I recognize that recent months posed an especially difficult challenge for many of our healthcare providers, across the continuum of care. The OMICRON variant, with its increased transmissibility, resulted in more infections and higher case rates than previously experienced in the District of Columbia. As a result, demand for testing in community-based, urgent care, and emergency room settings increased substantially for both asymptomatic and symptomatic individuals causing stress on a healthcare system that concurrently experienced unprecedented levels of healthcare worker absenteeism related to COVID-19. COVID-19 infections reported by healthcare workers were higher during wave 4 than any other time during the pandemic.

Recent studies show that vaccine effectiveness for COVID-19 mRNA vaccines decreases after six months; however, effectiveness increases with a booster. During OMICRON, vaccine effectiveness increased considerably from 38% to 82% for individuals that were up to date. In addition, vaccine effectiveness

against hospitalization was 91% during the first two months after a third dose and remained high, at 78%, four or more months after a third dose.

While the vast majority of the District's healthcare workers have complied with DC Health's requirement and are fully vaccinated, many are not up to date with their COVID-19 vaccinations. Healthcare worker absenteeism related to COVID-19 and the risk for a surge in COVID-19 related visits to urgent care, emergency rooms, and hospitalizations can be decreased in the District of Columbia by ensuring that the tens of thousands of licensed and unlicensed healthcare workers are up to date with their COVID-19 vaccines. Further, the B.2 subvariant of OMICRON, recently detected in the District, has been reported to be 1.4 fold more transmissible than the original (B.1) OMICRON variant. DC Health believes that healthcare workers must become up to date by March 1, 2022, to ensure the stability of our local healthcare system.

DC Health will validate compliance with the requirement for licensed and unlicensed healthcare workers to be up to date with their COVID-19 vaccine by affirming that they have attested to their COVID-19 vaccination status in the DC Health portal. To assist in this process DC Health has created an online booster vaccine reporting portal which can be accessed via the agency's website at <https://doh.force.com/ver/s/vaccinereporting>. On a daily basis staff of DC Health's Health Regulation and Licensing Administration (HRLA) review the portal to determine if healthcare workers who are eligible for a booster are in compliance or have requested a medical or religious exemption. Healthcare workers that have not asked for an exemption and are eligible for the booster, may be summarily suspended. Monitoring for booster eligibility will continue for those healthcare workers that were not yet eligible as of March 1, 2022.

In addition to the local requirement for healthcare workers to be up to date on COVID-19 vaccinations, providers that participate in the Centers for Medicaid and Medicare Services (CMS) certified program must have 100% compliance with federal vaccine requirements. CMS program requirements are outlined in a memorandum transmitted December 28, 2021 – [QSO-22-07-ALL - Health Care Staff Vaccination](#). DC Health's HRLA staff has a requirement as the state agent for CMS to notify them of a provider that fails to meet the CMS requirements as stipulated on a 30 day (January 28, 2022), 60 day (February 28, 2022), and 90 day (March 28, 2022) compliance progression as outlined in the CMS correspondence. The CMS has established enforcement remedies. CMS will follow their current enforcement procedures based on the level of deficiency (e.g. noncompliance).

In addition to any CMS enforcement actions and since October 8, 2021, DC Health can enforce the local COVID-19 vaccine mandate against health care facilities ([Health Care Facilities Required Vaccinations 22 B DCMR Ch. 112 published 1-28-22](#)) by initiating a disciplinary or enforcement action against a health care facility based on District law that applies to the facility. Such District enforcement may result in:

1. The revocation, suspension, or denial of a facility's license, registration, or certification, a civil fine, or other penalties;
2. Specific direction that a health care facility becomes fully compliant by a date certain and the health care facility must surrender its license, registration, or certification by the date certain if not fully compliant, plus the imposition of a fine or other disciplinary action; and,

3. Denial of a health care facility's application for the renewal of a license, certification, or registration, plus the imposition of a fine or other disciplinary action for non-compliance, or both.

In response to your request for an extension to April 30, 2022 for licensed and unlicensed healthcare workers to become up to date on COVID-19 vaccinations, it is necessary for healthcare workers to be up to date on COVID-19 vaccines to reduce the risk for undue strain on our healthcare system and ensure adequate healthcare capacity for COVID and non-COVID conditions. Notably, the requirement for 1) the healthcare worker to be up to date with COVID-19 vaccination and 2) the requirement for the employer/healthcare facility to not employ a healthcare worker who is not up to date with COVID-19 vaccination are separate.

Healthcare workers must comply with the requirement to be up to date with their COVID-19 vaccination effective March 1, 2022. I have; however, taken into account the administrative requirements that providers must comply with and the time frame for which we have asked your staff to comply with the rulemaking. Enforcement of the requirement for healthcare facilities will commence on March 30, 2022, pursuant to proposed rules that require the approval of the Council of the District of Columbia.

I look forward to your continued partnership as we work collectively to ensure the health, well-being, and safety of the residents of the District of Columbia.

Thanks for all you do in service to our community!

Be well,



LaQuandra S. Nesbitt, MD, MPH

Director

cc: Wayne Turnage
Deputy Mayor, Health and Human Services

DC Health Extends Temporary Licenses to Dental Hygienists

Dentists, and now dental hygienists, who are licensed in another state can apply for a temporary license enabling them to practice in DC for up to 90 days. Requirements to receive the temporary license include:

- Submission of an application in DC for a full license by reciprocity or endorsement;
- Proof of a license in good standing in another state;
- Satisfactory check of the National Practice Data Bank;
- Satisfactory criminal background check;
- Status as fully vaccinated.

The text of the Amended Declaration of the Director provides additional details (see below).

Helpful links:

[Text of the Amended Declaration](#) of the Director
[DC Health Licensing Portal](#) (Login Screen)

DC Board of Dentistry Unveils Draft Changes to Scope of Practice for Dentists

The DC Board of Dentistry recently announced draft revisions to the scope of practice for dentists licensed in the District of Columbia. DCDS is assessing these proposed changes and welcomes comments from members on: 1. concerns they have with the proposed changes; or 2. suggestions for additional revisions to the scope of practice. The proposed changes will be required to complete the regulatory process before they are implemented. DCDS and other stakeholders will have an opportunity to provide comments. Member comments may be sent to DCDS at info@dcdental.org.

[View Proposed changes here](#). Please note that yellow highlighting indicates proposed changes.

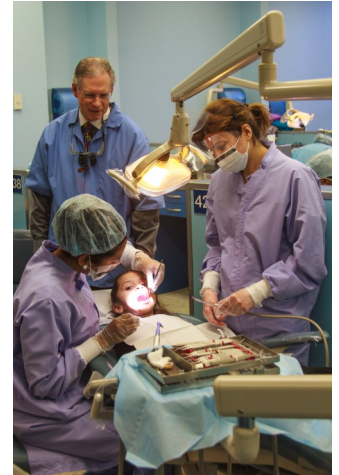
Answer the call through D.C. Dental Cares, the new pro bono program of the D.C. Dental Society Foundation

Did you hear that the DCDS Foundation has a new program to provide pro bono dental care to members of the Washington Community in need called D.C. Dental Cares? This program launched earlier this year under a partnership with the Catholic Charities Health Care Network.

Through this program, D.C. dentists will be able to provide pro bono treatment for patients in their own office with no long term commitment. The type and amount of treatment rendered to these patients is entirely at the discretion of the dentist. Patients will be pre-screened for their eligibility for this program based on their economic status. Our member dentists will receive a referral, which outlines the patient's general oral health needs and their chief complaint.

Sign up to participate via a brief [online form](#) via the button below.

Photo features just some of the DCDS members who have given their time to provide free care to the D.C. community in recent years.



Sign Up for D.C. Dental Cares

WELCOME

New Member Dr. Nathan VanderLinden

District Addiction Consultation Service

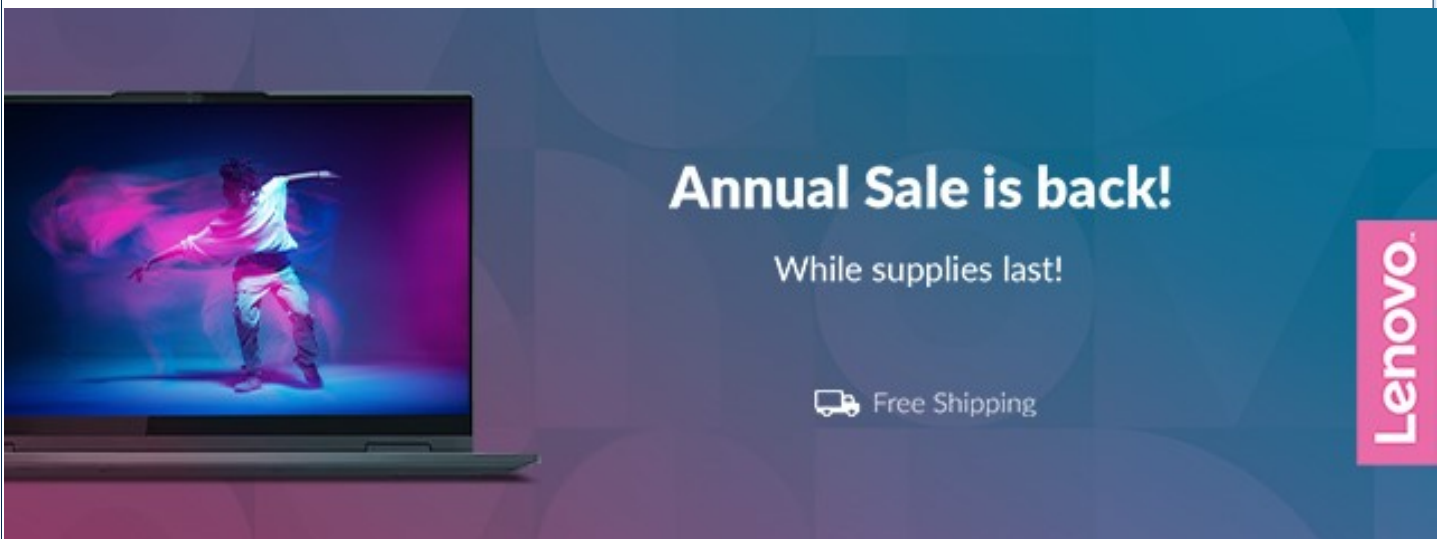
The [District Addiction Consultation Service](#) (DACS) is now open to all primary care and specialty providers (including physicians, advanced practice nurses, physician assistants, dentists, and pharmacists) across DC. The toll-free DACS warmline (1-866-337-DACS) is operated **Monday through Friday from 9 AM to 5 PM** and can assist callers with questions related to the identification and treatment of Substance Use Disorders and chronic pain management. Calls are answered by a licensed behavioral health clinician who can help with:

- Locating nearby MAT providers for referrals
- Identifying useful patient and provider resources
- Recommending substance use disorder screening tools or psychosocial interventions
- Answering general behavioral health questions
- Forwarding clinical questions to an experienced DACS physician consultant

Providers may also call with clinical questions (for example, Suboxone treatment initiation and dosing). Clinical questions are forwarded to a board-certified addiction medicine or addiction psychiatry physician consultant who will return the provider's call **within one business day**.

Callers will receive a follow-up summary including recommendations, referrals information, resources, and access to the DACS website database. The DACS database contains substance use, pain management, and behavioral health provider information (such as location, insurances, accepted, and areas of specialty), as well as links to community services and resources.

Please call **1-866-337-DACS (3227)** or visit DistrictACS.org for more information.

A promotional banner for a Lenovo laptop sale. On the left, a laptop is shown with a screen displaying a person in a dynamic, glowing pose. The background is a dark blue gradient with abstract light patterns. The text 'Annual Sale is back!' is prominently displayed in white, followed by 'While supplies last!' and 'Free Shipping' with a truck icon. The Lenovo logo is in a vertical pink box on the right.

Annual Sale is back!

While supplies last!

Free Shipping

Lenovo

DACS

District Addiction Consultation Service

Supporting
prescribers
across the
District of
Columbia



District Addiction Consultation Service (DACs)

DACS supports primary care and specialty prescribers in addressing the needs of their patients with substance use disorders and chronic pain management.

Consultation



Phone consultation for clinical questions provided by our team of expert addiction medicine specialists

Education



Education and training opportunities

Resources & Referrals



Assistance in the identification of substance use and behavioral health resources and referrals

1-866-337-DACS (3227)

www.DistrictACS.org



Funding for DACS is provided by the District of Columbia Government, DC Health, Health Regulation and Licensing Administration (HRLA), Pharmaceutical Control Division (PCD).

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Sandy Spring Bank

CDC releases new COVID-19 metrics, mask guidelines

ADA Morning Huddle, March 1, 2022



The Centers for Disease Control and Prevention significantly relaxed the nationwide mask guidelines in accordance with its new COVID-19 [community level metrics](#), which are based on a combination of three types of data: new COVID-19 cases, hospital capacity and new hospitalizations, according to reports from Reuters, CNN and The Hill. Under the new guidance, Americans residing in areas with low or medium coronavirus community levels, which account for over 70% of the US population, will not need to use masks in public indoor settings, while about 28% of Americans living in areas with high COVID-19 community levels should wear masks in schools and other indoor settings. The calculator for generating the COVID-19 community risk level metric can be found [here](#).

Full Story: <https://thehill.com/policy/healthcare/595893-cdc-eases-mask-guidance-for-70-percent-of-us-including-schools>

<https://edition.cnn.com/2022/02/25/health/cdc-covid-metrics-mask-guidance/index.html>

<https://www.reuters.com/business/healthcare-pharmaceuticals/new-us-covid-guidelines-allow-most-americans-go-mask-free-indoors-2022-02-25/>

Dental organizations call for increased access to dental surgeries in operating rooms

ADA Morning Huddle, March 1, 2022

Improving access to dental surgical services for children and adults with special needs and disabilities can help increase oral health equity and eliminate disparities in oral health treatment, The ADA, The American Academy of Pediatric Dentistry and The American Association of Oral and Maxillofacial Surgeons told lawmakers in [comments](#) sent to the House Ways and Means Subcommittee on Health regarding the Bridging Health Equity Gaps for People with Disabilities and Chronic Conditions hearing. Operating room access is a key challenge. "Our organizations have collectively witnessed a major decrease in operating room access for dental procedures over the last decade," according to the comments. The groups said the problem stems from a lack of sustainable billing mechanism for dental surgical services in Medicare and Medicaid.

Full Story: <https://www.ada.org/publications/ada-news/2022/february/dental-groups-ask-lawmakers-to-improve-access-to-dental-surgeries-for-kids-adults-with-special-need>

Survey: More dentists report experiencing anxiety

ADA Morning Huddle, February 28, 2022

The [2021 Dentist Health and Well-Being Survey Report](#) found the number of dentists diagnosed with anxiety increased more than threefold in 2021, compared with 2003, according to ADA News. The ADA and the ADA Council on Dental Practice are making wellness for dentists a priority, and the ADA Practice Institute team is sharing the report in conjunction with Resolution 95H-2021, Prioritizing the Mental Health of Dentists, which was passed by the 2021 ADA House of Delegates. "Supporting both the physical and mental health needs of dentists, across their life span, continues to be an important area of focus for the ADA," said Jim Hoddick, D.D.S., chair of the ADA Council on Dental Practice. The survey, sent to 20,000 ADA members and nonmember dentists in the US, also found 84% of dentists had pain or discomfort while working in the past year and 63% reported having a medical condition.

Full Story: <https://www.ada.org/publications/ada-news/2022/february/dentist-health-and-well-being-survey-report-finds-dentists-struggle-with-anxiety>

Strategies to help reduce patient, dental team stress

ADA Morning Huddle, February 25, 2022

Dentists can help reduce stress for their patients and their dental team by using strategies such as practicing mindfulness, taking periodic breaks for stretching or movement, maintaining a calm environment and building patient trust, according to New Dentist News. Mark Abramson, D.D.S., founder of the Mindfulness-Meditation Based Stress Reduction programs at Stanford Health Care and Stanford University School of Medicine, said it is important to react to patient fears about dental care with kindness, and performance psychologist Ben Bernstein, Ph.D., offers [more information on stress reduction](#).

Full Story: <https://www.ada.org/publications/new-dentist-news/2022/february/5-tips-to-reduce-anxiety-and-stress-in-dentists-patients-during-their-visit>

Survey finds low COVID-19 infection rate among hygienists, some were slow to return to work

ADA Finance & Operations Huddle, February 26, 2022

A survey of 6,976 dental hygienists in the US, Puerto Rico and the Virgin Islands conducted between September 2020 and August 2021 by the ADA and the American Dental Hygienists' Association found that fewer than half of dental hygienists who left the workforce early in the pandemic returned to work in 2021. "Not unlike many other professions in the United States, challenges persist in dental hygienist employment," said Rachel W. Morrissey, senior research analyst with the ADA Health Policy Institute. The study also found the cumulative COVID-19 case rate among hygienists was 8.8% as of August 2021, compared with 11.7% among the general US population, and 75.4% of dental hygienists had been fully vaccinated against the disease, a higher level of vaccination than achieved by the general public or health care workers overall outside of dentistry. "Dental hygienists have demonstrated continued low incidence of infection and high vaccination, proving the profession's ability to mitigate risk while providing care in a safe manner," said Cameron G. Estrich, Ph.D., health research analyst with the ADA Science & Research Institute. The findings were reported in [The Journal of Dental Hygiene](#).

Full Story: <https://www.ada.org/publications/ada-news/2022/february/hygienist-study-reports-low-covid-19-infection-rate-high-vaccination-rate-slow-return-to-work>

California dentist honors pioneering Black dentists

ADA Weekend Huddle, February 26, 2022

Thomas Arnold, D.D.S., has been practicing in his Berkeley, Calif., office for close to 50 years and has been working with pride to educate his patients about oral health and hopefully inspire other young Black people to take up dentistry, according to KRON-TV in San Francisco. Dr. Arnold is also carrying on a legacy, being the grandson of Thomas Louis Hunter, one of the South's first Black dentists, and owner of a practice once operated by William Pittman, the first Black dentist to start a dental office in the East Bay region.

Full Story: <https://www.kron4.com/hidden-history/black-history-month/berkeley-dentist-carries-on-family-legacy/>

ADA surveys dentists about fees for care

ADA Morning Huddle, February 28, 2022

The ADA sent a letter in January to a sample of US dentists in private practice asking them to complete a survey about the fees they charge for care, ADA News reported. Dentists who did not respond will soon receive a second copy of the survey. Dentists may access the [2020 Survey of Dental Fees](#) report, which is free to members, from the Association's website, and the findings from the 2022 survey will be reported this summer.

Full Story: <https://www.ada.org/publications/ada-news/2022/february/participation-requested-for-2022-survey-of-dental-fees>

How to handle COVID-19-related tax breaks for 2021

ADA Finance & Operations Huddle, February 26, 2022

Eligible small businesses can retroactively claim the Employee Retention Credit for 2021, while many other coronavirus-related provisions are expiring, tax professionals told CNBC. Rules for the treatment of operating losses have reverted to the way they were before the COVID-19 pandemic. The Internal Revenue Service also is dealing with a record backlog of tax returns and may not be as responsive to small businesses.

Full Story: <https://www.cnbc.com/2022/02/19/heres-what-the-end-of-covid-tax-breaks-means-for-business-owners.html>

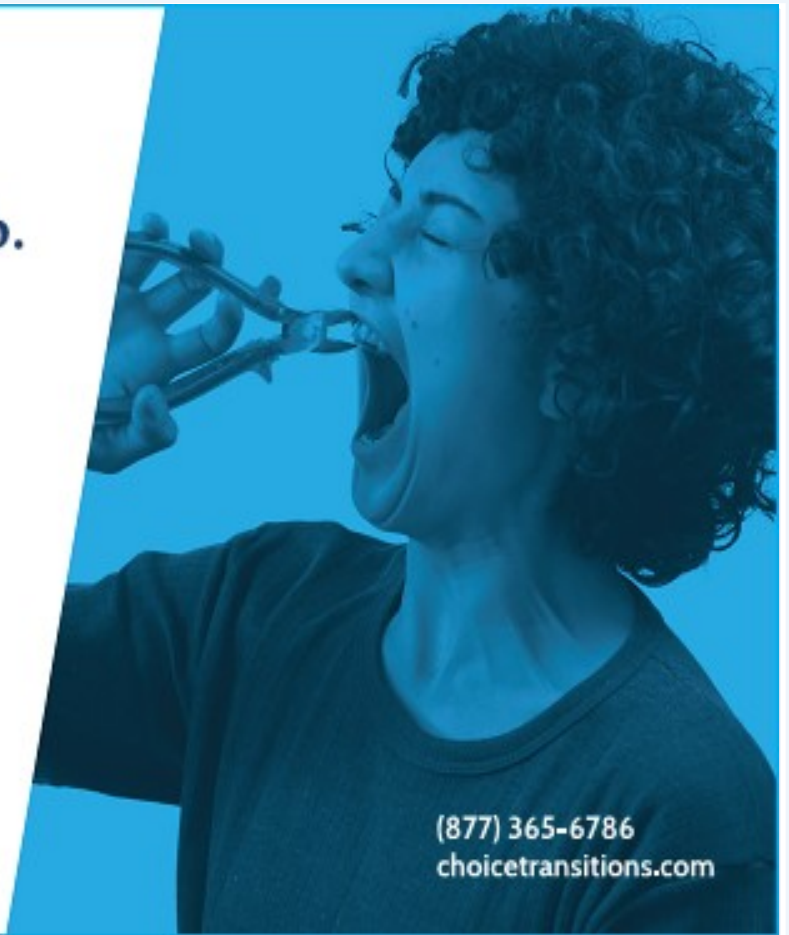
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