

Journal

OF THE MICHIGAN DENTAL ASSOCIATION

November 2025

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Orofacial Manifestations of
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Therapy (HAART) and Pre-
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Focus on Membership: These Dentists Have a Story to Tell; What's Yours?

Every dentist has his or her own story to tell when it comes to personal and practice success. Each is different, of course, but a recurring theme is how membership in the MDA, ADA, and their local society seems to help them succeed. They find that practice life is somehow better — more rewarding — with membership. Many will tell you that being a member makes them a more satisfied, more grounded professional. In this issue we present the stories of four MDA members who discovered how MDA membership gives them many advantages in their personal and professional lives.

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STATE LEGISLATURE

Good News: FY 2026 Budget Maintains Dental Program Funding

The Michigan Legislature passed, and the governor signed, the much-delayed 2025-26 state budget at the beginning of October. This occurred after a very brief government shutdown that had no impact on state services. The budget signing represented the culmination of several months of contentious fighting between the state House of Representatives and the Senate.

The MDA, as well as other stakeholders, were able to defeat proposals that would have cut the adult dental Medicaid program by \$21 million, cut the \$3 million that paid for an increase to the facility fee for dental procedures for special needs patients requiring anesthesia, and put in danger the funding for the Michigan Donated Dental Services (DDS) program. The MDA thanks all the member dentists who took the time to respond to MDA legislative text alerts to urge legislators to maintain this important funding.

Work continues on other priorities

As a result of the budget battle, all other business before the Legislature came to a halt. This impacted several bills that the MDA was working on. However, that didn't mean nothing was being done. The MDA advocacy team used the time to meet with many legislators to educate them on our issues.

For example, the virtual credit card bill (Senate Bill 105) passed the state Senate the beginning of March but has sat in the House Insurance Committee since that time due to the in-fighting between the two chambers. The chair of the committee, Rep. Mike Harris (R-Waterford Twp.) has been very helpful in positioning the bill



for quick passage in the House when the logjam of bills breaks. Senate Bill 105 deals with the problem caused when insurance companies pay claims with virtual credit cards that charge a fee to the dentist in order to cash them. The bill requires insurance companies to offer one form of payment that pays the dentist 100% of the agreed-upon amount.

Bills dealing with the problem of non-licensed dental specialists advertising as specialists were introduced in June (House Bills 4593 and 4594). The MDA, along with the Michigan Council on Dental Specialties and the Michigan Association of Orthodontists, have been busy meeting with all the members of the House Health Policy committee to garner support for these bills. A committee hearing on the bill was expected sometime in October.

The MDA is also working with the Michigan Dental Hygienists' Association on implementation of the Dentist and Dental Hygiene Compact in Michigan. The bill to accomplish this is House Bill 4935, introduced in September. This bill would allow for greater portability of dental licenses between states — something that newer dentists have been asking for.

Finally, the MDA would like to thank all the members who participate in the meetings the MDA has with state legislators. These meetings do have an impact and have greatly assisted in MDA advocacy efforts. Likewise, thank you to all the members who attend political fundraisers that are paid for by MDA Dental PAC. Attending these events is so important in developing relationships that can impact MDA priorities.

COMMUNITY WATER FLUORIDATION

Fluoride Ban Proposed in St. Clair

St. Clair County continues to be in the news regarding a county-wide fluoride ban proposed by the county medical director.

This type of ban has not been attempted in Michigan previously, as local water authorities and communities typically have control. Dentists in the area are urged to be diligent in providing factual information to patients and community leaders. Talking points and patient handouts are available on the MDA website at michigandental.org/Fluoride.

Watch for updates on this story.

Compiled by MDA Legislative Staff. Questions? Contact Bill Sullivan, vice president of advocacy and professional relations, at bsullivan@michigandental.org.



Sullivan

2026 Dues Contest Open Now — Win Free Membership for 2027, Other Prizes; Renew Now

MDA/ADA/local society dues statements for 2026 have now been sent — and when you renew your membership by the end of this year you'll automatically be entered into a drawing and be eligible to win some great prizes.

Once again the MDA is offering a very special grand prize — one lucky winner will receive their ADA, MDA, and local society dues for 2027 paid for by the MDA! Be sure to renew your membership by Dec. 31, 2025, in order to qualify.

You can also qualify for a contest offering free MDA and local society dues for 2027 by signing up for auto-renewal using automatic bank account withdrawal. When you participate in auto-renew you'll help the MDA save on credit card fees and reduce time and expense spent processing individual dues payments. See your dues statement for more information.

Other dues contest prizes include:

- \$250 cash, courtesy of MDA Insurance.
- A \$100 certificate good toward any MDA continuing education course.
- MDA Services apparel.
- MDA Swag Basket.

Contest winners will be selected by random drawing in early 2026.

Renew online! You can renew membership online at michigandental.org/2026. It's quick and easy. If you have questions about your statement, contact the MDA at 800-589-2632.

MDA Board Meets in St. Joe; Highlight on MDA Programs, Technology

The MDA Board of Trustees met in St. Joseph Sept. 18-19 immediately following the annual ADA 9th District caucus prior to the ADA House of Delegates, which took place in October. The MDA Board agenda included an analysis of MDA programs, MDA office technology advances, advocacy, and the future of the MDA Annual Session. Here are the details:

Aligning programs with member needs: A presentation by consultant Donna Oser of the Michigan Society of Association Executives highlighted areas for MDA membership growth, following an interactive session she conducted in June to better-understand member needs at various career stages. Mid- and late-career members were subsequently identified as underserved, while dental service organizations reported strong value in MDA programs. The analysis emphasized focusing resources on high-value programs, balancing variety with financial sustainability, and ensuring alignment across the MDA and its subsidiaries MDA Insurance & Financial Group and the MDA Foundation. Moving forward, the MDA leadership will work to realign resources to meet unmet or underutilized needs while deleting programs that are not well-utilized.

Technology improvements: The Board heard presentations by the MDA's Angie Kanazeh, director of membership, and Michelle Nichols-Cruz, governance manager, on upcoming changes to MDA technology, including the launch of the MDA's new Novi Association Management System, which is

(Continued on Page 8)

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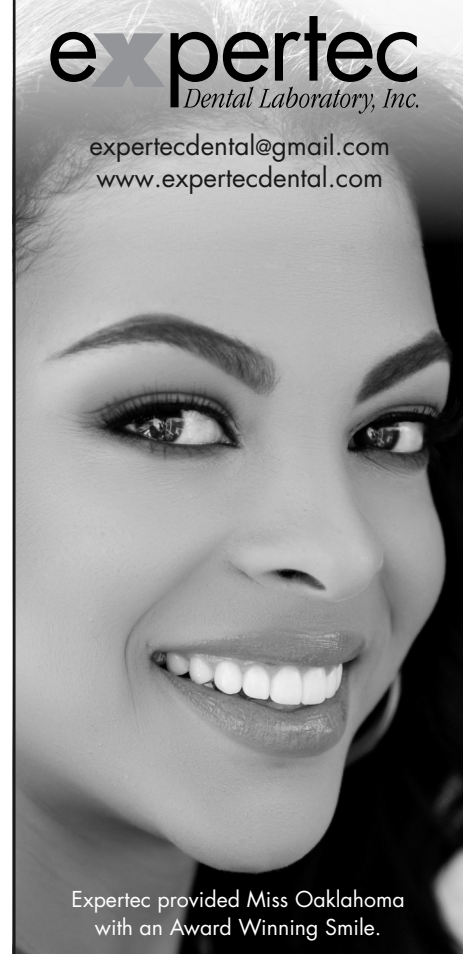
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Board Report (Cont'd)

expected to provide members with faster service and better data accuracy than was experienced under the problem-plagued ADA database. The Board subsequently approved first-year funding for a new learning management system to integrate with the Novi AMS. Also, the Board noted the launch of HERM-E, the MDA's web-based AI knowledge assistant. HERM-E will make it quicker and easier for members to find reliable answers about MDA benefits, programs, and services.

Advocacy: Bill Sullivan, MDA vice president of advocacy and professional relations, provided a legislative update, noting that only 12 bills had passed the state Legislature in 2025 as of September, the lowest total in 60 years. The MDA's virtual credit card bill passed the Senate unanimously but stalled in the House, but a companion House bill is expected. (For more on advocacy, see Page 6.)

Annual Session changes: At its December meeting the MDA Board will review a report from the MDA Annual Session Task Force, chaired by House Speaker Dr. Deb Peters, which is charged with reimagining the MDA Annual Session. The Annual Session has experienced declining member participation in recent years, especially post-pandemic. Concepts under review include shorter, more interactive CE; peer-to-peer learning; greater inclusion of the dental team; and community-building. Separating the House of Delegates from the Annual Session is also under consideration.

For a complete report on the unofficial actions of the September MDA Board meeting, contact the MDA's Michelle Nichols-Cruz at macruz@michigandental.org.



Peters

LETTERS TO THE EDITOR

Interfaith Program Offers Volunteer Opportunities

The Interfaith Dental Program connects patients with dentists who have volunteered their time and expertise to treat individuals referred to the program by refugee agencies and organizations, faith communities, or through online searches.

Born from the urgent humanitarian need following the 2021 influx of Afghan refugees to Metro Detroit, this program has grown to serve new Americans across the state. Participating dentists determine treatment plans that eliminate disease, restore function, and enhance esthetics. They work with their own dental teams in their own office to provide care that supports employability and community integration. Program providers are reasonably compensated for staff and facility time, laboratory costs, and other overhead costs.

We are seeking to expand our network of general dentists and specialist providers willing to care for these new Americans. You're encouraged to learn more. More information on volunteering is available at www.interfaithdental.org, or by calling me at the phone number below.

—Colette Smiley, DDS
Interfaith Dental Program
Steering Committee
616-560-1104

The Journal welcomes letters from readers. Send letters for publication to Managing Editor Dave Foe at dfoe@michigandental.org. The Journal reserves the right to reduce, revise, or reject any letter submitted.

ADA Report: Dental Practices 'Squeezed'

Dental practices are continuing to experience a “fiscal squeeze” brought on by rising prices and lower demand for care, according to an update from the ADA Health Policy Institute on the state of the dental economy for the third quarter of 2025.

The HPI survey shows that dentists' economic confidence is stable but still down from a high point in late 2024. Dental practice prices are rising faster than inflation, and two-thirds of dentists reported that they have increased their fees since the beginning of the year. Meanwhile, challenges in filling open positions, especially for dental hygienists, continue to impact dental practices.

On the consumer side, dental spending continues to increase modestly, but this hasn't necessarily translated to higher demand for care, according to HPI.

“What's interesting is even though we see slight modest growth in dental spending among U.S. households, when we look inside dental practice economics, we're seeing continued declines in appointment wait times. Capacity is opening up, and dentists are less busy,” said HPI's Dr. Marko Vujicic, Ph.D., chief economist and vice president of HPI.

You can find the full report and other reports at ada.org/HPI.

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The Journal Remembers: Dr. Charles E. Owens

Dr. Charles “Chuck” Owens, who served as MDA editor from 1990 to 1994 and held other significant posts in Michigan dentistry, died Sept. 22 at age 85. He will be well-remembered not only for his personality but as a guiding force in Michigan dental journalism through service to the MDA and his local society, the Detroit District.

Owens, a longtime practitioner in Southgate, had served as the editor of the *Detroit Dental Bulletin* for a number of years prior to taking the reins of the *MDA Journal* in 1990. During his editorship the *Journal* updated its format and made many editorial improvements, including establishing an editorial advisory board, instituting a new dentist column, and adding several new departments and features to the publication.

“It was a true pleasure to act as the editor of the MDA,” Owens remembered in 2019. “Times were exciting, with many challenges. It was exhilarating to be able to present new ideas and programs.” He explained, “As the ’90s began, dentistry saw the beginnings of controls that would alter forever the practice and delivery of services. Rules concerning infection control, chemical and radiological hazards, and privacy rights were but a few instituted by government. Fear that AIDS and other severe illnesses could be contracted through a dental procedure was commonly seen in local newspapers and in the national media. Corporate dentistry hadn’t yet taken hold, and many individual members were unequipped to handle these confusing issues.”

Owens had a keen interest and understanding of the value of dental journalism and the role of the dental editor in dental organizations. He collaborated closely with then-MDA Executive Director Gerri Cherney, and also actively worked to strengthen dental publications throughout the MDA’s component societies.

As Dr. Mike Maihofer, a one-time component editor who later served as MDA editor and MDA president, recalled, “Aside from being a unique editorialist, Dr. Owens was steadfast in encouraging and empowering dental editors. He initiated the MDA’s component editor conferences to educate component society editors and promote dental journalism. He even granted a young fledgling component editor, like me, an opportunity to guest-edit an issue of the *MDA Journal*. His generosity and encouragement are something I’ll always hold in my heart.”

Component editors and writers that Owens featured in the *Journal* included Dr. Chris Smiley, Dr. James Cantwil, Dr. Erick Rupprecht, Dr. Bill Chase, Dr. Tom McLellan, and Dr. Connie Verhagen, among others. Owens also brought the late Dr. Leon Herschfus’ popular “Abstracts” column from the *Detroit Bulletin* to the *Journal*’s statewide audience, where it became one of the most-read monthly features.

“Chuck was a great mentor to me and to other dental editors,” said Dave Foe, *MDA Journal* managing editor since 1991. “I knew from the minute I interviewed with him that this was someone I could work well with. He had a real enthusiasm for editing and writing, and was always supportive of me and the role of the MDA staff. It was a time of change for dentistry, and he was the right editor for the MDA at the right time. He also was well-known nationally for his editorials and for his involvement in the American Association of Dental Editors and Journalists. I owe him a lot.”

After concluding his duties with the MDA as editor, Owens went on to serve as the inaugural president of Michigan Dental Services, an MDA for-profit subsidiary that later became MDA Services. He also served with distinction as a member of the MDA Foundation Board of Directors.

Owens is survived by his wife, Peg, three daughters, three step-children, and numerous grandchildren and great grandchildren.



Owens



Diabetes and Your Oral Health

Patients with diabetes have special risks related to their oral health care. Poor oral health has also been shown to make diabetes more difficult to control, as infections in the mouth may cause blood sugar to rise. Diabetes can diminish your ability to taste sweets, sometimes leading to increased consumption of sweeter-tasting foods, which in turn leads to a continued cycle of tooth decay and control of diabetes. It is important to be aware of these potential complications so you can maintain a healthy smile.

Preventing problems

Good oral hygiene and regular dental visits are important to preventing problems, especially for patients with diabetes. Brushing twice a day with fluoride toothpaste and flossing once a day helps remove decay-causing plaque, which may be elevated due to high glucose levels. Good maintenance of blood sugar levels and a healthy diet can help boost the body's resistance to infection and gum disease.

Keep your dentist up-to-date

It is important to keep your dentist informed on the current status of your diabetes each time you have a dental visit. In order to make informed decisions about your treatment plan, your dentist needs to know:

- If you have been diagnosed with diabetes.
- If the disease is under control.
- If there has been any other change in your medical history.
- The names of all prescription and over-the-counter drugs you are taking.

Common oral health problems associated with diabetes

Patients with diabetes can have increased risk for a variety of oral health problems. It is important to make sure your dentist is aware of any changes you may notice in your mouth so these problems can be addressed as early as possible. Patients with Type 2 diabetes may be up to three times more likely to develop gum disease.

- Tooth decay.
- Periodontal (gum) disease.
- Salivary gland dysfunction.
- Fungal infections.
- Lichen planus and lichenoid reactions (inflammatory skin disease).
- Infection and delayed healing.
- Taste impairment.

Dealing with dry mouth

A common complaint among diabetic patients is dry mouth. Without an adequate flow of saliva, soft tissues in the mouth can become inflamed and painful. The risk of tooth decay and periodontal disease is also higher, as food particles are not washed away as well, causing elevated levels of bacteria. Saliva substitutes, sugarless gum or mints, taking frequent sips of water, using ice chips, and reducing caffeine and alcohol intake may help. Your dentist may also prescribe fluoride mouth rinses and topical fluoride to help prevent rampant tooth decay.

Good communication and monitoring is key

Keeping your dentist informed about your diabetes will help your dentist provide you with the best care. Be sure to contact your dentist right away if you start experiencing problems such as trouble chewing, bleeding or sore gums, red or swollen gums, or sore or loose teeth. By practicing good oral hygiene habits and controlling your blood glucose levels, you can enjoy a healthy body and a healthy mouth.

MDA Member Value Checklist

- MDA Job Board**
Post a job, find a job, plus create a profile and job alerts. Visit jobs.michigandental.org.
- Dental Assistant Radiography Training**
Meets state guidelines; easy and convenient. Visit michigandental.org/Radiography.
- Peer Review**
Recognized by state licensing authorities as a preferred method of resolving disputes. Contact Karen Hart, khart@michigandental.org.
- Continuing Education**
Courses and resources, relicensure help. Contact Jody Marquardt, jmarquardt@michigandental.org.
- Dental Insurance Plans/Marketplace Questions**
Contract analysis, more. Contact Bill Sullivan at bsullivan@michigandental.org.
- Address Changes/Member Records**
Contact Joanne Floyd, jfloyd@michigandental.org.
- Money-Saving Endorsed Programs through MDA Insurance and MDA Services**
Visit mdaprograms.com.



membership@michigandental.org

800-589-2632

Are You Taking Advantage of these ADA/MDA Practice Management Resources? Part II

The MDA and ADA offer an extensive range of resources that can help you succeed in your dental practice and professional career. These resources bring extra-value to your MDA/ADA membership, so take advantage of them!

This month in the *Journal* we're continuing the list of ADA/MDA practice management resources we began in the October issue. Last month we covered human resources, new dentist assistance, continuing education and some general professional resources. This month we're listing ADA/MDA legal resources, information resources, insurance plans, and wellness/personal development resources. Check marks indicate whether the programs and services are available through the ADA or the MDA.

If you'd like additional information on any of the programs and services listed, or have other questions, contact the MDA at 800-589-2632 or email membership@michigandental.org.

How many of these resources are you using? Scan the list below and see!

	ADA	MDA
Legal Resources		
Legal Section on Website		X
Legal column in Journal		X
Endorsed Legal Services		X
Legal Guidebooks/Publications	X	X
Sample Legal Forms	X	X
Information Resources		
Print Publications	X	X
Digital Publications	X	X
Members-only Website	X	X
Print/Online Classified Ads	X	X
Job Board		X
Library and Archives	X	
Insurance for Members		
Member Health Plan		X
Life Insurance	X	X
Disability Insurance	X	X
Cyber Liability Insurance		X
Malpractice Insurance		X
Liability and Property Insurance		X
Worker's Comp Insurance		X
Accident Insurance		X
Critical Illness Insurance		X
Practice Loan Insurance		X
Business Overhead Insurance		X

ADA MDA

Wellness/Personal Development

Health and Well-Being Resources	X	X
Care Program (Addiction, Stress, etc.)		X
Member Assistance Programs	X	X
Leadership Development CE	X	X
Leadership Area on Website	X	X
Name Change Checklist		X
Dentists Married to Dentists Checklist		X
Investment Planning Services		X
Moving Checklist		X

Office Resources

Peer Review		X
Billing and Coding Support	X	X
Dental Benefits Information	X	X
Contract Analysis Service	X	
Discounted Dental Supplies		X
Office Supplies Discounts		X
Member Logo		X
Regulatory Compliance Support	X	X
HIPAA Compliance Support	X	X
HIPAA Compliant Email Service	X	X
Website, Online Marketing, Patient Communication Services	X	X
Endorsed Financial Services		X
COVER Locum Tenens Program		X
Patient Education Materials	X	
Amalgam recovery/disposal	X	X
Staff apparel	X	X
Credit card processing	X	X
Interpretation/translation services	X	X
Real estate financing	X	X
Credit cards	X	X
Dental Records Management	X	

Patient Marketing

Social Media Support	X	X
Consumer Website	X	X

Allan Jacobs, Former House Speaker, Passes

Dr. Allan Jacobs, most recently of Palm Beach Gardens, Fla., a former speaker of the MDA House of Delegates, died Sept. 11. He was 77.



Jacobs

Jacobs served as speaker from 2004 until 2008, and previously served on the MDA Board of Trustees, representing Oakland County District, from 1999 until 2004.

An endodontist, Jacobs also served as president of the Michigan Association of Endodontists and a member of the Board of the American Association of Endodontists. He also taught dental students for three decades as a faculty member at the University of Michigan School of Dentistry.

CE Cruise Coming in January

There's still time to take part in the MDA's exciting Sun, Sand, & CE dental continuing education cruise aboard the Royal Caribbean Icon of the Seas Jan. 17-24, 2026. You'll unwind, refresh, and earn nine CE credits as you enjoy a luxurious Caribbean cruise. What better way to escape the cold Michigan winter?

The cruise includes CE from Susan Maples, DDS; stunning destinations with exciting excursions, plus all-inclusive dining, entertainment and accommodations at exclusive member pricing.

For more information, see the QR code at right.

Foundation Year-End Campaign Underway

During the last quarter of every year, the MDA Foundation embarks on its Year-end Campaign. This campaign raises money allowing the Foundation to continue its work year after year.

Watch your mail and email for details on this year's campaign. With each donation received, the MDA Foundation can help educate and serve more people throughout the state.

Donations received before Dec. 31 may qualify for tax benefits. Check with your financial adviser on your specific tax status. You can donate now by scanning the QR code at right.

Watch for a cover story on the Foundation next month in the *Journal*.



NEWS BRIEFS

New Dentists Get ADA Store Discounts

Did you know that if you're a recent graduate you receive a discount on ADA Store products? This discount is good through the rest of this year, so you can save on the science-backed resources you need, when you need them. Visit ADAstore.org or call 800-947-4746 from 7 a.m. to 6 p.m. Central Time. Use promo code ADAgrad25 by Dec. 31 to Save 20% on ADA Store products. Members should sign in for additional discounts.

Nominations Sought for MDA Affiliate Board

Note: The following is printed by request of MDA Insurance & Financial Group.

MDA Insurance & Financial Group, Inc. supports Michigan dentists by offering insurance products, practice management resources, and dental supplies. Operating under the trade names MDA Insurance and MDA Services, its mission is to help dental professionals protect their practices and enhance patient care. As an affiliate of the Michigan Dental Association, MDAIFG is committed to delivering value and peace of mind to its members.

MDAIFG is accepting nominations from association members to serve on its Board of Directors. The MDAIFG bylaws state that the Board shall consist of no fewer than seven and no more than 13 directors. Terms are one year, beginning May 1, and continuing until successors are elected or the director is displaced. Directors may serve multiple terms but must stand for election annually.

Board members are expected to attend four to five half-day meetings per year. While committee service is not mandatory, many members choose to participate.

Detailed information on director duties and responsibilities, along with application instructions, are available on the MDA website at michigandental.org/Leadership-Central/Get-Involved/MDA-Subsidiaries-Affiliates. The deadline to apply is Feb. 1, 2026.

Leadership Applications Due Dec. 8

The MDA House of Delegates Nominating Committee continues to seek candidates for a variety of MDA Board, officer, and leadership positions to take office in 2026 and serve during the 2026-27 administrative year.

Open positions for 2026 include MDA president-elect, MDA secretary/treasurer, MDA editor, MDA speaker of the House, three MDA trustee positions (three-year terms), and 12 alternate positions on the ADA 9th District Delegation.

Interested candidates for any of these positions should

apply to the Nominating Committee prior to Dec. 8, 2025. Detailed information about the candidate submission process, including descriptions of each position's term and duties, also appears on the MDA website at michigandental.org/MDA-Governance. For questions about the nomination process, contact Michelle Nichols-Cruz at mcruz@michigandental.org or at 517-346-9414.

MDA Radiography Program Can Train Your Assistants

The MDA Radiography Training Program allows dentists to provide a convenient, affordable way for dental assistants to obtain radiography training required under Michigan law without the need for classrooms, travel, and time away from work, using an innovative training program combined with hands-on clinical certification from a participating dentist.

The MDA program is an online course supervised by the employer dentist. The supervising dentist awards the certification upon successful course completion by the assistant. Neither the MDA nor the state certify that dental assistants have met the requirements. All dental assistants taking radiographs must be certified in a course that is substantially equivalent to programs accredited by the Commission on Dental Accreditation.

The cost is \$325 per assistant for MDA members and \$425 per assistant for non-MDA members. After successful completion of the online training, the assistant must demonstrate the ability to perform two acceptable full-mouth series of images (including four bitewings) with a maximum of five retakes. After meeting all course requirements, a certificate of completion will be issued and signed by the supervising dentist. Certification obtained through this program is only valid in the state of Michigan.

For more information, visit michigandental.org/Radiography.

First Dental Therapist Licensed

Michigan licensed its first dental therapist — Dana Obey — on Sept. 2. She subsequently began practice as a provider at a tribal health center in the Upper Peninsula, according to reports.

MDA Office Closed Nov. 27-28

The MDA office will be closed Thursday and Friday, Nov. 27 and 28, in observance of the Thanksgiving holiday, MDA CEO/Executive Director John Tramontana has announced, following the custom of past years.

The office will reopen Monday, Dec. 1.



**Welcome
to the
group chat
you didn't
know you
needed.**

**RENEW
TODAY!**



Keeping Current

Events and Such

Nov. 3 — MDA Foundation Mission of Mercy Breakout Session #1 via Zoom, 5:30 p.m.

Nov. 5 — MDA Foundation Mission of Mercy Breakout Session #1 via Zoom, 5:30 p.m.

Nov. 6 — Committee on Finance via Zoom, 6 p.m.

Nov. 7 — New Dentist Committee via Zoom, 7 a.m.

Nov. 7 — MDA Insurance & Financial Group Joint Board meeting, 9 a.m.

Nov. 10 — MDA Foundation Executive Committee via Zoom, 6 p.m.

Nov. 10 — Membership Committee via Zoom, 7 p.m.

Nov. 11 — MDA Foundation ASC Committee via Zoom, 6 p.m.

Nov. 12 — MDA Nominating Committee via Zoom, 6 p.m.

Nov. 14 — Committee on Government and Insurance Affairs and PAC, 9 a.m.

Nov. 20 — Committee on Finance via Zoom, 6:30 p.m.

Nov. 21 — Committee on Peer Review/Health and Well-Being via Zoom, 9 a.m.

Nov. 21 — MDA Foundation Board of Directors via Zoom, 9:30 a.m.

Nov. 21 — MDA Executive Committee via Zoom, 1 p.m.

Nov. 27-28 — MDA office closed in observance of Thanksgiving.

Welcome New Members!

The Michigan Dental Association is pleased to welcome nine new members to organized dentistry.

Central: Dr. Dennis Engstrom; **Macomb:** Dr. Sabina Kurtovic, Dr. Sharon Singh; **Oakland County:** Dr. Deepanshu Bhardwaj, Dr. Timothy Thewes; **Resort:** Dr. Marcus Kropf, Dr. Grant Smith; **Saginaw Valley:** Dr. Curtis Smith; **Washtenaw:** Dr. Kaitlin Monash.

New Certified Dental Business Professionals

The MDA CDBP credential is awarded to dental team members who have completed coursework and earned their Certified Dental Business Professional designation.

CDBP graduate

Jamie Wernette, Sheridan.

CDBP renewal

Michelle Myers-Berlin, Whitehall.

In Memoriam

Dr. Wayne Colquitt, Ann Arbor. Washtenaw District. Died Aug. 5, 2025. Age, 83.

Dr. Michael Comar, Boca Raton, Fla. Kalamazoo

Valley District. Died Sept. 8, 2025. Age, 87.

Dr. Allan Jacobs, Palm Beach Gardens, Fla. Oakland County District. Died Sept. 11, 2025. Age, 77.

Dr. Charles E. Owens, Grosse Ile. Detroit District. Died Sept. 22, 2025. Age, 85.

Dr. Eugene Louis Bonfiglio, Grand Rapids. West Michigan District. Died Oct. 10, 2025. Age, 95.

BHS Disciplinary Report

Visit michigan.gov/lara to access the latest disciplinary reports for dentists, registered dental hygienists, and registered dental. You may also check any licensee for disciplinary actions at the same web address.

Self-Reporting of Criminal Convictions and Disciplinary Licensing Actions

Section 16222(3) of Michigan's Public Health Code requires any licensee or registrant to self-report to the Department of Community Health a criminal conviction or a disciplinary licensing or registration action taken by the state of Michigan or by another state against the licensee or registrant. The report must be made within 30 days after the date of the conviction or action. Convictions and/or disciplinary actions that have been stayed pending appeal must still be reported.

Should the licensee or registrant fail to report, and the Department becomes aware of the conviction or action, an allegation will be filed against the licensee or registrant. Sanctions for failing to report can include reprimand, probation, suspension, restitution, community service, denial or fine. For more information contact the MDA's Karen Hart at 800-589-2632, ext. 453.



Reception in Bloomfield Hills — Former Michigan Gov. Rick Snyder (left) joined MDA members Dr. Naila Farooq (center left), Dr. Michelle Szewczyk (right), and state Sen. Mike Webber (R-Rochester Hills) at a legislative fundraising reception Monday, Sept. 15 at the Bloomfield Hills home of former state Sen. Martin Knollenberg and his wife Lori.

Journal, Michigan Dentists Receive Editing Awards

Michigan dentistry was well-represented at this year's American Association of Dental Editors and Journalists meeting, held Sept. 9-10 in San Diego, Calif.

Michigan award-winners included Dr. Rabia Arif, editor of the *Oakland County Dental Review*, who received three Division Two International College of Dentists/USA Section Journalism Awards. Also, Dr. Michelle Dziurgot, MDA editor, and Dr. Bill Chase, former MDA editor and former MDA president, now living in Palm Springs, Calif., accepted Division One International College of Dentists/USA Section Journalism Awards for two articles published in the *MDA Journal's* December 2024 issue.

Another former MDA editor, Dr. Chris Smiley, served as 2024-25 AADEJ president and presided over the conference, while Michigan's Dr. Tim Kosinski, Academy of General Dentistry editor, presented a program on editing clinical publications.

Dr. Mike Saba, Macomb District editor, attended the meeting as well and began a term as AADEJ vice president. Other Michigan attendees included Dr. Sabrina Wadood, West Michigan editor; Dr. Romesh Nalliah, of the University of Michigan School of Dentistry; Dr. Mike Maihofer, former MDA editor and MDA president; Denise Maihofer, AADEJ executive director; Reva Darling, director of MDA Services and marketing; and Dave Foe, MDA director of print and e-publications.

The conference consisted of two days of continuing education in dental journalism, and included sessions on copywriting, digital publishing, AI, podcasting, and more.



At AADEJ meeting — Dr. Mike Saba, editor of the *Journal of the Macomb District Dental Society*, shown here with MDA Editor Dr. Michelle Dziurgot, is now serving as vice president of the American Association of Dental Editors and Journalists. (Photos: Mike Maihofer.)



Award-winners — Dr. Bill Chase (left) received an International College of Dentists/USA Section Journalism Award for a December 2024 article on leadership, while Dr. Michelle Dziurgot received the ICD's prestigious Golden Pen award. Also shown are Dr. Leighton Weir and Dr. Richard Roadcap (right), representing the ICD.



Three awards! — Dr. Rabia Arif, Oakland District editor, received three ICD/USA Section Journalism Awards. She's shown here with Dr. Elliot Paisner, ICD president (left) and Drs. Leighton Weir and Richard Roadcap (right) of the ICD.

Positions to Open on State Board of Dentistry

Each year the MDA Board of Trustees makes recommendations to Michigan's governor for individuals to serve on the Michigan Board of Dentistry. At least one general dentist position is expected to become available in June 2026.

Members interested in being considered for MDA endorsement to the state Board should submit a letter of interest and a current curriculum vitae (maximum two pages) by Feb. 1, 2026, to Michelle Cruz at mcruz@michigandental.org. Upon receipt, nominees will be asked to complete a brief questionnaire to finalize the application process. The MDA Board of Trustees will review all submissions at its February 27, 2026, meeting and will recommend up to two endorsed candidates per open position to the Governor for consideration.



Cruz



Sullivan

Note that MDA endorsement is not required to apply directly for appointment to the Michigan Board of Dentistry. For more information, contact the MDA's Bill Sullivan at 800-589-26532, ext. 405 or at bsullivan@michigandental.org.



Cornhole tournament — Macomb District members Dr. Kyle Katynski (left) and Dr. Mike Saba (right) joined state Rep. Doug Wozniak (R-Shelby Township) at his annual cornhole tournament fundraiser, held Sunday, Sept. 21 at Coyote Joe's in Shelby Township. Among the issues discussed: potential Medicaid cuts and dental staffing shortages.

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2026 ANNUAL SESSION



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TABLE CLINIC/POSTER APPLICATION

2026 MDA ANNUAL SESSION

APRIL 30 - MAY 2, 2026

DEVOS PLACE, GRAND RAPIDS

The MDA Committee on Continuing Education and Events invites you to share an improved technique, procedure, clinical skill or research topic regarding dentistry and the scope of practice, by presenting a table clinic/poster at the 2026 MDA Annual Session in Grand Rapids. The 2026 Annual Session will be held April 30 – May 2, 2026. Why not consider sharing your knowledge with your colleagues and earn CE credit doing it. An application appears below or online at annualsession.michigandental.org. For more information, contact the MDA at 517-346-9401, or email mbethea@michigandental.org.

■ NOTE: Table Clinics/Posters will be judged. Prizes will be awarded. The MDA will send a press release to the winner's local newspaper or digital media outlet and receive recognition in the MDA *Journal* (monthly magazine).

Event time: Friday, May 1, 2026, 4 – 6 p.m. *Presenter must be present during the entire two hours.

Clinic Poster (check one), Title of Clinic/Poster**:

Lead Contact: _____ Email Address: _____

On-site Presenter Names (include credentials): _____

Address: _____ City: _____ ZIP: _____

Telephone: (_____) _____ Fax: (_____) _____

Professional Discipline*: Dentist Hygienist Assistant Student: Name of School: _____

Other: Name of Organization: _____

■ **NOTE: Table Clinics/Posters must be educational in nature.** No advertising matter, commercial promotion, solicitation or sales of any type are permitted as part of a Table Clinic/Poster presentation.

One table/poster clinic title sign is provided. The MDA will provide the equipment listed below. All other equipment must be supplied by the presenter. Contact the MDA for audio/visual equipment and pricing at 517-346-9401.

Presenters shall be provided with:

■ 6' x 3' Tackboard (for posters) ■ 6' High Top Table w/chairs (for clinics)

Please check below if you will need:

Electrical Outlet Table-top Screen

Any other equipment required will be the financial responsibility of the presenter.

■ NOTICE: Table Clinics/Posters are limited to approximately 30 clinics; presenters are urged to apply early. Applications due by Feb. 14, 2026. Mail completed application to: Michigan Dental Association, 3657 Okemos Road, Suite 200, Okemos, MI 48864-3927, send an email to mbethea@michigandental.org, or go to annualsession.michigandental.org.

**The Michigan Dental Association reserves the right to shorten titles if necessary.



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Ransomware Strikes Michigan Dentists: Why Cyber Insurance Matters Now More Than Ever

In August, several Michigan dental practices were hit by ransomware attacks, locking providers out of their patient files and disrupting care. Hackers demanded payment to restore access, leaving dentists with a stark reminder: in today's digital world, cyber threats are no longer hypothetical — they're inevitable.



These incidents highlight why cyber liability insurance is essential. MDA Insurance, in partnership with Coalition, offers members Active Insurance — a comprehensive solution that not only covers the financial impact of ransomware and data breaches but also provides proactive monitoring, 24/7 claims support, forensic assistance, and breach response services. With average ransomware losses topping nearly \$300,000 per incident, having cyber insurance could mean the difference between a swift recovery and devastating financial loss. It's important to have coverage in place *before* an issue occurs. Obtaining a policy after you've experienced a cyber incident can be challenging and is not guaranteed.

But insurance alone isn't enough. Proactive safeguards are critical. That's where MDA-endorsed IT provider Complete Dental IT plays a vital role. Complete Dental IT's focus on technology implementation can help stop hackers and viruses before they access your systems by connecting software and systems flawlessly and securely backing up patient records, and can deliver fast support in a technology crisis. Partnering with trusted vendors ensures your practice has the layered defenses needed to reduce risk and recover faster if an attack occurs.

Next steps for Michigan dentists:

- Protect your practice with cyber insurance. Contact MDA Insurance Account Executive Melanie Adler at 800-860-2272, ext. 464, email madler@mdaifg.com, or scan the QR code at right to request a quote.
- Ensure that your technology is implemented properly with Complete Dental IT. Learn more at completedentalit.com or call 866-498-0173.



Cyber threats are not going away — but with the right insurance and IT partners, you can face them with confidence.

Financing that Understands Dentistry

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Confused About Medicare? MDA Insurance Can Help You Every Step of the Way

Navigating Medicare can feel overwhelming, but MDA Insurance is here to make the process clear and manageable. Through our Medicare Advisory Service, members, their spouses, and employees gain access to personalized guidance that helps them avoid costly mistakes and choose coverage with confidence.

One of the most valuable resources available is scheduling a one-on-one appointment with Steve Fulger, MDA's trusted Medicare account executive. These sessions are available by phone, Zoom, or in person, giving you flexibility and peace of mind.

In addition, MDA Insurance offers free Medicare Educational Seminars designed to simplify the complexities of Medicare and help you plan ahead. Upcoming webinar dates for 2026 include:

- Friday, Jan. 23, 1:00–3:00 p.m. (Zoom)
- Friday, March 6, 9:30–11:30 a.m. (Zoom)
- Thursday, April 30, 2:30–4:30 p.m. (LIVE at Annual Session)
- Friday, June 26, 1:00–3:00 p.m. (Zoom)
- Friday, Aug. 14, 9:30 a.m.–11:30 a.m. (Zoom)

Don't face Medicare alone. Contact Ben Szilagyi to register for a free webinar or set up your personal appointment with Steve. Call 877-906-9924, ext. 463 or email ben@mdaifg.com.

Why Dentists Need a Financial Adviser Under the New Tax Law

The recently signed "One Big Beautiful Bill" carries sweeping changes that will significantly impact dentists' finances. While some provisions create opportunities — like permanent 2017 tax cuts, the Qualified Business Income Deduction, and restored 100% bonus depreciation — others bring complexity that can be difficult to navigate alone.

For example, the new \$40,000 SALT deduction cap may benefit many practices, but high earners face phased-out relief. Retired dentists gain a temporary \$6,000 "Senior Bonus Deduction," yet income thresholds limit its usefulness. Estate tax exemptions will climb to \$15 million in 2026, creating both planning opportunities and pitfalls.

Perhaps most critical, student loan changes will reshape dental education financing. Beginning in 2026, loans are capped at \$50,000 annually (\$200,000 lifetime). The new Repayment Assistance Plan forgives debt after 30 years and waives unpaid interest but replaces the SAVE program.

Because of these shifting rules, dentists risk missing deductions, mismanaging loan strategies, or overlooking estate planning benefits. A knowledgeable financial adviser can help align practice investments, retirement planning, and student loan management with the new law — ensuring dentists maximize opportunities while avoiding costly mistakes.

The MDA endorses DBS Investment Advisers, LLC for investment management and financial planning. Contact DBSIA by emailing ted.schumann@dbsia.net, or calling 989-686-6222. DBSIA has a paid endorsement with the MDA. MDA is not a client of DBSIA and has financial incentive to promote its services.

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By Michelle C. Dziurgot, DDS
Editor-in-Chief

What Doesn't Kill You, Makes You Stronger

Lightning does not strike twice, or does it? Imagine leaving your office on a rainy night without any inkling of what would ensue in the next few weeks. Receiving that unfortunate text from DTE that your office power is out, then receiving continuous updates akin to tsunami waves rolling in, over and over, hitting the shore, estimating when power would be restored. Then, two days later, receiving the “all-clear” text. But it was not an all-clear, but instead an all-out power surge with destruction of everything not attached to a surge protector. This has been my life since August 2025.

As a dedicated member dentist of the Michigan Dental Association, I have paid into property insurance through MDA Insurance since opening my original Shelby Twp location in 2004. Never a claim at that office in more than 20 years. Then, five months into my new Washington Township office, the power has gone out three times, with the fourth time leading to office closure. Due to a direct lightning strike on the building next door, tons of damage occurred in my building. From HVAC, the elevator, overhead lights — including dental and emergency lights — plus dental chairs and computers, the result was that patient care had to be canceled and rescheduled. Most GFI's had fire damage and had to be replaced. Thank goodness business interruption insurance came to my rescue by providing payment of scheduled procedures after a 24-hour waiting period (a good reason to have hard copies of your schedule for times such as these). I had proof of what procedures were scheduled on the canceled days, along with their monetary value.

My only way to contact patients to inform them of my office closure was through the Weave app on my cell phone. There was no remoting into my office computer until my electrician and computer tech guy were able to get the server back online. We lost most of our printers, and trying to find replacements for these workhorses to be able to use the toner just recently replaced when we moved was not an easy task. Thank goodness for refurb-

ished printers from Amazon. And let us not forget the kitchen fridge. I loved it when my hygienist asked if I was making ice cubes — nope, the fridge fried and had to be replaced. All my personal lunch items and employee snacks had to be tossed. This then led to waiting for two fridge deliveries from Home Depot — on the first delivery the installers stripped the handles.

While waiting for Henry Schein to repair our Cerec miller, not being able to make in-office crowns added to my overhead. One of our sterilizers required a board replacement, and the other decided it needed a water intake valve replacement. Our ADT alarm board required a physical tech to come in and reprogram it. I now also highly recommend surge protectors installed at your fuse boxes. Yes, the expense is worth it!

I spoke with the credit union manager on the floor beneath my suite and she was surprised I was unaware that power outages occur all the time. I asked my landlord to install a generator, but I was denied. I marched down to the township supervisor to question why the power goes out along this small strip of land on Van Dyke so regularly. I was informed that property to install a substation “is being looked into” and that all developers were encouraged to install generators in all their buildings.

Yes, we all know the old adage: What does not kill you makes you stronger. Well, at this point I should be benching 300 pounds! But my intention in relaying all of this to you is not to vent, but to show you the importance of property and business interruption insurance (thank you, MDA Insurance).

Word to the wise: Review your policies. Know what is included. Take photos and videos of all damage. Make copies of all receipts for repairs and purchases of new equipment. Fight for your payments to be made in a timely fashion. Keep advocating for yourself until all that was destroyed is made whole again.

And keep your fingers crossed that lightning does not strike twice! ●

Contact Dr. Dziurgot at mcd@mcdentalcare.com.

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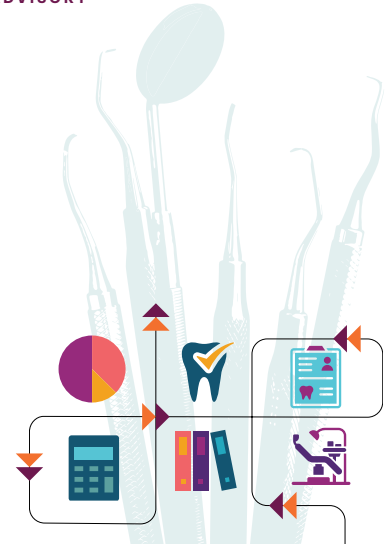


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By MDA Staff with Rachel Sinacola, DDS
Chair, MDA Committee on Membership

Avoiding a Ransomware Attack: The MDA Can Help

Question: A dentist colleague down the road shared he was a victim of a ransomware attack. Hackers locked down the practice system and demanded

payment to release their info. How can I protect my patients and my practice so this doesn't happen to me?

Answer: Here's a checklist to get your started on making sure your practice is protected:

- Ensure you have a cyber liability insurance policy that provides 24/7 response.
- Create and test an Incident Response Plan: Designate key contacts, establish offline communication, and identify mission-critical data.
- Maintain secure, tested backups (including one offline).
- Use strong password policies and multi-factor authentication.
- Keep all systems patched and updated.
- Train staff to spot phishing emails.
- If an incident occurs: Contact your IT network manager/firm, disconnect infected systems, preserve evidence, and notify your insurer immediately.

Cyber liability coverage is available to MDA members through MDA Insurance. Coverage provides proactive monitoring, 24/7 claims response, expert forensic support, and coverage for breach response, ransomware, and regulatory defense. As you're realizing with the situation your colleague is in, it is important to have protection before an incident occurs. For a ransomware preparedness toolkit and to request a quote, contact MDA Insurance Account Executive Melanie Adler at 517-346-9464 or at madler@mdaifg.com.

Question: I received my 2026 membership renewal in the mail, but my local society isn't correct. What should I do?

Answer: Your local society is based on your practice address county. If a member doesn't have a practice address, the home address is typically used. To change

your local society, please contact the MDA membership department at membership@michigandental.org. Make sure you update your local society before you renew so that you are paying the correct amount.

Question: I've always sent in a check to renew my membership, but I'd like to pay with a credit card this year. What's the best way to pay my dues with a credit card?

Answer: Great question. Paying with a credit card is very easy, and there are two ways to do it. The easiest is to log in to the MDA website and your new Member Compass, where you can access your membership profile and renew membership. Once logged in, you can verify your contact information is correct and pay your balance. You also have the option to store your credit card for future purchases and set up auto-renewal for next year so that your membership never lapses. The second option is to call the MDA office at 800-589-2632, select 1, and then 1 again to pay your dues over the phone.

Question: I'm selling my practice and retiring from full-time dentistry at the end of the year. I'd like to still practice occasionally and wondered if there's a way to help others through the MDA?

Answer: Congratulations on the sale of your practice and retirement! The MDA keeps a list of member dentists who are willing to help out in a locum tenens situation. When a member asks the MDA for help in finding coverage for their practice, the MDA shares a list of dentists who have said they are willing to help out. This MDA COVER program is very helpful to members in a time of need, and always looking for new volunteers. You can message the MDA membership team at membership@michigandental.org to let them know you'd like to be added to the list.

One more thing: Make sure to let the membership team know about your retirement too. You'll want to fill out a retired affidavit so your association membership can be updated, which will come with a discount. ●

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There Will Be No Ban on Covenants Not to Compete



By Dan Schulte, JD
MDA Legal Counsel

Question: Did the Federal Trade Commission cease litigating for its proposed ban on covenants not to compete? If we are going to continue to use them, what are some good pointers for drafting them?

Answer: This saga has finally come to an end. On Sept. 5, 2025, the FTC voted to accept a ruling by a federal court in Texas that it had exceeded its statutory authority when approving its proposed ban on covenants not to compete. In addition, the FTC voted to dismiss all appeals it had filed in other cases where a ruling had been made that the ban on covenants not to compete was invalid.

The FTC's Sept. 5 vote ends two-and-a-half years of speculation regarding the future enforceability of covenants not to compete. We now know that Michigan statutory and common law will primarily (federal antitrust laws rarely but sometimes also come into play) control the enforceability of covenants not to compete.

The following are some guidelines for consideration when drafting a covenant not to compete for your employees or reviewing one in an employment agreement you are considering signing.

1. Term. Michigan courts have consistently held that two years or less is a reasonable term for a covenant not to compete in an employment agreement. Keep in mind that covenants not to compete in a purchase agreement when a practice is being sold have been held to be valid for up to five years. The type of practice situation covered makes a difference.

2. Restricted territory. The number of miles should be no greater than what is necessary to protect your current population of patients from competition by an ex-employee. If all your patients live within a 10-mile radius of your office, then a 10-mile radius is likely going to be deemed a reasonable restricted area by a court. Arbitrarily insisting on something more than a 10-mile radius will likely be unenforceable.

3. Liquidated damages. The purpose of this provision is for the parties to establish in advance what the employer's damages will be deemed to be in the event of a breach of the covenant not to compete by the employee. A liquidated damages provision is necessary only when the damages from the employee's breach will be difficult to measure for some reason. This is usually not the case for a dental practice, where the lost profit on dental services provided to patients in violation of the covenant not to compete can easily be determined. Employers who arbitrarily insist on liquidated damages amounts that have no reasonable relationship to the employer's actual lost profits (for example, \$15,000 per patient treated by an employee in violation of a covenant not to compete) will likely be unsuccessful in obtaining enforcement by a court. Only when the employer can show the liquidated damages amount bears a reasonable relationship to the amount of the employer's actual damages resulting from a breach is there a reasonable likelihood the provision will be enforced.

4. Enforceable vs. enforced. Sometimes an enforceable covenant not to compete will not be enforced by a court. Courts have broad equitable power and discretion in this and other areas. The conduct of the employer and employee many times is taken into consideration by a court when deciding to enforce a covenant not to compete. An employee will be able to use the fact that the employer has breached the employment agreement (for example, not paid the employee exactly what is owed, not paid timely, failed to give notice required, made representations that were not true, etc.). Other factors may be taken into consideration by the court, such as if the restricted area includes a location that lacks an adequate number of dental practices to meet the demand for dental services. A covenant not to compete must be enforceable, having reasonable time and geographic restrictions. ●

See additional MDA legal resources at michigandental.org/Legal-Services.

Practice financing¹



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¹ All programs subject to credit approval and loan amounts are subject to creditworthiness. Some restrictions may apply. Bank of America may prohibit use of an account to pay off or pay down another Bank of America account.

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Evaluating a Practice Purchase: Guidance for the First-Time Buyer



By Amrita Patel, DDS

For many new dentists, buying a practice is a chance to shape their own career, set the tone for how they care for patients, and build financial stability on their own

terms. But stepping into ownership for the first time can also feel overwhelming. How do you know if an office is really the right fit? How do you avoid mistakes that could follow you for years? The truth is, evaluating a practice is more than just the price tag. Yes, the numbers matter, but so do the people, the culture, and the opportunities that come with it.

Start with the financials, because they're the backbone of any purchase. Ask for at least three years of tax returns and profit-and-loss statements, and take the time to understand what they mean. Collections, overhead, and net income give you a snapshot of health, but it's the patterns over time that really matter. If production has dropped, was it because the seller cut back hours or because patients stopped coming? A dip caused by reduced schedules may not be a red flag, but a shrinking patient base should make you cautious. Also, don't overlook accounts receivable. Any business can look profitable on paper yet struggle to collect what's owed. And, take note of the insurance mix, because if the practice leans too heavily on one plan, a change in reimbursement rates could shake the bottom line.

Still, numbers only tell part of the story. Patients are the heart of a dental business, and understanding them is critical. Look closely at how many are "active," which is typically defined as being seen in the past 18 to 24 months, and how many new patients come in each month. Just as important is the community the practice serves. Are you stepping into a neighborhood of young families, retirees, or a more transient population? Each will shape the kind of dentistry you'll be doing and the long-term potential for growth. And remember, patients often stay loyal to the doctor, not just the practice. If the seller is beloved for personal relationships, you may see some attrition after the transition. But if loyalty is tied to strong

Evaluating a practice is more than just the price tag. Yes, the numbers matter, but so do people, the culture, and the opportunities that come with it.

systems and great staff, the base will be far more secure.

Speaking of staff, don't underestimate their role in your success. An experienced, welcoming team can make all the difference. They know the patients, the systems, and the flow of the office. On the other hand, high turnover or an unhappy team can create stress right when you need steadiness the most. When evaluating a practice, pay attention to the culture: how the team interacts with each other, how they greet patients, and whether the atmosphere feels warm or rushed. You'll be inheriting that culture, so make sure it's one you want to lead.

Facilities and equipment are another area to weigh carefully. The number of operatories, the condition of the equipment, and the technology in use will affect both how you work today and what you may need to invest in tomorrow. Location matters too. Accessibility, parking, and visibility all influence new patient flow and can't be fixed as easily as old chairs or computers.

Don't forget to ask about systems. Scheduling, billing, recall, and marketing may not sound glamorous, but they're what keep the practice running smoothly. Strong systems reduce stress and free you to focus on dentistry.

Finally, think about the future. A practice isn't just about what it is today, it's about what it can become in your hands. Are there procedures currently being referred out that you'd like to keep in-house? Is there room to add an operatory or expand services? Is the community underserved in areas like implants, orthodontics, or cosmetic dentistry? Spotting growth opportunities can turn a good purchase into the cornerstone of a thriving career.

For new dentists, the first practice purchase is more than a financial transaction. It's a leap into leadership and independence. Approach it with curiosity, caution, and optimism! ●

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My Dental Assistant Asked for a Work Accommodation — What Are My Obligations?



By Jodi Schafer, SPHR, SHRM-SCP
HRM Services

Question: One of our dental assistants recently shared that she has a medical condition that makes it difficult for her to stand for long periods of

time. She asked if we could adjust her schedule or provide equipment that would make her job easier. I want to support her, but I'm also concerned about keeping the practice running smoothly and complying with the law. What are my obligations when an employee requests an accommodation of this type?

Answer: When an employee requests an accommodation for a disability, both federal and Michigan law come into play, and how you respond can have significant legal and practical implications.

At the federal level, the Americans with Disabilities Act (“AwDA”) applies to employers with 15 or more employees. In Michigan, the Persons with Disabilities Civil Rights Act (“PDCRA”) applies broadly and covers employers with at least one employee. This means that even if your practice has fewer than 15 staff, you still have obligations under Michigan law.

Both laws require you to provide a “reasonable accommodation” to a qualified individual with a disability, unless doing so would create an undue hardship. In your case, an employee has made a request for accommodation based on her medical condition, so your next step is to engage in what’s called the “interactive process.” This is a good-faith conversation between you and your employee to explore:

- What her limitations are.
- What accommodations might help.
- Whether those accommodations are feasible without undue hardship.

We advise asking for medical documentation to substantiate her request and aid you in this process. You want to ensure that any accommodation you consider complies with the restrictions indicated by her medical provider. As the employer, you make the final decision in

which accommodation(s) you offer. It doesn’t have to be the exact accommodation the employee is requesting, so long as the accommodation offered meets the need. Remember, the interactive process is ongoing, and it can sometimes take some back-and-forth to find a solution that works. Be sure to document your conversations and your attempts to provide reasonable accommodation.

Examples of reasonable accommodations you might consider in this case include:

- Providing a stool or adjustable chair for her to use when she needs a break from standing.
- Allowing flexibility in scheduling or breaks.
- Reassigning non-essential duties that would require her to be on her feet.
- Making ergonomic adjustments to equipment.

The key is that the employee must still be able to perform the essential functions of the job, and accommodations cannot compromise patient care or safety standards.

Often, the challenge with the accommodation process is determining whether the adjustment needed would pose an “undue hardship” for your practice. This is not a brightline test. Just because an accommodation may have some cost associated with it or may create an additional burden for the employer does not necessarily make it an undue hardship. You must consider whether or not the adjustment would create significant difficulty or expense relative to the size and resources of your practice. For a small dental office, a costly renovation may be unreasonable, but providing a stool or adjusting schedules likely would not be.

Failing to engage in the interactive process or denying the request without considering alternatives can expose your practice to legal claims through the Michigan Department of Civil Rights under the PDCRA, or the Equal Employment Opportunity Commission under the AwDA. By approaching the situation with openness and consistency, you comply with the law while also supporting your staff in staying healthy and productive — which, of course, benefits both your practice and your patients. ●



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4 Reasons to Call in the Embezzlement Protection and Investigation Professionals



By Reva Darling
MDA Services

Dentists are busy professionals who are passionate about improving their patients' oral health. Yet, many are far less passionate about the business side of running a practice, and rely on trusted staff members to perform tasks such as bookkeeping and arranging bank deposits from credit card companies. Unfortunately, trusting too much to staff can set the practice owner up to be a victim of embezzlement. In fact, more than 50% of dentists will be embezzled against, whether they know it or not.

The MDA endorses Prosperident to help member dentists set up policies and procedures to protect them from employee fraud, and to investigate suspected embezzlement. Here are four reasons a dentist should give Prosperident a call as soon as possible.

You purchased a practice and have inherited the office manager or are opening a new practice. If you've inherited an office manager or are hiring one, he or she may be fantastic at the job, but chances are that you as a new practice owner know far less than the office manager does about how the practice management software is set up, how cash or credit card payments are posted to your bank account, and how insurance payments flow into your bank. This is a perfect opportunity for Prosperident to set up procedures and policies that will both educate you on cash flow and make it difficult for anyone to redirect payments to their own accounts. Ask Prosperident about its Owner Proactive Strategies service to help you protect yourself from misappropriation of funds and better understand how to generate the reports you need to ensure your practice is financially sound.

You have an employee who never takes a vacation, refuses to cross-train anyone, jealously guards their work responsibilities, or works in the office when no one else is present. These are all red flags! Prosperident frequently sees embezzlers exhibit some or all these behaviors. The thief doesn't want anyone else looking at their processes, accessing patient account information,

or reviewing bank deposits from credit card companies or insurance payments. All their work is "top-secret" — and they may be up to no good. If this is the case, it's time to give Prosperident a call to discuss how its team can help you find out what's really going on with this "hardest working, most-trusted employee."

If your gut tells you something is amiss in your practice, trust your instincts. Prosperident can perform a First Look service and covertly review selected information from your financial and practice management software records to identify if an investigation is needed. First Look consists of six tests to identify anomalies justifying further investigation. You'll get in-person embezzlement expert advice from an examiner and a recommendation of a path forward. First Look costs \$1,500 and can put your mind at ease or give you the confidence to move on to an investigation. A partial credit is applied if you move to a full investigation with Prosperident.

Your financial reports just don't add up. Perhaps your practice is busy, hygiene is always full, but the cash just isn't coming in as you expect. Or your financial consulting team says that, based on your patient volume and supply costs, you should be generating more income than is on the books. Call Prosperident! The average embezzler steals about \$109,000 from a dental practice before getting caught. But Prosperident can stealthily access your practice management system and investigate without your employees knowing about it. They can spot the most-common means of defrauding a dental practice, and can generate documentation needed to prove what's happening in your practice — and who's doing it, giving you evidence that can result in arrest and prosecution of the thief.

Being a victim of embezzlement is emotionally devastating and can be financially ruinous. Don't wait until you reach a crisis point to call Prosperident. Make it difficult for anyone to help themselves to what is rightfully yours. Special terms are available for MDA members. Call 888-398-2327 for a confidential chat with Prosperident's CEO David Harris. It's the best way to protect yourself. ●



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Stronger Together: The Case for MDA Membership

“Why should I be a member of the MDA?”
If you had asked me that question back in 1998 when I graduated from dental school, my answer would have been simple:

“Because it’s what we do.” Membership was automatic. You were a student member, and then you became a dues-paying member. No one asked, “What’s in it for me?” We just joined, and we were proud to say “I’m a member of the Michigan Dental Association.”

I remember there was a graduated dues scale for new dentists, which seemed fair, but honestly, I would have joined regardless. At that stage, I wasn’t thinking about value. Membership was simply part of being a dentist.

After graduation, I worked as an associate in two practices in which I had been a hygienist. Two years later, I bought into one of them. The practice had originally been owned by three dentists, all faithful MDA members. They paid their dues every year, read the *Journal*, and attended some meetings, but they didn’t really use many of the membership benefits. Following their lead, I did the same.

For years, I paid my dues, skimmed the *Journal*, and attended a few component meetings. But I wasn’t invested, and I wasn’t taking advantage of the many resources available.

That changed when I was invited to join the MDA Continuing Education Committee. Suddenly, I had a reason to dig deeper, to learn what the MDA was really about. I still remember a conversation with a colleague who posed the hypothetical question: “What would happen if the ADA and MDA ceased to exist?”

His answer stuck with me: “We would lose our voice — locally, statewide, and nationally. We would lose support for new dentists, mid-career dentists, and those preparing for retirement. We would have nowhere to go for answers. Before long, we’d find ourselves saying, ‘We need to organize, we need a voice.’ Out of necessity, we would reinvent organized dentistry all over again.”



By Cheri Newman, DDS
MDA President

That's exactly why the MDA matters. We need to continue to guard against failure — failure of our association and failure of organized dentistry. Membership isn't optional. It's essential to our profession.

One great example of the value of MDA membership and organized dentistry happened during the pandemic. When COVID-19 shut us down, the MDA became our trusted source for guidance: What was mandated by the governor, what patients expected, and how to reopen safely. I attended every webinar. I relied on every update.

And here's the important part: That information was shared with all dentists, members and nonmembers alike. Was that the right thing to do? Absolutely. In a national emergency, we help one another.

But once the crisis ended, I couldn't help but feel disappointed to hear colleagues say, "I didn't pay a dime, but I got all the same information members did." That's not professionalism — that's taking advantage. Thankfully, membership grew after COVID-19, as many dentists saw firsthand the value of belonging.

Fast-forward to today: Automatic membership is no longer assumed. New dentists rightly ask, "What's the value?" The answer is longer than many realize. Beyond the intangible benefits of advocacy and community, there are very real, practical advantages, such as:

- Savings on malpractice, liability, health, disability, and life insurance.
- Discounted continuing education.
- Information from a source you can trust.
- Legal and HR assistance.
- Practice support services.
- Discounts on supplies, credit card processing, and waste disposal.
- Classified ads, a job board, and career support.
- Even help with mental health and wellness.

Taking advantage of just a few of these benefits can more than cover the cost of dues.

But membership is about more than discounts or perks. It's about having a professional home. It's about knowing someone has your back, whether you're a new grad navigating your first job, a mid-career dentist running a busy practice, or a seasoned professional planning retirement.

The MDA is our collective voice. It strengthens our profession, and it only works if we all participate. ●

Read More on the Following Pages

These Dentists Have a Story to Tell: What's Yours? . . . Page 36

Four members who say practice life is better with MDA membership — and here's why.

MDA Insurance and MDA Services: One-Stop Partners in Practice Success . . . Page 40

Believe it — you can save more than your dues by taking advantage of the MDA's great array of endorsed programs and services.

FOCUS ON MEMBERSHIP

These Dentists Have a Story to Tell; What's Yours?

Every dentist has his or her own story to tell when it comes to personal and practice success. Each is different, of course, but a recurring theme is how membership in the MDA, ADA, and their local society seems to help them succeed. They find that practice life is somehow better — more rewarding — with membership. Many will tell you that being a member makes them a more satisfied, more grounded professional.

Having a gratifying professional life makes a big difference with the personal side of things as well. After all, in a profession like dentistry, sometimes there isn't much separation between professional life and personal life.

With that in mind, in this issue we're presenting the stories of four MDA members who've found that balance, that mixture of the personal and professional that makes things — if not always perfect — better. They've discovered how membership gives them many advantages, including instant access to a network of colleagues, advice, and support that always has their back.

Dentistry is hard. And so is life. But membership can help you mix work and life in a way that leaves room for joy.

Isn't that what it's all about? Read their stories, and then ask yourself, how does my membership make my life better?

Coming Home: How Dr. Eric Tye Built a Life and a Practice Rooted in Purpose

When Dr. Eric Tye imagined his future, he always pictured it close to home, surrounded by family, steeped in community, and grounded in purpose.

That dream became reality when he returned to his hometown of Rochester Hills to take over the dental practice he once visited as a child. Today, he's not just practicing dentistry, he's preserving a legacy, investing in his community, and building a life where work and family thrive side by side.

"For us, it was a no-brainer," said Dr. Tye. "We wanted our kids to grow up close to their grandparents, cousins, and the community that raised us. Coming home just felt right."

But transitioning into practice ownership wasn't without its challenges. From securing financing to understanding insurance and valuations, Dr. Tye found himself navigating unfamiliar territory — territory that wasn't covered in dental school.

That's where the Michigan Dental Association made all the difference.

Through MDA resources, consultations, and expert guidance, Dr. Tye got answers to the questions that kept him up at night, like how to value a practice, who to talk to for analysis, and what insurances were needed to protect his new venture.

"If I didn't have the MDA, I honestly wouldn't have known where to start," he says. "But because I did, everything just clicked into place."

Later on, Dr. Tye gave back to the MDA, serving as chair of the MDA's membership committee. Maybe you recall seeing his photo in the MDA *Journal's* "MDA At



Dr. Eric Tye and wife Melissa.

Your Service" column a few years back.

With the MDA's support behind him, Dr. Tye was able to focus on what matters most: caring for his patients, mentoring his team, and being fully present with his family.

"I want to do right by my patients and my community," he said. "But I also want to be there for my wife and kids, to make memories, to build a beautiful life. That's what it's really all about."

For Dr. Tye, dentistry isn't just a career. It's a way to live out his values. And thanks in large part to the support he found in the MDA, he's doing exactly that — one patient, one family moment, one hometown smile at a time.

From Ice to Operatory: Dr. Melissa Keil Finds the Balance Between Passion and Purpose

Long before she wore scrubs and loupes, Dr. Melissa Keil, of Ann Arbor, was gliding across the ice — spinning, jumping, and performing with the grace of a seasoned figure skater.

She began skating as soon as she could walk, competing by age 4, and coaching by age 14. What started as a childhood hobby became a lifelong passion. Surprisingly enough, it also became a foundation for her future in dentistry.

"Figure skating is a mix of precision and performance," says Dr. Keil. "There's artistry, yes, but there's also strategy, discipline, and goal-setting. Dentistry taps into that same balance."

Today, when she's not helping patients achieve better oral health, Dr. Keil is coaching skaters of all ages, helping them land jumps, chase goals, and discover their potential. The parallels between both worlds are clear: She's a guide, a motivator, and a trusted partner in growth.

But just like figure skating, dentistry can feel isolating. Many dentists practice alone or lead their own teams with little peer interaction. That's why Dr. Keil relies on her MDA membership to stay connected and supported.

"Skating can be lonely, and so can dentistry," she says. "That's why having a strong community behind

(Continued on Page 38)

you is so important. For me, that's the MDA."

What sets the MDA apart, she says, is its commitment to the whole person, not just the professional. Whether it's advocacy at the legislative level, resources for private practice management, local meetings, or support for mental wellness, the MDA offers more than a membership. It offers a safety net.

"They don't just support you as a dentist," she says. "They support you as a human being."

From ice rinks to operatories, Dr. Keil has built a life that honors her passions while serving others. Whether she's perfecting a skating routine or helping a patient find their smile, she brings the same energy, empathy, and drive.

And with the MDA in her corner, she knows she's never skating alone.



Dr. Melissa Keil enjoys mentoring young skaters.

Wholehearted Dentistry: How Dr. Rachel Sinacola Stays Grounded in a Demanding Profession

Dr. Rachel Sinacola, of Grandville, wears a lot of hats: practice owner, provider, team leader, mother, wife. And like many dentists, she strives to give her best to everyone in her life — patients, staff, and family alike.

But she's learned that in order to show up fully for others, she has to start by filling her own cup.

"For me, that means playing piano, practicing yoga, and making time to reset," Dr. Sinacola says. "Those things help me be the best version of myself, at work and at home."

She first discovered the piano at age 3, drawn to it at a babysitter's house. Over the years, it became her emotional outlet as a way to unwind, refocus, and process stress through music. More recently, yoga has



Exercise helps Dr. Rachel Sinacola unwind.

offered a similar source of restoration, both physically and mentally.

"It started as a way to ease the physical strain of dentistry," she says, "but I quickly realized how much it helps me mentally. It's a space where I can breathe."

Dr. Sinacola took over her practice in 2021. It was a major milestone that brought excitement, uncertainty, and pressure. But through her MDA membership, she found the tools and reassurance she needed to lead with confidence.

"The MDA reminds me that I'm not alone," she says. "They provide the resources and the community that help me keep growing."

"Being a practice owner can make you question yourself," she continues. "But knowing there's an organization that believes in you and is ready to support you makes all the difference."

Whether it's business guidance, CE opportunities, or peer connection, the MDA plays a key role in her ability to thrive in a demanding profession. Organized dentistry has also helped her develop her leadership skills, serving as her local society editor, in other posts, and currently as chair of the MDA membership committee.

For Dr. Sinacola, dentistry isn't just a job. It's a commitment to others. And that starts with a commitment to herself. By making time to fill her tank, she ensures that every patient, every teammate, and every family member gets the care and energy they deserve. Because in her eyes, wholehearted dentistry begins with a full heart, and a full cup.

A Journey of Service: Dr. Lisenia Collazo on Access, Leadership, and Making a Difference

For Dr. Lisenia Collazo, dentistry has always been about more than clinical care — it’s about creating access, building trust, and serving communities that need it most.

Born in Allentown, Pennsylvania, Dr. Collazo’s path to dentistry began when her grandfather retired and moved the family back to his hometown of Utuado, Puerto Rico. There, she witnessed firsthand the challenges her grandparents and neighbors faced in securing health care.

“I became aware of the struggles that my grandparents and the people of Puerto Rico had to face when seeking health care,” she recalls. “Around high school was when I decided I wanted to pursue a career in health care because I wanted to help bridge that gap and increase access for people who need it most.”

Years later, that same awareness carried with her when she moved to Michigan’s Upper Peninsula. Much like her experience in Puerto Rico, the U.P. presented unique challenges in access to care.

“In a rural area, patients often have to travel one to two hours to see a specialist,” Dr. Collazo explains. “Each time they’re able to be seen by me or one of my colleagues, they always express their gratitude. That’s what keeps me motivated.”

Since joining the Michigan Dental Association in 2020, Dr. Collazo has leaned on the organization to strengthen her career and impact. “Something I really enjoy about being in the MDA is that it allows me to have access to resources that help me be the best dentist I can be for my organization and my patients,” she says.

The MDA’s LEAD (Leadership Exploration And Development) Program played a pivotal role in her professional journey, helping her build the confidence to step into leadership. That experience ultimately led her to serve as dental director within her organization.

Looking back, Dr. Collazo feels proud of the journey that led her here. “It makes me feel fulfilled because that’s why I wanted to go into health care, specifically public health — to make a difference for those who need it the most.”

For Dr. Collazo, dentistry is more than a profession — it’s a calling to serve, and one she continues to answer with passion and purpose.

* * *

These are just four stories from MDA-member dentists. There are so many more. We hope that you’ll see that MDA membership has been an important part of those stories. It’s not about a laundry list of member benefits. Instead, it’s the confidence that no matter what happens, the community of dentists that makes up the MDA always has your back.

What’s your story? The MDA would love to hear yours. ●



Dr. Collazo and friends enjoy life in the U.P.

The MDA Service Promise: Helping You Succeed

The MDA works hard to provide the very highest level of service to members. The MDA stands ready to help you access member benefits such as insurance products, endorsed services, continuing education, dental supplies, and more. Plus, the MDA is your resource to answer questions about human resources, licensure, dental benefits, HIPAA/OSHA, legal questions – everything about dentistry in Michigan.

The MDA Service Promise to you:

HELPFULNESS

The MDA will work hard to make sure your individual needs are met in a timely manner.

KNOWLEDGE

The MDA will be your information resource, providing you with what you need to know, no matter what your practice setting or stage of practice.

HONESTY

The MDA will be your trusted source for accurate information, and will offer options to address your particular challenges.

VALUE

The MDA will seek your input to create products, services, benefits and resources to enhance value and help you succeed.



For more information:
michigandental.org/Service-Promise

MDA Insurance and MDA Services: Your One-Stop Partners in Practice Success!

For Michigan dentists, running a successful practice means more than just clinical excellence. It requires strategic support in risk management, employee benefits, financial efficiencies, regulatory compliance, and overall practice profitability. And since 1986, MDA Insurance and MDA Services have delivered precisely that support to MDA members.

Founded nearly four decades ago, MDA Insurance and MDA Services were created with a singular mission: to deliver tangible, money saving value to MDA members and generate non dues revenue to support the association.

MDA Insurance is a specialized insurance agency tailored specifically to you and your team. It provides a wide array of plans — from professional liability to health, life, and disability, and personal lines like auto and home. MDA

Services, on the other hand, offers vetted programs and services, all endorsed by the MDA itself and designed to save you money and time searching for quality, trusted vendors. Your MDA membership unlocks access to these specialized insurance and services programs, as well as exclusive savings from each MDA-endorsed vendor, plus group savings and enhancements to insurance products. These savings help you offset dues and reduce practice overhead — making membership financially advantageous. In addition to the benefits these programs give you, they also benefit the association as a whole. When MDA members utilize endorsed vendors via MDA Services, the association receives royalties that fund broader initiatives benefiting the field of dentistry — such as continuing education, advocacy, and professional development efforts.

(Continued on Page 42)



Recoup your membership dues

by using MDA Insurance and MDA Services programs. Visit mdaprograms.com, or scan the QR code to get started!

Get a 10% discount on your professional liability insurance with MDA Insurance.

Increase insurance collection in a life-changing way. One practice gained **\$360,000 revenue annually** by working with PPO Negotiation Solutions for insurance fee negotiation, participation optimization, and credentialing.

Get CE and another 10% professional liability premium discount for three years when you complete the Risk Management class.

Save **\$21,029+ annually** with MEDVA's remote dental staff – reducing your salary and benefit expense by more than 60% compared to hiring in-house.*

Pay less for better health insurance coverage through the MDA Health Plan. Enjoy greater premium stability with lower increases than the small group and individual markets. Gain access to extra benefits like fertility and doula coverage.

Save **\$7,206** when you use iCoreConnect's full platform of MDA-endorsed programs to enhance your practice's efficiency, profitability, and HIPAA-compliant security.

Reduce your workers' compensation premium with the endorsed plan through Frankenmuth Insurance; MDA member rates have never been lower.

Put **\$6,671** annually back in your pocket when you switch to Best Card for credit card processing.**

Enjoy MDA discounts on your home and auto coverage, along with multi-policy savings.

Save about **\$2,300 on your average spend of \$6,655** (about **34%**) when you shop at TDSC.com for dental supplies. ***

Congratulations: You've already saved over **\$40,000** using just a few of the 75+ MDA Insurance and Services products!

*Based on an average Michigan dental front desk receptionist rate of \$19.86 per/hr. indeed.com.
**Based on savings comparisons performed in 2024.
***34% is the average savings members realized in 2022.



MDA Insurance and MDA Services (Continued from Page 40)

What MDA insurance offers

Think of MDA Insurance as your dentist-run insurance agency, with a staff dedicated to one goal: serving you. Here's what MDA Insurance offers:

MDA Health Plan. The MDA Health Plan is a self-insured group health plan administered by Priority Health. Exclusively available to dental practices — members, families, and staff — it includes a wide selection of plan designs, including HSA qualified, PPO, Family Focus, and Living Fit models with fertility, gym, and hearing bene-

fits built in. Multiple plans (up to three) can be offered to staff, and new groups can join at any time.

The MDA Health Plan's combination of defined benefits — such as vision care via VSP, fertility benefits, wellness perks, and flexible plan designs — are rare in small group coverage, especially when tied into top-rated networks via Priority Health.

Life and disability plans. MDA Insurance offers both group and individual life and disability insurance, including business overhead coverage, long-term care, and disability for students and staff. These insurance plans help safeguard both your personal and professional future.

Medicare help. MDA Insurance's Medicare Advisory Service is a free one-on-one resource for members, their spouses, or employees who are researching, aging into, or are eligible for Medicare. At this time of transition, most people desperately need someone to help them sift through and understand the differences, complexities, and restrictions surrounding Medicare and their health coverage options. MDA Insurance can help analyze specific situations to help decide when and how to transition into Medicare parts A and/or B, and objectively present a variety of options to maximize coverage and minimize your out-of-pocket costs.

Auto, home, and umbrella insurance. Your membership unlocks discounted rates for auto and homeowners' insurance through established Michigan carriers. Plans extend from standard personal policies to RVs, antique cars, boaters' insurance, snowmobiles, and umbrella liability policies (from \$1 million to \$5 million).

Professional liability insurance. The Dentists Choice professional liability program is offered exclusively through MDA Insurance. The program features occurrence or claims made policies, HIPAA defense, licensure protection, staff liability, and risk management training (with a 10% premium discount and CE credits). All carriers partnered with MDA Insurance are A-rated.

In addition, MDA Insurance offers workers' compensation coverage, data breach and cyber liability coverage, and practice property and building insurance, all designed to protect your practice from unexpected losses or claims.

For the full listing of what MDA Insurance and MDA Services offers, see the chart on Page 41.

What members are saying

Here's what some of our members have to say about their experiences
(Continued on Page 44)

Why Are MDA Insurance and MDA Services So Important to You?

MDA Insurance and MDA Services are not just add-ons — they're an embedded part of what drives membership value in the Michigan Dental Association. From comprehensive insurance packages to practice optimization tools, from compliance and technology to staffing and financial benefits, this dual entity supports virtually every aspect of practice and personal livelihood for dentists in Michigan.

Dental professionals often see dues as a fixed cost. But the MDA flips that narrative: Membership actively returns value through cost savings, risk mitigation, and operational support. Using the MDA-endorsed suite can easily offset dues — and in many cases, deliver a net positive benefit.

By offering exclusive, member-only pricing and longstanding, dentist-led programs, MDA Insurance elevates the reliability and relevance of coverage. By negotiating vetted third-party services through MDA Services, the association helps practices grow more efficient, profitable, and competitive.

For any MDA member — whether a student dentist just starting out, a solo practitioner managing staff, or a longtime practice owner planning the next phase — their membership value is multiplied in impact by engaging with MDA Insurance and MDA Services. In today's complex regulatory, financial, and health care environment, having a trusted, streamlined partner that truly understands dentistry is not optional — it's essential.

For more information about MDA Insurance and Services, visit mdaprograms.com, or call 800-860-2272.



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Humana

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MDA Insurance and MDA Services (Continued from Page 42)

with MDA Insurance:

• “I use MDA Insurance for car insurance, home insurance, umbrella insurance, we have a malpractice policy, and all of those are administered through MDA Insurance. It’s super, super nice to have a point person who is extremely responsive, knows what I and other dentists go through, and that I know is really looking out for me. Not only for the best insurance policies that exist out there, but also just in general with the things that I go through as a dentist and a young professional in day-to-day life.”

—Dr. Riley Schaff, Ann Arbor

• “Three years ago, my wife was air-lifted off a trail. When I got that phone call, I didn’t have time to check in with MDA Insurance. But one thing I never had to question was that the next day, if something were to come up, it would be taken care of. Along the way when we made the phone call to MDA Insurance the team said, “Don’t worry, we have your back.”

And that’s the way it’s been. It really puts your mind at ease when you don’t have to worry.”

—Dr. Todd Christy, Berrien Springs

What MDA Services offers

MDA Services orchestrates a broad suite of endorsed vendors and programs aimed at operational efficiency, compliance, personnel, and profitability — all negotiated for MDA members.

These include financial solutions such as:

- CPA, investment advising services, and pre-tax benefit solutions.
- Equipment and practice loans and student loan refinancing.
- Credit card processing, patient financing, and debt collection.
- Insurance fee negotiation, participation optimization, and credentialing.
- Embezzlement protection and investigation services.

Staffing solutions from MDA Services include dental virtual assistants and temporary in-house staffing.

MDA Services can help you with regulatory compliance, including:

- Dental gas services.
 - HIPAA, OSHA, and OIG compliance.
 - Interpretation and translation services.
 - ePrescribing and HIPAA-compliant email.
- Tech hardware, IT, and software solutions include:
- Computers and hardware.
 - Technology implementation and managed IT services.
 - Website design and digital marketing.
 - Cloud backup and Practice Management Software.

• Software for dental billing and claims, insurance verification, medical coding, and practice analytics.

Other MDA Services include real estate assistance, including purchasing, selling, leasing, start-ups, new construction, lease renewals, and expansions. MDA Services also offers discounts on dental and office supplies and metal refining, travel discounts, and even serenity imagery on TV for dental offices.

It’s a long list of benefits for you as an MDA member!

Why I Choose to Use MDA-Endorsed Vendors

By Margaret Gingrich, DDS
Former MDA president

Why do I choose to use the endorsed vendors at the MDA? First of all, I don’t have time to sit there and vet every program that I use in my office. The MDA does that for me. I know that there is a group of dentists checking out any of the services that I use, and I know that if I don’t like the services of an endorsed vendor, I have a place to go back to and say, ‘Hey, I need help with this company,’ but I’ve never really had too much of an issue.

MDA Services programs have helped me save money, helped me with exceptional service, and I just love using MDA Services for that reason. I know that it has paid my dues by far, way over, and that’s worth it. And it’s also reduced dues for most of our members in our state who are paying in. It helps us keep our dues reduced.”



Gingrich

Best value for you

All told, the programs offered by MDA Insurance and MDA Services really do add tremendous value to your membership, and in this economy, that’s critically important. Of course, depending on your practice situation you may not need to take advantage of every MDA-endorsed program, but odds are that you’ll find many of them well worthwhile.

So, take a look at what’s offered. Get more information as needed by visiting mdaprograms.com or by calling MDA Insurance and MDA Services staff. The big takeaway: These programs were created to help you, the MDA member. Taken together, this is a value you can’t get anywhere else, so be sure to take advantage of these excellent, exclusive MDA member benefits. ●

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Find Your Purpose.
LEAD the Future.

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Apply Now

Orofacial Manifestations of Highly Active Antiretroviral Therapy (HAART) and Pre-Exposure Prophylaxis (PrEP)

Implications for Dental Care and Guidelines for Management

By Alec Donelian; Yuedi Yu; Ezzard Rolle, DDS; Alison Newgard, DDS
Reprinted with permission of *The New York State Dental Journal*

Abstract

HAART and PrEP have demonstrated reduction of HIV-related mortality and HIV infection, respectively. A range of orofacial side effects has been associated with both HAART and PrEP. As PrEP usage has increased, there has also been an increase in sexually transmitted infections that have orofacial symptoms. As oral health care providers, it is important that we recognize these orofacial side effects and symptoms. Further, we offer clinical recommendations for dental professionals treating patients who are on either HAART or PrEP and their associated risk factors.

Human immunodeficiency virus (HIV) is a viral pathogen that attacks the body's immune system, weakening it over time and making it increasingly susceptible to a range of infections and diseases. If left untreated, HIV can progress to acquired immunodeficiency syndrome (AIDS), a severe and often life-threatening condition. Although there is no definitive cure for HIV, the disease can be managed effectively with highly active antiretroviral therapy (HAART). Comprising a combination of at least three antiretroviral drugs, HAART aims to suppress the viral load, thereby improving the quality of life and minimizing the risk of HIV transmission.¹ Table 1 summarizes different classes of HAART medications and their mechanisms of action.

Beyond the management of people living with HIV, the

Table 1 — Classes of HAART Medications and Mechanism of Action

HAART Classes	Mechanism Of Action	Examples
Nucleoside/Nucleotide Reverse Transcriptase Inhibitors (NRTIs)	Competitively bind to reverse transcriptase and cause premature DNA chain termination	Abacavir, Didanosine, Lamivudine, Stavudine, Tenofovir, Zidovudine
Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTIs)	Inhibit nucleoside binding and inhibition of DNA polymerase	Delavirdine, Efavirenz, Nevirapine, Risperivine
Protease Inhibitors (PIs)	Lead to immature, noninfectious virions	Delavirdine, Efavirenz, Nevirapine, Risperivine
Integrase Strand Transfer Inhibitors (INSTIs)	Prevent incorporation of viral DNA into the host cell chromosome	Dolutegravir, Cabotegravir, Elvitegravir, Raltegravir
Fusion inhibitors (Fis)	Prevent viral fusion to the CD4 T-cells	Enfuvirtide
Chemokine Receptor Antagonists (CCR5 Antagonists)	Block viral entry into the CD4 T-cells selectively and reversibly	Maraviroc

prevention of HIV transmission plays a crucial role in the comprehensive approach to tackling this health challenge. Pre-exposure prophylaxis (PrEP) has revolutionized HIV prevention since its FDA approval. These drug regimens are now commonly prescribed to high-risk patients, making it a standard aspect of preventive health care. Its widespread use and accessibility through health-care providers means it's not just a specialized treatment but a broadly applicable preventive measure. Major PrEP medications include Truvada,[®] Descovy,[®] and Apretude.[®] Table 2 summarizes available PrEP medications, their components, and their respective routes of administration.

Like HAART, these medications function by inhibiting essential enzymes involved in the life cycle of HIV. Both HAART and PrEP have demonstrated reduction of HIV-related mortality and HIV infection, respectively. However, like many medical interventions, these therapies are not without their drawbacks.^{2,3} Specifically, a range of orofacial side effects has been associated with both HAART and PrEP medications.^{4,5} Certain medications, such as Truvada[®] and Descovy,[®] are used in both HAART and PrEP regimens. Specifically, the components emtricitabine, tenofovir, and tenofovir alafenamide found in these medications could induce similar orofacial side effects in both HAART and PrEP.

This brief aims to discuss the oral manifestations associated with the use of HAART and PrEP medications. Further, we offer recommendations for dental professionals treating patients who are on either HAART or PrEP and their associated orofacial risk factors.

Orofacial side effects of HAART and PrEP

The adverse systemic and orofacial effects associated with antiretroviral drugs impact the quality of life of

patients and significantly contribute to noncompliance. Because these medications are administered long-term, typically dosed daily, and require a high level of adherence to be effective, understanding and managing their side effects are essential to successful treatment.

In addition to the established systemic effects of anti-retroviral drugs, such as gastrointestinal disturbances, reduced bone mineral density, and altered kidney and liver function, a subset of associated orofacial manifestations has been documented. HAART regimens are associated with a variety of adverse orofacial effects, including xerostomia, taste disturbances, ulcers, erythema multiforme, toxic epidermal necrolysis, facial lipoatrophy, perioral paresthesia, exfoliative cheilitis, oral mucosal hyperpigmentation, and oral warts.⁴

NRTIs, NNRTIs, and PIs commonly used in HAART also cause changes in the growth and differentiation of gingival epithelium, including loss of tissue integrity, increased tissue proliferation, impaired healing ability, and cell cycle dysregulation. These cytologic alterations may present clinically as fragile gingival tissue, ulcers, and blisters. This may also increase patients' susceptibility to viral tumors and opportunistic infections.⁶

HAART-associated oral conditions include xerostomia, which results in

increased caries risk and vulnerability of mucosa to mechanical injury. While most HAART-related adverse oral effects are not exclusive to a specific class of antiretroviral agent, it has been suggested that erythema multiforme is common in NNRTIs.⁴ Ulcers, xerostomia, and lipodystrophy are common in NRTIs.⁴ Taste disturbances, paresthesia, and xerostomia are common in PIs.⁴ Several dentofacial complications specific to HIV-infected children on HAART have also been reported. They include molar-incisor hypomineralization, delayed dental eruption, and lipodystrophy.⁷ Table 3 (See Page 48) summarizes common HAART-related oral complications and their respective clinical presentations.

Though the literature surrounding the adverse effects of PrEP, specifically Truvada[®] and Descovy,[®] is limited, several studies have started to identify oral complications in HIV-uninfected populations taking these preventive medications. The prolonged use of PrEP is associated with xerostomia, increased thirst, and taste disturbances.⁵ Given that PrEP and HAART regimens share common antiretroviral agents, specifically the NRTI tenofovir, preliminary data has suggested that PrEP may also exert a pro-inflammatory effect on the oral mucosa similar to the adverse cyto-

(Continued on Page 48)

Table 2 — Key PrEP Medication, Components and Routes of Administration

PrEP Drugs	Composition	Mechanisms of Action	Routes of Administration
Truvada [®]	Emtricitabine, Tenofovir	Nucleoside Reverse Transcriptase Inhibitors	Oral
Descovy [®]	Emtricitabine, Tenofovir alafenamide	Nucleoside reverse transcriptase Inhibitor	Oral
Apretude [®]	Cabotegravir	Integrase Strand Transfer Inhibitors	Long-acting injection

Table 3 — Common HAART and PrEP Oral Manifestations

Orofacial Complication	Clinical Presentation
Xerostomia	<ul style="list-style-type: none"> • Dry tongue • Cracked lips • Increased caries incidence • Burning sensation • Ulcers • Fragile mucosa • Difficulty chewing, speaking, and swallowing
Taste disturbances	<ul style="list-style-type: none"> • Partial or total loss of taste sensation • Unpleasant change in taste sensation (dysgeusia, bitterness)
Erythema multiforme	<ul style="list-style-type: none"> • Prodrome (fever, malaise, sore throat) one week before the acute onset of ulcerations involving the skin and oral mucosa • Painful, diffusely distributed ulcers and blisters • Hemorrhagic crusting of the lip vermillion • Targetoid skin lesions
Toxic epidermal necrolysis	<ul style="list-style-type: none"> • Severe diffuse skin sloughing • Life-threatening reaction • Ocular damage
Lipodystrophy	<ul style="list-style-type: none"> • Abnormal fat distribution • Apparent fat loss/accumulation in face, limbs, buttocks
Circumoral paresthesia	<ul style="list-style-type: none"> • Tingling, burning, “pins and needles” sensation around mouth
Exfoliative cheilitis	<ul style="list-style-type: none"> • Persistent lip peeling
Mucocutaneous hyperpigmentation	<ul style="list-style-type: none"> • Solitary or multiple black/brown macules on oral mucosa, skin, or nails • Most common in African-American patients
Molar-incisor hypomineralization	<ul style="list-style-type: none"> • White/yellow discoloration • Altered tooth translucency • Tooth hypersensitivity • Post-eruptive enamel breakdown • Rapid caries progression
Delayed tooth eruption	<ul style="list-style-type: none"> • Delayed pattern of permanent tooth emergence
Oral warts	<ul style="list-style-type: none"> • Warts or raised growths in oral cavity

Orofacial Manifestations
(Continued from Page 47)

logic alterations to gingival epithelium reported in HAART patients.⁸

No studies to date have specifically explored the orofacial effects of Aprelude,[®] the newest PrEP formulation. However, allergic reactions to Aprelude[®] can result in swelling of the mouth, face, lips, or tongue. This medication’s route of administration as a long-acting bimonthly injection poses a promising solution to the compliance issues surrounding oral PrEP formulations.

One recent study investigating antibiotic resistance in men who have sex with men (MSM) taking PrEP determined that the oropharynx of MSM on PrEP was significantly enriched with higher levels of bacteria that contain genes that confer resistance to fluoroquinolones, macrolides, tetracyclines, and multidrug efflux pumps when compared to the general population.⁹ This finding emphasizes the importance of minimizing unnecessary prescription of antimicrobial agents to dental patients in this population.⁹

Increased STIs in HAART and PrEP users

The implementation of pre-exposure prophylaxis (PrEP) as a preventive measure against HIV transmission among men who have sex with men has garnered attention for its effectiveness. However, a growing body of research highlights a concerning trend of increased STIs following PrEP initiation. Numerous studies indicate a significant rise in STI rates among individuals starting PrEP.¹⁰ Some studies suggest an escalation in STIs, such as syphilis, especially among MSM, whether people living with HIV or on PrEP.¹¹

There have also been reports of increases in chlamydia, as well as HPV in PrEP users.^{12,13} These findings

underscore the need for comprehensive STI prevention and care strategies in conjunction with PrEP implementation. PrEP users reported an increase in high-risk behaviors, including a decrease in consistent condom use. In those recent reports, approximately 50% of participants were diagnosed with an STI within 12 months of follow-up, highlighting potential challenges in maintaining vigilance against STIs.¹⁴

This data is important because many of the STIs mentioned have oral manifestations necessitating the importance of recognizing these lesions as an effort for early detection and treatment. They include the following:

Syphilis is a bacterial infection caused by the spirochete bacterium *Treponema pallidum*. In the mouth, syphilis can present as mucous

patches or white lesions on the tongue, lips, or inside the cheeks.

Herpes simplex virus (HSV-2) is a common viral infection that can affect the mouth and oral mucosa, causing cold sores or oral herpes. These cold sores typically appear as small, fluid-filled blisters on or around the lips or inside the mouth. While oral herpes is generally not as severe as genital herpes, it can still cause discomfort and pain during outbreaks.

Human papilloma virus (HPV) is a group of viruses known to cause various types of warts, including genital warts. In the context of STIs, high-risk HPV strains are associated with the development of certain cancers, including cervical, anal, and oral cancers. HPV-related oral lesions can appear as warts or raised growths in the mouth, including the oral cavity and back of the throat.

Gonorrhea is a bacterial infection that primarily affects the genital and urinary tracts. Although gonorrhea can cause symptoms, such as painful urination and discharge, it is not a common cause of oral manifestations. However, in rare cases, gonorrhea can be transmitted through oral sex, leading to throat infections (pharyngeal gonorrhea), characterized by sore throat, swollen lymph nodes, and discomfort while swallowing.

Chlamydia is a bacterial infection commonly transmitted through sexual contact. While it primarily affects the genital and urinary tracts, most chlamydia infections in the throat have no symptoms. When symptoms are present, they can include a sore throat.

It's important to note that STIs can vary widely in their presentation and
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Orofacial Manifestations (Continued from Page 49)

impact on different individuals. Regular STI testing, practicing safe sex, and maintaining good oral hygiene are crucial steps in preventing and addressing these infections, both in the genital and oral areas (Centers for Disease Control).

Consequently, the integration of STI prevention and care with PrEP programs is gaining significance as a strategic approach to addressing this emerging concern. A recent regimen, doxycycline prophylaxis/post-exposure prophylaxis (DoxyPrEP/PEP), developed to mitigate the rise in bacterial STIs, has been gaining traction in the medical community and may be observed being used in patients,

especially those taking PrEP. Research in this area is promising, although further robust data are required to better understand its efficacy, target population suitability, community acceptability, and potential impact on behavioral risk compensation.

While PrEP remains an essential tool in HIV prevention, it's crucial to consider the broader implications on STI transmission and adopt measures that ensure the holistic well-being of those utilizing PrEP services.

Clinical recommendations for providers

It is important to equip dental health-care providers with essential knowledge to better treat patients taking HAART or PrEP. The following are recommendations for best treating this population.

1. Patient assessment: Perform a

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thorough dental and medical history review, including the patient's HIV status and current medications (including HAART or PrEP).

2. Infection-control measures: Adhere strictly to infection-control protocols to minimize the risk of cross-contamination and transmission of infections.

3. Oral hygiene instruction: Provide oral health education to patients on HAART or PrEP, emphasizing the importance of maintaining good oral hygiene practices.

4. Regular oral examinations: Schedule regular oral examinations, at least every six months, for patients on HAART or PrEP to monitor for any oral manifestations or side effects.

5. Preventive care: Emphasize the importance of preventive dental care, such as regular cleanings and prophylactic treatments, to minimize the risk of oral complications.

6. Counsel on medication-related oral side effects: Educate patients about potential oral side effects of HAART or PrEP. Encourage patients to report any unusual oral symptoms promptly.

7. Collaborative care:
a. Maintain open communication with the patient's HIV care team to ensure coordinated care and management of oral manifestations.

b. If you have any doubts, consider referring the patient to specialty clinics, like oral pathology or orofacial pain, for final diagnosis and management.

8. Management of xerostomia (dry mouth): Recommend sugar-free gum or lozenges to stimulate saliva production. Prescribe artificial saliva substitutes if needed.

During routine dental check-ups, dentists can engage in open, confidential, and nonjudgmental conversations with their patients emphasizing the interconnectedness of oral and general health. Dentists can facilitate referrals to appropriate physicians. This proactive approach not only

enhances patients' awareness but also emphasizes the commitment of dentists to their patients' overall health and well-being. Ultimately, the dental chair can serve as a platform for comprehensive health discussions, contributing to an interdisciplinary approach to health care. ●

Queries about this article can be sent to Dr. Newgard at an2621@cumc.columbia.edu. Reprinted with permission of The New York State Dental Journal (June-July 2025 issue, Vol. 91, No. 4

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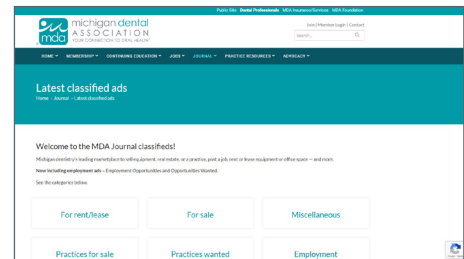
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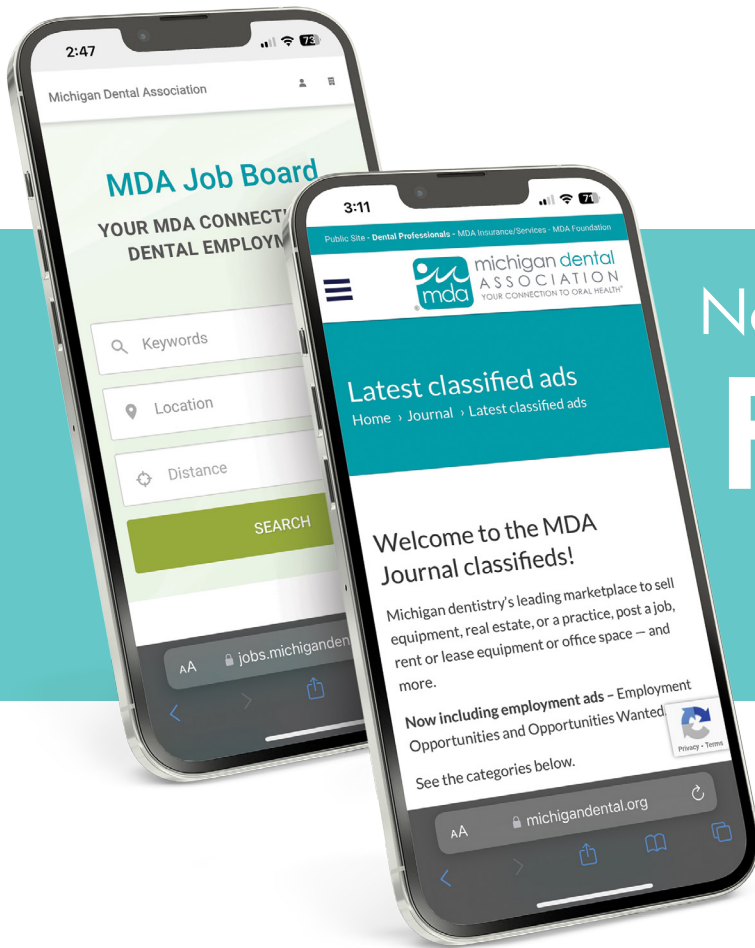
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- "Complexity of Drugs and the Dental Practice" (Sunday, Jan. 11, 7:30–10:30 a.m.; breakfast provided;

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