

Revised to March 14, 1998

COMMITTEE / COUNCIL
POLICIES
OF THE
LOUISIANA DENTAL ASSOCIATION

Council On Dental Health & Dental Care Programs

1. The LDA Council on Dental Health and Dental Care Programs shall have the authority to deal with E.P.S.D.T. personnel in developing a program of dental care.
2. The Peer Review Mechanism, as established by the House of Delegates in April, 1975, shall not be used as a part of the E.P.S.D.T. Dental Program.
3. It shall be the duty of the Council on Dental Health and Dental Care Programs to cooperate with the Council on Dental Health of the American Dental Association in all of its activities and with the Public Health officials and Public, Private and Parochial School officials in the promotion of public health and education throughout Louisiana.
4. To study and consider all matters and information pertaining to, or requiring public contact with regard to public dental health and welfare before releasing same.
5. To stimulate the interest of the members of the Louisiana Dental Association in public dental health activities, and encourage each member to take an active part in all phases of this work in their respective parishes or communities.
6. The Council shall endeavor to have a dental health program introduced and carried on in each parish.
7. Parish and Community dental health committees should be set up wherever possible in order to carry out the activities of the Louisiana Dental Association's Council at the local level. The appointment of parish and community committees and development of their plans and policies is the responsibility of the Council. The consumer should be represented on the parish and community committees.
8. The Council may publish bulletins with regard to dental health after receiving the approval of the Board of Directors.
9. The Council on Dental Health and Dental Care Programs shall assume the responsibility for establishing liaison with the several dental representatives on several councils concerned with Federal and Community health care, such as Louisiana Regional Medical Programs, Louisiana Health and Human Resources Administration, Health Education Authority of Louisiana, Louisiana Health Planning Advisory Committee, the several area health planning councils, Louisiana Health Professionals Forum and possible providers of dental health care.
10. The Association strongly supports the establishment of a statewide approved dental health curriculum under the sanction of the State of Louisiana Department of Education.
11. Dental consultants for all Third Party Programs shall be dentists licensed in the State of Louisiana, and the Association shall maintain a consultant pool of Louisiana dentists.

12. The Louisiana Dental Association supports the establishment of an Adult Denture Program by the Health & Human Resources Administration, State of Louisiana.
13. The membership of the Louisiana Dental Association should be encouraged to participate in the Adult Denture Program as providers of dental service.
14. The Louisiana Dental Association should communicate with its membership with regard to the establishment of the Adult Denture Program to encourage participation in the program.
15. The Association shall give annual media awards to a newspaper, a radio station, and a television station in the name of the Louisiana Dental Association, as submitted by this Council.
16. Board qualified oral and maxillofacial surgeons shall be allowed to provide care in a health maintenance organization without any provision of freedom of choice of dentist.
17. It is in the best interest of the patient that all dental health care plans provide for freedom of choice of dentist on a non-discriminatory basis.
18. The Louisiana Dental Association adopts the ADA's tooth numbering and radiographic mounting systems. The following is a description of the system:

Universal Tooth Numbering System

A. Permanent teeth

Teeth should be numbered 1-32 starting with the third molar (1) on the right side of the upper arch, following around the arch to the third molar (16) on the left side, and descending to the lower third molar (17) on the left side, and following that arch to the terminus of the lower jaw, the lower right third molar (32).

B. Primary teeth

Use consecutive uppercase letters A through T in the same order as described for the permanent teeth. Start at the right maxillary second molar (A), following around the arch to the left maxillary second molar (J), descend to the left mandibular second molar (K) and around to the right mandibular second molar (T).

C. Radiograph Mounting System

Looking at the teeth from outside the mouth, the teeth are mounted and viewed in the same manner as the Universal System of Tooth Numbering.

19. The Louisiana Dental Association endorses D.D.S. (Donated Dental Services), a special project of free, comprehensive dental care for economically needy, handicapped, elderly and medically compromised people. All licensed practitioners in the State are urged to

accept two or more individuals during a 12 month period and that a mechanism be established to document the scope and financial impact of the service.

20. The Louisiana Dental Association peer review committees shall utilize the peer review system recommended by the American dental Association in order to avoid inappropriate and/or compromised reporting to the National Practitioners Data Bank.

LOUISIANA DENTAL ASSOCIATION
Standards for Dental Prepayment Programs

For the purposes of these Standards, the term "carrier" is intended to include all types of dental prepayment programs and the term "insured patient" is intended to include all those eligible for the beneficiaries of such programs:

1. Organized dentistry at all levels should be regularly consulted by carriers with respect to the development of dental insurance programs that best serve the interests of insured patients.
2. Joint efforts should be made by organized dentistry and carriers to promote oral health with emphasis on preventive concepts, and maximum utilization of the plan.
3. Patients should have freedom of choice of dentist and all legally qualified dentists should be eligible to render care for which benefits are provided.
4. The provisions and promotion of the program should be in harmony or concert with the Principles of Ethics of the Louisiana Dental Association and the Codes of Ethics of the component societies involved.
5. Diagnosis and treatment planning shall remain the exclusive prerogative of the attending dentist. Professional standards and review of treatment plans must be under control of dentists.
6. In order that the patient and dentist may be aware of the benefits provided by an insurance plan, carriers should provide a method so that eligibility and the extent of benefits, excluding emergency treatment, can be communicated in advance of extensive dental treatment. A predetermination plan should be available (but not required) for the determination of policy or plan benefits only, and not for the determination or alteration of the dentist treatment plan.
7. Third parties should make use of dental society peer review mechanisms as the preferred method for the resolution of differences as to the provision of professional services. Effective peer review for fees, quality and appropriateness of care should be made available by the dental profession.
8. Procedures for claims processing should be efficient and reimbursement should be prompt. The carrier should use the attending dentist's statement (uniform claim form) and the "Code on Dental Procedures and Nomenclature."
9. Benefits available under the program should be clearly defined, limitations or exclusions described and the application of deductible or co-insurance factors explained to the patient by the carrier and employer. The patient is fundamentally responsible to the dentist for the total payment for services received. In those instances where the plan makes partial payment directly to the dentist, the remaining portion for which the patient

is responsible should be promptly noted in materials given to the patient by the carrier and employer.

10. Benefits paid under the plan should not vary because a dentist participates or does not participate in a program.
11. Dentists should comply with reasonable requests for information regarding services provided to patients covered under a plan. The dentist should make radiographs and other diagnostic records available in his office to qualified reviewers upon request and with the written permission of the patient.
12. Administrative procedures should be designed to enhance the dentist-patient relationship and avoid any interference with it.
13. An acceptable fee for any dental service is that amount which is mutually agreeable to both the patient and the dentist based on all factors involved in the treatment. Any fee established by a third party (for example, that is called usual, customary, and reasonable) is to be regarded as an indemnification toward the fee agreed to by the dentist and the patient.
14. The program should encourage the delivery of a broad range of quality dental services. When funding limitations mandate purchase of limited benefits, first priority should be given to diagnostic, preventive and emergency services. Co-insurance is preferable to a deductible if either is considered necessary. Deductible or co-insurance for diagnostic, preventive and emergency services should be avoided whenever possible because they are an economic deterrent to the timely receipt of these services.
15. An optimum dental insurance program would include the following procedures:
 - A. Diagnostic: Provides the necessary procedures to assist the dentist in evaluating the conditions existing and the dental care required.
 - B. Preventive: Provides the necessary procedures or techniques to assist in the prevention of dental abnormalities or disease.
 - C. Restorative: Provides the necessary procedures to restore the teeth.
 - D. Oral and Maxillofacial Surgery: Provides the necessary procedures for extractions and other oral surgery including pre-operative and post-operative care.
 - E. Endodontics: Provides the necessary procedures for pulpal and root canal therapy.
 - F. Periodontics: Provides the necessary procedures for treatment of the tissues supporting the teeth.

- G. Prosthodontics: Provides the necessary procedures associated with the construction, replacement or repair of fixed prostheses, removable partial dentures, complete dentures and maxillofacial prostheses.
 - H. Orthodontics: Provides the necessary treatment for the supervision, guidance and correction of developing and mature dento-facial structures.
 - I. Pedodontics: Provides the necessary procedures for the treatment of the special problems of handicapped, unmanageable, or exceptional children.
16. The plan should make adequate provisions for the adjustment of any complaints that may arise in the dentist-patient-carrier relationship through the PEER REVIEW Mechanism.
17. Prepaid programs should not require a breakdown of fees which apply to overhead costs, including time or laboratory charges.

Council On Membership & Dental Practice Policy

The Association shall evaluate and disseminate information concerning various forms of business organization of a dental practice, economic factors related to dental practice, practice management techniques and related current developments to the end that dentists may continue to improve services to the public.

The Association shall develop and provide educational and other programs to assist dentists in improved practice management so that they may continue to improve the delivery of their services to the public.

The Association shall assist constituent and component societies and other dental organizations in the development of programs designed to improve management techniques so that dentists may continue to improve the delivery of their services to the public.

The Association shall maintain a file of information which shall receive and solicit information concerning locations for the annual sessions of the Association. Evaluate the facilities of these locations and be prepared at each annual session to recommend convention sites for at least five years in advance. The duties of this Council will not infringe upon local arrangement committees.

The Association shall forward the names of all those dentists who resign or are dropped from LDA membership to all dental specialty organizations, the Academy of General Dentistry, and other organizations which require membership in organized dentistry.

Policy On Fluoridation

The Louisiana Dental Association is on record as reaffirming our stand that fluoridation of the water supply of all the areas in the state is necessary to combat caries, and we shall continue our efforts to accomplish fluoridation.

The Council on Dental Health and Dental Care Programs shall present, when indicated, an award for outstanding accomplishment which contributes to the fluoridation of community water supplies.

The Louisiana Dental Association shall continue to inform the public concerning the benefits of fluoridating public water supplies through the Louisiana Dental Association Council on Dental Health and Dental Care Programs.

The Council on Dental Health and Dental Care Programs shall develop and actively support a program of fluoridation of community water supplies on a statewide basis.

All requests for fluoridation funding be routed through the Council on Dental Health and Dental Care Programs where they will be judged for merit and funded if possible. All such requests will be presented in writing and include a complete outline of the spending plan. All funds will be granted on a one to one "matching funds" basis only. Only funds within the budget of the Council on Dental Health and Dental Care Programs be used for fluoridation campaigns and that the use of reserve funds is not authorized for this purpose.

Dental Education and Manpower Committee Policies

The Louisiana Dental Association endorses the establishment of a training course to train dental assistants in taking and developing x-rays.

Policy On "Denturism"

To protect the health and well-being of the public, laws have been enacted to provide that the health care practitioner has adhered to the educational process which makes him qualified to provide services to the public and that these services are of the highest standards.

The LDA is unequivocally opposed to any legislation which would begin to allow this system to be altered. This type of legislation would be the first step in the destruction of a proven method of providing quality health care to our society.

The permitting of unqualified and untrained individuals to provide dental health care for our citizens in the form of dentures, in a false claim of economy must strongly be rejected to protect the dental health of the public. Our citizens are depending on the Legislature to continue to legally protect them from the untrained, unqualified individuals who would so readily sacrifice their dental health for a profit. These illegal practitioners call themselves "Denturists" and they attempt to offer dentures directly to the public, using a false claim of economy as their sole argument for their existence.

Experienced only as laboratory technicians, these illegal operators ignore, through a complete lack of training, the oral health and function of the patient, while selling their dentures as a product. There is no such thing as a "Brand name Denture." For dentures to fit and function properly requires far more than the mere fabrication of a plastic base holding porcelain teeth. The problems which are encountered and treated in providing quality denture care for patients frequently call upon all of the skill, professional training, and experience a dentist has at his disposal.

Dentists oppose "denturism" on the basis that it constitutes a hazard to the health of the person who seeks the treatment of a "denturist."

The edentulous patient (one without teeth) presents a wide range of problems. In almost every case, the teeth are lost as a result of a disease process. The two most common causes are periodontosis (progressive infectious disease process of the gums and bone supporting the teeth) and tooth decay. In many cases however, there is one or more general systemic factors involved.

A large majority of denture patients suffer from one of the following diseases: diabetes, arthritis, hypertension, heart trouble of various types, digestive problems, metabolic disorders, chronic respiratory diseases, vitamin deficiencies, endocrine or other hormonal imbalances, various forms of cancer and dysfunction of the temporalmandibular joint.

In almost every case of complete loss of teeth, there is an emotional reaction of greater or lesser degree with which the doctor must help the patient adjust.

It is evident from the above that the mouth cannot be separated from the rest of the anatomy and physiology of the body. In order to properly treat the edentulous (or partially edentulous) patient, it is quite often necessary to call upon a wide range of scientific knowledge and technical

skill. It should be abundantly clear that more is required to restore the organ of mastication of a patient than just a mechanical ability.

Dentists are the doctors of the oral cavity. They are trained academically and clinically to recognize and deal with diseases that relate to the oral cavity and its surrounding and supportive structures. They are the recognized experts in the treatment of the complex organ that is everything from the beginning of the digestive system, to our means of communication, to the organ of primary sex contact.

Dentists have earned the respect of the medical profession and the general public because of their competence, professionalism and ethics.

In treating the edentulous patients, the dentist is aware that he must also be responsible for the proper medical support of the patient. He may rightfully undertake to handle this treatment personally or in concert with the patient's physician. It is a matter of professional judgment made with full knowledge of the risks and responsibilities involved.

In their appeal to the legislator and the consumer, the illegal practitioner, calling himself a denturist, claims that he is able to produce a "product" at a cheaper price. However, a close look at the facts show the following:

Although the self-proclaimed "denturists" claim that in Louisiana a denture fitted by a dentist costs from \$600 to \$1,200, the Title XIX E.P.S.D.T. Program states that the average fee for a denture in Louisiana is \$450. (This figure is even lower in many smaller towns and rural areas.) In a feasibility study of a proposal to establish prosthetic dental clinics in the state, the Department of Health and Human Resources, Office of Health and Human Resources, Office of Health Services and Environmental Quality, Dental Health Section, found in a detailed breakdown of figures, that the cost of producing a denture would be \$280.09. If the clinics were working at peak efficiency, and this figure does not include a tremendous initial capital outlay.

The denturists, who are basing their fee claims on only the present cost of purely manufacturing the denture, are totally ignoring the added expenses that they would incur in attempting to treat the patient. This would bring the cost to the patient to approximately the same as he is now paying for quality professional dental care.

This has been born out in studies of denturist fees in Canada. It is clear, therefore, that the only appeal these individuals offer to the public is not a valid one, and is, in fact, dangerous to the public's health.

In our free society, the responsibility for one's health care, including dental care, has traditionally rested with the individual. When one has been unable to care for his needs, Society has come to their aid through government programs and private charities. This lack of ability to provide for one's own health care is commonly the problem of the indigent, and particularly of the aged indigent. In order to help this segment of our society maintain their dignity and minimum living standard, they are afforded low-cost housing, food, and medical services subsidized by social security, welfare programs, and other programs. However, adequate dental care for these

unfortunate citizens has not yet been included as a benefit in these social programs in the State of Louisiana.

Instead, dentists of this state have frequently been asked to provide services to the underprivileged at reduced fees, a request to which many have generously responded. This, however, cannot be considered a proper or permanent solution to this serious social problem.

The Dental Profession is eager to work with all government and private agencies to identify these patients and render the necessary, quality dental health care. It is hoped that the Louisiana Legislature will recognize this serious problem and move to afford some budgetary relief to provide this dental care for these citizens through the traditional and proven dental care delivery system — the Private Dental Practice.

Taking into account all of the areas of consideration, social responsibility, patient health, and economics, we realize that the Dental Profession, whose members are highly trained to provide all phases of dental health treatment, are the only qualified people to provide dental care to the public — whether aged and indigent, or self-sufficient.

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