



# THE MIRROR

Journal of the Third District Dental Society of the State of New York

*February 2001  
Special Edition*

## Third District Introduces Candidates for 2004 NYSDA President

### Officers:

President:

Dr. Peter Collins

President-Elect:

Dr. Barry Simon

Vice-President:

Dr. Bennett Lax

Secretary:

Dr. Debra Bausback

Treasurer:

Dr. John Essepien

Executive Director:

Ms. Kathleen Dowling

The 2004 Presidential Nominating Committee composed of Thomas Finken, Chairman and Drs. Mario Catalano and Edward Downes have received the applications of Dr. John Essepien and Dr. Brian Kennedy. Both men are obviously extremely qualified and the Third District Dental Society is honored and privileged to accept them as candidates to be President of the New York State Dental Association in 2004. This issue of "The Mirror" is dedicated to the candidates which their essays are printed for each member to get acquainted with them.

Two meetings are scheduled to give you the opportunity to meet with these fine candidates to hear their goals as our NYSDA President. The Ulster Green Study Group has extended an invitation to host a meeting on Tuesday April 3rd at 7PM at the Montauk House. The second meeting will be at the Albany Marriott on Wednesday April 4th at 7PM. Members will place their vote at either scheduled reception.

*Respectfully,  
Thomas Finken, Chairman*



**Brian T. Kennedy, D.D.S**



**John P. Essepien, D.D.S**

## **Future Challenges for the NYSDA** **Brian T. Kennedy, D.D.S.**

Is your dues payment of \$987 money well spent? Do you see this expenditure as a worthwhile investment in your professional future? What has the ADA and the NYSDA done for you? What should the focus of Organized Dentistry be for the future?

Dentistry has changed dramatically in the 19 years I have practiced. The tremendous improvements in materials and instrumentation were not unexpected. However, the market power of third party payers, growing government intervention and the ever-increasing demand for esthetic procedures are forces not accurately anticipated. These forces exert pressure which influences the future of our profession. The health care delivery system is constantly changing and Organized Dentistry must change with it or we will be controlled by it. I feel strongly your membership in the Dental Society is the best annual investment you can make in your professional future; if I did not, I would not be seeking this office.

There always is a "crisis" of sorts we as practitioners must contend with. AIDS, OSHA's Blood Borne Pathogen Standards, capitation programs, skyrocketing costs in malpractice insurance and hazardous medical waste were all demanding issues now lower on our collective radar screens. Today it is managed care, OSHA's ergonomic standards, antitrust relief, and the escalating EPA interest in silver and mercury contamination as our current hot items. The salient question is how well are we dealing with these issues and what will the future "crisis" be?

Rapid change also offers possibilities. *Oral Health in America: A Report of the Surgeon General* was released this year. This presents a historic opportunity for our profession to assume a leadership role in the development of health policy in this country. Will we seize this opportunity or squander it through political infighting and indecision? The connection between the oral condition and systemic health will increase in importance. Will we, as the primary advocates for oral health, be involved in the development of future health care priorities? The 106<sup>th</sup> Congress failed to act upon HR 1304 The Quality Health Care Coalition Act of 1999 (The Campbell Bill). Rep. Norwood will introduce legislation next year. Should we seek repeal of the 1938 McCarran-Ferguson Act (exempts the insurance industry from antitrust)? There are groups advocating unionization of health care providers for negotiation with third party payers. Is this to our benefit? Or is it another layer of bureaucracy between the Doctor and Patient? "Access to Care" and "Patient's Rights" are concerns the 107<sup>th</sup> Congress will act upon. Will the programs/regulations promulgated by our representatives in Congress and the State Legislature be to the advantage the provider and patient? Or will we see additional obstacles to the delivery of care? These questions concern issues, which will affect how we practice. Decisions made without our input tend not to be in the best interest of the providers or our patients

We, as dentists, exhibit the autonomy, which is the envy of every other major health care professional in New York State. This is not by happenstance. The Managed Care Reform Act (also known as the NYS Patient Bill of Rights) was passed by State Legislature in 1996. This is now the model, which other health professions organizations outside of NY utilize in policy development. This landmark legislation was passed by the combined efforts coalition of provider's and consumer advocates led by the Dental and Medical Societies over the very well financed opposition of the insurance industry. NYSDA is responsible for the provisions, which removed the hold-harmless clauses, which shielded the third party payers and left the providers vulnerable. Your Dental Society also insured provisions that mandate the consultants reviewing your claims must be NYS licensed and held to the same standards of care as the provider. NYSDA is the reason the statute of limitations we practice under was reduced from 36 to 30 months. This was accomplished over the well-funded lobbying efforts of the trial lawyers who attempt to repeal it every year. The majority of members struggle with the managed care entities. Do we realize how many more rights we have in NYS vis-à-vis our colleagues in other

states? These regulatory victories make our lives easier. They enhance our ability to render the care we deem as appropriate. Many of us may not “feel” this benefit. A check with our colleagues in other states will demonstrate how much more power the managed care entities have in the delivery of health care in their jurisdictions. There is a NYSDA supported bill about to be introduced in the State Legislature which will “carve out” (exempt) dental care from the managed care participation levels in the state administered Medicaid programs. NYSDA has established a small functional committee on the Future of Dentistry. This committee will work in conjunction with the ADA’s Future of Dentistry Committee. This ADA working group has representation from the major names in Dental Practice, Dental Education, the Insurance Industry and the manufacturers of dental equipment/materials. NYSDA is actively promoting and protecting the rights of its members and the patients we treat. These committees seek to develop a vision and shape the future we will practice in. If we do not seize and maintain the initiative, the insurance industry and corporate health care will do it for us.

Long gone are the days when your local and state dental societies were a just a source of insurance and continuing education. The ability to act quickly in the legal and legislative arena should not be taken for granted. Even more important is the need to act intelligently and decisively. NYSDA has grown to be an organization of “in house” attorney, lobbyist, financial analyst, as well as a staff with expertise in publications, public relations, education, insurance and a variety of member services. The need for the multiple areas of full time expertise at NYSDA is more important than ever before. The costs of maintaining such an association dwarf the assets of any of the district dental societies. NYSDA does for the profession what we, as individuals cannot.

There have been mistakes made. No one predicted the difficulty in certifying (licensing in NYS) our dental assistants to expand their duties. The budgeting for the move of the NYSDA offices was underestimated. The concept of a NYSDA started Limited Liability Corporation (to negotiate with third party payers) was not embraced by the leadership in the local societies. As our association seeks to remain proactive, we will make some wrong turns. This is the true cost of maintaining the initiative. We will improve.

The success of NYSDA is a direct reflection of strength in membership. Approximately 78% of licensed dentists in NY State belong to Organized Dentistry. Our state association speaks with a strong voice because it represents such a majority of the profession within NY. Medicine and Nursing are larger professions with a significantly lower percentage of membership and subsequently less success in maintaining their autonomy. We must maintain and improve our membership levels. The benefits of most NYSDA supported programs benefit all dentists whether they are members or not. Those practicing dentists who do not belong to the ADA reap the benefits of our work without sharing in the labor or the expense. The ADA is about to launch a membership recruitment program which will reach out to the local levels. It needs to be embraced and nurtured to maintain the strength of our profession. We need to continue to reach out to “other” organizations i.e., the AGD, AED, the Indian; Hispanic Dental Organizations etc. which exist in NY. These groups should be viewed as fellow practitioners with whom we have more common interests than competitive agendas. The President of NYSDA serves a one-year term as President of the Board of Governors, which currently meets twice yearly. The NYSDA President also functions as the President of the Second Trustee Caucus (NYSDA) at the ADA annual meeting in October of each year. Most importantly the NYSDA President serves for four years on the NYSDA Executive Committee, which meets three to four times a year. This is an opportunity to make a difference, to influence direction, to be involved in the decisions, which affect all dentists practicing in New York State.

I have been in private practice since 1982. The first of four children have started through college. I plan on practicing for another 19 years. I am in the middle of my career. I want to be involved in the decisions, which will affect how I practice for many years to come. I have been a member of the Executive Committee of the Third District for 17 years. I have served as chairman of the District Budget and Finance Committee as well as President of the Society. I have been on the Board of Governors, the NYSDA Executive Committee, and the NYSDA Board Committee on Budget & Finance. I have been a chairman of Board Reference Committees and

currently serve on the NYSDA Committee on the Future of Dentistry. I am an ADA Delegate and have chaired the NYSDA Caucus subcommittee on Legal & Legislative Affairs. The President of NYSDA must be experienced in the working of the Board at State meetings and the Caucus at the ADA meetings. I have made professional presentations from the local study club to national meeting levels. I am comfortable in advocating issues essential to our profession in a friendly or hostile environment. I encourage you to confer with those who have served as Third District ADA Delegates or Governors on the NYSDA Board. These local volunteers have served with me and know my dedication and capabilities. We compete daily in this constantly changing market place. We must continue to compete successfully.

Ironically, one of our problems now is the current state of Dentistry in New York. There is an increasing complacency bordering on apathy. As in much of the nation, many of us do not have much open time on our office schedule. This "comfort level" leaves us lazy. Many members and potential members do not see the importance of activism on the part of our Society. That is not to say every one of our members is as busy as he or she would like. There are areas in our own district where members struggle in a downsizing local economy. These are members who need our support. However, Dentistry is in a far stronger position than our fellow providers in other health care professions. This situation is in no way due to random chance. Our skills are in demand and we enjoy a comparative level of independence not shared with our fellow providers in the health care delivery system. NYSDA must anticipate and aggressively support the membership in the arenas we as individual practitioners cannot. To accomplish this we must maintain the strength and commitment of the membership.

Many of you know me personally. I am accessible. I return phone calls. I do my homework and I show up prepared. I look forward to the opportunity and privilege of representing our profession.

I appreciate your consideration.

Sincerely,  
Brian T. Kennedy, D.D.S.

Join our NYSDA Candidates at one of the following  
Two Evening Receptions and place your vote

Tuesday, April 3rd  
7PM  
Montauk House  
Albany Avenue, Kingston

Wednesday, April 4th  
7PM  
Albany Marriott  
Wolf Road, Albany

Reply by fax 518-782-7372 or Email [tddsny@third-district.org](mailto:tddsny@third-district.org)

## On “Challenges Affecting Dentistry Today and Tomorrow”

### John P. Essepien, D.D.S.

In my 42 years of practicing dentistry and 36 years of political involvement, I have seen threats, trends and attacks upon the profession, from governmental bodies and industry related entities to internal dissention. Like a stately walnut tree, dentistry has had its share of wind and ice storms, losing branches and left susceptible to disease along the years, but it remains steadfast in the medical industry with its hard wood and deep roots. External influences, such as government overreaching and insurance constraints have chipped away at the bark of the tree, but have not succeeded in affecting its very core of determined men and women who have kept dentistry one of the remaining medical professions that continues to be independent, self-policing and unified.

The dentists practicing in New York State have even a greater advantage than most in our profession. Through first class schools of dentistry, effective lobbying and proactive professional associations, such as the New York State Dental Association, we have been able to thwart a lot of the problems facing dentists now in other areas of the country.

While we can celebrate the resoluteness of dentistry in general, we must be cognitive of internal problems and external influences that may change the face of dentistry as we know it today, even here in New York. In fact, some may already feel the pinch of the high rate of unemployment in searching for quality health professionals and support staff in your offices or operating rooms. This is but one potential “blight” upon our walnut tree that I have identified in the following list of issues that we must be aware of, and some ideas on how they can be addressed and/or resolved:

**Shortage of Dentists:** The real issue is manpower distribution and the disproportionate amount of dentists in some areas while lacking in others, especially rural areas. Again, New York State does not have as evident a problem, including access to specialists, except perhaps in pockets of central and northern New York. Even then, travel to more urban areas, such as Plattsburg or Watertown, is not within unreasonable distances. Because you cannot dictate, or mandate a professional where they will practice unless there is governmental intervention, the market and self motivation must dictate an even distribution of professionals. Where there are obviously too many dentists to support a particular area, then those who cannot compete in that market will fan out into others where there is more opportunity. Are we then sending out “inferior” dentists to the more “undesirable” areas? I think not, especially if we concentrate on the most important aspect of the future of dentistry: the schools and education, discussed more fully below.

**Access to Dentistry:** New York State again is at the forefront of allowing access to dental services regardless of financial ability. Thanks, in part to the successful lobbying efforts of the NYSDA, and the foresight of Governor Pataki and the NYS Legislature, New York’s contribution to Medicaid was significantly raised. This increase in the contribution provided the incentive for dentists to accept patients who would otherwise not have access to dental care, including and most important, our children. Because New York, and other states as well will probably enjoy surpluses in the next few years, it would be wise to invest in quality primary dental care through matching programs so that more extensive and expensive problems can be avoided.

**Dental Education:** For dental students today, and in the near future, to keep abreast of the rapidly expanding technology, dental schools must focus on the didactic skills. The theoretical part of dental school has overshadowed the practical aspect considerably and more emphasis has to be placed on producing quality dentistry at an affordable price.

With the emphasis on the practical, some of my thoughts would include:

1. 5 year program (possibly 2 summer sessions);
2. Rework the curriculum to emphasize 100% practical in senior year; and,
3. 4 year program would suffice if it was followed by a 2 year residency at an accredited facility.

**Managed Care:** Dentistry has not fallen into the trap of managed care as has the medical profession. Dentistry, especially in New York, has warded off the insurance companies and has maintained its independence and high standards of care. In order to keep this status, we must focus on continuing our unity as a profession. Not only must we unite, but we must be politically astute with our time and resources.

I have been politically active early on in my career, not only on behalf of my professional association, but personally as well. This experience and my contacts at all levels would serve you well as your State representative.

**Freedom of Movement:** Maybe some of you have contemplated moving to another state, but have been stonewalled trying to jump through hoops to get licensed. There has been a licensure breakthrough where Regional Dental Testing Services may recognize examinations as equivalent for the purpose of licensure. I would also advocate New York and the Northeast Regional Dental Testing Service to adopt the position of waiving in by credential.

Over 20 years ago, Dr. Edward Downes spearheaded this movement that has finally taken some hold, and we must keep the momentum to bring this to a nation-wide acceptance.

**High Cost of Education and Dental School Faculty Shortage:** These two issues can be addressed together. At the present time there are 300-400 faculty positions nation-wide that are available. Why are they available? Dental schools cannot pay their salaries, which if the resources were available, would contribute to the vicious cycle of the high cost of the education.

Do we want government funding with all the strings attached, or do we want to maintain our independence? I want independence, and the following are some of my ideas on how to accomplish this:

1. Politically- to fund more to our state-run dental schools;
2. Alumni support (you received your education, and it gave you your livelihood, now support your alma mater);
3. Dental schools should provide their full-time faculty with a facility to practice on site, off time, for added income.
4. Tap into private sector research-orientated grants to help support faculty salaries.
5. To use New York State faculty members as speakers at our local mandatory continuing education courses.

**Mandatory Continuing Education:** One of the best things that could come to the profession. Because of the constant changes to dentistry in materials, delivery and regulations, continuing education is needed to meet these changes.

Unfortunately, manufacturers, dental supply companies and other non-dental vendors have jumped on the bandwagon and are providing BAD COURSES. Because it continuing education so relatively new in New York, we still have a chance to mold the concept into something that is productive, educational and more than just something to get "credit for". Here are some of my ideas:

1. NYSDA, through its Education Foundation (which has sat idle for 20 years) has the opportunity to set the standards for productive seminars. For instance, developing a roster of viable and suitable speakers (emphasizing New York State faculty Members);

2. Through the Education Foundation, have an outstanding continuing education program at NYSDA's annual meeting;
3. Profit share, with respective Districts, income generated by NYSDA when holding continuing education seminars during its annual meeting in those Districts;
4. Through the Education Foundation, provide the resources and guidelines to conduct quality continuing education throughout the state on District levels; and,
5. By providing quality continuing education, with assistance and guidelines from NYSDA, Districts can realize a tremendous profit.

**Personnel Shortage:** Unlike the critical nurse shortage we are presently facing, at the present time there are 9000 registered hygienists in New York State. We have 10 schools for hygienists that I feel will keep up with the present demand. As Chairman of NYSDA Council on Education, the Committee, under my direction, spearheaded the legislation that greatly expanded the duties and capacity of dental hygienists. With careful consideration, I would like to look into expanding the roles of other health professionals that may ease the delivery of dentistry.

In conclusion, I feel that dentistry today is in an excellent condition. Through the concerted effort of the members of this profession, we have remained independent, self-policed and unified. If we can continue this course, even with the above and other issues on the horizon, together, with strong leadership, we can provide solutions and continue to thrive as a profession.

Through my professional and political experience I can offer this leadership. My obvious priority would be to look after the immediate concerns of New York dentistry, while remaining aware of the national debate on the trends and challenges facing our profession.

I thank you for your attention to this statement, and I look forward to further discussions and your questions throughout the course of this year.

Respectfully submitted,  
John P. Essepian, D.D.S.

Join our NYSDA Candidates at one of the following  
Two Evening Receptions and place your vote

Tuesday, April 3rd  
7PM  
Montauk House  
Albany Avenue, Kingston

Wednesday, April 4th  
7PM  
Albany Marriott  
Wolf Road, Albany

Reply by fax 518-782-7372 or Email [tddsny@third-district.org](mailto:tddsny@third-district.org)



180 Old London Road  
Latham, NY 12110  
(518) 782-1428

**Third District Dental Society**

Special  
NYSDA  
Presidential  
Candidate  
Presentation Edition