

## New State Health Department Prescription Monitoring Registry Coming This August

The New York State Department of Health has begun implementation of the Prescription Monitoring Program Registry (the Registry) in New York, a system designed to curb abuse of prescription-controlled drugs. Below are the key facts you must know if you intend to either prescribe a Schedule II, III, or IV controlled substance or if you intend to dispense any controlled substance in any Schedule in any quantity, you should know:

The Prescription Monitoring Program Registry is one part of the I-STOP (Internet System for Tracking Over-Prescribing) law. The Registry is scheduled by the I-STOP law to take effect on August 27, 2013. Although no regulations have yet been promulgated concerning the Registry, the New York State Department of Health is already taking steps to implement the law as written. If you want to prescribe a Schedule II, III, or IV drug or you want to dispense any controlled drug in any Schedule, you must be able to access the Registry.

There is a required duty under the I-STOP law to consult the Registry before prescribing any Schedule II, III, or IV drug to a patient. The Registry will contain a minimum of a six-month patient controlled substance history and a maximum of a five-year history that the prescriber can review. The I-STOP law does allow for a health care professional to designate a person to access and consult the Registry on his or her behalf, but the health care professional always remains legally responsible for the result and conduct of that process by the designee.

While input to the Registry will be by pharmacists in real time from all the controlled substance prescriptions they fill from any Schedule, there is also a duty for any health care provider who actually dispenses any controlled sub-

stance on any Schedule to a patient, in any quantity, to input that drug dispensing information into the Registry. Key: prescriptions are input to the Registry only by pharmacists, but all health care professionals who directly dispense controlled drugs to patients must input that information on their own.

The New York State Department of Health is sending out notices to advise people that access to the Registry is going to be accomplished through the Health Commerce System (HCS) online account that they already use for renewing and issuing official New York State prescription forms. While many dentists now opt to do those renewals via paper, the only way the Department of Health plans to allow access to the Registry is via the HCS online account system.

If you cannot access the Registry be-

cause you just didn't bother to sign up for it, you will lose the ability to validly prescribe Schedule II, III, or IV controlled substances and the ability to dispense any controlled substance directly to a patient. Your license to practice will also be at risk from the Office of Professional Discipline if you attempt to evade or violate the Registry system.

These are the key points you need to know at this time. For further information on the HCS online account system, go to <https://hcsteamwork1.health.state.ny.us/pub/top.html> or call the HCS account system at either: 866-529-1890, option 1; or 866-811-7957, option 1. They can also answer your questions about the Registry as it progresses toward the August go-live date.

Do not sit by passively on this issue: act now to ensure your ability to access the registry.

### *Dr. Gehani to Receive Fauchard Distinguished Service Citation*

Once again, Dr. Chad Gehani has been acknowledged for his distinguished service, this time from the Pierre Fauchard Academy. Having received a long list of service awards and honors, his tireless efforts are now being recognized by yet another well-known and prestigious organization.

Dr. Gehani is known for generously giving his time and energy to his profession and his colleagues. Locally, as well as nationally, he is respected for setting an example of support and generosity to both dentists and the profession.

The Pierre Fauchard Distin-

guished Service Citation, which he will receive, recognizes a USA Fellow of the Academy for loyal and dedicated service to the Academy. A recipient is nominated by the Awards Committee and must have the unanimous approval of the Academy's Board of Trustees.

The Pierre Fauchard Academy is an honorary dental service organization, organized in 1936. Its founder was Dr. Elmer S. Best, a



Dr. Chad Gehani

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# ADA Awards QCDS Two Membership Program For Growth Grants

The Membership Program for Growth (MPG), established by the ADA's Council on Membership, provides a process for identification and support of membership activities that lead to an increase in overall market share.

Drs. Bijan Anvar and Jay Ledner, on behalf of QCDS President Dr. Doron Kalman, submitted an MPG grant application for 2013 QCDS programs and were fortunate to each have their program selected for funding. These grants were two of the highest allotted in the country.

The objective of the MPG is to give the three levels of the tripartite the ability to work together to build upon membership growth. Customized membership growth and retention plans are then implemented collaboratively with the aim of increased recruitment and retention leading to an increase in overall ADA market share. As this is a national program open to all constituent and component societies, there is serious competition for these grants and not all programs can be funded.

While the details of each grant proposal are too lengthy for publication, Dr. Ledner's grant proposal focuses on diversity. Dr. Anvar's grant capitalizes on his very successful New Dentist Conference. The QCDS Diversity Forum program seeks a partnership with

the various ethnic associations in conducting a CE program, which also provides members of these associations with exposure to tripartite membership. Tripartite leaders will have an opportunity to meet with the ethnic association leaders to exchange views and to see what can be done to encourage those practitioners who are not tripartite members to give membership a try, as well as to identify possible collaborative activities.

The QCDS New Dentist Conference provides critical information to new dentists, as well as panel discussions, job fairs, technology and informatics topics, as well as networking opportunities. It is meant to offer support to new dentists, and help them succeed in practice with the support of the tripartite.

Dr. Anvar's previous conference brought nearly 250 dentists together for a full day of learning, networking, and sharing. It was held as a model for other components, which also recognized the importance of supporting and helping new dentists.

While the preceding is an oversimplified overview of each program, the message in each is to encourage membership. The strength of each level of the tripartite rests with its ability to speak with a united voice for dentistry and the patients served.

## QCDS Bulletin

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For more information about advertising, contact the Business Manager at 86-90 188th Street Jamaica NY 11423 or call (718) 454-8344. Inclusion of an advertisement does not imply endorsement of any firm, goods, or services unless such endorsement is specifically stated.

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## From the President



# Protecting Your Identity

By Dr. Doron Kalman

In the 2013 movie "Identity Thief," Sandy Patterson, an accounts representative, gets a call from a woman saying someone attempted to steal his identity. She tells him about an identity protection service and asks him for his name, date of birth, and Social Security number. Little does he know that his identity is actually about to be stolen. We meet Diana, printing out credit cards with Sandy's money, going out to a bar and buying drinks for everybody. Sandy is shocked to learn that his credit score is in shambles and is even arrested. He decides to embark on a journey to Florida to find the person that stole his identity. As in all good fairy tales, Diana eventually turns herself in and Sandy's name is cleared and his credit is restored. Unfortunately for us inhabitants of the Milky Way Galaxy, life is not a fairy tale most of the time.

Nearly 13 million U.S. adults were victims of identity fraud in 2012, an increase of more than 1,000,000 victims over the past year, according to a new report from Javelin Strategy and Research. Identity fraudsters stole more than \$21 billion from 12.6 million victims in 2012, the highest amount since 2009, the research firm said in its 2013 Identity Fraud Report. Identity fraud is defined in the report as "the unauthorized use of another person's personal information to achieve illicit financial gain." It can range from using a stolen credit card to taking control of another person's account, or opening new accounts in someone else's name.

According to the report, data breaches continue to play a major part in identity fraud incidents. One out of four data breach notification letter recipients became a victim of identity fraud last year, the highest rate since 2010. Moreover, those who had their Social Security number compromised in a data breach were five times more likely to be a fraud victim than the average consumer. Identity thieves will rake in billions this year in stolen tax refunds.

Javelin research found that users of LinkedIn, Google, Twitter and Facebook have the highest incidence of fraud and in 2011, 7 percent of smartphone users were victims of identity theft, a higher rate than the general public.

### What to Do to prevent falling a victim

- Always secure your personal and financial records behind a password or in a locked storage device
- When possible, avoid mailing checks to pay bills

- Shred sensitive documents. "Dumpster Diving" is on the rise
- Regularly monitor your accounts and credit card statements. Thieves who steal credit card number often use your card for multiple small charges that may not be noticeable unless you check your statements on a regular basis.
- Use up-to-date security software on your home computer and lock your wi-fi network
- Be wary about sharing personal data such as your Social Security number, especially online

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• Never transmit personal or financial information when connected to a public wi-fi network. Fraudsters are able to set up dummy wi-fi networks in public places and collect your information

• File your tax returns as early as possible so identity thieves don't beat you to the punch and get your refund

• Be sure to check your credit reports. To get a free copy from the three credit bureaus go to [freecreditreport.gov](http://freecreditreport.gov)

• Avoid falling victim to misleading information requests via e-mail, text or phone calls

• If you receive a data breach notification letter, take it seriously! If the institution offers a free subscription for credit monitoring services, take advantage of the offer and put a fraud alert on your credit report. If you suspect you have been the victim of identity fraud, contact your bank or service provider right away and ask about resolution services, loss protections, and other methods to secure your account.

If it seems that someone has misused your personal or financial information, start to resolve the problem by filing an Identity Theft Report with the Federal Trade Commission.

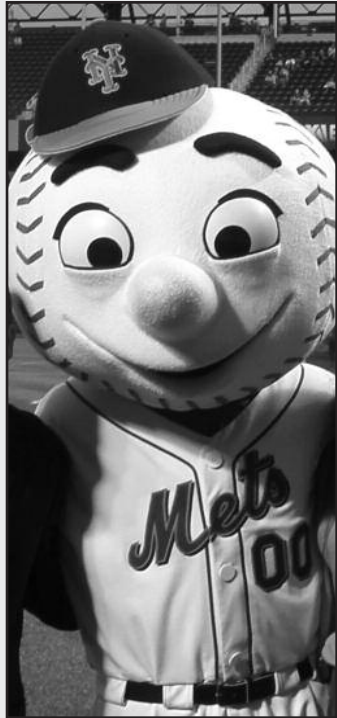
Contact 1-877-ID THEFT or  
<http://www.consumer.ftc.gov/articles/0277-create-identity-theft-report>

• Contact one of the three credit reporting bureaus and ask to have an initial fraud alert placed on your credit report, which will also be passed on to the other bureaus. The fraud alert is free and can make it more difficult for an identity thief to open more accounts in your name. The alert lasts for at least 90 days and can be extended.

Equifax: 1-800-685-1111  
TransUnion: 1-800-916-8800  
Experian: 1-888-397-3742



## QCDS and New York Mets Team Up For Annual Citifield Health Fair Day August 27th!



QCDS, in partnership with the New York Mets, will be participating in the Annual Health Fair Day, scheduled for Tuesday, August 27. This annual event has allowed volunteer dentists from QCDS to offer oral cancer screenings to the fans attending the game and to invite their patients, families and friends to enjoy an evening at the stadium at a deeply discounted ticket rate. Many dentists purchase blocks of tickets as gifts for their patients and staff.

Mark the date on your calendar and watch for additional information as arrangements are finalized. This is also a perfect opportunity to update or provide your e-mail address by calling QCDS, e-mail can be used as a timely and cost effective way to communicate with members.

### Lets Go Mets!



## Dr. Gehani Represents QCDS at Big Apple Dental Meeting



Dr. Chad Gehani with colleagues from the Bronx County Dental Society, the sponsor of the Big Apple Dental Meeting

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- The new member you recruit benefits by taking advantage of all membership has to offer.
- You **benefit** by strengthening the ADA and sharing the value of membership with another colleague — plus there are incentives and prizes for recruiters! For details visit [ADA.org/MGAM](http://ADA.org/MGAM).

### Recruiting is Rewarding

You will be rewarded with a \$100 American Express gift card for each new, active member you recruit (up to five members or \$500 in American Express gift cards)! Or you may decline the incentive and ADA will contribute \$100 to the ADA Foundation. Please see *Campaign Rules* for full details at [ADA.org/MGAM](http://ADA.org/MGAM).

**Participate in the 2013 Member-Get-a-Member Campaign and help build the future of our profession!**

**Don't Delay!** The ADA Member-Get-A-Member campaign runs through September 30, 2013. For resources to assist your recruiting efforts, plus complete guidelines and rules visit [ADA.org/MGAM](http://ADA.org/MGAM), send an email to [mgam@ada.org](mailto:mgam@ada.org) or call the ADA Member Service Center at 800.621.8099.





# Case Study: When a Patient Dictates Treatment

By Danielle R. Zimbardi

This case study exemplifies the potentially serious consequences that can arise when a dentist allows a patient to dictate treatment by failing to undergo a recommended pre-procedural study due to cost.

A 47-year old single male janitor had been a patient of a periodontist for more than 20 years. His treatment had primarily consisted of general dental care and periodontal maintenance. The patient's medical history was essentially unremarkable, except for cigarette smoking. In November 2010, he came to the dentist's office complaining of mobility in tooth #24. At that visit, the dentist discussed treatment options to replace the tooth. However, the dental record does not specify exactly what options were discussed with the patient. The patient agreed to pursue a plan for extraction of tooth #24, including placement of an implant. The dentist referred the patient to a dental radiologist to undergo a 3D scan of the mandible, prior to the planned treatment.

On a telephone call in January 2011, the patient advised the receptionist that he could not proceed with the extraction and implant at that time. In April 2011, the patient was again seen, and the dentist's documentation reflects that tooth #24 was extremely mobile. While it again was not documented, the dentist recalled that he once more discussed with the patient the proposed plan for extraction and placement of an implant. Additionally not documented was a telephone conversation between the patient and the dentist's receptionist in mid-June of 2011. The patient told the receptionist he did not intend to undergo the recommended and prescribed 3D scan prior to the extraction and implant due to the added out-of-pocket cost. However, the patient requested that the replacement tooth be ready at the time of extraction.

On June 30, the patient presented for the planned extraction and implant. Although the dentist took a preoperative digital X-ray of the anterior mandible, he then proceeded with the implant, despite the fact that not having the 3D scan was both against the dentist's custom and practice, as well as the dental standard of care. He gave the patient a local anesthetic and extracted tooth #24 by forceps without complication. The acrylic denture was tried and adjusted. The dentist then created a mucogingival buccal and lingual flap to expose the bone in the area of tooth #24. Based upon his visual inspection of only a bone, the dentist determined that the bone was sufficient to proceed with a 10 mm x 3.3 mm implant.

The dentist drilled an access hole approximately 2 mm deep utilizing a round surgical bur. This was then followed with a 2 mm bur to establish length. At approximately 10 mm, the patient jumped, stating that he "felt something." The dentist observed excessive bleeding through the osteotomy hole and immediately applied pressure with gauze to the area. After about 10 minutes, the bleeding appeared to be under

control. The patient was given Tylenol and an antibiotic. However, the dentist observed that the floor of the patient's mouth began to swell. It became quite apparent that the patient was hemorrhaging. The dentist immediately contacted an oral surgeon to see the patient, and the dentist's office manager drove the patient several blocks to the oral surgeon's office.

The oral surgeon quickly diagnosed a dissecting hematoma of the right and left sublingual spaces, and the right and left submandibular spaces. He also documented the presence of an apparent perforation into the sublingual space with a laceration of the left sublingual mucosa, possible perforation into the mental space, and uncontrolled bleeding. Further, he documented bulging of the right and left submaxillary glands, which suggested acceleration of the hematoma. The patient's tongue was swollen bilaterally and elevated, partially occluding the oral pharyngeal airway. He immediately called 911. The oral surgeon gave right and left mental blocks before the EMTs arrived, but was unsuccessful in attempting to drain the accumulating blood from the submaxillary spaces.

The patient was taken by ambulance to the nearest medical center, where a trauma team awaited him. The emergency department physician determined that he needed immediate placement of an airway. The patient was rushed to the operating room and underwent an "awake" emergency tracheostomy.

He received "last rites" in the operating room. The patient was then intubated and sedated. A head and neck angiography demonstrated extravasation in the distal perforating branch of the lingual artery. This was successfully embolized. The patient was then transferred to the ICU, where he remained sedated and on a ventilator, but was hemodynamically stable.

The following day, the patient was weaned to a tracheostomy collar. Initially, he could not take fluids or food by mouth and received nutrition only through a nasogastric tube. On the fifth day post-tracheostomy, he was advanced to pureed food. The swelling of his tongue and face gradually subsided, and the patient progressed well without complaints except for anxiety, for which he received Xanax. Throughout the hospitalization, the dentist was in contact with the patient's family. The dentist also visited him several times. On July 11th, the patient was discharged with a fenestrated tracheostomy tube in place. He remained on a pureed diet, and continued to take Xanax for anxiety. Following the patient's discharge from the hospital, there was no further contact between the dentist and the patient.

The patient continued to heal well at home. At the end of July, the tracheostomy tube was removed and he was advanced to solid foods. By mid-August 2011, he was able to return to work. As a result of this event, his treating physician

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*This case study exemplifies the potentially serious consequences which can arise when a dentist allows a patient to dictate treatment...*

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Dear Colleague:

We need your help. In Albany, the state's Capital, we are fighting to protect your practice, your patients and your future, as we have always done. But, while dentistry has many friends among the policy makers in Albany, we also have foes, and they are formidable – insurance companies, trial lawyers, hostile government bureaucracies, just to name a few. These entities pose threats as real as they are dangerous, and we, as concerned doctors, must be both vigilant and aggressive in defending our professional prerogatives.

This year we defeated a proposal to reduce reimbursement to dentists providing services under Medicaid. Even if you don't participate in the program, this victory is important. In other states, when dentists can't afford to treat the poor, mid-level providers have been brought in to the detriment of practicing dentists and patients alike. If you do participate in Medicaid, then our efforts relate directly to your ability to make a living. In addition, and perhaps of more significance, the inclusion of adult dental services in Medicaid was made statutory, making it an "Essential Health Benefit" thereby assuring the inclusion of adult dental services in Medicaid when Medicaid is moved into New York's Health Benefit Exchange.

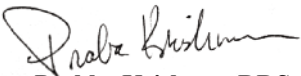
But with every "victory", there arise more challenges. Already this legislative session, there have been eleven bills introduced which have some bearing on professional liability. Some we support, most we oppose – but those are supported by a strong Trial Lawyer's lobby. In addition, bills relating to expanded hygiene, mid-level provider and denturology are on the table. We are also supporting legislation to allow qualified dentists the opportunity to provide a broader array of facial cosmetic procedures for their patients who desire them – legislation opposed by our medical colleagues. So you can see, our profession cannot stand still and you cannot afford to be apathetic.

Effective political action takes effort and it takes money. The New York State Dental Association will make the effort, but it relies on EDPAC for the resources necessary to give it a powerful voice. Your contribution to the EDPAC Capitol Club is critical to ensuring that organized dentistry's efforts are effective and that our political strength is maintained.


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Thank you in advance for your generosity. If you have any questions, please give one of us a call.

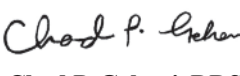
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# Case Study: When a Patient Dictates Treatment

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had diagnosed him with post-traumatic stress disorder and referred him to a psychologist. However, at his later deposition (EBT), the patient testified that he had not seen, nor did he plan to see, a mental health professional. However, he admitted he was now terrified of any further dental treatment.

The patient then commenced a lawsuit against the dentist. He alleged negligent implant surgery in the area of tooth #24, causing laceration of his tongue and lingual artery, which resulted in a hemorrhage, severe edema of the mouth and tongue, and obstruction of his airway. As a result of these injuries, the patient required an awake emergency tracheostomy with placement on a ventilator, embolization of the lingual artery, and a 10-day hospitalization. The patient was left with a scar from the tracheostomy, tightness of his throat when swallowing, numbness in his lips, and post-traumatic stress disorder.

Experts who reviewed the case for the dentist felt there was simply no possible defense to the lawsuit. Their criticisms of the dentist's care focused on the patient's refusal to undergo the 3D scan, which would have provided the dentist with views of the bone not seen on the PA digital X-ray. Further criticism included the dentist's placement of the implant without first considering bone augmentation. Additionally, the dentist should have immediately recognized the seriousness of the patient's hemorrhage and called 911, rather than sending the patient by car to the oral surgeon. This delay in obtaining immediate medical intervention placed the patient's life and health at great risk. Earlier treatment may have prevented the patient's need for a

tracheostomy. Because this procedure had to be performed emergently and while he was awake, the patient had been additionally subjected to substantial physical and emotional distress.

Another crucial weakness in possibly defending the dentist was the inadequate documentation in the patient's record. There was no discussion of the treatment plan, the potential options offered, and, most importantly, the failure by both the dentist's staff to communicate, and the dentist to document, the patient's refusal to obtain the 3D scan before the procedure.

In hindsight, the dentist might have opted not to proceed with the implant. Further, by proceeding without the scan, which the patient allegedly refused due to its cost, the dentist did not dictate the patient's care. Rather, the patient did so. That is neither acceptable nor reasonable. Because the dentist clearly had no viable defense to any of the allegations, the litigation was settled prior to the dentist's deposition for \$320,000.

*Danielle R. Zimbardi is vice president, dental underwriting-Medical Liability Mutual Insurance Company.*

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# Here's How to Select Stocks Like a Pro

By Lewis J. Altfest, Ph.D., CFA, CFP®

Some investors read one glowing article about a company and rush to buy the stock. That's a recipe for disaster.

By studying a few key financial figures, you can get a solid idea of a company's prospects and reduce the chances that you'll make big mistakes. Stocks that shine according to the following measures are well worth considering:

**Price-earnings ratio:** Historically, the PE ratio of the stocks in the Standard & Poor's 500 Stock Index averages between 15 and 25. Bargain hunters should focus on companies with PEs relatively lower than the current PE or those with reasonable PEs whose growth rate exceeds market averages.

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... you can  
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big mistakes.”

**Price-cash flow:** Some stock analysts are wary of relying on reported earnings alone.

Instead they study cash flow, which reflects earnings and depreciation. Cash flow data can give a more complete picture of a company's capacity to raise its dividend and make capital investments. Divide the share price by the cash flow per share.

**Price-book:** You calculate book value by subtracting a company's liabilities from its assets. That gives you a rough idea of how much a company would net if it were to sell everything it owned. When assessing stocks, it is helpful to look at the average price it typically trades for in comparison to its book value. I'm on the lookout for stocks that sell for much less than that average and seem likely to improve earnings in the future.

**Price-sales:** Accountants can play games with earnings reports, but it's hard to alter sales figures. To calculate a company's ratio, divide the share price by sales per share. The lower the figure, the less investors are willing to pay for each dollar of sales, and the better the chance that the stock's price is a bargain. I'd pay attention to stocks with figures that are a fair amount less than the posted average price-sales ratio.

Screen out those with other factors that could prevent them from ever recovering, such as bankruptcy, loss of key patents, or other problems that analysts cite as possibly being terminal.

**Dividend yield:** Thanks to the arithmetic of the stock market, hefty dividends often serve as signposts for underpriced stocks. The lower a stock's price falls, the higher the rise in its dividend yield—annual dividend divided by share price. I search for stocks that have reasonable dividend yields. However, sometimes due to limited pickings, I've been forced to

settle for lower dividend yields. As stock prices fluctuate, the average dividend yield will increase or decrease accordingly.


**Relative strength:** This indicates whether a stock has been rising or falling lately and to what degree relative to an appropriate market benchmark. Some analysts swear by the measure, buying only stocks that have been climbing faster than the overall market for the last six or twelve months.

Taken by itself, however, relative strength can be a trap. Too often, winners crash-land. But I combine relative strength with other measures suggesting a stock is underpriced. That way, I find cheap stocks that the market's just discovering.

*Altfest Personal Wealth ManagementSM is the nationally recognized, fee-only investment management and financial planning firm that is endorsed by NYSDA Support Services and the Queens County Dental Society for their members. Altfest contributes articles to help members of the Queens County Dental Society plan and think intelligently about their finances. To reach Altfest, call David Novak at 212-406-0850 or dnovak@altfest.com.*

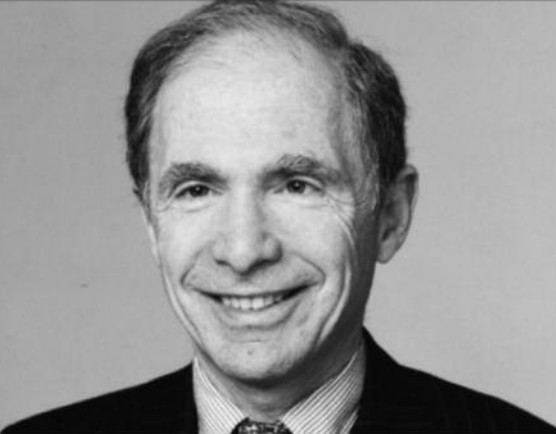
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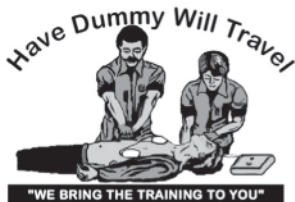


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# Dr. Yoo Leads Dental Mission to Buff Bay, Jamaica; Helps Many in Need of Oral Care

In February of this year, Dr. Albert Yoo had the incredible opportunity to lead a team of three periodontists, 8 dental students and a certified surgical assistant on a dental outreach to Buff Bay, Jamaica. This trip marked his fourth year of travel and serving this small community on a beautiful island. The outreach has expanded from the time he led this mission as a sole practitioner, to the place where it is today, as a team of dentists and a new partnership with Stony Brook School of Dental Medicine.

Through fundraising efforts, Dr. Yoo was able to raise \$6,850 in monetary contributions. The majority of supplies

were covered through a grant given by Henry Schein to the Stony Brook School of Dental Medicine, totaling \$3,400. In total, the donations amounted to \$10,250.

The team of Doctors and staff worked tirelessly for five days in a clinic they had been granted permission to utilize through the Ministry of Health. Their clinical highlights included:

- Patients treated: 481
- Cleanings: 229
- Teeth extracted: 439
- Gum surgery: three quadrants on two patients

■ Alveoplasty: two patients

This trip marked a new beginning for the outreach efforts to Jamaica—seeing a new generation of dental professionals get involved with missions, utilizing their knowledge and skills to serve and care for individuals in need. The students worked non-stop without a single complaint. The community was grateful for the needed treatment, as well as the professionalism displayed by the students.

Other members of the team worthy of acknowledgment for their efforts include Dr. Alicja McCrudden, Bayside and

Dr. Anthony Ienna, Franklin Square, for their patience and supervision of the dental students; Mrs. Cassandra Woods for her support with sterilization/turnover; and the dental students of Stony Brook for their energy, skill, and most importantly, compassion to volunteer to partake in this outreach.

Dr. Yoo reports that he had such a positive experience both organizing and participating in these missions. “I hope my experience serves as an encouragement for all dentists to donate their time and skill to serve a needy community, here or abroad.”



Be sure to check the QCDS website for the latest Society events and news: [www.qclds.org](http://www.qclds.org)



# In-Plan Roth Rollovers Offer Tax Planning Opportunities For Employers and Participants

By Andrew E. Roth, Esq., and Irwin N. Rubin, Esq.

The American Taxpayer Relief Act of 2012 expanded the opportunities for individual taxpayers to convert existing tax-deferred accounts in 401(k) plans to Roth accounts within the same plan.

Previously, in-plan Roth conversions were limited to amounts that could be withdrawn from the plan. Therefore, participants younger than age 59½ could not convert their 401(k) account into a Roth 401(k).

Effective January 1, 2013, the new law permits any amount from a participant's 401(k), matching, profit sharing or after-tax accounts to be converted to a Roth account within the same plan even if the amount is not eligible for distribution. Therefore, employees under age 59½ may now convert their 401(k) accounts to a Roth account.

The liberalized in-plan Roth conversion rules makes plan administration easier because sponsors no longer have to determine whether a request from a participant to convert his account balance to a Roth account is eligible for an in-service distribution under the terms of the plan. Moreover, the liberalized rules create new tax planning opportunities and flexibility in choosing when and how much to convert existing tax-deferred amounts, including elective deferrals, matching contributions and non-elective employer contributions.

For tax purposes, an in-plan Roth conversion is treated as a taxable distribution from the individual's tax-deferred account. However, by paying tax on those accounts in the year of the conversion, participants can save taxes in the future since both the principal amounts converted as well as future investment gains may be distributed free of income tax. In order for a Roth account distribution to be exempt from tax, the amount distributed must have been held for five years and, in addition, must be made after the employee reaches

age 59½, becomes disabled or dies.

While Roth conversions are subject to tax, they are not subject to the 20 percent mandatory withholding that applies to taxable distributions. Accordingly, an individual who elects to make an in-plan Roth conversion should consider increasing their withholding and/or making estimated tax payments to avoid underpayment penalties.

Plan sponsors desiring to add this feature must amend their plans and implement administrative procedures to facilitate a participant's election to convert existing account balances. The plan must permit participants to make designated Roth contributions, as well as to make in-plan Roth rollovers. Such amendments must be made prior to the end of the plan year in which the plan amendment is effective.

Employers desiring to implement a Roth contribution feature, including an in-plan Roth conversion feature, should ensure that ongoing administration of the Roth accounts is coordinated with other administrative procedures (e.g., recordkeeping, participant communications, nondiscrimination testing, etc.). Employers should notify participants of the feature. Also, records must be kept on the individual Roth accounts in order to administer the accounts in accordance with tax laws and to satisfy the plan's Form 1099-R reporting requirements.

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*Andrew E. Roth, Esq., and Irwin N. Rubin, Esq., are partners at the White Plains, New York law firm of Danziger & Markhoff LLP. This firm is a business and tax-oriented law firm that has been representing dental practice owners in the New York metropolitan area for over fifty years.*

*Mr. Roth and Mr. Rubin may be reached at 914-948-1556 or by email at aroth@dmlawyers.com or irubin@dmlawyers.com.*

## Dr. Gehani to Receive Fauchard Distinguished Service Citation

—Continued from page 1

Minnesota dentist. Troubled by the proprietary nature of many dental publications, he wanted to help the profession gain control of its own literature and assure its independence from commercial interests. His passionate concern for the search for knowledge and the raising of professional standards guided the beginnings of the Academy, attracted outstanding dental researchers and teachers to its ranks, and led to a continuing role in fostering dental science.

Early on, the constitution of the Pierre Fauchard Academy laid out a series of objectives intended to foster Dr. Best's aims. These included a constant emphasis on professional integrity and ethics. One of the means adopted by the Academy was to award medals and other honors to people who had distinguished themselves by their contributions to dentistry and who were recognized as worthy role models for others in the profession.

The award to Dr. Gehani will be presented during the Pierre Fauchard meeting held in conjunction with the NYSDA House of Delegates session at the Grand Hyatt hotel in New York City. It will be presented at a breakfast ceremony on Friday, May 31. The cost for the breakfast is \$40 if paid prior to May 15, and \$50 if paid later. Due to space limitations, reservations are required, as no tickets will be sold at the door.

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# Is Your AED Obsolete?

Warning: If you purchased an AED before 2005, it may not be compliant with the current American Heart Association/European Resuscitation Council Guidelines for Resuscitation. AEDs manufactured prior to 2005 are programmed to perform up to 3 sequences of analyzing and delivering shocks. This process can take approximately 45 seconds to one minute. This methodology of defibrillation was found to be less effective because CPR cannot be performed during this time. Current guidelines require a pause in CPR to be less than 10 seconds. Depending on the unit you have, a simple software upgrade may be all that is needed. Units unable to be upgraded must be replaced in order to meet the 2005 guidelines.

Erik Zalewski, M.S., EMT-CC is the CEO of Have Dummy Will Travel, Inc., a full service emergency training, equipment and supply company. For over 25 years, Have Dummy Will Travel, Inc. has served the dental community in the Greater New York area.

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4. Direct rollover to a new retirement account.
5. You were permanently totally disabled.
6. You were unemployed and used the money for health insurance.

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# Come and Join Us!

If you haven't been to QCDS lately, you are missing a lot! Monthly membership meetings are held on the first Tuesday of the month and offer members 2 C.E. credits, dinner, and wine. Speakers are insightful and there is usually time for plenty of questions and answers.

Offered from September to June, this is a great member benefit that everyone should take advantage of. It is also a great way to meet your QCDS president and other elected leaders. Meet old friends, make new ones, stay informed about the latest information involving your profession and give your input. Check the QCDS website calendar or the QCDS Facebook page for upcoming events.

We look forward to seeing you!

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# CE Courses

Pre-registration is required for all continuing education courses, except General Membership Meetings

Sunday, May 5 9:00 a.m.

**Creating Natural Looking Implant Retained Prosthesis** 4 C.E. Credits

Natural looking implant retained prosthesis are beautiful and functional when they follow smile design principles and replicate nature.

**Instructor:** Dr. Arnold Liebman

Tuesday, May 7 6:15 p.m.

**General Membership Meeting** 2 C.E. Credits

**7:00 P.M.:** "How to Avoid Dental Malpractice Lawsuits"

Program will focus on practical suggestions to dentists on steps they can take in their day to day practice to avoid legal actions and complaints to the Department of Education and/or make defending them easier for their defense attorney. Things like turning a complainer away; keeping a detailed contemporaneous chart, informed consent, the internet, and liability for the acts of ones partners, employees or independent contractors are some of the topics to be covered.

**Instructor:** Robert A. Rosenfeld, Esq.

**8:00 P.M.:** Dental Impression Materials and Techniques

**Speaker:** David Hollis, 3M ESPE

**Tuition:** ADA member \$85/staff \$70.  
Non-ADA member: \$260

Sunday May 19 9:00 a.m.

**Infection Control** 4 C.E. Credits

**Topic:** Infection Control

In the past this course has had an overwhelming positive response from those clinicians and their staffs who earnestly want to stay informed of the latest infection control recommendations out there, and does so through the eyes and thoughts of a speaker-clinician who well understands the nature and demand of the everyday dental practice. Bring your entire staff and satisfy OSHA's annual staff training requirements. Course qualifies for relicensure.

**Instructor:** Safety Compliance Services

**Tuition:** ADA member \$85/staff \$70.  
Non-ADA member: \$260

Tuesday June 4 6:15 p.m.

**General Membership Meeting** 2 C.E. Credits

**7:00 P.M.:** "Make the Correct Choice for a More Predictable Case"

Understanding the need for diagnostic case planning, is the key to a predictable case.

This presentation will review case planning techniques and the prosthetic alternatives that are available in order to achieve the desired result. To be discussed: diagnostic tools, the pros and cons of pfm's, all ceramic bonded and cemented crowns and new advances in cad-cam prosthetics. Learn the guidelines that a can be followed in order to communicate your requirements and those of your patients to the laboratory for a predictable case.

**Instructor:** Howard Friedman, Naor Labs

**8:00 P.M.:** Current Endodontics

Presentation will discuss endodontics as it is practiced in 2013 with an emphasis on rotary instrumentation and continuous wave obturation techniques. It will also explore troubleshooting and problem solving in challenging cases.

**Instructor:** Dr. Mitchell Greenberg

Sunday June 9 9:00 a.m.

**Orthodontics for the General Practitioner** 6 C.E. Credits

Morning session will address areas of diagnosis, ideal occlusion, ceph point, deep bites, open bites, Class I and Class II patients, anterior crowding, expansion vs. extraction and red flags noting cases to avoid.

Afternoon session will address ortho mechanics and development, bracket placement, band cementation, wire selection, pedo considerations, tooth eruption patterns, expansion, crowding, anterior cross bites and space maintenance.

**Instructor:** Dr. Milton and Dr. Jean Furuyama

**Tuition:** ADA member \$35. Non-ADA member: \$60

Friday, June 23 9:00 a.m.

**General Membership Meeting** 4 C.E. Credits

**Topic:** Basic Cardiac Life Support

Certification will cover 1 and 2 rescuer CPR, Heimlich Maneuver, child CPR and AED. The ability to recognize the signals of a heart attack and provide stabilization of the victim at the scene of a cardiac arrest is a priceless commodity. Life over death may some day become a reality to someone you know or care for. Be prepared to help save a life.

Class begins promptly at 9:00 a.m.  
Registration is at 8:30 a.m.

**Instructor:** Eric Zalewski, BLS Instructor

**Tuition:** ADA member/staff: \$105.  
Non-ADA member: \$260

# Study Clubs May - June

Dr. Fialkoff Study Club

CONTACT DR. FIALKOFF (718) 229-3838

**May 8** 7:00 -10:00 p.m.

**Topic:** "The Dentist's Body - How Do We Avoid Pain and What Needs to be Known to Protect It?"

**Speaker:** Rhiannon A. Reynolds, B.S. and Joseph Mascaretti, M.S.

**Location:** 47-10 Bell Blvd. Bayside

**June 11** 7:00 -10:00 p.m.

**Topic:** "Laser in Periodontics - Current Status" "How to Utilize Different Wave Lengths for Success"

**Speaker:** Dr. Les Binkley

**Location:** 47-10 Bell Blvd., Bayside

Kalman Oral Surgery and Implant Study Club

CONTACT DORIS REYHAN (718) 897-6400

**June 12** 6:30-9:00 p.m.

**Topic:** "TMD/Orofacial Considerations for the General Practitioner"

**Speaker:** Dr. Barry Rosenberg

**Location:** 60-70 Woodhaven Blvd., Unit C-2, Elmhurst

NYC Interdisciplinary Study Club

CONTACT CARLY (917) 675-0109

**May 22** 6:30-9:30 p.m.

**Topic:** "Managing the Medically Complex Patient: An Update on Cardiovascular Disease and Bleeding"

**Speaker:** Miriam Robbins, D.D.S.

**Location:** Dopo Teatro

125 West 44th Street, New York

**June 12** 6:30-9:30 p.m.

**Topic:** "HPV Related Oropharyngeal Cancer, An Epidemic: What the Dental Practitioner Needs to Know."

**Speaker:** Brett Miles

**Location:** Dopo Teatro

125 West 44th Street, New York

## Dietary Concerns

Please note that QCDS wishes to accommodate the dietary needs of attendees at our meetings and programs. It is requested that anyone requiring kosher or other specialized foods notify the QCDS office at the time of your registration so that proper plans can be made.

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