



AMERICA'S PEDIATRIC DENTISTS  
**THE BIG AUTHORITY** on little teeth®

**American Academy of Pediatric Dentistry**

**75<sup>th</sup> Annual Session**

**San Diego, California**

**General Assembly and  
Awards Recognition**

**Sunday, May 29, 2022**

**9:30 -11:30 AM**

**San Diego Convention Center  
Room 6A**





AMERICA'S PEDIATRIC DENTISTS  
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## Procedural Information

2022 General Assembly Agenda

2021 General Assembly Minutes

## **GENERAL ASSEMBLY AND REFERENCE COMMITTEE HEARINGS**

The General Assembly is a meeting of Active and Life members for the purposes of conducting the business of the AAPD. Any AAPD member is welcome to attend, although only Active and Life members may vote. Final action on recommendations from Reference Committees takes place at the General Assembly. The General Assembly will meet on Sunday, May 29, 2022, from 9:30 to 11:30 AM in Room 6A of the San Diego Convention Center. Notice of this General Assembly was provided as required no less than thirty (30) days before the session, on page 25 of the March 2021 PDT.

Constitution and Bylaws amendments and proposed changes/additions to oral health policies and best practices of the American Academy of Pediatric Dentistry will be considered at the General Assembly. The proposed Bylaws amendment was printed and mailed in the March 2022 issue of *PDT* (mailed on March 15, 2022), more than sixty (60) days in advance of proposed action by the General Assembly. Recommendations from the Council on Clinical Affairs concerning oral health policies and best practices were posted as a Members-only document on the AAPD website ([www.aapd.org](http://www.aapd.org)) no later than sixty (60) days prior to the General Assembly. All members were alerted to this availability via *AAPD E-News*.

Prior to the General Assembly, Reference Committee hearings will take place on Saturday, May 28, 2022, at from 10:00 to 11:30 AM in Room 11AB of the San Diego Convention Center. The hearings are open to all AAPD members, as well as non-members. Members are strongly encouraged to participate. Non-members will be polled and asked to identify themselves by the chair, who also has the authority to determine whether a non-member may comment. The Reference Committees are intended to be the venue for member discussion on any formal resolutions before the General Assembly: Constitution and Bylaws amendments, and proposed changes/additions to oral health policies and best practices recommendations of the American Academy of Pediatric Dentistry. This is an opportunity for members to present testimony on these matters and other business to come before the General Assembly. Reference Committee Reports will be available online following the Reference Committee hearings.



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## **American Academy of Pediatric Dentistry General Assembly and Awards Recognition**

**Sunday, May 29, 2022**

**9:30 – 11:30 AM**

**San Diego Convention Center  
Room 6CF**

- |  |                              |
|--|------------------------------|
| 1. Call to Order   | President, K. Jean Beauchamp |
| 2. Call to Attention of Minutes of 74 <sup>th</sup> Annual Session<br>General Assembly, The Hub (attached) | President, K. Jean Beauchamp |
| 3. Nominations Committee (additional nominations<br>from the floor)  | Chair, Kevin J. Donly        |

### Nominees

President-Elect: Scott W. Cashion

Vice President: Scott D. Smith

Secretary-Treasurer: Thomas G. Ison

At-Large Academic Trustee: Gila C. Dorostkar

American Board of Pediatric Dentistry Director:

Anupama Rao Tate

- |  |                              |
|--|------------------------------|
| 4. Election  | President, K. Jean Beauchamp |
| 5. Report of the ADA President-elect               | Dr. George R. Shepley        |
| 6. Report of the AAPD President                    | Dr. K. Jean Beauchamp        |
| 7. Report of the AAPD Foundation President         | Dr. Charles Czerepak         |
| 8. Report of the AAPD PAC Steering Committee Chair | Dr. Clifford R. Hartmann     |

9. Report of the Chief Executive Officer Dr. John S. Rutkauskas

10. Reports of Reference Committees

A. Budget and Finance Committee Chair, Scott D. Smith

1. Informational report on FY 2022-23 budget

B. Council on Clinical Affairs Chair, Thomas R. Stark

**Approve/Reaffirm Existing Definitions, Oral Health Policies, or Best Practices as Presented:**

**Policy** on Social Determinants of Health

**Policy** on Child Identification Programs

**Policy** on Mandatory School-entrance Oral Health Examinations

**Policy** on Role of Dental Prophylaxis in Pediatric Dentistry

**Policy** on Interim Therapeutic Restorations (ITR)

**Policy** on Management of the Frenulum in Pediatric Dental Patients

**Policy** on Dietary Recommendations for Infants, Children and Adolescents

**Policy** on Snacks and Beverages Sold in Schools

**Policy** on Use of Lasers for Pediatric Dental Patients

**Policy** on Acute Pediatric Dental Pain Management

**Policy** on Model Dental Benefits for Infants, Children, Adolescents, and Individuals with Special Health Care Needs

**Policy** on Third-party Reimbursement of Medical Fees Related to Sedation/General Anesthesia for Delivery of Oral Health Services

**Policy** on Third-party Fee Capping of Non-covered Services

**Policy** on Using Harvested Stem Cells

**Best Practices** for Periodicity of Examination, Preventive Dental Services, Anticipatory Guidance/Counseling, and Oral Treatment for Infants, Children, and Adolescents

**Best Practices** for Caries-risk Assessment and Management for Infants, Children, and Adolescents

**Best Practices** for Pain Management in Infants, Children, Adolescents, and Individuals with Special Health Care Needs

**Best Practices** for Restorative Dentistry

**Best Practices** for the Use of Antibiotic Therapy for Pediatric Dental Patients

**Best Practices** for Antibiotic Prophylaxis for Patients at Risk for Infection

**Best Practices** for Dental Management of Pediatric Patients Receiving Immunosuppressive Therapy and/or Radiation Therapy

**Approve new Definitions, Oral Health Policies, or Best Practices on the following topics:**

**Policy** on Diversity, Equity, and Inclusion

**Policy** on Use of Pacifiers

**Best Practices** on Risk Assessment and Management of Pediatric Periodontal Conditions

**Delete the following:**

**Definition** of Dental Disability

**Endorsement**, Healthy Beverage Consumption

C. Constitution and Bylaws Committee<sup>1</sup>

Chair, Scott W. Cashion

**1. Deletion of Leadership Development Committee**

- |  |                                |
|--|--------------------------------|
| 11. Report of the Evidence-Based Dentistry Committee | Board liaison, Anupama R. Tate |
| 12. Election Results (if necessary)                  | President, K. Jean Beauchamp   |
| 13. Unfinished Business                              | President, K. Jean Beauchamp   |
| 14. New Business                                     | President, K. Jean Beauchamp   |

A. Consideration of honorary membership for C. Michael Gilliland

B. Awards recognition

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<sup>1</sup> Per the AAPD Bylaws, Chapter XVII. Amendment of Bylaws: “Minor revisions that do not change the basic subject matter or intent of a proposed amendment as mailed to the members can be made upon recommendation by the Constitution and Bylaws Committee Reference Committee of the General Assembly. A majority vote of the General Assembly will be required to accept the changes, but a two-thirds (2/3) vote will be required by the General Assembly to approve the main motion/bylaws amendment.”

1. Merle C. Hunter Leadership Award: Dr. Jessica Y. Lee
2. Paul P. Taylor Award:  
Manchanda S, Sardana D, Liu P, Lee GHM, Lo ECM, Yiu CKY.  
Horizontal Transmission of Streptococcus mutans in Children and its  
Association with Dental Caries: A Systematic Review and Meta-  
Analysis. Pediatr Dent 2021;43(1):E1-E12.
3. Graduate Student Research Awards (GSRA):
  - a. Azza Tagelsir Ahmed, PhD  
**Early Lead Exposure is Associated with Molar Incisor  
Hypomineralization (MIH)**  
Boston University
  - b. Dongyeon Kim, DDS  
**Spontaneous Space Closure After Extraction of First Permanent  
Molars**  
Montefiore Medical Center, Bronx, N.Y.
  - c. Jorman Garcia, DMD  
**Comparison of Articaine Infiltration to Lidocaine IANB in  
Pediatric Patients**  
University of Illinois at Chicago
  - d. JungSoo Kim, DDS  
**Monitoring Occlusal Caries on Primary Teeth with Optical  
Coherence Tomography**  
University of California, San Francisco
  - e. Luana Lim, DMD  
**Comparison of the Masking Ability and Translucency of Different  
Tooth Colored Restorative Materials**  
Loma Linda University School of Dentistry, Loma Linda, CA
  - f. Rosangel Oropeza, DDS  
**Cytotoxicity Analysis of Pulp Stem Cells After Silver Diamine  
Fluoride Application**  
University of Texas — Houston
  - g. Sapna Saini, DDS  
**Exploring the Association Between Caregiver Opposition of  
Topical Fluoride and COVID-19 Vaccines**  
University of Washington, Seattle, WA
  - h. Taimy Cruz Hondares, DDS  
**Antibacterial, Biocompatible and Mineralization-inducing  
Properties of Calcium Silicate-based Materials**  
The University of Alabama at Birmingham

4. Ralph E. McDonald Award: To be announced
5. My Kid's Dentist and Orthodontics Research Poster Competition
  - First Place: TBA
  - Second Place: TBA
  - Third Place: TBA
6. International Oral Presentation Award: TBA
7. Pediatric Dental Residents Committee Resident Recognition Awards:
  - a. Dr. Christopher Bryer Adams  
University of North Carolina Chapel Hill  
Graduating 2023
  - b. Dr. Azza Tagelsir Ahmed  
Boston University  
Graduating 2022
  - c. Dr. Deepti Shroff Karhade  
University of North Carolina Chapel Hill  
Graduating 2022
  - d. Dr. Caroline Sawicki  
New York University  
Graduating 2022
8. Evidence-Based Dentistry Service Award: Dr. Vineet Dhar
9. 2022-23 Preventech Samuel D. Harris Research and Policy Fellow: TBA
- C. Special gavel presentation in memory of Dr. Jerome B. Miller: Dr. Jade Miller, AAPD Congressional Liaison
- D. Installation of 2022-23 officers and trustees for AAPD, AAPD Foundation, and ABPD: Dr. Heber Simmons, Jr., Special Consultant to the AAPD Board of Trustees
- E. Recognition of outgoing officers, board members, chairs of councils and committees, and PAC Steering Committee representatives:
  1. Dr. Thomas G. Ison, Parliamentarian
  2. Dr. Anupama Rao Tate, At Large/International Membership Trustee
  3. Dr. Marilia J. Montero-Fayad, NorthCentral District Trustee
  4. Dr. Scott W. Cashion, Council on Annual Session, Chair
  5. Dr. Jacob K. Lee, Council on Annual Session, Local Arrangements Committee, Co-Chair
  6. Dr. Aaron S. Lee, Council on Annual Session, Local Arrangements Committee, Co-Chair



7. Dr. Travis M. Nelson, Council on Clinical Affairs, Committee on Sedation and Anesthesia
8. Dr. Jessica Baron, Council on Membership and Membership Services, Pediatric Dental Resident Committee (October 2020-October 2021)
9. Dr. Marie-Jose Cervantes Mendez, Council on Post-doctoral Education
10. Dr. Shantanu Lal, Council on Pre-doctoral Education
11. Dr. Brenda S. Bohaty, Council on Post-doctoral Education, In-service Examination Committee

15. Remarks from Incoming President

Dr. Amr M. Moursi

16. Adjournment



AMERICA'S PEDIATRIC DENTISTS  
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**Minutes of the  
American Academy of Pediatric Dentistry  
General Assembly  
(Virtual)**

**Sunday, May 30, 2021**

**1:00 p.m Eastern  
12:00 noon Central  
11:0 a.m. Mountain  
10:00 a.m. Pacific**

Chair: Jessica Y. Lee, AAPD President

Parliamentarian: Gila C. Dorostkar, assisted by Tim Wynn, PRP, President, Perfect Rules Inc.

Dr. Lee, stating that notice of the virtual Special Session had been duly given, called the electronic meeting to order at 12:02 p.m., Central time.

**1. Rules of debate**

Registration to the virtual General Assembly was open to all AAPD Active and Life members. 137 people, including 121 voting members, registered. There were 106 participants, including non-voting members and non-members.

A voting platform from Option Technologies called VVoter was used to give all voting members the opportunity to speak and debate, as well as vote.

In the interest of saving time and to allow more members an opportunity to participate debate was limited to a comment of two minutes per member, based on estimated reading time, per motion, unless extended by a two-thirds vote without debate. There were no objections to these rules.

**2. Minutes of the General Assembly at the 73rd Annual Session (NashVirtual)**

The Board of Trustees approved the minutes of the General Assembly at the 73rd Annual Session on June 23, 2020. The president proposed that the Board be authorized to approve the minutes of the Special Session. There were no objections to the proposal.

### **3. Nominations Committee report**

The Nominations Committee presented recommendations for the 2020–21 slate of officers/directors. There were no nominations from the floor. Therefore, the General Assembly considered the slate as presented by the Nominations Committee.

#### **Action**

Hearing no objection, the nominees were elected as follows:

President-Elect: Amr M. Moursi  
Vice President: Scott W. Cashion  
Secretary-Treasurer: Scott D. Smith  
At-Large Academic Trustee: James R. Boynton  
American Board of Pediatric Dentistry Director: Brian D. Hodgson

Additionally, Thomas G. Ison was approved by the board of trustees to serve as parliamentarian for 2021–22.

- 4. A recorded greeting from American Dental Association President-elect Dr. Cesar R. Sabates was played for the assembly.**
- 5. Informational reports were given by AAPD President Jessica Y. Lee, AAPD Foundation President Charles S. Czerepak, AAPD PAC Steering Committee Chair Clifford R. Hartmann and AAPD Chief Executive Officer John S. Rutkauskas.**

#### **Reports from the Reference Committees:**

Note that the reports of the Reference Committee hearings are posted on the AAPD website at <https://www.aapd.org/globalassets/refcom-2021-report.pdf>.

### **6. Reference Committee Report—Budget and Finance Committee**

Budget and Finance Committee Chair Dr. Scott W. Cashion presented the following figures, which were informational only. He noted that the budget was created conservatively and market-based revenues are not budgeted into calculations.

<u>Core Revenues</u>		<u>Core Expenses</u>	
Membership	\$ 4,687,389.00	Headquarters Operations	\$ 4,371,415.18
Annual Session	\$ 2,854,758.80	Services	\$ 5,686,699.21
Education	\$ 1,030,901.00	Travel	\$ 1,038,575.99
Publications	\$ 912,300.00	Other	\$ <u>374,491.33</u>
Other	\$ <u>545,154.94</u>	TOTAL	\$ 11,471,181.70
<u>TOTAL</u>	\$ 10,030,503.74		
Core Net Gain / (Loss)		\$ (1,440,677.96)	

- 7. Reference Committee Report—Oral Health Policies, Clinical Recommendations, or Endorsements as presented by the Council on Clinical Affairs Reference Committee.**

Dr. Randall Lout, chair of the Council on Clinical Affairs Reference Committee, presented the report. A motion was made to approve the entire report as a consent agenda (that is, that the entire agenda be considered as a whole without debate as a time saving mechanism). The chair noted that any member had the right to remove any of the recommendation of the reference committee to be considered individually.

### **Action**

The oral health policies, clinical guidelines, and endorsements as presented by the Council on Clinical Affairs Reference Committee were approved as presented. Changes from the drafts presented in the Council on Clinical Affairs' annual report as presented at the Reference Committee hearings are below.

### **The Reference Committee recommends approval/reaffirmation of existing Definitions, Oral Health Policies and Best Practices Recommendations as Presented or with Changes as Noted below:**

#### **The Reference Committee recommends approval /reaffirmation of existing Definitions, Oral Health Policies, Best Practices, or Endorsements as Presented:**

*Policy on Third-party Reimbursement of Fees Related to Dental Sealants*  
*Policy on Third-party Reimbursement for Management of Patients with Special Health Care Needs*  
*Policy on Emergency Oral Care for Infants, Children, and Adolescents*  
*Policy on Early Childhood Caries (ECC): Consequences, and Preventive Strategies*  
*Policy on Early Childhood Caries (ECC): Unique Challenges and Treatment Options*  
*Policy on Intraoral/Perioral Piercing and Oral Jewelry/Accessories*  
*Policy on Patient Safety (Inclusion of information presented in November 2019 AAPD Safety Symposium and a section on fire safety)*  
*Best Practices on Perinatal and Infant Oral Health Care*  
*Best Practices on Prescribing Dental Radiographs*  
*ADDENDUM-Best Practices for Managing the Developing Dentition and Occlusion in Pediatric Dentition (Revision of section on ankylosis)*

#### **The Reference Committee recommends approval of existing Definitions, Oral Health Policies, or Best Practices with the changes as noted below. (Click on a title in this list to go directly to those recommendations)**

[\*Policy on Third-party Reimbursement of Oral Health Care Services Related to Congenital Orofacial Differences\*](#)  
[\*Policy on Obstructive Sleep Apnea\*](#)  
[\*Policy on Substance Misuse in Adolescent Patients\*](#)  
[\*Policy on Transitioning from a Pediatric to an Adult Dental Home for Individuals with Special Health Care Needs\*](#)  
[\*Best Practices on Management of Dental Patients with Special Health Care Needs\*](#)  
[\*Best Practices on Oral Health Care for the Pregnant Pediatric Dental Patient\*](#)  
[\*Best Practices on Record-Keeping\*](#)

#### **The Reference Committee recommends approval of new Definitions, Oral Health Policies, or Best Practices with the changes as noted below. (Click on a title in this list to go directly to those recommendations)**

[\*Policy on Teledentistry\*](#)

### *Policy on Third-party Reimbursement of Oral Health Care Services Related to Congenital Orofacial Differences*

Line 159-161: update reference: Premera. Orthodontic services for treatment of congenital craniofacial anomalies. Premera Medical Policy. 9.02.500. Available at:

~~“<https://www.premera.com/medicalpolicies-individual/9.02.500.pdf>.”~~

~~“<https://www.premera.com/medicalpolicies/9.02.500.pdf>”~~ Accessed ~~October 5, 2020~~. Access May 22, 2021

Lines 164-166: update reference: University Health Alliance. Orthodontic Services for Orofacial Anomalies Payment Policy. 2015. Available at

~~“[https://uhahealth.com/uploads/forms/form\\_sur\\_Orthodontic\\_Services\\_for\\_Orofacial-Anomalies.pdf](https://uhahealth.com/uploads/forms/form_sur_Orthodontic_Services_for_Orofacial-Anomalies.pdf)”.~~ ~~“<https://uhahealth.com/blog/new-medical-payment-policy-orthodontic-services-for-orofacial-anomalies>”~~ Accessed ~~October 5, 2020~~ May 21, 2021.

### *Policy on Obstructive Sleep Apnea*

Line 17-19: add reference: “... learning problems, and/or behavioral problems. (American Academy of Sleep Medicine 2014)

Insert after line 83:

- Unusual sleep positions (seated or neck hyperextended)

Lines 143-146: If a patient is suspected of being at risk for OSA, a referral to ~~the appropriate a~~ medical ~~doctors~~ specialist (e.g., otolaryngologist, pulmonologist, sleep medicine physician) ~~is advised~~ allows for further assessment. Then, a clinical examination in addition to including polysomnography (sleep study) ~~will to either confirm establish or deny the~~ diagnosis. (Polysomnography Task Force 1997 The AASM Manual for the Scoring of Sleep and Associated Events 2017)

Line 164: ...deficiencies and mandibular advancement devices (MADs) for class II malocclusion correction are examples of...

Line 174-178:

~~It is advised that the dentist work~~ Through consultation with the physician, ~~the dentist can to~~ determine if adjunctive options (e.g., RPE, orthodontic ~~treatment~~) are advised as part of a multidisciplinary treatment effort (Behrents AAO White Paper 2019). ~~If When a dentist decides to treat OSA with an intraoral appliance is used for OSA, it is strongly encouraged that the patient be reassessed~~ reassessment of symptoms throughout treatment for symptoms of OSA to therapy helps determine if the treatment is working beneficial. (AAP 2012)

Line 192: add: ...postoperative breathing complications. (American Society of Anesthesiologists 2014) Performing an airway assessment in conjunction with the caregiver, especially when considering sedation or general anesthesia, may help identify patients at increased risk for OSA or peri-/post-operative breathing complications. These individuals may benefit from referral to a medical professional for further evaluation, diagnosis, and management.

### *Policy on Substance Misuse in Adolescent Patients*

Line 27: From those, ~~4~~<sup>37</sup> papers were used to update this document.

Lines 32-34: **Adolescence:** identifies “adolescence as 11 to 21 years of age, dividing the group into early (ages 11–14 years), middle (ages 15–17 years), and late (ages 18–21 years) adolescence.” (Hagan et al. 2017; Hardin and Hackell 2008)

Lines 40-41: Delete reference (National Institute of Alcohol Abuse and Alcoholism (NIAAA) 2019 and remove from reference list.

Line 69 (and throughout document): Delete reference, Kulig 2005

Line 119: Delete: "...many adolescents are resorting to ~~"street opioids"~~ heroin and fentanyl..."

Lines 132-133: Delete and replace first sentence: ~~There is high probability that dental personnel will detect signs of possible substance abuse misuse in their adolescent patient population. Due to the prevalence of substance misuse, it would not be uncommon for the dental provider to encounter signs of substance misuse.~~

Line 170: ...clinical manifestations of substance ~~use~~ misuse,...

Lines 172-176: ... community resources which address alcohol and drug ~~abuse~~ misuse specific to adolescents.(National Institute on Drug Abuse 2014-Principles; ~~Kulig 2005~~; Kulig et al. 2011; ~~Dean 2016~~Yepes 2021; ADA 2005, ~~Rastegar and~~ Fingerhood 2020 ) When substance abuse is suspected or confirmed, an empathetic, non-judgmental style of discussion facilitates a trusting patient-doctor relationship.(Kulig ~~2005~~2011; Fingerhood 2020)

Lines 180-182: initiating referrals for assessment and treatment by other health care providers.(National Institute on Drug Abuse 2014-Principles; ~~Kulig 2005~~; Kulig et al. 2011; ~~Dean 2016~~Yepes 2021; ADA 2005; Levy and Williams 2016; American Society of Addiction Medicine 2020)

Lines 184-186: ... when substance ~~abuse~~ misuse places the adolescent patient or others in a high-risk or life-threatening situation.(Kulig et al. 2011; ~~Joffe 2003~~Moon 2019)

Lines 192-193: ... respiratory depression.(Kulig et al. 2011; ~~Dean 2016~~Yepes 2021)

Lines 215-217: ~~The AAPD recognizes that an increasing number of adolescents abuse misuse alcohol and/or drugs.(Substance Abuse and Mental Health Services Administration-Binge drinking; Centers for Behavioral Health Statistics and Quality 2015 The number of adolescents that misuse alcohol, drugs, or both is a public health problem. (Johnson et al. 2020; SAMSHA 2020) The AAPD recognizes P providing dental care to adolescents...~~

Delete lines 239-240 and replace:

- ~~recommend non-opioid analgesics when pain management is necessary.~~
- ~~prescribe non-controlled substances or medications with a low potential for abuse misuse.~~
- recommend non-opioid analgesics or prescribe non-controlled medications with a low potential for misuse when medications are indicated for disease management/ pain control.

Lines 241-242: Add:

- if non-controlled medications are ineffective, prescribe only small amounts of medications that have the potential to be abused misused in small amounts or quantities, preferably with no refills.

Delete references:

~~Dean JA. Examination of the mouth and other relevant structures. In: McDonald and Avery's Dentistry for the Child and Adolescent. 10th ed. St. Louis, Mo.: Mosby Elsevier; 2016:13-4.~~

Hardin AP, Hackell JM. AAP Committee on Practice and Ambulatory Medicine. Age limit of pediatrics. Pediatrics 2017;140(3):e20172151. <https://doi.org/10.1542/peds.2017-2151>.

Joffe A. Confidentiality in dealing with adolescents. In: Graham AW, Schultz TK, Mayo-Smith MF, et al., eds. Principles of Addiction Medicine. 3rd ed. Chevy Chase, Md.: American Society of Addiction Medicine; 2003:1555-7.

Kulig JW. American Academy of Pediatrics Committee on Substance Abuse. Tobacco, alcohol, and other drugs: The role of the pediatrician in prevention, identification, and management of substance abuse. Pediatrics 2005;115(3):816-21. Reaffirmed March, 2013.

National Institute of Alcohol Abuse and Alcoholism (NIAAA). Underage drinking. National Institute of Alcohol Abuse and Alcoholism; 2019. Available at: [https://www.niaaa.nih.gov/sites/default/files/Underage\\_Fact.pdf](https://www.niaaa.nih.gov/sites/default/files/Underage_Fact.pdf). Accessed September 27, 2020.

Add references:

Moon MR. Confidentiality in dealing with adolescents. In: Miller SC, Fiellin DA, Rosenthal RN, Saitz R, eds. American Society of Addiction Medicine (ASAM) Principles of Addiction Medicine. 6<sup>th</sup> ed. Philadelphia, PA.: Wolters Kluwer; 2019: 1664-6.

Yepes JF, Dean JA. Examination of the mouth and other relevant structures. In: Dean JA, senior ed., Jones JE, Sanders BJ, Vinson LAW, Yepes JF eds. McDonald and Avery's Dentistry for the Child and Adolescent. 11<sup>th</sup> ed. St. Louis, Mo.: Elsevier; 2022:14-6.

Revise references:

American Society of Addiction Medicine. Fingerhood MI. Special populations: Adolescents. In: Rastegar DA, Fingerhood MI, eds. Handbook of Addiction Medicine. 2nd ed. New York, NY: Oxford University Press; 2020; 380-5.

Li D, Croft DP, Ossip DJ, Xie Z. The association between statewide vaping prevalence and COVID-19. Preventive Medicine Reports 2020; 20:1-6. <https://doi.org/10.1016/j.pmedr.2020.101254>. Accessed May 23, 2021.

Substance Abuse and Mental Health Services Administration. Results from the 2012 National Survey on Drug Use and Health: Summary of National Findings. NSDUH Series H-46, HHS Publication No. (SMA) 13-4795 Rockville, MD: Substance Abuse and Mental Health Services Administration, 2013. Available at: <https://www.samhsa.gov/data/sites/default/files/NSDUHresults2012/NSDUHresults2012.pdf>. Accessed May 23, 2021.

References will be updated to current editions throughout.

*Policy on Transitioning from a Pediatric to an Adult Dental Home for Individuals with Special Health Care Needs*

Line 110: Delete Espinoza reference; revert to Newacheck 2002.

Line 119: Remove the deletion. "...13.6 million children with SHCN under age 17 years of age"

Line 121: The U.S. has approximately ~~6000~~ 8,600 pediatric dentists. (~~AAPD Membership Statistics~~ American Dental Association Department of Member Data, Analytics and Reporting)

*Best Practices on Management of Dental Patients with Special Health Care Needs*

Line 30: Eighty-seven ~~seven~~ nine electronic and hand searched articles

Line 174: add A dental home should be established by 12 months of age (AAPD P\_Dental Home) especially for children with SHCN.

Line 298: delete reference (FDA 2017)

Line 317: delete “..., or fatigue from multiple medical visits and procedures (~~previously referred to as white coat syndrome~~)”

Line 339: add reference “...applied with the toothbrush (Awasthi et al 2015).”

Line 349: add reference “...impact on caries and periodontal risk (Estrella 2010).”

Line 369: delete reference and add new: “more than half of the cases of child abuse. (~~AAPD BP\_Child Abuse and Neglect~~ Fisher-Owens 2017).

New references:

Awasthi P, Peshwani B, Tiwari S, Thakur R, Shashikiran ND, Singla S. Evaluation and comparison of the efficacy of low fluoridated and calcium phosphate-based dentrifice formulations when used with powered and manual toothbrush in children with autism. Contemp Clin Dent 2015;6(1):S188-191.

Fisher-Owens SA, Lukefahr JL, Tate AR, et al. Oral and dental aspects of child abuse and neglect. Pediatr Dent 2017;39(4):278-83.

Delete reference:

U.S. Food and Drug Administration. FDA Drug Safety Communication: FDA approves label changes for use of general anesthetic and sedation drugs in young children. Safety Announcement 4-27-2017. Available at: “<https://www.fda.gov/drugs/drug-safety-and-availability/fda-drug-safety-communication-fda-approves-label-changes-use-general-anesthetic-and-sedation-drugs>”. Accessed March 21, 2021.

### *Best Practices on Oral Health Care for the Pregnant Pediatric Dental Patient*

Lines 105-111:

#### **General considerations**

Proper prenatal care is essential. Oral health care providers ~~are in a position to~~ should encourage pregnant pediatric dental patients to ~~have~~ seek routine care with their obstetrician and other primary care providers throughout their pregnancy. ~~Oral health care providers should emphasize that~~ Likewise, obstetric care providers are able to counsel patients regarding good oral health habits, including the importance of professional oral health care during pregnancy. Dental visits during pregnancy are safe, effective, and should be encouraged. (National Mat Child Oral Health Resource Center 2012, ACOG 2017.)

Recommendations: Health care providers should counsel patients on the safety and benefits of prenatal medical and dental care. To review r Recommendations for adolescent oral health care can be found in please see AAPD's Best Practice on Adolescent Oral Health Care (AAPD Adolescent Oral Health Care 2020)

Line 138: A healthy diets during pregnancy ~~should be~~ is encouraged.



Add before line 141: In addition, diabetes during pregnancy has been associated with cleft lip and palate in fetuses. (CDC Facts about Cleft lip and cleft palate 2019) An expectant female may modify food choices

Lines 157-158: ~~That health care providers be up to date on information on effects of medications during pregnancy is of utmost importance.~~ Availability of current information on the potential effects of medications during pregnancy is important for improving health care providers' prescribing practices and patient safety. (Morgan et al. 2010)

Line 195-196: Some over-the-counter medications should be avoided in pregnant patients. These may include ~~Pepto-Bismol~~ medications for gastrointestinal upset / diarrhea which contain (bismuth subsalicylate), ...

Line 202: Certain types of medications (e.g., topiramate, valproic acid), ~~smoking, and diabetes~~ during pregnancy...

Line 212: Break paragraph and add:

Recommendations: Oral health care providers should be aware of different medications and their effects on pregnant patients. Oral health care providers should be aware of and recommend that pregnant patients avoid medications that cross the placenta and pose a risk to the developing fetus.

**Effects of smoke, tobacco, alcohol, and illicit substance exposure during pregnancy**  
Education on the serious health consequences of tobacco use and fetal exposure to tobacco and other environmental smoke is an important component of prenatal counseling. Women who have higher exposure levels to polycyclic aromatic hydrocarbons (PAHs)...

Line 223: Dental health care providers ~~should~~ can discourage the use of tobacco...

Line 235: ...individuals with FASDs is difficult, but the Centers for Disease Control and Prevention (CDC) estimates 0.2 – 1.5 infants...

Lines 238-239: ~~Health care providers should screen~~ Screening for alcohol use and providing counseling to may help decrease the risk of FASDs and harm to the infant.

Lines 256-258:

Recommendations: Oral health care providers should be aware of and recommend that pregnant patients avoid medications substances that cross the placenta and pose a risk to the developing fetus. Pregnant pediatric dental patients should be encouraged to avoid smoking, exposure to smoke, and use of alcohol and illicit drugs. Dentists should counsel pregnant patients on the increased risk of negative consequences to the developing fetus if exposed to these substances.

Lines 355-356: Routine dental care for pregnant adolescents ~~should be~~ is encouraged.

Lines 358-368:

Pregnant adolescents should In order to achieve optimal oral health, a pregnant adolescent who does not already have a dental home and receive regular preventive and therapeutic care is encouraged to seek professional oral health care during the first trimester. After obtaining a The initial visit would entail thorough review of medical, dental and social histories, the dental professional should perform and a comprehensive evaluation, which includes a thorough dental history, dietary and fluoride use histories, clinical examination, and caries risk assessment. The

dental history ~~should include discussion of~~ addresses diet and fluoride use, preexisting oral conditions, current oral hygiene practices and preventive home care, previous radiographic exposures, and tobacco and other substance use.(USDHHS Healthy People 2020; USDHHS/CDC Preventing Smoking; Matthews 2001; WHO 1999; USDHHS Preventing Tobacco Use; Aligné 2003) ~~The objectives of professional oral health care during the first trimester include avoiding fetal hypoxia, premature labor/ fetal demise, and teratogenic effects.~~(Shub et al. 2009) Historical and clinical findings can be used to determine the patient's risks for caries and periodontal disease and to develop an individualized treatment plan. Blood pressure readings ~~should be~~ taken at each visit: can help identify H~~ypertension, which~~ increases the risk of bleeding during procedures. Of note, Teens A~~dolescents~~ are at a higher risk than average mothers for pregnancy-related high blood pressure (preeclampsia) and its complications. (Carey 2012)

Line 378: Preventive services ~~must be a high priority~~ are critical components of oral health care for the adolescent pregnant patient.

Lines 383-384: Referral to a periodontist ~~should be considered~~ may be necessary in the presence of progressive periodontal disease. (McGaw 2002; Raber-Durlacher et al. 1994)

Lines 392-393: In general, non-emergency dental treatment needed during the third trimester ~~should~~ would be postponed until after birth...

Lines 396-403:

Common invasive dental procedures may require certain precautions during pregnancy, particularly during the first trimester. Performing Elective restorative and periodontal therapies ~~should be performed~~ during the second trimester. ~~This~~ may prevent any dental infections or other complications from occurring in the third trimester. (Hilgers 2003) ~~Dental treatment for a A~~ pregnant patient who is experiencing pain or infection ~~should not be delayed until after delivery~~ requires immediate treatment. When ~~selecting~~ contemplating therapeutic agents for local anesthesia, infection, postoperative pain, or sedation, ~~the dentist must evaluate~~ consideration is given to the potential benefits of the dental therapy versus the risks to the pregnant patient and the fetus. ~~The practitioner should~~ Selecting the safest medication, limiting the duration of the drug regimen, and minimizeing dosage:(CDA Foundation 2010) promote patient safety.

Lines 410-413:

Nitrous oxide/oxygen analgesia/anxiolysis may facilitate the delivery of dental care for a pregnant adolescent when topical and local anesthetics alone are inadequate. Consultation with the prenatal medical provider ~~should precede use of nitrous oxide/oxygen analgesia/ anxiolysis during pregnancy.~~ Nitrous oxide inhalation ~~should be limited to cases where topical and local anesthetics alone are inadequate~~ is indicated prior to its use, and p~~Precautions must be taken~~ are needed during treatment to prevent hypoxia, hypotension, and aspiration. (California Dental Association Foundation 2010)

Lines 414-418:

If more advanced behavior guidance regiments such as moderate sedation or general anesthesia are needed, post-menarchal patients who have not disclosed a pregnancy may be subjected to a pregnancy test prior to treatment ~~if they have not disclosed they are pregnant.~~ Pregnancy testing ~~should be offered~~ has been recommended to female patients of childbearing age ~~for whom when~~ the results would alter the patient's medical management. (ASA – Pregnancy testing 2016)

Lines 433-435:

The FDA, in 2020, ~~stated that~~ encouraged practitioners to avoid using dental amalgam should be avoided in pregnant women, women planning to become pregnant, women who are nursing, and children under the age of six. (FDA Amalgam 2020)

Line 438: However, the American Dental Association (ADA) has reaffirmed amalgam is a durable, safe, effective..

Delete lines 441-443: ~~Although there are no scientific studies to indicate issues with bleaching, it is recommended that bleaching be avoided during pregnancy. (ADA Mouthhealthy.org, American Pregnancy Association)~~

Add: Dental bleaching is known to have side effects (e.g., tooth sensitivity, tissue irritation) in the general population (AAPD Policy on Bleaching) and has not been studied in pregnant patients. The lack of evidence regarding safety has led other organizations to recommend that bleaching be avoided during pregnancy (ADA Mouthhealthy.org, American Pregnancy Association) For more information regarding bleaching, refer to the AAPD Policy on the Use of Dental Bleaching for Child and Adolescent Patients. (AAPD Policy on Bleaching)

Lines 445-446: Paragraph break and add:

In general, deferring elective dental treatment that is not medically necessary should be postponed until after delivery helps minimize risk to patient and fetus. (American Pregnancy Association)

Lines 453-454: ~~A The decision to obtain radiographic examination imaging should not precede is based on the patient's history and~~ a clinical examination. (ADA/FDA 2012).

Lines 476-479:

~~Dentists should responsibility to follow~~ Following the as low as reasonably achievable principle (ALARA) principle helps dentists to minimize the patient's exposure. (ADA FDA 2012) The use of cone-beam computed tomography (CBCT) is not addressed in this document, and ~~oral health providers should consult~~ consultation with a patient's obstetrician/gynecologist is indicated prior to its use.

Lines 527-530:

Recommendations: Oral health care providers should recommend that pregnant pediatric dental patients ~~have~~ continue with routine dental care during pregnancy, including preventive services such as in-office dental examinations, prophylaxis and fluoride treatments. Pregnant pediatric dental patients should be encouraged to ~~have~~ maintain good home care, including brushing two times daily with fluoridated toothpaste and daily flossing.

Lines 533-535:

Restorative and periodontal therapies may be completed during the second trimester to prevent any dental infections or other complications from occurring in the third trimester. However, ~~elective dental procedures, Tooth whitening, and cosmetic procedures~~ should be postponed until after delivery.

Lines 554-556:

If a pregnant adolescent's parents are unaware of the pregnancy, and state laws require parental consent for dental treatment, ~~the practitioner should encourage~~ the adolescent is encouraged to inform them so appropriate informed consent for dental treatment can occur.

Additional reference:

American Academy of Pediatric Dentistry. Policy on the use of dental bleaching for child and adolescent patients. The Reference Manual of Pediatric Dentistry. Chicago, Ill.: American Academy of Pediatric Dentistry; 2020:112-5.

*Best Practices on Record-Keeping*

Lines 107-108: Delete “In issuing this information, the AAPD is not engaged in rendering legal or other professional advice. If such services are required, competent legal or other professional counsel should be sought.”

Lines 147-159:

**Components of a dental record**

The dental record must include each of the following specific components: (Amos,2017)

- medical history.
- dental history.
- clinical assessment.
- radiographic or other images obtained, if any, and their interpretation.
- diagnosis- or differential diagnosis
- treatment recommendations.
- parental consent.
- progress notes.
- acknowledgment of receipt of Notice of Privacy Practices/HIPAA consent. ~~(Sfikas 2003;~~ USDHHS HIPPA Privacy Regulations)

~~When applicable, patient assent should be included in the patient record. Practitioners should refer to state guidelines regarding regulations for patient assent. (Katz 2016)~~

~~When applicable, the following should be incorporated into the patient’s record as well: (Amos 2017; Dean 2016; Brecher et al. 2019)~~

- ~~• radiographic images or other images obtained and their interpretationassessment.~~
- caries risk assessment.
- periodontal risk assessment.
- parental consent/patient assent.
- sedation/general anesthesia records.
- traumatic injury records.
- orthodontic records.
- consultations/referrals.
- laboratory orders.
- test results.
- additional ancillary records.
- Post-treatment instructions and prescriptions.

Lines 176, 234, 248, 269: Delete Dean reference, add Yepes and Dean 2022.

Lines 303-306:

Delete: If the photograph identifies the patient and will be included in dental record, a written informed consent should be obtained as part of a general consent for treatment. In addition, if the photographs are intended for use other than in dental record, such as a publication, a separate written informed consent must be obtained.

And replace with: Permission to obtain photographs to facilitate treatment should be addressed within a general consent for care.(Nettrour J 2019) If images containing PMI are intended for other use (e.g., publication, presentation), specific written authorization is required.(Nettrour 2019) Although photographs without identifiable PHI may be exempt from HIPAA regulations (Nettrour 2019),

Line 306-308: ~~P~~practitioners should consult HIPAA rule and state regulations prior to dissemination of images. (~~Harting 2015; Nettrour J 2018~~)

Line 328: add: “be included in these discussions. (Katz 2016; AAPD Informed Consent) Information should be provided to the patient in an age-appropriate manner, and practitioners should seek assent (agreement) from the patient whenever possible. (AAPD Informed Consent) The dentist should not attempt to decide what the parent will accept or can afford.”

Lines 331-332: Delete “Look at informed consent document”

Line 360:

- presence of the ~~parent or guardian accompanying adult~~ in the operatory, if applicable.

Line 875: add article title: Spindler J. Reduce your malpractice risk: top 10 documenting mistakes to avoid. J Mich Dent Assoc 2015;97(12):24-29.

New reference:

Yepes JF, Dean JA. Examination of the mouth and other relevant structures. In: Dean JA, senior ed., Jones JE, Sanders BJ, Vinson LAW, Yepes JF eds. McDonald and Avery’s Dentistry for the Child and Adolescent. 11th ed. St. Louis, Mo.: Elsevier; 2022:1-18.

Delete references:

Anderson I, Andreasen JO, Day P. Guidelines for the management of traumatic dental injuries; 2. Avulsion of permanent teeth. Dent Traumatol 2012;28:88-96.

Anderson I, Andreasen JO, Day P. Guidelines for the management of traumatic dental injuries; 3 Injuries in the primary dentition. Dent Traumatol 2012;28:174-182.

Dean JA. Examination of the mouth and other relevant structures. In: McDonald and Avery’s Dentistry for the Child and Adolescent. 10th ed. St. Louis, Mo.: Elsevier; 2016:1-16.

DiAngelis AF, Andreasen JO, Ebeleseder KA. Guidelines for the management of -tic dental injuries; 1. Fractures and luxations of permanent teeth. Dent Traumatol 2012;28:2-12.

Dhar V, Marghaiani AA, Crystal YO, Kumar A, Ritwik P, Tulunogiu O, Graham L.American Academy of Pediatric Dentistry. Use of vital pulp therapies in primary teeth with deep caries lesions. Pediatr Dent 2017;39(65):173-86. E146-E159.

### *Policy on Teledentistry*

Lines 8-15:

#### **Purpose**

The American Academy of Pediatric Dentistry (AAPD) recognizes the need for improved access to services for infants, children, adolescents, and individuals with special health care needs when circumstances (~~e.g. disasters, pandemics~~) create ~~temporary or emergent~~ barriers to care. The AAPD advocates for teledentistry as a valuable tool to improve access to care for pediatric patients, ~~when engagement of traditional services in a timely manner is not feasible or practical due to local unforeseen circumstances.~~

Lines 74-88:

### **Policy Statement**

The AAPD encourages the use of teledentistry as an adjunct to in-person clinical care to improve access to care for infants, children, adolescents, and individuals with special health care needs.

The AAPD advocates that teledentistry services:

- gain recognition as a subset of telehealth.
- complement but do not serve as a substitute for the establishment of a dental home.
- serve as a useful tool for the timely assessment and triage of traumatic injuries.
- provide an important adjunct when access to providers is limited, including but not limited to local unforeseen circumstances, patients in remote locations and patients with special healthcare needs who may not be able to engage in traditional services (e.g. during a disaster or pandemic).
- be consistent with evidence-based guidelines and recommendations promulgated by organizations or agencies with recognized expertise and stature.
- be included as an essential component of health care benefits plans with reimbursement rates on par with in-person delivery of care (ADA Policy on Teledentistry 2020).

The AAPD recognizes that teledentistry is an expanding and increasingly beneficial technology. Further research and development of teledentistry policy and technology are needed on a state and national level to facilitate widespread implementation.

## **8. Reference Committee Report—Committee on Constitution and Bylaws**

Dr. Amr M. Moursi, chair of the Constitution and Bylaws Reference Committee, presented the report. A motion was made to approve the entire report as a consent agenda (that is, that the entire agenda be considered as a whole without debate as a time saving mechanism). The chair noted that any member had the right to remove any of these proposed amendments for separate consideration, which would then be debated and put to a vote individually.

Please note that in accordance with the AAPD Constitution and Bylaws, notice of this proposed Constitution and Bylaws change was mailed to the membership more than 60 days prior to the General Assembly. The notice was provided in the March 2021 issue of *PDT*, on page 23. This issue was mailed on March 9, 2021. The proposed Constitution and Bylaws amendment has also been available on the AAPD website. Members were alerted to this information via AAPD E-News.

### **Action**

The amendment to the Bylaws to codify the chair of the Nominations Committee as presented by the Constitution and Bylaws Committee was approved by consent.

## **9. Report of the Evidence-Based Dentistry Committee**

Dr. Anupama R. Tate presented an informational report on the Academy's Evidence-Based Dentistry activities. She thanked the Non-Vital Pulp Therapy Guideline Workgroup—Chair Dr. Jim Coll and members Drs. Kaaren Vargas, Shahad Al Shamali, Chia-Yu Chen, Abdullah Marghalani, Yasmi Crystal and Vineet Dhar—and the Behavior Guidance Guideline Workgroup—Drs. Vineet Dhar as chair, Elizabeth Gosnell, Cameron Randall and Rebecca Slayton.

The next three topics for the development of clinical practice guidelines are frenectomy and lactation, permanent tooth vital pulp therapy in children and adolescents, and caries risk assessment and oral health determinants.

## **10. Installation of Officers**

The 2021–22 AAPD Board of Trustees, AAPD Foundation Board, and ABPD Directors were installed by AAPD Past President, Dr. Heber Simmons, Jr.

## **11. Recognition of outgoing officers, board members, and chairs of councils and committees.**

Dr. Lee recognized outgoing volunteer leaders:

- Gila C. Dorostkar, Parliamentarian
- Homa Amini, Academic At-Large Trustee
- John T. Fales, Jr., Southwestern District Trustee
- Jacob K. Lee, Western District Trustee
- Amr M. Moursi, Council on Annual Session, Chair
- Robert Moreau, Council on Annual Session, Local Arrangements Committee, Co-chair
- Hubert Park, Council on Annual Session, Local Arrangements Committee, Co-chair
- Jade Miller, POHPC Safety Committee, Chair
- Janice Townsend, Council on Annual Session, Scientific Program Committee, Chair
- Randall K. Lout, Council on Clinical Affairs, Chair
- Elizabeth S. Gosnell, Council on Clinical Affairs, Committee on Special Health Care Needs, Chair
- James R. Boynton, Council on Continuing Education, Journal-Based Continuing Education Committee, Chair
- Courtney Alexander, Council on Membership and Membership Services, Chair
- Sofia Kennel, Council on Membership and Membership Services, Pediatric Dental Resident Committee, Chair
- Jonathon E. Lee, Council on Membership and Membership Services, Committee on Communications, Chair
- Kaaren Vargas, Council on Scientific Affairs, Chair

## **12. Awards recognition**

The following awardees were recognized or announced:

### **1. Recognition Awards**

- *Distinguished Service Award*—Reneida E. Reyes
- *Pediatric Dentist of the Year*—Heber Simmons, Jr.
- *Merle C. Hunter Leadership Award*—Jade Miller
- *Ann Page Griffin Humanitarian Award*—Kevin J. Donly
- *Manuel M. Album Award*—NYU Health Center for People with Disabilities
- *Jerome B. Miller “For the Kids” Award*—David M. Avenetti
- *Dr. Lewis A. Kay Excellence in Education Award*—Marcio Guelmann
- *Paul P. Taylor Award*—“A Systematic Review and Meta-Analysis of Nonvital Pulp Therapy for Primary Teeth” by Coll JA, Vargas K, Marghalani AA, Chen C-Y, AlShamali S, Dhar V, Crystal YO. *Pediatr Dent* 2020;42(4):256-72.E11-E199
- *N. Sue Seale Coll Evidence-Based Dentistry Service Award*—Elizabeth Gosnell

The Chair also announced that Dr. Paul S. Casamassimo, AAPD's Chief Policy Officer, is receiving a special Presidential Citation in recognition of his outstanding work with the AAPD Pediatric Oral Health Research and Policy Center. Among other achievements, he has been the lead author on several technical briefs and scholarly articles of immense importance to our profession and the pursuit of optimal oral health for all children. Over the past year plus of challenging COVID pandemic issues, he provided keen guidance and advice to the AAPD as well as counseling many AAPD members that we would indeed get through this crisis.

## **2. NuSmile Graduate Student Research Awards (GSRA)**

Jennifer J. Archibald, DDS—Boston Children's Hospital

*Primary Molars with Sealants Develop Less Caries and Are Cost-Effective*

Margaret Eunjee Choi DMD, MS—Boston Children's Hospital

*Failure of Permanent Tooth Restorations in Children with Special Needs*

*Boston Children's Hospital*

Jennifer Cleary DDS, MS—University of Michigan, Ann Arbor, MI

*The Effectiveness of Silver Diamine Fluoride as a Treatment for Caries in*

*Comparison to Traditional Restorative Techniques: A 12 month Randomized Controlled Trial*

Ida Gorshteyn, DDS—University of California, San Francisco

*The Role of GPR155 in Trans-ameloblast Calcium Transport*

Catherine J. V. Graham, DMD, MPH—University of Florida, College of Dentistry

*CBP+ Streptococcus mutans and Candida albicans Association with ECC Relapse*

Yu-Yin Lin, DDS, MS—University of Alabama at Birmingham

*Chemical, Physical and Antibacterial Properties of Contemporary Pulp Capping Materials*

Dr. Mirissa D. Price, DMD—Boston Children's Hospital - Harvard School of Dental Medicine

*A Novel Method of Pediatric Teledentistry During the COVID-19 Pandemic*

Ada J. Reyes, DDS—University of Iowa

*Childhood obesity and Metabolic Syndrome is associated with oral dysbiosis*

## **3. Ralph E. McDonald Award**

The Ralph E. McDonald award is sponsored by the Indiana University Pediatric Dentistry Alumni Association.

Jennifer Cleary DDS, MS—University of Michigan, Ann Arbor, MI

*The Effectiveness of Silver Diamine Fluoride as a Treatment for Caries in*

*Comparison to Traditional Restorative Techniques: A 12 month Randomized Controlled Trial*

## **4. My Kid's Dentist and Orthodontist Research Poster Competition**

First Place: Joshua D. Evans, DDS, Ohio State University—*Exploring Links between Dento-Alveolar Trauma and Concomitant Brain Injury*

Second Place: Nouf Alajaji, BDS, University of Illinois at Chicago—*Success of Three Primary Molar Pulpotomy Materials: A Retrospective Study*

Third Place: Carly R. Boudreaux, DMD, Indiana University/Riley Hospital for Children—*Pediatric Dentists Perceived Demand for Dentist Anesthesiologists Following Specialty Recognition*



**5. Pediatric Dental Residents Committee Resident Recognition Awards**

- Dr. Abbey Marie Tadros, University of Alabama
- Dr. Kathryn Michelle Pawlak, University at Buffalo
- Dr. Marlee Hansen, The Ohio State University

**13. Other business**

Dr. K. Jean Beauchamp, incoming AAPD president, presented remarks.

The meeting adjourned at 1:09 p.m., Central time.

Minutes taken by Margaret A. Bjerklie, Governance and Operations Manager, American Academy of Pediatric Dentistry

Approval: Minutes will be reviewed and approved by the AAPD Board of Trustees and posted on the AAPD website

Minutes were approved by electronic vote June 22, 2021.