MLMIC
MLMIC Insurance Company
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THE SCOPE

DENTAL EDITION

ISSUE 02 | FOURTH QUARTER 2020

INSIDE

EXECUTIVE MESSAGE

To Our MLMIC Insurance Company Policyholders:

Over the course of the three months since our inaugural issue of *The Scope* was released, it has been encouraging to see the COVID-19 situation in New York improve. Hospitalizations and cases are down significantly from their peak in April and May, and most practices are now operating in this "new normal" of increased vigilance in which we find ourselves.

Throughout it all, the staff of MLMIC realize that it is you, the physicians, dentists, and advanced practice providers out there in the field, who are working hardest to pull the people of New York back from the edge of this dire situation. Not the politicians. Not the pundits. Not the armchair quarterbacks.

We also realize that your professional focus is on your patients, your practice, and your coworkers. Not your dental professional liability insurance. As such, it has been MLMIC's aim to unobtrusively support you by offering guidance and resources when appropriate.

So how are we doing? Are you hearing from us too much, not enough, or just right? Are you finding the guidance and support provided to be of value? What topics would you like addressed in a future issue of *The Scope*?

As a physician not long removed from active practice, I want to hear from you. Please do not hesitate to **contact me** at any time to share your thoughts, experiences, and suggestions...or perhaps just swap "war stories."

Please stay safe and, to inject a little levity from a **classic film**, "Go do that voodoo that you do so well!"

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EMERGING FROM COVID-19:

Guidelines for Protecting Your Dental Practice from Liability Claims

At the outset of the COVID-19 pandemic, New York State declared a public health emergency that allowed Governor Andrew Cuomo to take swift action to mitigate the spread of the highly contagious coronavirus.[1] This was followed by subsequent executive orders that focused on reducing social interactions and included the closure of all dental practices throughout the state.[2] Subsequent directives clarified that dental offices could remain open for the purposes of emergency treatment from March 20, 2020, until offices were permitted to fully reopen on June 1, 2020.[3] As a result of the temporary closure of many dental practices, numerous ongoing treatment plans were disrupted and routine examinations were canceled, resulting in the postponement of dental treatment that did not rise to the level of an emergency.

As a result of the re-entry into practice on June 1, 2020, a concern has arisen about claims related to COVID-19 exposure made by patients who may contract the virus. While this concern is certainly legitimate, an overlooked, likely greater concern is the potential for claims related to delays in diagnosis and treatment that could stem from the closure of dental practices during the peak of the pandemic in New York State.

This article will briefly explore and discuss liability claims associated with diagnosis and treatment related to the closure of dental practices, as well as provide guidance relative to communication and documentation to prevent breakdowns in the continuity of dental care.

There Is No Qualified Immunity from Liability Claims

Pursuant to Executive Order 202.10, qualified immunity for civil and criminal liability was given to medical professionals who provided services in support of the state's response to the COVID-19 outbreak.[4] These protections were subsequently passed into law by the Emergency Disaster or Treatment Protection Act (EDTPA). The EDTPA codified that healthcare professionals were entitled to qualified immunity from liability claims arising from COVID-19.[5] The act also extended immunity to apply to the *"care of any other individual who presents at a healthcare facility or to a healthcare professional during the period of the emergency declaration."*[6] However, a subsequent amendment of the act rolled back this broad immunity and limited its application to the care and treatment of COVID-19 patients. Regardless of the scope of the immunity provided, dental professionals were omitted from the act's definition of healthcare professionals and therefore not provided the protection of

immunity from claims arising during the crisis.[7]

The lack of immunity under the EDTPA notwithstanding, the frequency of claims arising from the contraction of the coronavirus in the dental office will likely be minimal. A dental professional's substantial compliance with guidelines from the Centers for Disease Control and New York State Department of Health in conjunction with proximate causation issues will make such claims difficult to prove and unappealing to personal injury attorneys.[8]

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Apart from coronavirus contraction cases, a lack of immunity protection for dental professionals could result in an increase of dental professional liability claims arising from breakdowns in communication, delays in treatment, and diagnostic failure related to the two-and-a-half-month period of office closures caused by the pandemic. As practices resume the performance of nonemergent services, dental professionals must take steps to ensure continuity of care and prevent patients with existing dental issues from falling through the cracks.

Importance of Active Patient Chart Review

Prevention of breakdowns in treatment starts with a review of active patient records. Prior to the pandemic, studies have shown dental professionals saw on average 70 patients per week.[9] It is impossible for a dental professional to remember the status of every active patient prior to their practices being shuttered. A brief review of dental records for active patients, those seen within one to two months before the March 20 closure, will help identify patients who may have had treatment plans disrupted or who may have ongoing dental issues that require follow-up treatment or evaluation. A claim based on a failed dental appliance, infection, or other dental issue is far more likely to be viable than one based upon contracting the coronavirus.

Patients who were in the course of ongoing treatment prior to the pandemic should be contacted and notified that the practice is operating with appropriate safety measures and that they require continued dental treatment. These efforts, as well as the substance of conversations with patients, should be documented in the dental record. If a practice is unable to contact a patient, a notification should be sent in writing (via regular mail and certificate of mailing) that outlines the patient's status at the last encounter, the outstanding treatment, and the risks associated with failing to resume dental care.

Emergent Dental Treatment During the Period of Temporary Closure

Executive Order 202.6 required the closure of all nonessential businesses. A subsequent clarification by New York State mandated that effective March 23, 2020, dental practices could remain open only for the purposes of emergency treatment. This mandated closure remained in effect until Governor Andrew Cuomo announced dental offices could reopen statewide on June 1, 2020. The American Dental Association has defined an emergency to include potentially life-threatening conditions requiring immediate treatment to stop ongoing bleeding or to alleviate severe pain or infection.[10] Dental providers were also instructed to use their professional judgment in determining a patient's need for emergent care during the period of required office closure.[11]

During the time that dental practices were ordered closed, some practitioners ceased operations completely, suspended their liability insurance coverage, and directed patients with emergencies to contact dentists who remained operational for emergent encounters only. In these instances, dental practitioners should follow up with the patient, as well as the dental provider to whom they were referred, to confirm the condition was addressed and to determine if any follow-up care is required. These conversations should be documented in the dental record. Dental professionals should also make sure the initial conversation with the patient concerning the emergent referral to an open dental practice is documented in the dental record. If not, the follow-up with the patient will provide

If a practice is unable to contact a patient, a notification should be sent in writing...

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CASE STUDY:

Indefensible Care Leads to Pre-Deposition Settlement

The MLMIC-insured dentist in this case treated the patient for over 30 years starting in 1984. She was seen regularly in the office a minimum of three times per year, and from 2006 through 2008, as many as 15 times each year. The patient was also the dentist's neighbor, so it was not unusual at times for her to stop by the dentist's residence to seek dental advice. As per the dentist, these house calls were rarely documented.

The treatment provided consisted of multiple root canals, fillings, bonding, apicoectomies, crown lengthening, and impressions. The patient continually needed treatment to be redone, which never allowed permanent restorations to be placed.

The insured's records were limited; most entries were one or two words, such as "instrumented." The chart also did not contain any consent forms. The last entry in the chart was in 2008, though treatment continued until 2013. The dentist later noted that "the records going forward are missing but would continue to look for them." These records were ultimately never located.

In 2013, while abroad at a second residence, the patient sought treatment with another dentist who advised that her teeth would need to be removed and implants placed. She called the MLMIC-insured dentist to discuss this and it was agreed that when she returned to the country, she would come into the office to address her situation. However, the patient never returned to see this dentist.

The patient subsequently underwent 20 extractions and the placement of 10 implants to support upper and lower dentures that were performed by another dentist.

The patient filed a lawsuit against her original dentist claiming negligent treatment. Internal experts found that there was nothing positive about this case. The films were poor, some were undated, and all showed problems, including bone loss indicative of untreated periodontal disease. Missing were films of any of the root canals, including pre-, intra-, and post-treatment. No measurements were charted. Further, the insured never used consent forms nor documented any discussions regarding risks, benefits, or alternatives.

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The records were indecipherable, even to the insured, and there was a five-year period of treatment for which no records exist. Films obtained from the subsequent treating dentist showed teeth that were decayed below temporary restorations, which were bulky and poorly fitted.

The Office of Professional Discipline initiated an investigation and, as a result, the insured was ordered to pay a fine.

The plaintiff's attorney served a Notice to Seek Punitive Damages as they intended to argue that the care rendered was severely below any ethical standards. Faced with these issues, the insured wished the matter to be settled. The plaintiff's demand was $975,000 and, with the assistance of a court mediator, the case was settled prior to the insured's deposition for $430,000.

A Legal and Risk Management Perspective

The actions of the defendant dentist were clearly below the dental standard of care. Over a 30-year period of providing care to this patient, there were a multitude

of deficits. In fact, the dental expert who reviewed this case recommended prompt settlement.

When there is a lawsuit regarding a bad outcome, the key to a good defense of the lawsuit is the documentation by the defendant. Unfortunately, in this case, the records were replete with inadequate and often illegible documentation. For instance, the defendant often wrote only one word at a visit, such as "instrumented," to describe his care. That paucity of detail lacked even the numbers of teeth on which he was working and provided no rationale for the work he was doing, nor any relevant details of the visit. Further, the little documentation present was often so illegible, the defendant was unable to decipher his own writing, making defense of the lawsuit even more difficult.

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The dental work the defendant did complete was often of such poor quality, it frequently required being redone. Further, many of the x-rays taken were not only of poor quality, they often lacked a date or the action being taken. Because of the overall failure to both adequately and legibly document over a 30-year period, defense counsel felt that it would be extremely difficult to proceed to try this case to fruition in court.

There was an additional problem associated with the consistent lack of adequate and relevant documentation. Because the dentist and patient were neighbors, she frequently came to his house with questions and concerns about her care. Unfortunately, none of these conversations were ever documented in the patient's dental records.

This situation was akin to having a "Curbside Consultation," after which the defendant has no recollection of what was said, without documentation in the record. Therefore, the plaintiff could say whatever she claimed to recall of those conversations. Having a social relationship with a patient outside of the practice requires that any discussions of actual care be limited to the office, where they can be properly documented and not skewed. It is unlikely that the plaintiff accurately recalled the content of those conversations. However, the failure of the defendant to document them allowed her to say whatever she wished, without contradiction.

One of the most problematic issues involving this dentist's documentation involved the five years of missing office records. The defendant could not provide an explanation for this loss.

Having a social relationship with a patient outside of the practice requires that any discussions of actual care be limited to the office, where they can be properly documented and not skewed.

When a plaintiff's counsel becomes aware that treatment records have disappeared, counsel can request that the judge impose sanctions for spoliation of records. There is a presumption that the records are intentionally missing. Depending upon the importance of the records as evidence in the trial, the judge has several choices. He/she can preclude the admission of evidence related to the missing records. If, however, the failure to produce the records appears to be intentional on the part of the defendant, the judge can issue sanctions against the defendant. In extreme cases, the judge can grant summary judgment to the plaintiff and allow

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only deliberations on the amount of damages. Thus, the loss of these records made the defense of this lawsuit even more difficult.

Finally, there was another damaging allegation made by the plaintiff. Not only was the dentist's documentation lacking and his dental work poor, such as placing restorations onto decayed teeth, very unwisely, the defendant never referred this patient to specialists over the 30-year period he treated her, despite obvious loss of bone and teeth. Referral was clearly indicated since the plaintiff had no periodontal care nor adequate dental hygiene over all those years, resulting in extensive bone loss as well as the loss of 21 teeth. She would likely require four years of corrective dental work.

As a result, the plaintiff's counsel put the court and the defendant on notice that he was seeking an award of punitive damages. These damages are intended to punish the defendant under public policy for egregious actions. Further, they are not permitted to be paid by a third party, such as an insurer. The plaintiff attorney's action was based upon the long-term failure of the defendant to provide referral to specialists to seek appropriate care for the plaintiff, to her serious detriment.

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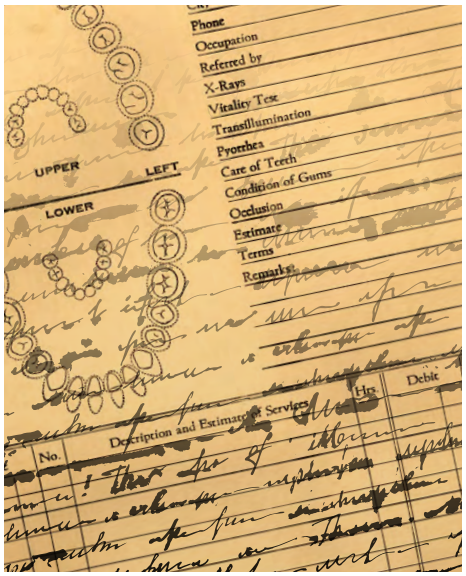

The defense counsel determined that this lawsuit required prompt settlement, even before depositions were to be held. It was the counsel's assessment that the defendant would be a poor witness, which would be greatly enhanced by the fact that his records were illegible, inadequate, and, at times, missing. Counsel felt that the defendant was at serious risk of having punitive damages imposed, and commenced negotiations. Fortunately, the lawsuit was able to be resolved within policy limits.

However, this was not the end of this defendant's legal problems. As often occurs in a dental professional liability case, the plaintiff is also encouraged to make a complaint to the New York State Department of Education, Office of Professional Discipline (OPD). This agency governs the licensure and discipline of all professionals, except for medical doctors and physician assistants, whose licensure is governed by the Department of Health Office of Professional Medical Conduct (OPMC).

The plaintiff alleged to the OPD that the defendant's care was well below the standards of dental practice. When a complaint is initially made to the OPD, the first item requested is a copy of the patient's dental records. When seeing records such as those in this case, the OPD will promptly request that the defendant appear at a hearing to refute the allegations made by the patient. Because of the poor and nonexistent records, that was not able to be done.

Therefore, the dentist was found to be guilty of misconduct and fined by the dental OPD.

Because of this action, the agency has a permanent record of the case and any further complaints could well lead to greater sanctions against this dentist. The fine was paid from personal funds of the dentist. However, considering that other actions could have been taken by the OPD, including suspension of the dentist's license for a defined period of time, reeducation, or permanent revocation and loss of his dental license, the defendant received the lesser of very difficult actions.

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FROM THE BLOG:

MLMIC.com's Blog provides ongoing and up-to-date news and guidance on important events and announcements that affect the practices of our insured dentists.

If you are interested in receiving informational posts such as the following, please be sure to sign up at **MLMIC.com** to receive this important information as it is released.

New York State Dentists Can Administer COVID-19 Tests

This post was updated on September 24, 2020, with information from the New York State Department of Health.

A new executive order issued by New York Governor Andrew Cuomo answers the question: Can a dentist perform a COVID-19 test?

The answer is yes — with the right test and the right certification.

While there was ambiguity before, **Executive Order 202.61** lists dentists among the professions that can perform COVID-19 point-of-care (POC) testing. The test must be Clinical Laboratory Improvement Amendments (CLIA) waived, and the dentist must have received certification and a CLIA waiver from the New York State Department of Health (NYSDOH).

The executive order added the new requirement that the results of all COVID-19 POC tests be reported within three hours to NYSDOH.

If you plan to administer COVID-19 POC tests, please note the following:

- You need to apply for a CLIA waiver, if you do not already have one.
- You must ensure that the test used is indeed a point-of-care test and that it is on the approved list for FDA Emergency Use Authorization.
- Finally, like other providers, you are required to follow the three-hour reporting requirement using the Electronic Clinical Laboratory Reporting System (ECLRS).

When administering COVID-19 tests, the **new executive order requires** dentists to report whether the patient attends or works in a school (of any level) and, if so, the name and location of that school. The dentist must also note the patient's local address, if it is different from his or her permanent address. The Department of Health is in the process of updating the form with these new fields, but healthcare workers are expected to start including that information now, elsewhere on the form. Additionally, for dentists performing POC influenza tests, those results must also be reported within three hours through ECLRS.

Dentists are reminded to visit the **New York State Dental Association** website for up-to-date information on NYS Health Law alerts, recommendations for returning to work, and more. MLMIC also encourages dental providers to monitor all COVID-19-related updates on our **resources** page and continue to monitor our **blog** for additional guidance on safely managing practices during the pandemic.

ADA Declares Dentists Essential, Disagrees with WHO Advice to Delay Care

The World Health Organization (WHO) **has recommended** that people delay dental care – including oral health check-ups, dental cleanings, preventive care, and aesthetic dental treatments – because of the COVID-19 pandemic. However, in a **recent statement**, the American Dental Association (ADA) "respectfully yet strongly disagrees."

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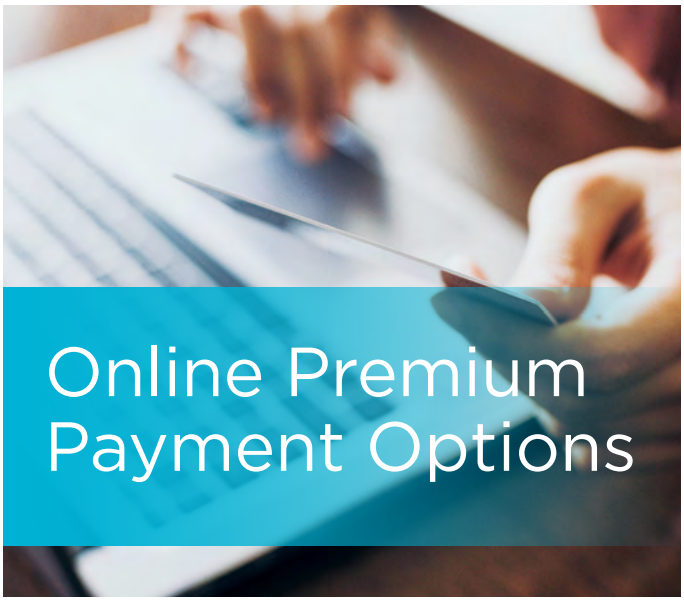

Online Premium Payment Options

MLMIC Insurance Company is pleased to announce the availability of automated clearing house (known as "ACH") capability, which allows for paperless premium payments made directly from a bank account, and the ability to make premium payments with a credit card.* ACH payments process more quickly than traditional payments and are more secure.

We encourage our policyholders and their administrators to take advantage of these expeditious payment options when the policyholder's next premium installment is due.

*Credit card payments incur a 3% surcharge fee. ACH payments are available with no added fee. Additional payment options are available **here**.

Risk Management Checklists

In a busy dental practice, it may be easy to overlook basic office procedures that promote patient safety and reduce professional liability exposure. To help practices maintain focus on these common but critical issues, MLMIC has created a series of Risk Management Checklists designed to assist dentists and their administrators and staff with identifying potential areas of risk in the dental office setting.

The strategies in MLMIC's Checklists are drawn from risk management principles as well as our analysis of closed dental professional liability claims that involved office practice issues. The risk management recommendations in each checklist offer practical guidance on how to use best practices to minimize those risks. Implementation of the strategies in these Checklists will assist you in improving patient care and satisfaction, help prevent adverse outcomes, and also minimize professional liability exposure.

To download a complete set of MLMIC's Risk Management Checklists, visit MLMIC.com/why-mlmic/services-resources/checklists

COMMUNICATION CHECKLIST #1

MANAGEMENT AND DOCUMENTATION OF AFTER-HOURS TELEPHONE CALLS FROM PATIENTS

The failure to properly handle and document after-hours telephone calls can adversely affect patient care and lead to potential liability exposure for the dentist. Should an undocumented telephone conversation become an issue in a lawsuit, the jury may be more likely to believe the recollections of the patient.

	YES	NO
1. A system is in place to help ensure that all after-hours calls are responded to in a reasonable time frame and are documented in the patient's record.	☐	☐
2. Record documentation of after-hours calls includes the following: • Patient's name • Name of the caller, if different than the patient, and the individual's relationship to the patient • Date and time of the call • Reason or nature of the call, including a description of the patient's symptoms or complaint • Advice or information that was provided, including any medications that were prescribed	☐	☐
3. If the patient's condition warrants the prescription of medication, it is important to inquire about and document any medication allergies, as well any other medications the patient is currently taking.	☐	☐
4. If used, the answering service is periodically evaluated for courtesy, efficiency, accuracy, and proper recordkeeping.	☐	☐
5. When after-hours coverage is provided by another dentist's practice, a process is in place to ensure that documented telephone conversations are promptly forwarded to your office.	☐	☐

Answering machines or voicemail systems for after-hours calls are not recommended for the following reasons:

- There are no safeguards in the event of a malfunction.
- Patients do not always understand that no one will call back, even if this is stated in the message.
- If, as a last resort, an answering machine or voicemail must be used, the message should be brief, simple, and include: The office is now closed. If you are having an urgent dental problem, you may seek care at an Urgent Care or the Emergency Department of your choosing.

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an opportunity to document the history leading to the referral that transpired during the closure.

Dental professionals should also address any requests for treatment they may have received during closure that did not meet the standard of "emergent" and were deferred until after the office was opened for all circumstances of dental care. Where treatment was deferred as nonemergent, the dental record should contain documentation to support the practitioner's judgment including the aspects of the patient's symptomology to support their reasoning. Of course, now reopened, dental professionals should make efforts to coordinate an evaluation with the patient.

Routine Examinations Not Performed

As a result of the 72-day period of dental practice closure, how many appointments for routine examinations and/or cleanings were canceled that have not been rescheduled or followed up by the practice? Diagnostic errors account for the second highest number of liability claims against dentists, of which oral cancer claims account for the majority of indemnity payments made.[12] Oral cancer screenings missed as a result of the lack of routine examinations, and the delays in following up with patients whose appointments were canceled, could potentially give rise to liability claims. Most practices have sent out notifications via mail or email informing patients that their practices are open. However, it is recommended that additional steps are taken

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to specifically notify patients to reschedule routine examinations that had been canceled. This can include a telephone call with appropriate chart documentation, or, if necessary, a letter sent with certificate of mailing to confirm the efforts to contact the patient.

Referrals to Specialists

Dental professionals should also be mindful of situations where patients were referred for endodontic, periodontal, or even surgical treatment or evaluation prior to the closure of dental practices. Communication breakdowns between providers are always one of the leading causes of professional liability claims, and dental practitioners should take steps to confirm that any referred treatment or evaluation was completed. If so, this should be appropriately documented in the chart and should include a report from the specialist relative to their findings and any need for follow-up care. Any discussions with the patient or the specialist concerning the evaluation should also be

Communication breakdowns between providers are always one of the leading causes of professional liability...

documented in the chart. Finally, if the evaluation or treatment has not taken place, the patient should be notified immediately to address this.

Changes in Circumstances for Patients

As a result of the COVID-19 pandemic, patients may have changes in insurance coverage, loss of income/employment, or even increased fears that visits to dental offices could result in contracting the coronavirus. These changes could result in patients transferring care to another dental professional, electing not to proceed with treatment, or simply being noncompliant with a dental professional's recommendations.

If a patient has switched providers, it is important to memorialize in writing that they have elected to place themselves under the care of another dentist and offer to provide a copy of their dental record in compliance with state and federal privacy regulations. Similarly, missed appointments or episodes of noncompliance must be documented in the dental record. Finally, in the unfortunate situation where a dental professional finds it necessary to discharge a patient from their practice, it is important to take appropriate steps to prevent claims of abandonment and to mitigate the potential for a claim arising from treatment that may be incomplete. The withdrawal from patient care notification should be undertaken in writing. When appropriate, reference should be made to noncompliance on the part of the patient, the need for continued dental treatment, and the risks associated with the patient's failure to seek dental attention. Of

...missed appointments or episodes of noncompliance must be documented in the dental record.

course, dental professionals should always consult their liability insurer or counsel to provide guidance and assistance concerning the withdrawal from care process.

Patient Abandonment

Lastly, it bears mentioning that these potential areas of liability exposure could equally serve as a basis for a professional misconduct claim based upon patient abandonment. New York State regulations define unprofessional conduct to include *"abandoning or neglecting a patient or client under and in need of immediate professional care, without making reasonable arrangements for the continuation of such care, or abandoning professional employment by a group practice ...without reasonable notice and under circumstances which seriously impair the delivery of professional care to patients or clients."*[13] This provides further emphasis to dental professionals on the importance of dentist-patient communication and documentation to ensure that continuity of care has remained effective following the temporary closure or restriction of their practice.

Conclusion

The coronavirus and efforts to contain its spread have created disruption and changes in practice unlike any other in the era of modern dentistry. As a result, dental professionals who have reopened their practice in New York State must be aware of potential breakdowns in patient care caused by the disruption of the patient-dentist relationship stemming from the extensive period of state mandated office closure. By undertaking a review of active patient dental records, coupled with communication and documentation, dental professionals can identify issues in treatment and minimize the risks of professional liability claims arising from delays in treatment or failures in diagnosis.

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[1] See Executive Order 202, March 7, 2020

[2] See Executive Order 202.6, March 20, 2020

[3] See **https://www.governor.ny.gov/news/governor-cuomo-issues-guidance-essential-services-under-new-york-state-pause-executive-order**

[4] See Executive Order 202.10, March 23, 2020

[5] See NYS PHL § 3082(2) The immunity is "qualified" as claims will still be permitted for harm or damages caused by an act or omission constituting willful or intentional criminal misconduct, gross negligence, reckless misconduct, or intentional infliction of harm.

[6] NYS PHL § 3081(5)(c) [emphasis added]

[7] See NYS PHL § 3081(4) Dental professionals were not listed as healthcare professionals, which were defined to include: physicians, physician assistants, special assistants, podiatrists, pharmacists, nurses, emergency medical services, social workers, mental health practitioners, clinical laboratory technicians, home care services and certified nursing aides.

[8] See *CDC Guidelines for Infection Control in Dental Healthcare Settings* **https://www.cdc.gov/mmwr/PDF/rr/rr5217.pdf**; *NYS DOH Cleaning Guidance* **https://coronavirus.health.ny.gov/system/files/documents/2020/08/interim-guidance-public-and-private-facilities_0.pdf**

[9] ADA Selected 2013 Results from Survey of Dental Practices, **www.ada.org**

[10] See *ADA Develops Guidance on Dental Emergency, Non-Emergency Care* **https://www.ada.org/en/publications/ada-news/2020-archive/march/ada-develops-guidance-on-dental-emergency-nonemergency-care**

[11] Id.

[12] *An Analysis of Misdiagnosis in Dental Claims Involving Oral Cancer*, *The Scope* Dental Edition, Issue 01, Third Quarter 2020

[13] 8 NYCRR §29.2(a)(1)

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In fact, prior to the August declaration from the WHO, the ADA had already filed a resolution with the House of Delegates to declare dentists essential workers.

This brief timeline shows how the situation and conditions have evolved in recent months:

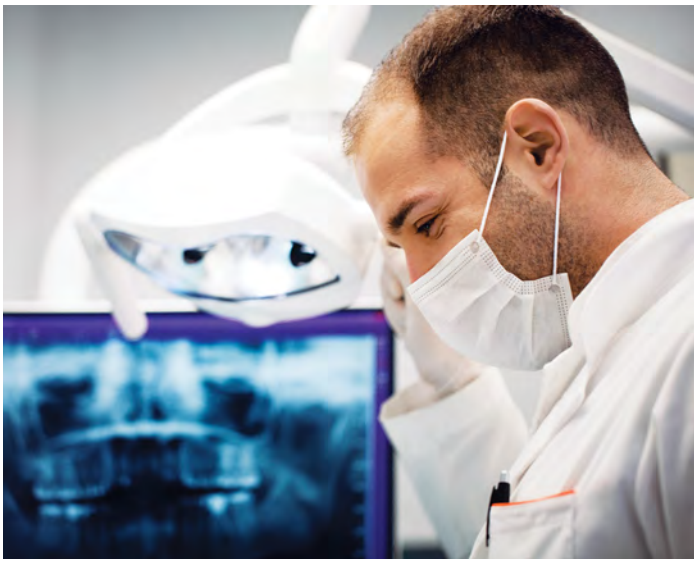
- Initially, in March, due to the potential risk of COVID-19 transmission in dental settings, the ADA had called for dentists to pause nonemergency care.
- By May, however, the ADA had released guidelines for reopening practices amid the pandemic that advised dentists on how to keep both themselves and patients safe.
- Dental practices in New York began reopening June 1.
- In late July, the ADA's Board of Trustees adopted an **ad interim policy** stating that dentistry is essential healthcare and that dentists are essential workers.
- The House of Delegates will consider it as a resolution in October.

As indicated in the ad interim policy, the ADA will urge state agencies to include dentists among the essential workforce during public health emergencies. Dental healthcare is already recognized as essential by federal

...the ADA will urge state agencies to include dentists among the essential workforce during public health emergencies.

government agencies like the Department of Homeland Security and FEMA.

Dr. Chad Gehani, president of the ADA, notes that millions of patients safely visited dentists over the summer. "Oral health is integral to overall health," Dr.



Gehani said in a statement. "Dentistry is essential health care because of its role in evaluating, diagnosing, preventing, or treating oral diseases, which can affect systemic health."

"I'm proud of how individual dentists in their own communities have used our guidance to ensure dentistry can be provided safely and timely now and in any future pandemic," Dr. Tom Paumier, a member of the ADA's task force for dental practice recovery, told *ADA News*. "Never again should our patients be deprived of access to comprehensive and preventive oral healthcare, as delayed care has consequences beyond the mouth."

In support of its recommendations for patient safety and protection of dentists and their staff, the ADA will continue lobbying FEMA to help dentists obtain appropriate PPE.

As you continue to provide patient care during this time, MLMIC encourages you to consult **strategies for safe reopening and operations.**

Read more about important developments in dental liability, get risk management tips, and more on our blog at MLMIC.com.

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NO ONE KNOWS NEW YORK DENTISTS BETTER THAN MLMIC

Whether you are a new dentist or an established practitioner, choosing a professional liability carrier is a crucial decision for your practice. Have you ever wondered what makes one carrier stand apart from another? What exactly should you be looking for when making this important decision?

The strength and stability of your professional liability carrier should be one of your first considerations. MLMIC Insurance Company is not only an admitted carrier in New York State, but is now a member of the Berkshire Hathaway family, which further enhances our financial strength. A.M. Best has recently assigned MLMIC Insurance Company a Financial Strength Rating of A+ (superior). This A+ Rating is a testament to MLMIC's stability and unwavering commitment to securing the future of dentists throughout New York State.

In addition to strength and stability, you will also want to look at coverage options and value-added services. MLMIC dentist professional liability policies all come with built-in coverage and benefits including:

1. Legal Defense Cost coverage up to $25,000 for administrative actions and/or Medicare/Medicaid and/or abuse proceedings
2. Contractual liability coverage
3. Shared limits coverage for Qualified Professional Entities
4. Access to our 24/7 Legal Hotline

In addition to the above, MLMIC also waives the cost for tail coverage (Automatic Extended Reporting Endorsement) for qualified Claims Made policyholders on their retirement from the practice of dentistry, and offers some of the most competitive premiums in the state. Both Claims Made and Occurrence policy options are available, as well as an array of liability limits. Whatever your coverage needs, MLMIC has options for you and your practice.

Finally, customer service is another area to investigate while making this decision. MLMIC prides itself on concierge-level service. Whether you have a question regarding coverage, are reporting a claim, or need risk management support, MLMIC is here for you. With over forty-five years of New York-specific experience, MLMIC is New York's #1 dental liability insurer. There is no better way to protect your practice than choosing a carrier located in your "own backyard"!

Tammie Smeltz
Marketing Account Specialist
MLMIC Insurance Company
tsmeltz@mlmic.com

To learn more about how you can obtain trusted coverage at a lower cost, contact **Tammie Smeltz at (716)-464-3016 or Luisa Fernandez at (212)-576-9611.**

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