



TENNESSEE

JANUARY/FEBRUARY 2026 VOLUME 32, ISSUE 1

# DENTAL

ASSOCIATION NEWS

TNDENTAL.ORG

## STATE OF THE ASSOCIATION

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## MCDC REGISTRATION NOW OPEN

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////// Bimonthly news and information for TDA members



# STATE OF THE ASSOCIATION

## Dr. J. Allen Burleson, 2025-26 TDA President

It has been my honor and privilege to serve as President of the Tennessee Dental Association this year. Our work together has been focused, collaborative, and grounded in the belief that organized dentistry is strongest when we move forward with shared purpose.



### Advocacy & Policy

The TDA continues to partner with local and state legislators on matters vital to our profession and our patients. Ongoing insurance challenges, fluoridation efforts, and rural health care funding remain at the forefront of our advocacy priorities.

### TDA Governance

Governance has been a central discussion point for more than two decades, and this year we advanced that work through a formal task force chaired by Dr. Rhonda Switzer-Nadasdi. Their charge aligns with our strategic plan, which is available for all members to read on the TDA website.

### Investing in Future Leaders

Recognizing the importance of sustained leadership within organized dentistry, we are launching a leadership development committee to design a program to encourage, equip, and mentor future leaders across the Tripartite.

### Board Priorities & Progress

Throughout the year, the Board of Trustees concentrated on five key areas:

- Advocacy & Policy
- Governance
- Leadership Development
- Financial Stewardship
- Membership Experience

The Board has been fully engaged, utilizing both in-person and virtual meetings to maximize participation and continuity.



JANUARY/FEBRUARY 2026

VOLUME 32, ISSUE 1

Executive Editor: Andrea Hayes

Managing Editor: Sara Borden

Editor: Amy Williams

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### INSTAGRAM

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### FACEBOOK

 TennesseeDentalAssociation

# As your President, I encourage each of you to stay engaged—with your colleagues, your profession, and your communities. Together, we are stronger.

## **Financial Strength & Strategic Stewardship**

The Association remains financially strong. With the loss of tenants and significant future maintenance needs, the Board evaluated the potential sale of the TDA building. A strong offer prompted careful due diligence, and ultimately the Board approved the sale with a favorable leaseback arrangement for our offices. Proceeds are being allocated to support future non-dues revenue opportunities that will benefit members long-term.

## **Membership & Technology**

With the limitations presented by the current Tripartite Association Management System (AMS), TDA made the decision to invest in technology crucial for modern organizations to boost engagement, streamline operations, and drive retention. The new AMS is set to launch later this year alongside a new Association website and will deliver better functionality and increased efficiency for both members and staff.

## **Appreciation & Engagement**

I am profoundly grateful to our dedicated TDA staff—Executive Director Andrea Hayes, along with Amy Williams, Meghann Porter, Sara Hotchkiss, Sara Borden, Grace Czosek, and Lisa Johnson. Their talent, hard work, and commitment make our Association's success possible.

As your President, I encourage each of you to stay engaged—with your colleagues, your profession, and your communities. Together, we are stronger.

A handwritten signature in black ink that reads "J. Allen Burleson DDS". The signature is written in a cursive, flowing style.

J. Allen Burleson, DDS  
TDA President 2025-26





# BOARD OF TRUSTEES

## MEETING REPORT

November 8, 2025



The TDA Board of Trustees, chaired by TDA President Dr. Allen Burleson, met on November 8, 2025, at the TDA office in Franklin. Below are the key actions and reports from the meeting.

### Actions of the Board:

**Honorary Membership:** Approved a resolution to be presented to the House granting honorary membership to Dr. David Tiner, Executive Director of the Tennessee Dental Wellness Foundation.

**Task Force on Governance Recommendations:** Approved governance recommendations by the Task Force on Strategic Plan 2.1.

**Leadership Development Task Force:** Approved creation of a Leadership Development Task Force.

### Highlighted Reports:

**Treasurer's Report:**  
**Dr. Jay Davis**, Treasurer, presented the unaudited financial report as of September 30, 2025.

**Bellenfant CPAs** presented the TDA audit for the year ending June 30, 2025, and reported a clean audit opinion.

### Legislative Report:

**Ms. Andrea Hayes** and TDA contract lobbyists reported on emerging issues for the 2026 Tennessee legislative session including water fluoridation, continued advocacy for insurance reform, and scope of practice changes incentivized by the federal Rural Healthcare Transformation program funding.

### Membership:

Ms. Hayes provided a membership report as of September 30, 2025. Also, the TDA will launch a new Association Management System in 2026.

### TDA Board of Trustees Meeting Report – December 2, 2025

The TDA Board of Trustees, chaired by TDA President Dr. Allen Burleson, met on December 2, 2025, via Zoom video conference. Below is a report from the meeting.

### Actions of the Board:

No actions were taken by the Board.

### Purpose:

#### The Rural Health Transformation (RHT) Program:

The Board met for an informational discussion regarding Tennessee's application to the federal RHT Program which will distribute \$50 billion to states over the next five fiscal years to strengthen healthcare access, quality, and sustainability in rural communities. The scoring metrics for the RHT funding incentivizes changes to scope of practice for mid-level providers including dental hygienists. The TDA's Governmental Affairs Committee and the lobbying team will continue to monitor developments related to the RHT program and will keep the board and membership informed as details emerge.



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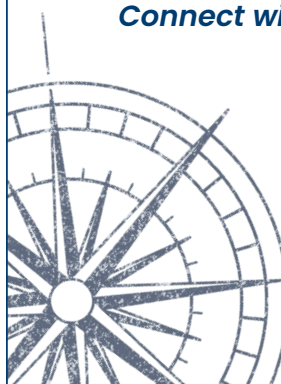
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MAY

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# REGISTRATION NOW OPEN!

Registration is officially open for the 2026 Music City Dental Conference, happening May 7–9 at the Renaissance Nashville Hotel in the heart of downtown Nashville.

Designed for the entire dental team, MCDC brings together engaging education, top-tier speakers, valuable networking, and a bustling exhibit hall showcasing the latest products and solutions in dentistry.

Don't miss the fun outside the classroom. Kick things off at

the Boot Scootin' Bash opening reception, complete with line dancing and a reason to break out your best Western wear.

**Register now to lock in early bird rates before they end on March 16.** Visit the MCDC website to explore the full schedule, browse courses and speakers, and secure your spot. Planning to stay downtown? Book early to take advantage of the discounted conference hotel block.

Click the button below to register today.

REGISTER NOW







# THANK *You!* FOR BEING A MEMBER!

The ADA, TDA, and your local society are committed to supporting your personal and professional growth at every stage of your career.

We offer a wide range of resources to help you manage your patients, practice, and personal life more effectively. Whether it's staying informed on the latest clinical guidelines or accessing financial management tools like insurance and retirement plans, we're here to provide everything you need to succeed and maintain a healthy work-life balance.

If there's anything we can do to further support your membership experience, please don't hesitate to reach out at 615.628.0208 or email us at [tda@tndental.org](mailto:tda@tndental.org). We'd love to hear from you!

The TDA welcomes the following dentists as our new and reinstated members.

#### **Chattanooga Area Dental Society**

Dr. Jacqueline Brown

#### **Fourth District Dental Society**

Dr. Paige Floren  
Dr. Shanelia Williams

#### **Nashville Dental Society**

Dr. Cynthia Americano  
Dr. Jeffrey Dean  
Dr. Heaven Graham  
Dr. James Jackson  
Dr. Ashley Krape  
Dr. Cassie Mangini  
Dr. Cassidy McNeely  
Dr. Joseph Peters  
Dr. Deborah Simmers  
Dr. Caroline Waringa

#### **Sixth District Dental Society**

Dr. Thomas Bozeman

#### **Seventh District Dental Society**

Dr. Scott Jackson

#### **Eighth District Dental Society**

Dr. Leonardo Rios-Andersen

#### **Memphis Dental Society**

Dr. Kenton Johnson  
Dr. Allison Samisch  
Dr. Frank Sutherland

## IN MEMORIAM

The TDA honors the memory and passing of the following members:

**Dr. Dugald R. McMillan IV** was a member of the American Dental Association, the Tennessee Dental Association, and the Chattanooga Area Dental Society.

**Dr. James Brewé Cochran II** was a member of the American Dental Association, the Tennessee Dental Association, and the Memphis Dental Society



# PEER REVIEW

## CONFIDENTIAL MEDIATION – A TDA MEMBER BENEFIT

# CONFLICT RESOLUTION FOR MEMBER DENTISTS AND THEIR PATIENTS

Even in the best dentist-patient relationship, a problem may occur. Many times, an informal discussion of the concern will clear up the matter. However, if the concern remains unresolved, the TDA has a conflict resolution process called Peer Review.

### What is Peer Review?

Peer Review is a process to resolve conflicts between dentists and patients through mediation. Conducted by volunteers, Peer Review is designed to help TDA member dentists avoid costly legal fees, malpractice suits and Board of Dentistry complaints. It is confidential, free, and exclusively for TDA members. PEER REVIEW IS NOT A COURT OF LAW nor a punitive action inquiry. The committee's purpose is to settle the issue to bring closure to the dispute. Participation is VOLUNTARY for all parties concerned. Also, the mediation cannot obtain for the patient more than was paid the dentist for services rendered.

### Matters accepted for Peer Review Mediation:

- Appropriateness of Care: The committee determines whether the dentist provided appropriate treatment for the condition that existed.
- Quality of Treatment: The committee determines whether the treatment performed was done correctly based on the standard of care expected by the profession.

### Matters not accepted for Peer Review Mediation:

- Payment, billing, and/or insurance disputes
- Complaints of poor customer service or regarding a staff member's behavior.
- A complaint has already been filed with the Tennessee Board of Dentistry.
- Attorney retained.
- Work has been re-done.
- Work is beyond the statute of limitations.



### Other Comments

The patient should pursue Peer Review before re-doing the unsatisfactory dental procedure, which would negate the ability to examine the work if necessary.

Confidentiality is maintained throughout the mediation process, with information restricted to the patient, dentist, and mediator.

### Peer Review Process Overview

Click the button below to view a flowchart outlining the peer review process.

**PEER REVIEW PROCESS**



In 2025, the Tennessee Dental PAC was supported by 299 individual contributors. By making a Tennessee Dental PAC contribution of \$150 or more, you can join the Capitol Club and add your name to the growing list of dentists making a difference on legislative and regulatory issues in Tennessee.

The following are 2025 Capitol Club members as of December 31, 2025.

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Dr. Robert Shearer  
Dr. Leon Stanislav  
Dr. Randall Staples  
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## PRESERVE AND PROTECT YOUR PROFESSIONAL INTERESTS

Join a statewide network of colleagues working to strengthen the representation of the dental profession in Tennessee's political process. As a legislative contact dentist, you will protect your patients and profession by educating state legislators on key issues.

### How Do I Become a Legislative Contact Dentist?

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# CONTRIBUTE TO THE TENNESSEE DENTAL PAC

Tennessee Dental PAC is the non-partisan political action committee of the Tennessee Dental Association. Through contributions to candidates for statewide office, Tennessee Dental PAC helps ensure dentistry's voice is heard on legislative and regulatory issues that impact our profession. These early investments are often the first step in building relationships that allow TDA to advocate effectively for dentists across Tennessee.

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< MEET THE SPEAKERS



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# SUPPORT FOR SERIOUS ILLNESS

**Palliative Care** Is Here to Help



## BEING DIAGNOSED WITH A SERIOUS ILLNESS IS LIFE- CHANGING.

Many decisions must be made, with many unknowns. But there are experts who can help you navigate the complicated landscape of a long-term, serious illness. Palliative care specialists focus on comfort care and improving your quality of life during a serious illness.

"Palliative care is a holistic approach to medicine and caregiving," explains Dr. Matthew DeCamp, a physician at University of Colorado, Anschutz Medical Campus. "It places the

patient's quality of life and needs and values front and center."

Sometimes, palliative care is confused with hospice care. Both offer comfort care and symptom management. Hospice is a type of palliative care that's only offered at the end of life. It requires all treatments be stopped. But other types of palliative care can be offered alongside life-saving treatments.

"Embracing palliative care does not mean that you're giving up on treatment," says Dr. Alexis Bakos, an aging expert at NIH. "Ideally, palliative care should be offered at the very beginning of a diagnosis of any serious illness."

What makes an illness "serious?" A high risk of death or one that lowers your quality of life or ability to perform daily tasks. Examples include chronic heart and lung diseases, cancer, neurodegenerative diseases like dementia and Parkinson's, and many others.

A palliative care team can assist with many aspects of a serious illness. They can help you find ways to cope with physical, psychological, emotional, or spiritual suffering. They can support you with symptom management and assist health care providers in coordinating your care.





## “ EMBRACING PALLIATIVE CARE DOES NOT MEAN THAT YOU'RE GIVING UP ON TREATMENT. ”

The palliative team can also help you create an advance care plan. This describes your wishes for future medical treatments. It includes who you want to make your medical decisions if you're not able to. The team can also support you with end-of-life care, hospice care, and bereavement if needed.

### MAKING A PLAN

“The goal of palliative care is to lessen symptoms and enhance quality of life,” says Dr. Lori Wiener, a palliative care expert for children with cancer at NIH. “And there's good data to support that early palliative care integration improves health-related quality of life.”

But what makes a better quality of life can be different for everyone. “The palliative care provider will meet with you really early on. They'll find out about your medical history and the symptoms that are most distressing to you,” says Wiener. “They will learn your preferences for care and communication.” Then, the provider can work with you to make sure your advance care plan reflects your concerns and goals.

“Unfortunately, advance care planning conversations often don't happen until too late,” Wiener says. “If you wait until you are experiencing a medical crisis or if you are at the end of your life, you don't really have the time to contemplate what is most important to you.”

Wiener's team studies ways to help children with cancer communicate their care wishes to their family and health care providers. They've created an advance care planning guide, called “Voicing My CHOICES.” It helps teens and young adults consider and document their values, hopes, and fears.

The team also developed an electronic distress screening tool, called “Checking IN.” This tool assesses what's most distressing to the child. It asks about symptoms that interfere with their life when they check in to their appointment. Then, it provides a report to the doctor ahead of time. Emotional and physical distress are often missed in children and teens with serious illnesses. Checking IN helps doctors learn about youths' needs before their visit.

## “ THE GOAL OF PALLIATIVE CARE IS TO LESSEN SYMPTOMS AND ENHANCE QUALITY OF LIFE.”



### GAINING A BETTER UNDERSTANDING

Planning for a serious illness can be complicated. “Patients and families often remain unaware of how their serious illness may progress,” says DeCamp. “They may not know

how long they might be expected to live or how long or what types of symptoms they might have. Physicians, nurses, and other members of the care team are also historically not very good at predicting the course of a disease.”

Artificial intelligence (AI) tools have become available to help predict the course of a person’s disease, or prognosis. “Understanding prognosis is one critical piece of information that people need for their future life and care plans,” DeCamp says. “The promise of AI-based tools is that we can make better predictions for clinicians, patients, and families to enable them to get care that’s most consistent with their wishes.”

DeCamp is studying ethical issues around using an AI tool that calculates a “mortality score.” This score estimates a patient’s chance of survival over the next six to 12 months.

Sometimes these scores are automatically included in medical records, DeCamp says. So a patient may accidentally see it when they don’t want to know their chances of survival. Or health care staff may be able to view the scores, despite the families not wanting them to.

Knowing the mortality score has the potential to change how a patient is treated. “If we become overly focused on that number, it could affect how we talk to patients,” DeCamp explains. “It could also affect the way patients and families make decisions versus what palliative care is really about, which is providing care across all of physical, social, psychological, and spiritual needs.”





The accuracy of AI predictions depends on many factors. These include whether the AI was trained using data from people with backgrounds and health conditions like the patient's. DeCamp's team is hoping to help address these types of ethical issues as AI tools become more available.

### GETTING THE HELP YOU NEED

If you've been diagnosed with a serious illness, ask your doctor about palliative care. Some providers may not offer it to you early on. Others may not offer it at all. But your provider may be able to refer you to a palliative care specialist.

"Earlier NIH research was focused on making sure that primary care clinicians were aware of palliative care," Bakos explains. Now, NIH is looking at how to involve more specialists in palliative care conversations, such as emergency department physicians, neurologists, and intensive care unit providers.

Palliative care can help you improve your quality of life and understand your treatment options. It's available as soon as you are diagnosed with a serious illness. Learn more about palliative care.

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*Source: NIH News in Health. For the latest news from the National Institute of Health, part of the U.S. Department of Health and Human Services, visit [newsinhealth.nih.gov](https://www.nih.gov/newsinhealth).*

## WISE CHOICES

### DISCUSS ADVANCE CARE PLANNING

Here are some tips for starting a conversation about advance care planning with your loved ones:

- **Start simple.** Ask about any concerns they may have, what decisions they may need to make, and who they trust to make decisions for them.
- **Share what's important to you.** Your loved one may feel more comfortable discussing their preferences if you share, too.
- **Remind them why it's important.** By documenting their wishes, they are more likely to get the care they want. It can also help loved ones feel less burden, guilt, and depression.
- **Try to be understanding.** After a recent diagnosis or health change, it can be overwhelming and difficult to discuss the future.
- **Keep the conversation going.** Listen carefully to what the person says and encourage them to continue sharing.

# MOST COMMON DENTAL OSHA VIOLATIONS

**M**aintaining a safe and compliant dental office is crucial for both the well-being of patients and the staff. However, despite the best intentions, dental offices can inadvertently violate the Occupational Safety and Health Act (OSHA) regulations. These violations not only jeopardize the safety of everyone involved but can also result in hefty fines. Let's explore some of the most common dental OSHA violations and look at insights on how to avoid them.

## Dreadful Dental Offenses: Unveiling the Most Frequent Dental Office OSHA Violations

The dental industry witnesses a myriad of OSHA violations that could compromise patient safety and staff well-being:

### 1. LACK OF BLOODBORNE PATHOGENS

One of the most frequent dental OSHA violations is a failure to provide adequate training on bloodborne pathogens. Dental professionals are at risk of exposure to pathogens such as:

- HIV
- Hepatitis B
- Hepatitis C

This is due to their close contact with patients' blood and bodily fluids. OSHA requires employers to implement comprehensive training programs that cover proper handling of contaminated materials, use of personal protective equipment (PPE), and protocols for cleanup and disposal. Failing to train employees properly puts both patients and dental staff at risk.

### 2. INADEQUATE RECORDKEEPING

Accurate recordkeeping is essential to ensure compliance with OSHA regulations. Many dental offices fail in this aspect by neglecting documentation or maintaining incomplete records. It is crucial to keep detailed records of:

- Employee Training Sessions
- Medical Surveillance
- Hazard Assessments
- Any Incidents that Occur in the Workplace

By maintaining thorough records, dental offices can demonstrate their commitment to OSHA compliance if an inspection were to occur.

### 3. IMPROPER USE OR LACK OF PERSONAL PROTECTIVE EQUIPMENT (PPE)

Personal protective equipment (PPE) serves as a barrier between dental professionals and infectious agents or hazardous materials. Common PPE used in dental offices include:

- Gloves
- Masks
- Face Shields
- Goggles
- Protective Clothing

Unfortunately, improper use or inadequate provision of PPE remains a significant violation found during OSHA inspections in dental practices. Employers must ensure that all employees have access to suitable PPE and receive training on proper usage and disposal.

### 4. INADEQUATE HAZARD COMMUNICATION

Dental offices often fail to provide comprehensive hazard communication programs, which is another frequent dental OSHA violation. Hazard communication includes:

- Properly Labeling Hazardous Materials
- Maintaining Safety Data Sheets (SDS)
- Effectively Training Employees about Potential Hazards



Dental practices should establish protocols for identifying, handling and storing hazardous chemicals, such as disinfectants or x-ray processing solutions. Additionally, dental professionals must receive thorough training on understanding safety data sheets to be aware of the risks associated with various substances.

## 5. LACK OF RESPIRATORY PROTECTION

Many dental procedures produce aerosols that can contain infectious particles. However, some dental offices neglect to implement respiratory protection programs or fail to ensure their staff has access to appropriate respirators when needed. OSHA requires employers to evaluate potential respiratory hazards and provide adequate respiratory protection if necessary. Dental professionals should use N95 respirators or higher filtration masks during procedures that generate aerosols to prevent inhaling harmful pathogens.



Ultimately, by proactively addressing these common dental OSHA violations, dental offices can significantly reduce the risk of fines and create a safer environment for both patients and staff members. Implementing a comprehensive training program on bloodborne pathogens, maintaining accurate recordkeeping, ensuring proper use of PPE, establishing robust hazard communication protocols, and providing respiratory protection are all crucial steps toward achieving compliance.

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