

2010

Transactions

151st Annual Session
Orlando, Florida
October 9–13, 2010

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Minutes of the Board of Trustees

January 12

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Notes

Minutes of the Board of Trustees

January 12, 2010

Special Meeting of the Board of Trustees

Headquarters Building, Chicago

Call to Order: A special meeting of the American Dental Association Board of Trustees was called to order at 12:00 noon on Tuesday, January 12, 2010, by Dr. Raymond Gist, president-elect. Notice of this special meeting was sent by President Ronald Tankersley on Monday, January 11, 2010.

Roll Call: The following members of the Board of Trustees were in attendance at the special session: Drs. Ronald L. Tankersley, Raymond F. Gist, Thomas E. Sullivan, A. J. Smith, Edward Leone, Jr., William R. Calnon, Dennis Engel, Robert A. Faiella, S. Jerry Long, Dennis E. Manning, Charles H. Norman, III, W. Ken Rich, Donald L. Seago, Charles L. Steffel, R. Wayne Thompson, Kenneth J. Versman, Edward J. Vigna, Russell I. Webb and Charles R. Weber. Dr. Maxine Feinberg was in attendance for a portion of the meeting. Those not in attendance: Dr. J. Thomas Soliday, Dr. Mary Krempasky Smith and Dr. Samuel B. Low.

Ms. Carol Browne, Esquire, ADA outside attorney for the Compensation Committee, participated via conference call.

Purpose of the Meeting: The special meeting was called to consider the recommendation of the Compensation Committee related to the directive of Resolution B-141-2009.

B-141-2009. Resolved, that the Board of Trustees direct the Compensation Committee to seek out a mediator / arbitrator to deal with personnel related issues involving Kathy O'Loughlin, Tamra Kempf and Kathy Bell, with a report to the February 2010 Board meeting.

Discussion: Dr. Russell Webb, chair of the Compensation Committee, reported that the Committee interviewed several groups with expertise in mediation/arbitration and after careful consideration, recommended Shields Meneley Partners (Gail Meneley, principal), to carry out the directive of Resolution B-141. After summarizing the various proposals considered by the Committee, the Board discussed and subsequently adopted the following resolution. (Vote: 16 Yes—Drs. Calnon, Engel, Faiella, Gist, Manning, Norman, Rich, Seago, A.J. Smith, Steffel, Sullivan, Thompson, Versman, Vigna, Webb, Weber; 1 No—Dr. Long; 3 Absent—Drs. Feinberg, Krempasky Smith, Low)

B-3-2010. Resolved, that the Board of Trustees approves the recommendation of the Compensation Committee to utilize the services of Shields Meneley Partners to serve as mediators/arbitrators as outlined in Resolution B-141-2009.

Contract and Funding: A contract for utilizing the services of Shields Meneley will be developed by the Legal Division. The staff of the Division of Administrative Services will develop a supplemental appropriation request to fund this activity. In order to expedite this funding, the supplemental request will be presented to the Board for approval at a special session held via a telephone conference call meeting at the earliest possible date.

Adjournment

The special meeting of the Board of Trustees adjourned at 12:35 p.m.

Notes

Minutes of the Board of Trustees

February 6–9, 2010

El Conquistador Resort, Los Croabas, Puerto Rico

Call to Order: The third regular session of the Board of Trustees was called to order by President Ronald L. Tankersley on Saturday, February 6, 2010, at 8:00 a.m. in the Poinsettia Room of the El Conquistador Resort and Golden Door Spa, Los Croabas, Puerto Rico.

Roll Call: The following officers and trustees were present: Drs. Ronald L. Tankersley, Raymond Gist, Thomas E. Sullivan, A.J. Smith, J. Thomas Soliday, Edward Leone, Jr., Kathleen O'Loughlin, William R. Calnon, Dennis W. Engel, Robert A. Faiella, Maxine Feinberg, S. Jerry Long, Samuel B. Low, Dennis E. Manning, Charles H. Norman, W. Ken Rich, Donald L. Seago, Mary K. Smith, Charles L. Steffel, R. Wayne Thompson, Kenneth J. Versman, Edward J. Vigna, Russell I. Webb and Charles R. Weber.

Dr. Long attended a portion of the meeting on Saturday, February 6 and due to a family emergency was absent for the balance of the session.

Staff members present for all or parts of the meeting were: Tamra S. Kempf, chief legal counsel, and Linda Hastings, senior director, Administrative Services.

The retreat portion of the meeting included facilitation by Mr. Phillip Lesser, vice president, and Mr. Barton Tretheway, managing partner, Bostrom Consulting Associates.

Attorney-Client Sessions

Attorney-client sessions of the Board of Trustees were held at various times during the meeting. On Saturday, February 6, Ms. Carol Browne, Esquire, ADA outside attorney for the Compensation Committee, participated via conference call. Dr. O'Loughlin and Ms. Kempf were excused for this portion of the meeting.

Reports of Standing Committees of the Board of Trustees

Compensation Committee: In a closed session, Dr. Webb presented the Committee's report to the Board.

Later in the day, in open session, the Board adopted the following resolutions:

B-14-2010. Resolved, that the Board of Trustees file the Compensation Committee Report and accept the recommendations listed in the Compensation Committee report.

1. There should be no adjustments in the Executive Director's compensation.
2. The Compensation Committee move forward with initiating the 360° review process and tie it to the incentive plan as presented by Watson and Wyatt.
3. That the engagement of Shields-Meneley be postponed.
4. The job description of the Executive Director be amended to add the ADAF as part of her responsibility, ad interim, as described in the ADAF Bylaws.
5. The Board make the statement that it fully supports the Compensation Committee regarding the concerns about pre-selection.

B-15-2010. Resolved, that the Board of Trustees instruct the ADA President and President-elect to hire outside counsel to investigate whistleblower allegations.

Audit Committee: In an attorney-client session, Dr. Manning led the discussion.

Special Order of Business

Update on Delta Settlement Group: In an attorney-client session, Dr. Alan Friedel, chair of the Delta Settlement Work Group, reported to the Board of Trustees.

Preliminary

Approval of Agenda: The Board of Trustees adopted the following resolution.

B-1-2010. Resolved, that the agenda be approved as the official order of business for the current session of the Board of Trustees except that the President may alter the order of the agenda when necessary to expedite business.

Approval of Minutes of Previous Sessions: Prior to approving the minutes of the December 6-8, 2009, Board of Trustees session, it was requested that Resolution B-144-2009 be amended by inserting the word “ad interim” between the words “amended” and “to” so the resolution would read:

B-144-2009. Resolved, that the job description for the Executive Director of the American Dental Association be amended ad interim to include bylaw responsibilities as detailed in the ADAF bylaws.

The Board accepted the amendment and approved the December minutes as amended.

B-2-2010. Resolved, that the minutes of the December 6-8, 2009, session of the Board of Trustees be approved, as amended.

The Board also approved the minutes of the Special Session held January 12, 2010.

B-4-2010. Resolved, that the minutes of the January 12, 2010, special session of the Board of Trustees be approved.

Board Liaison Reports

Report of Dr. Charles L. Steffel, Liaison to the Committee on the New Dentist: Dr. Steffel urged the Board to attend the New Dentist Conference and encouraged them to review his report that had been e-mailed in advance of the February Board meeting.

Dental Education and Professional Affairs

Progress Report of the CODA Monitoring Committee: Implementation of Recommendations in the Report of the Task Force on the Commission on Dental Accreditation: The Board reviewed the informational report on the activities of the CODA Monitoring Committee.

The Board discussed the emerging issue facing CODA relative to the request by the Minnesota Dental Association, the Minnesota Board of Dentistry and two education programs for CODA to initiate an accreditation process for educational programs in Dental Therapy and Advanced Dental Therapy. Acknowledging the challenges facing CODA regarding this issue, and the need for the ADA Board to provide direction to CODA, Dr. Tankersley directed that this issue be added to the Board's April 2010 meeting agenda.

Dental Practice and Professional Affairs

Report of the Council on Dental Benefit Programs: Participation in National Library of Medicine and International Health Terminology Standards Development Organization Negotiations: This report presented nominations of CDBP representatives to participate in negotiations on intellectual property issues regarding SNODENT with the NLM and IHTSDO. A motion was made to amend Resolution B-8 to appoint two additional members from outside the Council to participate in these negotiations. In response to a question regarding the financial impact of this amendment, it was noted that discussions would be held by conference call, with no budget implications. The proposed amendment was adopted. The Board adopted the following amended resolution.

B-8-2010. Resolved, that the following members of the Council on Dental Benefit Programs be appointed to participate in negotiations on intellectual property issues regarding SNODENT with the National Library of Medicine (NLM) and the International Health Terminology Standards Development Organization (IHTSDO):

Dr. Bert W. Oettmeier, Jr., chair
 Dr. Robert G. Plage, vice chair
 Dr. Christopher J. Smiley
 Dr. Daniel J. Klemmedson
 Dr. Jeffrey Seiver

and be it further

Resolved, that the President appoint two additional members from outside the Council on Dental Benefit Programs, and be it further

Resolved, that a follow-up report from CDBP on negotiations with the NLM and IHTSDO be forwarded to the Board of Trustees at its June 2010 meeting.

Finance

Report on the Status of the 2010 Operating Contingency Fund and Approval of Supplemental Appropriation Requests: A Contingency Fund of \$700,000 was authorized in the 2010 budget. The Board through its December 2009 meeting approved total supplemental requests in the amount of \$165,150 net of alternative funding, leaving a balance of \$534,850. At this session, the Board reviewed requests totaling \$140,000.

Arbitration Services. Based on the adoption of Resolution B-14, the following resolution was declared moot.

B-10. Resolved, that the following appropriation be made from the 2010 Contingency Fund and be allocated to line items in separately listed cost centers, with the exception of capital funding, in accordance with the terms of the supplemental appropriation requests.

Division of Administrative Services
 (Cost Center 090-1050-XXX)

Arbitration Services - \$125,000

Donation to Alaska Dental Outreach Consortium (ADOC). Dr. Krempasky Smith and Ms. Kempf provided additional background regarding the \$15,000 donation and reported that the commitment was approved by the Board in 2009 but funds were never appropriated. It was explained that ADOC is a nonprofit Alaska group putting together a pilot study with the Rasmuson group to place volunteer dentists into rural Alaska villages. During the discussion of the request there were references to the Alaska Settlement Agreement. In response to a request for a copy of the Settlement Agreement, Ms. Kempf indicated that a copy will be sent to the entire Board.

The Board adopted the following resolution.

B-11-2010. Resolved, that the following appropriation be made from the 2010 Contingency Fund and be allocated to line items in separately listed cost centers, with the exception of capital funding, in accordance with the terms of the supplemental appropriation requests.

Division of Administrative Services

(Cost Center 090-1050-XXX)

Donation of Alaska Dental Outreach Consortium (ADOC) - \$15,000

Dr. Krempasky Smith reported that the funding for the supplemental request approved in December 2009 for Life Member Pins at an expense of \$16,500, was not needed since funds for that activity had been included in the 2010 budget.

Legal

Report of the Division of Legal Affairs: Response to B-143-2009, Guidelines on Recording and Preparing Meeting Minutes for ADA Board Work Groups and Task Forces: This report was presented in response to Resolution B-143-2009, which directs that minutes will be kept for all ADA Board Work Groups and Task Forces, that minutes will reflect the essence of the discussion and rationale for any resultant resolution(s), and the development of guidelines and protocol for recording such matters. The proposed Guidelines provide that meetings of ADA Board Committees, Work Groups and Task Forces be electronically recorded and that the recordings shall be used in the preparation of meeting minutes. The proposed Guidelines addressed both in-person and telephone conference call meetings; outlined a process for beginning and concluding a meeting for the electronic record; and addressed preparation of minutes and the housing of recordings.

During discussion, a motion was made to amend the first guideline to read as follows:

1. Detailed minutes should be kept for all ADA Board of Trustees' Work Group, Task Force and Committee meetings. Minutes should record ~~include the names of those who spoke and~~ the essence of what ~~they~~ was said, pertinent details of the discussion, the conclusions reached and the actions taken.

The ensuing discussion included support for the amendment, the reasons being that there would be more open and complete discussions during the meetings. Those who supported retaining the current language of item 1 believed that it was entirely appropriate to include the names of those who spoke. It was also pointed out that since the House has mandated minutes be provided to the House, that such omission of names in minutes could be at odds with the increased transparency requested by the House. On vote, the proposed amendment was approved.

Discussion on the Guidelines continued with questions being raised regarding the recording of attorney-client sessions of work groups, task forces and committees; who has access to the recordings; and the length of time recordings should be maintained—until the minutes are approved or indefinitely. The Board voted to refer the following Resolution B-12 and all pending issues to the Board Rules Work Group and Legal.

B-12. Resolved, that the Guidelines and Protocol for Preparing Minutes of ADA Board Work Groups, Task Forces and Committees contained in the February 2010 Report from the Division of Legal Affairs be approved.

Report of the Chief Legal Counsel: Litigation and Other Matters Executive Summary (Confidential): The Board received a report submitted by Ms. Kempf about pending litigation and other legal matters. No discussion of the report ensued.

Membership, Tripartite Relations and Marketing

Report of the Office of Student Affairs: Student Clinic Planner: This report requested Board approval for reinstatement of the Student Clinic Planner into the 2010 budget, pending sponsorship funding. The Board expressed concern that the student clinic planner is an outdated item and students are more accustomed to working in an electronic format. It was suggested that ASDA be contacted to determine if the funds could be used for something that would be of more value to the students. The following Resolution B-5 was not adopted.

B-5. Resolved, that the 2010 Student Clinic Planner be approved for production and distribution to the 2010-2011 junior and senior ASDA/ADA student members.

Reconsideration of Resolution B-5. On Monday, February 8, the Board of Trustees approved reconsideration of Resolution B-5 based on new information that a membership study reflects student support for the planner. Board discussion continued with concerns expressed regarding the outdated paper planner versus an electronic format. Additionally, it was suggested that this request should have been submitted as a supplemental funding request that would be reviewed by the Finance Committee prior to Board consideration. Based on these discussions, the Board postponed definitely Resolution B-5 until its April 2010 session in order to obtain more information that would demonstrate the value of this resource, including information/feedback from the end users.

Science/Professional Affairs

Report of the ADA Standards Committee on Dental Products: Annual Volunteer Award: This report provided information regarding the ADA Standards Committee on Dental Products, its history in recognizing outstanding program volunteers and a recommended candidate for the 2010 Volunteer Award. The Board adopted the following Resolution B-6.

B-6-2010. Resolved, that the 2010 SCDP Volunteer Award be presented to Mr. Clyde Ingersoll.

Report of the Council on Scientific Affairs: Reauthorization of ADA/Forsyth Institute Collaboration on Evidence-Based Dentistry, and Assessment of Future Expertise Needs: This report presented a proposal to reauthorize a collaborative education program on evidence-based dentistry with the Forsyth Institute (Boston, MA) and provided an assessment of future expertise needs for the Council on Scientific Affairs. The Board adopted Resolution B-7 as follows.

B-7-2010. Resolved, that the Board approves the proposal for the ADA Center for Evidence-Based Dentistry to collaborate again with the Forsyth Institute to offer the evidence-based dentistry course in fall 2010.

The Board reviewed the priority areas of expertise for future nominees for the Council on Scientific Affairs and agreed that the nominations for this council will be considered at its April 2010 session.

Organizational/Other

Review of Standing Rules for Councils and Commissions: The Board reviewed the following amendments to the *Standing Rules for Councils and Commissions*:

- Nomination and selection criteria for the ADA selected members of the Council on Dental Education and Licensure and selection of the nominee for CDEL chair
- Section on Minutes to allow for posting approved minutes and action items in the Members Only section of ADA.org
- Editorial changes throughout the document to reflect current staff titles; updates to the

Professional Conduct Policy and Prohibition Against Harassment, and Association Whistleblower Policy; and the name change of the American Association of Dental Examiners to American Association of Dental Boards.

The Board adopted the following Resolution B-9.

B-9-2010. Resolved, that the *Standing Rules for Councils and Commissions*, as amended, be approved.

Additionally, the Board took no action to require councils to audio record their meetings.

Selection of Commission on Dental Accreditation Appeal Board Member: The Commission on Dental Accreditation notified the Executive Director that Dr. Steven Schonfeld's term as the ADA's representative on the CODA Appeal Board will terminate with the October 2010 ADA annual session. Dr. Tankersley reviewed names of former CDEL members and presented for the Board's consideration the nomination of Dr. Stanwood H. Kanna. The Board adopted the following Resolution B-13.

B-13-2010. Resolved, that Dr. Stanwood H. Kanna be approved as the ADA member of the Appeal Board of the Commission on Dental Accreditation for a four year term.

New Business

Oral Report of Dr. Edward Vigna—Update on the State Public Affairs (SPA) Oversight Committee:

Dr. Vigna commented that he and Dr. Edward Green have been involved in the interview process of candidates for the new Vice President for the Division of Communications and expressed appreciation for being included in the process. He also noted that the SPA Oversight Committee meets bi-weekly and commented that a request from the Council on Government Affairs to fund a lobbyist position that was lost in the budgeting process was approved through the SPA budget. However, he also commented that it will be important in the future that requests of this type be included in the regular budget process.

Strategic Planning: The Board engaged in strategic planning activities as part of the development of the ADA strategic plan for the years 2011-2014. The Board considered its role in strategic planning; reviewed trends impacting public health and the dental profession; reviewed previous strategic planning efforts; identified and ranked strategic priorities; and discussed next steps in the planning process.

Adjournment

The Board of Trustees adjourned *sine die* on Tuesday, February 9, 2010, at 11:00 a.m.

Minutes of the Board of Trustees

April 13, 2010

Special Meeting of the Board of Trustees

J.W. Marriott Hotel, Treasury Room, Washington, D.C.

Call to Order: A special session of the American Dental Association Board of Trustees was called to order at the request of the Compensation Committee by Dr. Ronald L. Tankersley, president, at 1:10 p.m. on Tuesday, April 13, 2010, at the J.W. Marriott Hotel, Treasury Room, Washington, D.C.

Roll Call: The following officers and trustees were present: Drs. Ronald L. Tankersley, Raymond Gist, Thomas E. Sullivan, A.J. Smith, Edward Leone, Jr., William R. Calnon, Dennis W. Engel, Robert A. Faiella, Maxine Feinberg, S. Jerry Long, Samuel B. Low, Dennis E. Manning, Charles H. Norman, W. Ken Rich, Donald L. Seago, Mary K. Smith, Charles L. Steffel, R. Wayne Thompson, Kenneth J. Versman, Edward J. Vigna, Russell I. Webb and Charles R. Weber. Dr. J. Thomas Soliday was unable to attend.

Ms. Carol Browne, Compensation Committee legal counsel, was also in attendance.

Adjournment

The special meeting of the Board of Trustees adjourned at 3:20 p.m.

Notes

Minutes of the Board of Trustees

April 18–20, 2010

Headquarters Building, Chicago

Call to Order: The fourth session of the Board of Trustees was called to order by President Ronald L. Tankersley on Sunday, April 18, 2010, at 8:30 a.m. in the Board Room of the ADA Headquarters Building, Chicago.

Roll Call: The following officers and trustees were present: Drs. Ronald L. Tankersley, Raymond Gist, Thomas E. Sullivan, A.J. Smith, Edward Leone, Jr., Kathleen O'Loughlin, William R. Calnon, Dennis W. Engel, Robert A. Faiella, Maxine Feinberg, S. Jerry Long, Samuel B. Low, Dennis E. Manning, Charles H. Norman, W. Ken Rich, Donald L. Seago, Mary K. Smith, Charles L. Steffel, R. Wayne Thompson, Kenneth J. Versman, Edward J. Vigna, Russell I. Webb and Charles R. Weber. Dr. J. Thomas Soliday was unable to attend.

Staff members present for all or parts of the meeting were: Helen Cherrett, senior director, Global Affairs; James S. Goodman, managing vice president, Conference and Meeting Services; Albert H. Guay, chief policy advisor; Tamra S. Kempf, chief legal counsel; Laura A. Kosden, managing vice president and publisher, Publishing; Toni Mark, chief technology officer; Daniel M. Meyer, senior vice president, Science/Professional Affairs; Clayton B. Mickel, managing vice president, Corporate Relations and Strategic Marketing Alliances; Laura M. Neumann, senior vice president, Education/Professional Affairs; Kenneth Ohr, managing vice president, Communications and Marketing; Barkley R. Payne, executive director, ADA Foundation; William M. Prentice, senior vice president, Government and Public Affairs; Paul Sholty, chief financial officer; Wendy-Jo Toyama, senior vice president, Membership, Tripartite Relations and Marketing; and Wayne R. Wendling, managing vice president, Health Policy Resources Center.

Also in attendance for all or parts of the meeting were: Rose Brandt, controller; Daniel M. Conley, manager, Executive Communications; R. Todd Erickson, Hillenbrand Fellow; Michael Glick, editor, *JADA*; Gary Grzesiak, manager, Budget and Financial Analysis; Judy L. Jakush, editor, *ADA News*; C. Michael Kendall, senior associate general counsel, Legal Affairs; Carol J. Krause, director, Sales and Marketing; Wendy J. Wils, senior associate general counsel, Legal Affairs; and Anthony Ziebert, director, Commission on Dental Accreditation.

Attorney-Client Sessions

Attorney-client sessions of the Board of Trustees were held at various times during the meeting. Ms. Carol Browne, Esquire, outside legal counsel for the Compensation Committee, participated in the Compensation Committee discussions.

Preliminary

Approval of Agenda: The Board of Trustees adopted the following resolution.

B-39-2010. Resolved, that the agenda be approved as the official order of business for the current session of the Board of Trustees except that the President may alter the order of the agenda when necessary to expedite business.

Report on Mail Ballot Actions: In accordance with the *Organization and Rules of the Board of Trustees*, which requires that all mail or fax votes be recorded in the minutes of the next regular Board session, the following resolution was adopted unanimously by mail ballot.

B-40-2010. Resolved, that the minutes of the February 6-9, 2010, meeting of the Board of Trustees be approved.

Approval of Minutes of Special Session of the Board of Trustees: Draft minutes of the August 10, 2009, special session of the ADA Board of Trustees were presented to the Board for approval. Dr. Seago requested an explanation as to why the special meeting minutes were not presented to the Board sooner than the April 2010 session. Ms. Kempf and Ms. Cole explained that the meeting involved a privileged attorney-client session and that the meeting minutes were needed to record the action, but not the privileged discussion. Dr. Seago observed due to the timing, that the new Board members, who did not attend the attorney-client session, were not positioned to approved the minutes for the equity line of credit. Dr. Tankersley advised that the new Board members could abstain from the vote if they so chose, Dr. Weber requested that a consistent policy be developed for the recording of telephonic Board meetings. Ms. Kempf recommended from the legal perspective that all attorney-client sessions be recorded and that minutes be prepared. The Board requested that policy be developed, for consideration at its June 2010 session, regarding attorney-client telephonic Board meetings. The policy should include a disclaimer that all attorney-conference calls will be recorded and that official meeting minutes be developed. The Board adopted the following resolution.

B-41-2010. Resolved, that the minutes of the August 2009 Special Session of the Board of Trustees be approved.

Approval of Consent Calendar: A consent calendar was prepared to expedite the business of the Board of Trustees. Board members were informed that any report or resolution could be removed from the consent calendar. Following review, the consent calendar was amended by the removal of several reports and resolutions. The Board subsequently adopted the following resolution as amended.

B-16-2010. Resolved, that the resolutions contained on the Consent Calendar, as amended, be approved and reports be accepted.

Reports of Standing Committees of the Board of Trustees

Report of the Compensation Committee: Dr. Webb updated that Board on the activities of the Compensation Committee. The Compensation Committee recommended an increase in the per diem from \$75 to \$100. The Board adopted a motion that the per diem rate of \$75.00 be increased to \$100.00 for the 2011 Budget. The Board adopted the following resolution.

B-45-2010. WHEREAS, the Board received a Final Report on the Whistleblower/Retaliation allegations against the Executive Director;

WHEREAS, after full discussion and consideration of that report the Board voted to retain the Executive Director on a Probationary Period;

Now, therefore, be it

Resolved, that:

1. The Board authorizes the Compensation Committee to determine the terms of the Probationary Period and effect remediation¹ between the Executive Director, the Senior Staff and the Board of Trustees;
2. That the Probationary period shall extend to the time of the pre-Board Compensation Committee meeting in September 2010; that the Compensation Committee shall meet with the Executive Director at the June and July Board meetings and at such other times as necessary; that nothing in the terms of the Probationary Period shall guarantee employment through the close of the period, and that the Executive Director's employment may be terminated at anytime during the Probationary Period based on her performance.

¹"Remediation" shall be defined as the effort to remedy a situation that exists and address and resolve the problems identified.

3. That the Board authorizes the expenditure of up to \$250,000 from the Reserve Fund for the retention of an outside consultant to effect the remediation process.

The Board adopted the following resolution.

B-46-2010. Resolved, that a report be completed by the Compensation Committee for the ADA House of Delegates which includes the following information.

A summary of the ensuing action plan for executive remediation/coaching for the ADA BOT and key senior staff to be implemented.

A summary of outcome measurements for the evaluation of the effectiveness of the coaching as indicated by the plan.

Complete reports and findings will be included upon signing a confidentiality agreement.

and be it further

Resolved, that the initial report will be reviewed at the June Board meeting prior to transmittal to the HOD.

SCDI and ADABEI Reports: Postponed to the June 2010 meeting due to time constraints.

Policy Concerning Executive Director Visits to Constituent Societies: Dr. Thompson raised some concerns because he recently learned that the executive director was scheduled to speak to a meeting of the Louisiana Dental Association. The Board had previously agreed that the executive director would spend her first year with ADA staff and that the president and the president-elect should have priority to speak to other organizations on behalf of the ADA. Dr. Gist indicated that this is an item in the Board *Rules*, which will be addressed by the Work Group on Board *Rules*. Dr. Mary K. Smith pointed out that these invitations went out in June 2009 before the new Board *Rules* took effect. Dr. Tankersley directed the Compensation Committee to bring this matter back to the Board at its June meeting. The Board approved a motion directing that district trustees be copied on all requests for staff members to attend constituent or local meetings within their districts.

Report of the Special Financial Affairs Committee: Dr. Ronald Lemmo, chair of the special committee, presented to the Board in a closed session.

Report of the Finance Committee: Dr. Mary K. Smith updated the Board on the activities of the Finance Committee. The Finance Committee recommended an amendment to the Board *Rules* to include the treasurer in the Finance Committee. The Finance Committee adjusted the asset allocation of investments to 65% capital appreciation and 35% capital preservation. The Finance Committee recommended the purchase of Hyperion software to allow the Finance Division to create better financial reports. Some of the costs of the Hyperion software will be allocated to ADABEI and the ADA Foundation. Dr. Smith also updated the Board on the status of ADAidm refunds. The Board adopted the following resolution.

B-44-2010. Resolved, that the *Rules of the Board of Trustees*, Composition of the Finance Committee, be amended as follows:

Finance Committee

Composition. The Finance Committee shall be composed of the treasurer, the First or Second Vice President and four trustees, one from each class not also serving on either the Compensation Committee or Audit Committee, with the senior trustee member serving as chair.

Term. The term of service for the trustee members of the Committee shall be four years, at the discretion of

the President. The term of service for the vice president member shall be one year, with an extension of an additional year at the discretion of the President. **The treasurer is a member as consistent with their office.**

Meetings. The Committee shall meet at least quarterly in connection with meetings of the Board of Trustees and at such other times as the Committee deems necessary. At the invitation of the Committee, the President, President-elect, **Treasurer**, Executive Director, Chief Financial Officer, and appropriate staff from the Division of Finance and Operations may participate in meetings.

Duties. The duties of the Committee shall be:

1. to assist the Treasurer in the review, development and administrative review of the annual budget, that reflects the priorities of the strategic plan, for consideration by the Board of Trustees;
2. to review Association investment policies and performance of investment portfolio and develop recommendations to the Board of Trustees; and
3. to serve as a resource to the Board of Trustees, the Reference Committee on Budget and Business Matters and members on the annual budget.

and be it further

Resolved, that the policy on Annual Budget shall remain as printed.

Policies on Annual Budget

Policy on Annual Budget: The initial preparation and review of the budget for presentation to the Board of Trustees is the responsibility of an administrative review committee composed of the President-elect, the Finance Committee, the Executive Director and the Treasurer, as chair.

Report of the Audit Committee: Dr. Manning updated the Board on the activities of the Audit Committee.

Board Liaison Reports

Report of Dr. Edward J. Vigna, Liaison to the Council on Communications: Dr. Vigna delivered an oral report on the activities of the Council on Communications.

Report of Dr. R. Wayne Thompson, Liaison to the Council on ADA Sessions: Dr. Thompson delivered an oral report on the activities of the Council on ADA Sessions.

Report of Dr. Russell I. Webb, Liaison to ADEA Commission on Change Committee: Dr. Webb delivered an oral report on the activities of the ADEA Commission on Change Committee.

Report of Dr. Russell I. Webb, Liaison to the Commission on Dental Accreditation: Dr. Webb delivered an oral report on the activities of the Commission on Dental Accreditation.

Report of Dr. Russell I. Webb, Liaison to the Committee on International Programs and Development: Dr. Webb delivered an oral report on the activities of the Committee on International Programs and Development.

Report of Dr. Mary Krempasky Smith, Liaison to the Council on Government Affairs: Dr. Smith delivered an oral report on the activities of the Council on Government Affairs.

Report of Dr. Charles H. Norman, Liaison to the Council on Members Insurance and Retirement Programs: Dr. Norman delivered an oral report on the activities of the Council on Members Insurance and Retirement Programs.

Report of Dr. S. Jerry Long, Liaison to the Council on Membership: Dr. Long delivered an oral report on the activities of the Council on Membership.

Report of Dr. Charles Weber, Liaison to the American Student Dental Association: Dr. Weber delivered an oral report on the activities of the American Student Dental Association.

The following additional liaison reports were submitted to the Board: Dr. A.J. Smith, liaison to the Alliance of the American Dental Association; and Dr. Thomas Sullivan, liaison to the Joint Commission on National Dental Examinations.

Report of Dr. W. Ken Rich, Liaison to the Council on Ethics, Bylaws and Judicial Affairs: Dr. Rich delivered an oral report on the activities of the Council on Ethics, Bylaws and Judicial Affairs. He indicated that the Council is recommending that it serve as the arbitrator to handle actions taken against members who may be in violation of ADA policy. The Council also is recommending that all ADA policies need to be revisited. Dr. Webb recommended that CEBJA set up a mechanism to go to an outside arbitrator. Dr. Leone pointed out that the review of ADA policies is the duty of the Board of Trustees. Dr. Calnon told the Board that the district report submitted by his district's CEBJA representative, was ruled out of order by the CEBJA chair. Dr. Calnon shared concerns relayed to him by the member as well as his own concerns about the review process for the district report and requested that an explanation be given to the Board. Ms. Wils explained that there was a legal issue with a portion of the report because it concerned attorney-client issues from the House of Delegates and it raised issues that were not germane to the Council's *Bylaws* duties. Dr. Versman requested that a copy of the report be shared with the Board. Upon vote, the Board approved a motion to continue discussion of the report with legal counsel in an attorney-client session. In attendance for the attorney-client session were the members of the Board of Trustees, Ms. Kempf, Ms. Wils and Mr. Kendall.

Conference and Meeting Services

Report of the Council on ADA Sessions: 2011 On-Site Exhibitor Staff Registration Fee Increase: The Board adopted the following resolution (*consent calendar action*).

B-19-2010. Resolved, that the Council on ADA Sessions' recommendation to increase the cost of the on-site exhibitor badges from \$35 to \$50 be approved.

Report of the Council on ADA Sessions: 2011 Exhibit Booth Fee Increase: The Board adopted the following resolution (*consent calendar action*).

B-20-2010. Resolved, that the Board of Trustees approve increasing the booth fees for the World Marketplace beginning in 2011 as follows:

- Standard 10 x 10 and aisle space fees will increase \$100 to \$3,475
- Corner booth premium fees will increase \$50 to \$4,325.

Report of the Council on ADA Sessions: Review and Revisit House of Delegates Resolution 61H-2009:

Mr. Goodman reported on concerns raised by the Council on ADA Sessions regarding House of Delegates Resolution 61H-2009. Some Council members thought the second resolving clause has caused unintended consequences that may limit that ADA's ability to do business. The second resolving clause states "that the ADA shall not accept sponsorship from, accept advertising for, or permit exhibition at ADA meetings of any products or services with respect to which the promoter of the product or service has imposed a volume requirement—unless the promoter has justified the specific volume requirement to the satisfaction of ADA with scientifically sound data." Resolution 61H-2009 has resulted in Invisalign, one of the ADA's top exhibitors, not availing the opportunity to exhibit or support the ADA annual session through sponsorship and advertising. The Council requested that the Board of Trustees revisit the resolution and potentially submit a resolution to the House for repeal of the second resolving clause. The Board referred the report back to the Council on ADA Sessions with a request that the Council develop a resolution for consideration by the 2010 House of

Delegates with financial implications.

Report of the Council on ADA Sessions: Annual Session Attendee Email Addresses in Lead Retrieval Information and Pre-Show Mailing Lists: Mr. Goodman reported on a request from the Council on ADA Sessions for special consideration from the Board of Trustees to allow e-mail addresses to be included in pre-show mailing lists and/or to be embedded in lead retrieval data with the consent of annual session attendees. Attendees would have the option to “opt out” from having their e-mail addresses included in the data for the pre-sale lists. Ms. Toyama pointed out that the ADA has a privacy policy that does not allow member e-mail addresses to be shared. The Board referred the request to share pre-show registration e-mail addresses back to the Council on ADA Sessions. The Board approved a motion to divide Resolution 23 to consider each resolving clause separately.

The following resolution was not adopted.

B-23a. Resolved, that the Board of Trustees allow the Council on ADA Sessions to provide the e-mail addresses of annual session attendees to ADA exhibitors through the pre-show mailing list.

The Board subsequently adopted the following resolution.

B-23b-2010. Resolved, that the Board of Trustees allow the Council on ADA Sessions to provide the e-mail addresses of annual session attendees to ADA exhibitors through the lead retrieval data gathered on-site, as long as the dental professional has the opportunity to “opt out” of providing this information.

Report of the Council on ADA Sessions: Review/Revise Annual Session Society Reimbursement Policy: Mr. Goodman reported on proposed revisions to the Annual Session Society Reimbursement Policy, which reimburses constituent societies for lost revenue due to proximity of annual session meeting times with that of state society sessions. The Council on ADA Sessions reviewed and recommended revisions to the policy at its February 2010 meeting to bring consistency to the reimbursement process and to provide reimbursement based upon sound economic and financial projections. The Board adopted the following resolution.

B-22-2010. Resolved, that the Annual Session Society Reimbursement Policy, as revised, be adopted.

Note: The Annual Session Society Reimbursement Policy appears at the end of these minutes as Appendix 1.

Report of the Managing Vice President, Conference and Meeting Services: Update on Align Technology, Inc.: The Board was apprised of a request received from Align Technology in a closed session.

Corporate Relations and Strategic Marketing

Informational Report: The following report was received by the Board (*consent calendar action*).

Report of the Managing Vice President, Corporate Relations and Strategic Marketing Alliances:
Update on Corporate Sponsorships

Dental Practice and Professional Affairs

Report of the Council on Access, Prevention and Interprofessional Relations: Request to Approve Additional Rules for CAPIR Subcommittees: The Board adopted the following resolution (*consent calendar action*).

B-17-2010. Resolved, that the following rules to govern the work of the five standing committees of the Council on Access, Prevention and Interprofessional Relations, which include 1) Access and Advocacy, 2) Prevention, 3) Interprofessional Relations, 4) Community Outreach/Cultural Competency, and 5) Community Dental Health Coordinator, be approved.

Council on Access, Prevention and Interprofessional Relations Rules for CAPIR Standing Subcommittees

- A. The Subcommittees shall meet by conference call at least once prior to the development of the Council Meeting agenda.
- B. The Council Chair will appoint Council members to serve on Subcommittees and shall appoint a designated Chair of the Subcommittee. Council members will work with designated staff members, as assigned, in areas of special importance to the Council.
- C. The Subcommittee Chair and appropriate program managers shall work together to develop the agenda of the Subcommittee Conference Call Meetings and the Subcommittee Chair will preside over the conference call to facilitate the business of the Subcommittees.
- D. Subcommittees shall evaluate and report to the full Council on **all reports and assignments** it receives and/or generates and **shall make recommendations on them in the form of resolutions** to the Council for its consideration (placing the item on the Council Meeting Agenda).
- E. The Subcommittee shall recommend to the Chair if a specific resolution should be placed on the consent agenda or if it is of a nature that requires further deliberation and in-depth discussion by the Council.

Informational Report: The following report was received by the Board (*consent calendar action*).

Report of the Council on Access, Prevention and Interprofessional Relations: Post 2009 Access to Dental Care Summit Update

Dental Education and Professional Affairs

Educational Programs for New Dental Team Members and Requests for Accreditation: Dr. Anthony Ziebert reported on the potential implications of requests received by the Commission on Dental Accreditation to accredit educational programs for new dental team members. The Commission has received requests to accredit such programs in the states of Minnesota and Washington. Dr. Neumann noted that the Commission is starting a new process since it does not currently have specific criteria relating to requests for accreditation of educational programs for new dental team members. Several Board members expressed the view that the Commission should follow the same procedures it would normally use to establish a new accreditation process and that it is not obligated to “fast track” its processes to accommodate state-by-state experiments.

ADEA's Position on Healthcare Reform: Dr. Low delivered an oral report on a recent press release from the American Dental Education Association (ADEA) applauding the passage of health care reform legislation. A primary mission in ADEA is for access to care without the limitations that organized dentistry may have placed. There was concern among Board members that some deans are developing the DHAT curriculum for their foundations, a position completely opposite of the Association.

Informational Report: The following report was received by the Board (*consent calendar action*).

Progress Report of the CODA Monitoring Committee: Implementation of Recommendations in the Report of the Task Force on the Commission

Finance and Operations

Report on the Status of the 2010 Operating Contingency Fund and Approval of Supplemental

Appropriation Request: Dr. Mary Smith reported on the 2010 Operating Contingency Fund. A Contingency Fund of \$700,000 was authorized in the 2010 budget. The 2010 Contingency Fund has a balance of \$536,350 heading into the April Board meeting. For this meeting, 2010 Contingency Fund requests submitted total \$836,800. Approval of the appropriation requests would leave the original 2010 Contingency Fund with a deficit balance of (\$300,450) before accepting any alternative funding. The Board voted to approve the purchase of Oracle's Hyperion Planning software and integrate it with Oracle PeopleSoft Financials software to support and fully implement Zero Based Budgeting and enhance the financial forecasting process at the ADA. The cost of the software will be partially funded from the Capital Contingency Fund. Based on a review of the details provided in the supplemental request, the Board adopted the following resolution.

B-30-2010. Resolved, that the following appropriation be made from the 2010 Contingency Fund and be allocated to line items in separately listed cost centers, with the exception of capital funding, in accordance with the terms of the supplemental appropriation requests.

Division of Information Technology & Division of Finance
(Cost Center 090-1450-XXX)

Hyperion Planning and Budgeting Software - \$246,050

Note: Funding Alternative Accepted - \$60,550 funded from the Operating Contingency Fund and \$185,500 funded from the Capital Contingency Fund

The Board voted to approve travel expenses for seven ADA representatives to the 2010 National Summit on Diversity in Dentistry. Based on a review of the details provided in the supplemental request, the Board adopted the following resolution.

B-31-2010. Resolved, that the following appropriation be made from the 2010 Contingency Fund and be allocated to line items in separately listed cost centers, with the exception of capital funding, in accordance with the terms of the supplemental appropriation requests.

Division of Membership, Tripartite Relations & Marketing
(Cost Center 090-1300-XXX)

Travel for ADA's Delegation to the 2010 National Summit on Diversity in Dentistry - \$8,350

The Board voted not to approve funding for the pilot testing of an oral health training program for caregivers of people living in long-term care facilities. The following resolution was not adopted.

B-32. Resolved, that the following appropriation be made from the 2010 Contingency Fund and be allocated to line items in separately listed cost centers, with the exception of capital funding, in accordance with the terms of the supplemental appropriation requests.

Division of Dental Practice/Professional Affairs
(Cost Center 090-1500-XXX)

Pilot Testing of Oral Health Training Program for Caregivers of People Living in Long-Term Care Facilities - \$65,000

The Board voted to approve funding for temporary help through the end of 2010 to assist current Division of Global Affairs staff so that the senior director and coordinator can concentrate on international humanitarian assistance and development. Based on a review of the details provided in the supplemental request, the Board adopted the following resolution.

B-33-2010. Resolved, that the following appropriation be made from the 2010 Contingency Fund and be allocated to line items in separately listed cost centers, with the exception of capital funding, in accordance with the terms of the supplemental appropriation requests.

Division of Global Affairs
 (Cost Center 090-1300-XXX)
Temporary Help, Division of Global Affairs - \$48,000

Note: Alternate Funding Accepted – To be funded by a reduction in the ADA Grant to the Foundation

The Board voted to approve funding for market research to study the use of social media technologies on ADA.org. Based on a review of the details provided in the supplemental request, the Board adopted the following resolution.

B-34-2010. Resolved, that the following appropriation be made from the 2010 Contingency Fund and be allocated to line items in separately listed cost centers, with the exception of capital funding, in accordance with the terms of the supplemental appropriation requests.

Division of Communications & Marketing
 (Cost Center 090-1240-XXX)
Market Research and Strategy for Social Media on ADA.org - \$30,200

Several Board members expressed concerns about the funding request for Tatum consultants, observing that the consultants had already started and swiftly completed a substantial amount of work without Board approval. Mr. Sholty responded to their questions on the timing and the process for selecting Tatum consultants, including information about his prior employment with Tatum. The Board voted to approve funding for two senior financial management consultants from Tatum to assist the Office of the Chief Financial Officer through the end of June. Based on a review of the details provided in the supplemental request, the Board adopted the following resolution.

B-36-2010. Resolved, that the following appropriation be made from the 2010 Contingency Fund and be allocated to line items in separately listed cost centers, with the exception of capital funding, in accordance with the terms of the supplemental appropriation requests.

Division of Finance & Operations
 (Cost Center 090-1400-XXX)
Financial Leadership Consulting - \$263,000

The Board voted to approve funding to purchase computer supplies, such as backup tapes, replacement hard drives and software, to comply for three months with a Preservation of Evidence memo from outside legal counsel. Based on a review of the details provided in the supplemental request, the Board adopted the following resolution.

B-38-2010. Resolved, that the following appropriation be made from the 2010 Contingency Fund and be allocated to line items in separately listed cost centers, with the exception of capital funding, in accordance with the terms of the supplemental appropriation requests.

Division of Information Technology
 (Cost Center 090-1450-XXX)
Preservation of Evidence Compliance - \$100,000

The Board voted to postpone the following resolution (See “Boston Group’s Request for a National Summit on Workforce: ASCDE Resolution Requesting Workforce Strategy Conference” below.):

B-42. Resolved, that the following appropriation be made from the 2010 Contingency Fund and be allocated to line items in separately listed cost centers, with the exception of capital funding, in accordance with the terms of the supplemental appropriation requests.

Division of Administrative Services

(Cost Center 090-1300-XXX)

National Issues Conference on Workforce - \$53,700

The Board voted not to reinstate established levels of grant funding for the Alliance of the ADA. The following resolution was not adopted.

B-43. Resolved, that the following appropriation be made from the 2010 Contingency Fund and be allocated to line items in separately listed cost centers, with the exception of capital funding, in accordance with the terms of the supplemental appropriation requests.

Division of Administrative Services

(Cost Center 090-1050-XXX)

Reinstate Established Levels of Grant Funding for the Alliance of the ADA - \$22,500

Report on the Status of the 2010 Capital Contingency Fund and Approval of Supplemental

Appropriation Request: Dr. Mary Smith reported on the 2010 Capital Contingency Fund. A Capital Contingency Fund of \$200,000 was authorized in the 2010 budget. For this meeting, 2010 Capital Contingency Fund requests total \$149,500. Approval of the appropriation requests would leave the original 2010 Capital Contingency Fund with a balance of \$50,500. The Board voted to approve funding for the purchase of VIBATO Sox Compliance Made Simple software, contingent upon the Chief Financial Officer obtaining references from two to three companies. Based on a review of the details provided in the supplemental request, the Board adopted the following resolution.

B-35-2010. Resolved, that the following appropriation be made from the 2010 Capital Contingency Fund and be allocated to the appropriate capital accounts in accordance with the terms of the supplemental appropriation request.

Division of Finance & Operations

VIBATO Sox Compliance Made Simple Software - \$68,900

The Board voted to approve funding for completion of modernization of the elevators in the ADA Washington, DC building, provided that the funding is taken out of reserves. Based on a review of the details provided in the supplemental request, the Board adopted the following resolution.

B-37-2010. Resolved, that the following appropriation be made from the 2010 Capital Contingency Fund and be allocated to the appropriate capital accounts in accordance with the terms of the supplemental appropriation request.

Division of Washington DC Building

Funding for Completion of Washington DC Building Elevator Modernization Project - \$80,600

Note: Alternate Funding Accepted – To Be Funded From Reserves

Report of the Audit Committee: 2008 Audited Financial Information: The Board accepted the 2008 Audited Financial Statements and Report of the Audit Committee.

American Dental Association Foundation

Report of Dr. Russell I. Webb, Senior Trustee Representative to the ADAF: Update on the ADA Foundation, Dental Education: Our Legacy – Our Future, Campaign for innovation and Give Kids A Smile Expansion: Dr. Webb updated the Board on the progress of the PRC Work Group. The Work Group is developing a recommendation to the ADA Foundation Board to move the Paffenbarger Research Center out of the ADA Foundation. However, the ADA Bylaws change for such a move is not expected until the 2011

House of Delegates. The Work Group is waiting for the ADA Foundation audit report before it moves forward with its recommendations. It was noted that the ADA Foundation may need to take \$500,000 from the royalty fund to maintain PRC through the end of the year.

Global Affairs

Report of the Committee on International Programs and Development: Restructure of the Composition of CIPD: The Board adopted the following resolution (*consent calendar action*).

B-21-2010. Resolved, that the *Organization and Rules of the Board of Trustees*, Section on Standing Committees, Subsection on Committee on International Programs and Development, be amended by adding the following at the end of the described composition:

- A member of the ADA who has graduated from dental school less than ten (10) years prior to appointment to the Committee, and who has participated in overseas volunteerism, international development projects and/or other experience working or living overseas,

and be it further

Resolved, that the Global Affairs Divisional base budget for 2011 be increased by \$1,710 to account for the additional member of the Committee.

Government and Public Affairs

Informational Report: The following report was received by the Board (*consent calendar action*).

Report of the Senior Vice President, Government and Public Affairs: Federal and State Legislative, Regulatory and Public Affairs Update

Legal

Report of the Chief Legal Counsel: Litigation and Other Matters: The Board considered a written report submitted by Ms. Kempf about pending litigation and other legal matters, including CDT Licensing, the Contract Analysis Service and efforts to stop infringements of the ADA's trademarks and the misuse of its name.

Review of ADA Governance Rules Barring Proxy Voting in the House of Delegates: The Board adopted the following resolution (*consent calendar action*).

B-18-2010. Resolved, that the Standing Committee on Credentials, Rules and Order be requested to review the ADA governance documents on proxy voting in light of recent changes to Illinois law and to report its findings to the 2010 House of Delegates, including any recommendations for revisions to the ADA *Bylaws*.

Membership, Tripartite Relations and Marketing

Report of the Office of Student Affairs: Student Clinic Planner: Ms. Toyama presented a request from the Office of Student Affairs to reinstate the Dental Student Clinic Planner in 2010 as a revenue neutral activity. The Student Clinic Planner was eliminated from the 2010 budget at the 2009 House of Delegates. Funding for the planner is anticipated through a combination of corporate sponsorship and expense reductions in other OSA projects. The Board adopted the following resolution.

B-5-2010. Resolved, that the 2010 Student Clinic Planner be approved for production and distribution to the 2010-2011 junior and senior ASDA/ADA student members as a revenue neutral activity.*

*Note: The OSA editorially amended Resolution B-5 by the addition of the words “as a revenue neutral activity.”

Report of the Division of Communications: Proposed New E-Publication Strategy: The Board adopted the following resolution (*consent calendar action*).

B-26-2010. Resolved, that the New E-Pub Strategy be approved for implementation beginning third quarter 2010.

Policy

Report of the Chief Policy Advisor: Comparative Effectiveness Research (CER): Dr. Guay delivered a report on the implications of comparative effectiveness research (CER) on dentistry and dental care. The federal government has begun significant activities in the area of CER in health care in an attempt to increase the quality of health care and reduce its costs. Significant resources have been allocated for these efforts. Two dental projects are included in the list of 100 priority projects for implementation. The government is looking at this project as sociological research to correct disparities between population groups. Dr. Guay recommended that a multi-council structure would be best for directing Association activities in this area. However, the Board decided that the Council on Dental Practice should be the primary agency. After discussion, the Board adopted the following resolution as amended.

B-25-2010. Resolved, that because of the complex and far-reaching goals established for comparative effectiveness research (CER), the Council on Dental Practice be the primary agency for an inter-Council committee to examine, evaluate and make recommendations to the appropriate ADA agencies on the Association’s activities in this area.

Report of the Strategic Planning Committee: Dr. Calnon delivered a presentation on behalf of the Strategic Planning Committee about the development of the 2011-2014 Strategic Plan. This process started at the mega discussion at the last House of Delegates meeting. The Board and House received environmental scans in December. The executive management team had its own staff strategic planning meeting. The Board had a strategic planning retreat in February. Following the retreat, the Strategic Planning Committee had two conference calls. A face-to-face meeting took place on April 1 and 2. There was also a meeting at the Washington Leadership Conference. The Board came up with three overarching goals from the February Board retreat. Providing support to dentists became a major topic at the retreat. Dr. Calnon reviewed the three goals of the 2011-2014 Strategic Plan:

Goal One—Provide support to dentists so they may succeed and excel throughout their careers

1. Professional competency and ethical standards—high level of knowledge, skills, values regardless of **chosen career path**; success for all career paths.
2. Professional autonomy—preserve the doctor patient relationships, dentist as the leader of the dental team.
3. Financial health—sustainable business models, work life balance, career path, modality, chosen lifestyle. Not just dollars and cents, financial health and success with broader definitions.
4. Positive Public Image—awareness of dental credentials, civic/community leadership; environmentally responsible. Consumer facing.
5. Member health, wellness, and professional satisfaction throughout careers.

Goal Two—Be the trusted resource for oral health information that will help people be good stewards of their own oral health

1. Oral health literacy—easy access to evidence based, appropriate and timely oral health information; creation and transfer of knowledge.
2. Shared responsibility—patients and dental professionals understand their unique roles and responsibilities in managing an individual's or a community's state of oral health.

Goal Three—Improve public health outcomes through a strong collaborative profession; including effective collaboration across the spectrum of stakeholders outside of dentistry

1. Effective professional collaboration—common goals of improving health via literacy, workforce, delivery systems, scientific knowledge.
2. Public has access to effective prevention and to a quality focused delivery system. Public delivery system mirrors the efficiencies of private system. Goal of elimination of oral disease becomes a focal point. Access to fluoridation.

The Board considered whether the strategic plan should have a fourth goal to ensure that the ADA is a financially stable organization that provides appropriate resources to enable strategic and operational initiatives. After discussion, the Board approved a motion directing the Strategic Planning Committee to add a fourth goal related to financial stability to the Strategic Plan. Dr. Calnon indicated that the Strategic Planning Committee would submit a final plan to the Board at the June Board meeting along with a communications plan for its rollout. The Board approved a motion to accept the Strategic Plan, as presented, as a template for development of the 2011 operational plan.

Informational Report: The following report was received by the Board (*consent calendar action*).

Report of the Hillenbrand Fellow: Alternative Dental Careers Program

Publishing

Report of the JADA Editor and Publisher: Successes and Challenges: Dr. Glick delivered a presentation on the many successes that have been achieved since he assumed the office of JADA Editor in 2005, including a dramatic increase in JADA submissions and downloaded JADA articles, awards for general excellence and cover design, numerous international editions of JADA, and high readership scores. Ms. Kosden delivered a presentation on the challenges facing JADA. The business of publishing is JADA's greatest challenge. Although JADA continues to be the dental profession's leading journal, revenue has steadily dropped to the point that JADA is no longer profitable. Part of the reason for this decline is that JADA competes with highly commercial publications that discount rates, have less stringent editorial standards and generate leads for industry. The Publishing staff has attempted to stem the decline through aggressive sales efforts and new initiatives, such as electronic media. Dr. Tankersley told the Board not to share the economic data in the JADA report, which is proprietary.

Report of the Publishing Division: Recommendation for Volunteer Oversight of ADA News: Dr. Manning reported that Dr. Glick has asked for his name to be removed from the masthead of ADA News. The JADA scientific editor has been listed on the ADA News masthead even though the editor's role has been limited in that he or she has only been consulted on scientific issues on an occasional basis. Dr. Manning offered two alternatives for the editor of ADA News: (1) that the ADA establish a new position, or (2) that the JADA associate editor serve as editor of ADA News. The Board discussed the possibility of adding more volunteer oversight to ADA News and referred the issue to the Board committee chaired by Dr. Manning to come up with a recommendation.

Informational Report: The following report was received by the Board (*consent calendar action*).

Informational Report of the Publishing Division: Revised Advertising Policies for ADA.org

Science and Professional Affairs

Report on the 2011 Meeting of ISO/TC 106 Dentistry: Dr. Meyer reported that the Phoenix, Arizona area was chosen for the location of the 2011 meeting of the International Organization for Standardization (ISO) Technical Committee (TC) 106 Dentistry to be held on September 18-24, 2011, immediately following the September 14-17, 2011, FDI meeting in Mexico City. Staff from the Department of Standards Administration and the Department of Conference Services selected the Hilton Tapatio Cliffs as the meeting venue. The Board adopted the following resolution.

B-24-2010. Resolved, that the ADA move forward to begin contract negotiations with the Hilton Tapatio Cliffs in Phoenix, Arizona, as the meeting site for the ADA's hosting of the 2011 Meeting of ISO/TC106 Dentistry.

Report on the Center for Evidence-Based Dentistry: Recent Council Activities: Dr. Meyer reported that Worthwhile, Inc., producers of the Dental Symphony practice management software, is interested in incorporating the EBD Web site's database of systematic reviews into their software. All content from the database is already freely available through PubMed pursuant to the terms of the grant from the National Library of Medicine used to create the EBD Web site. The Board adopted the following resolution.

B-27-2010. Resolved, that the Board of Trustees approves ADA entering into a license agreement with Worthwhile, Inc., to incorporate the EBD Web site's database of systematic reviews into Worthwhile's software for a license fee of \$1 per end user, contingent on approval of the terms of the license agreement by the Division of Legal Affairs.

Informational Reports: The following reports were received by the Board (*consent calendar action*).

Report of the Council on Scientific Affairs: Recent Activities

Report of the Senior Vice President, Science and Professional Affairs: Status of the PRC Corrective Action Plan

Organizational/Other

Report of Nominations to the Council on Scientific Affairs: Dr. Engel reported on the nominations for the Council on Scientific Affairs. Dr. Meyer indicated that some of the best candidates in this report have the poorest summaries and he suggested that the Board should see each candidate's *curriculum vitae*. The Board asked to see each candidate's *curriculum vitae* and a data sheet outlining each candidate's strengths and interests prior to the Board making a decision. In discussing the nomination process, the Board requested that the Council on Scientific Affairs develop a form that Board members could ask nominees to complete outlining their strengths and interests. Dr. Engel indicated that he would bring the Board's request and other issues of concern to the Council on Scientific Affairs at its April 2010 meeting and provide a report to the Board at its June 2010 meeting. The Board also directed that beginning in 2011, the Report on Nominations to the Council on Scientific Affairs be submitted to the Board at its April session. The Board referred the following resolution to the June 2010 meeting pending additional information.

B-28. Resolved, that the names and qualifications of the following four individuals be transmitted to the 2010 ADA House of Delegates as nominees for membership on the Council on Scientific Affairs for four year terms.

Nominees (select four):

Dr. Lawrence Gettleman, Kentucky (District 6)

Dr. Michael C. Griffiths, Washington, DC (District 4)

Dr. Bryan S. Michalowicz, Minnesota (District 10)

Dr. Kirk W. Noraian, Illinois (District 8)

Dr. Brian Novy, California (District 13)
 Dr. Edmond L. Truelove, Washington (District 11)
 Dr. Ray C. Williams, New York (District 2)

Nomination for ADA Honorary Membership: Dr. Mary Smith requested that the Board *Rules* be waived in order to award ADA Honorary Membership to Ms. Mary K. McCue of Montana at the April Board meeting instead of the June Board meeting, when nominations are usually made due to extenuating circumstances. Following discussion, the Board adopted the following resolution:

B-29-2010. Resolved, that the guidelines and procedures governing the nomination and selection process for awarding ADA Honorary Membership, as stated in the *Organization and Rules of the Board of Trustees*, be waived and Honorary Membership be awarded to Mary K. McCue.

Report of the President-elect: Dr. Gist discussed some of his recent activities, including a presentation to the Physician Insurers Association of America (PIAA) Dental Workshop, a meeting with Federal Trade Commission Chairman Jon Leibowitz, and Community Dental Health Coordinator (CDHC) Workgroup Pilot Program Kickoff in Tempe, Arizona. Dr. Gist noted that the PIAA attendees were concerned about liability issues related to the midlevel provider since that is the most litigious aspect of the medical profession.

Report of the Treasurer: The Board considered a written report submitted by Dr. Leone. Dr. Wendling reviewed some results of the most recent quarterly Survey of Economic Confidence, which provides timely information on how dentists are doing.

Informational Reports: The following reports were received by the Board (*consent calendar action*).

Report of the President
 Report of the Executive Director

New/Unfinished Business

Meeting Space in the ADA Headquarters Building: Dr. Vigna raised some concerns about the heating and cooling costs that are charged to outside groups that rent meeting space in the ADA Headquarters Building. The American Association of Dental Boards was notified recently that it would be charged an additional \$100 per hour for meetings after 5:00 p.m. or on weekends. Some of these groups are concerned about the additional charges and are looking into other venues. Mr. Goodman explained that the building management company Jones Lang LaSalle recently started billing the ADA for HVAC fees outside of business hours. Those HVAC fees were exhausting whatever rental income the ADA was making. The Board considered whether it might be wiser to have variable rates and build the heating and cooling costs into the room rental fees. Mr. Goodman indicated that a room rental increase has been added to the 2011 budget.

Preservation of Documents: Ms. Kempf updated the Board on the recent "Preservation of Evidence" Notice that was distributed recently to the Board and ADA staff. The notice was drafted by an outside attorney from Hinshaw & Culbertson LLP and the requirements are broad. The Board and staff are to keep all electronic and paper documents and they are not to delete any e-mails unless it is junk mail spam. Dr. O'Loughlin explained that this precludes any upgrades to computers, any new programs and virus scans. Backup tapes will need to be rotated. This will be an expensive process. Hinshaw & Culbertson will be contacted to obtain further clarification.

Delta Settlement Agreement: Dr. Tankersley appointed Drs. Faiella and Thompson as Board liaisons to continue working on the Delta Settlement issue.

Annual Session: Dr. Tankersley reported that there will be a health screening program for the Board of Trustees at the annual session. Dr. Tankersley also asked the Board for recommendations for reference committees. A reference committee on workforce will be needed. The Board will be receiving a list of

delegates and alternates. Nominations are due June 1.

Board Discussions

Boston Group's Request for a National Summit on Workforce: ASCDE Resolution Requesting

Workforce Strategy Conference: Dr. Tankersley reported that association executives from the Austin Group and the Boston Group met during the Washington Leadership Conference and unanimously requested to have a meeting on workforce issues. Dr. Mary Smith discussed the funding of the meeting, which would take place on July 17-18 during the Management Conference Week. The Board considered whether to convene the meeting in July or whether it would be better to have this discussion during the House of Delegates. Mr. Goodman indicated that the additional cost would be minimal to expand the House of Delegates and set up an earlier mega discussion. The Board also discussed the possibility of holding a workforce issues Webinar or podcast in the mid-summer, and convening a workforce reference committee at the annual meeting in Orlando. After discussion, Dr. Tankersley appointed a Board Work Group to work with the Subcommittee on Workforce Issues to consider convening a national issues workforce conference. The members are: Drs. Faiella, Low, Feinberg and Norman. The Work Group is charged with developing the specifics of the meeting including the financial aspects; purpose; participants; dates; location; and expected outcome.

Special Appearances/Special Orders of Business

The following special appearances and special orders of business were conducted during the Board meeting.

Bostrom Strategic Planning Session: Mr. Philip Lesser and Mr. Barton Tretheway of Bostrom Consulting Associates delivered a presentation about the strategic planning process and the indicators of successful strategic planning outcomes.

Appearance of American Student Dental Association Representatives, Mr. Corwyn D. Hopke, president, and Nancy Honeycutt, executive director: Mr. Corwyn D. Hopke, president of the American Student Dental Association, delivered an oral report to the Board about the state of ASDA and its recent activities. The ASDA House of Delegates met recently in Baltimore and elected a new Board of Trustees. Student interest in participation continues to grow and ethics remain a high priority. The ASDA House of Delegates passed a resolution to investigate international outreach programs that encourage unqualified students to go to other countries to perform nonreversible procedures. ASDA has opened new avenues of communication with the Joint Commission to better understand how the National Board Dental Examination is scored. Some students have expressed concern that the NBDE is not an accurate measure. Student debt burden continues to be a major concern. ASDA is focusing on efforts to increase collaboration with other student dental organizations. In addition, the ASDA Board of Trustees has begun a new strategic planning process.

Adjournment

The Board of Trustees adjourned *sine die* on April 20, 2010 at 2:10 p.m.

Appendix 1

American Dental Association Annual Session Society Reimbursement Policy

I. Reimbursement of Constituent and Component Members of the ADA Tripartite

The Board of Trustees would consider, on an individual basis, a request for financial assistance from any constituent and/or component society hosting the ADA annual session that could suffer a financial loss due to the ADA impacting the income from that society's annual meeting, and that any such request must be received by the ADA at least 24 months prior to the subject ADA meeting and be subject to review based on accepted ADA accounting procedures.

For the purposes of this policy, the "host society" shall mean the constituent society and/or component society of the American Dental Association (ADA) in whose jurisdiction the ADA annual session is held and which is primarily responsible for local arrangements activities and the solicitation and use of volunteers for the ADA annual session. Compensation of a host society shall be determined upon the request of the host society and be based upon its loss of net revenue as defined below. Except as specified in Section III of this Reimbursement Policy, no non-ADA tripartite organization may be eligible for compensation.

Compensation is appropriate in those instances when:

1. The host society cancels its annual session within six months before or after the ADA annual session is held within its jurisdiction; or
2. The host society holds its annual session and loses revenue there from within six months before or after the date that the ADA annual session is held within its jurisdiction.

Compensation for the host society canceling its annual session shall be the average net revenue for the three years immediately preceding the ADA annual session plus 10% of this average figure. For the host society that does not cancel its annual session during the year that the ADA annual session is held within its jurisdiction and loses revenue from its annual session that year, compensation shall be the difference between the average net revenue for the three years immediately preceding the ADA annual session and the net revenue for the year that the ADA annual session is held plus 10% of this amount.

II. Other Constituent and Component Society Compensation

The Board of Trustees would consider, on an individual basis, a request for reimbursement to any ADA constituent or component society other than the host society. Any such request must be received by the ADA at least 24 months prior to the subject ADA meeting and be subject to review based on accepted ADA accounting procedures. The request for reimbursement will be considered using any information the requesting society deems relevant, such as proof of lost revenues due to the presence of the ADA annual session.

ADA reserves the right to renegotiate any reimbursement package negotiated pursuant to this Section of the Reimbursement Policy if such a package places ADA in a compromised revenue situation.

III. Reimbursement of Non-Tripartite Dental Organizations

To the extent that payments are not made under both Section I and Section II of this Reimbursement Policy for a single annual session, the Board of Trustees would consider, on an individual basis, a request for financial assistance from a local, non-Tripartite dental organization whose membership is geographically based ("Organization") and whose jurisdiction includes the site of the ADA annual session that could suffer a financial loss due to the ADA impacting the income from that Organization's annual meeting if:

1. the Organization requires its members to be members of the ADA; and
2. (a) The Organization cancels its annual meeting within six months before or after the ADA annual session is held within its jurisdiction; or
(b) The Organization holds its annual session and loses revenue there from within six months before or after the date that the ADA annual session is held within its jurisdiction.

Any such request must be received by the ADA at least 24 months prior to the subject ADA meeting and be subject to review based on accepted ADA accounting procedures. Compensation for the Organization canceling its annual meeting shall be the average net revenue for the three years immediately preceding the ADA annual session plus 10% of this average figure. For the host society that does not cancel its annual session during the year that the ADA annual session is held within its jurisdiction and loses revenue from its annual session that year, compensation shall be the difference between the average net revenue for the three years immediately preceding the ADA annual session and the net revenue for the year that the ADA annual session is held plus 10% of this amount.

The ADA reserves the right to renegotiate any reimbursement package negotiated with an Organization under this Section of the Reimbursement Policy if such a package places ADA in a compromised revenue situation.

It is the intent of this policy to be inclusive of all respective parties who will mutually benefit from the presence of the ADA Annual Session, as well as to compensate fairly those societies that have shown to be negatively impacted financially by the presence of the ADA annual session.

Minutes of the Board of Trustees

May 4, 2010

Special Telephonic Meeting of the Board of Trustees

Call to Order: The meeting was called to order by Dr. Ronald L. Tankersley at 5:00 p.m. Central Daylight Time. Dr. J. Thomas Soliday recorded the attendance. Dr. Kathleen T. O'Loughlin recorded meeting notes. This call was recorded in compliance with the Rules of the Board.

Roll Call: The following officers and trustees were present: Drs. Ronald L. Tankersley, Raymond Gist (left the meeting at approximately 5:30pm CDT), Thomas E. Sullivan, A.J. Smith, J. Thomas Soliday, Kathleen O'Loughlin, William R. Calnon, Dennis W. Engel, Robert A. Faiella, Maxine Feinberg, S. Jerry Long, Samuel B. Low, Dennis E. Manning, Charles H. Norman, W. Ken Rich, Donald L. Seago, Mary K. Smith, Charles L. Steffel, R. Wayne Thompson, Kenneth J. Versman, Edward J. Vigna, Russell I. Webb and Charles R. Weber.

Absent: for all of the meeting, Dr. Edward Leone, Jr.; for a portion of the meeting, Drs. Ray Gist and W. Ken Rich.

ADA staff present: Mr. Paul Sholty, Ms. Tamra Kempf.

A special meeting of the ADA Board of Trustees was convened by telephone at 5:00 p.m. Central Daylight Time on May 4, 2010, for the purpose of discussing and voting on a Supplemental Appropriations Request submitted by the Divisions of Dental Practice and Professional Affairs and Membership, Tripartite Relations and Marketing for the purpose of a National Issues Discussion and Dialogue on Workforce to be held at ADA headquarters on Sunday July 18, 2010, just preceding the Management Conference Week to be held July 19-23, 2010. In addition to the face to face meeting, funds to support two webinar conferences are included, one before the July 18 meeting and one after the July 18 meeting.

Discussion: Members of the Board heard a report from members of the ADA Board work group (which work group was appointed by Dr. Tankersley at the last ADA Board meeting in April and included Drs. Faiella, Feinberg, Norman and Low) on their meeting with members of the Subcommittee on Workforce of the Council on Dental Practice. The ADA Board work group polled the Subcommittee and found that most members (9-2) were in favor of a face to face meeting for the purpose of educating and disseminating information to ADA members regarding workforce models and related issues. Based on this information, and after discussions with the Subcommittee on their reasons for wanting a face to face meeting, the ADA Board work group decided to propose (i) one face to face meeting set for July 18, 2010, (ii) one telephone conference (already budgeted), and (iii) two webinars. The ADA work group noted that the telephone conference and webinars are important in reaching out to non-House members.

The ADA Board made note of the importance of the workforce issue and the need to provide factual information to all interested parties. It was also noted that the proposed face to face meeting must be clear in its purpose, have a well prepared agenda and that expert facilitation will be required. Dr. Faiella stated that the report by the Council of Dental Practice will not be discussed or disseminated prior to or at the face to face meeting. Instead, the meeting will be for educational purposes and to disseminate information prior to seeing the work product of the Subcommittee. The work product of the Subcommittee will be reported to the 2010 House of Delegates in October 2010 without the issue being debated in a forum other than the Annual Session.

Concerns were expressed by the meeting participants regarding the number of attendees, and whether the importance of the discussion required all of the Trustees to be in attendance, not just the proposed six in the supplemental request (attached).

Dr. Manning made a motion to accept all of the information provided and to add the financial implication of

having the whole ADA Board attend the July meeting. Dr. Smith noted that there were no funds for this, that reserves would have to be tapped. This motion was later withdrawn.

Dr. Steffel proposed an amendment to the motion that Trustees could attend, but that no ADA funding would be provided (except for the liaison). This motion was withdrawn after a brief discussion (lack of support).

Dr. Manning made a motion to amend the resolution to indicate that funds be provided to cover travel expenses to the July 18 meeting for the entire ADA Board and the Officers. After a brief discussion, Dr. Tankersley called for the vote on the amendment, and Dr. Soliday recorded 17 yes, 2 no and 1 absent.

Dr. Mary Smith made a motion to amend the resolution to indicate that the \$41,850 amount set forth in the original proposal will be drawn from contingency funds, thus leaving a small balance available in the contingency fund for future use, and that the additional \$20,400 to fund travel for the remaining ADA Board and Officers will be drawn from reserves.

This motion was seconded and Dr. Soliday recorded a vote of 18 yes, 0 no and 2 absent.

Resolution B-47-2010, as amended, was then approved with a vote of 19 yes, 0 no and 1 absent.

Resolution B-47-2010. Resolved, that the ADA Board of Trustees approves the Supplemental Appropriations Request as amended to provide that (i) funding for the original proposal will be drawn from the Contingency Fund, and (ii) additional funding will be provided to cover the travel expenses of the remaining Board members and officers to attend the July 18 meeting, which additional funds will be drawn from Reserves.

Respectfully submitted,

Kathy O'Loughlin, D.M.D.
ADA Board Secretary

Appendix**SUPPLEMENTAL APPROPRIATION REQUEST**Date Submitted: March 17, 2011

Requesting Agency ADA

Division Names: Dental Practice/Professional Affairs and
Membership, Tripartite Relations & Marketing

Amount of Request: \$41,850

Cost Center No.: 090-1300-XXX

SUMMARY: National Issues Discussion and Dialogue on Workforce (Three parts)

Part One – A one-day conference of constituent dental societies and ADA to discuss workforce. The purpose is to widen the base of mutual understanding and trust around the workforce issue. Best time: Sunday, July 18, 2010 (the weekend immediately prior to Management Conference Week). This weekend reduces executives' travel outlays since Management Conference Week will be held July 19-23.

Assumptions regarding participants for this one-day Conference:

- 6 Board representatives (ADA president, president-elect, and one Trustee from each class)
- 1 Trustee Liaison to CDP
- 11 Members of the Council on Dental Practice Subcommittee on Workforce Issues
- 6 From other councils (1 each from CGA, CAPIR, CDB, CDEL, CC, CM)
- 104 constituent volunteers and executives (Each constituent would be allowed to have two volunteer leaders plus the executive director. The assumption from experience is that, on average, each constituent would have two participants, for a total of 104.)
- 10 ADA Staff
- 138 Total estimated number of participants

REASON AND BENEFITS TO BE DERIVED FROM THIS REQUEST: (List by line item and amount with complete explanation. Round off line items to nearest \$50; use same format as Annual Budget. Attach supporting documentation, if any.)

Expenses

515501 Volunteer Airfare	\$ 10,200	(24 volunteers @ \$425)
515201 Volunteer Ground Travel	\$ 2,400	(24 volunteers @ \$100)
515301 Volunteer Per Diem	\$ 1,800	(24 volunteers @ \$75)
515401 Volunteer Lodging	\$ 5,650	(24 volunteers @ \$235)
515501 Volunteer Meals	\$ 7,600	(Meals for estimated 138 participants)
510700 Misc. Meeting Expenses	\$ 1,200	(Weekend charges, AV support, badges, photocopying, supplies)
520200 Honoraria (for facilitator)	\$ 6,000	(includes travel)

Total cost of one-day Conference

\$34,850

Part Two – National Issues Webinars on Workforce: Webinars are proposed to reach large numbers of leaders and executives, to aid in increasing the knowledge base. Two webinars are proposed: one in June and one in August. Each webinar would be one hour in duration, with a PowerPoint presentation and time for questions and answers.

Assumption: 150 attendees per webinar

525010 Telephone

Genesys Event Services, operator attended call	\$1,100/hr
Line charge: \$.22/min/user for audio connection	\$1,980/hr
Unlimited access for playback	\$400
	\$3,500 per Webinar

Cost of two Webinar sessions	\$7,000
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Total cost for one-day Conference and two Webinars	\$41,850
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FUNDING ALTERNATIVE: (List by line item, cost center, and amount with complete explanation of a funding alternative to offset the cost of the supplemental request submitted.)

No suitable alternative available.

Submitted by: _____

Approved by: _____

Senior or Managing VP

Approved by: _____

Senior or Managing VP

Minutes of the Board of Trustees

June 6–8, 2010

Headquarters Building, Chicago

Call to Order: The fifth regular session of the Board of Trustees of the American Dental Association was called to order by Dr. Ronald L. Tankersley, president, on Sunday, June 6, 2010, at 8:00 a.m.

Roll Call: The following officers and trustees were present: Drs. Ronald L. Tankersley, Raymond Gist, Thomas E. Sullivan, A.J. Smith, Edward Leone, Jr., J. Thomas Soliday, Kathleen O'Loughlin, William R. Calnon, Dennis W. Engel, Robert A. Faiella, Maxine Feinberg, S. Jerry Long, Samuel B. Low, Dennis E. Manning, Charles H. Norman, W. Ken Rich, Donald L. Seago, Mary K. Smith, Charles L. Steffel, R. Wayne Thompson, Kenneth J. Versman, Edward J. Vigna, Russell I. Webb and Charles R. Weber.

Staff members present for all or parts of the meeting were: Helen Cherrett, senior director, Global Affairs; James S. Goodman, managing vice president, Conference and Meeting Services; Albert H. Guay, chief policy advisor; Tamra S. Kempf, chief legal counsel; Laura A. Kosden, managing vice president and publisher, Publishing; Toni Mark, chief technology officer; Joseph McManus, senior vice president, Dental Practice/Professional Affairs; Daniel M. Meyer, senior vice president, Science/Professional Affairs; Clayton B. Mickel, managing vice president, Corporate Relations and Strategic Marketing Alliances; Laura M. Neumann, senior vice president, Education/Professional Affairs; Kenneth Ohr, managing vice president, Communications and Marketing; William M. Prentice, senior vice president, Government and Public Affairs; Paul Sholty chief financial officer; Wendy-Jo Toyama, senior vice president, Membership, Tripartite Relations and Marketing; and Wayne R. Wendling, managing vice president, Health Policy Resources Center.

Also in attendance for all or parts of the meeting were: Rose Brandt, controller; Daniel M. Conley, manager, Executive Communications; R. Todd Erickson, Hillenbrand Fellow; Michael Glick, editor, JADA; Gary Grzesiak, manager, Budget and Financial Analysis; Judy L. Jakush, editor, *ADA News*; C. Michael Kendall, senior associate general counsel, Legal Affairs; and Wendy J. Wils, senior associate general counsel, Legal Affairs.

Closed and Attorney-Client Sessions

Attorney-client sessions of the Board of Trustees were held at various times during the meeting. Ms. Carol Browne, Esquire, outside legal counsel for the Compensation Committee, participated in the Compensation Committee discussions.

During the Sunday, June 6, closed session, the following reports were considered:

- Report of the Audit Committee
- Discussion of HOD unauthorized e-mail communications
- Delta Settlement Update, with a special appearance of Dr. Alan Friedel
- Presentation of the following Board Liaison Reports
 - Dr. Samuel Low, Liaison to the Council on Dental Education and Licensure
 - Dr. Kenneth Versman, Liaison to the Council on Dental Benefit Programs
- ADABEI/SCDI Updates
- Legal Updates
- ShieldsMeneley Update
- Report of the Compensation Committee

Preliminary

Approval of Agenda: Prior to approving the agenda, the following items of New Business were added to the agenda:

- Discussion of two day meetings of Board Standing Committees
- Challenges with the 2011 Board Meeting dates
- Report of the Editor Contract Workgroup
- ADABEI Resolution
- Response to letter from the Georgia Dental Association

On vote, the following resolution was adopted:

B-48-2010. Resolved, that the agenda be approved as the official order of business for the current session of the Board of Trustees except that the President may alter the order of the agenda when necessary to expedite business.

Report on Mail Ballot Actions: In accordance with the *Organization and Rules of the Board of Trustees*, which requires that all mail or fax votes be recorded in the minutes of the next regular Board session, the following resolution was adopted unanimously by mail ballot.

B-49-2010. Resolved, that the minutes of the April 13, 2010, special session of the Board of Trustees be approved.

Consent Calendar: A consent calendar was prepared to expedite the business of the Board of Trustees. Board members were informed that any report or resolution could be removed from the consent calendar. Following review, the consent calendar was amended by the removal of several reports and resolutions. The Board subsequently adopted the following resolution as amended.

B-50-2010. Resolved, that the resolutions contained on the Consent Calendar be approved and reports be accepted.

Approval of Minutes of Previous Sessions: The Board adopted the following resolutions (*consent calendar action*).

B-51-2010. Resolved, that the minutes of May 4, 2010, special telephonic session of the Board of Trustees be approved.

B-78-2010. Resolved, that the minutes of the April 18-20, 2010, session of the ADA Board of Trustees be approved.

Conference and Meeting Services

Report of the Council on ADA Sessions: Nomination of Chairpersons of the 2010 Committee on Local Arrangements: The Board adopted the following resolution (*consent calendar action*).

B-52-2010. Resolved, that the following nominations of the chairpersons to serve on the 2010 Committee on Local Arrangements made by Dr. Roger B. Nofsinger, General Chair of the 2010 Committee on Local Arrangements, with the concurrence of the Florida Dental Association, be approved.

Dr. Michael G. McCorkle, vice-chair

Dr. Timothy M. Lane, co-chair, Program Coordinating Committee

Dr. Jeffrey J. Sevor, co-chair, Program Coordinating Committee

Dr. Charles H. Schmitt, co-chair, Hospitality Committee
 Dr. Kathryn E. Miller, co-chair, Hospitality Committee
 Dr. John G. Lee, co-chair, Registration & Special Services Committee
 Dr. Robert D. Pellarin, co-chair, Registration & Special Services Committee

Report of the Council on ADA Sessions: Nomination of the 2011 Officers of the Committee on Local Arrangements: The Board adopted the following resolution (*consent calendar action*).

B-53-2010. Resolved, that the following nominations of the chairpersons to serve on the 2011 Committee on Local Arrangements made by Dr. Gregg C. Hendrickson, general chair of the 2011 Committee on Local Arrangements, with the concurrence of the Nevada Dental Association and the Southern Nevada Dental Society, be approved.

Dr. James G. Kinard, vice-chair
 Dr. Michael C. Lloyd, co-chair, Program Coordinating Committee
 Dr. William G. Pappas, co-chair, Program Coordinating Committee
 Dr. Jonathan E. Rothbart, co-chair, Hospitality Committee
 Dr. Rick B. Thiriot, co-chair, Hospitality Committee
 Dr. George F. Rosenbaum, co-chair, Registration & Special Services Committee
 Dr. Brad Wilbur, co-chair, Registration

Report of the Council on ADA Sessions: Nomination of Honorary Officers of the 2010 Committee on Local Arrangements: The Board adopted the following resolution (*consent calendar action*).

B-54-2010. Resolved, that the following nominations for honorary officers of the 2010 Committee on Local Arrangements be approved.

Dr. Nolan Allen	Dr. Albert Bauknecht	Dr. Donald Cadle, Jr.
Dr. Richard Chichetti	Dr. Theresa Dolan	Dr. George Dorris
Dr. Lewis Earle	Dr. Robert Ferris	Dr. Thomas Floyd
Dr. Theodore Haeussner	Dr. Dan Henry	Dr. Charles Hoffman
Dr. Betty Hughes	Dr. Kim Jernigan	Dr. John R. Jordan Jr.
Dr. Samuel Low	Dr. Larry Nissen	Dr. H. Wayne Todd
Dr. Robert Uchin	Dr. Earl Williams	

Report of the Council on ADA Sessions: Nomination of the 2012 Council Chair: The Board adopted the following resolution (*consent calendar action*).

B-56-2010. Resolved, that Dr. Kent H. Percy be appointed chair-designate of the Council on ADA Sessions for the year 2012 to serve immediately upon appointment.

Report of the Council on ADA Sessions: 2015, 2016 and 2017 Annual Session Recommendations: The Board reviewed and accepted recommendations on locations for the 2015 through 2017 annual sessions (Resolutions B-57-B-59—confidential actions).

Corporate Relations/Strategic Marketing

Report of the Smile Health Advisory Panel: Recommendations on Future of Smile Health Program: The Board adopted the following resolution (*consent calendar action*).

B-72-2010. Resolved, that the Smile Healthy Program be placed on hold for one year, at which time the future of the program be discussed by representatives of the Council on Scientific Affairs, the Council on Communications and the Smile Healthy Advisory Panel as determined by the President.

Report of the Managing Vice President, Corporate Relations and Strategic Marketing Alliances: Amendment to Guidelines Governing the ADA's Corporate Relationships: The Board adopted the following resolution (*consent calendar action*).

B-77-2010. Resolved, that the following amendment to the Guidelines Governing the ADA's Corporate Relationships be adopted.

16. To ensure coordination of contacts with industry, the Division of Corporate Relations and Strategic Marketing Alliances should be consulted before contacting potential sponsors with sponsorship or funding requests. Such contacts that are initiated by industry should be reported to CRSMA before being acted on. This is intended to prevent different ADA operational areas from approaching the same company with sponsorship or funding requests without regard for a coordinated strategy. That strategy should reflect the prioritization of sponsorship needs, which is done annually by the Corporate Relations Advisory Committee. That ranking will be provided to senior management and the Board of Trustees annually, and listings of current sponsorships will be provided monthly. Solicitation of sponsorships by volunteers also is subject to these requirements, and all councils should be reminded annually of the ADA's Guidelines Governing the ADA's Corporate Relationships. This guideline does not apply to communications between the ADA and industry on issues related to the ADA Seal.

Dental Education and Professional Affairs

Report of the Joint Commission on National Dental Examinations: Research and Development Activities: The Board adopted the following resolution (*consent calendar action*).

B-73-2010. Resolved, that expenditures from the Joint Commission on National Dental Examinations' Research and Development Fund be approved for implementation of the proposed research and development activities as summarized in the appendix of the Joint Commission on National Dental Examinations' report to the Board of Trustees, and be it further

Resolved, that expenditures from the Joint Commission on National Dental Examinations' Innovative Assessment Methods Research Grant Program be approved to support the proposed research study of Dr. David Shin approved by the JCNDE in the 2010 funding cycle.

Informational Report: The following report was received by the Board (*consent calendar action*).

Report of the CODA Monitoring Committee: Implementation of Recommendations in the Report of the Task Force on the Commission on Dental Accreditation

Dental Practice and Professional Affairs

Report of the Council on Dental Benefit Programs: Dental Quality Alliance Operating Rules: This report requested that the Board of Trustees review and approve the operating rules and membership of the Dental Quality Alliance (DQA), proposed by the DQA Executive Committee. The Board adopted the following resolution.

B-60-2010. Resolved, that the following organizations be invited to become members of the Dental Quality Alliance (DQA):

Academy of General Dentistry
American Dental Education Assn
American Dental Hygienists' Assn
America's Health Insurance Plans
ADA/Board of Trustees

ADA/Council on Access, Prevention and Interprofessional Relations
 ADA/Council on Dental Benefit Programs
 ADA/Council on Dental Practice
 ADA/Council on Government Affairs
 Centers for Medicare and Medicaid Services
 Delta Dental Plans Association
 American Association of Public Health Dentistry
 American Association of Endodontists
 American Academy of Oral & Maxillofacial Pathology
 American Academy of Oral & Maxillofacial Radiology
 American Association of Oral and Maxillofacial Surgeons
 American Association of Orthodontists
 American Academy of Pediatric Dentistry
 American Academy of Periodontology
 American College of Prosthodontists
 Health Resources and Services Administration
 Medicaid/SCHIP Dental Association
 National Assn of Dental Plans
 Agency for Healthcare Research and Quality
 American Medical Association
 The Joint Commission
 Public Member

and be it further

Resolved, that the Operating Rules and reporting relationships for the DQA be approved.

Report of the Council on Access, Prevention and Interprofessional Relations: Affiliation Agreement Renewal—National Foundation of Dentistry for the Handicapped: The Board adopted the following resolution (*consent calendar action*).

B-62-2010. Resolved, that the Board of Trustees approves reinstating the Affiliation Agreement between the American Dental Association and the National Foundation of Dentistry for the Handicapped (dated January 1, 2010) for the period 2010-2012, contingent on approval of terms as expressed in the June 2010 Report of the Council on Access, Prevention and Interprofessional Relations.

Report of the Health Policy Resources Center: Intellectual Property Request by California Dental Association for a Limited License to the Quarterly Survey of Economic Confidence: The Board discussed a request from the California Dental Association (CDA) for specific data from the *Quarterly Survey of Economic Confidence* conducted by the ADA Survey Center. The CDA requested whether it would be possible to break out and publish separately the summary results of California dentists from this quarterly survey. Dr. Wendling reported this request, in accordance with Resolution 48H-2008 (*Trans.*2008:490), was reviewed and approved by the ADA Council on Dental Practice. In response to a question, Dr. Wendling clarified that the constituent dental society would need to make a separate request, if any subsequent report is requested. Based on further discussion, the Board adopted the following resolution.

B-71-2010. Resolved, that the Board of Trustees grants the California Dental Association a limited license to publish a specially prepared Quarterly Survey of Economic Confidence for California report according to the following terms:

- 1) The number of observations from that state consistently reaches an adequate number for statistically-valid analyses.
- 2) The report will be made a members-only benefit for that state.
- 3) Appropriate credit is provided to the ADA.

Request From Specialty Group to Observe the 2010 Conference on Workforce Issues: A representative of the American Association of Orthodontists (AAO) requested an invitation to observe the July Conference on Workforce Issues. In considering this request, the Board discussed whether all ADA-recognized specialty groups, and possibly other dental organizations, should be invited to the conference as observers. After reviewing logistical and program information for the Conference and discussing requests for other ADA participants and observers, the Board discussed funding one representative from the Committee on the New Dentist and the Commission on Dental Accreditation. On vote, the following resolution was adopted as amended.

B-69-2010. Resolved, that due to meeting space limitations, attendance at the 2010 Conference on Workforce Issues be limited to:

Officers and Members of the ADA Board of Trustees
Incoming Trustees
One Representatives of the following ADA Councils—Membership, Communications, Dental Education and Licensure, Access, Prevention and Interprofessional Relations, Dental Benefit Programs and Government Affairs
Council on Dental Practice Subcommittee on Workforce Issues
One funded representative each from the following—Committee on the New Dentist and Commission on Dental Accreditation, ADA Constituent Dental Societies (three attendees each)
10-20 ADA Staff Members

Based on the adoption of Resolution B-69-2010, the following resolution was declared moot.

B-70. Resolved, that additional funding for the 2010 National Issues Workforce Conference in the amount of \$800 be allocated to cover meal expenses for the following observers:

One representative from each of the nine recognized specialty groups
Up to five representatives from other dental organizations (e.g., AGD, etc.)

Report of the Council on Dental Benefit Programs: Participation in National Library of Medicine and International Health Terminology Standards Development Organization Negotiations: The Board considered the Council's recommendation to allow the NLM-IHTSDO advisory committee to negotiate toward the desired end of integrating SNODENT concepts with SNOMED-CT. The Board adopted the following resolutions.

B-74-2010. Resolved, that the Council on Dental Benefit Programs' (CDBP) NLM-IHTSDO Ad-Hoc Committee, in conjunction with the Division of Legal Affairs, enter into negotiations and discussions to include SNODENT in SNOMED-CT, with as favorable provisions as acceptable to the ADA.

B-75-2010. Resolved, that the SNODENT limited license agreement (appendix) developed by the Division of Legal Affairs to distribute the SNODENT database to parties interested in pilot testing for evaluation and analysis be approved for use.

Report of the Council on Dental Benefit Programs: Recommendations Concerning the Renewal Term of the Agreement Settling *Code on Dental Procedures and Nomenclature* Copyright Litigation: The Board adopted the following resolution.

B-76-2010. Resolved, that the ADA representatives who negotiate the Renewal Term of the Agreement Settling the ADA *Code on Dental Procedures and Nomenclature* Copyright Litigation be directed to incorporate the recommendations of the Council on Dental Benefit Programs on Code Revision Committee processes into their discussions so that the *Code* maintenance process proceeds in a manner most favorable to the interest of the ADA and members of the dental profession.

Code Revision Committee (CRC) Update: In an attorney-client session, an oral updated was given.

Informational Reports: The following informational reports were received by the Board (*consent calendar action*).

Report of the Council on Access, Prevention and Interprofessional Relations: Give Kids A Smile Day
 Report of the Dental Economics Advisory Group Activities
 Report of Dr. Charles R. Weber and Dr. Charles L. Steffel, Trustee Members to the DEAG Committee

Finance

Review and Consideration of the Proposed 2011 Budget: Dr. Leone reported on the proposed 2011 ADA operating budget. The Board carefully evaluated the 2011 budget in light of current economic conditions. Each divisional budget was reviewed. During this review, the Board discussed proposed reductions, continued funding of certain programs and activities, and recommended changes.

Administrative Services. The following actions were taken regarding this divisional budget.

- The Board questioned removing funding for the Mega Topic Discussion (\$19,500) from the House of Delegates budget. A motion was made to restore the funds. Board members supporting the motion noted that this activity relates directly to the Strategic Plan, Goal 1, and that the session's value is the ability to receive information from delegates on issues. Board members not in favor of reinstating funding questioned the value of the program and suggested that it adds to the delegates' already busy schedule. On vote, the Board restored funding for the House of Delegates Mega Topic Discussion.
- A motion was also made and adopted to restore funding for the Board to attend a second ADA sponsored conference in 2011.
- The Board accepted the decision package for the new director position in the Office of the Executive Director.

Government and Public Affairs. The following actions were taken regarding this divisional budget.

- A motion was made to restore funding for the third meeting of the Council on Government Affairs. Following discussion on alternative funding options, including combining a Council meeting with the Washington Leadership Conference (WLC), the Board adopted the motion to restore funding for a third CGA meeting using offsetting reductions in the WLC budget.

Membership, Tripartite Relations and Marketing. The following actions were taken regarding this divisional budget.

- The Board discussed the elimination of the Student Block Grant Program funds (\$180,000) from the 2011 budget and subsequently approved a motion to restore funding. Upon reconsideration, the funding for the program was reduced to \$100,000.
- The Board discussed a motion to restore funding for ASDA related activities (advertising in ASDA News, attendance at ASDA regional meetings, booth costs for ASDA regional meetings, ASDA consultant program), with the exception of the electronic appointment book. The motion was adopted.
- A motion was made to restore funding for attendance at the AMSUS meeting; the motion failed.

Information Technology. The following action was taken regarding the divisional budget.

- A motion was made and adopted to include in the base budget the decision package for the Social Media/Collaboration software (\$170,000).

Dental Practice/Professional Affairs. The following actions were taken regarding this divisional budget.

- A motion was made and adopted to restore funding for all decision packages for the Dental Quality Alliance activities.
- A motion was made and adopted to restore a reduced level of funding (\$25,000) for Give Kids A Smile National Advisory Board meetings and trips to GKAS Gala.
- A motion was made and adopted to restore funding for a meeting of the Medical Advisory group (\$7,200) and trips to the National Rural Health Association and site visit (\$4,050).

Science/Professional Affairs. The following action was taken regarding this divisional budget.

- A motion was made and adopted to restore funding for a third meeting of the Council on Scientific Affairs (\$34,900).

Global Affairs. The following action was taken regarding this divisional budget.

- A motion was made and adopted to restore per diem for ADA/FDI delegation (\$5,400).

Communications. The following action was taken regarding this divisional budget.

- A motion was made and adopted to restore funding for 7 "Dental Minutes" (\$30,000).
- A motion was made and adopted to restore a reduced level of funding for the ADA Pavilion at the Hinman Dental Meeting (\$10,000).

A motion was made to add 16 decision packages to the proposed 2011 base budget. The decision packages originally were identified for presentation to the House as separate resolutions. On vote, the motion was adopted.

Based on the Board's actions, the proposed 2011 operating budget anticipates \$114,951,700 in expenses against \$114,217,650 in anticipated revenue. In keeping with the Association's dues stabilization policy, the Board also proposed increasing dues by \$7, so that the dues of active members would be \$505.00 effective January 1, 2011, if adopted by the House of Delegates.

2011 Dues. On vote, the Board adopted the following resolution for transmittal to the House of Delegates.

Resolved, that the dues of ADA active members shall be five hundred five dollars (\$505.00), effective January 1, 2011.

Board Vote: 19 Yes—Drs. Calnon, Engel, Faiella, Feinberg, Gist, Krempasky Smith, Long, Low, Manning, Norman, Rich, Seago, A.J. Smith, Sullivan, Thompson, Versman, Vigna, Webb, Weber; 1 No—Dr. Steffel

Note: These minutes were amended to reflect a Yes vote for Dr. Charles Steffel on Resolution 36, Establishment of Dues Effective January 1, 2011, making the vote unanimous. Dr. Steffel pointed out that his vote was incorrectly recorded as No. The Board approved a motion allowing Dr. Steffel to change his vote, but stated that since recording system was inoperable in June and the discussion could not be substantiated, that this disclaimer be included in the minutes.

Special Assessment. Seven decision packages that support critical technology enhancement or replacement were presented for funding through a one-time special assessment of \$23. On vote, the Board unanimously voted to transmit the following resolution to the House of Delegates.

Resolved, that as provided in Chapter I, Section 50 and Chapter XVII, Section 40 of the *Bylaws*, an active member special assessment be levied in the amount of \$23 for 2011 for the purpose of funding ADA Information Technology infrastructure projects, and be it further

Resolved, that all funds received from this assessment be maintained in a segregated account.

Board Vote: Unanimous.

Informational Report on the Status of the 2010 Operating Contingency Fund and Approval of Supplemental Appropriation Request:

This informational report provided a summary of actions through the April Board meeting. No new supplemental requests were submitted for the June meeting. The 2010 budget contained a Contingency Fund of \$700,000. To date, the Board approved supplemental requests totaling \$898,000, with alternative funding of \$230,400, leaving a balance through the April 2010 Board meeting of \$32,400.

Report on the Status of the 2010 Capital Contingency Fund and Approval of Supplemental Appropriation Request:

The Board reviewed a capital request for the purchase of new House of Delegates tables to replace the existing ADA owned tables, many of which are worn or damaged. New tables will be retro-fitted with electrical outlets and will accommodate electrical cords needed to manage the increased electrical access for the delegates and alternates. The funding request as presented totaled \$242,550 to be funded over three years and paid for in part through anticipated 2010 House budget savings and a credit offered by the new general services contractor. Following discussion, the Board voted to fund the entire purchase in 2010. As a result, it is anticipated the actual expense will be closer to \$229,100 since the finance charge for the three year payment will be eliminated.

B-83-2010. Resolved, that the following appropriation be made from the 2010 Capital Contingency Fund and be allocated to the appropriate capital accounts in accordance with the terms of the supplemental appropriation request.

Division of Administrative Services
House of Delegates Tables - \$242,550

Report of the Pension Committee: Authorized Signers of Certain Investment Accounts: The Board adopted the following resolutions (*consent calendar action*).

Defined Benefit Plan Investment Accounts

B-84-2010. Resolved, that any two of the individuals holding the following positions are the designated authorized signers of the investment accounts of the ADA Employees Retirement Trust, a defined benefit plan, in order to deposit and withdraw monies, and provide instructions as may be needed regarding these accounts:

Treasurer
Executive Director
Chief Financial Officer
Controller/Assistant to the Chief Financial Officer

and be it further

Resolved, that the Executive Director shall provide a list to the applicable financial institutions of the individuals holding the above positions in the American Dental Association, and be it further

Resolved, that the Executive Director shall complete the forms necessary, after legal review, to establish the above authorized signers.

Deferred Compensation Plan Account at Vanguard

B-88-2010. Resolved, that any two of the individuals holding the following positions are the designated authorized signers of the investment accounts of the ADA Deferred Compensation Plan account at Vanguard, in order to deposit and withdraw monies, and provide instructions as may be needed regarding this account:

Treasurer
Executive Director
Chief Financial Officer

Controller/Assistant to the Chief Financial Officer

and be it further

Resolved, that the Executive Director shall provide a list to the applicable financial institution of the individuals holding the above positions in the American Dental Association, and be it further

Resolved, that the Executive Director shall complete the forms necessary, after legal review, to establish the above authorized signers.

Deferred Compensation Plan Account at Romano Brothers/Mesirow

B-89-2010. Resolved, that any two of the individuals holding the following positions are the designated authorized signers of the investment accounts of the ADA Deferred Compensation Plan account at Romano Brothers/Mesirow, in order to deposit and withdraw monies, and provide instructions as may be needed regarding this account:

Treasurer

Executive Director

Chief Financial Officer

Controller/Assistant to the Chief Financial Officer

and be it further

Resolved, that the Executive Director shall provide a list to the applicable financial institution of the individuals holding the above positions in the American Dental Association, and be it further

Resolved, that the Board of Trustees approves the attached standard resolution form provided by Romano Brothers/Mesirow

Resolved, that the Executive Director shall complete the forms necessary, after legal review, to establish the above authorized signers.

Supplemental Plan Account

B-90-2010. Resolved, that any two of the individuals holding the following positions are the designated authorized signers of the investment accounts of the ADA Supplemental Retirement Plan, in order to deposit and withdraw monies, and provide instructions as may be needed regarding this account:

Treasurer

Executive Director

Chief Financial Officer

Controller/Assistant to the Chief Financial Officer

and be it further

Resolved, that the Executive Director shall provide a list to the applicable financial institutions of the individuals holding the above positions in the American Dental Association, and be it further

Resolved, that the Executive Director shall complete the forms necessary, after legal review, to establish the above authorized signers.

Report to Pension Committee: 2010 Pension Funding Considerations: The Board received a Pension Committee report regarding two options for funding pension contributions. The Pension and Finance committees provided their recommendations on the options to the full Board of Trustees.

Report of the Finance Committee: Quarterly Financial Statements: The Board adopted the following resolution.

B-108-2010. Resolved, that the quarterly financial statements as of March 31, 2010, be accepted

and posted in the delegates section of ADA.org.

Foundation

ADA Foundation: The Board adopted the following resolutions.

B-91-2010. Resolved, that the ADA Board of Trustees request the ADA internal auditors to prepare a report for the ADA House of Delegates in accordance with Resolution 73H-2009 relating to implementation of the 2009 KPMG recommendations, and be it further **Resolved,** that such report shall first be submitted to the ADA Board of Trustees for their review prior to prompt transmittal to the ADA House of Delegates.

B-92-2010. Resolved, that the ADA Board of Trustees request that the internal auditors provide the Audit Committee with a report assessing progress since January 1, 2010, on corrective actions relating to items raised in the internal reports.

B-93-2010. Resolved, that the ADA Board of Trustees authorize KPMG to amend the 2006-2008 990s and appropriate state returns. Prior to submission of amended 990s and state returns, the ADAF Board shall have copies made available to them and reviewed such documents.

B-94-2010. Resolved, that the ADA recommends that any corrective actions relating to ADAF should not be paid out of donated ADAF funds.

B-95-2010. Resolved, that the ADA Board of Trustees directs ADA staff to retain all Audit Committee meeting recordings indefinitely.

B-96-2010. Resolved, that the ADA Board requests that the ADAF Board present a corrective action plan and associated timeline to the ADA Board of Trustees at the next ADA Board meeting.

B-97-2010. Resolved, that the ADA Board of Trustees urge the ADAF Board to immediately recruit and hire an interim CEO for the ADAF to facilitate the development and implementation of a comprehensive corrective action plan.

B-98-2010. Resolved, that the ADAF Board report progress on the corrective action plan quarterly to the ADA Board of Trustees.

B-99-2010. Resolved, that ADA expeditiously develop an ADA corrective action plan related to the KPMG ADAF report, subject to ADA Board approval.

B-100-2010. Resolved, the ADA Council on Communications or a subset thereof and any other appropriate agencies, participate in the communication efforts related to the corrective action plan based upon the KPMG ADAF report.

B-101-2010. Resolved, that the ADA Board of Trustees direct the ADA President to form a task force, chaired by an ADA Trustee, in consultation with the ADAF President, to study and recommend steps to address governance issues including ADA and ADAF bylaws identified within the KPMG ADAF report with a report back to the July 2010 ADA Board meeting.

B-102-2010. Resolved, that the ADAF Board be invited to present a response to the KPMG ADAF report at the July 2010 ADA Board meeting.

B-103-2010. Resolved, that the ADA collaborate with the ADAF in effective communication efforts with the ADA House of Delegates.

Informational Report: The following informational report was received by the Board of Trustees (*consent calendar action*).

Report of Dr. Russell Webb, Senior Trustee Representative to the ADA Foundation: Update on the ADA Foundation

Global Affairs

Report of the Committee of International Programs and Development and the International Development Subcommittee: *Adopt – A – Practice: Rebuilding Dental Offices In Haiti*: The Board adopted the following resolution.

B-82-2010. Resolved, that the ADA enter into negotiations for an agreement with Health Volunteers Overseas to promote and manage the *Adopt-a-Practice: Rebuilding Dental Offices in Haiti* fundraising campaign, and be it further

Resolved, that the *Adopt-a-Practice: Rebuilding Dental Offices in Haiti* fundraising campaign commence immediately following the execution of appropriate contractual documentation between the ADA and Health Volunteers Overseas.

Informational Report: The following informational report was received by the Board of Trustees (*consent calendar action*).

Report of the Committee on International Programs and Development: International Business Development

Government Affairs

Report of the Government and Public Affairs Division: Federally Qualified Health Centers (FQHC) Private Contracting Manual Endorsement: The Board adopted the following resolution (*consent calendar action*).

B-81-2010. Resolved, that the ADA endorse the “Increasing Access to Dental Care through Public Private Partnerships: Contracting between Private Dentists and Federally Qualified Health Centers” handbook in recognition of the important role that private contracting between private sector dentists and Federally Qualified Health Centers can play in ensuring that FQHC patients are provided with cost-effective, high quality oral health care services.

Report on Hearing Before U.S. House Domestic Policy Subcommittee of the Oversight Committee on Government Operations and Reform, May 26, 2010: Mr. Prentice along with Mr. Jerry Bowman, Public Affairs counsel, highlighted pertinent information related to the May 26, 2010, hearing. The stated purpose of the hearing was to (1) examine EPA estimates for releases of mercury to the environment attributable to dental amalgam, and (2) to examine progress under the memorandum of understanding among the ADA, EPA and the National Association of Clean Water Agencies.

Informational Report: The following informational report was received by the Board of Trustees (*consent calendar action*).

Report of the Senior Vice President, Government and Public Affairs: Federal and State Legislative, Regulatory and Public Affairs Update

Legal

Report of the Council on Ethics, Bylaws and Judicial Affairs: Release of CEBJA-Related Copyrighted Material: The Board adopted the following resolution (*consent calendar action*).

B-61-2010. Resolved, that, pursuant to 48H-2008 and B-105-2009, the Executive Summary of Terms and Provisions for Release of CEBJA-Related Copyrighted Materials (Appendix 1) is approved as a template relating to grants of permission for one-time reproduction of copyrighted material consisting of all or portions of the *ADA Constitution and Bylaws*, the *ADA Principles of Ethics, Code of Professional Conduct*, the Council on Ethics, Bylaws and Judicial Affairs template judicial manual, entries in the student ethics video contest and a grant of open non-member access to the *JADA* Ethical Moment articles contained on the ADA Ethics Forum Web site, and be it further **Resolved**, that the posting of links to “Ethical Moment” articles published in *The Journal of the American Dental Association* one month after the initial publication of such articles so that such articles are available to the public is approved.

Review of Governance Rules Barring Proxy Voting in the House of Delegates: The Board adopted the following resolutions (*consent calendar action*).

B-63-2010. Resolved, that Resolution B-18-2010, requesting the Standing Committee on Credentials, Rules and Order review the ADA governance documents on proxy voting in light of recent changes to Illinois law and to report its findings to the 2010 House of Delegates, including any recommendations for revisions to the *ADA Bylaws*, be rescinded.

B-64-2010. Resolved, that the following amendment to the *ADA Bylaws* be transmitted to the 2010 House of Delegates:

Resolved, that Chapter V. HOUSE OF DELEGATES, SECTION 10. COMPOSITION, Subsection A. VOTING MEMBERS, of the *ADA Bylaws* be amended by addition of the following new fourth sentence:

Proxy voting is explicitly prohibited; however, an alternate delegate may vote when substituted for a voting member in accordance with procedures established by the Committee on Credentials, Rules and Order.

so the amended Subsection reads (new language underscored)

Section 10. COMPOSITION.

A. VOTING MEMBERS. The House of Delegates shall be limited to four hundred sixty (460) voting members for the two years 2004 to 2005 inclusive. Thereafter, the number of voting members shall be determined by the methodologies set forth in Section 10C of this Chapter. It shall be composed of the officially certified delegates of the constituent dental societies, two (2) officially certified delegates from each of the five (5) federal dental services and five (5) student members of the American Student Dental Association who are officially certified delegates from the American Student Dental Association. Proxy voting is explicitly prohibited; however, an alternate delegate may vote when substituted for a voting member in accordance with procedures established by the Committee on Credentials, Rules and Order.

Report of the Chief Legal Counsel: Policy on Attorney-Client Session of Telephone Board Meetings:

This report presented for the Board’s consideration a proposed policy and guidelines for recording and preparing minutes of telephonic attorney-client sessions of the Board of Trustees. Additionally, Dr. Feinberg offered amendments to the report and guidelines. The Board postponed definitely the original report, which included Resolution B-65, and the proposed amendments to the July Board meeting.

B-65. Resolved, that the amendment to the *Organization and Rules of the Board of Trustees* and the *Guidelines for Recording and Preparing Meeting Minutes of Telephonic Attorney-Client Sessions* contained in the June 2010 Report of the ADA Chief Legal Counsel be approved.

In the interim, the Board “Rules” Workgroup would review both reports.

Membership/Tripartite Relations/Marketing

Report of the Standing Committee on Diversity: Candidates and Alternates to the 2010-2011 Class of the ADA Institute for Diversity in Leadership: The Board adopted the following resolutions.

B-85-2010. Resolved, that the following 12 candidates be approved to participate in the 2010–11 class of the ADA Institute for Diversity in Leadership:

Atarod, Ensy, Austin, Texas
Gise, Kimberley, Phoenix, Arizona
Jacobso, Amarilis, Bronx, New York
Joffe, E. Elon, Malden, Massachusetts
Navedo, Marlene, Hershey, Pennsylvania
Patel, Hema, Fremont, California
Riordan, Maryann, New York, New York
Rios, Tara, Brownsville, Texas
Rosenthal, Christina, Memphis, Tennessee
Salas, Moises, West Hartford, Connecticut
Sordelli, Aldo, Houston, Texas
Vazquez, Veronika, Monterey

B-86-2010. Resolved, that the following four candidates be approved as alternates for the 2010-11 class of the ADA Institute for Diversity in Leadership:

Baez, William, Stone Ridge, Virginia
Delk, Susan, Brady, Texas
Montero, Marilia, Chicago, Illinois
Smithey, Leslie, Bronx, New York

B-87-2010. Resolved, that the ADA Institute for Diversity in Leadership be authorized to admit, to the 2010-2011 class, Dr. Daniel Aneyba from the Asociación Dental Mexicana (ADM), and be it further **Resolved**, that this be considered a pilot project for the purpose of aiding the ADM in its effort to establish a leadership development program in Mexico, and be it further **Resolved**, that ADM cover the cost of any travel-related expenses and will reimburse the ADA \$3,600 to cover program-related costs and ADA affiliate membership for Dr. Aneyba.

Informational Report: The following informational report was received by the Board of Trustees (*consent calendar action*).

Report of the Division of Membership, Tripartite Relations and Marketing and the Council on Dental Practice: New Green Apple Award

Policy

Informational Reports: The following informational reports were received by the Board of Trustees (*consent calendar action*).

Report of the Chief Policy Advisor: Update on Pay-for-Performance

Report of the Chief Policy Advisor: Reimbursement, Dentist Participation and Service Utilization

Publishing

Report of the Publishing Division: Recommendation for License Agreement for Use of Practice Management Publications by American Optometric Association: The Board adopted the following resolution (*consent calendar action*).

B-66-2010. Resolved, that the Board of Trustees approves ADA entering into a license agreement with American Optometry Association to modify and rebrand the specified ADA practice management publications for license fees as described in the June 2010 Report “Recommendation for License Agreement for Use of Practice Management Publications by American Optometric Association” contingent on approval by the Division of Legal Affairs of other terms of the license agreement.

Informational Report: The following informational report was received by the Board of Trustees.

Report of the Publishing Division: Recent Activities

Science and Professional Affairs

Report of the Council on Scientific Affairs: Recent Activities: The Board adopted the following resolutions (*consent calendar action*).

B-67-2010. Resolved, that the fluoridated bottled water product category be moved from the Smile Healthy Program to the ADA Seal of Acceptance Program, and be it further

Resolved, that the ADA Legal Division advise the Council on Scientific Affairs on when this change will take effect, based on resolution of any commitments or issues associated with contracts-in-force under the Smile Healthy Program.

B-68-2010. Resolved, that the ADA propose to the leadership of the National Institute of Dental and Craniofacial Research (NIDCR) that the Institute include two ADA representatives on the NIDCR National Advisory Dental and Craniofacial Research Council in order to promote communication and collaboration on the future of dental research, and be it further

Resolved, that the Council on Scientific Affairs forward the names of two nominees and one alternate to the president for appointment to membership on the NIDCR National Advisory Dental and Craniofacial Research Council.

Strategy Management

Report of the Strategic Planning Committee: Dr. Calnon presented the Committee’s report and an updated version of the 2011-2014 Plan for the Board discussion and approval. Following consideration of revisions to the financial goal (Goal 4. Ensure that the ADA is a financially stable organization that provides appropriate resources to enable operational and strategic initiatives), the Board adopted the following resolution.

B-55-2010. Resolved, that the 2011-2014 ADA Strategic Plan be approved, and be it further **Resolved**, that upon approval the 2011-2014 ADA Strategic Plan be shared with the ADA membership via appropriate means.

Appearance of Representatives of Bostrom Consulting: Barton G. Tretheway, managing partner, and Philip Lesser, vice president, Bostrom Consulting, discussed next steps for the Board in the planning process,

which would include an examination of the Association's mission and vision.

Organizational/Other

Nominations to the Council on Scientific Affairs: The Board balloted on the nominees for the four open positions on the Council on Scientific Affairs. After several rounds of ballots, the Board adopted the following resolution.

B-28-2010. Resolved, that the names and qualifications of the following four individuals be transmitted to the 2010 ADA House of Delegates as nominees for membership on the Council on Scientific Affairs for four year terms.

Dr. Bryan S. Michalowicz, Minnesota (District 10)
Dr. Kirk W. Noraian, Illinois (District 8)
Dr. Brian Novy, California (District 13)
Dr. Edmond L. Truelove, Washington (District 11)

The names of the four nominees to the Council on Scientific Affairs will be transmitted to the House of Delegates along with the balance of council nominations in Board Report 1.

Nominations for ADA Honorary Membership: After consideration of nominations in a closed session, the Board adopted the following resolution.

B-79-2010. Resolved, that in accordance with ADA *Bylaws*, Chapter VII, Section 90 (G), the following individuals be elected to Honorary Membership of the American Dental Association.

Burton Conrod, D.D.S.
Raphael Baldacci, Filho, D.D.S.

Nomination for the Distinguished Service Award: After consideration of the nomination for the Distinguished Service Award in a closed session, the Board adopted the following resolution.

B-80-2010. Resolved, that the 2010 Distinguished Service Award be presented to Dr. Charles N. Bertalomi.

Report of the Executive Director: Dr. O'Loughlin reported to the Board on administrative matters, specifically related to the proposed 2011 budget and organization issues.

Terms of Listserv Agreements—Access and Distribution: The Board was advised on the legal implications of having a Board only listserv, including the potential of being viewed as conducting a board meeting and taking actions. Additionally, the Board was advised that Board only listserv discussions are discoverable.

Informational Reports: The following informational reports were received by the Board of Trustees (*consent calendar action*).

Report of the President
Report of the President-elect

Resolutions: During the course of the June Board session, the following resolutions were adopted.

B-104-2010. Resolved, that the Board of Trustees direct the Council on Ethics, Bylaws and Judicial Affairs (CEBJA) to study the issue of unauthorized distribution of confidential ADA Board or House materials and bring a recommendation back to the Board of Trustees.

B-105-2010. Resolved, that the ADA Board of Trustees (BOT) through the President secure outside legal counsel for counsel/representation in ongoing legal matters arising from pending or threatened complaints that may contain conflicts of interests with the ADA chief legal counsel, and be it further **Resolved**, that the Board suspend the *Rules of the Board of Trustees* to allow the ADA President to interview and hire an outside attorney for the Board of Trustees.

A recorded roll call vote on Resolution B-105 was requested: 19 Yes—Drs. Calnon, Engel, Faiella, Feinberg, Gist, Krempasky Smith, Long, Low, Manning, Norman, Rich, Seago, A.J. Smith, Steffel, Sullivan, Versman, Vigna, Webb, Weber; 1 No—Dr. Thompson.

B-106-2010. Resolved, that the Board remove the temporary placement of the Human Resources Department from the Legal Division back to the Office of the Executive Director.

The following Resolution B-107 was postponed definitely until after the hiring of new outside legal counsel.

B-107. Resolved, that the Board of Trustees remove the probationary information about Dr. O'Loughlin from the Web site immediately.

New Business

Board Policy Regarding Access to Board Member's E-mail: The Board of Trustees reviewed the current Board policy regarding access to a Board member's e-mail and amended the policy to include appropriate approvals and notifications when such an action will be taken.

B-109-2010. Resolved, that Resolution B-58-2008 (*Trans.*2008:343), be amended by the addition of a new third resolving to read as follows (new language underscored):

Resolved, that all requests to access ADA Board email be forwarded directly to the President and President-Elect for consideration, and be it further

Resolved, that the ADA President and President-Elect will provide the CEO CTO written notice of approval before any access is granted, and be it further

Resolved, that when/if the ADA President and President-elect provide the chief technology officer with written notice of approval to access a trustee's email, that trustee will be notified of such action, and be it further

Resolved, that for technical support purposes relating to the Board of Trustees, or as requested by the ADA Board Member for troubleshooting purposes, the owner of the account must be notified and give approval prior to any access by IT personnel.

Resolution Regarding ADA Business Enterprises, Inc.: Dr. Faiella presented the following resolution, which was subsequently adopted by the Board.

B-110-2010. Resolved, the ADA Board of Trustees, acting as the sole stockholder of ADA Business Enterprises, Inc. (ADABEI), request the President appoint a new Workgroup to consider the governance structure of ADABEI as a wholly-owned, for-profit subsidiary; and be it further

Resolved, that the Workgroup develop guidelines for the appropriate reconstitution of the ADABEI Board of Directors; and be it further

Resolved, that the 2010 *Survey of For-Profit Subsidiaries of Not-for-Profit Associations*, commissioned by ADABEI, be transmitted for consideration by the Workgroup; and be it further

Resolved, that the Workgroup provide an update on activities for the September, 2010 ADA Board of Trustees meeting.

Report of the Editorial Committee: Dr. Manning gave a brief update on the Editor's contract and indicated that in the near future the issue of paper costs for the Association's publications will need to be addressed.

Two-Day Meetings of Board Standing Committees: Several comments were made about recent challenges with the schedule of Board standing committee meetings. It was suggested that more time may be needed on the schedule for committee meetings since sometimes meetings overlap and some trustees and officers serve on more than one committee.

Letter to the Board of Trustees from the Georgia Dental Association: The Board discussed the letter transmitted to the Board from the Georgia Dental Association and requested that an acknowledgement letter be sent that conveys that the Board recognizes their concerns and frustration with the issue of mid level providers.

Reconsideration of 2011-2012 Board of Trustees Meeting Dates: The Board postponed to the July Board session the discussion of revisions to the 2011-2012 Board of Trustees meeting dates.

Special Order of Business

Presentation of Managing Vice President, Communications and Marketing: The presentation by Ken Ohr regarding the organization, function and goals of the new Division of Communications and Marketing was postponed until the July Board session.

Adjournment

The Board of Trustees adjourned *sine die* at 12:37 p.m.

Minutes of the Board of Trustees

July 1, 2010

Special Telephonic Meeting of the Board of Trustees

Call to Order: A special session of the Board of Trustees was held by telephonic conference call on Thursday, July 1, 2010. The special session was called to order by Dr. Ronald Tankersley, ADA president, at 7:04 p.m. Central Standard Time.

Roll Call: A roll call of members participating in all or a portion of the special session was recorded by Dr. Thomas Soliday, speaker of the House of Delegates. Participating in the special session were: Drs. Ronald L. Tankersley, Raymond Gist, Thomas E. Sullivan, A.J. Smith, Edward Leone, Jr., J. Thomas Soliday, Kathleen O'Loughlin, William R. Calnon, Dennis W. Engel, Robert A. Faiella, Maxine Feinberg, S. Jerry Long, Dennis E. Manning, Charles H. Norman, W. Ken Rich, Donald L. Seago, Mary K. Smith, Charles L. Steffel, R. Wayne Thompson, Kenneth J. Versman, Edward J. Vigna, and Charles R. Weber.

Also participating in the meeting were Robert Coleman and Eugene Schiltz of the Coleman Law Firm.

Not participating were Dr. Samuel Low and Dr. Russell Webb.

With the permission of the Board, Dr. O'Loughlin excused herself from the meeting.

Attorney-Client Discussion

The special meeting of the Board of Trustees was conducted in an attorney-client session.

The Board came out of attorney-client session and took the following action:

Resolved, that the *Rules of the Board of Trustees* be waived to go back into attorney-client session to make resolutions to define the scope of the outside attorneys engagement.

The motion was adopted by the following vote: 13 Yes—Drs. Calnon, Engle, Feinberg, Gist, M. Smith, Norman, Rich, Seago, Smith, Steffel, Sullivan, Versman, Weber; 5 No—Drs. Faiella, Long, Manning, Thompson, Vigna; 2 Absent—Drs. Low, Webb.

The Board reconvened in an attorney-client session.

Adjournment

The special session adjourned *sine die* at 10:35 p.m. Central Standard Time.

Notes

Minutes of the Board of Trustees

July 25–27, 2010

Headquarters Building, Chicago

Call to Order: The sixth session of the Board of Trustees was called to order by Dr. Ronald L. Tankersley on Sunday, July 25, 2010, at 8:00 a.m. Central Daylight Time in the Board Room of the ADA Headquarters Building in Chicago, Illinois.

Roll Call: The following officers and trustees were present: Drs. Ronald L. Tankersley, Raymond Gist, Thomas E. Sullivan, A.J. Smith, J. Thomas Soliday, Edward Leone, Jr., Kathleen O'Loughlin, William R. Calnon, Dennis W. Engel, Robert A. Faiella, Maxine Feinberg, S. Jerry Long, Samuel B. Low, Dennis E. Manning, Charles H. Norman, W. Ken Rich, Donald L. Seago, Mary K. Smith, Charles L. Steffel, R. Wayne Thompson, Kenneth J. Versman, Edward J. Vigna, Russell I. Webb and Charles R. Weber.

Senior staff members present for all or parts of the meeting were: Helen Cherrett, senior director, Global Affairs; James S. Goodman, managing vice president, Conference and Meeting Services; Albert H. Guay, chief policy advisor; Joseph McManus, senior vice president, Dental Practice/Professional Affairs; Tamra S. Kempf, chief legal counsel; Laura A. Kosden, managing vice president and publisher, Publishing; Toni Mark, chief technology officer; Daniel M. Meyer, senior vice president, Science/Professional Affairs; Clayton B. Mickel, managing vice president, Corporate Relations and Strategic Marketing Alliances; Laura M. Neumann, senior vice president, Education/Professional Affairs; Kenneth Ohr, managing vice president, Communications and Marketing; William M. Prentice, senior vice president, Government and Public Affairs; Paul Sholty, chief financial officer; Wendy-Jo Toyama, senior vice president, Membership, Tripartite Relations and Marketing. Other ADA staff present for all or parts of the meeting were: Daniel M. Conley, manager, Executive Communications; Judy L. Jakush, editor, *ADA News*; C. Michael Kendall, senior associate general counsel, Legal Affairs; Dr. Lewis Lampiris, director, Council on Access, Prevention and Interprofessional Relations; Dr. Pamela Porembski, senior manager, Council on Dental Practice; Dr. David Preble, director, Council on Dental Benefit Programs; Dr. James Willey, director, Council on Dental Practice; and Wendy J. Wils, senior associate general counsel, Legal Affairs.

Also in attendance for all or parts of the meeting were: Carol Browne, outside legal counsel for the Compensation Committee; Robert Coleman, outside counsel; Dr. Arthur Dugoni, president of the American Dental Association Foundation (ADA Foundation); Dr. R. Todd Erickson, Hillenbrand Fellow; Diane Kutz, outside legal counsel; Dr. Ronald P. Lemmo, chair of the Special Committee on Financial Affairs; Shields Meneley representatives Ms. Gail Meneley and Daniel DeWitt, Ph.d.; Dan Saaty, principal of Decision Lens; and Michael Sudzina, vice president of the ADA Foundation.

Attorney-Client Sessions

Attorney-client sessions of the Board of Trustees were held at various times during the meeting.

Preliminary

Approval of Agenda: The Board of Trustees adopted the following resolution.

B-111-2010. Resolved, that the agenda be approved as the official order of business for the current session of the Board of Trustees except that the President may alter the order of the agenda when necessary to expedite business.

Approval of Consent Calendar: A consent calendar was prepared to expedite the business of the Board

of Trustees. Board members were informed that any report or resolution could be removed from the consent calendar. Following review, the consent calendar was amended by the removal of several reports and resolutions. The Board subsequently adopted the following resolution as amended.

B-112-2010. Resolved, that recommendations on reports and resolutions contained on the Consent Calendar be approved.

House of Delegates

Reports and Resolutions Relating to the Reference Committee on Budget, Business and Administrative Matters

Report 2 of the Board of Trustees to the House of Delegates—ADA Operating Account Financial Affairs and Recommended Budget Fiscal Year 2011 (Worksheet:2000): The Board transmitted Report 2 and the appended resolutions to the House of Delegates.

Resolution 35—Approval of 2011 Budget (Worksheet:2056): The Board transmitted Resolution 35 to the House of Delegates with the recommendation to vote yes (*consent calendar action—no Board discussion*). (Vote: *Unanimous*)

Resolution 36—Establishment of Dues Effective January 1, 2011 (Worksheet:2057): The Board transmitted Resolution 36 to the House of Delegates with the recommendation to vote yes. **Vote Taken at the June 2010 Board meeting.** (Vote: *Unanimous*)

Council on Members Insurance and Retirement Programs Resolution 22—Amendment of ADA Bylaws Regarding the Duties of the Council on Members Insurance and Retirements Programs (Worksheet:2058): The Board transmitted Resolution 22 to the House of Delegates with the recommendation to vote yes (*consent calendar action—No Board discussion*). (Vote: *Unanimous*)

Report 6 of the Board of Trustees to the House of Delegates—Information Technology Initiatives, Expenditures and Estimated Costs, and Anticipated Future Projects (Worksheet:2059): The Board transmitted Report 6 and the appended Resolution 37 [Special Assessment: Information Technology Infrastructure] to the House of Delegates with the recommendation to vote yes. **Vote Taken at the June 2010 Board meeting.** (Vote: *Unanimous*)

Report 7 of the Board of Trustees to the House of Delegates—Response to Resolutions 71-2009 [Appointment of Interim Executive Director] and 64H-2009 [Guidelines for Selecting an Executive Director] (Worksheet:2067): The Board transmitted Report 7 and the appended Resolution 55 to the House of Delegates with the recommendation to vote yes. (Vote: *Unanimous*)

Report of the Special Committee on Financial Affairs (Worksheet:2071): The Board transmitted the Special Committee's report and appended Resolutions 56-60 to the House of Delegates with the following comment noted on each resolution.

The Board of Trustees received the Report of the Special Committee on Financial Affairs just prior to its July 25-27, 2010, session. At this time, the Board is transmitting the report to the House of Delegates without a recommendation to give the House members sufficient time to review the report. The Board will have a more comprehensive review and discussion of the report at its September 12-14 session. Following that meeting, the Board will forward its recommendation on the report and the appended resolutions to the House of Delegates.

Resolution 56 (Worksheet:2080)—Amendment of the ADA Bylaws: Establishment of a New Council on Financial Affairs

Resolution 57 (Worksheet:2081)—Eligibility for Nomination to the Council on Financial Affairs

Resolution 58 (Worksheet:2082)—Establishment of Duties of the Audit Committee

Resolution 59 (Worksheet:2084)—Staff Support to the Council on Financial Affairs

Resolution 60 (Worksheet:2085)—Appointment of a Joint Special Committee of the House of Delegates to Conduct a Sunset Review of the Council on Financial Affairs

Report and Resolutions Relating to the Reference Committee on Dental Benefits, Practice and Health

Council on Dental Benefit Programs Resolution 1—Amendment of the Statement on Determination of Usual, Customary and Reasonable Fees (Worksheet: 3000): The Board transmitted Resolution 1 to the House of Delegates with the recommendation to vote yes (*consent calendar action—No Board discussion*). (Vote: *Unanimous*)

Council on Dental Benefit Programs Resolution 2—Amendment of the Definitions of Fraudulent and Abusive Practices in Dental Benefit Plans and Claims (Worksheet: 3002): The Board transmitted Resolution 2 to the House of Delegates with the recommendation to vote yes (*consent calendar action—No Board discussion*). (Vote: *Unanimous*)

Council on Dental Benefit Programs Resolution 3—Amendment of the Standards for Dental Benefit Plans (Worksheet:3004): The Board transmitted Resolution 3 to the House of Delegates with the recommendation to vote yes (*consent calendar action—No Board discussion*). (Vote: *Unanimous*)

Council on Dental Benefit Programs Resolution 4—Amendment of the Policy, “American Dental Association Dental Health Program for Children” (Worksheet:3008): The Board transmitted Resolution 4 to the House of Delegates with the recommendation to vote yes (*consent calendar action—No Board discussion*). (Vote: *Unanimous*)

Council on Dental Benefit Programs Resolution 5—Statement on Dental Consultants (Worksheet:3017): The Board transmitted Resolution 5 to the House of Delegates with the recommendation to vote yes (*consent calendar action—No Board discussion*). (Vote: *Unanimous*)

Council on Dental Benefit Programs Resolution 6—Legislation to Require Dental Benefit Plans to Provide Dental Consultant Information (Worksheet:3022): The Board transmitted Resolution 6 to the House of Delegates with the recommendation to vote yes (*consent calendar action—No Board discussion*). (Vote: *Unanimous*)

Council on Dental Benefit Programs Resolution 7—Dental Practice Parameters (Worksheet:3023): The Board transmitted Resolution 7 to the House of Delegates with the recommendation to vote yes (*consent calendar action—No Board discussion*). (Vote: *Unanimous*)

Council on Dental Benefit Programs Resolution 8—Definition of “Usual” and “Customary” Fees (Worksheet:3024): The Board transmitted Resolution 8 to the House of Delegates with the recommendation to vote yes (*consent calendar action—No Board discussion*). (Vote: *Unanimous*)

Council on Access, Prevention and Interprofessional Relations Supplemental Report 1 to the House of Delegates—School-Based Oral Health Programs (Worksheet:3027): The Board transmitted the supplemental report and appended Resolution 38 to the of Delegates with the recommendation to vote yes (*consent calendar action—No Board discussion*). (Vote: *Unanimous*)

Council on Access, Prevention and Interprofessional Relations Supplemental Report 2 to the House of Delegates—Improving the Public’s Oral Health Through Engagement and Collaboration (Worksheet:

3030): The Board transmitted the supplemental report and appended Resolution 39 [ADA Commitment to Dialogue and Engagement to Improve the Public's Oral Health] to the House of Delegates with the following comment and recommendation to vote yes on the substitute. (Vote: *Unanimous*)

The Board is appreciative of the efforts of the Council on Access, Prevention and Interprofessional Relations in developing policy statements specific to improving the public's oral health through engagement and collaboration and fully supports such efforts. The Board also understands that by engaging in such not only will the ADA come to understand more about others, but more importantly, share ADA's policies and values with others. Therefore, the Board recommends adoption of the following substitute resolution.

39B. Resolved, that the ADA, in order to anticipate and respect diverse values, beliefs, and cultures, communicate the policies and values of the ADA and incorporate a variety of approaches for volunteers and staff to routinely engage and collaborate with those organizations that impact the health care environment and delivery of oral health care, and be it further

Resolved, that the ADA through its volunteer leaders, agencies, and staff engage in dialogue, collaboration, and where appropriate, affiliation with other organizations that impact the health care environment and delivery of oral health care, to build the profession's and the public's trust in the ADA's effectiveness as the nation's leading advocate for oral health, and be it further

Resolved, that all such engagement and dialogue be framed within the context of policies adopted by the ADA's House of Delegates.

Reports and Resolutions Relating to the Reference Committee on Dental Education, Science and Related Matters

Council on Dental Education and Licensure—Amendment of the ADA Bylaws to Update Terminology in the Committee's Duties of the Council on Dental Education and Licensure (Worksheet:4000): The Board transmitted Resolutions 9 and 10 to the House of Delegates.

Resolution 9—Amendment of the ADA Bylaws Regarding the Name of CDEL's Standing Committee on Dental Education (Worksheet:4002): The Board transmitted Resolution 9 to the House of Delegates with the recommendation to vote yes (consent calendar action—No Board Discussion). (Vote: Unanimous)

Resolution 10—Amendment of the ADA Bylaws to Update Terminology in the Duties of the Council on Dental Education and Licensure (Worksheet:4003): The Board transmitted Resolution 10 to the House of Delegates with the recommendation to vote yes (consent calendar action—No Board discussion). (Vote: Unanimous)

Council on Dental Education and Licensure—Recognition of Interest Areas in General Dentistry (Worksheet:4004): The Board transmitted Resolutions 11 and 12 to the House of Delegates.

Resolution 11—Amendment of the ADA Bylaws, Duties of the Council on Dental Education and Licensure Relating to the Recognition of Interest Areas in General Dentistry (Worksheet:4006): The Board transmitted Resolution 11 to the House of Delegates with the recommendation to vote yes. (Vote: 19 Yes—Drs. Calnon, Engel, Faiella, Feinberg, Gist, Krempasky Smith, Long, Low, Manning, Norman, Rich, Seago, A.J. Smith, Steffel, Sullivan, Thompson, Versman, Vigna, Webb; 1 Absent—Dr. Weber)

Resolution 12—Criteria for Recognition of Interest Areas in General Dentistry (Worksheet:4007): The Board transmitted Resolution 12 to the House of Delegates with the following comment and recommendation to vote yes on the substitute. (Vote: Unanimous)

The Board supports the CDEL's recommendation for a process whereby the House of Delegates would recognize interest areas in general dentistry and make a recommendation to CODA regarding the accreditation of educational programs in the interest area. Although the Board believes that CODA accreditation of advanced education programs is in the best interest of the public and potential students, there

should be some protection against misleading or inappropriate use of educational credentials. The Board therefore recommends a substitute resolution that includes an additional requirement to the elements to be addressed for criterion 5. This addition would require education programs or groups associated with interest areas to document their policies and procedures for complying with the ADA *Principles of Ethics and Code of Professional Conduct* and pertinent regulations relating to professional advertising and use of educational credentials.

The Board also recommends that the Council on Ethics, Bylaws and Judicial Affairs review the *Code* to confirm that it appropriately and adequately address the ethical advertising of educational credentials.

The Board recommends adding the following bullet at the end to criterion 5.

- documentation that the general dentistry programs comply with the ADA *Principles of Ethics and Code of Professional Conduct*, as well as state and federal regulations.

The Board, therefore, recommends the following substitute resolution.

12B. Resolved, that the following proposed “Criteria for Recognition of Interest Areas in General Dentistry” be adopted.

Criteria for Recognition of Interest Areas in General Dentistry

1. The existence of a well-defined body of established evidence-based scientific and clinical dental knowledge underlying the general dentistry area - knowledge that is in large part distinct from, or more detailed than, that of other areas of general dentistry education and practice.

Elements to be addressed:

- Definition and scope of the general dentistry area
 - Educational goals and objectives of the general dentistry area
 - Competency and proficiency statements for the general dentistry education area
 - Description of how scientific dental knowledge in the area is substantive and distinct from other general dentistry areas
2. The body of knowledge is sufficient to educate individuals in a distinct advanced education area of general dentistry, not merely one or more techniques.

Elements to be addressed:

- Identification of distinct components of biomedical, behavioral and clinical science in the advanced education area
 - Description of why this area of knowledge is a distinct education area of general dentistry, rather than a series of just one or more techniques
 - Documentation demonstrating that the body of knowledge is unique and distinct from that in other education areas accredited by the Commission on Dental Accreditation
 - Documentation of the complexity of the body of knowledge of the general dentistry area by identifying specific advanced techniques and procedures, representative samples of curricula from existing programs, textbooks and journals
3. The existence of established advanced educational programs with structured curricula, qualified faculty and enrolled individuals for which accreditation by the Commission on Dental Accreditation can be a viable method of quality assurance.

Elements to be addressed:

- Description of the historical development and evolution of educational programs in the area of advanced training in general dentistry
- A listing of the current operational programs in the advanced general dentistry training area, identifying for each, the:
 - a. Sponsoring institution;
 - b. Name and qualifications of the program director;
 - c. Number of full-time and part-time faculty (define part-time for each program);
 - d. Curriculum (course outlines, student competencies, class schedules);
 - e. Outcomes assessment method;
 - f. Minimum length of the program;
 - g. Certificate and/or degree awarded upon completion;
 - h. Number of enrolled individuals per year for at least the past five years*; and
 - i. Number of graduates per year for at least the past five years.*

*If the established education programs have been in existence less than five years, provide information since their founding.

- Documentation on how many programs in the education area would seek voluntary accreditation review, if available
4. The education programs are the equivalent of at least one 12-month full-time academic year in length. The programs must be academic programs sponsored by an institution accredited by an agency recognized by the United States Department of Education or accredited by the Joint Commission on Accreditation of Healthcare Organizations or its equivalent rather than a series of continuing education experiences.

Elements to be addressed:

- Evidence of the minimum length of the program for full-time students
 - Evidence that a certificate and/or degree is awarded upon completion of the program
 - Programs' recruitment materials (e.g., bulletin, catalogue)
 - Other evidence that the programs are bona fide higher education experiences, rather than a series of continuing education courses (e.g., academic calendars, schedule of classes, and syllabi that address scope, depth and complexity of the higher education experience, formal approval or acknowledgment by the parent institution that the courses or curricula in the education area meet the institution's academic requirements for advanced education)
5. The competence of the graduates of the advanced education programs is important to the health care of the general public.

Elements to be addressed:

- Description of the need for appropriately trained individuals in the general dentistry area to ensure quality health care for the public
- Description of current and emerging trends in the general dentistry education area
- Documentation that dental health care professionals currently provide health care services in the identified area
- Evidence that the area of knowledge is important and significant to patient care and dentistry
- Documentation that the general dentistry programs comply with the ADA *Principles of Ethics and Code of Professional Conduct*, as well as state and federal regulations.

Council on Dental Education and Licensure Resolution 13—Acceptance of Formal Continuing Medical Education Courses Offered by ACCME Accredited Providers (Worksheet:4012): The Board transmitted Resolution 13 to the House of Delegates with the recommendation to vote yes (*consent calendar action—No Board Discussion*). (Vote: *Unanimous*)

Council on Dental Education and Licensure Resolution 14—Amendment of the Policy “Recommended Curricula Changes” (Worksheet:4013): The Board transmitted Resolution 14 to the House of Delegates with the recommendation to vote yes (*consent calendar action—No Board Discussion*). (Vote: *Unanimous*)

Council on Scientific Affairs Resolution 23—Amendment of the ADA Bylaws Regarding the Duties of the Council on Scientific Affairs (Worksheet:4014): The Board transmitted Resolution 23 to the House of Delegates with the recommendation to vote yes (*consent calendar action—No Board Discussion*). (Vote: *Unanimous*)

Council on Scientific Affairs Resolution 24—Rescission of the Policy “Promotion of Dental Materials to the Public” (Worksheet:4026): The Board transmitted Resolution 24 to the House of Delegates with the recommendation to vote yes (*consent calendar action—No Board Discussion*). (Vote: *Unanimous*)

Council on Scientific Affairs Resolution 25—Rescission of the Policy “Endorsement of Science Fairs” (Worksheet:4018): The Board transmitted Resolution 25 to the House of Delegates with the recommendation to vote yes (*consent calendar action—No Board Discussion*). (Vote: *Unanimous*)

South Dakota Dental Association Resolution 27—Evidence-Based Guidelines on Antibiotic Prophylaxis for Dental Patients with Total Joint Replacements (Worksheet:4019): The Board transmitted Resolution 27 to the House of Delegates with the recommendation to vote yes (*consent calendar action—No Board Discussion*). (Vote: *Unanimous*)

American Student Dental Association and Pennsylvania Dental Association Resolution 31—Participation in Dental Outreach Programs (Worksheet:4020): The Board transmitted Resolution 31 to the House of Delegates with the following comment and recommendation to vote yes on the substitute. (Vote: *Unanimous*)

The Board acknowledges the profession’s obligation to safeguard the public’s welfare, but has concerns about the broad scope and implications of the resolution and background statement. The Board noted that it is not within the purview of the ADA to set policy for some participants, organizations and/or locations involved in dental outreach programs. Due to differences in conditions, standards of care and local policy in international settings, it is not appropriate for ADA to impose its policies and values on others, and it would be very difficult to monitor and police such activities, especially in international locations. The Board therefore recommends that the policy be limited to students in U.S. dental schools and pre-dental programs, and that recommendations to broadly apply policy on an international basis be removed.

31B. Resolved, that it be policy of the American Dental Association (ADA) that students in U.S. dental schools and pre-dental programs who participate in a dental outreach program (e.g., international service trips, domestic service trips, volunteerism in underserved areas, etc.) be strongly encouraged:

- To adhere to the ASDA Student Code of Ethics and the ADA *Principles of Ethics and Code of Professional Conduct*;
- To be directly supervised by dentists licensed to practice or teach in the United States;
- To perform only procedures for which the volunteer has received proper education and training;

and be it further

Resolved, that this policy be transmitted to all ADA accredited dental schools and pre-dental programs.

Board of Trustees Workgroup Resolution 42—Developing a New Part Three of the National Boards, Eliminating Live Patients (Worksheet:4022): The Board transmitted Resolution 42 to the House of Delegates with the following comment and recommendation to vote yes. (*Vote: 14 Yes—Drs. Calnon, Engel, Gist, Krempasky Smith, Long, Low, Norman, A.J. Smith, Steffel, Sullivan, Thompson, Versman, Vigna, Weber; 6 No—Drs. Faiella, Feinberg, Manning, Rich, Seago, Webb*)

Members of the Board were concerned with the third resolving clause concerning CODA, which implies that CODA should be able to guarantee the competency of individual graduates of accredited dental schools. CODA only accredits educational programs. It is the individual dental schools who are charged with evaluating and assuring that their graduates achieve the competencies required for the practice of general dentistry.

Delegate Mark R. Zust Resolution 51—Intellectual Property—The CDHC and OPA Curriculums (Worksheet:4095): The Board transmitted Resolution 51 to the House of Delegates with the following comment and recommendation to vote no. (*Vote: 1 Yes—Dr. Low; 19 No—Drs. Calnon, Engel, Faiella, Feinberg, Gist, Krempasky Smith, Long, Manning, Norman, Rich, Seago, A.J. Smith, Steffel, Sullivan, Thompson, Versman, Vigna, Webb, Weber*)

Template agreements under which the CDHC and OPA curricula can be licensed to the state societies with no royalties due the Association have been developed and approved by the Board of Trustees. The New Mexico Dental Association has licensed the CDHC curriculum under such a license and the Missouri Dental Association has indicated it may wish to review the OPA curriculum in advance of entering into such a license. The action requested by the resolution is therefore unnecessary.

Council on Scientific Affairs Supplemental Report 1 to the House of Delegates—Response to Assignments from the 2009 House of Delegates and Other Matters (Worksheet:4096): The Board transmitted the supplemental report to the House of Delegates with the recommendation to vote yes to transmit (*consent calendar action—No Board Discussion*). (*Vote: Unanimous*)

Reports and Resolutions Relating to the Reference Committee on Legal, Legislative and Public Affairs Matters

Council on Ethics, Bylaws and Judicial Affairs Resolution 8-2009—Editorial Changes to the ADA Constitution (Worksheet:5000): The Board transmitted Resolution 8-2009 to the House of Delegates with the recommendation to vote yes (*consent calendar action—No Board Discussion*). (*Vote: Unanimous*)

Council on Ethics, Bylaws and Judicial Affairs Resolution 15—Process to Address Violations by Candidates for Elective or Appointive Office and Current ADA Elective and Appointive Officers (Worksheet:5002): The Board transmitted Resolution 15 to the House of Delegates with the recommendation to vote yes (*consent calendar action—No Board Discussion*). (*Vote: Unanimous*)

Council on Ethics, Bylaws and Judicial Affairs Resolution 16—ADA Member Conduct Policy (Worksheet:5009): The Board transmitted Resolution 16 to the House of Delegates with the recommendation to vote yes (*consent calendar action—No Board Discussion*). (*Vote: Unanimous*)

Council on Ethics, Bylaws and Judicial Affairs Resolution 17—Amendment of the ADA Bylaws Regarding Term of Delegates and Alternate Delegates (Worksheet:5012): The Board transmitted Resolution 17 to the House of Delegates with the recommendation to vote yes (*consent calendar action—No Board Discussion*). (*Vote: Unanimous*)

Council on Ethics, Bylaws and Judicial Affairs Resolution 18—Amendments of the ADA Bylaws—Addition of American Student Dental Association Delegates in Determining a Quorum of the House of Delegates (Worksheet:5014): The Board transmitted Resolution 18 to the House of Delegates with the recommendation to vote yes (*consent calendar action—No Board Discussion*). (*Vote: Unanimous*)

Council on Ethics, Bylaws and Judicial Affairs Resolution 19—Amendment of the *ADA Principles of Ethics and Code of Professional Conduct*—Section 3.F. Professional Demeanor in the Workplace

(Worksheet:5015): The Board transmitted Resolution 19 to the House of Delegates with the recommendation to vote yes (*consent calendar action—No Board Discussion*). (Vote: *Unanimous*)

Council on Ethics, Bylaws and Judicial Affairs Resolution 20—ADA Current Policy Review

(Worksheet:5016): The Board transmitted Resolution 20 to the House of Delegates with the recommendation to vote yes (*consent calendar action—No Board Discussion*). (Vote: *Unanimous*)

Council on Government Affairs Resolution 21—Additional Federal Advocacy Resources

(Worksheet:5018): The Board transmitted Resolution 21 to the House of Delegates with the following comment and recommendation to vote yes on the substitute. (Vote: *Unanimous*)

The Board of Trustees supports this request. However, the original resolution was confusing in that it was not clear that the \$380,000 funded the outside lobbying as well as the public opinion research and advocacy advertisements. Therefore, the Board recommends the following substitute resolution.

21B. Resolved, that the ADA Division of Government and Public Affairs engage the services of at least one additional outside lobbying firm with particular expertise in working with the federal agencies that are charged with implementing the new health care reform law, and be it further

Resolved, that the Division conduct public opinion research, run advocacy advertisements in Capitol Hill publications and employ other related tactics in support of ADA federal advocacy goals.

Pennsylvania Dental Association Resolution 26—Amendment of the *ADA Bylaws: Composition of Voting Members of the House of Delegates*

(Worksheet:5020): The Board transmitted Resolution 26 to the House of Delegates with the recommendation to vote yes (*consent calendar action—No Board Discussion*). (Vote: *Unanimous*)

South Dakota Dental Association Resolution 28—Funding for Treatment of Medicaid Patients Under the Health Care Reform Act (HCRA) (Worksheet:5121): The Board transmitted Resolution 28 to the House of Delegates with the following comment and recommendation to vote no. (Vote: *2 Yes—Drs. Manning, Vigna; 18 No—Drs. Calnon, Engel, Faiella, Feinberg, Gist, Krempasky Smith, Long, Low, Norman, Rich, Seago, A.J. Smith, Steffel, Sullivan, Thompson, Versman, Webb, Weber*)

The Board agrees with the intent of this resolution; however, a “vote no” is recommended in this case because current policy already directs the Association to make lobbying for adequate funds to provide oral health care to Medicaid-eligible individuals the highest priority (*Medicaid and Indigent Care Funding* (2006:338) and existing policy expressly directs the Association to seek enactment of federal legislation to enhance the federal Medicaid match to 90/10 for dental care (*Increase Federal Medicaid Funding* (2002:409)). There is also older policy that urges constituent societies (with ADA assistance) to seek uniform benefits, adequacy of payments, voluntary practitioner participation, and ultimately expansion of Medicaid benefits for all segments of the indigent population (*Improvements in Medicaid Program* (1995:648)). To accomplish the above goals, the Association helped draft federal legislation, which was introduced as the “Essential Oral Health Care Act of 2009” (H.R. 2220) on April 30, 2009, by Representatives Mike Ross (D-AR) and Mike Simpson (R-ID), which now has 33 co-sponsors. Among other things, H.R. 2220 offers states an increase in their federal medical assistance percentage (FMAP) of up to 90 percent if the states develop a plan approved by the Secretary of the Department of Health and Human Services that ensures individuals covered by the Medicaid plan have the same access to oral health care services as are available to the population in the state. As detailed in H.R. 2220, this must be accomplished through increasing fees to market-based rates, addressing administrative barriers and the demand for services, as well as other factors.

Eighth Trustee District Resolution 29—ADA Public Relations Campaign (Worksheet:5023): The Board transmitted Resolution 29 to the House of Delegates with the following comment and recommendation to vote yes on referral to the Council on Communications and other appropriate ADA agencies. (Vote: *19 Yes—Drs. Calnon, Engel, Faiella, Feinberg, Gist, Krempasky Smith, Long, Low, Manning, Norman, Rich, Seago, A.J.*

Smith, Steffel, Sullivan, Thompson, Vigna, Webb, Weber; 1 No—Dr. Versman)

The Board recognizes the need to educate the public and other key audiences such as elected officials on the plight of underserved populations and the responses that the American Dental Association is making to ensure that the highest quality of care is provided. The Board also recognizes that conducting a major public relations campaign would require the allocation of considerable financial resources. The Board has supported the development and use of communications that reinforce the position of the dentist as the leader of the dental team and the most qualified professional to provide the best care to these underserved populations. There are numerous approaches to improving access to care which are being proposed which underscore the need to deliver this message to the public. A major campaign to elevate the public's understanding of the unmatched educational experience and professional expertise of the dentist directly supports the goals of the Association and could elevate the public's awareness and perception of the profession. As the leader of the dental team, the dentist ensures that efforts to extend care to those in need are done so without compromising the safety and quality of care being provided. The Board notes that this message should be part of public communications and advocacy efforts.

The complexity of the access to care issue also requires that the Association address it on several levels. The Board further recognizes that the public perception of the training of the dentist, and that these doctors are providing the highest degree of oral health care, is one element. Advocating on both the national and state level to reinforce that the quality of the care to be provided must not be compromised by expedient solutions is also essential. Developing and supporting efforts to improve access to quality care therefore must be looked at in their entirety as does the use of the financial resources required. There is at this time no research the Association has conducted or evidence that the messages of such a public relations campaign would have the desired effect of changing public attitudes towards the increased use of non-dentists to resolve access to care for underserved populations.

The scope of the proposed resolution must be carefully evaluated within the context of the overall budget needs of the Association including a determination if the reserve funds available are sufficient to meet this need. Absent the availability of reserve funds the funding of up to \$30 million would require a dues increase, special assessment, or some combination thereof, of up to \$280 per member. The Board recommends referral of this resolution to the Council on Communications and other appropriate ADA agencies for study and recommendation. The Board notes that this is an issue of great interest to the profession and encourages the Council and appropriate ADA agencies to seek additional information from state executive directors and other dental associations that have engaged in similar campaigns.

Eighth Trustee District Resolution 30—Public Disclosure of Dentists Participating in Medicaid and SCHIP Federal Website (Worksheet:5026): The Board transmitted Resolution 30 to the House of Delegates with the following comment and recommendation to vote no. (*Vote: 5 Yes—Drs. Long, Manning, Rich, Sullivan, Vigna; 15 No—Drs. Calnon, Engel Faiella, Feinberg, Gist, Krempasky Smith, Low, Norman, Seago, A.J. Smith, Steffel, Thompson, Versman, Webb, Weber*)

Soon after CHIPRA was reauthorized by Congress, the ADA contacted senior staff at the Centers for Medicare and Medicaid Services (CMS) to express concern about this website requirement. The ADA received assurances that, in order to mitigate confusion and inconvenience to patients and doctors, only the names of practitioners who are accepting *new* patients and participating in Medicaid and the Children's Health Insurance Program (CHIP) are to be listed on the "Insure Kids Now" website. CMS partners with the Health Resources and Services Administration (HRSA) in administering the website, which is housed within HRSA. CMS is responsible for working with states to help them comply with the requirements for state reported information that is loaded onto the website. HRSA and CMS have issued Provider Data Submission Technical Information documents and held conference calls to discuss the data elements that a state is required to include on the website. Accordingly, The Board believes that the Association has already addressed the primary concern voiced in the resolution.

Board of Trustees Resolution 49—Amendment to the ADA Bylaws: Chapter V, House of Delegates, Section 10. Composition, Subsection A: Voting Members Prohibition of Proxy Voting (Worksheet:5028): The Board transmitted Resolution 49 to the House of Delegates with the recommendation to vote yes (*consent calendar action—No Board Discussion*). (Vote: *Unanimous*)

Council on Governmental Affairs Supplemental Report 1 to the House of Delegates—Negotiated Rulemaking Process Regarding a National Pretreatment Standard for Dental Office Wastewater (Worksheet:5030): The Board transmitted the supplemental report and appended Resolution 50 to the House of Delegates with the following comment and recommendation to vote yes. (Vote: *Unanimous*)

The Board agrees with the Council that given the potential for unilateral action by the EPA, it is in the best interest of the profession and the public to engage in a negotiated rulemaking process with the agency in a manner consistent with the terms of this resolution.

Reports and Resolutions Relating to the Reference Committee on Membership and Planning

Report 4 of the Board of Trustees to the House of Delegates—Annual Report of the Standing Committee on the New Dentist (Worksheet:6000): The Board transmitted Report 4 and the appended Resolution 40 [Amendment of the ADA Bylaws Regarding the Committee on the New Dentist] to the House of Delegates with the recommendation to vote yes (*consent calendar action—No Board Discussion*). (Vote: *Unanimous*)

Council on Membership Supplemental Report 1 to the House of Delegates—Recent Council Activities (Worksheet:6013): The Board transmitted the supplemental report and appended Resolution 47 [Funding of Student Block Grant Program] to the House of Delegates with the following comment and recommendation to vote no. (Vote: 6 Yes—*Drs. Feinberg, Low, Manning, Seago, Thompson, Weber*; 14 No—*Drs. Calnon, Engel, Faiella, Gist, Krempasky Smith, Long, Norman, Rich, A.J. Smith, Steffel, Sullivan, Versman, Vigna, Webb*)

The Board of Trustees agrees that using the student block grant program to support conversion of new graduates to tripartite membership aligns with the new strategic plan and is viewed as a vital part of supporting ADA's core competency of growing membership. During the 2011 budget review process, the Board gave careful consideration to the merit of the program in light of the tight budget year. The Board also noted that the funds are typically not fully expended each year. With that in mind, the Board recommended funding the program at \$100,000. The Board is concerned about the cost of increasing the program beyond the \$100,000 level.

Council on Membership Supplemental Report 2 to the House of Delegates—Expansion of the Tripartite Marketing Collaborative Program (Worksheet:6020): The Board transmitted the supplemental report and appended Resolution 48 to the House of Delegates with the following comment and recommendation to vote yes. (Vote: 13 Yes—*Drs. Calnon, Engel, Faiella, Gist, Long, Low, Manning, Norman, Rich, Seago, Sullivan, Thompson, Vigna*; 7 No—*Drs. Feinberg, Krempasky Smith, A.J. Smith, Steffel, Versman, Webb, Weber*)

The Council on Membership contends that to further tripartite membership growth, an investment is necessary that builds capacity, aligns efforts and applies expertise at a national, state and local level would directly and positively impact the prospective and existing member. Further, that while the ADA has enjoyed continued membership growth, it has not kept pace with the growing market. It will be critical for the ADA to maintain and increase membership market share, which is becoming increasingly difficult given the changes in the profession and soft economic environment. The Board supports the plan to increase membership and believes that this approach, established through the work of the Council on Membership, aligns with the new strategic plan and is viewed as a vital part of supporting ADA's core competency of growing membership.

The Board understands that this request requires a significant investment at a time when other vital investments are being considered. Note that a collaborative commitment is required from the ADA, the

constituent and their components who participate in the program, and that a demonstrated return on investment is required.

Council on Membership Supplemental Report 3 to the House of Delegates—2011 ADA Membership Related Market Research Activities (Worksheet:6012): The Board transmitted the supplemental report and appended Resolution 41 to the House of Delegates with the following comment and recommendation to vote no. (*Vote: 9 Yes—Drs. Feinberg, Long, Low, Manning, Rich, Seago, A.J. Smith, Steffel, Sullivan; 11 No—Drs. Calnon, Engel, Faiella, Gist, Krempasky Smith, Norman, Thompson, Versman, Vigna, Webb, Weber*)

The Board of Trustees realizes the value and importance of ongoing member and nonmember research; however, due to financial restraints it believes that deferring research in the 2011 year is prudent.

Council on Membership Supplemental Report 4 to the House of Delegates—Response to Resolution 92H-2009—Five-Year Projected Dues Revenue Impact from Members Transitioning to Life Membership (Worksheet:6031): The Board voted to transmit the supplemental report to the House of Delegates (*consent calendar action—No Board Discussion*). (*Vote: Unanimous*)

Report 3 of the Board of Trustees to the House of Delegates—Response to Resolutions 118H-2002 and 119H-2002—Council and Commission Self-Assessment (Worksheet:6036): The Board voted to transmit Report 3 to the House of Delegates (*consent calendar action—No Board Discussion*). (*Vote: Unanimous*)

Report 5 of the Board of Trustees to the House of Delegates—Annual Report of Strategic Planning Activities (Worksheet:6038): The Board voted to transmit Report 5 to the House of Delegates (*consent calendar action—No Board Discussion*). (*Vote: Unanimous*)

Reports and Resolutions Relating to the Reference Committee on Dental Workforce

Council on Dental Practice Supplemental Report 1 to the House of Delegates: Response to Resolutions 27-309, 2009: Workforce (Worksheet:7000): The Board transmitted the supplemental report and appended Resolutions 43-46 to the House of Delegates with the following comment noted on each resolution.

The Board of Trustees recognizes the dedication of the Council on Dental Practice in its thoughtful and thorough review of the resolutions assigned by the 2009 House of Delegates. The Board also recognizes that the House of Delegates will engage in a comprehensive discussion of these resolutions and, in its wisdom, may choose to modify them as needed. With this in mind, the Board is transmitting Resolution 43 to the House without a recommendation at this time. The Board will forward its recommendation on Resolution 43 to the House for consideration following any substitute resolutions received from trustee districts forwarded to its September 12-14 meeting.

Resolution 43 (Worksheet:7004)—Amendment to the “Comprehensive Policy Statement on Allied Dental Personnel

Resolution 44 (Worksheet:7017)—Amendment to the Policy, “Dentist Administered Dental Assisting and Dental Hygiene Education Programs”

Resolution 45 (Worksheet:7018)—Rescission of the Policy, “Opposition to Pilot Programs Which Allow Nondentists to Diagnose Dental Needs or Perform Irreversible Procedures”

Resolution 46 (Worksheet:7020)—Amendment to the Policy, “Diagnosis or Performance of Irreversible Dental Procedures by Nondentists”

Minority Report to the Council on Dental Practice Supplemental Report 1 to the House of Delegates: Response to Resolutions 27-30 (2009): Workforce Policies (Worksheet:7021): The Board transmitted the

Minority Report to the House of Delegates with the following comment.

The Board of Trustees recognizes the minority's right to file their report. The Board also recognizes that the House of Delegates will engage in a comprehensive discussion of these resolutions and, in its wisdom, may choose to modify them as needed. With this in mind, the Board is transmitting the report to the House without a recommendation. After all of the districts submit further related comments or resolutions for consideration by the Board at its September 12-14, 2010 session, the Board will forward its recommendations to the House for consideration.

Sixteenth Trustee District Resolution 53—Amendments to the “Comprehensive Policy Statement on Allied Dental Personnel” (Worksheet:7051): The Board transmitted Resolution 53 to the House of Delegates with the following comment.

The Board is transmitting the resolution to the House without a recommendation. The Board will forward its recommendation on Resolution 53 to the House for consideration following any substitute resolutions received from trustee districts forwarded to its September 12-14 meeting.

Sixteenth Trustee District Resolution 54—Diagnosis or Performance of Surgical Dental Procedures by Nondentists (Worksheet:7058): The Board transmitted Resolution 54 to the House of Delegates with the following comment.

The Board is transmitting the resolution to the House without a recommendation. The Board will forward its recommendation on Resolution 54 to the House for consideration following any substitute resolutions received from trustee districts forwarded to its September 12-14 meeting.

Annual Reports

The following Annual Reports were reviewed by the Board (*consent calendar action*):

- Council on Access, Prevention and Interprofessional Relations
- Council on ADA Sessions
- Council on Communications
- Commission on Dental Accreditation
- Council on Dental Benefits Program
- Council on Dental Education and Licensure
- Council on Dental Practice
- Council on Ethics, Bylaws and Judicial Affairs
- Council on Government Affairs
- Council on Members Insurance and Retirement Programs
- Council on Membership
- Joint Commission on National Dental Examinations
- Council on Scientific Affairs
- American Dental Association Business Enterprise, Inc.

Miscellaneous House Matters

Report 1 of the Board of Trustees to the House of Delegates—Association Affairs and Resolutions (Worksheet:1000). The Board transmitted Report 1 and the appended Resolution 52 (Nominations to ADA Councils and Commissions) to the House of Delegates with the recommendation to vote yes. (*Vote: Unanimous*)

Board of Trustees

Special Appearances/Special Orders of Business

Appearance of Dr. Ronald P. Lemmo, Chair of the Special Committee on Financial Affairs: Dr. Lemmo delivered an oral report describing the conclusions set forth in the Report to the House of Delegates by the Special Committee on Financial Affairs. Dr. Lemmo answered questions posed by Board members regarding the proposed structure and duties of the Council on Financial Affairs as set forth in the committee's report. The Board then approved a motion to transmit the Report of the Special Committee on Financial Affairs to the House pending Board comments to come in September.

Appearance of Dan Saaty, Principal of Decision Lens: Mr. Saaty delivered a presentation to the Board about the Decision Lens software, which is a tool used to help decision makers prioritize objectives and evaluate investments. At the conclusion of the presentation, the Board adopted the following resolution:

B-151-2010. Resolved, that the Compensation Committee recommends the incorporation of the Decisions Lens product in its evaluation of the Executive Director and the immediate implementation of its use.

Note: The Board also approved funding in the amount of \$30,000 for this activity.

Executive Session

The following topics were discussed in closed executive session, the detailed minutes of which are separately recorded.

Appearance of Dr. Arthur Dugoni, President of the ADA Foundation: Dr. Dugoni reported on the actions taken by the Board of Trustees of the ADA Foundation since the release of the 2010 KPMG report.

Report of Dr. Kathleen T. O'Loughlin, Executive Director of the ADA: Dr. O'Loughlin presented an oral report on the corrective actions taken by the ADA relating to the ADA Foundation in response to the 2010 KPMG report. In open session, the Board adopted the following resolutions.

B-138a-2010. Resolved, the ADA Board urges the ADA Foundation Board of Directors to consider at its July 2010 meeting whether it will continue to support the Health Screening Program for 2010 and subsequent years.

B-138b-2010. Resolved, that if the ADA Foundation Board chooses not to continue to support the Health Screening Program for 2010 and subsequent years, the ADA Board will consider an alternative action to assume responsibility to conduct the program as both a research activity and a member benefit for those attending the ADA's annual session.

B-149a-2010. Resolved, that the Board of Trustees urges the ADA Foundation Board of Directors to decide at its upcoming July 28, 2010 meeting (1) whether it is going to continue the GKAS Expansion Program and if so, (2) whether it is going to make an exception to the Foundation's fund-raising moratorium for GKAS Expansion activities.

B-149b-2010. Resolved, that ADA outside legal counsel, Diane Romza-Kutz, provide a risk assessment to the ADA Board regarding the ADA's risk with respect to Give Kids A Smile activities.

B-150-2010. Resolved, that the ADA make a donation to the ADA Foundation in the amount of \$250,000 as a portion of the annual contribution to the ADA Foundation.

Board Liaison Reports

Report of Dr. Edward J. Vigna, Liaison to the Council on Government Affairs: Dr. Vigna delivered an oral report on the activities of the Council on Government Affairs. He noted that there had been some debate over what is a true noncovered service and whether the NCOIL amendment would be supported by the ADA. Initially, the ADA was going to support the amendment, but the ADA's support for the amendment weakened and the ADA told the National Conference of Insurance Legislators (NCOIL) that it had concerns over the language and would like for NCOIL to make changes. NCOIL passed the amendment anyway and then postponed all model legislation until November. Dr. Vigna stated that the Council believes that the issue merits the creation of a workgroup to determine all of the ramifications of the amendment. After discussion, the Board approved the following resolution.

B-152-2010. Resolved, that the President appoint a Board workgroup with Dr. Edward Vigna serving as chair and the following: two members each from the Board of Trustees, Council on Dental Benefit Programs and the Council on Government Affairs, to study the future relationship with the National Conference of Insurance Legislators (NCOIL) and how to address the upcoming November 2010 meeting.

Report of Dr. William Calnon, Liaison to CAPIR: Dr. Calnon delivered an oral report on the activities of the Council on Access, Prevention, and Interprofessional Relations.

Report of Dr. S. Jerry Long, Liaison to the Council on Membership. Dr. Long delivered an oral report on the activities of the Council on Membership. Dr. Long noted that the ADA added 50-60 new dentists in the past year but that urbanization, diversity in dental schools, and retirement of baby boomers may lead to decreased membership. He noted that the ADA will have to work hard on promotion.

Report of Dr. Charles L. Steffel, Liaison to the Committee on the New Dentist. Dr. Steffel delivered an oral report on the activities of the Committee on the New Dentist (CND). He reported that the CND conducted a successful New Dentist Conference in San Diego, including from a financial perspective. Dr. Steffel relayed complaints that he received from some speakers at the New Dentist Conference about the review process for program materials and the application of the CERP criteria on separation of promotional activities from continuing dental education by staff of the CND and the Legal Division. Dr. Steffel requested that the ADA CERP committee review the current language of the criteria for clarity with its intent.

Conference and Meeting Services

Report of the Managing Vice President, Conference and Meeting Services: Adjustment of Miscellaneous 2011 Registration Fees. The Board adopted the following resolution (*consent calendar action*).

B-115-2010. Resolved, that beginning with the 2011 ADA annual session, the registration fees for the following registration categories be as follows:

ADA Non-Member Dentist or Graduate Student	\$ 775
US Dental Hygienist	\$ 45
Laboratory Technician	\$ 45
US Guest	\$ 35
International Dentist, Non-ADA Affiliate Member	\$ 275

Communications and Marketing

Report of the Managing Vice President, Communications and Marketing: Annual Review of ADA Spokespersons. The Board adopted the following resolution (*consent calendar action*).

B-114-2010. Resolved, that the following ADA National Spokespersons be invited to serve as dental spokespersons through the 2011 annual session.

Consumer Advisors

Alice G. Boghosian, D.D.S., Niles, IL
Ada S. Cooper, D.D.S., New York, NY
Sally Cram, D.D.S., Washington, DC
Kimberly A. Harms, D.D.S., Farmington, MN
Edmond R. Hewlett, D.D.S., Los Angeles, CA
Maria Lopez Howell, D.D.S., New Braunfels, TX
Matthew Messina, D.D.S., Fairview Park, OH
Richard Price, D.M.D., Waban, MA
Ruchi (Deepinder) K. Sahota, D.D.S., Freemont, CA
Leslie W. Seldin, D.D.S., New York, NY

Technical Experts

Alan A. Boghosian, D.D.S., Chicago, IL (Dental Materials)
Joe H. Camp, D.D.S., Charlotte, NC (Endodontics)
Regina Cobb, D.M.D., Kingman, AZ (Scope of Practice)
Gregory N. Connolly, D.M.D., Belmont, MA (Tobacco)
Terry Dickinson, D.D.S., Richmond, VA (Access)
Terence E. Donovan, D.D.S., Hillsborough, NC (Dental Materials)
Mary J. Hayes, D.D.S., Chicago, IL (Pediatric Dentistry)
Anthony Iacopino, D.M.D., Winnipeg, Manitoba Canada (Geriatric Oral Health; Fluoridation)
Marjorie K. Jeffcoat, D.M.D., Philadelphia, PA (Periodontics)
Kim Jernigan, D.M.D., Pensacola, FL (Scope of Practice)
J. David Johnson, Jr., D.D.S., Oak Ridge, TN (Oral & Maxillofacial Surgery)
J. Robert Kelly, D.D.S., M.S., DMedSc, Farmington, CT (Dental Materials)
J. Rodway Mackert, D.M.D., Ph.D., Augusta, GA (Dental Amalgam)
John A. Molinari, PhD., Detroit, MI (Infection Control/Dental Unit Water Lines)
Jeff Morley, D.D.S., San Francisco, CA (Cosmetic Dentistry)
Howard L. Needleman, D.M.D., Needham, MA (Child Abuse)
Roy C. Page, D.D.S., Seattle, WA (Periodontics)
Robert M. Pick, D.D.S., Chicago, IL (Lasers/Dental Implants)
Howard F. Pollick, D.D.S., M.P.H., San Francisco, CA (Fluoridation)
Lindsey A. Robinson, D.D.S., Grass Valley, CA (Access)
Steven E. Schonfeld, Eureka, CA (Fluoridation)
Guy Champaine, Pompano Beach, FL (Anesthesia)
Jonathan D. Shenkin, Augusta, ME (Pediatric Dentistry)
Heber Simmons, Jr., D.D.S., Jackson, MS (Pediatric Dentistry)
Sol Silverman, Jr., D.D.S., San Francisco, CA (Oral Cancer/HIV)
Susan Tiede, D.D.S., Missoula, MT (Fluoridation)
Joel Weaver, D.D.S., Ph.D., Columbus, OH (Anesthesia)

Dental Education and Professional Affairs

Informational Reports: The following reports were received by the Board (*consent calendar action*).

Progress Report of the CODA Monitoring Committee: Implementation of Recommendations in the
Report of the Task Force on the Commission on Dental Accreditation
Center for Continuing Education and Lifelong Learning Annual Report

Dental Practice/Professional Affairs

Report of the Council on Dental Benefit Programs: Recommendations Concerning the Appointment of and Guidance to ADA Representatives to the Code Revision Committees. The Board adopted the following resolutions (*consent calendar action*).

B-140-2010. Resolved, that the ADA membership on the Code Revision Committee (CRC) be determined as follows:

1. ADA representatives to the CRC shall be nominated by Council on Dental Benefit Programs, from its current or past members, and be appointed by the President. One ADA alternate shall be the Director, CDBP.
2. ADA representative terms are established as follows:
 - i. Each term is tied to the *Code* revision cycle (currently two years).
 - ii. A voting member may serve no more than three terms.
 - iii. A voting member who has served three terms may be appointed as an alternate for one additional term subsequent to terms as a voting member, to allow for mentoring of new voting members.
 - iv. An alternate who has not been appointed as a voting member may serve no more than two terms.
 - v. Term limits are strictly limited and are not guarantees of reappointment after a term has expired.
 - vi. The nomination and appointment processes, involving CDBP and the President, will be repeated for each new term.
 - vii. These term limits are effective upon completion of the cycle leading to the version of the *Code* that is effective January 1, 2013 and would be retroactive at that time.
 - viii. If the frequency of the *Code* revision cycle should change, the term limits should be reevaluated.
 - ix. The Director of CDBP is exempt from term limits, and will continue as an alternate as long as he or she holds the position of Director, CDBP.
3. The Chair of the CRC shall be nominated by the ADA representatives to the CRC and appointed by the President prior to the first CRC meeting of a *Code* revision cycle.

and be it further

Resolved, that Resolution B-40-2004 (*Trans.2004:233*) be rescinded.

B-141-2010. Resolved, that in accordance with the Council on Dental Benefit Programs' ADA *Bylaws* responsibilities:

1. The Council is to give direction to the ADA CRC representatives and is to be the source for ongoing guidance as necessary.
2. ADA CRC representatives must:
 - i. Recognize that ADA policy and positions adopted by the House of Delegates, Board of Trustees and the CDBP provide primary guidance.
 - ii. Identify any requested change to the *Code* that may be affected by ADA policy and positions adopted by the House of Delegates, the Board of Trustees and the CDBP, and review these items and all consensus positions with the CDBP to determine appropriate actions.
 - iii. Act in the best interests of organized dentistry on matters where primary guidance has not been provided by the House of Delegates, the Board of Trustees or the CDBP.

and be it further

Resolved, that the following *Code* change request evaluation guidelines are primary guidance to ADA CRC representatives:

1. *Code* change request evaluation should be based on the need for documenting procedures based upon the patient's dental needs and not on services covered by any applicable dental benefit plan.
2. Procedures that are being provided by dentists to patients should have a code available for documentation.
3. Procedure code nomenclatures and descriptors should be clear and unambiguous.
4. Nomenclatures and descriptors address the manner in which the procedure is delivered, and should not include references to time intervals when the procedure may be reported, or limitations on reporting with other procedures.
5. The alleged potential for abuse or fraudulent use of a code should not be considered as an evaluation guideline.
6. Community standards of care should not limit consideration of other evaluation criteria.

Informational Reports: The following reports were received by the Board (*consent calendar action*).

Annual Report of the Health Policy Resources Center
Annual Report of the Department of Dental Informatics
Report of the Council on Access, Prevention and Interprofessional Relations

Finance

Report on the Status of the 2010 Operating Contingency Fund and Approval of Supplemental Appropriation Requests. Dr. Mary K. Smith updated the Board on the activities of the Finance Committee. After discussion, the Board approved the following resolutions.

B-134-2010. Resolved, that the following appropriation be made from the 2010 Contingency Fund and be allocated to line items in separately listed cost centers, with the exception of capital funding, in accordance with the terms of the supplemental appropriation requests.

Division of Dental Practice/Professional Affairs
(Cost Center 090-1500-XXX)

Symposium on Early Childhood Caries in American Indian and Alaska Native Children - \$48,350

Note: It was noted that the Council has pending funding applications to the Spirit Mountain Community Fund (SMCF), \$12,750; Melba Bayers Meyer Charitable Trust, \$12,750; and Dental Trade Alliance Foundation (DTAF), \$22,200. CAPIR continues to identify potential sponsors to help offset the expenses for the 2010 Symposium. Additionally, the DentaQuest Foundation has designated one of its advisors, Ms. Tracy Garland, as a member of the Symposium core planning group. One of her tasks is to assist the ADA in obtaining financial resources for this Symposium.

B-135-2010. Resolved, that the following appropriation be made from the 2010 Contingency Fund and be allocated to line items in separately listed cost centers, with the exception of capital funding, in accordance with the terms of the supplemental appropriation requests.

Division of Information Technology
(Cost Center 090-1450-XXX)

Additional Funds for Preservation of Evidence - \$150,000
(To be Funded from Reserves)

B-136-2010. Resolved, that the following appropriation be made from the 2010 Contingency Fund

and be allocated to line items in separately listed cost centers, with the exception of capital funding, in accordance with the terms of the supplemental appropriation requests.

Division of Administrative Services
(Cost Center 090-1050-XXX)

Funding for the Strategic Planning Committee to attend one day of the December 2010 Board of Trustees meeting - \$12,300

Government and Public Affairs

Informational Reports: The following report was received by the Board (*consent calendar action*).

Report of the Senior Vice President, Government and Public Affairs: Federal and State Legislative, Regulatory and Public Affairs Update

Information Technology

Informational Reports: The following report was received by the Board (*consent calendar action*).

Report of Information Technology: Security in the Members Only Section of ADA.org

Legal Affairs

Report of the Board Rules Workgroup: Resolution for Policy on Attorney Client Sessions of Telephonic Board Meetings. Based on a discussion led by Dr. Gist, the Board adopted the following resolutions:

B-127-2010. Resolved, that the *Organization and Rules of the ADA Board of Trustees*, "Recording of Proceedings," be amended as follows to address the recording of attorney-client sessions of telephonic Board meetings (new language underscored):

Record of Proceedings: The Executive Director shall be responsible for electronically recording the regular and special meetings of the Board of Trustees. These recordings, except for the recorded attorney-client session(s), shall be used in the preparation of the non-privileged minutes of the meetings. Further, the Executive Director shall be responsible for preparing the non-privileged minutes, subject to the approval of the Board of Trustees. When corrections are submitted, these corrections shall be subject to the approval of the Board of Trustees. The Division of Legal Affairs shall be responsible for preparing from the attorney-client session(s) portions of the recording separate, privileged minutes, subject to the approval of the Board of Trustees. The Executive Director shall destroy or erase the non-privileged recordings of each Board meeting no sooner than the conclusion of the meeting of the House of Delegates or one year, whichever is longer. Recordings of the attorney-client session(s) of Board meetings shall be available to the members of the Board of Trustees in the Division of Legal Affairs for in person listening at any time during regular business hours.

and be it further

Resolved, that the following *Guidelines for Recording and Preparing Minutes of Telephonic Attorney-Client Sessions of the ADA Board of Trustees* be approved:

Guidelines for Recording and Preparing Minutes of Telephonic Attorney-Client Sessions of the ADA Board of Trustees

1. All telephonic attorney-client sessions should be electronically recorded using the leased services provided by an ADA contracted conference services vendor. The Executive Director, in consultation with the Chief Legal Counsel, will advise the ADA staff assigned to provide support to the Board about arranging the recording services with the vendor. The Chief Legal Counsel, in consultation with the Executive Director, shall have the authority to reject any contracted vendor whose recording services may potentially jeopardize attorney-client privilege and/or confidentiality. The contracted vendor shall be required to certify that access to the electronic recording of the privileged attorney-client session will be limited to the ADA Division of Legal Affairs. At the commencement of a telephonic attorney-client session, the President, or the officer presiding in his or her stead, shall provide the following notice:

President:

This is a recording of a telephonic attorney-client session of the ADA Board of Trustees held at [time] on [month/day/year]. I am Dr. [*], ADA President and chair of the Board of Trustees. Present for this attorney-client session are: [read the names of all in attendance].

To help protect the attorney-client privilege, only designated individuals may attend this session. We will record attendance and if any attendees join later or depart early, a computer-generated announcement of the identity of the individual joining or departing the session will be requested of the vendor.

2. At the conclusion of the telephonic attorney-client session, the ADA President should make a statement such as:

It is now [time/date/year] and this concludes this attorney-client session of the ADA Board of Trustees.

B-128-2010. Resolved, that the *Organization and Rules of the ADA Board of Trustees*, paragraph on Signing of Contracts, be amended by addition of three new sentences which read: "Before any contract is executed, the Division of Legal Affairs shall prepare a memorandum briefly summarizing the key provisions of the proposed contract. The memoranda shall accompany the proposed contract being submitted for approval of and signature. Where the proposed signatory is the Executive Director, the President and President-Elect shall be copied on such memoranda, which shall promptly be electronically transmitted by them," so the amended *Rule* reads as follows (new language underscored):

Signing of Contracts: All contracts shall be signed by the President, President-elect or the Executive Director and attested by the Chief Legal Counsel or an Associate General Counsel. Before any contract is executed, the Division of Legal Affairs shall prepare a memorandum briefly summarizing the key provisions of the proposed contract. The memoranda shall accompany the proposed contract being submitted for approval of and signature. Where the proposed signatory is the Executive Director, the President and President-Elect shall be copied on such memoranda, which shall promptly be electronically transmitted to them. In the event that a contract relates to employee benefits, audits, or the compensation of the Executive Director/Chief Operating Officer, such contracts may *only* be signed by the President or President-elect.

Report of the Council on Ethics, Bylaws and Judicial Affairs: Bylaws Review of the Treasurer Nomination Process. The Board referred the following Resolution to CEBJA with a report to at a future Board meeting for possible presentation at the 2011 House of Delegates:

B-139-2010. Resolved, that CHAPTER VIII, ELECTIVE OFFICERS, Section 30. NOMINATIONS, be amended as follows (additions underscored, deletions stricken):

- B. Nominations for the office of Treasurer shall be made in accordance with the order of business.

The search for Treasurer shall be announced in an official publication of the Association in November of the final year of the incumbent Treasurer's term. If there is only one (1) eligible candidate for the office of Treasurer, the Board of Trustees shall apply by submitting a standardized Treasurer Curriculum Vitae form to the Executive Director at least one hundred twenty (120) days prior to the convening of the House of Delegates. Each candidate's application shall be reviewed by the Board of Trustees. The Executive Director shall notify all members of the House of Delegates, at least sixty (60) days prior to the convening of the House of Delegates, of each candidate's supporting documentation and the recommendation of the Board of Trustees as to the qualifications of each candidate. The Board of Trustees shall nominate each candidate from the floor of the House of Delegates by a simple declaratory statement, which may be followed by an acceptance speech not to exceed four (4) minutes by the each candidate from the podium, according to the protocol established by the Speaker of the House of Delegates. If there are two (2) or more eligible candidates for the office of Treasurer, the Board of Trustees shall nominate at least two (2) and not more than three (3) candidates from the floor of the House of Delegates by a simple declaratory statement for each nominee, which may be followed by an acceptance speech not to exceed four (4) minutes by the candidate from the podium, according to the protocol established by the Speaker of the House of Delegates. Seconding a nomination is not permitted. No further nominations for the office of Treasurer shall be accepted from the floor of the House of Delegates. If there are no eligible candidates for the office of Treasurer when the House of Delegates meets, the term of the incumbent Treasurer shall be extended by one (1) year. Should the incumbent Treasurer be unwilling or unable to serve an additional one (1) year term, the office of Treasurer shall be filled in the same manner as provided in Chapter VIII, Section 80 of these Bylaws. Under these circumstances, former Treasurers of this Association would be eligible to serve as Treasurer *pro tem* for one (1) additional year.

and be it further

Resolved, that CHAPTER VIII, ELECTIVE OFFICERS, Section 50. TERM OF OFFICE, be amended as follows (additions underscored, deletions stricken):

Section 50. TERM OF OFFICE: The President, President-elect, First Vice President, Second Vice President and Speaker of the House of Delegates shall serve for a term of one (1) year, except as otherwise provided in this chapter of the Bylaws, or until their successors are elected and installed. The term of office of the Treasurer shall be three (3) years, or until a successor is elected and installed. The Treasurer shall be limited to two (2) consecutive terms of three (3) years each, excepting the case of a former Treasurer who has been elected Treasurer *pro tem* as provided in Chapter VIII, Section 30 of these Bylaws, who may serve one (1) additional year.

and be it further

Resolved, that CHAPTER VIII, ELECTIVE OFFICERS, Section 80. VACANCIES, Subsection A. VACANCY OF ELECTIVE OFFICE be amended as follows (additions underscored, deletions stricken):

- A. VACANCY OF ELECTIVE OFFICE: In the event the office of President becomes vacant, the President-elect shall become President for the unexpired portion of the term. In the event the office of President becomes vacant for the second time in the same term or at a time when the office of President-elect is also vacant, the First Vice President shall become President for the unexpired portion of the term. In the event the office of First Vice President becomes vacant, the Second Vice President shall become the First Vice President for the unexpired portion of the term. A vacancy in the office of the Second Vice President shall be filled by a majority vote of the Board of Trustees. In the event of a vacancy in the office of Speaker of the House of Delegates, the President, with approval of the Board of Trustees, shall appoint a Speaker *pro tem*. In the event the office of President-elect becomes vacant by reason other than the President-elect succeeding to the office of the President earlier than the next annual session, the office of

President for the ensuing year shall be filled at the next annual session of the House of Delegates in the same manner as that provided for the nomination and election of elective officers, except that the ballot shall read "President for the Ensuing Year." A vacancy in the office of Treasurer shall be filled by a majority vote of the Board of Trustees until the process of inviting applications, screening and nominating candidates and electing a new Treasurer has been completed by the Board of Trustees and the House of Delegates. The Treasurer *pro tem* shall be eligible for election to a new consecutive three (3) year term. The newly elected Treasurer shall be limited to two (2) consecutive terms of three (3) years each; excepting the case of a former Treasurer who has been elected Treasurer *pro tem* as provided in Chapter VIII, Section 30 of these Bylaws, who may serve one (1) additional year.

and be it further

Resolved, that CHAPTER VII, BOARD OF TRUSTEES, Section 100. DUTIES, Subsection G. be amended as follows (additions underscored, deletions stricken):

- G. Establish rules to govern its procedures in serving as the ~~nominating~~ screening committee for the office of Treasurer, and as provided in Chapter VIII of these *Bylaws*, to submit in printed or electronic form, at least sixty (60) days prior to convening the House of Delegates in the final year of the incumbent Treasurer's term, the name(s) and curriculum vitae of the candidate(s) screened by the Board of Trustees as to the qualifications of each candidate. Board's nominee(s) to the House of Delegates in the first mailing to the House in the year that the incumbent Treasurer's term is about to end.

Note: The Board requested that the following points be included in the nomination procedures:

- That the revised nomination procedure not allow for comment on specific candidates by the Board of Trustees but provide a mechanism by which the House of Delegates can assess the credentials of candidates.
- That the revised nomination procedure allow candidates to be nominated from the floor and to have the credentials of such candidates be available for review by the House of Delegates prior to voting.

Informational Reports: The following reports were received by the Board (*consent calendar action*).

Report of Council on Members Insurance and Retirement Programs: Changes to Student Disability Plan
Report of Activities and Programs of the Joint Subcommittee on Ethics in Dental Education and Practice

Membership/Tripartite Relations/Marketing

Report of the Standing Committee on Diversity: National Summit on Diversity in Dentistry. Dr. Calnon reported on the success achieved by the ADA and other organizations at the 2010 National Summit on Diversity in Dentistry. The Board adopted the following resolutions.

B-130-2010. Resolved, that the Board endorses the mutual commitment made by the presidents of the American Dental Association, the Hispanic Dental Association, the National Dental Association and the Society of American Indian Dentists at the 2010 National Summit on Diversity in Dentistry to begin a series of quarterly conference calls among the associations' presidents, and be it further **Resolved**, that the Board recognizes the series of presidential calls as fundamental to sustained collaboration through the presidents' sharing oversight for current collaboration and planning how the associations can consider specific longer-term initiatives.

B-131-2010. Resolved, that the ADA invite a maximum of two representatives each from the Hispanic Dental Association, the National Dental Association and the Society of American Indian Dentists to attend the September and December 2010 programs of the Institute for Diversity in Leadership so they may observe and gain background for considering new collaboration in leadership development,

and be it further

Resolved, that any expenses incurred by the invited individuals be assumed by their respective associations.

B-132-2010. Resolved, that the American Dental Association collaborate with the Hispanic Dental Association, the National Dental Association, and the Society of American Indian Dentists to familiarize current and potential corporate sponsors with general outcomes from the 2010 National Summit on Diversity in Dentistry and opportunities for supporting new initiatives that may emerge.

B-133-2010. Resolved, that the Diversity Committee of the ADA Board of Trustees consider and report by December 2010 on mechanisms for expanding collaboration from the National Summit on Diversity in Dentistry to a broadened representation of dental associations with memberships centered in diverse groups of dentists, including options involving the National Roundtable for Dental Collaboration established by the ADA in early 2010.

Report of the Council on Membership: 2011 Strategic Promotional Incentive for Nonmember Dentists Who have Been out of Dental School For Five to Ten Years. The Board approved the following resolution (*consent calendar action*).

B-137-2010. Resolved, that any nonmember dentist who has been out of dental school for five to ten years be eligible to receive a one-time, fifty percent (50%) dues reduction on the national (ADA) portion of membership dues for the 2011 ADA membership year, as a Board of Trustees-approved strategic promotional incentive.

Policy

Report of the Chief Policy Advisor: The Hillenbrand Fellowship. Dr. Albert Guay, Chief Policy Advisor, introduced the current Hillenbrand fellow, Dr. R. Todd Erickson. Dr. Erickson reported on his achievements as a Hillenbrand fellow during the past year, which included working on issues involving 1) the ADA alternative career program, 2) dentistry and disability, 3) faculty shortages, 4) dental office accreditation, and 5) promoting ADA disability insurance plans.

The Board adopted the following resolutions.

B-144-2010. Resolved, that the grant to the ADA Foundation for the funding of the Hillenbrand Fellowship be suspended effective as of June 23, 2010.

B-145-2010. Resolved, that the administration of the Hillenbrand Fellowship be assumed by the American Dental Association effective as of June 23, 2010, and from this date forward, the expenses for operating the Fellowship will be paid directly by the Association rather than through a general grant to the ADA Foundation.

B-146-2010. Resolved, that oversight of the Hillenbrand Fellowship will be provided by the Council on Dental Practice. The remaining funds allocated for the Fellowship in 2010 budget will be transferred to the budget of the Council for the remainder of the year.

Informational Reports: The following report was received by the Board (*consent calendar action*).

Report of the Chief Policy Advisor: The Dental Home.

Publishing

Report of the Publishing Division: Recommendation for Electronic Health Record CDT Licenses: The

Board approved the following resolution (*consent calendar action*).

B-129-2010. Resolved, that the Board adopts the recommendation of the Council on Dental Benefit Programs to approve the development by the Division of Legal Affairs of a CDT license covering Electronic Health Record companies and charge these companies \$.50 per individual end-user, be adopted.

Report of the Publishing Division: Recommendation for Dental Web Developer Licenses. The Board adopted the following resolution (*consent calendar action*).

B-142-2010. Resolved, that the Board of Trustees approves the recommendation of the Council on Dental Practice to enter into a license agreement with Officite to use ADA patient education content on Web sites they develop for dentists according to the program guidelines and fees described in this July 2010 Board Report Recommendation for Dental Web Developer Licenses; and be it further **Resolved**, that the Division of Legal Affairs develop a template agreement to license patient education content to other dental Web developers.

Science

Report on the Council on Scientific Affairs: Recent Activities: The Board adopted the following resolution (*consent calendar action*).

B-113-2010. Resolved, that the Board of Trustees approves the revised ADA Research Agenda 2010-2011.

Note: The 2010-2011 Research Agenda is attached in its entirety at the end of this document.

Informational Reports: The following report was received by the Board (*consent calendar action*).

Report of the ADA Advisory Committee on Evidence Based Dentistry

Organizational/Other

Nominations to the Board of Directors of the American Dental Political Action Committee: The Board adopted the following resolution (*consent calendar action*).

B-116-2010. Resolved, that the following nominees to the American Dental Political Action Committee Board of Directors be approved:

Dr. Douglas S. Hadnot, Montana (11)
Dr. Burton W. Job, Ohio (7)
Dr. Jeane L. Schoemaker, Colorado (14)

Appointment of Consultants: The Board adopted the following resolutions (*consent calendar action*).

B-117-2010. Resolved, that the consultants to the Council on Access, Prevention and Interprofessional Relations be approved for terms ending with the 2011 ADA annual session.

B-118-2010. Resolved, that the consultants to the Council on Dental Benefit Programs be approved for terms ending with the 2011 ADA annual session.

B-119-2010. Resolved, that the consultants to the Council on Dental Education and Licensure be approved for terms ending with the 2011 ADA annual session.

B-120-2010. Resolved, that the consultants to the Council on Dental Practice be approved for terms ending with the 2011 ADA annual session.

B-121-2010. Resolved, that the consultants to the Council on Ethics, Bylaws and Judicial Affairs be approved for terms ending with the 2011 ADA annual session.

B-122-2010. Resolved, that the consultants to the Council on Scientific Affairs and Center for Evidence-based Dentistry be approved for terms ending with the 2011 ADA annual session.

B-123-2010. Resolved, that the consultants to the Joint Commission on National Dental Examinations be approved for terms ending with the 2011 ADA annual session.

B-124-2010. Resolved, that the consultants to the Committee on the New Dentist be approved for terms ending with the 2011 ADA annual session.

B-125-2010. Resolved, that the consultants to the ASDA Consultant Program be approved for terms ending with the 2011 ADA annual session.

B-126-2010. Resolved, that the consultants to the Committee on International Programs and Development be approved for term ending with the 2011 ADA annual session.

Note: The names of the consultants to the Councils and Committees in Resolutions B-117 through B-126 are attached as Appendix 1.

Board of Trustees Revised Future Meeting Dates. The Board adopted the following resolution (*consent calendar action*).

B-143-2010. Resolved, that the following Board of Trustees meeting dates for the year 2011 be approved.

February 5-8, 2011—Board Retreat (Saturday-Tuesday)
 April 10-12, 2011 (Sunday-Tuesday)
 June 5-7, 2011 (Sunday-Tuesday)
 July 31-August 2, 2011 (Sunday-Tuesday)
 September 19-21, 2011 (Monday-Wednesday)
 October 14, 2011, (New Board of Trustees—Las Vegas)
 December 11-13, 2011 (Sunday-Tuesday)

and be it further

Resolved, that Resolution B-34-2009, approving the previous 2011 Board meeting dates be rescinded.

Report on the Governance Task Force. Dr. Wayne Thompson delivered an oral report on the June 28 meeting of the task force. He reported that the task force concluded the following regarding the ADA Foundation: (i) the number of directors on the Board should remain at twenty, (ii) the directors on the Board should continue to serve four-year terms, (iii) the directors on the Board should have diverse skills sets, (iv) the Secretary of the ADA Foundation should not be the Executive Director of the ADA, and (v) the Treasurer of the ADA Foundation should not be the Treasurer of the ADA.

Report of the Treasurer. Dr. Leone reported that House Resolution 97-2009 requires that copies of quarterly financial statements be posted in the delegates section of ADA.org within 30 days after Board review. At the conclusion of the report, the Board approved the following resolution.

B-147-2010. Resolved, that the quarterly financial statements as of June 30, 2010 be accepted and posted in the delegates section of ada.org.

Retirement of Laura Kosden. The Board noted the impending retirement of Laura Kosden as Vice President of Publishing and thanked her for her 17 years of outstanding service to the ADA.

Informational Reports: The following reports were received by the Board (*consent calendar action*).

Report of the President
Report of the President-elect

Vote of Confidence: The ADA Board of Trustees moved to take a Vote of Confidence for Executive Director, Dr. Kathleen T. O'Loughlin, and removed her from probation immediately so the Association can move forward. The Board also rescinded Resolution B-45-2010 regarding the probationary status of Dr. O'loughlin, and directed that all information related to her probationary status be removed from the Web site.

Presidential Workgroup Assignments: Dr. Tankersley made the following Board workgroup appointments:

Short-Term Workgroup on BOT/HOD
Communications

Dr. Robert A. Faiella, chair
Dr. Thomas Sullivan
Dr. Mary Krempasky Smith
Dr. A.J. Smith
Dr. Kenneth Versman
Dr. Dennis Manning
Dr. S. Jerry Long
Dr. Edward Vigna

Board Workgroup on Long-Term Considerations
for Governance

Dr. Samuel Low, chair
Dr. Russell Webb
Dr. Donald Seago
Dr. Charles Weber

Adjournment

The regular session of the Board of Trustees was adjourned for the purpose of convening the Member Meeting of the ADA Foundation.

The Board of Trustees adjourned *sine die* on July 27, 2010 at 12:37 p.m. Central Daylight Savings Time.

Appendix 1

List of Approved Consultants by Agency

Council on Access, Prevention and Interprofessional Relations

Allweiss, Pamela, MD, MPH, Lexington, KY
Arola, Patricia E., DDS, FAGD, MHA, CHE, Fredericksburg, VA
Barbell, Phillip, DDS, Coral Springs, FL
Bass, Pat, MD, MS, MPH, Shreveport, LA
Baur, Cynthia, PhD, Atlanta
Beemsterboer, Phyllis, EdD, Portland, OR
Berkey, Douglas, DMD, MPH, MS, Aurora, CO
Boseman, J. Jerald, DDS, Salt Lake City, UT
Carpenter, William M., DDS, MS, San Francisco
Coffee, Larry, DDS, Denver
Crabtree, Mark, DDS, Martinsville, VA
Crall, James J., DDS, ScD, Los Angeles
Crawford, Robert N., Jr., DDS, St. Petersburg, FL
Crews, Karen M., DMD, Jackson, MS
DeHaas, Molly B., BSN, DDS, FAAHD, DSCD, Farmingham, MA
Dolan, Teresa, DDS, MPH, Gainesville, FL
Farrell, Christine, RDH, MPA, Lansing, MI
Fenton, Sanford J., DDS, MSD, Houston
Fitzler, Sandra, RN, BSN, Washington, DC
Folse, Gregory J., DDS, Lafayette, LA
Gibson, Gretchen, DDS, MPH, Fayetteville, AR
Glassman, Paul, DDS, MA, MBA, San Francisco
Glick, Michael, DMD, MS, Mesa, AZ
Goldblatt, Ruth, DMD, FAGD, Simsbury, CT
Griffiths, Jill, BA, Hartford, CT
Helgeson, Michael, DDS, Minneapolis
Henry, Robert G., DMD, MPH, Lexington, KY
Horowitz, Alice, PhD, Chevy Chase, MD
Hyde, James N., MA, SM, Boston
Johnson, Barton S., DDS, MS, FAAHD, DABSCD, Seattle
Jones, Judith, DDS, MPH, DScD, Boston
Jones, Robert D., DDS, Chestertown, MD
Kleponis, Jerome A., DMD, Bloomsburg, PA
Krol, David M., MD, FAAP, Princeton, NJ
Kumar, Jayanth V., DDS, MPH, Albany, NY
Kuthy, Raymond, DDS, MPH, Iowa City, IA
Lamster, Ira, DDS, MMSc, New York
Lester, Arlene M., DDS, MPH, Lithonia, GA
Levy, Steven, M., DDS, MPH, Iowa City, IA
Louie, Reginald, DDS, MPH, Castro Valley, CA
Makrides, Nicholas S., DMD, MA, MPH, Washington, DC
Mangskau, Kathleen, RDH, MPA, Bismarck, ND
Marianos, Donald, DDS, MPH, Pinetop, AZ
Marshall, Teresa A., PhD, RD, Iowa City, IA
Moore, Peter E., DDS, Bellevue, WA
Mouden, Lynn D., DDS, MPH, Little Rock, AR
Moyer, David J., DDS, MD, South Portland, ME

Mulhausen, Paul, MD, Iowa City, IA
Nehring, Mark, DDS, Rockville, MD
Nelson, Steven R., DDS, MS, Denver
Neuhauser, Linda, DrPH, Berkeley, CA
Patton, Lauren L., DDS, Chapel Hill, NC
Pollick, Howard, BDS, MPH, San Francisco
Rankin, Kathleen Vendrell, DDS, Dallas
Reeves, Tom, PE, Monroe, GA
Robinson, Lindsey A., DDS, Grass Valley, CA
Rozier, R. Gary, DDS, MPH, Chapel Hill, NC
Rudd, Rima, ScD, Boston
Scannapieco, Frank, DMD, PhD, Buffalo, NY
Schwartzberg, Joanne, MD, Chicago
Shenkin, Jonathan D., DDS, MPH, Augusta, ME
Silk, Hugh, MD, Worcester, MA
Silverman, Sol, Jr., DDS, MA, San Francisco
Smith, William A., EdD, Washington, DC
Stanislav, Leon E., DDS, Clarksville, TN
Tomar, Scott L., DMD, DrPH, Gainesville, FL
Weyant, Robert, DMD, MPH, DrPH, Pittsburgh
Whiston, David A., DDS, Arlington, VA
Yellowitz, Janet, DMD, MPH, RDH, Baltimore
Zajkowski, Mark, DDS, MD, South Portland, ME

Council on Dental Benefit Programs

Ahlstrom, Robert H., D.D.S., Reno, NV
Cooley, Ralph A., D.D.S., Conroe, TX
Cuttino, Charles, D.D.S., Richmond, VA
Friedel, Alan E., D.D.S., Hollywood, FL
Haering, Harold J., D.M.D., Fort Myers, FL
Hansen, Henrik E., D.D.S., Fairfield, CA
Hight, James R., D.D.S., Jackson, TN
Isbell, Gordon, D.M.D., Gadsden, AL
Johnston, Jon, D.M.D., Punxsutawney, PA
Kenworthy, Paul, D.D.S., Essex Junction, VT
Oettmeier, Jr., Bert W., D.D.S., Leawood, KS
Plage, Robert G., D.D.S., Wilmington, NC
Rethman, Michael P., D.D.S., Kaneohe, HI
Schmidt, James L., D.M.D., Readfield, ME
Schripsema, Thomas J., D.D.S., Albuquerque, NM
Seiver, Jeffrey, D.D.S., Islip, NY
Simpson, Stephen P., D.D.S., Hudson, OH
Taylor, George, D.M.D., Ann Arbor, MI

Representatives of Other Agencies and Organizations

Ducar, John, D.D.S., Torrance, CA, American Academy of Periodontology
Evans, Carla, D.D.S., Chicago, IL, American Association of Orthodontists
Jones, Judith A., D.D.S., Boston, MA, American Association of Public Health Dentistry
Proctor, Martha, D.D.S., Chicago, IL, American Association of Endodontists
Reggiardo, Paul, D.D.S., Huntington Beach, CA, American Academy of Pediatric Dentistry
Summersgill, Kurt F., D.M.D., Pittsburgh, PA, American Academy of Oral and Maxillofacial

Pathologists

Wolfgang, Lawrence, D.D.S., Niagara Falls, NY, American Academy of Oral and Maxillofacial

Surgeons

Zackin, Jerome, D.M.D., Sarasota, FL, American Academy of Periodontology

Council on Dental Education and Licensure

Alves, Loren, D.M.D., San Antonio
Amato, Robert B., D.M.D., Boston
Amirsoltani, Shafa, D.D.S., Oak Park, IL
Andrews, Nancy, B.S., Costa Mesa, CA
Barna, Julie Ann, D.M.D., Lewisburg, PA
Bauer, Danielle, B.S., Chicago
Becker, Daniel E., D.D.S., Dayton, OH
Beemsterboer, Phyllis, R.D.H., M.S., Ed.D., Portland, OR
Berg, Joel H., D.D.S., M.S., Seattle
Binder, Robert E., D.M.D., Newark, NJ
Burk, James, D.D.S., Sodus, NY
Brown, David, D.D.S., Indianapolis
Brysh, Stanley L., D.M.D., Madison, WI
Butler, William O., M.S., San Antonio
Carter, Laurie, C., D.D.S., Richmond, VA
Chaffin, Jeffrey, D.D.S., Falls Church, VA
Christensen, Russell, D.D.S., Las Vegas
Coke, John, M., D.D.S., Birmingham, AL
Crow, Heidi C., D.M.D., Buffalo
Crowley, Karen E., D.D.S., Londonderry, NH
Cuttino, III, Charles, L., D.D.S., Sumter, SC
Davis, Elaine L., Ph.D., Buffalo, NY
Demby, Neal A., D.M.D., Brooklyn, NY
Dingeldey, Carol, J., C.A.E., Southington, CT
Dodge, William, D.D.S., San Antonio
Drelich, Elaine, D.D.S., Binghamton, NY
Drury-Klein, LaDonna, B.S., El Dorado Hills, CA
Farman, Allan, D.D.S., Ph.D, M.S., Louisville, KY
Felton, David, D.D.S., Chapel Hill, NC
Feurstein, Paul N., D.M.D., Billerica, MA
Frizzell, Felicia, M.S., San Francisco
Fields, Henry, D.D.S., Columbus, OH
Goodis, George T., D.D.S., M.S., Grosse Pointe Woods, MI
Greco, Sonya, M.B.A., Pittsburgh
Hauck, Chuck, M.F.A., Iowa City, IA
Herlich, Andrew, D.M.D., M.D., Pittsburgh
Hershey, Jr., H. Garland, D.D.S., Chapel Hill, NC
Houfek, Scott, D.D.S., Big Piney, WY
Howard, H. Fred., D.M.D., Harlan, KY
Howe, Brian, D.M.D., Madison, WI
Howell, Jr., Ralph, D.D.S., Suffolk, VA
Hupp, James, D.M.D., Greenville, NC
Kanna, Stanwood, D.D.S., Hanapepe, HI
Kenworthy, Paul, D.M.D., Essex Junction, VT
Kosinski, Ronald W., D.M.D., New Hyde Park, NY
Krebs, Kenneth, D.M.D., Wilmette, IL

Le, Thimy D., D.M.D., Westminster, CA
Llano, Charles D., D.D.S., Lakeland, FL
Lott, James, D.M.D., Madison, MS
Lyon, Edward, D.D.S., Gainesville, FL
MacDonnell, William, D.D.S., West Hartford, CT
Martinez, Maria A., B.S., Pittsburgh
Mascarenhas, Ana Karina, B.D.S., M.P.H., Boston
Mashni, Michael, D.D.S., Fullerton, CA
Mattson, Cynthia, C.P.A., Roy, UT
Melrod, David, D.D.S., Washington, DC
Merin, Robert, D.D.S., Woodland Hills, CA
Miller, Chris H., Ph.D., Indianapolis
Moore, David, D.D.S., Albuquerque, NM
Newell, Adele, B.S., New York
Parikh, Purvak, D.D.S., Olympia Fields, IL
Patino, Jr., Jesus Isaac, B.S., San Lorenzo, CA
Phero, James C., D.M.D., Cincinnati, OH
Pierpont, H. Phillip, D.D.S., Houston
Pope, Theodore, D.D.S., Englewood, OH
Pourhamidi, Jaleh, D.M.D., Henderson, NV
Ramos, Mario E., D.M.D., Midland Park, NJ
Ramos-Gomez, Francisco, D.D.S., Los Angeles
Reed, Kenneth, L. D.M.D., Tucson, AZ
Reifel, Nancy, D.D.S., Los Angeles
Rhim, Chang, D.D.S., Chicago
Rich, Barbara A., D.D.S., Cherry Hill, NJ
Rosenberg, Morton B., D.M.D., Boston
Rothman, David, D.D.S., San Francisco
Sahota, Deepinder (Ruchi), D.D.S., Fremont, CA
Samaranayake, Lakshman, D.D.S., Honk Kong
Sameroff, Jeffrey, D.M.D., Pottstown, PA
Sanchez, Natalia, J., B.A., Farmington, CT
Schwartz, Paul, D.M.D., Dunkirk, MD
Seigel, Harold S., D.D.S., Falls, Church, VA
Simonian, Roger J., D.D.S., Fresno, CA
Sinkford, Jeanne, D.D.S., Washington
Sobieralski, Mary, D.D.S., Sacramento
Stewart, Jeffrey C.B., D.D.S., M.S., Portland, OR
Stoute, Gregory Allen, D.M.D., M.P.H., Lubbock, TX
Sullivan, C. Larry, D.D.S., Kansas City, MO
Szarejko, Mark, D.D.S., Palm Harbor, FL
Tarantola, Gregory, D.D.S., Miami, FL
Trocheset, Denise A., D.D.S., Stony Brook, NY
Trushkowsky, Richard, D.D.S., Staten Island, NY
Vogt, Merlyn, D.D.S., Lincoln, NE
Weaver, Joel, D.D.S., Westerville, OH
Williamson, Richard, D.D.S., Iowa City, IA
Wilson, Elizabeth Jean, A.A., Gallipolis, OH
Yarborough, Craig S., D.D.S., M.B.A., San Francisco
Young, W. Lee, D.M.D., Savannah, GA
Zornosa, Ximena, D.M.D., Peachtree City, GA

Council on Dental Practice

Ahearn, David J., D.D.S., Westport, MA
Ahlstrom, Robert, D.D.S., M.S., Reno, NV
Andrews, Nancy A., R.D.H., B.S., Costa Mesa, CA
Baer, Russell A., D.D.S., Chicago
Bavitz, J. Bruce, D.M.D., F.A.C.D., Lincoln, NE
Berman, Marvin H., D.D.S., Bannockburn, IL
Bernstein, Benjamin, Ph.D., Oakland, CA
Blaes, Joseph A., D.D.S., F.A.C.D., Fenton, MO
Brawley, Vicki, R.D.A., Eden Prairie, MN
Budenz, Alan, D.D.S., M.B.A., M.S., San Francisco
Calderbank, Susan (Olson), D.M.D., Greenville, PA
Cardoza, Anthony, D.D.S., El Cajon, CA
Carney, Kerry K., D.D.S., Benicia, CA
Caruso, Timothy, J., P.T., M.B.A., M.S., CERT, M.D.T., Addison, IL
Coluzzi, Donald J., D.D.S., Portola Valley, CA
Colvard, Michael, D.D.S., M.T.S., M.S., M.O. Med RCSE.d, Chicago
Couture, Donna, R.D.A., Vacaville, CA
Creamer, Sandra, St. Peters, MO
Crossley, Harold L., D.D.S., Ph.D., Cambridge, MD
Di Angelis, Anthony, D.M.D., M.P.H., Minneapolis
Donley, Timothy G., D.D.S., M.S.D., Bowling Green, KY
Donovan, Terry, D.D.S., Hillsborough, NC
Fazio, Robert, D.M.D., New Haven, CT
Fetner, Alan E., D.M.D., Jacksonville, FL
Feuerstein, Paul, D.M.D., North Billerica, MA
Folse, Gregory J., D.D.S., Lafayette, LA
Fong, Cynthia, R.D.H., M.S., Jacksonville, FL
Fung, Eric Y.K., Ph.D., Lincoln, NE
Glotzer, David L., D.D.S., New York
Golan, Howard, D.D.S., New Hyde Park, NY
Goodis, Charles, D.D.S., Albuquerque, NM
Govoni, Mary M., C.D.A., R.D.H., R.D.A., M.B.A., Okemos, MI
Greene, Charles S., D.D.S., Skokie, IL
Gremillion, Henry A., D.D.S., M.A.G.D., New Orleans
Gropper, Jerome M., D.D.S., St. Augustine, FL
Hamilton, James C., D.D.S., Ann Arbor, MI
Hollander, Craig S., D.D.S., M.S., St. Louis
Howard, Cindy, R.D.H., Harlan, KY
Hunt, III, Richard F., D.D.S., Rocky Mount, NC
Ignelzi, Jr., Michael A., D.D.S., Ph.D., Jamestown, NC
Ismail, Amid I., B.D.S., M.P.H., D.P.H., M.B.A., Ann Arbor, MI
James, Tamara M., M.A., C.P.E., Durham, NC
Kane, William T., D.D.S., M.B.A., Dexter, MO
Kay, Laney, J.D., Marietta, GA
Kelsch, Robert, D.M.D., Rockville Centre, NY
Kessler, Brett H., D.D.S., Denver
Klasser, Gary D., D.M.D., Chicago
Kracht, Curtis A., D.D.S., Marshfield, WI
Lamster, Ira B., D.D.S., M.M.Sc., New York
LeSage, Brian P., D.D.S., F.A.A.C.D., Beverly Hills, CA
Lott, Kaneta R., D.D.S., Atlanta
Low Dog, Tieraona, M.D., Santa Fe, NM

Low, Samuel B., D.D.S., M.S., M.Ed., Gainesville, FL
Lynch, Denis P., D.D.S., Ph.D., Milwaukee
Malamed, Stanley F., D.D.S., West Hills, CA
McClellan, Mart G., D.D.S., M.S., B.A., Peoria, IL
Molinari, John A., Ph.D., Northville, MI
Morton, Bill, M.A., C.G., Bellevue, WA
Obucina, Lillian, D.D.S., J.D., Chicago
O'Neill, Mary E., M.A., M.F.T., Woodacre, CA
Oreskovich, Michael (Mick), M.D., F.A.C.S., Seattle
Osuna, Tricia, R.D.H., B.S., F.A.A.D.H., Redondo Beach, CA
Otomo-Corgel, Joan, D.D.S., M.P.H., Manhattan Beach, CA
Pace, Jr., T. Kim, D.D.S., Clarksville, TN
Parker, Jonathan A., D.D.S., Plymouth, MN
Pavlik, Edward, D.D.S., M.S., Olympia Fields, IL
Penrod, Valerie, Sacramento, CA
Puckett, Kimberly G., Rocky Mount, NC
Ranalli, Dennis N., D.D.S., M.D.S., Pittsburgh
Reed, Kenneth, D.M.D., Tucson, AZ
Romer, Maureen, D.D.S., M.P.A., Mesa, AZ
Rouse, Jeffrey S., D.D.S., San Antonio
Ruiz, Jose-Luis, D.D.S., F.A.G.D., Burbank, CA
Ryan, Maria Emanuel, D.D.S. Ph.D., Stony Brook, NY
Sammon, Patrick, Ph.D., Lexington, KY
Sangrik, Larry J., D.D.S., Chardon, OH
Scofield, JoAnn, M.S., R.D.H., Dallas
Sharifi, M. Nader, D.D.S., M.S., Chicago
Sherman, Donald S., D.M.D., Sudbury, MA
Shirley, Jack, D.D.S., San Antonio
Shoup, Randolph K., D.D.S., Noblesville, IN
Small, Bruce W., D.M.D., M.A.G.D., Lawrenceville, NJ
Smith, Brian K., D.D.S., M.D., Lakewood, OH
Smyth, Thomas W., D.D.S., Mankato, MN
Sorenson, Dale A., D.D.S., Newburgh, IN
Sperber, Norman (Skip), D.D.S., San Diego
Steinberg, Barbara J., D.D.S., Margate, NJ
Steinberg, Steven C., D.D.S., Skokie, IL
Streid, Timothy, B.S., C.P.A., Peoria, IL
Suzuki, Jon B., D.D.S., Ph.D., M.B.A., Philadelphia
Svirsky, John A., D.D.S., M.Ed., Richmond, VA
Wanson, Kelli Jaecks, R.D.H., M.A., Salem, OR
Tagliarino, Charles, C.D.T., Martinez, GA
Tarantola, Gregory, J., D.D.S., Miami
Tekavec, Carol D., C.D.A., R.D.H., Pueblo, CO
Termechi, Omid D., D.D.S., Cedarhurst, NY
Trushkowsky, Richard D., D.D.S., F.A.G.D., F.I.C.D., Staten Island, NY
Van Dyk, William, D.D.S., San Pablo, CA
Von Heimbürg, Petra, D.D.S., J.D., Barrington, IL
Wahl, Nancy Conlin, R.D.H., Maple Grove, MN
Weaver, Joel M., II, D.D.S., Ph.D., Westerville, OH
Werner, Robert A., M.D., M.S., Ann Arbor, MI
West, John D., D.D.S., M.S.D., P.S., Tacoma, WA
Williamson, Richard A., B.S., D.D.S., M.S., Iowa City, IA
Winker, Wade G., D.D.S., Eustis, FL
Wright, Robin, Ph.D., Evanston, IL

Yellowitz, Janet A., D.M.D., M.P.H., F.A.S.G.D., D.A.B.S.C.D., Baltimore
Zablotsky, Nevin, D.M.D., South Hero, VT
Zak, Michael, D.D.S., Chicago

Council on Ethics, Bylaws and Judicial Affairs

Jones, Kenneth, Jr. D.D.S., J.D., Mansfield, OH
W. Scott Waugh, D.D.S., Edmond, OK
Stephen K. Young, D.D.S., Oklahoma City, OK
Boden, David F., D.D.S., Port Saint Lucie, FL
Simon, Denis E., D.D.S., Baton Rouge, LA

Council on Scientific Affairs (CSA) and Center for Evidence-Based Dentistry (EBD)

Ahlstrom, Robert H., D.D.S., M.S., Reno, NV
Anusavice, Kenneth J., D.M.D., Ph.D., B.S., Gainesville, FL
Armitage, Gary C., D.D.S., M.S., San Francisco
Bader, James, D.D.S., M.P.H., Chapel Hill, NC
Bakdash, Bashar, D.D.S., M.P.H., M.S.D., Minneapolis
Bayne, Stephen C., Ph.D., Chapel Hill, NC
Beck, James, Ph.D., Chapel Hill, NC
Boghosian, Alan A., D.D.S., Chicago
Bradford, Peter, Ph.D., Buffalo, NY
Brooks, Sharon L., D.D.S., Ann Arbor, MI
Browning, William D., D.D.S., M.S., Augusta, GA
Brunette, Donald M., Ph.D., Vancouver, BC, Canada
Byrne, B. Ellen, D.D.S., Ph.D., Richmond, VA
Carlson, David, Ph.D., Dallas
Carpenter, William M., D.D.S., M.S., San Francisco
Carr, Alan B., D.M.D., Rochester, MN
Casamassimo, Paul, D.D.S., Columbus, OH
Chan, Jarvis T., D.D.S., Ph.D., Houston
Chee, Winston W.L., B.D.S., Pasadena, CA
Clark, Morris S., D.D.S., F.A.C.D., Denver
Clarkson, Janet, B.D.S., Scotland, UK
Cleveland, Jennifer L., D.D.S., M.P.H., Chamblee, GA
Cochran, David L., D.D.S., M.S., Ph.D., San Antonio
Dederich, Douglas, B.S.E.E., D.D.S., M. Sc., Ph.D., Alberta, Canada
DePaola, Louis, D.D.S., M.S., Baltimore, MD
Dolan, Teresa A., D.D.S., Gainesville, FL
Donaldson, David, Vancouver, BC, Canada
Donovan, Terence E., D.D.S., Hillsborough, NC
Drake, David R., M.S., Ph.D., Iowa City, IA
Dunn, William J., D.D.S., Keesler Air Force Base, MS
Falace, Donald, D.D.S., Lexington, KY
Farsai, Paul S., D.M.D., Swampscott, MA
Fiore, Michael C., M.D., M.P.H., Madison, WI
Fischman, Stuart L., D.D.S., Buffalo, NY
Fontana, Margherita, D.D.S., Ph.D., Indianapolis, IN
Fung, Eric, Ph.D., Lincoln, NE
Garcia, Raul I., D.M.D., M.Med.Sc., Boston
Genco, Robert J., D.D.S., Ph.D., Buffalo, NY

Giovannitti, Jr., Joseph A., D.D.S., M.S., Dallas
Glick, Michael, D.M.D., Newark, NJ
Gooch, Barbara, D.M.D., M.P.H., Chamblee, GA
Goodis, Harold E., D.D.S., San Francisco
Gotcher, Jack, D.M.D., Ph.D., Knoxville, TN
Greenspan, John S., B.D.S, Ph.D., San Francisco
Guckes, Albert D., D.D.S., Chapel Hill, NC
Gunsolley, John (Jack), D.D.S., Baltimore, MD
Hall, Andrew F., B.Ch.D., Ph.D., Glasgow, UK
Harte, Jennifer, D.D.S., M.S., Great Lakes, IL
Haug, Steve, D.D.S., Indianapolis, IN
Haywood, Van B., D.M.D., Augusta, GA
Heymann, Harald O., D.D.S., Chapel Hill, NC
Hilton, Tom, D.M.D., M.S., Portland, OR
Hollender, Lars, D.D.S., Seattle
Hujoel, Philippe, Ph.D., D.D.S., M.S.D., M.S., Seattle, WA
Hutter, Jeffrey, D.M.D., Boston
Ismail, Amid, Dr.P.H., M.P.H., M.B.A., B.D.S., Ann Arbor, MI
Jacobsen, Peter L. , Ph.D., D.D.S., San Francisco
Jacobson, Jed, D.D.S., Lansing, MI
Jeske, Arthur, Ph.D., D.M.D., B.S., Houston
John, Mike T., Ph.D., D.D.S., M.P.H., Minneapolis, MN
Johnson, Glen H., D.D.S., M.S.E., M.S., Seattle
Jokstad, Asbjorn, D.D.S., Ph.D., Toronto, Canada
Joshipura, Kaumudi, D.D.S., S.D., B.D.S., Boston
Kaplan, Edward L., M.D., Minneapolis
Kingman, Albert, Ph.D., Bethesda, MD
Kohn, William, D.D.S., M.P.H., Atlanta, GA
Lemons, Jack E., Ph.D., Birmingham, AL
Li, Yiming, D.D.S., Ph.D., Loma Linda, CA
Longbottom Christopher, B.D.S., Scotland, UK
Loza, Juan C., D.D.S., Ph.D., Waban, MA
Luebke, Neill H., Brookfield, WI
Lynch, Edward, Ph.D., Belfast, Northern Ireland, UK
Mackert, J. Rodway, D.M.D., Ph.D., Augusta, GA
Madison, Sandra, D.D.S., Asheville, NC
Malamed, Stanley F., D.D.S., Los Angeles
Mariotti, Angelo, B.S., D.D.S., Ph.D., Columbus, OH
Marshall, Milton V., Ph.D., Hillsborough, NC
Marshall, Sally J., Ph.D., San Francisco
Matthews, Joseph, D.D.S., Los Alamos, NM
Matis, Bruce, D.D.S., M.S.D., Indianapolis, IN
McGuire, Michael, D.D.S., Houston, TX
Mealey, Brian, D.D.S., San Antonio
Mellonig, James T., D.D.S., San Antonio
Miller, Arthur J., Ph.D., San Francisco
Mills, Shannon E., D.D.S., Concord, NH
Mitchem, John C., D.M.D., M.S., Portland, OR
Molinari, John A., Ph.D., Detroit
Moore, B. Keith, Ph.D., Indianapolis
Mulreany, Melissa, D.D.S., Burtonsville, MD
Murrah, Valerie, D.M.D., M.S., Chapel Hill, NC
Neiders, Mirdza E., D.D.S., S.M., Buffalo, NY
Niederman, Richard, D.D.S., Boston

O'Brien, William J., Ph.D., Ann Arbor, MI
Olson, John W., D.M.D., Louisville, KY
Pashley, David H., D.M.D., Ph.D., Augusta, GA
Perdigão, Jorge, D.M.D., M.S., Ph.D., Minneapolis
Phero, James C., D.M.D., Ph.D., Cincinnati
Pitts, Nigel B., Ph.D., Dundee, Scotland UK
Powers, John M., Ph.D., Houston
Proskin, Howard M., Ph.D., Rochester, NY
Rees, Terry D., D.D.S., M.S., Dallas
Reinhardt, John W., D.D.S., M.S., M.P.H., Lincoln, NE
Rekow, E. Dianne, D.D.S., New York, NY
Robinson, Peter J., D.D.S., Ph.D., Farmington, CT
Rose, Louis F., M.D., D.D.S., Ph.D., Philadelphia
Rubenstein, Jeffrey E., D.M.D., M.S., Seattle
Sarrett, David, D.M.D., M.S., Richmond, VA
Schallhorn, Robert G., D.D.S., M.S., Aurora, CO
Schenkein, Harvey A., D.D.S., Ph.D., Richmond, VA
Schiff, Thomas, D.M.D., San Francisco
Schifferle, Robert, D.D.S., Ph.D., Buffalo, NY
Shen, Chun-Pyn, D.D.S., Ph.D., Westfield, NJ
Siegel, Michael A., D.D.S., M.S., Davie, FL
Siegel, Sharon C., D.D.S., M.S., Davie, FL
Stamm, John W., D.D.S., D.D.P.H., M.Sc.D., Chapel Hill, NC
Stanford, Clark, D.D.S., Ph.D., Iowa City, IA
Steinberg, Barbara, D.D.S., Philadelphia
Stookey, George K., Ph.D., Indianapolis
Stosser, Lutz, DMH, DRN., Erfurt, Germany
Suzuki, Jon B., D.D.S., Ph.D., Pittsburgh
Swift, Edward J., D.M.D., M.S., Chapel Hill, NC
Taubert, Kathryn A., Ph.D., Dallas
Taylor, Thomas D., D.D.S., Farmington, CT
Thomas, John, Ph.D., Morgantown, WV
Thyvalikakath, Thankam Paul, M.D.S., M.S., Pittsburgh, PA
Tibbetts, Leonard, D.D.S., Arlington, TX
Toljanic, Joseph A., D.D.S., Chicago
Triplett, Robert G., D.D.S., Ph.D., Dallas
Trummel, Clarence L., D.D.S., Ph.D., Farmington, CT
Verhagen, Connie, D.D.S., Muskegon, MI
Vig, Katherine W., D.D.S., Powell, OH
Watson II, Gene, D.D.S., M.S., Ph.D., B.S., Rochester, NY
Weaver, Joel M., D.D.S., Ph.D., Columbus, OH
Wefel, James S., Ph.D., Iowa City, IA
Weyant, Bob, D.M.D., Dr.PH., Pittsburgh, PA
White, Joel, D.D.S., M.S., San Francisco
Wigdor, Harvey A., D.D.S., M.S., Chicago
Wu, Christine D., M.S., Ph.D., Chicago
Yaegaki, Ken, D.D.S., Ph.D., Tokyo, Japan
Yagiela, John A., D.D.S., Ph.D., Los Angeles
Zambon, Joseph, D.D.S., Ph.D., Buffalo, NY
Zero, Domenick, D.D.S., M.S., Indianapolis, IN

Representatives of Other Agencies and Organizations

Birkedal-Hansen, Henning, D.D.S., Ph.D., National Institute of Dental and Craniofacial Research,

Bethesda, MD

Cohen, Lois K., Ph.D., National Institute of Dental Research, Bethesda, MD

Collins, Robert J., D.M.D., M.P.H., International Association for Dental Research/American Association for Dental Research, Alexandria, VA

Fox, Christopher H., D.M.D., DMSc, International Association for Dental Research/American Association for Dental Research, Alexandria, VA

Fuller, Janie, D.D.S., Food and Drug Administration, Rockville, MD

Kelsey, John V., D.D.S., M.B.A., Food and Drug Administration, Rockville, MD

Lipton, James, D.D.S., Ph.D., F.A.C.D., National Institute of Dental and Craniofacial Research

Runner, Mary S., D.D.S., Food and Drug Administration, Rockville, MD

Soucey, Benoit, D.M.D., MSc., Canadian Dental Association, Ottawa, Ontario, Canada

Tabak, Lawrence, D.D.S., National Institute of Dental and Craniofacial Research, Bethesda, MD

Valachovic, Richard W., D.D.S., American Dental Education Association, Washington, DC

Joint Commission on National Dental Examinations

Cizek, Gregory J., Ph.D., Chapel Hill

Downing, Steven M., Ph.D., Chicago

Gerrow, Jack, D.D.S., Ottawa, Canada

Haladyna, Thomas, Ph.D., Phoenix, AZ

Kane, Michael T., Ph.D., Princeton, NJ

Littlefield, John H., Ph.D., San Antonio, TX

Committee on the New Dentist

Harrelson, Bradley D., D.M.D., Ellsworth Afb, SD, U.S. Air Force

Peterson, Barry E., D.D.S., Virginia Beach, VA, U.S. Navy

Cotchery, David, D.D.S., El Paso, TX, U.S. Veterans Affairs

Paukert, Zachary, DDS, Derrider, LA, U.S. Army

Winters, Lydia, D.M.D., Fort Defiance, AZ, U.S. Public Health Service

ASDA Consultant Program

- Committee on the New Dentist (Mr. Andrew Read-Fuller, UCLA, 2011)
- Council on ADA Sessions (Mr. Dan Hammer, Pacific, 2011)
- Council on Access, Prevention and Interprofessional Relations (Ms. Naomi Sever, San Antonio, 2011)
- Council on Communications (Ms. Sara Twardy, Alabama, 2011)
- Council on Dental Benefit Programs (Mr. Stephen Boss, Columbia, 2013)
- Council on Dental Education and Licensure (Mr. Corwyn Hopke, Columbia, 2011)
- Council on Dental Practice (Mr. Alex Mellion, Case Western, 2011)
- Council on Ethics, Bylaws and Judicial Affairs (Mr. Andy Bohnsack, Minnesota, 2011)
- Council on Government Affairs (Ms. Brittany Bensch, Washington, 2012)
- Council on Members Insurance and Retirement Programs (Mr. Jim Martin, Pittsburgh, 2011)
- Council on Membership (Mr. Mike Backer, Midwestern, 2012)
- Council on Scientific Affairs (Ms. Christina Wiggins, Nova Southeastern, 2011)

Committee on International Programs and Development

Andolino, Frank C., D.D.S., M.S., New York, NY

Frost, David E., D.D.S., MS., Chapel Hill, NC

Gallant, Marshall L., D.M.D., Winter Park, FL
Hewett, Sally, D.D.S., Bainbridge Island, WA
Hobdell, Martin H., B.D.S., M.A., Ph.D., Norfolk, England
Jaramillo, Freder, D.D.S., M.P.H., M.H.A., Berlin, Germany
Levine, Jack M., D.D.S., New Haven, CT
Schmidt, Hugo, D.D.S., Dulles, VA
Allender, Brian, D.M.D., Eugene, OR
Bloomer, Charles, D.D.S., Abilene, TX
Cohen, Lois K., M.S., Ph.D., Bethesda, MD
Farer, James, D.D.S., M.S.D., F.A.C.P., New York, NY
Fox, Christopher H., D.M.D., D.M.Sc., Arlington, VA
Kay, C. Neil, B.D.S., M.S., Montgomery, IL
Mackler, Stephen B., D.D.S., M.S., Greensboro, NC
Serio, Francis G., D.M.D., M.S., Greenville, NC
Seward, Margaret, C.B.E., B.D.S., M.D.S., M.C.C.D., F.D.S.R.C., London, England
Sheer, Stuart, D.D.S., Cockeysville, MD
Siew, Chakwan, B.A., M.S., Ph.D., Wilmette, IL
Stark, Mitchell, D.D.S., Rockville, MD
Woodside, Honore, D.D.S., Skokie, IL

The following agencies have not submitted consultants for approval for 2011:

Council on Communications
 Council on Membership
 Council on Members Insurance and Retirement Programs
 Council on Government Affairs

Research of Importance to the Practicing Dentist, 2010-2011*

Mission Statement

A major objective of the ADA is to promote a good quality of life by improving the oral health of the public and encouraging optimal health behaviors. To achieve this objective and to support the ADA's goal to be America's leading advocate for oral health, it is imperative that the ADA take a leading role in promoting, conducting and critically reviewing research on topics related to dentistry and its relationship to the overall health of the individual. The ADA should serve as a facilitator of the national dental research effort, identify priority topics for research, and ensure the timely dissemination of information to the profession.

Structure of the ADA Research Agenda

The Research Agenda targets three to five primary goals that remain consistent for at least two years as targeted research priorities. The corresponding objectives are reviewed annually. Updates are based on emerging research needs and input from members on priority clinical topics in dentistry.

Research Agenda Topics

Goal 1: To understand the social, behavioral and biological determinants of oral and dental diseases and their impact on the provision of dental care.

Objective 1-1: Evaluate the application of risk assessment, risk communication and other risk management strategies (including development and/or validation of evidence-based risk assessment instruments) in the diagnosis and treatment of pediatric and adult caries, periodontal diseases, and oral cancer, and their effectiveness in improving oral health outcomes.

Objective 1-2: Enhance understanding of factors related to access to—and utilization of—dental services across the age spectrum, from pediatric to geriatric populations, with emphasis on:

- increasing the health literacy of the public about oral health, including its relation to overall health, and evaluating health literacy interventions to improve oral disease prevention behaviors and oral health outcomes, particularly in underserved populations; and
- reducing early childhood caries in at-risk populations.

Objective 1-3: Investigate and develop therapies for the prevention, reversal and non-surgical management of dental caries in all age groups.

Goal 2: To understand the scientific basis of emerging issues and therapies of interest to the practice of dentistry.

Objective 2-1: Evaluate the safety and effectiveness of new and existing diagnostic, therapeutic and cosmetic products, methods, instruments and technologies used in dentistry through longitudinal assessment of safety and patient outcomes, including pre- and post-market studies. Examples of priority topics to help inform clinicians include but are not limited to:

- determine the effectiveness of visual/tactile examination and adjunctive devices and/or procedures for detection of pre-malignant/malignant lesions, and evaluate the impact of adjunctive detection devices and/or techniques on patient outcomes;
- evaluate the safety and effectiveness of cone beam computed tomography or other emerging imaging technologies versus standard radiography for dental applications;
- research on the short- and long-term safety of tooth whitening products and procedures;

*Approved by the ADA Council on Scientific Affairs and the ADA Board of Trustees in July 2010.

- laser therapies, biomimetic materials and other novel restorative materials.

Objective 2-2: Investigate, develop and clinically evaluate therapies and therapeutic materials appropriate for prophylaxis, tissue engineering, healing and/or regeneration of diseased teeth and bone structures.

Objective 2-3: Evaluate the human health and environmental effects of dental practice.

Goal 3: To conduct research in support of the application of evidence-based dentistry.

Objective 3-1: Develop, test and validate methods for assessing outcomes related to the use of evidence-based clinical recommendations and clinical practice guidelines in dentistry.

Objective 3-2: Develop and implement improved methods and processes to increase the impact of dental practice-based research networks as a means to address clinically relevant research questions and promote collaborative investigations of preventive and therapeutic interventions that support the advancement of oral health care.

Goal 4: To understand the scientific basis of the relationship between oral health and systemic conditions, and to evaluate the impact of dental interventions on these systemic conditions.

Objective 4-1: Investigate how oral and systemic conditions and diseases affect each other to determine causality and the effect of therapies on clinical outcomes of both the oral and systemic health of the patient.

Objective 4-2: Investigate the uses of non-invasive salivary and oral fluid diagnostics to assist in the early detection and surveillance of oral and systemic conditions, with emphasis on elucidating the scientific basis for detection of systemic diseases in saliva.

The American Dental Association's most important scientific responsibilities are in the area of knowledge and technology transfer and in assuring that the profession is kept abreast of scientific and technological advancements. With this in mind, the Council on Scientific Affairs develops an annual Research Agenda to identify the critical research needs of today's practitioners, and to advance scientific research on the highest priority treatment-oriented topics, and emerging issues of importance in the management of oral diseases. The Council believes that these issues have short- and long-term impact on the quality of patient care and the continuing development of dental practice. The Council wishes to make clear that the Research Agenda is not exhaustive, but rather highlights priority topics that are directly related to patient care, answerable, and likely to significantly impact the practice of dentistry.

Notes

Minutes of the Board of Trustees

September 12–14, 2010

Headquarters Building, Chicago

Call to Order: The seventh session of the Board of Trustees was called to order by Dr. Ronald L. Tankersley on Sunday, September 12, 2010, at 8:00 a.m. Central Daylight Time in the Board Room of the ADA Headquarters Building in Chicago, Illinois.

Roll Call: The following officers and trustees were present: Drs. Ronald L. Tankersley, Raymond Gist, Thomas E. Sullivan, A.J. Smith, J. Thomas Soliday, Edward Leone, Jr., Kathleen O'Loughlin, William R. Calnon, Dennis W. Engel, Robert A. Faiella, Maxine Feinberg, S. Jerry Long, Samuel B. Low, Dennis E. Manning, Charles H. Norman, W. Ken Rich, Donald L. Seago, Mary K. Smith, Charles L. Steffel, R. Wayne Thompson, Kenneth J. Versman, Edward J. Vigna, Russell I. Webb and Charles R. Weber.

Senior staff members present for all or parts of the meeting were: Thomas C. Elliott, Jr., interim chief legal counsel; Joseph McManus, senior vice president, Dental Practice/Professional Affairs; Toni Mark, chief technology officer; Daniel M. Meyer, senior vice president, Science/Professional Affairs; Clayton B. Mickel, managing vice president, Corporate Relations and Strategic Marketing Alliances; Laura M. Neumann, senior vice president, Education/Professional Affairs; Kenneth Ohr, managing vice president, Communications and Marketing; William M. Prentice, senior vice president, Government and Public Affairs; Paul Sholty, interim chief financial officer; Michael D. Springer, managing vice president and publisher, Publishing; Wendy-Jo Toyama, senior vice president, Membership, Tripartite Relations and Marketing. Other ADA staff present for all or parts of the meeting were: C. Michael Kendall, senior associate general counsel, Legal Affairs; and Wendy J. Wils, senior associate general counsel, Legal Affairs.

Also in attendance for all or parts of the meeting were: Carol Browne, outside legal counsel for the Compensation Committee; Robert Coleman, outside counsel; Dr. Ronald P. Lemmo, Chair of the Special Committee on Financial Affairs; and Dr. Roger Triftshauser, Chair of the American Dental Political Action Committee.

Attorney-Client and Executive Sessions

Attorney-client sessions of the Board of Trustees were held at various times during the meeting. The Board entered into an attorney-client session on Sunday, September 12 to receive a briefing from Thomas C. Elliott, Jr., Esq. and Robert Coleman, Esq. on the attorney-client privilege.

In response to a request from outside counsel, and due to the sensitive nature of the discussions, the attorney-client sessions and executive sessions held on Monday, September 13 were not recorded and are not a part of these minutes.

The Board adopted two confidential resolutions and postponed consideration of two confidential resolutions in an attorney-client session held on Tuesday, September 14.

Preliminary

Approval of Agenda: The Board of Trustees adopted the following resolution.

B-153-2010. Resolved, that the agenda be approved as the official order of business for the current session of the Board of Trustees except that the President may alter the order of the agenda when necessary to expedite business.

Approval of Minutes of Previous Sessions: The Board of Trustees postponed voting on the minutes of the July 25-27, 2010 meeting of the Board of Trustees until the December Board meeting so that the members would have more time to review them. The Board adopted the following resolution.

B-166-2010. Resolved, that the minutes of June 6-8, 2010, session of the Board of Trustees be approved.

Note: The June minutes were corrected to reflect a Yes vote for Dr. Charles Steffel on Resolution 36, Establishment of Dues Effective January 1, 2011, making the vote unanimous. The Board directed that due to recording system malfunction during the June meeting, a notation be appended to the minutes that discussion could not be substantiated.

Approval of Consent Calendar: A consent calendar was prepared to expedite the business of the Board of Trustees. Board members were informed that any report or resolution could be removed from the consent calendar. Following review, the consent calendar was amended by the removal of several reports and resolutions. The Board subsequently adopted the following resolution as amended.

B-155-2010. Resolved, that recommendations on reports and resolutions contained on the Consent Calendar be approved.

House of Delegates

Reports and Resolutions Relating to the Reference Committee on Budget, Business and Administrative Matters

Board of Trustees Resolution 36—Establishment of Dues Effective January 1, 2011 (Board Report 2) (Worksheet:2057—Corrected): The Board transmitted a corrected Resolution 36 to the House of Delegates to reflect a Yes vote for Dr. Charles Steffel making the vote unanimous.

Note: At the September 2010 Board session, the June minutes were corrected to reflect a Yes vote for Dr. Charles Steffel on Resolution 36 making the vote unanimous. The Board directed that due to recording system malfunction during the June meeting, a notation be appended to the minutes that discussion could not be substantiated.

Report of the Special Committee on Financial Affairs (Worksheet:2071): The Board transmitted the special committee report and appended Resolutions 56-60 to the House of Delegates.

Resolution 56—Amendment of the ADA Bylaws: Establishment of a New Council on Financial Affairs (Worksheet:2080—Revised): The Board transmitted Resolution 56 to the House of Delegates with the following comment and recommendation to vote yes. (Vote: 11 Yes—Drs. Calnon, Faiella, Feinberg, Gist, Long, Low, Manning, Norman, Steffel, Vigna, Webb; 9 No—Drs. Engel, Krempasky Smith, Rich, Seago, A.J. Smith, Sullivan, Thompson, Versman, Weber)

The Board of Trustees received the Report of the Special Committee on Financial Affairs just prior to its July 25-27, 2010, session. At that time, the Board transmitted the report to the House of Delegates without a recommendation to give the House members sufficient time to review the Special Committee's report. The Board thanks the Special Committee for its diligent and comprehensive work on this valuable initiative and appreciates the dedication of its members who also made great contributions to the Board's financial committees.

The Board of Trustees reviewed the Report of the Special Committee on Financial Affairs and discussed it prior to a favorable vote at its September 12-14, 2010, session, but suggested that the Reference Committee seriously consider the budget impact of this action. In addition, the transfer of the audit committee functions from the Board to the House of Delegates, with or without a Financial Affairs Council, should be reviewed

for compliance with the ADA *Constitution* and *Bylaws*. Article V of the *Constitution* defines the House as the Legislative and Governing body of the Association and the Board of Trustees as the Administrative body of the Association. Chapter VII, Section 100, E. lists duties of the Board of Trustees which includes the requirement to cause annual audits of the Association's accounts.

The Board of Trustees and management have recognized the need for improvements in fiduciary oversight over ADA and subsidiary entity operations and financial management and have taken many recent actions that have included:

- Hiring a Chief Financial Officer
- Redefinition of Audit Committee roles and responsibilities
- Corrective Action Plans based upon recommendations from the 2009 KPMG report
- Selection of a new External Audit service provider
- Selection of a new Internal Auditor who prepared a Risk Assessment and Internal Audit Plan
- Financial and Tax Review of the ADA Foundation and additional corrective actions
- Introduction of Sarbanes-Oxley compliant internal controls documentation

In the event that this action is found to be out-of-order due to a constitutional or other issue, the Board would suggest to the Reference Committee that an alternative structure to allow continuation of House Member participation on financial committees be considered. The Board recognizes the need and desire to improve its relationship with the House of Delegates.

Resolution 57—Eligibility for Nomination to the Council on Financial Affairs (Worksheet:2081—Revised): The Board transmitted Resolution 57 to the House of Delegates with the recommendation to vote yes. (Vote: 19 Yes—Drs. Calnon, Engel, Faiella, Feinberg, Gist, Krempasky Smith, Long, Low, Manning, Norman, Rich, Seago, A.J. Smith, Steffel, Sullivan, Versman, Vigna, Webb, Weber; 1 No—Dr. Thompson)

Resolution 58—Establishment of Duties of the Audit Committee (Worksheet:2082): The Board transmitted Resolution 58 to the House of Delegates with the recommendation to vote yes. (Vote: 19 Yes—Drs. Calnon, Engel, Faiella, Feinberg, Gist, Krempasky Smith, Long, Low, Manning, Norman, Rich, Seago, A.J. Smith, Steffel, Sullivan, Versman, Vigna, Webb, Weber; 1 No—Dr. Thompson)

Resolution 59—Staff Support to the Council on Financial Affairs (Worksheet:2084—Revised): The Board transmitted Resolution 59 to the House of Delegates with the following comment and recommendation to vote yes. (Vote: 19 Yes—Drs. Calnon, Engel, Faiella, Feinberg, Gist, Krempasky Smith, Long, Low, Manning, Norman, Rich, Seago, A.J. Smith, Steffel, Sullivan, Versman, Vigna, Webb, Weber; 1 No—Dr. Thompson)

Resolution 60—Appointment of a Joint Special Committee of the House of Delegates to Conduct a Sunset Review of the Council on Financial Affairs (Worksheet:2085—Revised): The Board transmitted Resolution 60 to the House of Delegates with the recommendation to vote yes. (Vote: Unanimous)

North Dakota Dental Association Resolution 61—Amendment of the ADA Bylaws: Appropriation of Funds (Worksheet:2118): The Board transmitted Resolution 61 to the House of Delegates with the following comment and recommendation to vote yes. (Vote: Unanimous)

Although this may make it more difficult to pass some resolutions for good programs, the proposed resolution to require a higher, 60%, affirmative vote for resolutions requiring an appropriation of funds will better align the requirement for spending approval with the two-thirds majority required for funding a dues increase and also to better align the approval of budget funding defined by a 60% majority vote proposed by proposed Resolution 62 (Worksheet:2119).

North Dakota Dental Association Resolution 62—Amendment of the ADA Bylaws: Approval of Annual Budget (Worksheet:2119): The Board transmitted Resolution 62 to the House of Delegates with the following comment and recommendation to vote yes. (Vote: Unanimous)

Although this change may make it slightly more difficult to approve the annual budget, this resolution will align the vote required for budget approval closer to the two-thirds vote required for a dues increase. The proposed resolution to raise the affirmative vote required to adopt a budget from 50% plus one vote to 60% will incrementally shift some control over the funding of the ADA from the majority to the minority. Whenever a vote of more than a majority is required to take an action, control is taken from the majority and given to a minority. For example, when a two-thirds vote is required, the minority need be only one-third plus one member to defeat a proposal. This should also better align the approval of budget funding defined by a 60% majority vote proposed by this resolution with the approval of spending which is also defined at 60% by proposed Resolution 61 (Worksheet:2118).

Report 10 of the Board of Trustees to the House of Delegates—Response to Resolution 86H-2009: Review of Investment Policy (Worksheet:2120): The Board transmitted Report 10 to the House of Delegates. (Vote: *Unanimous*)

Report 12 of the Board of Trustees to the House of Delegates—Response to Resolution 85H-2009: Study of ADA Employees' Retirement Plans (Worksheet:2164): The Board transmitted Report 12 to the House of Delegates (*Board of Trustees consent calendar action—No Board Discussion*). (Vote: *Unanimous*)

Report 14 of the Board of Trustees to the House of Delegates—Compensation and Contract Relating to the Executive Director (Worksheet:2235): The Board transmitted Report 14 to the House of Delegates (*Board of Trustees consent calendar action—No Board Discussion*). (Vote: *Unanimous*)

Reports and Resolutions Relating to the Reference Committee on Dental Benefits, Practice and Health

Council on Dental Benefit Programs Substitute for Resolution 2—Amendment of the Definitions of Fraudulent and Abusive Practices in Dental Benefit Plans and Claims (Worksheet:3003a): The Board transmitted the substitute Resolution 2S-1 to the House of Delegates with the recommendation to vote yes on the substitute (*Board of Trustees consent calendar action—No Board discussion*). (Vote: *Unanimous*)

Council on Dental Benefit Programs Substitute for Resolution 5—Statement on Dental Consultants (Worksheet:3021a): The Board transmitted the substitute Resolution 5S-1 to the House of Delegates with the recommendation to vote yes on the substitute (*Board of Trustees consent calendar action—No Board discussion*). (Vote: *Unanimous*)

Council on Dental Practice Supplemental Report 2 to the House of Delegates: Response to Resolution 41-2009—Promoting Wellness for the Profession (Worksheet:3033): The Board transmitted the supplemental report to the House of Delegates (*Board of Trustees consent calendar action—No Board discussion*). (Vote: *Unanimous*)

Council on Dental Practice Supplemental Report 3 to the House of Delegates: Dental Laboratory Issues (Worksheet:3042): The Board transmitted the supplemental report and the appended Resolutions 68-69 to the House of Delegates.

Resolution 68—Amendment to the Policy, “Support of the Dental Laboratory Technician Certification Program and Continuing Education Activities” (Worksheet:3044): The Board transmitted Resolution 68 to the House of Delegates with the recommendation to vote yes (*Board of Trustees consent calendar action—No Board discussion*). (Vote: *Unanimous*)

Resolution 69—Statement to Encourage U.S. Dental Schools to Interact with U.S. Dental Laboratories (Worksheet:3045): The Board transmitted Resolution 69 to the House of Delegates with the recommendation to vote yes (*Board of Trustees consent calendar action—No Board discussion*). (Vote: *Unanimous*)

Council on Dental Practice Supplemental Report 4 to the House of Delegates: Amendment of the ADA Bylaws Regarding the Duties of the Council (Worksheet:3046): The Board transmitted the supplemental

report and appended Resolution 70 to the House of Delegates with the recommendation to vote yes (*Board of Trustees consent calendar action—No Board discussion*). (Vote: *Unanimous*)

Council on Dental Practice Supplemental Report 5 to the House of Delegates: Response to Resolution 46H-2009—Collaboration with Specialty Organization on Workforce (Worksheet:3048): The Board transmitted the supplemental report to the House of Delegates (*Board of Trustees consent calendar action—No Board discussion*). (Vote: *Unanimous*)

Council on Dental Practice Supplemental Report 6 to the House of Delegates: Hearing Loss in the Dental Practice (Worksheet:3051): The Board transmitted the supplemental report to the House of Delegates (*Board of Trustees consent calendar action—No Board discussion*). (Vote: *Unanimous*)

Council on Access, Prevention and Interprofessional Relations Supplemental Report 3 to the House of Delegates: Update on Council Activities (Worksheet:3055): The Board transmitted the supplemental report and the appended Resolutions 80-82 to the House of Delegates.

Resolution 80—Amendment of the Definition of Dental Home (Worksheet:3065): The Board transmitted Resolution 80 to the House of Delegates with the recommendation to vote yes. (Vote: Unanimous)

Resolution 81—Amendment of the Definition of Primary Dental Care Provider (Worksheet:3066): The Board transmitted Resolution 81 to the House of Delegates with the following comment and recommendation to vote yes on the substitute. (Vote: 18 Yes—Drs. Calnon, Engel, Faiella, Feinberg, Gist, Krempasky Smith, Long, Low, Manning, Rich, Seago, A.J. Smith, Steffel, Sullivan, Versman, Vigna, Webb, Weber; 2 No—Dr. Norman, Dr. Thompson)

The Board recognizes the dedication of the Council on Access, Prevention and Interprofessional Relations in review of the current ADA policies and the proposal of Resolution 81. After thoughtful discussion, the Board determined the definition of a primary care provider, as written, limits the type of dentist that may choose to be considered a primary dental care provider. Therefore, the Board recommends adoption of the following substitute resolution.

81B. Resolved, that the definition of Primary Dental Care Provider (*Trans.1994:668*) be amended to read as follows (deletions are shown by strikethroughs):

Primary Dental Care Provider. A licensed dentist who accepts the professional responsibility ~~for the evaluation (including examination), diagnosis, treatment, management and overall coordination of services to meet the patient's oral health needs consistent with the ADA Principles of Ethics and Code of Professional Conduct~~ delivering primary dental care.

Resolution 82—Amendment of the Definition of Primary Dental Care (Worksheet:3068): The Board transmitted Resolution 82 to the House of Delegates with the following comment and recommendation to vote yes on the substitute. (Vote: 19 Yes—Drs. Calnon, Engel, Faiella, Feinberg, Gist, Krempasky Smith, Long, Low, Manning, Rich, Seago, A.J. Smith, Steffel, Sullivan, Thompson, Versman, Vigna, Webb, Weber; 1 No—Dr. Norman)

The Board recognizes the dedication of the Council on Access, Prevention and Interprofessional Relations in review of the current ADA policies and the proposal of Resolution 82. The Board voted to amend Resolution 82 to be consistent with the changes proposed in Resolution 81 (Worksheet:3066) based on the same premise that the definition as proposed limits primary care to that care provided by a general or pediatric dentist. The Board, therefore, recommends adoption of the following substitute resolution.

82B. Resolved, that the definition of Primary Dental Care (*Trans.1994.668*) be amended to read as follows (additions are shown by underscoring; deletions are shown by strikethroughs):

Primary Dental Care. The dental care provided by a licensed dentist, or delegated to be provided by ancillary personnel under the dentist's supervision, to patients beginning no later than age one and throughout their lifetime. Care is directed to The evaluation (including examination), diagnosis, management and overall coordination and/or delivery of services by a licensed dentist to meet the patient's oral health needs for the prevention and treatment of oral disease and injury; and the long term-maintenance of oral health; and the coordination of referral to specialists for secondary and tertiary care when indicated.

Council on Access, Prevention and Interprofessional Relations Supplemental Report 4 to the House of Delegates: Update on the Community Dental Health Coordinator Pilot Program (Worksheet:3070): The Board transmitted the supplemental report to the House of Delegates. (Vote: *Unanimous*)

Council on Access, Prevention and Interprofessional Relations Supplemental Report 5 to the House of Delegates: ADA Accomplishments in Elder Care—Addressing Resolution 5H-2006 (Worksheet:3108): The Board transmitted the supplemental report to the House of Delegates. (Vote: *Unanimous*)

Report 8 of the Board of Trustees to the House of Delegates—Dental Workforce Model: 2008-2030 (Worksheet:3124): The Board transmitted Report 8 to the House of Delegates (*Board of Trustees consent calendar action—No Board Discussion*). (Vote: *Unanimous*)

Reports and Resolutions Relating to the Reference Committee on Dental Education, Science and Related Matters

Council on Dental Education and Licensure Supplemental Report 1 to the House of Delegates: Online Continuing Education Courses for 2011 (Worksheet:4105): The Board transmitted the supplemental report and appended Resolution 63 to the House of Delegates with the recommendation to vote yes. (Vote: *Unanimous*)

Commission on Dental Accreditation Supplemental Report 1 to the House of Delegates: ADA Policies (Worksheet:4107): The Board transmitted the supplemental report and the appended Resolutions 65-67 to the House of Delegates.

Resolution 65—Rescission of Policy on Advanced Educational Programs in General Dentistry (Worksheet:4110): *The Board transmitted Resolution 65 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion).* (Vote: *Unanimous*)

Resolution 66—Amendment of Policy on Urging the Commission on Dental Accreditation to Communicate with Local Communities of Interest (Worksheet:4112): *The Board transmitted Resolution 66 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion).* (Vote: *Unanimous*)

Resolution 67—Amendment of Policy on Single Accreditation Program (Worksheet:4113): *The Board transmitted Resolution 67 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion).* (Vote: *Unanimous*)

Joint Report of the Council on Scientific Affairs and Council on ADA Sessions: Request for Funding of Health Screening Program (Worksheet:4114): The Board transmitted the joint report and appended Resolution 71 to the House of Delegates with the recommendation to vote yes. (Vote: 19 Yes—*Drs. Calnon, Engel, Faiella, Feinberg, Gist, Krempasky Smith, Long, Low, Manning, Norman, Rich, Seago, A.J. Smith, Sullivan, Thompson, Versman, Vigna, Webb, Weber*; 1 No—*Dr. Steffel*)

Commission on Dental Accreditation Supplemental Report 2 to the House of Delegates—CODA Rules Revisions (Worksheet:4120): The Board transmitted the supplemental report and appended Resolution 72 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no

Board discussion). *(Vote: Unanimous)*

Commission on Dental Accreditation Supplemental Report 3 to the House of Delegates—Progress on Implementation of Recommendations in the Report of the Task Force on the Commission on Dental Accreditation (Worksheet:4130): The Board transmitted the supplemental report and the appended Resolutions 73-74 to the House of Delegates.

Resolution 73—Funding for New Commission Appointees (Worksheet:4150): The Board transmitted Resolution 73 to the House of Delegates with the following comment and recommendation to vote no. (Vote: Unanimous)

The Board agrees with a “red-shirt” year for new Commissioners but believes that the organizations represented on CODA should provide financial support for this training. Therefore, the Board supports Resolution 76 (Worksheet:4208) in which ADA pays only for its own appointee, the public member and a student (every other year).

Resolution 74—CODA Funding Model (Worksheet:4151): The Board transmitted Resolution 74 to the House of Delegates with the following comment and recommendation to vote no. (Vote: 19 No—Drs. Calnon, Engel, Faiella, Feinberg, Gist, Krempasky Smith, Long, Low, Manning, Norman, Rich, Seago, A.J. Smith, Steffel, Thompson, Versman, Vigna, Webb, Weber; 1 Absent—Dr. Sullivan)

The Board agrees with the intent of Resolution 74, but supports Resolution 77 (Worksheet:4209) as proposed by the CODA Monitoring Committee because it provides more detail on the financial impact within the resolution.

Report 11 of the Board of Trustees to the House of Delegates—Update on Implementation of Recommendations in the CODA Task Force Report (Worksheet:4192): The Board transmitted Report 11 and the appended Resolutions 75-78 to the House of Delegates.

Resolution 75—CODA Structure (Worksheet:4207): The Board transmitted Resolution 75 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Resolution 76—CODA Commissioner-Appointee Orientation (Worksheet 4208): The Board transmitted Resolution 76 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Resolution 77—New ADA-CODA Funding Model (Worksheet:4209): The Board transmitted Resolution 77 to the House of Delegates with the recommendation to vote yes. (Vote: Unanimous)

Resolution 78—Funding Support for Continuation of the ADA Committee to Assist CODA Implementation of the 2008 ADA Task Force Recommendations (Worksheet:4210): The Board transmitted Resolution 78 to the House of Delegates with the recommendation to vote yes. (Vote: Unanimous)

Seventh and Sixth Trustee Districts Resolution 87—Study Impact of Existing and Emerging Models of Dental Education (Worksheet:4286): The Board transmitted Resolution 87 to the House of Delegates with the following comment and recommendation to vote yes on referral to the Council on Dental Education and Licensure. *(Vote: Unanimous)*

The Board shares the concerns expressed in the background statement and believes that the ADA should facilitate a discussion on these important issues. However, the Board questioned whether such an important and complex topic could be appropriately addressed by the CDEL within its regular meeting schedule. In considering potential participants, the Board noted that other ADA agencies, such as CSA, CAPIR and CDP share the concerns and should participate. Even if external stakeholders covered their own travel expenses, ADA would be likely to incur expenses for extending the length of a CDEL meeting and including internal ADA

agency representatives. The Board believes that due to the importance of this topic, interest in participating among both internal and external agencies and organizations would be high. Meals, refreshments and miscellaneous meeting expenses would be incurred, and such a discussion would require significant staff preparation and administrative support. The Board therefore believes that this resolution should be referred to the CDEL to evaluate the feasibility of conducting a conference on this topic and to develop a more detailed proposal that includes estimated expenses.

Report 13 of the Board of Trustees to the House of Delegates—Status of Resolution 51H-2009—ADA Library on the Web (Worksheet:4288): The Board transmitted Report 13 to the House of Delegates (*Board of Trustees consent calendar action—No Board Discussion*). (Vote: *Unanimous*)

Report of the Task Force on Developing an Advanced Dental Admission Test (Worksheet:4294): The Board transmitted the task force report to the House of Delegates. (Vote: *Unanimous*)

Reports and Resolutions Relating to the Reference Committee on Legal, Legislative and Public Affairs Matters

Third Trustee District Resolution 64—Amendment of the *Manual of the House of Delegates: Guidelines Governing the Conduct of Campaigns for All ADA Offices* (Worksheet:5034): The Board transmitted Resolution 64 to the House of Delegates with the following comment and recommendation to vote no. (Vote: *19 No—Drs. Calnon, Engel, Faiella, Feinberg, Gist, Krempasky Smith, Long, Low, Manning, Norman, Rich, Seago, A.J. Smith, Sullivan, Thompson, Versman, Vigna, Webb, Weber; 1 Yes—Dr. Steffel*)

The Board has empathy for the affordability challenges which smaller districts and constituents encounter with respect to campaigning expenses for running a candidate. However, the Board does not support the elimination of campaign travel because of the value it affords in allowing the members to get to know the candidates. There is a mechanism in place whereby the candidates have the ability to negotiate cost-effective agreements on campaign issues, so campaign receptions can be conservative as to their costs.

Council on Government Affairs Supplemental Report 2—Recent Council Activities (Worksheet:5039): The Board transmitted the supplemental report and appended Resolution 79 to the House of Delegates with the recommendation to vote yes (*Board of Trustees consent calendar action—No Board Discussion*). (Vote: *Unanimous*)

Council on Communications Supplemental Report 1—Recent Council Activities (Worksheet:5044): The Board transmitted the supplemental report and the appended Resolutions 83-84 to the House of Delegates with the following comments.

The Board recognizes and appreciates the update on Council activities provided in this supplemental report including suggested amendment to its mission statement. The Board encourages the Council to review its mission statement to ensure it reflects the advisory and oversight responsibilities of the Council identified in Resolution 83 subsequent to action by the House. (Vote: *Unanimous*)

Resolution 83—Amendment of ADA Bylaws Regarding Duties of the Council on Communications (Worksheet:5047): The Board transmitted Resolution 83 to the House of Delegates with the following comment and recommendation to vote yes on the substitute. (Vote: *Unanimous*)

The Board appreciates the Council's diligence in the review and proposed updating of its duties and the role the Council plays in the oversight of the association's reputation. The Board also recognizes that the activities of other agencies have a direct effect on reputation. Therefore, the Board offers the following substitute resolution, which provides alternative language in line 8 of page 5048 for the originally proposed language reflected in line 15 on page 5047.

83B. Resolved, that Chapter X. COUNCILS, Section 120. DUTIES, Subsection C. COUNCIL ON

COMMUNICATIONS, of the ADA *Bylaws* be amended by revising subsections a through f (new language underscored and deletions stricken through):

C. COUNCIL ON COMMUNICATIONS. The duties of the Council shall be to:

- a. Identify, recommend, and maintain a ~~an external~~ strategic communications plan for the Association. ~~to facilitate other work throughout and on behalf of the Association.~~
- b. Advise on the reputation management of the Association, provide strategic oversight and advise the Association on the ~~external~~ image and brand implications of its plans, programs, services and activities.
- c. Provide counsel to the Association on the priority and allocation of ~~externally focused~~ communication resources, to advise on their implications, and to identify the areas where the greatest strategic communications impact can be achieved.
- d. Identify, recommend, articulate and maintain strategies for significant ~~external~~ communications campaigns across the Association.
- e. Serve as a strategic communications and brand management resource to other Association agencies. ~~on communications to the profession~~
- f. Serve as a resource and to support communications and reputation management strategies for the create, implement, monitor and update an ongoing communication support strategy for the constituent and component dental societies.

Resolution 84—Amendment of the Policy, “Standards for Dental Society Publications” (Worksheet:5049): The Board transmitted Resolution 84 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion) (Vote: Unanimous)

Fifteenth Trustee District Resolution 85—Chief Legal Counsel (Worksheet:5051): The Board transmitted Resolution 85 to the House of Delegates with the following comment and recommendation to vote no. (*Vote: 16 No—Drs. Calnon, Engel, Faiella, Feinberg, Gist, Krempasky Smith, Low, Norman, Rich, Seago, A.J. Smith, Steffel, Sullivan, Versman, Webb, Weber; 4 Yes—Drs. Long, Manning, Thompson, Vigna*)

The Board of Trustees believes that the Executive Director should remain in charge of all ADA staff, including the Chief Legal Counsel. Expanding the responsibilities of the Board members/volunteers could result in increased risk for the ADA on employment matters. If adopted, the resolution would create ambiguity in the reporting relationships of the Chief Legal Counsel as well as for the other ADA attorneys in employ of the ADA. The Chief Legal Counsel is accountable to the Association, not the Board.

Fifteenth Trustee District Resolution 86—Communications (Worksheet:5053): The Board transmitted Resolution 86 to the House of Delegates with the following comment and recommendation to vote no. (*Vote: 16 No—Drs. Calnon, Engel, Faiella, Feinberg, Gist, Krempasky Smith, Low, Norman, Rich, Seago, A.J. Smith, Steffel, Sullivan, Versman, Webb, Weber; 4 Yes—Drs. Long, Manning, Thompson, Vigna*)

The Board has taken some actions that have been implemented to enhance communications between the House of Delegates and Board of Trustees. The Board agrees that open communication should occur but recognizes that at times restrictions on that communication is necessary to protect the Association from legal and financial risk. As part of the \$7 dues increase package in the base budget for the House consideration, we have included the software licenses to replace SiteScape with a new solution. We have found that we can also leverage this solution to enable a secure collaboration area for the HOD as well. This software will allow secure discussion forums, online chat, scheduling session, and a secure ecosystem for HOD collaboration. We recommend that, rather than utilizing electronic mail for this capability, that this collaboration software is leveraged.

As another point of consideration, the industry standard for Board level communications is to have a dual level of authentication (security). An email account does not provide that level of security, therefore opening the HOD to a risk that their communications could be compromised.

Third Trustee District Resolution 88—Nomination and Election Procedures for the Office of Speaker of the House of Delegates (Worksheet:5055): The Board transmitted Resolution 88 to the House of Delegates with the recommendation to vote yes. (*Vote: Unanimous*)

Board of Trustees Resolution 89—Amendment of the ADA Bylaws: Chapter X. Councils. Section 110. Council on Scientific Affairs, Subsection K(e); and Chapter XIII. American Dental Association Foundation, Section 10 and Subsections A and C of Section 30 (Worksheet:5056): The Board transmitted Resolution 89 to the House of Delegates with the recommendation to vote yes. (*Vote: Unanimous*)

Report 16 of the Board of Trustees to the House of Delegates—Bylaws Review of the Treasurer Nomination Process (Worksheet:5072): The Board transmitted Report 16 and appended Resolution 90 to the House of Delegates with the recommendation to vote yes. (*Vote: Unanimous*)

Fifteenth Trustee District Resolution 93—Whistleblower (Worksheet:5079): The Board transmitted Resolution 93 to the House of Delegates with the following comment and recommendation to vote no. (*Vote: 12 No—Drs. Calnon, Engel, Feinberg, Gist, Krempasky Smith, Low, Norman, Rich, A.J. Smith, Sullivan, Versman, Weber; 7 Yes—Drs. Faiella, Long, Manning, Seago, Thompson, Vigna, Webb; 1 Abstain—Dr. Steffel*)

This is a matter of importance to the ADA and the Board believes that the House needs to make an informed decision about the receipt of these reports. The Board is happy to provide the reports to the House of Delegates, provided that the House is fully informed of the risk, responsibility and the potential liability associated with receiving them. In consultation with Speaker, this will be decided by the House in the first session of the House of Delegates. The House will need to weigh the legal risks associated with the disclosure of privileged attorney-client material that, if disclosed, could put the ADA at risk from a legal perspective. If the House votes to not see the material, the Speaker advises that the entire resolution is moot. If the House votes to see the material, the Board, in consultation with the Speaker, has arranged to provide the reports in a secure modality that will minimize the risk of the Association and best protect the interests of ADA as an organization. The Board also wishes the House to know that it has not refused to make the reports available.

Fifteenth Trustee District Resolution 94—Conduct of Meetings and Minutes and Recording of Meetings (Worksheet:5081): The Board transmitted Resolution 94 to the House of Delegates with the following comment and recommendation to vote yes. (*Vote: 12 Yes—Drs. Faiella, Feinberg, Long, Low, Manning, Norman, Rich, Seago, Thompson, Vigna, Webb, Weber; 8 No—Drs. Calnon, Engel, Gist, Krempasky Smith, A.J. Smith, Steffel, Sullivan, Versman*)

The Board of Trustees is in favor of the intent of this resolution which is to support transparency and accountability. However, there are aspects about it that raise some concerns that the Board believes should be addressed by the Reference Committee and the House of Delegates. The Board has no hesitancy and very much supports recording in its minutes Board actions and votes, including how each trustee votes when a vote is not unanimous. The execution of confidentiality agreements by House members who receive privileged or confidential ADA documents helps to protect the interests of the ADA and helps members of the House to remain mindful of their fiduciary responsibilities. When the new web site for members of the House of Delegates is launched, the completion of appropriate “click through” confidentiality agreements will be required in order to gain access to privileged or confidential documents. It will also meet industry standards for dual authentication on Board matters. One concern identified is in the first resolving clause, which directs the Board to conduct all of its business in open session. This will encumber the Board’s ability to manage the affairs of the ADA. There should be a mechanism to allow the Board to have discussions on and actions concerning confidential subject matter in a closed session to protect sensitive information the disclosure of which might result in financial harm to the Association. An example is the selection of future ADA annual sessions meeting sites and the related contract negotiations necessary to protect the ADA’s interests. The exception articulated for attorney-client privileged communications is narrower than the traditional definition of an attorney-client privileged communications, which involves requesting or receiving legal advice. Thus,

under the first resolving clause, matters that would be treated as privileged communications would be made in open session. This would waive the privilege accorded attorney-client communications and could potentially expose the Association to significant legal and financial risk. The resolution also calls for the recording of all motions, votes and actions. The Board recommends the level of detail be clarified to record action votes and not all procedural votes.

Fifteenth Trustee District Resolution 95—Release of Reports (Worksheet:5083): The Board transmitted Resolution 95 to the House of Delegates with the following comment and recommendation to vote no. (*Vote: 19 No—Drs. Calnon, Engel, Faiella, Feinberg, Gist, Krempasky Smith, Low, Manning, Norman, Rich, Seago, A.J. Smith, Steffel, Sullivan, Thompson, Versman, Vigna, Webb, Weber; 1 Yes—Dr. Long*)

In light of the development of Resolution B-181, which called for the development of a secure communications protocol for the House of Delegates, and which will be implemented in part prior to the 2010 House of Delegates, in light of the roll out of a secure communication process which will enable the House to access all documents including reports, confidential and privileged documents within 10 to 14 business days of the receipt and review of the material by the Board, the Board felt the need for this resolution to be moot.

Fifteenth Trustee District Resolution 96—Clarifying the Power of the House of Delegates (Worksheet:5085): The Board transmitted Resolution 96 to the House of Delegates with the following comment and recommendation to vote no. (*Vote: 11 No—Drs. Calnon, Engel, Feinberg, Gist, Krempasky Smith, Low, Norman, Rich, Sullivan, Versman, Weber; 9 Yes—Drs. Faiella, Long, Manning, Seago, A.J. Smith, Steffel, Thompson, Vigna, Webb*)

The Board of Trustees believes it is well versed in its responsibilities to the House of Delegates under the growing documents of the Association and sees this as unnecessary.

Sixth Trustee District Resolution 97—Support of Current Medicaid Law and Regulations Regarding Dental Services (Worksheet:5087): The Board transmitted Resolution 97 to the House of Delegates with the recommendation to vote yes. (*Vote: Unanimous*)

First Trustee District Resolution 99—Conflict of Interest Policy (Worksheet:5089): The Board transmitted Resolution 99 to the House of Delegates with the following comment and recommendation to vote yes on referral. (*Vote: Unanimous*)

The Board appreciates the efforts of the First District to help foster compliance with ADA's conflict of interest policy, as set forth in Chapter VI of the ADA Bylaws. ADA does have other documents that speak to the conflict of interest policy. For example, the *Standing Rules for Councils and Commissions* addresses conflict of interest matters for volunteers on the councils, commissions and committees. The ADA Executive Director indicates that the ADA's employment handbook addresses conflict of interest matters as to the ADA staff. She also points out that the staff are not the decision makers at such meetings. The Board of Trustees believes the Association would benefit by having the Council on Ethics, Bylaws and Judicial Affairs review this proposal with respect to volunteer activities in context with existing policies report on its finding to the Board and the 2011 House of Delegates.

Fifth Trustee District Resolution 100—ADA Support of Repeal of Health Care Reform Legislation (Worksheet:5091): The Board transmitted Resolution 100 to the House of Delegates with the following comment and recommendation to vote yes on the substitute. (*Vote: Unanimous*)

The Board believes that expending valuable lobbying resources on attempting to repeal the new health care law is not a wise approach based upon the low likelihood of success over the next two years. Even if Republicans attain control of the House and Senate, the President will oppose any repeal. In addition, there is a high likelihood that such advocacy would make it harder for the ADA to advocate successfully for legislative and regulatory changes to the new law. The Board believes that advocating for such changes is extremely important. Accordingly, the Board recommends adoption of the Board substitute.

100B. Resolved, that the ADA direct the Washington Office to make it a legislative and regulatory priority to advocate for changes in those provisions in the new health care reform law that deviate from current ADA policy.

Report 9 of the Board of Trustees to the House of Delegates—Response to Resolution 35H-2009—Student Loan Contract Analysis (Worksheet:5093): The Board transmitted Report 9 to the House of Delegates (*Board of Trustees consent calendar action—No Board Discussion*). (Vote: *Unanimous*)

Reports and Resolutions Relating to the Reference Committee on Membership and Planning

Report 15 of the Board of Trustees to the House of Delegates—2010 National Summit on Diversity in Dentistry (Worksheet:6049): The Board transmitted Report 15 to the House of Delegates. (Vote: 12 Yes—*Drs. Calnon, Long, Low, Manning, Norman, Rich, Seago, Steffel, Sullivan, Versman, Webb, Weber*; 8 Absent—*Drs. Engel, Faiella, Feinberg, Gist, Krempasky Smith, A.J. Smith, Thompson, Vigna*)

Reports and Resolutions Relating to the Reference Committee on Dental Workforce

Council on Dental Practice Resolution 43—Amendment to the “Comprehensive Policy Statement on Allied Dental Personnel” (CDP Supplemental Report 1) (Worksheet:7004—Revised): The Board transmitted Resolution 43 to the House of Delegates with the following comment and recommendation to vote no. (Vote: 12 No—*Drs. Faiella, Feinberg, Long, Low, Manning, Norman, Seago, A.J. Smith, Steffel, Versman, Vigna, Webb*; 8 Yes—*Drs. Calnon, Engel, Gist, Krempasky Smith, Rich, Sullivan, Thompson, Weber*)

The Board of Trustees believes that the policy developed by the CDP was conceptually moving in the right direction. However, the majority of the Board noted that the removal of language defining surgical services as delivered only by a dentist was problematic. Additionally, the failure to remove the language in the current policy that allows state boards of dentistry to approve training programs for hygienists, as well as the inclusion of this language for other auxiliaries in the proposed policy, were of concern.

Council on Dental Practice Resolution 44—Amendment to the Policy, “Dentist Administered Dental Assisting and Dental Hygiene Education Programs” (CDP Supplemental Report 1) (Worksheet:7107—Revised): The Board transmitted Resolution 44 to the House of Delegates with the recommendation to vote yes. (Vote: 17 Yes—*Drs. Calnon, Engel, Faiella, Feinberg, Gist, Krempasky Smith, Long, Low, Norman, Rich, Steffel, Sullivan, Thompson, Versman, Vigna, Webb, Weber*; 3 No—*Drs. Manning, Seago, A.J. Smith*)

Council on Dental Practice Resolution 45—Rescission of the Policy, “Opposition to Pilot Programs Which Allow Nondentists to Diagnose Dental Needs or Perform Irreversible Procedures” (CDP Supplemental Report 1) (Worksheet:7018—Revised): The Board transmitted Resolution 45 to the House of Delegates with the following comment and recommendation to vote no. (Vote: 17 No—*Drs. Calnon, Engel, Faiella, Feinberg, Long, Low, Manning, Norman, Seago, A.J. Smith, Steffel, Sullivan, Thompson, Versman, Vigna, Webb, Weber*; 3 Yes—*Drs. Gist, Krempasky Smith, Rich*)

After thoughtful discussion, the Board of Trustees preferred the language in Resolution 92 (Worksheet:7062) which also rescinds this policy and affirmatively addresses pilot programs.

Council on Dental Practice Resolution 46—Amendment to the Policy, “Diagnosis or Performance of Irreversible Dental Procedures by Nondentists” (CDP Supplemental Report 1) (Worksheet:7020—Revised): The Board transmitted Resolution 46 to the House of Delegates with the following comment and recommendation to vote yes on the substitute. (Vote: 19 Yes—*Drs. Calnon, Engel, Faiella, Feinberg, Gist, Krempasky Smith, Long, Low, Norman, Rich, Seago, A.J. Smith, Steffel, Sullivan, Thompson, Versman, Vigna, Webb, Weber*; 1 No—*Dr. Manning*)

The Board of Trustees supports this request. However, the Board concluded that modifications were

needed to clarify a dentist's scope of practice with regard to surgical procedures. Therefore, the Board recommends the following substitute resolution.

46B. Resolved, that the ADA policy on Diagnosis or Performance of Irreversible Dental Procedures by Nondentists (*Trans.*2004:328) be amended as follows (additions are shown by underscoring; deletions are shown by strikethroughs):

Resolved, that the American Dental Association by all appropriate federal ~~legislative~~ and judicial means ~~resist any effort compromising the quality of dental~~ strive to maintain the highest quality of oral health care services by maintaining that the dentist be the healthcare provider that performs evaluations/examinations, diagnoses, and treatment planning, and be it further ~~nondentist to diagnose or perform irreversible dental procedures except as otherwise authorized by state law with reference to physicians.~~

Resolved, that the dentist be the health care provider that performs surgical/irreversible procedures, and be it further

Resolved, that surgical procedures be defined as the cutting or removal of hard or soft tissue.

Sixteenth Trustee District Resolution 53—Amendments to the “Comprehensive Policy Statement on Allied Dental Personnel” (Worksheet:7051—Revised): The Board transmitted Resolution 53 to the House of Delegates with the following comment and recommendation to vote no. (*Vote: 11 No—Drs. Engel, Faiella, Feinberg, Gist, Long, Manning, Seago, A.J. Smith, Versman, Vigna, Webb; 9 Yes—Drs. Calnon, Krempasky Smith, Low, Norman, Rich, Steffel, Sullivan, Thompson, Weber*)

Board of Trustees found the proposed policy makes positive statements regarding the Comprehensive Policy Statement on Allied Personnel. However, the lack of reference to surgical/irreversible procedures as outlined in Resolution 54 (Worksheet:7058), should Resolution 54 not be adopted, leaves a potential void in addressing this important policy matter. The Board has clarified its position on surgical/irreversible procedures in Resolution 46B (Worksheet:7020).

Sixteenth Trustee District Resolution 54—Diagnosis or Performance of Surgical Dental Procedures by Nondentists” (Worksheet:7058—Revised): The Board transmitted Resolution 54 to the House of Delegates with the following comment and recommendation to vote no. (*Vote: 13 No—Drs. Engel, Faiella, Feinberg, Gist, Long, Manning, Seago, A.J. Smith, Steffel, Sullivan, Versman, Vigna, Webb; 7 Yes—Drs. Calnon, Krempasky Smith, Low, Norman, Rich, Thompson, Weber*)

The Board of Trustees is sympathetic to this request. However, replacement of the word ‘irreversible’ with ‘surgical/irreversible’ was preferred by the Board as more descriptive when used to explain this component of a dentist's scope of practice. This language was incorporated in Resolution 46B (Worksheet:7020), which contains language similar to this resolution.

Council on Access, Prevention and Interprofessional Relations Resolution 91—Amendment to the Policy “Opposition to Pilot Programs Which Allow Nondentists to Diagnose Dental Needs or Perform Irreversible Procedures” Worksheet:7060): The Board transmitted Resolution 91 to the House of Delegates with the following comment and recommendation to vote no. (*Vote: 18 No—Drs. Calnon, Engel, Faiella, Feinberg, Long, Low, Manning, Norman, Rich, Seago, A.J. Smith, Steffel, Sullivan, Thompson, Versman, Vigna, Webb, Weber; 2 Yes—Drs. Gist, Krempasky Smith*)

The Board appreciates the efforts of CAPIR in drafting this resolution. After thoughtful discussion, the Board of Trustees preferred the language in Resolution 92 (Worksheet:7062) which rescinds this policy and affirmatively addresses pilot programs.

Seventh Trustee District Resolution 92—ADA Involvement in Pilot Programs and Studies (Worksheet:7052): The Board transmitted Resolution 92 to the House of Delegates with the following comment and recommendation to vote yes on the substitute. (*Vote: 11 Yes—Drs. Calnon, Engel, Low,*

Norman, Rich, A.J. Smith, Steffel, Sullivan, Versman, Webb, Weber; 3 No—Drs. Long, Manning, Seago, 6 Absent—Drs. Faiella, Feinberg, Gist, Krempasky Smith, Thompson, Vigna)

The Board supports Resolution 92, however decided an additional phrase referring to state dental practice acts should be included in the sixth resolving clause. Therefore, the Board recommends the following substitute resolution.

92B. Resolved, that Resolution 24H-2004, item number 13 (*Trans.*2004:291) be amended as follows (additions are underscored):

The ADA is opposed to nondentists or non-licensed dentists making diagnoses, developing treatment plans or performing surgical/irreversible procedures, and be it further

Resolved, that Resolution 93H-2005 (*Trans.*2995:343) opposing pilot programs that are in violation of the existing ADA policy be rescinded, and be it further

Resolved, that the ADA critically review and seek opportunity for input into any pilot program or study that has potential for significant impact on the dental profession, and be it further

Resolved, that the policy of the ADA shall be to encourage discussions/dialogue with government, oral health care organizations or other agencies involved in dental workforce issues or oral health care issues, and be it further

Resolved, that the policy of the ADA shall be to seek funding for Association studies on dental workforce models or oral health care delivery issues or their evaluations, and be it further

Resolved, that the ADA encourages any new member of the dental team proposed in a pilot program be supervised by a dentist (as determined by the individual state dental practice act) and that new member be based upon determination of need, sufficient education and training, and a scope of practice that ensures the protection of the public's oral health.

Miscellaneous House Matters

Annual Reports

The following Annual Report was reviewed by the Board (*consent calendar action*):

ADA Foundation/Research Institute/PRC

Board of Trustees

Special Appearances/Special Orders of Business

Appearance of Dr. Ronald P. Lemmo, Chair of the Special Committee on Financial Affairs: Dr. Lemmo appeared before the Board to speak in favor of the adoption of the resolutions proposed by the Special Committee on Financial Affairs. Dr. Lemmo addressed misconceptions arising from the prior Board meeting and explained that (i) the First Vice-President, and not the Second Vice-President, would sit on the Council on Financial Affairs after having gained one year's experience as a member of the Finance Committee, (ii) the Treasurer and First Vice-President would not be eligible to serve as the Chair of the Council in order to maintain the independence of the Audit Committee, and (iii) the Council's duties would include financial risk management (and not all risk management) of the Association. Dr. Lemmo also reported in detail on the fiduciary responsibilities of House members, the strong need for the Council and the costs associated with forming the Council. Dr. Lemmo also answered questions posed by Board members including, but not limited to, the mission of the Council, duties of the Audit Committee, structure and sunset review.

Appearance of Dr. Roger Triftshauser, Chair of the American Dental Political Action Committee (ADPAC): Dr. Triftshauser delivered a presentation to the Board about the status, recent activities and

future plans for ADPAC. Dr. Triftshauser discussed ADPAC's operation roadmap and strategies to increase association-wide ADPAC communication, to expand giving strategies, to enhance the grassroots program, to comply with FEC regulations and to increase the ADPAC donor base. He explained that the marketing plan focused on dental students, new dentists and ADA membership in four regional selected pilot states: Alabama, Colorado, Connecticut and Texas.

Board Liaison Reports

Report of Dr. Mary Krempasky Smith, Liaison to the Finance Committee: Dr. Mary K. Smith delivered an oral report on the activities of the Finance Committee. She discussed the funding needs of the meeting of the Dental Quality Alliance, the misnomer of the name of the Finance Committee, the proposal to amend the Board rules to appoint House members to the Finance Committee in the event that the financial affairs council is not formed, and developing and posting a webinar to accompany each financial report posted to the ADA website. After the discussion, the Board approved the following resolution.

B-187-2010. Resolved, that the name of the Finance Committee will be changed to Budget and Finance Committee, and be it further

Resolved, that the Finance Committee will be composed of the Treasurer, the First or Second Vice President, two House Delegate members, and four trustees, one from each class not also serving on either the Compensation or Audit Committee, with the senior trustee member serving as chair, and be it further

Resolved, that the Administrative Review Committee will be a subcommittee of the Budget and Finance Committee and will be chaired by the ADA Treasurer. The makeup of the committee will include the President-elect and Executive Director of the Association in addition to the budget and Finance Committee members.

Report of Dr. Dennis E. Manning, Chair of the Audit Committee: Dr. Manning delivered an oral report on the activities of the Audit Committee. He informed the Board that representatives from KPMG and McGladrey would provide an in depth, updated report at the Annual Session and be available at the Opening Session and Reference Committees as a resource. He stated that the ADA Foundation review was complete, that the Audit Committee met with the ADA Foundation interim Executive Director and interim Chief Financial Officer and informed the Board that there was continuing progress on the Corrective Action Plan.

Report of Dr. Charles H. Norman, Liaison to the Council on Members Insurance and Retirement Programs: Dr. Norman delivered an oral report on the activities of the Council on Members Insurance and Retirement Programs. Dr. Norman noted that the Council approved a printing reduction for all of their products based on their current financial security. He noted that he had suggested, and the Council declined, to look at using off sets and their premium reductions for reserves.

Report of Dr. Mary K. Smith, Liaison to Council on Government Affairs: Dr. Smith stated that she did not write the CGA Liaison Report because she did not think it would be appropriate for her to write it. Dr. Smith noted that one council introduced the workforce product and then voted to defeat it. She stated that she believes this sets bad precedence, and that it does not encourage transparency.

Report of Dr. Robert Faiella, Communications Workgroup Update: Dr. Faiella delivered an oral report on the activities of the Communications Workgroup. He reported that the Workgroup had met twice to develop methods to improve electronic communications to the House of Delegates and designed a tiered communications table protocol which outlined levels of sensitivity of information and how it was to be handled. He noted that the new protocol would not apply to intra-district Trustee communication. After the discussion, the Board approved the following resolution.

B-186-2010. Resolved, that the Board of Trustees approve the Electronic Communications to the House of Delegates Protocol, and the tiered communications Table Protocol, and be it further

Resolved, that the Board directs the Division of Legal Affairs and the Electronic Media staff to

implement the protocols for the 2010 House of Delegates as outlined in this report, and be it further **Resolved**, that the Board will post this report and appendices to the House of Delegates section of ADA.org with special consideration for sections noted under attorney-client privilege.

Communications and Marketing

Report of the Council on Communications: Proposed Amendments to the Guidelines Governing the American Dental Association's Corporate Relationships. The Board adopted the following resolution (*consent calendar action*).

B-158-2010. Resolved, that the "Guidelines Governing the American Dental Association's Corporate Relationships," as amended, be adopted.

Note: The Guidelines are included as Appendix 1.

Report of the Council on Communications: Proposed Revisions to the eligibility Recommendations Specific for Nomination to the Council. The Board adopted the following resolution (*consent calendar action*).

B-159-2010. Resolved, that the amended criteria for nomination to the Council on Communications reflecting the Council's new focus and responsibilities be adopted (new language underscored, deletions stricken through):

~~Based on the Council's redefined roles, the~~ The Council recommends to the ADA Board of Trustees ~~the following additional eligibility requirements~~ recommendations specific to the Council on Communications ~~seeks council appointees with significant prior experience at some level of the tripartite in such areas as strategic planning, media relations, serving as a spokesperson, or other similar qualifications. The Council has updated the criteria as follows:~~

1. Substantial service on a tripartite society communications council, committee or task force, or service as a spokesperson ~~or~~ in a ~~another~~ public communications capacity;
2. Experience in strategic thinking and ~~or~~ planning;
3. ~~Specific communications skill sets which will be identified on a need basis, as turnover occurs on the Council, and~~ Experience in risk communications related to health issues;
4. Experience in marketing and public affairs;
5. ~~Comfort with and~~ Experience using current communications technology and
6. Specific communications skill sets which will be identified on a need basis, as turnover occurs on the Council.

Dental Education and Professional Affairs

Informational Reports: The following reports were received by the Board (*consent calendar action*).

Report of Dr. Russell Webb: Commission on Curricular Innovation in Dental Education

Finance

Report on the Status of the 2010 Operating Contingency Fund Report and Approval of Supplemental Appropriation Requests. Dr. Mary K. Smith updated the Board on the activities of the Finance Committee. She informed the Board that she had received a report from the interim CFO and that he would bring the full report to the Board in December. After discussion, the Board approved the following resolutions.

B-181-2010. Resolved, that the following appropriation be made from the 2010 Contingency fund and be allocated to line items in separately listed cost centers, with the exception of capital funding, in accordance with the terms of the supplemental appropriation requests.

Division of Dental Practice/Professional Affairs
(Cost Center 090-1500-XXX)

Funding for a Meeting of the Dental Quality Alliance in October 2010 - \$9,400

B-183-2010, Resolved, that the following appropriation be made from the 2010 Contingency Fund and be allocated to line items in separately listed cost centers, with the exception of capital funding in accordance with the terms of the supplemental appropriation requests.

ADA Foundation
(Cost Center 090-7200-XXX)

Additional Funding for the ADA Foundation - \$95,550

Global Affairs

Report of the Committee on International Programs and Development: ADA Strategic Plan 2011-2014.

The Board adopted the following resolution (*consent calendar action*).

B-156-2010. Resolved, that the *American Dental Association Strategic Plan 2011-2014*, Section on Beliefs, be amended by adding the following to the "Belief Statements."

- *as an active partner in the global dental community we have a responsibility to contribute to improving oral health worldwide*

Government and Public Affairs

Informational Reports: The following report was received by the Board (*consent calendar action*).

Report of the Senior Vice President, Government and Public Affairs: Federal and State Legislative, Regulatory and Public Affairs Update

Information Technology

Informational Reports: The following reports were received by the Board (*consent calendar action*).

Report of the Information Technology Division: Business Continuity Plan
Report of the Information Technology Division: Security in the Members Only Section of ADA.org
Report of the Information Technology Division: Wireless Internet and Intranet for the 2011 House of Delegates

Legal Affairs

Report of the Council on Ethics, Bylaws, Ethics and Judicial Affairs: Further Bylaws Review of the Treasurer Nomination Process. After discussion, the Board adopted the following resolutions:

B-165-2010. Resolved, that CHAPTER VIII, ELECTIVE OFFICERS, Section 30, NOMINATIONS, be amended as follows (additions underscored, deletions stricken):

- B. Nominations for the office of Treasurer shall be made in accordance with the order of business.

The search for Treasurer shall be announced in an official publication of the Association in November of the final year of the incumbent Treasurer's term, together with the recommended qualifications for that position as provided in Chapter VII, Section 100G of these Bylaws. If there is only one (1) eligible candidate for the office of Treasurer, the Board of Trustees shall apply by submitting a standardized Treasurer Curriculum Vitae form to the Executive Director at least one hundred twenty (120) days prior to the convening of the House of Delegates. Each candidate's application shall be reviewed by the Board of Trustees. The Executive Director shall provide all members of the House of Delegates, at least sixty (60) days prior to the convening of the House of Delegates, with each candidate's standardized Treasurer Curriculum Vitae and the determination of the Board of Trustees as to whether the candidate meets the recommended qualifications for the office of Treasurer. Only those candidates shall be nominated from the floor of the House of Delegates. The nominations may be followed by an acceptance speech not to exceed four (4) minutes by the each candidate from the podium, according to the protocol established by the Speaker of the House of Delegates. If there are two (2) or more eligible candidates for the office of Treasurer, the Board of Trustees shall nominate at least two (2) and not more than three (3) candidates from the floor of the House of Delegates by a simple declaratory statement for each nominee, which may be followed by an acceptance speech not to exceed four (4) minutes by the candidate from the podium, according to the protocol established by the Speaker of the House of Delegates. Seconding a nomination is not permitted. No further nominations for the office of Treasurer shall be accepted from the floor of the House of Delegates. If there are no eligible candidates for the office of Treasurer when the House of Delegates meets, the term of the incumbent Treasurer shall be extended by one (1) year. Should the incumbent Treasurer be unwilling or unable to serve an additional one (1) year term, the office of Treasurer shall be filled in the same manner as provided in Chapter VIII, Section 80 of these Bylaws. Under these circumstances, former Treasurers of this Association would be eligible to serve as Treasurer *pro tem* for one (1) additional year.

and be it further

Resolved, that CHAPTER VIII, ELECTIVE OFFICERS, Section 50., TERM OF OFFICE, be amended as follows (additions underscored, deletions stricken):

Section 50. TERM OF OFFICE: The President, President-elect, First Vice President, Second Vice President and Speaker of the House of Delegates shall serve for a term of one (1) year, except as otherwise provided in this chapter of the Bylaws, or until their successors are elected and installed. The term of office of the Treasurer shall be three (3) years, or until a successor is elected and installed. The Treasurer shall be limited to two (2) consecutive terms of three (3) years each-, excepting the case of a former Treasurer who has been elected Treasurer *pro tem* as provided in Chapter VIII, Section 30 of these Bylaws, who may serve one (1) additional year.

and be it further

Resolved, that CHAPTER VIII, ELECTIVE OFFICERS, Section 80. VACANCIES, Subsection A. VACANCY OF ELECTIVE OFFICE be amended as follows (additions underscored, deletions stricken):

- A. VACANCY OF ELECTIVE OFFICE: In the event the office of President becomes vacant, the President-elect shall become President for the unexpired portion of the term. In the event the office of President becomes vacant for the second time in the same term or at a time when the office of President-elect is also vacant, the First Vice President shall become President for the unexpired portion of the term. In the event the office of First Vice President becomes vacant, the Second Vice President shall become the First Vice President for the unexpired portion of the term. A vacancy in the office of the Second Vice President shall be filled by a majority vote of the Board of Trustees. In the event of a vacancy in the office of Speaker of the House of Delegates, the President, with approval of the Board of Trustees, shall appoint a Speaker *pro tem*. In the event the office of President-elect becomes vacant by reason other than the President-elect

succeeding to the office of the President earlier than the next annual session, the office of President for the ensuing year shall be filled at the next annual session of the House of Delegates in the same manner as that provided for the nomination and election of elective officers, except that the ballot shall read "President for the Ensuing Year." A vacancy in the office of Treasurer shall be filled by a majority vote of the Board of Trustees until the process of inviting applications, screening and nominating candidates and electing a new Treasurer has been completed by the Board of Trustees and the House of Delegates. The Treasurer *pro tem* shall be eligible for election to a new consecutive three (3) year term. The newly elected Treasurer shall be limited to two (2) consecutive terms of three (3) years each-, excepting the case of a former Treasurer who has been elected Treasurer *pro tem* as provided in Chapter VIII, Section 30 of these Bylaws, who may serve one (1) additional year.

and be it further

Resolved, that CHAPTER VII, BOARD OF TRUSTEES, Section 100., DUTIES, Subsection G. be amended as follows (additions underscored, deletions stricken):

G. Establish recommended qualifications for the office of Treasurer.

so that the recited Sections of the *Bylaws* as amended read as appears in APPENDIX 1 appended to this report. A timeline of the process outlined in this report appears in APPENDIX 2 appended to this report.

Membership/Tripartite Relations/Marketing

Report of the Standing Committee on Diversity: Additional Resolutions Subsequent to the 2010 National Summit on Diversity in Dentistry. Dr. Calnon reported on the direction of the Standing Committee on Diversity. He informed the Board that the current direction was to move toward the ADA acting as an umbrella or over-arching organization for all of the associations which are centered on membership with diverse groups of dentists. The Board adopted the following resolutions after the discussion.

B-169-2010. Resolved, that ADA collaborate with the Hispanic Dental Association, National Dental Association and Society of American Indian Dentists to implement a communications strategy to alert members and volunteers to the Web page for the National Summit on Diversity in Dentistry as an information resource on history, current efforts and potential collaboration for advancing diversity and inclusion in the profession, and for reducing disparities in oral health status across diverse populations.

B-170-2010. Resolved, that the Diversity Committee in consultation with the President, appropriate agencies, and other associations, develop and offer a cultural competency educational program as part of the Board orientation program for 2011,
and be it further

Resolved, that a supplemental request for funding as needed will be presented to the Board of Trustees in 2011.

B-171-2010. Resolved, that the Strategic Planning Committee be encouraged to invite national associations with memberships centered in diverse populations of dentists to identify and/or comment on key trends they observe among their members.

B-172-2010. Resolved, that with collective insights from the 2010 National Summit on Diversity in Dentistry, the ADA implement a communications approach with the following objectives:

- A celebration of Dr. Raymond Gist's investiture as the first African American president of the American Dental Association.
- A reaffirmation that forty-five years ago, when Dr. Gist was a dental student, another ADA House

- of Delegates took action to definitively end membership discrimination anywhere in the Tripartite.
- An acknowledgement that since then, not just membership, but leadership positions in the Tripartite have been open to all.
- A public apology to dentists for ADA's taking until 1965 to strongly enforce non-discriminatory membership practices.
- An expression of the collaborative commitment to move the dental profession and the oral health of the public forward to new heights among ADA, Hispanic Dental Association, National Dental Association, Society of American Indian Dentists and a growing number of other national dental organizations.

Organizational/Other

Statement of Qualifications of Additional Nominees to Councils and Commissions. The Board adopted the following resolution (*consent calendar action*).

B-160-2010. Resolved, that the nomination of Gregory L. Baber to the Council on Access, Prevention and Interprofessional Relations; William E. Chesser to the Council on Communications; and Wayne L. Yarbrough to the Council on Members Insurance and Retirement Programs, be approved and transmitted to the House of Delegates.

Appointment of ADA Council Chairs, 2010-2011. The Board adopted the following resolutions (*consent calendar action*).

B-161-2010. Resolved, that the following individuals be appointed to serve as chairs for the 2010-11 term.

Dr. Gary S. Davis, Council on Access, Prevention and Interprofessional Relations

Dr. Josef N. Kolling, Council on Communications

Dr. Christopher J. Smiley, Council on Dental Benefit Programs

Dr. Brian T. Kennedy, Council on Dental Education and Licensure

Dr. Steven O. Glenn, Council on Dental Practice

Dr. Rodney B. Wentworth, Council on Ethics, Bylaws and Judicial Affairs

Dr. Matthew J. Neary, Council on Government Affairs

Dr. Virginia Hughson-Otte, Council on Membership

Dr. D. Douglas Cassat, Council on Members Insurance and Retirement Plans

Dr. John W. Hellstein, Council on Scientific Affairs

Dr. Robert S. Leland, Committee on the New Dentist

Amendment of the *Organization and Rules of the Board of Trustees*. Various members of the Board discussed updates to the *Organization and Rules of the Board of Trustees*. Drs. Gist, Sullivan and Soliday provided background to the resolutions and Dr. Gist discussed the purpose of closed sessions versus privileged sessions. Dr. Sullivan discussed the timing of the approval of the President and President-elect contracts and the reimbursement of the immediate past President, the ADA Humanitarian Award and other issues. After discussion, the Board referred Resolution B-180-2010 to the Board Rules Workgroup (with input from the Legal division) and adopted the following resolutions.

B-173-2010. Resolved, that the Organization and Rules of the Board of Trustees be amended in the Section entitled "Rules of Procedures," subsection "Closed Sessions," by the addition of the words " , and without the Chief Legal Counsel, when appropriate" following the words "ensuing year."

Closed Session: A closed session may be held to discuss a highly confidential matter(s) if agreed upon by a majority vote of those present at the meeting at which the closed session would take place. Attendance is limited to Board members, elective officers, the Executive Director, Chief Legal Counsel, and other staff as the Board may decide; provided, however, that the Board

may hold a closed session(s) without the Executive Director if the sole purpose is to evaluate the duties and quality of performance of the Executive Director and/or establish compensation for the Executive Director for the ensuing year. The Board of Trustees reserves the right to designate the legal counsel present during the closed session.

B-174-2010. Resolved, that the *Organization and Rules of the Board of Trustees*, Section on “Reimbursement of Travel, Maintenance and Other Expenses,” subsection “Contracts with the President and President-elect” be amended by the addition of the following sentence (new text is underscored):

Contracts with the President and President-elect: The Association shall offer one-year contracts to the President and President-elect providing for payments to them in such amounts as the Board of Trustees may determine and for reimbursement for all expenses incurred by the President and President-elect relating to the conduct of official business. Expenses of the President and President-elect shall include expenses incurred by them for attendance at sessions of the Board of Trustees and House of Delegates, travel incident to other contractual assignments and responsibilities, handling of correspondence, routine office expenses, travel expenses for their spouses on official business, and entertainment. The contracts shall provide that the President and President-elect shall not accept reimbursement or honoraria from any constituent or component society. The contracts of the President and President-elect will be approved by the Board of Trustees at its first meeting following the annual session.

B-175-2010. Resolved, that the *Organization and Rules of the Board of Trustees*, section on “Reimbursement of Travel, Maintenance and Other Expenses,” be amended by deletion of the following subsection “Reimbursement of Immediate Past President.”

B-176-2010. Resolved, that the *Organization and Rules of the Board of Trustees*, Section on “Policies on Nominations, Appointments and Consultants,” subsection on ADA Humanitarian Award, be editorially amended in the second paragraph by deleting the words “or Chief Operating Officer” so the amended sentence reads:

The Association’s Executive Director will chair the Committee and will be an active participant with the right to vote only in the case of a tie vote.

B-177-2010. Resolved, that the *Organization and Rules of the Board of Trustees*, Section on “Standing Committees,” subsection on “Information Technology Committee” be amended in the paragraph entitled “Composition” to identify the senior trustee as chair of the Committee.

Composition. The Information Technology Committee shall consist of four trustees with expertise in the area of technology, representing each trustee class, the President-elect and President, with the senior trustee member serving as chair.

B-178-2010. Resolved, that the *Organization and Rules of the Board of Trustees* be amended in the Section “Standing Committees,” subsection on “Committee on International Programs and Development,” so that it reads as follows (additions are underscored; deletions struck through):

Committee on International Programs and Development (CIPD)

Mission. To advise the ADA Board of Trustees and ADA agencies regarding the ADA’s international activities, the alignment of these activities with the International Strategic Approach, the Association’s strategic plan, and the positioning of the ADA as an active partner in the global oral health arena, with the ultimate goal of contributing to improvements in improving global oral health.

Composition (ten members)

- Chair of the ADA International Development Subcommittee
- A member of the international oral health development community
- A member of the international oral health scientific research community
- A member of the international dental education community
- A member of the dental industry with experience in international business
- Two members of the ADA with broad international experience/expertise, at least one of whom is a private practitioner
- A member of the Board of Trustees who is currently involved in FDI activities
- A member of the ADA who has graduated from dental school less than ten (10) years prior to appointment to the Committee, and who has participated in overseas volunteerism, international development projects and/or other experience working or living overseas
- ADA Chief Policy Advisor
- (The ADA President and President-Elect shall serve as ex officio).

Members will be appointed by the President on the basis of their abilities to inform the Committee, provide insight, and make recommendations on international issues affecting the profession.

Chair. The President shall annually appoint a chair for the Committee.

Term. The term for Committee members would be four years and they would be eligible for a second four-year term.

Meetings. The Committee will meet at least once annually (in person or through electronic or telephonic means).

Duties.

- Advise and ~~provide an overview to update~~ the Board of Trustees on matters regarding international oral health in order to improve alignment between the International Strategic Approach and its international humanitarian, IP/content, and business initiatives and the ADA strategic plan, and its international humanitarian, IP/content, and business initiatives and commitments.
- Guide and foster the ADA's interactions with international organizations that are committed to improving worldwide oral health in order to ensure the ADA is an active partner in the global dental community.
- Identify opportunities and develop ideas for ADA participation in international programs and meetings that will advance the status of the dental profession and contribute to the worldwide exchange of knowledge, ~~and experience in oral health matters.~~
- Provide oversight and direction to the International Development Subcommittee, the International Business Development Staff Workgroup and the Division of Global Affairs on issues pertaining to international humanitarian, IP/content and business initiatives.
- Identify business opportunities, including those involving intellectual property, and refer them to the appropriate ADA agencies for development.

B-179-2010. Resolved, that the *Organization and Rules of the Board of Trustees*, Section "Standing Committees," subsection on "Strategic Planning Committee" be amended as follows (additions are underscored; deletions are struck through):

Strategic Planning Committee

Composition. The Strategic Planning Committee (SPC) shall consist of one trustee from each class; the President-elect; four at-large members with strategic planning experience; two liaison positions; the ADA Executive Director; and one senior manager. At large and liaison positions shall be appointed by the President, from diverse populations, including a new dentist with

ten years or less professional experience. At large members shall include new to mid-career dentists, who have not served previously on the SPC in any other capacity, including former ADA officers and trustees, with the exception of former liaison representatives of the Committee on the New Dentist. The two liaison positions, one of which shall be a member of the Committee on the New Dentist, shall be appointed by the President and approved by the Board of Trustees on an annual basis. The composition of the committee should reflect the inherent diversity of the membership, selected from diverse populations and with new to mid-careers in dentistry, who, except for former Committee on the New Dentist representatives, have not served previously on the SPC in any other capacity including former ADA officers and trustees, appointed by the President; one member of the Committee on the New Dentist; the ADA Executive Director; and one senior manager selected by the Executive Director.

Term. The terms of service for members of the Committee are as follows: the trustee members of the Committee shall serve until the conclusion of their term as trustees; the President-elect shall serve one year; the four at-large members shall be appointed to staggered terms of one to four years; the ~~Committee on the New Dentist member~~ liaison members shall serve a one-year term; and the senior manager will be appointed annually by the Executive Director.

Chair. The chair of the Strategic Planning Committee shall be appointed by the Board of Trustees from the Committee's at-large members who shall have preferably served at least two years on the Committee prior to appointment as chair. ~~The term of chair shall be coterminous with the duration of the planning cycle, subject to the discretion of the Board of Trustees. Annually, the Committee shall make a recommendation to the Board of Trustees on nominees for chair and vice chair.~~

Report of the Board Workgroup on Long-Term Considerations for Governance. The Board adopted the following resolution.

B-154-2010. Resolved, that the ADA develop an RFP (request for proposal) to commission an external review process of the governance structure of the ADA for approval of the 2011 HOD. This review would include the following:

1. Review of current governance structure including review all background materials.
2. Self assessment.
3. Recommendation of new models of governance process including, roles and responsibilities, communication, accountability and structures, to sustain future ADA success.

The RFP would exclude any review of delegate/alternate apportionment.

Motion to Rescind Resolution B-45-2010. The Board adopted a motion to rescind Resolution B-45-2010.

Motion to Have the Diversity Summit Testimonials Available. The Board adopted a motion to have the testimonials from the diversity summit available during the December 2010 Board meeting.

Informational Reports: The following reports were received by the Board (*consent calendar action*).

Report of the President
 Report of the President-elect
 Report of the Board Workgroup on Long-Term Considerations for Governance
 Report of the Executive Director

Adjournment

The regular session of the Board of Trustees was adjourned for the purpose of convening the Member

Meeting of the ADA Foundation.

The Board of Trustees adjourned *sine die* on September 14, 2010 at 3:40 p.m. Central Daylight Savings Time.

Appendix 1

Guidelines Governing the American Dental Association's Corporate Relationships

As the premier professional organization representing dentistry as well as the nation's leading advocate for the public's oral health, the ADA is presented with frequent opportunities for collaboration with for-profit corporations in connection with oral health related programs, such as public awareness and fund raising campaigns. In many instances the ADA is approached by outside entities proposing such relationships, and in other cases the ADA may itself actively seek corporate sponsors or joint venture opportunities.

When governed in accordance with the ADA's Mission and Vision Statements as well as these Guidelines that flow from them, such collaborative relationships can result in synergies that greatly benefit the public while at the same time enhance and advance the ADA's longstanding reputation for science based objectivity and professional integrity. The overarching consideration when evaluating potential involvement with a for-profit corporation in a corporate relations setting is that any such involvement must reinforce rather than compromise the ADA's foundational precepts.

In pursuing or responding to corporate relations opportunities ADA staff must always evaluate them from the ADA's perspective. An outside corporate entity never becomes the "client" of an ADA staff member in any sense of that word, no matter how closely staff may work with the corporate entity's employees on a potential collaborative program, how cordial discussions with corporate personnel are, or how attractive the corporate opportunity may appear. Although this may seem self-evident, it is important to continually remind oneself of this because employees of for-profit corporations will assuredly, and appropriately, seek to maximize the benefits available to their employer from a relationship with the ADA. ADA staff, therefore, must do the same for the ADA.

The numbered Guidelines that follow are intended to be specific and practical. While additional guidance concerning the ADA's corporate relations policies and procedures is to be found in other ADA documents, such as the documents of Agreement that formalize the various types of corporate relationships that the ADA enters into, these Guidelines comprise the controlling principles to be used both for evaluating potential corporate relationship and joint venture opportunities as well as for administering those that are eventually undertaken.

The admonition that these Guidelines are to be referred to and used by ADA staff in every corporate relationship setting cannot be over emphasized. Merely paying lip service to the Guidelines will subvert their vital purpose and so placing them on a shelf to gather dust will not be tolerated. The fact is, actively and consistently applying the Guidelines will greatly assist in managing the expectations of potential corporate participants, thereby heading off misunderstandings at the "front end" that might otherwise squander ADA resources – and even threaten to diminish the ADA's reputation – if they had to be rectified at the "back end."

1. Any relationship that the ADA enters into with a for-profit corporation must be wholly consistent with the ADA's Mission and Vision Statements which are, respectively:

ADA Mission Statement

The ADA is the professional association of dentists committed to the public's oral health, ethics, science and professional advancement; leading a unified profession through initiatives in advocacy, education, research and the development of standards.

ADA Vision Statement

The American Dental Association: The oral health authority committed to the public and the profession.

This first and overarching Guiding Principle should make it apparent that no matter how lucrative they might be or how much free press they might garner for the ADA there are certain corporate relationships that would be totally unacceptable to it. For example, a corporate alliance with a tobacco or alcoholic beverage company would not be in keeping with ADA core values.

In addition, because of the singular position the ADA enjoys in the oral health field and the fact that millions of people look to it for objective, science-based answers to their questions about oral health issues, it must always be absolutely clear to everyone that the ADA does not endorse products, including those of its corporate sponsors, and that its name and reputation are not for sale.

2. Corporate relationship opportunities are to be presented to and evaluated by the permanent Corporate Relations Work Group comprising two Board members appointed by the ADA President. The Work Group must be informed and kept frequently updated about any potential corporate relations opportunity from the time an initial contact is made with the potential corporate sponsor candidate.
3. Although it has become a very loosely and widely used marketing term, the word “partner” can carry significant legal implications and should be used only where explicit authorization has been given to do so by the Board of Trustees. The term “Strategic Partner” is an instance where use of the term has been approved because it has a clearly defined meaning in the ADA Corporate Relations program. Terms that may be appropriate to describe the ADA’s involvement with third-party for profit entities include: “working with,” “sponsor,” “co-sponsor,” “collaborative,” “cooperative,” “aligned,” “participate with,” and “joint effort.” The use of proper terminology is especially important in the corporate relations context because the associated activities so frequently have a high public profile.
4. **The Seal of Acceptance Program** and the corporate relations function must operate wholly independently from one another, and preservation of the Seal Program’s reputation for integrity and objectivity must take precedence over any corporate relations consideration. All inquiries regarding the ADA Seal of Acceptance program are to be directed to Science and not discussed by any other staff unless Science staff requests input. This is **always** to be the case regardless whether the company whose product(s) has/have been awarded the Seal, or which has applied for the Seal, is also, e.g., a Strategic Partner, CE Sponsor, or is cooperating with the ADA in a public awareness campaign.

For decades, the Seal of Acceptance has truly represented the gold standard for certification mark programs in which an organization having acknowledged expertise in a particular field evaluates the products of entities unrelated to it and, if a product meets the organization’s published standards, the producing entity is permitted to display the organization’s certification mark on the qualifying product. In a legitimate, trustworthy certification mark program like the Seal program, all applicants for certification must be treated equally. No aspect of the certification process, such as how long the deliberations over a particular submission take, can be influenced by corporate contributions or sponsorships.

Obviously, any corporate relationship activity that may give the impression that the “Seal is for sale” must be avoided at all costs. Determinations by the Council on Scientific Affairs concerning whether to award the Seal to a particular product are always made purely on the basis of the Council’s scientific evaluation, and anything that might undercut that impression

is inimical to the greater interests of the ADA.

5. In keeping with the principles described in #3 immediately above, advertisements for products bearing the Seal must be submitted to the ADA prior to publication and are to be critically reviewed by Science staff regardless of where they are to be published. The ads are to be evaluated *solely* by the Science Division, except in those instances that require consultation with other expert areas within the ADA. Companies whose products have been awarded the Seal of Acceptance are given explicit instructions concerning how the Seal may be used in product advertising and on labels, and must sign the Seal Agreement in which they agree, among other things, to be bound by those instructions or risk losing their product's Accepted status.
6. Any advertising submitted to an ADA publication should be reviewed by content experts, namely, Science, Practice, and Legal, before it appears. The fact that a company contributes financially to the ADA has no bearing on whether an advertisement suffers from science, image, or legal deficiencies. The potential income that may be derived from an advertisement or from future advertising by the same advertiser is also irrelevant when determining whether an advertisement meets the ADA's advertising standards. Advertisers may be asked to confirm certain advertising claims in writing, which writing may be required to include supporting technical references and details. In connection with financial offerings or sweepstakes, advertisers may be asked to confirm in writing that they have complied with all federal and state statutes and regulations concerning such offerings.

Advertising review is a crucial corporate relations task that is central to maintaining the ADA's stellar reputation. The ADA's goal with respect to advertising in its publications or on its website or in special advertising vehicles such as blast emails to members is to provide ADA members and other readers with dependable information about a wide range of products and services. Advertisements containing representations that the advertiser cannot support with credible scientific or technical information can mislead readers and are unfair to other ADA advertisers who refrain from making overblown, unsubstantiated claims.

7. The ADA Foundation, qualifying under section 501(c)(3) of the Internal Revenue Code, is the ADA's charitable arm and, as such, should exist separately from the Corporate Relations activities of the ADA, a 501(c)(6) entity. There should be arms-length dealing between these two separate entities, preferably with separate legal counsel for each being present when appropriate. In any instance where it is proposed that the ADA or the ADA Foundation provide services or other benefits to the other, such proposal should be reviewed by Legal and, if approved from the legal perspective, should be memorialized in a Letter Agreement or other contract document.

Although there will frequently be close interaction between ADA and ADA Foundation staff, there are important tax and other legal reasons for maintaining two separate entities. Indeed, it is because of the special legal treatment available to a properly constituted and administered charitable foundation that the ADA established the ADAF in the first place. Despite the facts that the respective entities are headquartered in the same building and the Foundation and its staff are integral to the ADA's mission and culture, it is extremely important to observe the legal separation of the Foundation from the ADA even though the distinction itself and the practical steps necessary to preserve it may sometimes appear formalistic or even trivial.

8. No ADA staff at any level is permitted to agree to an express or implied product endorsement in the absence of express Board approval.

Rarely, if ever, will the ADA endorse a for-profit entity's product or services, and only the

Board of Trustees has the authority to take such a step. While it may be unlikely that ADA staff would ever make a positive, albeit ineffective, representation that the ADA would endorse a product or service in connection with a corporate relations undertaking, it is imperative that staff members choose their language very carefully when communicating with a for-profit entity to make sure that the entity is under no misapprehension about the subject. All too often what one party thinks it is saying and another party thinks it is hearing are quite different. The ADA's strict "no endorsement" policy should be explained politely but unambiguously during the initial discussions with a potential corporate sponsor. After all, there is no value in wasting everybody's time engaging in negotiations that are based on mistaken understandings and assumptions.

9. In connection with collaborative public awareness campaigns with for-profit entities, Science, Practice, and Legal are to review all campaign related advertisements in accordance with the provisions contained in the ADA standard Agreement used for such collaborative relationships, and to review any product or service advertising conducted by the corporate cosponsor(s) of the campaign during the campaign's pendency. In the latter case, such review shall be aimed at ensuring that no statements or claims are made that are contrary to ADA policies or positions, or that the ads are so similar to advertising materials for the campaign that they blur the distinction between the campaign and the for-profit's commercial activities, or that in any other way might compromise the interests of ADA members.
10. Corporate Relations, which may be approached concerning potential public awareness campaigns or may be involved in identifying potential opportunities for such campaigns, shall report to the Board of Trustees concerning such potential opportunities, regardless of the preliminary stage of the evaluation process, at the next regular Board Meeting following the identification of such potential opportunity and shall provide status updates thereafter in subsequent Corporate Relations Board Reports. Also, from the preliminary stage onward, Corporate Relations shall seek Legal, Science, and Practice input concerning evaluations of potential corporate relations opportunities.
11. Staff is not permitted to make "verbal agreements" with any third party in connection with potential or ongoing corporate relationships.

There shall be no oral or written agreements made by staff in connection with a corporate relationship and that purport to override or contradict the formal Agreement establishing the corporate relationship unless approved in advance by the Board of Trustees. For example, all corporate relations agreements used by the ADA will clearly provide that the ADA has sole discretion over the use of its name, trademarks, and issued statements, that it is entitled to review all materials containing such ADA property prior to publication in connection with the corporate relationship, and that the ADA's word on the subject is final. Any supposed waiver of these requirements or of any part of them, by ADA staff without prior approval by the Board of Trustees would be void and may constitute grounds for employee discipline.

12. Formal negotiations concerning potential corporate relationships are to include participation by Legal from the outset.
13. From time to time as the Board of Trustees may direct, the Legal Division, with input from the appropriate agencies, shall review, revise, and supplement these Guidelines and/or other protocols, standard agreements, and procedures governing the ADA Corporate Relations Program.
14. Regardless how closely ADA staff may work with their counterparts at a for-profit entity in connection with a corporate relations activity, staff should never share internal communications such as emails, memos, or reports with such entities unless prior approval to

do so has been obtained from the Executive Director and Legal. In no event should an email chain containing emails from an ADA attorney ever be provided to non-ADA personnel.

15. Any undisclosed relationship that an ADA member has with a for-profit entity that is being evaluated by the ADA in connection with a potential corporate relationship constitutes a potential conflict of interest and should be immediately reported to the ADA. In addition, a conflict of interest situation would arise if a potential or existing corporate sponsor offers, whether expressly or by implication, any special benefit or consideration to an ADA staff member. Any such offer should be declined and immediately reported to the ADA.
16. To ensure coordination of contacts with industry, the Division of Corporate Relations & Strategic Marketing Alliances should be consulted before contacting potential sponsors with sponsorship or funding requests. Such contacts that are initiated by industry should be reported to CRSMA before being acted on. This is intended to prevent different ADA operational areas from approaching the same company with sponsorship or funding requests without regard for a coordinated strategy. That strategy should reflect the prioritization of sponsorship needs, which is done annually by the Corporate Relations Advisory Committee. That ranking will be provided to senior management and the Board of Trustees annually, and listings of current sponsorships will be provided monthly. Solicitation of sponsorships by volunteers also is subject to these requirements, and all councils should be reminded annually of the ADA's Guidelines Governing the ADA's Corporate Relationships. This guideline does not apply to communications between the ADA and industry on issues related to the ADA Seal.

Definitions and Concepts Used in Connection With ADA Corporate Relations

Nonprofit organizations are increasingly supplementing their fundraising and public communications efforts with new marketing strategies. At the same time, for-profit corporations are sensitive to the fact that their customers and shareholders expect them to be responsible corporate citizens, not just by refraining from doing harm, but **also by positively engaging in issues of public concern. These developments have** created a situation wherein nonprofits are increasingly finding themselves being courted by for-profit companies with proposals for “strategic partnerships” or “marketing alliances,” that are billed as attractive ways for the nonprofits to increase revenue or charitable giving as well as to heighten their public profiles.

But because of the vastly different natures of nonprofit organizations, on the one hand, and for-profit corporations, on the other hand, it is sometimes the case that for profits are more savvy when it comes to sophisticated consumer marketing than are nonprofits. It is also important to note again that the legitimate goal of a for-profit entity is to maximize its sales. This can lead to problems for a nonprofit participant unless clear definitions of various marketing terms are understood by both sides. For example, as is explained further below, what the ADA means when it uses the term “co-branding,” may be quite different from what a corporate sponsor or collaborator would like it to mean. While it is usually merely a matter of two equally valid but different perspectives, where such different perspectives may conflict, it is the job of ADA staff to make sure that the ADA's perspective prevails in order to protect the ADA's interests in its reputation and image. Staff involved in any aspect of corporate relations should thus have a working knowledge of these terms as they are defined and applied in the context of the ADA's corporate relationships.

The marketing terms most likely to be encountered in connection with ADA corporate relationships are:

Cause-Related Marketing—In cause-related marketing (“CRM”) a for-profit corporation and a nonprofit organization publicly associate with the expressed intention of promoting at least one of the

company's products or services. A portion of the sales revenue for the identified products or services is then donated by the company to the nonprofit or to an identified charitable cause supported by the nonprofit. CRM allows a corporate sponsor to enhance its brands' images and increase sales while, at least in theory, the nonprofit partner obtains additional funding and name recognition. CRM became a common marketing concept when in 1983 American Express promised to make a contribution to the Statue of Liberty restoration effort for every use of an American Express Credit Card. Advertising for products involved in a CRM campaign usually include statements such as: "For every _____ sold, a contribution will be made by [name of corporation] to the [name of nonprofit entity]" or "[name of corporation] will donate 5¢ from the sale of each _____ to the _____ [name of nonprofit entity]."

The ADA and the William Wrigley Company entered into a CRM agreement in which, during a given period, Wrigley agreed to donate a percentage of its sales of certain Accepted chewing gum products to the Give Kids A Smile program.

CRM should not be confused with "product endorsement" or "co-branding" even though the nonprofit's name is used in connection with the sale of the for-profit corporation's product. This is because the advertising for a properly administered CRM campaign makes clear the relationship between the for-profit corporation and the non-profit organization and the basis for the campaign. So long as the products that form the basis for a CRM campaign are not contrary to the ADA's policies and positions, opportunities for such campaigns can be explored. As with any other potential corporate relationship, CRM proposals must be evaluated to determine whether they would compromise the ADA's reputation by, for example, creating the appearance that the association has been "bought off." If there is the possibility of such an appearance then the opportunity must be declined no matter how lucrative it may appear.

CRM is not "social marketing," which is the use by nonprofits to impact societal behavior such as "stop smoking" or "don't drive drunk" campaigns. Likewise, CRM is not "corporate philanthropy" wherein a corporation makes financial or in-kind donations to a nonprofit without expectation of any direct corporate gain.

Certification Program—In contrast to a blanket product endorsement, a respected nonprofit may establish a certification program based on its special technical or scientific expertise in a particular field. The certification, usually indicated on product packaging by a certification mark, is most often directed to a specific, well-defined aspect of a company's product, is based on an analysis of scientific or technical evidence, and is available to any producer who meets the uniformly applied objective criteria established by the nonprofit. The integrity of a certification mark program depends on its equal treatment of all applicants, and a federal certification mark registration can be challenged if the program does not provide such equal treatment. A successful certification mark program can raise revenue for the nonprofit and help it market itself to the public. For-profit companies that seek and obtain certification for their product(s) should be bound by clear rules as to what representations they can make in their advertising materials about the certification and about how the nonprofit's certification mark can be depicted. As is explained further below, a certification mark program *does not* constitute an instance of "co-branding" by a nonprofit and a for-profit entity whose product has been certified. A certification mark program can be adopted and administered only by an entity that does not use the certification mark for its own products or services (contrast with "trademark," below).

Co-Branding—When the term "co-branding" is applied sloppily it may lead reasonable persons to conclude that the ADA has joined with a for-profit company in a commercial product promotion venture, and may even be a co-producer of the product. The appearance of the Seal of Acceptance on product packaging and in product advertising **does not** constitute co-branding, nor does the appearance of the ADA's name in connection with advertising mentioning the award by the Council on Scientific Affairs of the Seal. In this latter situation, however, staff must be careful in reviewing such advertising that no misimpression of co-branding is reasonably possible.

Pursuant to written agreements, the ADA may enter into co-branding relationships with for-profit corporations for certain non-commercial purposes, such as in the case of public health awareness campaigns. In those instances, the “co-branding” is undertaken in connection with the campaign itself, and not in relation to any particular product. One way to avoid confusion in this regard is to develop a unique trademark or logotype for use by the parties, perhaps in connection with the campaign. One example of where this was done with great success is the OralLongevity™ initiative.

As with the term “endorsement,” the term “co-branding” should only be applied where such a relationship with a company has been *formally authorized* by the Board of Trustees and has been made the subject of a written agreement approved by Legal.

Endorsement—A product (or service) endorsement is a written or spoken blanket testimonial from a prominent person or organization that attests to a product’s desirability or superiority. An endorsement may be used aggressively to market a company’s products and will often form the basis for a high-profile advertising campaign. The ADA does not endorse commercial products or services, and the association may subject itself to serious criticism if it appears that it is doing so. Also, a product endorsement, or even the appearance of one, may pose potential risks to the association’s intellectual property, tarnish its reputation for scientific and professional objectivity, increase its exposure to legal claims by third parties, affect its tax exempt status, and ultimately reduce its market power for all of these reasons.

The term “endorsement” is sometimes incorrectly applied by those referring to an ADA certification indicated by the Seal of Acceptance certification mark. The concepts of a limited certification under the Seal Program, on the one hand, and of a product endorsement, on the other hand, are very different from one another. A product endorsement is almost always broad and non-specific, is not made on the basis of technical or scientific evaluation, and is usually exclusive. In contrast, a certification of the type made pursuant to the Seal Program is usually directed to a specific, well-defined aspect of the product, is based on an analysis of scientific evidence, and is available to any producer who meets the established and uniformly applied objective criteria. A product endorser can, in effect, hold an “auction,” and award its endorsement to the highest bidder. The integrity of a certification mark program depends on its equal treatment of all applicants and a federal certification mark registration can be challenged if it does not provide such equal treatment.

Although the ADA does not endorse commercial products or services, it does from time to time endorse certain causes, proposals, or programs that it concludes are in the members’ or the public’s interest. The determination as to which such causes, proposals, or programs the ADA chooses to endorse is made by the Board of Trustees. Thus, unless there has been a formal declaration of “endorsement,” ADA staff should not use the term in connection with ADA corporate relations activities.

Event Sponsorships—Event sponsorships are marketing activities specifically designed around an event to raise awareness or funds for a cause or to promote a company or product. An example is the Avon Breast Cancer 3-Day event that promotes awareness of breast cancer and raises funds for breast cancer research.

Joint Venture—A joint venture is an association of persons or entities that together undertake a specific commercial enterprise and does not involve a continuing relationship between or among the parties. Frequently, the parties to a joint venture establish a new legal entity to carry out the joint enterprise. While the term usually applies to a particular kind of relationship between or among for-profit entities, a nonprofit may enter into an appropriate joint venture so long as its exclusive purpose is in keeping with the nonprofit’s tax exempt mission. The term “joint venture” should not be loosely applied by staff to refer to co-sponsorships, collaborative awareness campaigns and the like. As with the term “partner” discussed below, the incorrect use of the term “joint venture” can create confusion and could subject the ADA to unwarranted criticism that, for example, it was involved in the promotion and sale of commercial products.

Partner—The terms “partner” and “strategic partner” carry significant legal and business implications. Although the terms are widely used, the incorrect use of the words to describe corporate relationships could have unintended consequences.

A “partner” is an individual or entity that is united with another or others in an activity or sphere of a common interest toward specified goals.

A “strategic partner” is a participant in a joint venture or long-term business relationship. Typically, an organization that is larger and more established will join forces with a smaller, less established entity for their mutual benefit. Although the larger organization may have more financial resources, the smaller entity may have something of value such as name recognition or intellectual property that will benefit the larger company. Strategic partners should have an agreement with a narrow purpose and do not get involved with the others’ overall business. At the ADA, the term “strategic partner” is used as a term of art in connection with a particular program.

Given the legal and business implications these terms can generate, they should be used only in instances where explicit authorization has been given to do so. Alternative and more appropriate terms that may be used to describe the ADA’s involvement with a third-party entity include: working with, sponsor, collaborative, cooperative, and aligned.

Trademark—A trademark includes any word, name, symbol, or device, or any combination thereof, used, or intended to be used, in commerce to identify and distinguish the goods of one manufacturer or seller from goods manufactured or sold by others, and to indicate the source of the goods. If the owner stops use of the mark for an extended period it can become “abandoned” and the owner will lose its rights in it. A service mark, of course, is the same sort of device used to identify services, and the term “trademark” is often used to refer to both types of marks. Because they indicate source or sponsorship, a trademark owner must be vigilant with respect to how its trademark is being used. Usually, cases of outright appropriation and infringement are not difficult to identify, but misuse of a nonprofit’s marks by a corporate sponsor, even where wholly unintentional, can lead to confusion as to source or sponsorship, thereby threatening the good will built up.

Adopted December 2008

Amended June 2010

Minutes of the Board of Trustees

September 21, 2010

Special Telephonic Meeting of the Board of Trustees

Call to Order: A special meeting of the American Dental Association Board of Trustees was called to order at 6:00 p.m. Central Daylight Time on Tuesday, September 21, 2010, by Dr. Ronald L. Tankersley, president. Dr. J. Thomas Soliday recorded the attendance. This call was recorded in compliance with the *Rules of the Board*.

Roll Call: The following officers and trustees were present: Drs. Ronald L. Tankersley, Raymond Gist, Thomas E. Sullivan, A.J. Smith, J. Thomas Soliday, Kathleen O'Loughlin, William R. Calnon, Robert A. Faiella, Maxine Feinberg, Edward Leone, Jr., S. Jerry Long, Samuel B. Low, Dennis E. Manning, Charles H. Norman, W. Ken Rich, Donald L. Seago, Charles L. Steffel, R. Wayne Thompson, Kenneth J. Versman, Edward J. Vigna, and Charles R. Weber.

Absent: Drs. Dennis W. Engel, Mary K. Smith, and Russell I. Webb.

Senior staff members present for all or portions of the meeting were: Ms. Toni Mark, chief technology officer; Mr. Ken Ohr, managing vice president, Communications and Marketing; Mr. William M. Prentice, senior vice president, Government and Public Affairs; Mr. Paul Sholty, chief financial officer; Mr. Thomas C. Elliott, Jr., interim chief legal counsel; Ms. Wendy J. Wils, senior associate general counsel; and Mr. John Hergert, director of electronic communications.

Agenda: Dr. Versman requested that Resolution B-157 related to a single type of license for use of the *Code on Dental Procedures and Nomenclature* be added to the agenda. The Board adopted the agenda as amended.

Report of the Council on Communications: Social Media Report and Anticipated Actions: Mr. Ken Ohr reported to the Board on the findings of the Council on Communications with respect to social media. The Board adopted the following resolutions.

B-162-2010. Resolved, that the following social media statement of purpose be adopted:

The Council on Communications, with the recommendations from the Council's Social Media Workgroup, will be the body to define and oversee social media strategy as part of integrated communications for the American Dental Association.

B-163-2010. Resolved, that the following social media goals be adopted:

1. Define "social media" for the Association
2. Recommend, in consultation with the Information Technology Division, appropriate technology/channels best suited for the Association
3. Recommend policies, resources and processes for managing social media content
4. Develop recommendations for presentation to, and approval by, the Council on Communications with input and support from other relevant councils.

The Board then discussed proposed Resolution B-164-2010, which related to implementing social media platforms for attendees of the 2010 annual session, including a Facebook and Twitter account. Dr. Faiella asked Mr. Elliott if he had any legal concerns in creating a Facebook and Twitter account for such purposes. Mr. Elliott responded that it was his understanding, after talking with Mr. Ohr, that there will be guidelines posted regarding what is appropriate and what is not appropriate for discussion, and that House matters will not be considered appropriate. Mr. Elliott stated that it is his understanding that the Facebook page will be

geared towards annual session matters and not House matters, and that users will be vetted so that only annual session attendees will be allowed to participate. He stated that it is his understanding that any posts that are considered out of bounds under the guidelines will be reviewed and pulled and that attendees could be disinvited from participating on the Facebook page for continuing to violate the guidelines. Mr. Elliott stated that, assuming the foregoing facts are true, and with some trepidation, legal has no concerns.

Mr. Ohr noted that ADA staff will monitor the Facebook and Twitter pages. He explained that although the ADA could turn off the ability to post during evening hours, social media is usually open 24 hours a day. He noted that this will be a pilot project and will be conducted in a semi controlled environment, in that the Facebook and Twitter pages will end when annual session ends and will have a defined group of participants. He noted that all registered attendees of annual session will be informed of the Facebook and Twitter pages and that information will be available at the ADA pavilion and will be displayed live on a monitor. He noted the Twitter feed will contain "tweets" made by certain people about different activities going on at annual session.

After discussion, the Board adopted the following resolution.

B-164-2010. Resolved, that the ADA implement social media platforms as an additional communications channel for events such as the 2010 annual session to provide a resource for attendees to share their experiences and build a sense of community.

William M. Prentice: Mr. Prentice, senior vice president, Government and Public Affairs, spoke to the Board about his upcoming departure from the Association. The Board thanked Mr. Prentice for his outstanding service to the Association.

Report of the Board Workgroup on Long-term Considerations for Governance: In response to questions raised regarding the passage of Board Resolution B-154-2010, Dr. Sam Low explained to the Board that the resolution is a Board resolution calling for development of a Request for Proposal (RFP) to study the ADA governance structure and does not involve the implementation of the RFP. He noted that it would not require additional funds because the development would occur in-house. He noted that it differs from the former proposed Resolution 22 in that it excludes review of the delegate/alternate apportionment structure. Dr. Tankersley added that the RFP would not be distributed unless and until it is approved by the 2011 House of Delegates.

Report of the Information Technology Division: Wireless Internet and Intranet for the 2011 House of Delegates: In response to the second resolving clause of House Resolution 36H-2009, Ms. Toni Mark reported to the Board on the costs implications of providing wireless internet or intranet access to the 2011 House of Delegates. Ms. Mark explained that there would be a \$20,000 hardware cost to set up wireless intranet access at the MGM Grand. She stated that the hardware would be reusable and could be taken out of the IT budget for 2011. Ms. Mark explained that if the House collaboration software is approved, then there would be no need to purchase the intranet hardware and instead the ADA would need to purchase wireless internet access from the MGM Grand. The cost to purchase wireless internet access would be \$5,000 for 1,000 users. She noted that the \$5,000 could not be taken out of the 2011 IT budget. Dr. Steffel noted that such costs may be offset by the reduction in printing costs associated with wireless intranet access.

Report of the Council on Dental Benefit Programs (CDBP) and Proposed Resolution B-157: Dr. Versman made a motion to refer Resolution B-157 back to the CDBP for further study of whether non-members should pay the same prices for licenses as members. The motion was seconded and unanimously approved.

B-157. Resolved, that the ADA prepare and implement a single type of license for use of the *Code on Dental Procedures and Nomenclature* and CDT manual content for publishing, and another for seminars and educational programs, between the ADA, the recognized dental specialty organizations and the Academy of General Dentistry, and be it further
Resolved, that both types of licenses provide for the following fee:

- licensee shall pay to the ADA a royalty of 6.75% of net sale revenues, or \$3,000.00, whichever is greater, per annum

and be it further

Resolved, that all other dental organizations be offered the standard license forms used for commercial entities, and be it further

Resolved, that the recommendations of the Council on Dental Benefit Programs be conveyed to the ADA Department of Product Development and Sales.

Adjournment

The Special Session of the Board of Trustees was adjourned at 7:09 p.m. Central Time.

Notes

Minutes of the Board of Trustees

October 13, 2010

Orlando, Florida

Call to Order: The first session of the new Board of Trustees was called to order by President Raymond Gist on Wednesday, October 13, 2010, at 1:45 p.m., at the Hilton Orlando Hotel, Lake Eola A and B, Orlando, Florida.

Roll Call: The following officers and trustees were present: Drs. Raymond F. Gist, William R. Calnon, A. J. Smith, J. Thomas Soliday, Edward Leone, Jr., Kathleen T. O'Loughlin, Dennis Engel, Robert A. Faiella, Steven Gounardes, Joseph F. Hagenbruch, Roger L. Kiesling, S. Jerry Long, Samuel B. Low, Charles H. Norman, III, W. Ken Rich, Donald L. Seago, Charles L. Steffel, Carol Gomez Summerhays, R. Wayne Thompson, Kenneth J. Versman, Edward J. Vigna and Charles R. Weber. Dr. Patricia Blanton was unable to attend due to illness.

Staff members present were: Helen Cherrett, senior director, Global Affairs; Michael Graham, interim senior vice president, Government and Public Affairs; Albert H. Guay, chief policy advisor; Tom Elliott, interim chief legal counsel; Toni Mark, chief technology officer; Joseph McManus, senior vice president, Dental Practice/Professional Affairs; Daniel M. Meyer, senior vice president, Science/Professional Affairs; Clayton B. Mickel, managing vice president, Corporate Relations and Strategic Alliances; Laura M. Neumann, senior vice president, Education/Professional Affairs; Wendy-Jo Toyama, senior vice president, Membership, Marketing and Tripartite Relations; and Wendy Wils, senior associate general counsel, Legal.

Approval of Agenda: The Board of Trustees adopted the following resolution.

B-188-2010. Resolved, that the agenda on page 1 of the Board Manual be approved as the official order of business for the current session.

Structure and Operation of 2010-11 Board of Trustees

Amendments to the *Organization and Rules of the Board of Trustees*: It was noted that the document, *Organization and Rules of the Board of Trustees*, is customarily presented for the Board's approval at the New Board session. However, it was pointed out particularly for the benefit of the New Board members that the Board, at its September session, had adopted significant modifications to the *Rules* as recommended by the Board Rules Work Group, chaired by Dr. Gist. The *Organization and Rules of the Board of Trustees* was presented for the Board's review.

Council/Commission Liaison Assignments: In accordance with a long standing provision of the *Organization and Rules of the Board of Trustees*, the President assigns members of the Board to serve as council liaisons, with the responsibility of reviewing the programs and activities of a specified Association council/commission. Accordingly, President Gist made the following liaison assignments to ADA councils and commissions, noting that additional appointments would be forthcoming.

Access, Prevention and Interprofessional Relations	Dr. Maxine Feinberg
ADA Sessions	Dr. Charles Steffel
Communications	Dr. Charles Weber
Dental Benefit Programs	Dr. Samuel Low
Dental Education and Licensure	Dr. Charles Norman
Dental Accreditation	Dr. Roger Kiesling
Dental Practice	Dr. R. Wayne Thompson
Ethics, Bylaws and Judicial Affairs	Dr. Donald Seago
Government Affairs	Dr. Robert Faiella

Members Insurance and Retirement Programs	Dr. S. Jerry Long
Membership	Dr. Edward Vigna
Scientific Affairs	Dr. Dennis Engel
National Dental Examinations	Dr. A. J. Smith
New Dentist Committee	Dr. W. Ken Rich

Delegation to the FDI World Dental Congress: The following individuals were appointed by President Gist to serve as the delegation to the 2011 FDI World Dental Congress to be held in Mexico City, Mexico.

Delegates

Dr. Kathleen Roth, chair
Dr. Raymond Gist
Dr. William Calnon
Dr. Ronald Tankersley
Dr. John Findley
Dr. Kenneth Versman
Dr. W. Ken Rich
Dr. Maxine Feinberg
Dr. Carol Gomez Summerhays
Dr. Donald Seago

Alternates

Dr. Roger Kiesling
Dr. Kathleen T. O'Loughlin

FDI Advisory Committee:

Dr. Raymond Gist, president
Dr. Ronald Tankersley, immediate past president
Dr. W. Ken Rich, member of the Board and ADA/FDI Delegation
Dr. Kathryn Kell, ADA/FDI Council Member
Dr. Kathleen Roth, USA National Liaison Officer
Dr. William Calnon, president-elect, *ex officio*
Dr. Kathleen O'Loughlin, executive director, *ex officio*

Appointment of Standing Committees: The Board of Trustees has nine standing committees: Audit, Compensation, Diversity, Budget and Finance, Information Technology, International Programs and Development, New Dentist, Pension, and Strategic Planning. New Dentist members are selected by the Board of Trustees and confirmed by the House of Delegates.

Accordingly, President Gist made the following appointments to the standing committees of the Board of Trustees for 2010-11.

Audit

Dr. S. Jerry Long, chair
 Dr. Charles Steffel
 Dr. Maxine Feinberg
 Dr. Roger Kiesling
 Dr. William Calnon
 Dr. Ronald Lemmo*
 Dr. Paul Zimmerman*
 Dr. Raymond Gist, *ex officio*

Compensation

Dr. Robert Faiella, chair
 Dr. William Calnon
 Dr. Edward Leone
 Dr. W. Ken Rich
 Dr. Don Seago
 Dr. Carol Gomez Summerhays
 Dr. Raymond Gist, *ex officio*

Information Technology

Dr. R. Wayne Thompson, chair
 Dr. Edward Vigna
 Dr. Charles Weber
 Dr. Joseph Hagenbruch
 Dr. Raymond Gist
 Dr. William Calnon

Budget and Finance

Dr. R. Wayne Thompson, chair
 Dr. Edward Leone
 Dr. Charles Norman, III
 Dr. Dennis Engel
 Dr. Steven Gounardes
 Dr. Idalia Lastra*
 Dr. J. Ted Sherwin*

Pension

Dr. Edward Leone, Jr., chair
 Dr. Raymond Gist, *ex officio*
 Dr. William Calnon, *ex officio*
 Dr. Charles Norman
 Dr. Steven Gounardes
 Dr. Wendy Brown*

Dr. Jeffery Hurst*
 Dr. Kathleen O'Loughlin
 Mr. Paul Sholty
 TBD, senior director, Human Resources
 TBD, chief legal counsel

International Programs and Development

Dr. Kathryn Kell, chair
 Dr. Sally Hewett
 Dr. Gary Leff
 Dr. Christopher Fox
 Dr. Martin Hobdell
 Dr. Madeline Monaco
 Dr. W. Ken Rich
 Dr. Hilton Israelson
 Dr. Edward K. Brown
 Dr. Al Guay
 Dr. Raymond Gist, *ex officio*
 Dr. William Calnon, *ex officio*

Strategic Planning

Dr. McKinley Price, chair
 Dr. William Calnon
 Dr. Daniel Klemmedson
 Dr. Evis Babo
 Dr. Robert Leland
 Dr. S. Jerry Long
 Dr. Charles Norman
 Dr. Dennis Engel
 Dr. Carol Gomez Summerhays
 Dr. H. Todd Cubbin
 Mr. Adam Shisler
 Dr. J. Ted Sherwin*
 Dr. Steven Kend*
 Dr. Kathleen O'Loughlin
 TBD, senior manager

Diversity

Dr. Kenneth Versman, chair
 Dr. Samuel Low
 Dr. Charles Weber
 Dr. Steven Gounardes

Following review of the appointments made by President Gist, the Board of Trustees adopted the following resolutions.

B-189-2010. Resolved, that Dr. McKinley Price be appointed to serve as chair of the Strategic Planning Committee for the 2010-11 term.

B-190-2010. Resolved, that the appointments to the Standing Committees of the Board of Trustees as made by the President be approved.

Note: Subsequent to the adoption B-190-2010, assignments were revised to accurately reflect the composition of standing committees as amended in the *Organization and Rules of the Board of Trustees*. Also, in accordance with Resolution 123H-2010, nominations for action by the Board of Trustees were subsequently received from the Special Committee on Financial Affairs members for the following Board Standing Committees: Audit (2), Budget and Finance (2), Pension (2), and Strategic Planning (2). These nominees are denoted by asterisks.

New Dentist *Ex Officio* Appointments to ADA Council/Commissions: In accordance with the ADA *Bylaws*, Chapter VII, Section 140e, the duties of the Committee include serving as *ex officio* members, without the power to vote, on councils and commissions of the Association on issues affecting new dentists. The following one-year *ex officio* appointments to ADA councils and commissions were presented by Dr. Gist for the Board's consideration. In addition, a liaison appointment was presented for the American Dental Political Action Committee.

B-191-2010. Resolved, that members of the New Dentist Committee, as presented by the ADA President, be approved as *ex officio* members of ADA councils and commissions and the American Dental Political Action Committee, without the power to vote:

New Dentist *Ex Officio* Appointments to ADA Council/Commissions:

Council on Access, Prevention and Interprofessional Relations	Dr. Stacey Swilling
Council on ADA Sessions	Dr. Keri Miller
Council on Communications	Dr. Matthew Niewald
Council on Dental Benefit Programs	Dr. Jennifer Enos
Council on Dental Education and Licensure	Dr. Shamik Vakil
Council on Dental Practice	Dr. Brian Schwab
Council on Ethics, Bylaws and Judicial Affairs	Dr. Danielle Ruskin
Council on Government Affairs	Dr. Jeremy Albert
Council on Membership	Dr. Sarah Poteet
Council on Members Insurance and Retirement Programs	Dr. Eric Unkenholz
Council on Scientific Affairs	Dr. Christopher Salierno
American Dental Political Action Committee	Dr. Eric Kosel

Appointment of Representatives to Other Organizations, Committees and Task Forces: The following appointments of representatives to other organizations and members of other committees were also made by Dr. Gist.

Official Observer to the American Medical Association House of Delegates	Dr. David Whiston
Official Observer to the American Hospital Association Annual Meeting	TBD
Liaison to the American Student Dental Association	Dr. Patricia Blanton
Liaison to the Alliance of the American Dental Association	Dr. Patricia Blanton
Liaison to Dental Economic Advisory Group (DEAG)	Dr. Charles Weber Dr. Roger Kiesling
Presenter of Board Reports to the House of Delegates	Dr. Kenneth Versman
American Dental Political Action Committee Board of Directors	Dr. Kenneth Versman
Norton Ross Selection Committee	Dr. Samuel Low
Dental Informatics Standards Committee	Dr. Robert Faiella

Appointment of Representatives to Other Organizations, Committees and Task Forces (Continued):

Dr. Samuel D. Harris National Museum of Dentistry	Dr. Charles Weber
National Foundation of Dentistry for the Handicapped Board of Directors	Dr. Edward Vigna Dr. Donald Seago
Dental Content Committee	Dr. Charles Norman, chair Dr. Joseph Hagenbruch, vice chair
Evidence-Based Dentistry Advisory Committee	Dr. R. Wayne Thompson
Western Regional Examining Board (WREB) Exam Review Committee	Dr. Ron Lemmo
American Board of Dental Examiners (ADEX)	Dr. Samuel Low
Electronic Health Record (EHR)	Dr. Robert Faiella, chair Dr. S. Jerry Long, vice chair Dr. Joseph Hagenbruch
Publishing Liaison	Dr. Dennis Engel
Corporate Relations	Dr. Edward Vigna
Organization and Rules of the Board Workgroup (Phase III)	Dr. A. J. Smith, chair Dr. Edward Leone Dr. S. Jerry Long Dr. Charles Norman Dr. J. Thomas Soliday Dr. R. Wayne Thompson
ADABEI Governance Structure	Dr. S. Jerry Long, chair Dr. Maxine Feinberg Dr. Charles Norman Dr. Donald Seago
Workgroup on Long-Term Considerations for Governance	Dr. Samuel Low, chair Dr. Donald Seago Dr. Charles Weber

Nominees for Boards of ADA For Profit and Not-for-Profit Subsidiaries: The following nominations to Boards of ADA for profit and not-for-profit subsidiaries were made by President Gist.

ADA Foundation	Dr. Steven Gounardes, first-year trustee
ADA Business Enterprises, Inc.	Dr. Robert Faiella, chair

Sessions of the Board of Trustees, 2010-11: The Board adopted the following resolution confirming meeting dates for 2010-11:

B-192-2010. Resolved, that the sessions of the 2010-11 Board of Trustees be as follows:

December 5-7, 2010
February 5-8, 2011 (Board Retreat)

April 10-12, 2011
June 5-7, 2011
July 31-August 2, 2011
September 19-21, 2011
October 14, 2011 (Las Vegas)
December 11-13, 2010

Report of the Council on Dental Benefit Programs: Recommendations Concerning *Code on Dental Procedures and Nomenclature*/CDT Licenses for Dental Specialty Organizations and the Academy of General Dentistry: Resolution B-157 was originally submitted at the Board's September session and referred to the December session. Upon further consideration the Council on Dental Benefit Programs recommended adoption of the resolution as presented to the Board at its October session. It was further noted that if the resolution were to be approved prior to November 1, 2010, it could be implemented as the current licenses expire and to remain concurrent with the CDT revision cycle. The Board debated the economic considerations that a discounted license may have for the Association as well as the importance of fostering good will and cooperation. Based on further discussion, the Board adopted the following resolution.

B-157-2010. Resolved, that the ADA prepare and implement a single type of license for use of the *Code on Dental Procedures and Nomenclature* and *CDT* manual content for publishing, and another for seminars and educational programs, between the ADA, the recognized dental specialty organizations and the Academy of General Dentistry, and be it further

Resolved, that both types of licenses provide for the following fee:

- licensee shall pay to the ADA a royalty of 6.75% of net sale revenues, or \$3,000.00, whichever is greater, per annum

and be it further

Resolved, that all other dental organizations be offered the standard license forms used for commercial entities, and be it further

Resolved, that the recommendations of the Council on Dental Benefit Programs be conveyed to the ADA Department of Product Development and Sales.

Contracts with the President and President-elect: The President moved to suspend the *Organization and Rules of the Board* section titled Contracts with the President and President-elect that calls for Board review and approval of such contracts at its first meeting following annual session to allow time for review and consideration of the Board of the contracts. Upon Board approval, Dr. Gist noted that the vote would be taken via mail ballot the following week after session.

ADA Foundation and ADABEI Service Contracts: ADA Service Contracts for the ADA Foundation and ADABEI were provided for the Board's review and information.

New Business: The President opened discussion for any new business. The Board expressed significant concerns with the process at the 2010 House whereby House approved additional programs with expenses that should have resulted in a dues increase more than the originally anticipated \$7.00. Specifically, a better understanding of the process for determining availability of surplus funds and arriving at a recommendation for the funding of a deficit budget was requested. The president indicated that the Board would review the dues stabilization policy, particularly the budget process and planning, to identify a reasonable way to manage reserves at a future session.

The Board discussed whether there was a plan in place to review employment policies of the Association. At present, the scope of the Compensation Committee focuses primarily on the compensation of the Executive Director. The Board referred the review of employment policies to the Compensation Committee for further consideration. Dr. O'Loughlin indicated that with a new senior vice president of Human

Resources soon to be hired it would be an ideal time to get the Board involved.

Adjournment

The Board adjourned *sine die* at 3:30 p.m.

Notes

Minutes of the Board of Trustees

November 1, 2010

Special Telephonic Meeting of the Board of Trustees

Call to Order: A special telephonic meeting of the American Dental Association Board of Trustees was called to order at 5:30 p.m. Central Daylight Standard time on Monday, November 1, 2010, by Dr. Raymond Gist, President.

Roll Call: The following members of the Board of Trustees were in attendance at the special telephonic meeting: Drs. Raymond F. Gist, William R. Calnon, Patricia L. Blanton, Dennis W. Engel, Robert A. Faiella, Maxine Feinberg, Steven Gounardes, Joseph F. Hagenbruch, Roger L. Kiesling, Edward Leone, Jr., S. Jerry Long, Samuel B. Low, Charles H. Norman, Kathleen O'Loughlin, W. Ken Rich, L. Donald Seago, A. J. Smith, J. Thomas Soliday, Carol Gomez Summerhays, R. Wayne Thompson, Kenneth J. Versman, Edward Vigna and Charles R. Weber. The following member of the Board of Trustees was not in attendance for the meeting: Dr. Charles L. Steffel. A quorum was present.

Staff: The following ADA staff were in attendance for portions of the meeting: Mr. Thomas C. Elliott, Jr., interim chief counsel, Mr. Paul Sholty, chief financial officer, Ms. Linda Hastings, senior director, and Ms. Tomisena Cole, manager, Board and House Matters.

President's Report: Prior to discussing items on the agenda, Dr. Raymond Gist, President, updated the Board of Trustees on a telephone interview (2nd interview) he had with an Alaska-based reporter concerning the Kellogg Report. Dr. Gist mentioned that he met with ADA staff from the Divisions of Communications and Government and Public Affairs to prepare for the interview. Dr. Gist reported verifying for the reporter that ADA policy is opposed to non-dentists from performing surgical/irreversible procedures. Dr. Gist indicated the interview conversation went in a different direction than was anticipated. He stated that the reporter wanted to know more about the Community Dental Health Coordinator and the reasons why a practicing dentist is the appropriate source for diagnosis and treatment. Dr. Gist indicated his perspective that the interview ended well.

Purpose of the Meeting: The special meeting was called to consider the 2010-2011 President and President-elect Corporate Officer Agreements and appointments of Special Committee of Financial Affairs representatives to Board committees.

2010-2011 President and President-elect Corporate Officer Agreements: Resolution B-174-2010 directed that the President and President-elect Corporate Officer Agreements be considered by the Board of Trustees at the Board's meeting after the House of Delegates Annual Session. The Board of Trustees discussed and reviewed the most recent revised agreements, which included provisions on the use of the President's and President-elect's personal cell phones. The new per diem allowance for spouses was discussed. The spouse's allowance clause provides reimbursement for special breakfasts and dinners, which should not exceed \$50.00 per occasion. In response to a question regarding the President and President-Elect paying for occasional meals for guests, it was pointed out to the Board that the issue was addressed in the Corporate Officer Agreement which provides that business meals are reimbursed to the President and President-elect at seventy five dollars (\$75.00) per person for entertaining. The Board was reminded that the Association's Executive Director and Treasurer tracks these expenses and forwards the expenses as a quarterly report to the Compensation Committee, which is charged with reviewing the stipend of the Officers to recommend any adjustments to the Board. In response to a question of whether the Compensation Committee was the appropriate committee to review the expenses of the Officers, it was suggested that clarification is needed in the Board of Trustees *Rules* regarding the appropriate standing committee for the review of the stipend and expenses of Officers. The Board was reminded of the purpose of Resolution B-174-2010, which is to keep the Board of Trustees informed of any issues with the President and President-elect regarding reimbursements.

of expenses. There were several suggestions provided on how to approach the review of Trustee expenses. A question was raised whether the per diem amount allowed is in accordance with the Association's policy and IRS Rules. ADA staff informed the Board respecting IRS rules relating to per diem allowances and also informed the Board that the IRS is looking for the purpose of the expense, not necessarily excessive spending. It was further explained to the Board that the IRS does not have any specific amount for per diem expenses and those expenses are set by the policy of the entity or organization.

After the various proposed recommendations by members of the Board were summarized, Dr. Gist, president, called for the vote on Resolution B-193.

B-193-2010. Resolved, that the 2010-2011 President and President-elect Corporate Officer Agreements, as amended, be approved and adopted.

Vote: 18 Yes—Drs. Blanton, Engel, Faiella, Feinberg, Gounardes, Hagenbruch, Kiesling, Long, Low, Norman, Rich, Seago, Smith, Summerhays, Thompson, Versman, Vigna, Weber; No opposed; 1 abstained – Dr. Calnon. Dr. Gist, as a nonvoting member (except in the case of tie) did not cast a vote.

Appointment of Special Committee of Financial Affairs Representatives to Board Committees:

By Resolution B-194-2010, the House of Delegates urged the Board of Trustees to incorporate the recommendations contained in the report of the Special Committee on Financial Affairs that relate to the inclusion of Special Committee members on Board Standing Committees. The Board discussed different configurations for standing committees of the Board. During the discussion, the Board was reminded that the Illinois Not-For-Profit Corporation Act requires that a majority of members on board committees must be board members and that the ADA *Bylaws* state that it is the prerogative of the Board of Trustees to establish rules and procedures regarding the operation of the Board.

The Board was reminded of the Audit Committee's interest in an outside financial expert to serve as an advisor or member to the Committee. It was also observed that Resolution 123H-2010 urged the Board of Trustees to seek the services of an outside financial professional to serve on the Audit Committee. Staff informed the Board that the estimated cost of a local expert ranged from \$3,000 to \$5,000 per meeting for 6 meetings, totaling approximately \$30,000 a year. Following its discussion of various Audit Committee compositions, the Board reached a consensus on an Audit Committee composition.

The Board of Trustees adopted the following resolution:

B-194-2010. Resolved, that the following Standing Committees of the Board of Trustees be expanded and adopted as follows for 2011:

- The Audit Committee be expanded by the addition of 3 members of the 2010 Special Committee on Financial Affairs as voting members, and an outside financial professional as a non-voting member.
- The members of the Board of Trustees serving on the Audit Committee will continue to include 4 trustees and the president-elect, as voting members, and the president as an *ex officio* member without the power to vote.
- The Strategic Planning, Pension and Finance Committees be expanded by the addition of 2 members from the 2010 Committee on Financial Affairs as voting members.

Vote: 19 Yes—Drs. Blanton, Calnon, Engel, Faiella, Feinberg, Gounardes, Hagenbruch, Kiesling, Long, Low, Norman, Rich, Seago, Smith, Summerhays, Thompson, Versman, Vigna, Weber; no opposed.

Additional Business: The President discussed with the Board planning for the December 2010 Board meeting. It was indicated that Dr. Caswell Evans, Associate Dean for Prevention & Public Health Sciences at the University of Illinois at Chicago College of Dentistry (UIC) and Ana Karina Mascarenhas, President of the American Association of Public Health Dentistry (AAPHD), would present a report on the Kellogg Foundation

grant for the workforce curriculum development that was awarded to UIC and AAPHD. The Board requested that an invitation to attend also be extended to Dr. Bruce Graham, Dean of the UIC School of Dentistry.

Adjournment

The special telephonic meeting of the Board of Trustees adjourned at 6:45 p.m. CDST.

Notes

Minutes of the Board of Trustees

December 5–7, 2010

Headquarters Building, Chicago

Call to Order: The second session of the Board of Trustees was called to order by Dr. Raymond F. Gist, president, on Monday, December 6, 2010, in the Board Room at 8:00 a.m. Central Daylight Standard Time.

Roll Call: The following officers and trustees were in attendance: Drs. Raymond F. Gist, William R. Calnon, Patricia L. Blanton, Dennis W. Engel, Robert A. Faiella, Maxine Feinberg, Steven Gounardes, Joseph F. Hagenbruch, Roger L. Kiesling, Edward Leone, Jr., S. Jerry Long, Samuel B. Low, Charles H. Norman, Kathleen O'Loughlin, W. Ken Rich, Donald L. Seago, Charles L. Steffel, A. J. Smith, J. Thomas Soliday, Carol Gomez Summerhays, R. Wayne Thompson, Kenneth J. Versman and Edward J. Vigna. Dr. Charles R. Weber was in attendance for portions of the meeting via telephone conference. A quorum was present.

Staff: The following ADA staff members were in attendance for all or portions of the meeting: J. Craig Busey, Esq., chief legal officer; Ms. Helen Cherrett, senior director, Global Affairs; James S. Goodman, managing vice president, Meeting and Conference Services; Mr. Michael Graham, interim senior vice president, Government and Public Affairs; Dr. Albert H. Guay, chief policy officer; Dr. Joseph M. McManus, senior vice president, Dental Practice/Professional Affairs; Ms. Toni Mark, chief technology officer; Dr. Daniel M. Meyer, senior vice president, Science/Professional Affairs; Mr. Clayton B. Mickel, managing vice president, Corporate Relations and Strategic Marketing Alliances; Dr. Laura M. Neumann, senior vice president, Education/Professional Affairs; Mr. Kenneth Ohr, managing vice president, Communications and Marketing; Mr. Paul Sholty, chief financial officer; Mr. Michael D. Springer, publisher and managing vice president, Publishing; Ms. Wendy-Jo Toyama, senior vice president, Membership, Tripartite Relations and Marketing.

Also in attendance for all or portions of the meeting were: Dr. Michael Glick, editor, *Journal of the American Dental Association*; Dr. David Holwager, vice chair, Council on Access, Prevention and Interprofessional Relations (CAPIR) and CDHC subcommittee chair, CAPIR; Dr. Matthew J. Neary, chair, Council on Government Affairs; Mr. James H. Berry, associate publisher, Publishing; Ms. Tomisena Cole, Manager, Board and House Matters; Ms. Rosemary Brandt, controller/assistant to chief financial officer; Mr. Daniel M. Conley, manager, Executive Communications; Thomas C. Elliott, Jr., Esq., deputy chief legal officer, Legal Affairs; Mr. Gary Grzesiak, manager, Budget and Financial Analysis, Finance; Ms. Linda Hastings, senior director, Administrative Services; Ms. DonTasia Jackson, paralegal, Legal Affairs; Judy L. Jakush, ADA News; C. Michael Kendall, Esq., senior associate general counsel, Legal Affairs; Dr. Lewis N. Lampiris, director, Council on Access, Prevention and Interprofessional Relations; Dr. David Preble, director, Council on Dental Benefit Programs; Ms. Valerie Shive, senior project assistant, Office of the Executive Director; Dr. James Willey, director, Council on Dental Practice; Wendy J. Wils, Esq., senior associate general counsel, Legal Affairs; and Ms. Randi Zalas, project manager, Department of Application Development, Information Technology.

Guests: The following guests were present for portions of the meeting: Dr. Zack Studstill, Alabama Dental Association; Jack Bierig, Esq., Sidley Austin LLP; Camille Olson, Esq. and Annette Tyman, Esq., Seyfarth Shaw LLP; Dr. Caswell Evans, University of Illinois-Chicago; Dr. Anna K. Mascarenhas, American Association of Public Health Dentists; Ms. Debbie Preece, president, Alliance of the American Dental Association; and Dr. David Whiston and Dr. Anne Benedicot, executive vice president, The Joint Commission.

Closed Sessions

Closed sessions of the Board of Trustees were held at various times during the meeting.

Attorney-Client Sessions

Attorney-client sessions of the Board of Trustees were held at various times during the meeting.

Joint Strategic Planning Session

On Sunday, December 5, 2010, the Board of Trustees participated in a Strategic Planning Session with the members of the Strategic Planning Committee. The session was facilitated by Ms. Mary Byers, CAE.

Preliminary

ADA Disclosure Statement: Dr. Gist read the ADA Disclosure Policy Statement. No conflicts of interest were disclosed.

Approval of Agenda: The Board of Trustees adopted the following resolution.

B-195-2010. Resolved, that the agenda be approved as the official order of business for the current session of the Board of Trustees except that the President may alter the order of the agenda when necessary to expedite business.

Approval of Minutes of Previous Sessions: The Board adopted the following resolution:

B-196-2010. Resolved, that the minutes of October 13, 2010, session of the new Board of Trustees, as presented, be approved.¹

Approval of Consent Calendar: A consent calendar was prepared to expedite the business of the Board of Trustees. Board members were informed that any report or resolution could be removed from the consent calendar. The following reports were removed from consent calendar: Report of the Council on Dental Practice, Update on the Activities of the W.K. Kellogg Foundation Related to New Dental Providers; Resolution B-200, Report of the Council on Government Affairs, Legislative and Regulatory Priorities for 2011; Resolutions B-205 thru B-207, Report of the Publishing Division: Product Development and Sales: CDT License Request by Fair Health. Following the review and removal of some reports, the Board subsequently adopted the following resolution,

B-197-2010. Resolved, that the resolutions contained on the Consent Calendar, as amended, be approved and reports be accepted.

The resolutions adopted via the approval of the revised Consent Calendar are appended to these minutes.

Announcement by Dr. Versman, chair, Diversity Committee: Dr. Versman made a brief announcement regarding the Board luncheon with the ADA Institute for Diversity class, scheduled for Monday, December 6, 2010.

Report of the Council on Dental Practice: Update on the Activities of the W.K. Kellogg Foundation Related to Dental Providers: Dr. Versman explained that the removal of this report regarding an update on the Activities of the W.K. Kellogg Foundation from the consent calendar was because the Regents of the University of Colorado received a grant to develop a pilot program for Dental Therapist in the state of Colorado without his being informed. It was indicated that trustees should be made aware of what is happening in states within their districts when issues become known to staff. Dr. O'Loughlin agreed and stated to the Board that staff will so inform trustees as soon as the information is received. Following review, the Board of Trustees unanimously accepted the report.

Report of the Publishing Division: Product Development and Sales: CDT License Request by Fair

¹ These minutes included revised Committee assignments as made by the president after the October New Board meeting, and ratified by the Board through adoption of Resolution B-212.

Health: The Board was informed that the request to remove this report from the consent calendar was to allow a question concerning the CDT license request made by Fair Health. It was indicated that the report was removed from the consent calendar to allow a review of the royalty reporting requirements and the right to audit the royalties paid under the license. The Board was informed that, in general, all licenses of intellectual property rights contain provisions allowing the licensees to self-report activities from which royalties under the license are calculated. Such licenses normally contain provisions allowing the licensor to audit royalty reports to uncover any discrepancies in the royalty generating activities reported by the licensee. There was extensive discussion concerning the license providing adequate protection for the Association's intellectual property rights in the CDT Codes with that material being posted online under the agreement and whether the proposed pricing model is correct and appropriate.

A motion was made, and duly seconded, to refer the report to the Council on Dental Benefit Programs. It was indicated that the referral would allow the Council to further consider the pricing model and whether adopting the pricing model in the instant license would adversely impact the Association with respect to other similar licenses requesting to use the CDT Code online in a searchable form. The Board was informed that the license request arose as a result of a settlement of litigation, that the site was already active, and that the license of the CDT Codes was needed to complete the site. Concerns were also expressed over the potential for negative repercussions if the requested license was not granted. It was also pointed out that the proposed license was of a year's duration and for a new use of the CDT Code. For these reasons, a negative impact from the pricing model associated with the license was not anticipated to be a substantial risk. The Board was informed that the Chair of the Council on Dental Benefit Practice indicated that it was acceptable if the Board struck from the terms of the license any language the Board believed to be inappropriate. There being no further discussion, a vote on the motion to refer the matter to the Council on Dental Benefit Programs was taken, and the motion failed.

Two amendments were moved and duly seconded to refine the resolutions for clarity and to authorize the Legal Division and other appropriate ADA agencies to negotiate the license, being mindful of the language that places a timeframe for use of the license (additions underscored, deletions stricken through):

B-205. Resolved, that the appropriate ADA agencies be authorized to negotiate and grant a CDT license ~~be granted~~ to Fair Health as per the recommendation of the Council on Dental Benefit Programs and Board of Trustees.

B-206. Resolved, that the Fair Health CDT License be limited to a single year agreement, that intellectual property protections be incorporated into the agreement as outlined in the CDT License Fair Health full report and to be developed in conjunction with the ADA Legal Division, that the agreement require Fair Health to collect and submit a list of end user IP addresses. ~~and that the agreement does not place unnecessary technology burdens on Fair Health or the public.~~

On vote, the amendments were adopted.

Hearing no further discussion, Dr. Gist called for the vote. The Board adopted, as amended, the following resolutions:

B-205-2010. Resolved, that the appropriate ADA agencies be authorized to negotiate and grant a CDT license to Fair Health as per the recommendation of the Council on Dental Benefit Programs and Board of Trustees.

B-206-2010. Resolved, that the Fair Health CDT License be limited to a single year agreement, that intellectual property protections be incorporated into the agreement as outlined in the CDT License Fair Health full report and to be developed in conjunction with the ADA Legal Division, that the agreement require Fair Health to collect and submit a list of end user IP addresses.

B-207-2010. Resolved, that the Fair Health consumer website CDT License should be used as the model for other CDT license requests for use of the Codes on a searchable Website.

Special Orders of Business

Presentation of the New Budget System—Hyperion: Dr. Leone gave a presentation on the Hyperion Software that will be use to assist with budget functions and controls. He informed the Board that the information would provide insight on the budget's major programs, the use of the budget across divisions and how the system will enable users to record budgetary functions. Toni Mark, chief technology officer, provided a report on the Hyperion system. Rosemary Brandt, controller/assistant to CFO, provided information on the planning and implementation of the software. Ms. Brandt informed the Board that there are key components that will be implemented: the project ID, plan tool, new classifications/cost centers, and the tracking of data. Ms. Randi Zalas, project manager, Information Technology, described the Hyperion project process indicating that the analysis is the primary focus and discussed how the plan tool will be use for budgeting purposes. Ms. Zalas mentioned to the Board that training for all users will take place sometime in January or February, which will involve ADA staff with budgeting responsibility. Mr. Gary Grzesiak, manager, Budget and Financial Analysis, provided the Board with a brief demonstration of the Hyperion system and shared the use of the task list feature to track progress with due date email notifications. The Board was exposed to a form titled "Web Form," which would be used by each department, which has an automatic calculation and saving feature to save staff time. Mr. Grzesiak indicated that the Hyperion system creates reports (Budget Status Reports) that can be generated from the computer desktop instead of submitting a request to Accounting to run a report. In conclusion, Mr. Sholty pointed out that the Hyperion system is a multi-task database that provides a better budget analysis overall. The ideal goal for the Hyperion system is to look at the organization as a whole in order to allocate the shared services cost divisionally and to provide a more accurate assessment of the fully loaded cost programs. Ms. Mark further commented that another purpose of the presentation was to provide the Board with information to share with its constituents regarding the development effort and cost of the Hyperion project.

Report of the Pension Committee: Dr. Leone reported on the December 3, 2010 Pension Committee meeting. He indicated that the Committee reviewed modifications of plan documents required for compliance with ERISA and conducted an annual ERISA training as a part of the corrective action recommended by McGladrey. The Board was reminded of the House of Delegates' Resolution 134H-2010 requiring that it review the ADA employee retirement plan and all benefit packages. Consistent with its charge, the Pension Committee will handle review issues pertaining to the retirement plan including fact finding, examining options that are available, cost risk-benefit, and any disadvantages to the Association and employees. Also, it was suggested that the Compensation Committee could review the fringe benefit package and that the material could be sent to the Budget and Finance Committee to prepare the documentation for vetting, assembling and distributing recommendations to the Board of Trustees. By the April Board meeting, the Committees would be asking the Board to set timelines for gathering, vetting, and creating their standing committee reports.

Appearance of Dr. Matthew J. Neary, chair, Council on Government Affairs (CGA) and Report of the Council on Government Affairs: Legislative and Regulatory Priorities for 2011: The Board received an oral presentation from Dr. Neary requesting approval of the legislative and regulatory priorities as set forth in the Council's written report. The priorities were developed by the Council and staff, give the Division of Government and Public Affairs and ADA leadership a roadmap of where the anticipate resources will be used.

Mr. Graham supplemented his written report on federal and state legislative, regulatory and public affairs. He thanked the Board and the House of Delegates for allowing CGA to increase funds to hire outside consultants with expertise in lobbying of federal regulatory agencies.

Mr. Graham shared perspectives on advocacy efforts and resource needs regarding workforce models, particularly ADA's need for credible data. He noted that the Kellogg Foundation recently announced it is investing more than \$16 million by 2014 in the Dental Therapist Project. The five states selected for the project are Kansas, Ohio, New Mexico, Washington and Vermont.

He expressed concern that Kellogg is funding a flawed business model, which would be expensive to implement and would always require government subsidy. The Kellogg research reviewed so far

demonstrates a narrow focus on specific dental procedures rather than access to care. Mr. Graham identified opportunities for ADA to move forward by pointing out the link between dental access and disease burden reduction in the U.S. Such efforts could show policymakers and legislators that the ADA is being creative and thinking “outside-the-box” to reinvent the provider network. Possible approaches offered included new community-based dental schools to effect disease interception; and piggybacking on a long-standing proposal to revamp programs such as water fluoridation and health literacy, and soda and junk food initiatives.

Board members spoke in support of CGA's efforts on workforce and dealing with disease. Other approaches for promoting access issues to legislators mentioned included promoting soda tax or exempting soft drinks from food stamps. Mr. Graham also commented on the challenges of advocating fluoridation to legislators.

Dr. Long spoke to Resolution B-200, Report of the Council on Government Affairs, Legislative and Regulatory Priorities for 2011. He mentioned that dentistry has a stake in the healthcare reform concerning family dentistry and pediatric dentistry as a part of medical insurance that are governed by state and fee schedules. Concern was expressed on how ADA will navigate through healthcare reform that funds midlevel providers without adequate care being compromised.

In relation to the Resolution 100H-2010 regarding healthcare reform, CGA was asked to report to the House of Delegates and Board on the health care reform issues that may significantly affect members. Mr. Graham informed the Board that reports are available on an ongoing basis showing what has been done. Dr. Long indicated that the main question that was asked was whether ADA will be at the table as the rules are being written and provide influence on the bill going forward. Mr. Graham answered that the ADA should be at the table and indicated that State Government Affairs did not effectively communicate that point of view to members.

It was mentioned to the Board that timing and the Affordable Care Act made it difficult and now it will take some time to accomplish that result.

Mr. Graham then fielded questions from the Board members on pay for performance and other issues.

Mr. Ken Ohr informed the Board that a position statement has been prepared and will be shared with the Board to assist with answering questions regarding workforce. There being no further discussion, the Board of Trustees received the following report and unanimously adopted the following resolution:

B-200-2010. Resolved, that the Board of Trustees approves the Government and Public Affairs Division's Legislative and Regulatory priorities for 2011.

Appearance of Ms. Debbie Preece, president, Alliance of the American Dental Association: Debbie Preece, president of the Alliance of the American Dental Association, provided the Board with a presentation on the Alliance. She indicated that the Alliance developed several projects (Senior Smiles, Barcodes for Mercy project, Eastbay Stare Down, VA and Trust Resource) across the country. The Alliance explained to the Board that due to economic times the organization has been struggling with membership. She further indicated that its budget is stretched. The Alliance asked the Board to: (1) assist with membership recruitment, (2) encourage spouses to attend its conferences, (3) rent reduction, and (4) investigate the packaging of Alliance dues with ADA dues. In conclusion, she noted that the Alliance has only 4,000 active members and its membership is declining. The Board thanked Ms. Preece and the Alliance for all they have done, especially with the seniors.

Report of the Board Rules Work Group: Dr. Smith, Work Group chair, gave a report on behalf of the Board Rules Workgroup proposing several recommendations for consideration, approval and adoption.

Dr. Smith moved the work group's recommendation for amending the section on “Recording of Proceedings.” After discussions with legal counsel respecting the electronic recording of the attorney-client sessions of Board meetings, the work group concluded that the Board Rules should be amended to state that

no minutes of such sessions should be prepared. The Board discussed the proposal and on vote, adopted the following changes to the Rules (new language underscored; deletions stricken through):

Record of Proceedings: The Executive Director shall be responsible for electronically recording the non-privileged portions of the regular and special meetings of the Board of Trustees. These recordings, ~~except for the recorded attorney-client session(s);~~ shall be used in the preparation of the minutes of the meetings. Further, the Executive Director shall be responsible for preparing the non-privileged minutes, subject to the approval of the Board of Trustees. When corrections are submitted, these corrections shall be subject to the approval of the Board of Trustees. ~~The Division of Legal Affairs shall be responsible for preparing from the attorney-client session(s) portions of the recording separate, privileged minutes, subject to the approval of the Board of Trustees.~~ The Executive Director shall destroy or erase the non-privileged recordings of each Board meeting no sooner than the conclusion of the meeting of the House of Delegates or one year, whichever is longer. All approved minutes of the Board of Trustees, with the exception of the Audit Committee and the Compensation Committee of its standing committees, shall be maintained within the Office of the Executive Director. Minutes of the Compensation Committee shall be maintained by the outside retained counsel of the Committee. Minutes of the Audit Committee shall be maintained by the Division of Legal Affairs. Attorney-client sessions of the Board of Trustees and its committees shall not be electronically recorded, nor shall minutes be prepared therefor. Instead, the non-privileged minutes of the meeting at which the attorney-client session takes place shall set forth the time that the attorney-client session was held and shall identify the topic that was discussed. Recordings of the attorney-client session(s) of Board meetings shall be available to the members of the Board of Trustees in the Division of Legal Affairs for in-person listening at any time during regular business hours.

Dr. Smith moved the work group's recommendations for amendments to the responsibilities of the Audit Committee, set forth in the Board Rules. Dr. Smith noted that the Audit Committee may seek a financial expert as an advisor, but that the advisor does not necessarily need to be a certified public accountant. The Board discussed whether this individual should have a right to vote on compensation matters and the reasons this was selected to be non-voting member position. Dr. Long, Chair of the Audit Committee, provided the Board with a brief history of the Audit Committee. The Board discussed preparing a one-year consultant agreement, with renewals possible for four consecutive years. The Board was reminded that over the last four years, the Audit Committee has hired its consultants. It was noted that it is an act of independence for the Audit Committee to select a consultant based on the Committee's perceived need of the skill set for advising as to internal and external audits. It was also questioned whether under Illinois law a financial expert to an Audit Committee could be a member of the Audit Committee.

Dr. Smith pointed out the Work Group's proposed amendment also added a new duty "10" to the Audit Committee's duties allowing the selection of a financial expert and proposed a recommendation that would allow the Audit Committee to select a financial expert as an advisor, and to define the advisor's term and qualifications.

On vote, the following amendments to the section titled "Audit Committee" were approved (new language underscored, deletions stricken through):

Audit Committee

Composition. The Audit Committee (hereinafter "Committee") shall consist of the President-elect and four trustees, one from each class not also serving on either the Budget and Finance Committee or Compensation Committee. The President shall be an *ex officio* member of the Committee, and the senior trustee shall serve as chair. From time to time the Audit Committee may select for engagement by the ADA a financial expert as an advisor to the committee to serve a term of one year with the option to re-engage the financial expert for up to three additional one year terms. A financial expert would be a person with the requisite education and experience in audits and financial matters.

Term. The term of service for the trustee members of the Committee shall be for four years.

Meetings. The Committee shall meet at least quarterly in connection with meetings of the Board of Trustees and at such other times as the Committee deems necessary. The Committee shall meet periodically with the independent auditors. It shall meet with the independent auditors at least at the spring and fall meetings of the Committee. The Committee shall meet periodically with the Executive Director, Chief Financial Officer, Treasurer and Chief Legal Counsel. At the invitation of the Committee, appropriate staff from the Division of Finance and Operations, the Executive Director and the Chief Legal Counsel may participate in meetings. The Committee shall have the power, at any time, to conduct meetings in executive session.

Duties. The duties of the Committee shall be:

1. to appoint, retain, terminate, replace, evaluate and oversee the Association's independent internal and external auditors, including determining their compensation, the terms of engagement, the scope of the audit to be conducted, and the resolution of any disagreements between management and the independent auditors regarding financial reporting. The independent auditors shall report directly to the Committee;
2. to review and provide oversight of the Association's policies and activities regarding accounting practices, financial reporting, and conflicts of interest between ADA staff and the Association;
3. to review internal control procedures for safeguarding Association assets and assuring that financial transactions are authorized and properly recorded;
4. to appoint, retain, terminate, replace, evaluate and oversee the activities of internal auditors, including determining their compensation, the terms of engagement, and the scope of the audit to be conducted. The internal auditors shall report directly to the Committee;
5. to oversee the Association's financial reporting process by reviewing revenue, expense and balance sheet accounts on a regular basis;
6. to perform and/or supervise special investigative efforts relating to accounting practices, financial reporting, and conflicts of interest between ADA staff and the Association, as may be needed—and to perform and/or supervise special investigative efforts relating to legal and regulatory issues;
7. to solicit and consider recommendations for improvement of the Association's internal control procedures;
8. to establish a process and procedures for Association employees and volunteers to make complaints, or express concerns, about accounting practices or activities, internal controls, audit matters, and budgeting activities. Such a process shall expressly permit anonymous and confidential complaints;
9. to formulate and recommend policies to the Board of Trustees regarding reimbursement of expenses incurred by officers and trustees and to oversee implementation of those policies;
10. ~~9:~~ to report findings of the committee or the auditors to the full boards of the separate legal entities for which the ADA Audit Committee provides the auditing function at least annually, including any recommendations from the internal and/or external auditors hired to audit the specific legal entity; and
11. ~~10:~~ to submit an annual report to the Board of Trustees containing a review of, and any recommendations for, the Association's internal control structure over accounting practices, financial reporting, the internal audit system, and the independent auditors.
~~If it deems it necessary~~ Notwithstanding anything to the contrary in these Rules, the Audit Committee may retain separate, independent advisers to advise it with respect to matters coming within its purview. Payment for such advisers shall be made out of the funds of the Association.

Dr. Smith asked the Board to draw its attention to the section of the Board Rules titled "Attendance at Regular Meetings" regarding non-members being allowed to attend the Board meetings. He moved the Work Group's proposed language which was read to the Board. Dr. Summerhays made a motion, which was duly seconded, to table this discussion until the next Board meeting because the process of allowing a non-member to attend the Board meetings had not been sufficiently defined. Mr. Elliott informed the Board that

allowing a non-member access to Board meetings, without some legal protection, could put the Association at risk, and it was suggested that candidates should enter into confidentiality agreements.

Dr. Faiella recused himself from the vote. Dr. Soliday reminded the Board that the Board Rules provide that members must be invited to attend Board meetings; members cannot simply attend a Board meeting at their own will. Dr. Gounardes stated that state statute will supersede Board Rules and questioned whether there is a statute in Illinois that prohibits such restrictions. Mr. Elliott explained that the open meeting act in Illinois only applies to meetings of governmental bodies not private organizations.

The Board deliberated about whether to postpone this discussion until the next Board meeting. Dr. Summerhays informed the Board that she comes from a state society that allows non-members to attend the Board meetings and provided the Board with examples of that process. Mr. Elliott mentioned that it is a potential for reputation risk in allowing open meetings. He also indicated the presence outside guests could result in constraints on frank discussion.

There was a motion to vote immediately which was adopted by a two-thirds vote. On vote, the motion to postpone definitely until the next meeting failed.

The Board then continued deliberation. The Board discussed the risks and benefits of allowing non-Board members to attend meetings. It was stated that ADA is best served by candidates that are well informed. A view was also stated that a paying member should have the opportunity to attend the Board meetings.

There being no further discussion, a vote on the motion was taken, resulting in a tie vote. Dr. Gist then voted in favor of the motion, resulting in the adoption of the following amendments to the Board Rules (new language underscored):

Attendance at Regular Meetings: When the Board of Trustees is in regular meeting, the elective officers, the trustees, the Executive Director, the Speaker of the House of Delegates, and, on the invitation of the President, designated council and staff members shall be privileged to be in regular attendance. Others may be privileged to attend for consultation on the invitation of the President. No action shall be taken by the Board of Trustees until such consultants have retired. Candidates for the office of President-Elect may be privileged to attend regular Board meetings in a non-voting, non-speaking capacity at the invitation of the President, provided that such candidates shall have entered into confidentiality agreements with the Association in which they agree that information that becomes known to them by reason of their attendance at any Board meeting is confidential and shall not be disclosed except to the extent that any such information is disclosed by the Board.

Candidates for the office of President-Elect shall receive the following information in a timely manner immediately following official meetings of the Board of Trustees:

Agenda:

Any non-confidential reports of the Board;

Unofficial actions of the Board;

Narrative actions of the Board;

Any fact sheets provided to the Board; and

ADA employee newsletters.

Dr. Smith then moved the Work Group's proposal respecting the Diversity Committee's meeting schedule, adding the words "at least" immediately before "once" in the section titled "Meetings". There being no further discussion, a vote on the motion was taken, resulting in adoption of the following amendment to the Board Rules (new language underscored):

Diversity Committee

Meetings. The Committee shall meet at least once per year prior to the June meeting of the Board of Trustees.

Dr. Smith moved the Work Group's next proposed change involving funding for standing committee work. The amendment provides that any committee work that has not been budgeted or exceeds the existing budgeted funding by three thousand dollars (\$3,000) must obtain approval by the Board of Trustees. In addition, any proposed non-budgeted consultant engagement or retention must be pre-approved by the Board of Trustees prior to engagement or retention. Board members concurred the amendment will be useful from a fiscal perspective, provided the approval process is responsive to committee's needs. On vote, the following amendment adding a new paragraph to the end of the Board Rules Section titled, "Standing Committees" was approved (new language underscored):

Standing Committees

Committees facilitate the business of the Board of Trustees and require appropriate staffing and other resources to accomplish their charges. Necessary funds are budgeted to support Committee work. Any Committee initiative with financial implications that has not been budgeted for or exceeds existing budgeted funding by three thousand dollars (\$3,000) must be considered and approved by the Board of Trustees. In addition, any proposed non-budgeted consultant engagement or retention must be pre-approved by the Board of Trustees prior to engagement or retention.

Dr. Smith moved the Work Group's proposed amendments to the duties of the Budget and Finance Committee so that the budget process is aligned with strategic planning and the budget allocations are in alignment with the current ADA strategic plan.

On vote, the following amendment to the Board Rules was adopted (new language underscored):

Budget and Finance Committee

Duties. The duties of the Committee shall be:

1. to assist the Treasurer in the review, development and administrative review of the annual budget, that reflects the priorities of the strategic plan, for consideration by the Board of Trustees;
2. to ensure that the budget process is aligned with strategic planning and that budget allocations are aligned with the current ADA strategic plan;
3. to review Association investment policies and performance of investment portfolio and develop recommendations to the Board of Trustees;
4. to serve as a resource to the Board of Trustees, the Reference Committee on Budget and Business Matters and members on the annual budget; and
5. to establish or review an ADA compensation philosophy for all ADA staff compensation including fringe benefit matters annually. In performing this function, the Budget and Finance Committee shall maintain effective communications with the Pension Committee in order to assess the effectiveness of the overall ADA compensation philosophy and structure in the short and long term.

Discussion then ensued respecting the duties of the Compensation Committee and whether review of compensation philosophy for the entire ADA staff should be the responsibility of this committee. It was suggested that this issue should be evaluated further and it was proposed that a new duty to review the ADA compensation philosophy for ADA staff compensation be assigned to the Budget and Finance Committee.

CDHC-UCLA Project: Dr. David Holwager, CAPIR vice chair and CDHC Work Group chair, joined the meeting via conference call and thoroughly discussed the history of UCLA's participation in the CDHC pilot program and its relationship with other program participants. He presented several alternatives for action and noted that the Work Group recommended attempting to negotiate a mutually agreeable withdrawal of UCLA from the CDHC Pilot Program, if that was not successful that a unilateral termination of the UCLA agreement be effected. The Work Group further recommended that the third cohort of trainees be consolidated at the existing University of Oklahoma site, if possible.

The Work Group's recommended action was moved and duly seconded. Support was expressed for recommended alternatives and it was reiterated that protecting the reputation of the pilot program is essential. The Board was reminded that the students will remain at UCLA or another site to complete the field training. Following further discussion, the Board of Trustees unanimously adopted the following resolution.

B-226-2010. Resolved, that efforts be made for UCLA and the ADA to mutually agree that UCLA will no longer participate as a pilot site for training Community Dental Health Coordinator (CDHC) Program participants, and be it further

Resolved, that if such agreement cannot be achieved, that the decision be made unilaterally by the ADA that UCLA no longer serve as a pilot program training site for the CDHC Program and that a termination letter be executed to this effect, and be it further

Resolved, that the CDHC Program be consolidated so that the University of Oklahoma and Temple University serve as the primary training institutions for the third cohort of students, with the University of Oklahoma assuming responsibility for training both rural and Native American participants.

Kellogg Project Update: Dr. Caswell Evans, associate dean, Prevention and Public Health Science, University of Illinois-Chicago and Dr. Anna K. Mascarenhas, president, American Association of Public Health Dentists (AAPHD) joined the meeting to provide the Board with an update on a project relating to dental therapists sponsored by the Kellogg Foundation.

The proposed dental therapist curriculum process would include: (1) to outline a proposed curriculum for 2 years post secondary school education and training for dental therapists; (2) outline consideration concerning location and placement of such education programs; (3) access career path implication of the curriculum; and (4) assessment/access issues and opportunities regarding accreditation of such program.

Dr. Evans explained that there would be challenges to identify the appropriate dentist faculty to train dental therapists; a challenge to insure faculty are trained to teach; and the consideration of redefining general supervision in the context of digital communication and visualization systems. Dr. Evans explained that the degree the students would receive is a Master of Dental Therapist, not a Master's Degree. Concerns were voiced regarding the training level of the students and the meaning of direct supervision. Dr. Evans explained that the students will be trained on a technical level which is the need to know level (histology), rather than the professional level which is the pathology level that dentists are familiar with. The Board was further informed that the dental therapist would have a defined scope of practice and complete 400 hours of competency services with a dentist. Concerns were also expressed that the therapist after completing 400 hours of training and was practicing, on his/her own, what would happen in the case of emergency. Dr. Evans informed the Board that the dental therapist would be trained to determine when 911 should be called and would be able to contact a dentist telephonically. Dr. Evans was asked whether there would be any plans for an independent evaluation of competency built into the curriculum. He responded that the process anticipates the project going in that direction.

Dr. Mascarenhas discussed with the Board the AAPHD Policy on Access to Health Dental Resolution. She informed the Board of the Dylan Steward case, similar to Demonte Driver, who died because of previous lack of treatment. The Board was shown several slides of data regarding patient-to-dentist population across the states. Dr. Mascarenhas explained to the Board that there is a need for better distribution of dentists in Ohio, where there are areas of high need. She also mentioned that there is a professional shortage area in Mississippi.

Dr. O'Loughlin informed the Board that CAPIRS has several interactions with AAPHD and asked that Dr. Kerry Davis, who joined the meeting by phone, to comment on the interactions. Dr. Davis mentioned that the AAPHD meets at the ADA annually and is very involved.

Alaska Dental Society Correspondence: The Board of Trustees considered correspondence received from the Alaska Dental Society urging implementation of a longitudinal study that was agreed upon between ADA and the Alaska Native Tribal Health Consortium as part of the settlement agreement to the dental health

aid therapist (DHAT) lawsuit. The letter was read by Dr. Kiesling who mentioned that the longitudinal study is one of the three separate studies he believes that the ADA needs to be involved in. A second possible study discussed was an evaluation of the economic cost savings. The Board requested a brief analysis by Dr. O'Loughlin on the costs of such a study. A third possible study mentioned was to evaluate the Kellogg Alaska DHAT study. It was noted that the Kellogg DHAT Study was scientifically unsound and that a more critical review should be published. Dr. O'Loughlin indicated that there were no funds allocated to support such studies and that the Association does not have the capabilities to perform them. She suggested that a study be outsourced using a RFP process. At the Board's request, Dr. Steffel spoke about the new oversight committee approving funding for five states target by the Kellogg Program.

It was mentioned to the Board that there is a position paper being developed. Mr. Ohr stated that the position statement is not a complete statement, but it takes into account what Kellogg reported. It was suggested that to complete a study on DHATs, it would be better to look at the financial analysis as a whole.

The discussion resulted in adoption of the following resolutions:

B-229-2010. Resolved, that the ADA engage an external independent expert in health economics through an RFP process, to undertake a study of mid-level dental providers. This study should be a comprehensive analysis of the economics of these new models, including how these models might integrate into the existing dental delivery system, and the economic sustainability of the models, as integrated into the existing system of oral health care delivery in the United States.

B-230-2010. Resolved, that a formal critique of the Kellogg Alaska DHAT study be produced by the ADA and circulated as soon as possible. The analysis should include the methodology used by the Kellogg study and the conclusions drawn from the methodology.

Response to Dr. Ty Ivey Correspondence: With Dr. Davis in attendance by telephone conference, Dr. Seago discussed a letter he received from Dr. Ty Ivey, a member of his trustee district, regarding post-Access to Dental Care Summit Activities. The letter informed the Board of a rumor about an alleged study being withheld on midlevel providers revealing a minimum economic value and urging more money be spent on training dentists and hygienists to deal with access to care. The second item concerned the make-up of the National Oral Health Alliance and the efforts being made to form a 501(c)3 charitable corporation. For clarification, Dr. Gist reminded the Board that the ADA is a 501(c)6. Dr. Davis explained that to develop a coordinated strategy the Board must follow what the House of Delegates has asked the Board to do. He mentioned that the House of Delegates supports collaboration in 39H-2010 respecting collaboration with outside entities. Dr. Rich, one of ADA Board of Trustees' representative on the Alliance, informed the Board that the effort to become a 501(c)3 was an attempt to set some infrastructure not to become a foundation and that the Alliance has not strayed away from the mission. In his letter, Dr. Ivey suggested that the 501(c)3 be withdrawn. Dr. Rich stated that if this were done, it would change the common ground mission of forming the group. Dr. O'Loughlin provided the Board with a historical context on the formation of the group. After discussion of the issues raised in correspondence of Dr. Ty Ivey to Dr. Seago and shared with the Board, the Board approved a response to be sent by Dr. Gist.

Report of the Diversity Committee: Dr. Versman, chair of the Board's Diversity Committee, presented the Committee's report. He reminded the Board that the volunteer leaders came together at the 2010 Diversity Summit to find common ground and that the special event helped attendees understand what stands in the way of a good working relationship. He shared testimonial excerpts from the Summit captured on video and encouraged the Board to watch all of the testimonials in their entirety. He commented on the growth in minority organizations and the information conveyed in the testimonials about the barriers regarding access to care and the courageous acts of members who supported minority dentists. Dr. Versman thanked the Board for changing the Board Rules to allow the Diversity Committee to meet more often. He informed the Board that during the planning of 2011 Diversity Committee, strategies for expanding collaboration were discussed and it was agreed to invite leaders of the Diversity Summit organizations to participate in the ADA Washington Leadership Conference.

Business Continuity Plan Presentation: Ms. Mark, chief information officer, provided an in depth presentation of the newly developed business continuity plan that has been implemented to address interruption of business at the Association.

Dental Practice/Professional Affairs

Report of the Council on Dental Practice: Update on the Activities of the W.K. Kellogg Foundation

Related to New Dental Providers: Dr. McManus, senior vice president, Dental Practice/Professional Affairs, provided an informational update on the activities of the W. K. Kellogg Foundation related to New Dental Providers. Dr. McManus reported that there were two community catalyst projects, a consumer health advocacy project reviewing 16 states in 2006 and a 2010 dental access project involving five states selected to be funded with \$16 million through 2014. He noted the lead agencies of the five states; in Kansas the Kansas Dental Association/Action for Children; in Ohio the UHCANN, which has a project deficit of \$8 billion dollars; in New Mexico the Con Alma (DHAT will be introduced in legislature in January); in Washington State the Washington Children Alliance (received \$1 million/in a state facing a \$4 billion deficit); and in Vermont the Voices for Vermont's Children. Dr. McManus informed the Board that the other Kellogg Grant is targeting the AAPHD (American Association of Public Health Dentists) and the Regents of the University of Colorado to pilot a dental therapist program.

The Board deliberated on dental therapist program and discussed options and solutions. It was commented that the best solution for the agency is the long term investment and provided the Board some examples with tangible results.

On vote, the report of the Council on Dental Practice was received.

Membership/Tripartite Relations/Marketing

Report of the New Dentist Committee on The Future of the ADA: The Board received the New Dentist Committee's written report regarding its scenario-based mega issue discussion on the topic of the future of the American Dental Association and presented recommendations for ADA action that would help the Association be better prepared to meet the needs of ADA members in the future (over the next 20-30 years). Three scenarios were explored: (1) seamless healthcare work, (2) technology advance work, and (3) one payor world. The question that was asked was what are the implications on what the ADA can do today? The report proposed the following recommendation for the Board's consideration:

B-203. Resolved, that the Board of Trustees encourages agencies of the American Dental Association, including the Strategic Planning Committee and appropriate councils, to consider the following recommendations from the ADA New Dentist Committee to help the Association be better prepared to meet members' future needs.

- Continue to make science a priority and to periodically assess and enhance the resources provided to help members integrate research into practice and to provide the best possible patient care.
- Continue and increase its collaboration efforts with other dental organizations, such as the specialty organizations and the AGD, as well as ethnic dental organizations which are striving to meet the needs of various segments of the population. Further, the ADA should broaden its collaboration efforts with medical groups and organizations within the broader health care arena.
- Increase its emphasis on public education to increase oral health literacy and, through the Council on Communications and other appropriate agencies, develop a plan to set key goals (such as becoming the "go-to" provider of health information to the public) and allocate adequate funding to implement the plan.
- Research new, emerging and potential practice models beyond solo and small group practice.
- Assess the current use of electronic health records, participate in the development of standards

- for electronic health records, and provide resources to educate members in this regard.
- Rethink its positioning as a CE provider, develop an overarching business plan for continuing education, and take steps to become the dominant provider of continuing education for the dental profession.
- Reconsider opportunities to offer membership to non-dentists such as physicians, pediatricians and others with an interest in furthering the ADA's commitment to being the leading advocate for oral health and be open to considering opportunities to streamline and consolidate dental organizations under the ADA umbrella.

The Board acknowledged its appreciation of the NDC's diligent work on the subject and was impressed with the NDC's insights. The NDC's recommendation was moved and seconded for discussion. It was noted that the Board's February session is devoted to strategic planning and concern was expressed as to timing and prematurity of the recommendation.

As a result, the following resolution was duly substituted and adopted by the Board of Trustees:

B-231-2010. Resolved, that the Board consider the Report of the New Dentist Committee: The Future of the ADA, for the future planning purposes.

Science and Professional Affairs

Report of the Council on Scientific Affairs: The Board received a report from the Council on Scientific Affairs on actions and initiatives from the Council's November 2010 meeting, CSA's assignments from the House of Delegates, and other priority activities with internal and external agencies. The report presented information on: the Council's focus on ADA's Strategic Plan and direction; planned publication of evidence-based clinical recommendations on fluoride supplements and fluoride intake from reconstituted infant formula; initial steps to conduct the Health Screening Program at the 2011 Annual Session; revisions to the Council's 2009 report on whitening/bleaching; approval of ADA Seal Program guidelines and ADA Professional Product Review™ activities; and other topics.

Dr. Meyer also reported to the Board that the ADA Foundation has discontinued financial support for the Gold Medal and Norton M. Ross Awards. The Norton M. Ross Award has historically been underwritten by Johnson & Johnson. He further stated that the Gold Medal Award is a \$25,000.00 cash reward and a gold medal (worth \$10,000.00) given every three years. This award is sponsored by Church & Dwight. It was mentioned to the Board that Church & Dwight budgets half the program and the ADA sponsors the other half, contributing \$8,000.00 a year towards that reward.

Accordingly, the Board of Trustees adopted the resolution as follow:

B-201-2010. Resolved, that the Board of Trustees accepts the recommendation of the Council on Scientific Affairs that the Norton M. Ross and the Gold Medal Awards be continued as programs of the American Dental Association, and be it further

Resolved, that the Board directs the Council on Scientific Affairs to collaborate with Corporate Relations in developing a decision package for providing ongoing ADA funding for the Gold Medal Award beginning in 2012.

Organizational/Other

Report on the ADA Staff's Social Responsibility Committee, Request for Matching Funds:

Dr. O'Loughlin reported on a request received from the ADA Staff's Social Responsibility Committee. She explained that the staff was conducting a charity raffle to raise funds for Goldie's Place, a shelter for the homeless in Chicago. Goldie's Place offers services including tutoring, mentoring, resume assistance, GED referral, employment assistance, job coaching, job placement, small group job readiness training, free dental

care, recovery support and a clothing closet service.

Following discussion, the Board of Trustees unanimously adopted the following resolution:¹

B-202-2010. Resolved, that the Board of Trustees approve a match of the funds raised by the ADA Staff's Social Responsibility Committee charity raffle, up to \$7,500, from Reserves.

Report of the Executive Director: Dr. O'Loughlin presented the 2010 3rd quarter management reports and provided a summary on division and agency activities and issues. Also reported were details on her activities and travels since the 2010 annual session. Additionally, Dr. O'Loughlin reported on the acceptance of 295 affiliate membership applications since the September 2010 Board meeting.

Special Order of Business

Appearance of Dr. David Whiston and Dr. Anne Benedicto, Executive Vice President, The Joint

Commission: Dr. David Whiston and Dr. Anne Benedicto of the The Joint Commission, appeared before the Board and gave a presentation on The Joint Commission's Center for Transforming Healthcare.

Report of the Council on Access, Prevention and Interprofessional Relations: Update on The Joint Commission's Center for Transforming Healthcare: Current Projects and Impact to the Dental

Profession: The Council provide a report that describes several projects the Center is pursuing. As a corporate member of The Joint Commission, the ADA is privileged to participate in initiative designed to improve the quality and safety of healthcare domestically and internationally. The Board discussed the Center and potential benefits of providing a donation to it. At the conclusion of that discussion, the Board of Trustees adopted the following resolution:

B-211-2010. Resolved, that the 2012 budget include \$5,000 to fund a donation to The Joint Commission Center for Transforming Healthcare.

Request for Assistance from Alabama Dental Association: It was moved to provide up to \$60,000 to the Alabama Dental Association for legal expenses with each ADA dollar provided to be matched by \$2 in Alabama Dental Association funds. During the ensuing discussion, it was indicated to the Board that, with previously approved funds that had been provided by the Association and funding provided under a SPA grant, \$135,000 in funding had been provided to the Alabama Dental Association toward its legal expenditures. Dr. Low offered an amendment to the pending motion to make the contributions a one to one dollar match. Dr. O'Loughlin explained to the Board that there were 1,393 active members of the Alabama Dental Association and not 1,700 members. Dr. Seago agreed with the one to one dollar grant match. The motion to amend was duly seconded and adopted by the Board, following which the Board adopted the following resolution:

B-227-2010. Resolved, that in light of the ADA's current participation in the amount to \$135,000 related to the Alabama problem, up to \$60,000 be provided, from the 2011 Legal Contingency Fund, to the Alabama Dental Association for their legal expenses in a matching \$1 to \$1 dollar grant.

Global Affairs

Humanitarian Award: The report of the 2011 Humanitarian Award Nominating Committee was considered and discussed, following which the following resolution was unanimously adopted:

B-208-2010. Resolved, that Dr. Jeremiah Lowney, Connecticut, be approved as the 2011 recipient of the ADA Humanitarian Award.

¹ Alternative Funding of \$5,000 was subsequently developed and used to support this activity. See Resolution B-213-2010.

Finance and Operations

Final Report on the Status of the 2010 Capital Contingency Fund and Approval of Supplemental

Appropriation Requests: A Capital Contingency Fund of \$200,000 was authorized in the 2010 budget. In 2010, the Board of Trustees approved total capital supplemental requests in the amount of \$346,950 net of alternative funding, leaving a deficient balance of (\$146,950). No additional requests were submitted for this meeting.

Report on the Status of the 2010 Operating Contingency Fund and Approval of Supplemental

Appropriation Requests: A Contingency Fund of \$700,000 was authorized in the 2010 budget. The Board of Trustees through its October 2010 meeting approved total supplemental requests in the amount of \$707,250 net of alternative funding and adding back the Smile Healthy funding, leaving a deficient balance of (\$7,250). For this meeting, one request was received and considered by the Budget and Finance Committee. Dr. Thompson, chair, Budget and Finance Committee presented that Committee's recommendation on the request. The Board subsequently adopted the following resolution:

B-213-2010. Resolved, that the following appropriation be made from the 2010 Contingency Fund and/or Reserves and be allocated to line items in separately listed cost centers, with the exception of capital funding, in accordance with the terms of the supplemental appropriation requests.

Division of Administrative Services
(Cost Center 090-1050-XXX)

Request for matching funds for ADA Staff Raffle Donation - \$7,500

Alternative Funding of \$5,000 accepted with \$2,500 funded through Reserves.

Report on the Status of the 2011 Operating Contingency and Approval of Supplemental Appropriation

Requests: The report of the Budget and Finance Committee was presented by the chair, Dr. Thompson. Dr. Thompson reported that there is a Contingency Fund of \$1,000,000 authorized in the 2011 budget and presented the Committee's recommendations on each funding request. The Board subsequently discussed and adopted the following resolutions.

B-219-2010. Resolved, that the following appropriation be made from the 2011 Contingency Fund and be allocated to line items in separately listed cost centers, with the exception of capital funding, in accordance with the terms of the supplemental appropriation requests.

Division of Legal Affairs
(Cost Center 090-1150-XXX)

Senior Project Assistant - \$75,750

B-220-2010. Resolved, that the following appropriation be made from the 2011 Contingency Fund and be allocated to line items in separately listed cost centers, with the exception of capital funding, in accordance with the terms of the supplemental appropriation requests.

Division of Information Technology
(Cost Center 090-1450-XXX)

Preservation of Evidence - \$80,000

B-221-2010. Resolved, that the following appropriation be made from the 2011 Contingency Fund and be allocated to line items in separately listed cost centers, with the exception of capital funding, in accordance with the terms of the supplemental appropriation requests.

Division of Dental Practice/Professional Affairs
(Cost Center 090-1500-XXX)

Hillenbrand Fellowship - \$42,900

B-222-2010. Resolved, that the following appropriation be made from the 2011 Contingency Fund and be allocated to line items in separately listed cost centers, with the exception of capital funding, in accordance with the terms of the supplemental appropriation requests.

Division of Dental Practice/Professional Affairs

(Cost Center 090-1500-XXX)

Associate Membership to the American Hospital Association - \$2,950

B-223-2010. Resolved, that the following appropriation be made from the 2011 Contingency Fund and be allocated to line items in separately listed cost centers, with the exception of capital funding, in accordance with the terms of the supplemental appropriation requests.

Division of Dental Practice/Professional Affairs

(Cost Center 090-1500-XXX)

Attendance at the 2011 National Association of Community Health Centers Meetings - \$7,800

B-224-2010. Resolved, that the following appropriation be made from the 2011 Contingency Fund and be allocated to line items in separately listed cost centers, with the exception of capital funding, in accordance with the terms of the supplemental appropriation requests.

Division of Dental Practice/Professional Affairs

(Cost Center 090-1500-XXX)

National Roundtable for Dental Collaboration Keynote Speaker - \$3,200

B-225-2010. Resolved, that the following appropriation be made from the 2011 Contingency Fund and be allocated to line items in separately listed cost centers, with the exception of capital funding, in accordance with the terms of the supplemental appropriation requests.

Division of ADA Publishing

(Cost Center 090-1700-XXX)

Print Survey of Membership Regarding ADA News Design - \$7,500

Report on the Status of the 2011 Capital Contingency Fund and Approval of Supplemental Appropriation Requests: A Capital Contingency Fund of \$200,000 was authorized in the 2011 budget. For this meeting, 2011 Capital Contingency Fund requests submitted total \$184,600. Approval of the appropriation requests would leave the original 2011 Capital Contingency Fund with a balance of \$15,400.

The Budget and Finance Committee recommended that these requests not be adopted at this time and be postponed until April.

B-214. Resolved, that the following appropriation be made from the 2011 Capital Contingency Fund and be allocated to the appropriate capital accounts in accordance with the terms of the supplemental appropriation request.

Division of Science/Professional Affairs

Computer Numerical Controlled 3-Axis Milling Machine - \$12,200

B-215. Resolved, that the following appropriation be made from the 2011 Capital Contingency Fund and be allocated to the appropriate capital accounts in accordance with the terms of the supplemental appropriation request.

Division of Science/Professional Affairs

Mercury Analyzer for Amalgam Separator Evaluation and Health Screening Program - \$51,200

B-216. Resolved, that the following appropriation be made from the 2011 Capital Contingency Fund and be allocated to the appropriate capital accounts in accordance with the terms of the supplemental appropriation request.

Division of Science/Professional Affairs

Ion Chromatography Instrument for Seal of Acceptance Product Certification - \$48,000

B-217-2010. Resolved, that the following appropriation be made from the 2011 Capital Contingency Fund and be allocated to the appropriate capital accounts in accordance with the terms of the supplemental appropriation request.

Division of Science/Professional Affairs

Scanning Electron Microscope (SEM) - \$73,200

Report of the Finance Committee on Quarterly Financial Statements: The Board received the quarterly financial statement package. The financial package responds to Resolution 97H-2009 which calls for such reports to be disseminated to the House of Delegates four times a year. The statement provides: the financial position (i.e. balance sheet), a statement of activities (i.e. income statement) and a statement of cash flows for the consolidated ADA, ADA Business Enterprises, Inc., ADA Foundation and the ADPAC. The Committee's recommendation for approval and transmittal to the House of Delegates was moved.

Following discussion, the following resolution was adopted:

B-218-2010. Resolved, that the quarterly financial statements as of September 30, 2010, be accepted and posted in the delegate section of ada.org.

Report of the ADABEI Workgroup: Following an attorney-client session, Dr. Long moved a resolution to reconstitute the board of the ADA Business Enterprises, Inc. The Board engaged in discussions respecting the makeup of the ADABEI Board of Directors and the appropriate size of the Board.

Following that discussion, on vote, the Board of Trustees adopted the following resolution.

B-228-2010. Resolved, that the ADABEI Board of Directors be reconstituted with five (5) members as follows: three (3) ADA members at large with previous background in finance, business or for-profit subsidiaries; one (1) member of the ADA Board of Trustees appointed by the ADA president; and one (1) independent director with a background in business, finance and/or accounting, and be it further

Resolved, that the term of office of a director shall be four (4) years with the tenure of a director limited to one (1) term of four (4) years, and be it further

Resolved, that the terms of office shall be staggered for continuity, and be it further

Resolved, that the ADA president put out a call for nominations of the directors other than the ADA trustee representative director, with elections to be held at the April 2011 ADABEI Shareholder Meeting.

Liaison Reports

The following liaison reports were submitted:

Report of Dr. Charles H. Norman, Liaison to the Council on Dental Education and Licensure

Report of Dr. Samuel B. Low, Liaison to the Council on Dental Benefit Programs

Adjournment

The Board of Trustees adjourned *sine die* on Tuesday, December 7, 2010, at 3:45 p.m. CDST.

Appendix

Consent Calendar

The following reports and resolutions were adopted via the Consent Calendar as amended:

Preliminary

Approval of Minutes of Previous Session

B-167-2010. Resolved, that the minutes of July 25-27, 2010, session of the Board of Trustees be approved, as amended.

Communications and Marketing

Progress Report of Social Media Workgroup: Results from Implementation of Social Media at 2010 Annual Session

Communications and Marketing Division: Reputational Risk, Communications Activities

Dental Education/Professional Affairs

Report from the Joint Commission on National Dental Examinations: Request for Reconsideration of Policy Regarding the JCNDE's Research and Development Fund

B-210-2010. Resolved, that the fourth resolving clause of B-53-1998 and the third resolving clause of B-32-2009 be rescinded.

Note: The revised resolutions will read as follows (deletions are struck through):

B-53-1998. Resolved, that a National Board Research and Development Fund be established, to be funded by \$10 of the National Board Dental and Dental Hygiene Examination candidate fees beginning in 1999, and be it further

Resolved, that expenditures from the fund will be proposed by the Joint Commission on National Dental Examinations for ADA Board for Trustees approval, and be it further

Resolved, that the unexpended balance in the fund at the end of each calendar year will be carried over to the next year, ~~and be it further~~

~~**Resolved**, that if the fund balance exceeds \$500,000, any excess will be contributed to the ADA Health Foundation.~~

B-32-2009. Resolved, that expenditures from the Joint Commission on National Dental Examinations' Research and Development Fund be approved for implementation of the proposed research and development activities as summarized in the appendix of the Joint Commission on National Dental Examinations' report to the Board of Trustees, and be it further

Resolved, that the Joint Commission on National Dental Examinations be allowed to retain accumulated funds for research and development activities in consideration of its anticipated projects and its decision to suspend assessments in 2010, and be it further

~~**Resolved**, that the new maximum amount to be retained by the Joint Commission on National Dental Examinations be raised to \$750,000, and be it further~~

Resolved, that expenditures from the Joint Commission on National Dental Examinations' Innovative Assessment Methods Research Grant Program be approved to support the two proposed research studies approved for the 2008-2009 funding cycles.

Dental Practice/Professional Affairs

Report of Dr. R. Wayne Thompson, Dental Quality Alliance

Global Affairs

Report of the Division of Global Affairs: Financial Account for International Development Programs

B-209-2010. Resolved, that the ADA Board of Trustees approve the creation of a liability account on the ADA balance sheet for the Division of Global Affairs so that any remaining funds received via grants or contributions for specific activities can be transferred to future years, and be it further **Resolved**, that funds received by the Division of Global Affairs for international humanitarian programs be maintained in a segregated account.

Report on the 2010 FDI Annual World Dental Congress

Government and Public Affairs

Report of the Interim Senior Vice President, Government and Public Affairs: Federal and State Legislative, Regulatory and Public Affairs Update

Science and Professional Affairs

Report of ADA Standards Committees Volunteer Awards Program

B-198-2010. A resolution approving the 2010 SCDP award winner was adopted by the Board. Publication of the resolution is deferred until the recipient has been notified.

B-199-2010. A resolution approving the 2010 SCDI award winners was adopted by the Board. Publication of the resolution is deferred until the recipients have been notified.

Organizational/Other

Report on Ways to Facilitate the Implementation of Resolution 48H-2008: ADA Intellectual Property Licensing Protocol

B-204-2010. Resolved, that the Board of Trustees communicate with ADA councils to encourage them to submit templates covering their standard requests for intellectual property for Board approval as provided in Resolution B-105-2009, and be it further **Resolved**, that the Board provide the councils with a template as a tool to facilitate the flow of Resolution 48H decision-making.

Ratification of Additional Appointments to the Standing Committees of the Board of Trustees

B-212-2010. Resolved, that the additional appointments to the standing committees of the Board of Trustees as made by the President be ratified.

Report of the President

Report of the President-Elect

Report on Leadership Development Resource

Report of the Criteria to ADA Councils, Commissions and the New Dentist Committee

Notes

Minutes of the House of Delegates

October 9–13

Notes

Minutes of the 151st Annual Session of the American Dental Association House of Delegates

October 9–13, 2010
Orlando, Florida

Saturday, October 9, 2010

First Meeting of the House of Delegates

Call to Order: The first meeting of the 151st American Dental Association House of Delegates was called to order by the Speaker of the House of Delegates, Dr. J. Thomas Soliday, Maryland, on Saturday, October 9, 2010, at 1:30 p.m., in the Orlando Ballroom of the Hilton Orlando, Orlando, Florida.

Invocation and Pledge: An invocation was offered by the First Vice President, Dr. Thomas E. Sullivan, Illinois; the members of the House of Delegates recited the Pledge of Allegiance.

Introduction of Officers: The Speaker introduced the following officers of the Association who were seated on the dais: Dr. Edward Leone, Jr., treasurer; Dr. Raymond F. Gist, president-elect; Dr. Ronald L. Tankersley, president; Dr. Kathleen T. O'Loughlin, executive director; Dr. Thomas E. Sullivan, first vice president; and Dr. A. J. Smith, second vice president.

Introduction of Former Presidents and Distinguished Guests: The Speaker introduced the former presidents of the American Dental Association who were seated in the House of Delegates. Guests who were introduced included: Dr. Walter Owens, president, National Dental Association; Dr. Victor Rodriguez, president, Hispanic Dental Association; Dr. Dave Smith, president, Society of American Indian Dentists; Dr. Ron Smith, president, Canadian Dental Association; Dr. Jaime Edelson, president, Mexican Dental Association; and Dr. Roberto Vianna, president, FDI World Dental Association.

Introduction of Committee on Local Arrangements Chair: Dr. Roger Nofsinger, Florida, chair of the Committee on Local Arrangements, welcomed the delegates and alternate delegates to the state of Florida.

Introduction of ADPAC Chair: Dr. Roger W. Triftshauser, New York, chair of the American Dental Political Action Committee, reported that only 16% of the total membership contributes to ADPAC through state membership dues statements and that ADPAC was initiating a marketing plan to increase the ADA donor base and encouraged every delegate to make a donation to ADPAC. In addition, he said, "... Another ADPAC endeavor is campaign school to grow our own dental representatives at the state and the federal levels. And today we have a graduate of our first class in 2009 who is running for Congress in Arizona's First District ... Dr. Paul Gosar."

Congressional candidate Dr. Paul Gosar (Arizona) addressed the House of Delegates.

Ethics Statement: Dr. David F. Boden, Florida, chair, Council on Ethics, Bylaws and Judicial Affairs read the following ethics statement:

As members of the legislative and governing body of the American Dental Association, we want to be reminded of our responsibility to act with integrity and exercise our powers and perform our duties relating to professional matters in a manner consistent with the *Principles of Ethics and Code of Professional Conduct* of the Association. By acting ethically and with integrity over the course of this annual session, we can be certain that our legislative obligations and decision making authority will be discharged in keeping with the profession's fiduciary obligations. Finally, we must be mindful of our responsibility for professionalism and respect to each other in our work and deliberations. The ADA's

Professional Conduct Policy that appears in the Manual of the House of Delegates speaks to the fact that professionalism is the standard for communications throughout this Association.

Report of the Committee on Credentials, Rules and Order: Dr. John E. Roussalis, Wyoming, presented the Report of the Standing Committee on Credentials, Rules and Order (*Supplement:1020*). The other members of the Committee were: Dr. Stephen O. Glenn, Oklahoma; Dr. J. D. Hill, Kentucky; Dr. Steven J. Holm, Indiana; Dr. Ned J. Murphy, Wisconsin; Dr. John B. Nase, Pennsylvania; Dr. Charles L. Silvius, Massachusetts; Dr. E. Gaines Thomas, Alabama; and Dr. Gus C. Vlahos, Virginia.

Dr. Roussalis reported that the Committee received requests relating to the credentialing of new delegates, alternate delegates, acting secretaries and acting executive directors. The Committee considered these requests to be the result of extenuating circumstances. Accordingly, the Committee recommended that the following individuals be credentialed as follows:

New Delegate

Dr. Jack Klure, Idaho

New Alternate Delegates

Dr. Robert Langsten, Air Force
Dr. Mark Prator, Alaska
Dr. Gary Dubin, Connecticut
Dr. Patrick Grogan, District of Columbia
Dr. Brian Kennedy, New York
Dr. Elizabeth Mueller, Ohio
Dr. Walter Owens, Tennessee
Dr. Hilton Israelson, Texas
Dr. Mark Walker, Washington

New/Acting Secretaries

Dr. Andrew Hyams, Montana
Dr. Arnie Sybrant, Wyoming

New/Acting Executive Director

Dr. Roger Newman, Montana

The Speaker asked if there were any objections to credentialing the above mentioned individuals; hearing none, the Speaker declared the credentials granted.

Dr. Roussalis reported the presence of a quorum and continued with the presentation of the Committee's report.

Approval of the Minutes of the 2009 Session of the House of Delegates (Standing Committee on Credentials, Rules and Order Resolution 32): Dr. Roussalis moved the adoption of Resolution 32 (*Supplement:1027*).

The Speaker informed the House that the minutes of the 2009 House did not clearly identify an amendment associated with Resolution 10S-1, which was subsequently adopted by a 70% affirmative vote. He stated that a corrected copy of Resolution 10S-1 would be appended to the minutes of the 2009 House of Delegates. Hearing no objection, the Speaker called for a vote on Resolution 32 as amended.

On vote, Resolution 32 was adopted.

32H-2010. Resolved, that the minutes of the 2009 annual session of the House of Delegates, as published in *Transactions 2009*, pages 361-504, be approved.

Adoption of Agenda and Order of Agenda Items (Standing Committee on Credentials, Rules and Order Resolution 33): Dr. Roussalis moved the adoption of Resolution 33 (*Supplement:1028*). On vote, Resolution 33 was adopted.

33H-2010. Resolved, that the agenda as printed in the *2010 Manual of the House of Delegates and Supplemental Information* be adopted as the official order of business for this session, and be it further

Resolved, that with the consent of the House of Delegates, the Speaker be authorized to alter the order of the agenda as deemed necessary in order to expedite the business of the House.

Referral of Reports and Resolutions (Standing Committee on Credentials, Rules and Order Resolution 34): Dr. Roussalis moved the adoption of Resolution 34 (*Supplement:1029*).

The Speaker noted the following changes to the list of referrals.

Resolution 56—Amendment of the *ADA Bylaws*: Establishment of a New Council on Financial Affairs (*Supplement:2080*) was in conflict with the *ADA Constitution* and would be referred to the Reference Committee on Budget, Business and Administrative Matters with the understanding that this conflict would be corrected in the Reference Committee Report.

Withdrawn Resolutions

Resolution 104—Alaska Dental Society, ADA Engagement in Issue Research Matters Officially Opposed by the House of Delegates (*Supplement:3147*)

Resolution 104S-1—Eleventh Trustee District, Substitute for Resolution 104: ADA Engagement in Issue Research Officially Opposed by the House of Delegates (*Supplement:3147a*)

Resolution 109—Fourteenth Trustee District, Clarifying the Election of the Treasurer (*Supplement:5096*)

Referred to the 2011 House of Delegates

Resolution 105—Seventh Trustee District, Amendment to the *ADA Bylaws*: Setting the Dues of Active Members (*Supplement:2240*)

Resolution 114—Special Committee on Financial Affairs, Amendment of the *ADA Constitution* Regarding Audit Responsibilities (*Supplement:2243*)

On vote, Resolution 34, as amended, was adopted.

34H-2010. Resolved, that the preliminary and supplemental list of referrals submitted by the Speaker of the House of Delegates be approved.

Prior to concluding the Committee's report, Dr. Roussalis called the House's attention to the times and locations for reference committee hearings, reviewed the rules regarding the introduction of new business, and reminded everyone that proxy voting is not permitted in the House of Delegates. In addition, he noted the importance of completing Delegate Substitution Forms to ensure an accurate attendance record.

Report of the President: The Speaker introduced Dr. Ronald L. Tankersley for the purpose of presenting his report to the House of Delegates. The Speaker referred the report (*Supplement:6074*) to the Reference Committee on Membership and Planning.

Special Order of Business

Presentation of the Distinguished Service Award: President Tankersley presented the 2010 Distinguished Service Award to Dr. Charles Bertolami, New York. The Distinguished Service Award is the highest honor the ADA Board of Trustees confers on any individual in any given year. A brief acceptance speech was given by Dr. Bertolami.

Presentation of Presidential Citations: President Tankersley presented Presidential Citations to Dr. Arthur Dugoni and Mr. Mike Sudzina for their distinguished service and dedication to the American Dental Association Foundation.

Reports of the Board of Trustees to the House of Delegates

Report 1 of the Board of Trustees to the House of Delegates: Association Affairs and Resolutions (*Supplement:1000*): Dr. S. Jerry Long, trustee, Fifteenth District, presented Report 1, which included recognition of the Council on ADA Sessions and the Committee on Local Arrangements for their efforts in organizing the annual meeting. A moment of silence was observed in memory of former ADA officials and colleagues who passed away since the last meeting of the House.

Nominations to ADA Councils and Commissions (Board of Trustees Resolution 52): Dr. Long presented the nominations of the Board of Trustees to ADA councils and commissions. The Speaker called for additional nominations; there were none. On vote, Resolution 52 (*Supplement:1018*) was adopted.

52H-2010. Resolved, that the nominees for membership on ADA Councils, Commissions, and the Committee on the New Dentist submitted by the Board of Trustees in accordance with Chapter VII, Section 100(H) of the *Bylaws* be elected.

The members of the House of Delegates recognized the retiring members of councils and commissions who were seated in the House.

Continuing, Dr. Long noted that Reports 2 through 16 of the Board of Trustees had been referred by the Speaker to the appropriate reference committees as indicated on the Updated General Index to the resolution worksheets.

Nomination of Officers and Trustees

President-elect: The Speaker called for nominations for the office of president-elect. Dr. William R. Calnon, New York, was nominated by Dr. Robert J. Doherty, New York. Dr. Dennis E. Manning, Illinois, was nominated by Dr. Darryll L. Beard, Illinois. Dr. Mary Krempasky Smith, Washington, was nominated by Dr. Mark Walker, Washington. Dr. Russell I. Webb, California, was nominated by Dr. Ruchi Sahota, California. The Speaker called for additional nominations; there were none. Acceptance speeches were subsequently given by the president-elect candidates. The Speaker announced that the names of the candidates would be placed on the ballot for election on Tuesday, October 12.

Second Vice President: The Speaker called for nominations for the office of second vice president. Dr. Patricia L. Blanton, Texas, was nominated by Dr. Ralph A. Cooley, Texas. Dr. Lee D. Jess, Minnesota, was nominated by Dr. Robert M. Brandjord, Minnesota. Acceptance speeches were given by the second vice president candidates. The Speaker announced that the names of the candidates would be placed on the ballot for election on Tuesday, October 12.

Speaker of the House of Delegates: President Tankersley assumed the chair for the purpose of calling for nominations for the office of the Speaker of the House of Delegates. Dr. J. Thomas Soliday, Maryland,

was nominated by Dr. Morris Antonelli, Maryland. Hearing no other nominations, Dr. Tankersley declared Dr. Soliday duly elected as Speaker of the House of Delegates.

Dr. Soliday resumed the chair.

District Trustees: The Speaker announced the following caucus results for district trustee:

Second District: Dr. Steven Gounardes, New York
 Eighth District: Dr. Joseph Hagenbruch, Illinois
 Eleventh District: Dr. Roger Kiesling, Montana
 Thirteenth District: Dr. Carol Gomez Summerhays, California

The Speaker declared Dr. Steven Gounardes, Dr. Joseph Hagenbruch, Dr. Roger Kiesling, and Dr. Carol Gomez Summerhays duly elected as trustees of their respective districts.

New Resolutions

The Speaker announced the following new resolutions and their respective reference committee referrals.

Seventeenth Trustee District, Resolution 124 (*Supplement:2246*), House of Delegates Approval of Decision Packages, referred to the Reference Committee on Budget, Business and Administrative Matters.

Fourth Trustee District, Resolution 125 (*Supplement:6079*), Amendment of the ADA *Bylaws* Regarding the Dues of Active Life Members, referred to the Reference Committee on Membership and Planning.

Remarks by ADA Foundation President, Dr. Arthur A. Dugoni: Dr. Dugoni thanked the House for the honor of presenting one more time during his dental career that has spanned over 60 years. On behalf of the Foundation, he thanked the House for its support and trust. He stated that the Foundation had initiated a comprehensive internal review of its financial systems, business processes, fundraising and programmatic activities. He also shared highlights of the past year, which included a brief overview of the Foundation's giving history.

Recess: The first meeting of the House recessed at in preparation for a closed and attorney-client session.

First Meeting (Continued)

Dr. Thomas Soliday, Speaker of the House of Delegates, read the following statement prior to commencing of a closed session:

This session is limited to only the ADA delegates and alternate delegates, ADA past presidents, the current Officers and Members of the Board of Trustees, Executive Directors of the Constituent Societies, the ADA Chief Financial Officer and ADA Legal Staff. Everyone else must leave the House. I respectfully request that the Guest Section be cleared of national dental organization representatives, international guests, and all other observers. All computers, blackberry's and electronic devices must be turned off during both the confidential and attorney-client sessions. Any notes taken must be retained and cannot be shared with others. We thank you for your cooperation.

The purpose of this closed session is to consider highly confidential matters. Immediately after the confidential session there will be an opportunity for questions and answers of the presenters. There will be a time limit on members' questions and statements to two minutes. I will have a time keeper. Out of

respect to other delegates I request that we use the honor system of not speaking a second time until others have a chance to speak. We will use microphones Number 3 and 4 in the center aisle.

Closed Session

Call to Order: A closed session was convened at 3:56 p.m. In attendance were the members of the House of Delegates, the Executive Directors of the Constituent Societies, the ADA Chief Financial Officer and ADA in-house legal counsel attending the annual session. Also in attendance were Mr. Pat Kitchen from RSM McGladrey; and Mr. Darryl Buikema and Mr. Jim Stark from KPMG.

First Meeting (Continued)

The closed session adjourned at 5:01 p.m. and the regular session of the House was resumed.

The Speaker announced that the House would be convening an attorney-client session and requested clearing of the room.

Dr. Robert Anderton, former ADA president, requested a point of information. He asked whether Mr. Robert Coleman, outside legal counsel to ADA, had a conflict of interest and should be recused from attendance at the attorney-client session about to be convened. He noted that Mr. Coleman is retained by the Board of Trustees and that it was possible that the interests of the House and Board could be adverse in the matters about to be discussed.

The Speaker responded that Mr. Coleman did not have conflict of interest because he was retained as counsel to represent the interests the ADA. He also explained that the reports in question were prepared by independent outside counsel also hired to represent the ADA.

At the request of the Speaker, Mr. Coleman spoke, explaining that he is retained as legal counsel to represent the ADA, not the Board of Trustees. He also stated that he did not personally represent any member of the Board of Trustees. The Speaker then indicated that Mr. Coleman would remain in attendance at the attorney-client session.

Dr. Anderton commented that he still had concerns and requested an appeal from the Speaker's decision.

The Speaker stated that the decision of the Chair had been appealed from and called for a vote on his ruling. On vote, the Speaker's decision that Mr. Coleman be allowed to remain in attendance at the attorney-client session was sustained.

Attorney-Client Closed Session

An attorney-client session was convened at 5:17 p.m. Members of the House of Delegates were readmitted to the meeting room for an attorney-client session involving matters related to the ADA and the ADA Foundation. Also present for the entirety of the attorney-client session were Mr. Thomas C. Elliott, Jr. Esq., ADA interim chief legal counsel, Ms. Wendy J. Wils, ADA senior associate general counsel, and Mr. Robert Coleman and Mr. Eugene Schlitz of the Coleman Law Firm. Present for the portion of the attorney-client session during which matters involving the ADA Foundation were discussed were Dr. Arthur Dugoni, Mr. Michael Sudzina, Ms. Nancy Livingston, Esq., ADA associate general counsel, and Ms. Diane Romza-Kutz, Esq., of Troutman Sanders LLP.

The attorney-client session adjourned at 7:15 p.m. and the regular session resumed at 7:26 p.m.

The Speaker recognized Dr. Thomas W. Gamba, Pennsylvania, who made the following motion:

Resolved, that the House of Delegates be given the opportunity to view the five reports in question relating to whistleblower complaints.

Dr. John E. Roussalis, II, Wyoming, requesting a point of information, asked who owned the five reports in question. With permission of the Speaker, Robert Coleman, Esq., responded that the reports are the property of the American Dental Association. He stated further that the reports were delivered to the Board of Trustees, who was the control group that had to make decisions regarding those reports.

Dr. Glen D. Hall, Texas, spoke in favor of the release for two reasons. First, anyone who does not wish to review the reports does not have to. But those who do wish to see the reports believe they are acting in the best interests of the Association and would not do anything to harm the Association. Everyone has heard that anyone disclosing the contents of the report might be personally liable. The delegates who wish to see the report wish to act in a fiducially responsible manner. Those that wish to see the documents should be permitted to do so, but he will respect the will of the House and will not violate the House's decision.

Dr. Rob R. Lovell, Michigan, asked a point of information on whether it was prudent to proceed with the motion as worded without any indication that the reports would be viewed in a secure fashion if the House voted to review the documents.

The Speaker indicated he would accept Dr. Lovell's comment as a friendly amendment to the motion of Dr. Gamba being debated on the floor. The Speaker stated that the motion would be amended to ask whether the House of Delegates be given the opportunity to view the five reports in question in a secure manner.

Dr. David Holwager, Indiana, moved to vote immediately. The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, motion was not adopted.

Resolved, that the House of Delegates be given the opportunity to view in a secure manner the five reports in question relating to whistleblower complaints.

The Speaker announced that secure bins were available at the back of the House for any delegate wishing to discard attorney-client material and that the bins would be available at each session of the House. The Speaker also announced that documents could also be turned into the ADA Legal Office.

The Speaker then asked the House if it wished to continue with the questioning of Ms. Romza-Kutz, and the House indicated its sentiment not to resume that questioning.

Dr. Deborah Weisfuse, New York, moved to adjourn the first meeting of the House of Delegates. Hearing no objections, the Speaker declared the meeting adjourned at 7:34 p.m.

Tuesday, October 12, 2010

Second Meeting of the House of Delegates

Call to Order: The second meeting of the ADA House of Delegates was called to order at 8:00 a.m. by the Speaker of the House of Delegates, Dr. J. Thomas Soliday, Maryland.

Introduction of Trustees: The Speaker introduced the 17 trustees of the American Dental Association who were seated with their delegations.

Presentation of Honorary Membership: The Speaker recognized President Ronald Tankersley for the presentation of Honorary Membership to the following individuals:

Dr. Raphael Baldacci Filho, Brazil
Dr. A. L. Burton Conrod, Canada
Ms. Mary K. McCue, Montana

Report of the Standing Committee on Credentials, Rules and Order: Dr. John E. Roussalis, chair, Wyoming, reported that the Committee received requests relating to the credentialing of new acting secretaries. The Committee considered these requests to be the result of extenuating circumstances. Accordingly, the Committee recommended that the following individuals be credentialed as follows:

New/Acting Secretaries

Dr. Jeffrey A. Platt, Indiana
Dr. W. Mark Donald, Mississippi
Dr. Katherine Hakes, Washington
Dr. Arnie Sybrant, Wyoming

Dr. Roussalis noted that Dr. Robert Langsten, Air Force, was named in error at the first meeting of the House.

The Speaker asked if there were any objections to credentialing the above mentioned individuals; hearing none, the Speaker declared the credentials granted.

Dr. Roussalis reported the presence of a quorum.

Announcements

Election Results: The Speaker announced that a second ballot would be conducted between Dr. William R. Calnon and Dr. Russell I. Webb for the office of ADA president-elect.

The Speaker also announced that Dr. Patricia L. Blanton, Texas, had been elected ADA second vice president. Dr. Blanton addressed the House of Delegates.

Withdrawn Resolutions: The Speaker announced that a request had been made by the Fifth Trustee District to withdraw Resolution 103, ADA Staffing (*Supplement:2238*). Hearing no objection, Resolution 103 was withdrawn.

Presentation of the Executive Director: Kathleen T. O'Loughlin presented her annual report to the House of Delegates. She spoke of the past year that had been filled with incredible challenges; not just for the executive director, but for ADA staff. Dr. O'Loughlin spoke of the approximate 429 staff against the 444 budgeted positions approved in 2009 that are producing 20% more work in response to Board, Council and House directives. She cited author Dan Pink's three key motivators; autonomy, mastery and purpose as

what drive people to excel saying, "... The ADA staff consists of knowledge workers. ... Knowledge workers thrive on autonomy. ... The most effective way that you can confirm this sense of autonomy is to simply respect them, respect their skill, respect their knowledge and respect their values." Next, Dr. O'Loughlin said, is mastery, "... It's incremental day-by-day achievements towards a goal, building day-by-day to create, ultimately significant organizational movement towards member-driven goals and objectives ... just consider this, where we were one year ago here in this House, from developing and implementing not one, not two, but three corrective action plans; IDM, ADAF, ADA; instituting best accounting and budget practices; creating a new Division of Communication to tell our story better; aligning the financial resources to a phenomenal strategic plan. ..." The third and final driver, Dr. O'Loughlin said, was purpose, "... Your staff, my staff are driven by a set of core beliefs that were there when I arrived. Members are the purpose of our work, and they believe it. ... Our total dedication and focus has got to be on member value. ... We need to enable every single member to fulfill their social contract with their communities in a meaningful way without sacrificing the integrity of this profession. ..." Dr. O'Loughlin concluded by encouraging the House to not be afraid of moving forward and to believe that the ADA is and will be the most enduring, the most relevant, the best Association in the world.

Announcement of Election Results: The Speaker announced that Dr. William R. Calnon, New York, had been elected to the office of ADA president-elect. Dr. Calnon; Dr. Dennis E. Manning, Illinois; Dr. Mary Krempasky Smith, Washington; and Dr. Russell I. Webb, California; briefly addressed the House of Delegates. Dr. Lee Jess, Minnesota, also briefly addressed the House of Delegates.

Report of the Treasurer: Dr. Edward Leone, Jr., reported to the House of Delegates that due to the special audit function last year and the audit of the ADA Foundation, the 2009 audit of the ADA and its subsidiaries is behind schedule saying, "it appears that there will be a surplus associated with the 2009 budget once audited numbers are available." He noted that the 2010 projection had a significant deficit of approximately \$1 million. He then proceeded to report on the status of the Reserve Fund, review of the dues stabilization policy and the development of the 2011 budget.

Priority Agenda Items

Report of the Reference Committee on Budget, Business and Administrative Matters—Priority Items

The priority items contained in the Report of the Reference Committee on Budget, Business and Administrative Matters were presented by Robert E. Butler, chair, Missouri. The other members of the Committee were: Dr. Jerrold H. Axler, Pennsylvania; Dr. H. Todd Cubbon, Illinois; Dr. Clelan G. Ehrler, California; Dr. Michel A. Jusseaume, Massachusetts; Dr. Dennis A. Johnson, Oregon; Dr. Thomas S. Kelly, Ohio; Dr. Dan P. McCauley, Texas; and Dr. Frederic C. Sterritt, New Jersey.

Approval of 2011 Budget (Board of Trustees Resolution 35): The Reference Committee reported as follows.

The Reference Committee heard testimony on Resolution 35 and recommends adoption.

Dr. Butler moved the adoption of Resolution 35 (*Supplement:2056*).

The Speaker stated, "This budget is a preliminary budget and the final budget will be right before the dues in the last session of the House."

Dr. Jolene O. Paramore, Florida, moved that the proposed budget be returned to the Board of Trustees for revision with the recommendation that all new program decision packages be removed from the budget.

The Speaker said, "Just so everyone is understanding, that consists of 20 different decision packages."

Speaking to the motion, Dr. Paramore said, "We have resolutions in front of this House that are critical to the mission of the ADA that require money. Our Treasurer has advised us to prioritize and fund the most

important initiatives. The ED has advised us to focus on member value. By removing the decision packages, a budget surplus would be created and these decision packages could be brought back to be considered by the House, each standing on its own merit..."

The Speaker asked for clarification, saying "Just so that this Board is not going to be confused, if the Board wishes, then, they can bring these back individually for the House to act on?"

Dr. Paramore responded in the affirmative.

As a point of information, Dr. Robert S. Roda, Arizona, requested clarification, saying, "I'd like to ask the maker of the last motion if she is intending for us to then debate 20 new resolutions at this House."

Speaking to the question, Dr. Paramore said, "If they are all brought back to us, they would all stand as a group."

Dr. Marshall H. Mann, Georgia, spoke in support of returning the budget, saying, "The present budget amounts to a \$7 dues increase presently. If all resolutions and packages are passed by this House, an additional \$14 dues increase will occur. ..."

Dr. Edward T. Graham, California, speaking in support of the motion, said, "... These are some tough times, and I think it's time the Board take a look at everything and try to bring back something a little bit more palatable ... without a dues increase."

Dr. Robert S. Roda, Arizona, moved to vote immediately. The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, the motion to refer Resolution 35 back to the Board with the recommendation to remove the decision packages was not adopted.

Seeing no one at the microphones, the Speaker called for the vote on the preliminary budget and noted that the final budget would be presented before consideration of the dues resolution (see page 638).

On vote, Resolution 35, as follows, was adopted.

35H-2010. Resolved, that the 2011 Annual Budget of revenues and expenses, including net capital requirements be approved.

Amendment of the ADA Bylaws: Establishment of a New Council on Financial Affairs (Special Committee on Financial Affairs Resolution 56 and Reference Committee on Budget, Business and Administrative Matters Resolution 56RC). The Reference Committee reported as follows.

The Reference Committee heard considerable testimony on the Report of the Special Committee on Financial Affairs and was in favor of its intent. After consultation with the Speaker of the House of Delegates and the Chair of the Council on Ethics, Bylaws and Judicial Affairs, the Reference Committee offers the following Resolution and revised Appendix III in order to conform with the ADA *Constitution and Bylaws*.

New language to Appendix III is double underscored and deleted language is double stricken through (see page 640).

56RC. Resolved, that the proposed amendments to the ADA *Bylaws* set forth in Appendix III, as revised, of the Report of the Special Committee on Financial Affairs establishing a new Council on Financial Affairs be approved.

Dr. Butler read the following statement, "Because the Audit Committee will remain under the purview of the Board of Trustees pending consideration of a constitutional amendment by the 2011 House of Delegates, it has been determined in consultation with the Speaker that two subparagraphs in the revised Appendix III of the Budget, Business and Administrative Matters Reference Committee need to be stricken. ... subparagraphs A and B need to be stricken because of the references to the Audit Committee found in these subparagraphs. These references to the Audit Committee should have been deleted from Appendix III during the work of the Reference Committee, but they were not, through oversight."

The Speaker said, "These refer to the Audit Committee, and, as you know, the Speaker has ruled ... the Audit Committee being in this Special Council is out of order because it goes against the *Constitution*. These were supposed to have been eliminated, but somehow in the transcribing of it, they weren't. ... So we are going to automatically scratch out..."

Dr. Butler moved the adoption of Resolution 56RC in lieu of Resolution 56.

Dr. Thomas S. Kelly, Ohio, a member of the Reference Committee on Budget, Business and Administrative Matters, spoke in support of Resolution 56RC, saying, "The Reference Committee strongly supports the importance of having a Council on Financial Affairs, and we last year appointed a Special Committee to do a job for us. ... [They] recommended a course of action ... A council is a council of the House of Delegates and, therefore, it reports directly to this House of Delegates without any filters."

Dr. David R. Larson, Pennsylvania, spoke in opposition to Resolution 56RC, saying, "... My belief and understanding is that this council does not address ADAF and it does not address ADABEI oversight, as they are at arm's length so they are not usually addressing the two main areas. It's not really a true sunset they're asking for. They're asking for a review. A sunset means it goes away unless it's revised and revisited and approved. ... I would urge this House to consider [Resolution] 123 in its stead, where you will continue the work of the Committee for one year ... I just think it's a little bit of a quick step to get ahead this much. So we like to fix things, but also we like to give some things time to heal. I think this House will be well considered to give it a year to heal."

As a point of information, Dr. Walter I. Chinoy, New Jersey, asked the Speaker to identify which lines were ruled out of order.

The Speaker confirmed that "a" and "b" under item 9 subsection H in Appendix III, as identified below, were ruled out of order.

9. Amend the ADA *Bylaws*, Chapter X. COUNCILS, Section 120. DUTIES, to add the following as new Subsection H and to modify the lettering in the subsequent provisions as necessary to reflect this additional Subsection (deleted language stricken through and new language underscored):

- H. COUNCIL ON FINANCIAL AFFAIRS. The duties of the Council shall be to:
 - a. Through the Audit Committee, oversee the audit function of the Association and its subsidiaries.
 - b. Through the Audit Committee, communicate directly with the Board of Trustees for action on matters related to the audit function.

A delegate from the floor requested a point of information, saying, "The elimination that was discussed earlier, just for clarification for the House, was that section, but also anything that related to that section. It's very clearly defined in those revised Appendix III as printed. All of the strikethroughs are already on there. ... Anything that had to do with the Audit Committee that was part of that is in the revised Appendix III that the Reference Committee proposed."

The Speaker responded by saying, "I appreciate you saying that, but the Chair was told a little earlier there might be confusion on it. That's why I asked Dr. Butler to bring that to people's attention."

Dr. Jerrold H. Axler, Pennsylvania, spoke in opposition, saying, "I believe this motion is a response to a very unfortunate set of affairs that took place the last few years. The corrections are now in place. I think this a bit premature. I think I'd like to see a little bit of time to let the dust settle, watch all this material start to change, and if it's necessary, we can continue the financial affairs by running [Resolution] 123, and at that time next year, if we feel it's still necessary, that we would be able to make it a more permanent council."

Dr. Christopher M. Connell, Ohio, moved to amend by substitution line item "p" under item 9 subsection H in Appendix III, as follows.

~~p. Set the terms of office of the Audit Committee members from the Board of Trustees and the Council as three years, with a limit of two three-year terms.~~ p. To evaluate all aspects of the Association's staff retirement plans, design and assumptions and to communicate with and educate the House of Delegates about these plans."

A delegate from the floor spoke in support of the substitution, saying, "I sit on the Reference Committee ... this Special Committee is given a vast number of duties that are important to looking at our Association's finances, and there's been numerous discussions looking at our retirement plans for our staff and what we feel are potential liabilities and problems with those plans. This would give that special group an opportunity to look at those particular details and come back with recommendations as they see fit."

Dr. Jerrold H. Axler, Pennsylvania, requesting a point of information, said, "We were just handed Resolution 134, which specifically asks seemingly for this. And one of these is going to end up having to be called out of order..."

The Speaker responded by saying, "... If this passes, and it's virtually the same, then we'll rule it out of order. ..."

A delegate from the floor said, "In reference to that, he's exactly right, this is a call to do what the ... members of the House are looking to do. We feel this is an appropriate place for that to take place."

Seeing no one else at the microphones, Dr. Soliday called for a vote on the substitution to line "p" under item 9 subsection H in Appendix III. On vote, the substitution was not adopted.

Dr. Michael G. Durbin, Illinois, spoke in support of Resolution 56RC, saying, "As makers of Resolution 123, I'd like to clarify that the majority opinion of the Eighth is that we strongly support passage of Resolution 56RC and see 123 as an alternative only in the event of defeat of 56RC and don't feel a committee structure would be as effective as a council structure in managing the financial affairs of the Association."

As a point of information, a delegate from the floor asked for clarification on whether bylaws changes had to be submitted a year in advance.

The Speaker responded by saying, "You can submit a bylaw change up through today's House and it can be then handled in the last session under new business. You can't submit it on the last day. In other words, you can't submit it tomorrow."

Dr. D. Douglas Cassat, California, spoke in support of Resolution 56RC, saying, "I was one of the main speakers at the Reference Committee raising this issue about the benefit package, and I fully agree with the addition in this place. It's clear to me that we cannot continue business as usual. The Special Committee on Financial Affairs has spent thousands of man hours going over last year's information, analyzing our financial oversight structure, and their conclusions and recommendations are necessary to move this Association forward."

Dr. James M. Boyle, Pennsylvania, spoke in opposition to Resolution 56RC, saying, "Over the five-year period we are looking at nearly two million dollars for this new council. I feel we should turn it over to experts, accounting firms, and wait until next year and see the continued work of the Committee."

Dr. Cynthia Brattesani, California, speaking in support of Resolution 56RC, said, "... A council can speak directly to the House of Delegates, a committee cannot. A committee would have to be renewed year after year after year. I urge you to support 56RC."

Dr. Ron Collins, Texas, proposed a friendly amendment to item 5 in Appendix III, by inserting the word "ADA" between "shall be composed of eleven (11)" and "members."

The Speaker accepted the editorial change.

Dr. H. Todd Cubbon, Illinois, speaking in support of Resolution 56RC, said, "A short year ago this House was greatly concerned with transparency, fiduciary responsibility and what we could do to improve that. We formed a Special Committee. I think we need a Special Council on Financial Affairs to take over that duty and continue it. I don't think in one year we should start turning a blind eye to what our duties are and where we need to be in the future. ..."

Dr. Cesar R. Sabates, Florida, moved to vote immediately.

Dr. Walter I. Chinoy, New Jersey, requested a point of information by questioning the relevance of the previous friendly amendment.

In response, Dr. Soliday said, "... I have no problem with it, putting 'ADA' in there, and the House didn't either. But thank you for bringing that up."

The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, Resolution 56RC was not adopted.

Dr. Thomas S. Kelly, Ohio, moved Resolution 56.

In speaking to Resolution 56, Dr. Kelly said, "I believe that there is more important debate to be had regarding this."

The Speaker ruled the motion out of order, saying, "... that's out of order because it has the Audit Committee material in it. ... So I'm not going to allow that to come before the House." He continued by saying, "Because 56RC failed, Resolutions 57 and 59RC are now declared moot."

A delegate from the floor questioned whether Resolution 60 would also be moot. The Speaker said he would check.

Report of the Reference Committee on Dental Workforce—Priority Items

The priority items contained in the Report of the Reference Committee on Dental Workforce were presented by Dr. Kevin R. Doring, chair, Maryland. The other members of the Committee were: Dr. Rickland G. Asai, Oregon; Dr. Charles W. Hoffman, Florida; Dr. H. Michael Kaske, Wisconsin; Dr. Thomas Nordone, Pennsylvania; Dr. Lindsey A. Robinson, California; Dr. Ronald D. Venezie, North Carolina; Dr. Gary S. Yonemoto, Hawaii; and Dr. Michael Zakula, Minnesota.

Amendment to the Policy, "Diagnosis or Performance of Irreversible Dental Procedures by Nondentists" (Council on Dental Practice Resolution 46, Board of Trustees Resolution 46B, Sixteenth Trustee District Resolution 54 and Reference Committee on Dental Workforce Resolution 46RC): The Reference Committee reported as follows.

After considering testimony presented regarding the performance of irreversible dental procedures by nondentists and the Board comment, the Reference Committee supports Resolution 46B. However,

the Committee determined the resolution was not broad enough in its support of only “federal” and “judicial” means. The Committee recommends Resolution 46RC be adopted in lieu of Resolutions 46, 46B and 54. This resolution supports the ADA Strategic Plan Goal: Members.

46RC. Resolved, that the ADA policy on Diagnosis or Performance of Irreversible Dental Procedures by Nondentists (*Trans.*2004:328) be amended as follows:

Resolved, that the American Dental Association by all appropriate means strive to maintain the highest quality of oral health care by maintaining that the dentist be the healthcare provider that performs examinations/evaluations, diagnoses, and treatment planning, and be it further

Resolved, that the dentist be the health care provider that performs surgical/irreversible procedures, and be it further

Resolved, that surgical procedures be defined as the cutting or removal of hard or soft tissue.

Dr. Doring moved the adoption of Resolution 46RC (*Supplement:7068*) in lieu of Resolutions 46 (*Supplement:7020*), 46B (*Supplement:7020*) and 54 (*Supplement:7058*).

Dr. Jeffrey M. Cole, Delaware, speaking in support, said, “On behalf of the very diverse district four, I rise to speak in support of 46RC, and I wish to thank the Reference Committee for a job well done.”

Dr. Thomas P. Conaty, Delaware, spoke in support, saying, “... It is a positive and aspirational policy statement allowing the ADA to maintain its core values while letting each state determine its own position on workforce issues, taking into consideration their own unique legislative issues, circumstances and philosophies.”

Dr. Gary O. Jones, Arizona, moved to amend the second resolving clause by adding the word “only” between the words “the dentist be the” and “healthcare provider.” In speaking to the amendment, Dr. Jones said, “We just feel that it would be a little stronger by stating that the dentist is the only health care provider that would perform these duties.”

Dr. Michael H. Halasz, Ohio, spoke against the amendment, saying, “... my concern would be now how would that affect physicians and their ability to ... diagnose oral cancers and that type of thing.”

Dr. Lawrence R. Lawton, Washington, spoke against the amendment, saying, “...physicians, ear, nose and throat physicians all diagnose and do things in the mouth. We are not the only health care providers that do that.”

A delegate from the floor said, “I would like to speak against this amendment also. ... There is a group of medical professionals that I include myself in as doctor that have jurisdiction and scope of practice that include the oral cavity.”

Dr. Thomas P. Nordone, Pennsylvania, and member of the Reference Committee on Dental Workforce speaking against the amendment, said, “... there are a lot of physicians that can do almost anything we can do. It is in their code. So I just don’t think we need the word ‘only.’”

Seeing no one else at the microphones, Dr. Soliday called for a vote. On vote, the motion to amend Resolution 46RC was not adopted.

Dr. Thomas Matanzo, Ohio, moved to amend by striking the words “by all appropriate means strive to” and inserting the word “will” in the second resolving clause and by substituting the word “be” for “is” between the words “dentist” and “the health care provider” in the third resolving clause.

Speaking to the amendment, Dr. Matanzo said, “We feel that the ADA ‘will’ instead of ‘strive for’ ... you could fall short of striving and we feel strongly that ‘will’ will really be a little stronger word for the whole

message, and also that we want to strengthen our standards.” Dr. Matanzo added that the amendment in the third resolving clause was to provide more clarification.

Dr. Julian H. Fair, III, South Carolina, spoke against the amendment, saying, “The word ‘strive’ was put in there to be an all-inclusive term to ... bring all the Association together to strive to maintain that the dentist be the health care provider that provides these services.”

Dr. Jamie L. Sledd, Minnesota, speaking against the amendment, said, “I agree with the previous speaker. I would also like to address replacing the word ‘be’ with the word ‘is.’ I do not agree with that ... There are physicians where this falls in their purview and to limit it to only a dentist would be inappropriate.”

A delegate from the floor expressed confusion to which copy the House should be working off of. In response the Speaker indicated that he was working from the priority agenda.

The delegate from the floor requested a clean copy of the amendment.

The Speaker asked the maker of the amendment for clarification.

Dr. Gary O. Jones, Arizona, requesting clarification, said, “... the new wording should say that, ‘the American Dental Association will maintain the highest oral health standards by maintaining.’ Is that where the question is?”

The Speaker responded, “So you want to strike the word ‘quality’ and insert after the word ‘care’ ‘standards,’ is that what you’re saying?”

Dr. Jones concurred saying, “Correct. After the word ‘care’ should be ‘standards.’”

A delegate from the floor stated, “With the printing problems yesterday, the Thirteenth District only received six copies of the entire set of the Priority Agenda. We never received a copy for all of our delegates, so that is part of the problem.”

The Speaker responded by saying, “The only thing I can do is apologize. The staff had an outside vendor set up to do all this printing, and they didn’t do it. And so they made the best of it. They worked overtime to try to get us all this stuff. We apologize. If you need some more copies, we’ll try to get them to you. ...”

The Speaker asked that the amendment be projected on the House monitors.

A delegate from the floor said, “Mr. Speaker, perhaps it would get rid of some confusion if you divided this into two amendments instead of just one amendment and deal with them both separately.”

The Speaker indicated that he would do so, saying, “You see what you have before you ... And what we are going to do is take the first part of this resolution, the amendment we are going to take, is to strike out the words ‘all appropriate means strive to’ and add the word ‘will.’ That’s what we are going to discuss now.

Dr. Morris Antonelli, Maryland, spoke against the amendment, saying, “I am opposed to this amendment and all other amendments to [Resolution] 46RC. I think it is written well, and, frankly, I kind of resent all of this time being spent on some very minor points. We got a very busy agenda, so I would like ... someone to call the question, but I would like the House to vote against this amendment and the others and let’s move on.”

Seeing no one at the microphones the Speaker called for a vote to amend Resolution 46RC by striking the words “by all appropriate means strive to” and inserting the word “will.”

On vote, Resolution 46RC, as amended, was not adopted.

Seeing no one at the microphones the Speaker called for a vote to amend Resolution 46RC before the

words “oral health care,” striking out the word “quality” and after the words “oral health care,” adding the word “standards” so that the amended language would read as follows.

Resolved, that the American Dental Association by all appropriate means strive to maintain the highest ~~quality~~ of oral health care standards by maintaining that the dentist be the healthcare provider that performs examinations/evaluations, diagnoses, and treatment planning, and be it further

On vote, the amendment to Resolution 46RC was not adopted.

Seeing no one at the microphones the Speaker called for a vote to amend the third resolving clause in Resolution 46RC by substituting the word “is” for “be” between the words “dentist” and “the health care provider.”

On vote, the amendment to Resolution 46RC was not adopted.

Dr. James R. Hight, Jr., Tennessee, moved to vote immediately. The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, Resolution 46RC was adopted in lieu of Resolutions 46, 46B and 54.

46H-2010. Resolved, that the ADA policy on Diagnosis or Performance of Irreversible Dental Procedures by Nondentists (*Trans.*2004:328) be amended as follows:

Resolved, that the American Dental Association by all appropriate means strive to maintain the highest quality of oral health care by maintaining that the dentist be the healthcare provider that performs examinations/evaluations, diagnoses, and treatment planning, and be it further

Resolved, that the dentist be the health care provider that performs surgical/irreversible procedures, and be it further

Resolved, that surgical procedures be defined as the cutting or removal of hard or soft tissue.

As a point of parliamentary procedure, a delegate from the floor asked the Speaker to open up all the microphones for pro and con debate.

In response, the Speaker said, “... it’s been suggested by delegates a couple years ago that we use the pro and con microphones ... And I am going to continue doing that for the priority items.”

Amendment to the “Comprehensive Policy Statement on Allied Dental Personnel” (Council on Dental Practice Resolution 43, Sixteenth Trustee District Resolution 53, Sixteenth Trustee District 53S-1 and Reference Committee on Dental Workforce Resolution 132): The Reference Committee reported as follows.

The Reference Committee heard significant testimony in favor of and in opposition to Resolutions 43, 53 and 53S-1. After considering the testimony presented and the comments forwarded from the Board of Trustees, the Committee recommends the adoption of the following resolution in lieu of Resolutions 43, 53 and 53S-1. This resolution supports the ADA Strategic Plan Goal: Members.

132. Resolved, that the ADA policy “Comprehensive Policy Statement on Allied Dental Personnel” be adopted, and be it further

Resolved, that the ADA policy “Comprehensive Policy Statement on Allied Dental Personnel” (*Trans.* 1996:699; 1997:691; 1998:713; 2001:467; 2002:400; 2006:307) be rescinded.

Comprehensive Policy Statement on Allied Dental Personnel

General Principles

Dentistry is committed to improving the health of the American public by providing the highest quality comprehensive dental care, which includes the inseparable components of medical and dental history, examination, diagnosis, treatment planning, treatment services and health maintenance. Preventive care services are an integral part of the comprehensive practice of dentistry and should be rendered in accordance with the needs of the patient as determined by a diagnosis and treatment plan developed and executed by the dentist.

The dentist is ultimately responsible, ethically and legally, for patient care. In carrying out that responsibility and to increase the capacity of the profession to provide patient care in the most cost-effective manner, the dentist may delegate to allied dental personnel certain patient care functions for which the allied dental personnel has been trained. In an ongoing effort to address the health care needs of the American public, new members of the dental team may be developed. The scope of function and level of supervision should be determined by the profession so as to ensure adequate patient care and safety.

The recognized categories of allied dental personnel are dental hygienists, dental assistants, community dental health coordinators and dental laboratory technicians. (See the glossary for definitions of each category.) A dental laboratory technician who is employed in the dental office is considered to be allied dental personnel. A dental technician who performs a supportive function in an environment outside the dental office may be properly termed a supportive or allied member of the dental health team.

Delegation of Functions

The primary purpose of dentists delegating functions to allied dental personnel is to increase the capacity of the profession to provide patient care while retaining full responsibility for the quality of care. This responsibility includes identification of the need for specific types of allied dental personnel and establishment of appropriate controls on the patient care services provided by allied dental personnel.

The American Dental Association has the responsibility to provide guidance to all agencies, organizations and governmental bodies, such as state dental boards and legislatures, that have an interest in, or responsibility and authority for, decisions on utilization, education, and supervision of allied dental personnel. In this context, the primary responsibility is to assure that decisions on allied dental personnel utilization will not adversely affect the health and well-being of the public or cause an increased risk to the patient. In meeting these responsibilities, dentists must also identify those functions or procedures that require the knowledge and skill of the dentist. Thus, the ADA must continue to promote that these functions be performed by a licensed dentist in order to support the highest quality of oral health care by maintaining that the dentist be the healthcare provider that performs examinations/evaluations; diagnoses; treatment planning; and surgical/ irreversible procedures; prescribes work authorizations; prescribes drugs and other medications; and administers enteral, parenteral, inhalational, or general anesthesia.

Nothing in this statement should be interpreted to limit a dentist from delegating to a properly trained allied dental personnel responsibility for assisting the dentist in the performance of these functions under the dentist's personal, direct or indirect supervision and in accordance with state law, if, in the dentist's professional judgment, this is in the patient's best interest. The transfer of permissible functions from the dentist to the allied dental personnel must not result in a reduced quality of patient care. In all cases, the authority and responsibility of the dentist for the overall oral

health of the patient must be maintained to assure cost-effective delivery of services to the patient and avoid fragmentation of the dental team.

Utilization of allied dental personnel must be based on (1) the best interests of the patient; (2) the education, training and credentialing of the allied dental personnel; (3) considerations of cost-effectiveness and efficiency in delivery patterns; and (4) valid, independent research demonstrating the feasibility and practicality of utilizing allied dental personnel in such roles in actual practice settings.

Delegation of Expanded Functions

Provision for the delegation of intraoral expanded functions to allied dental personnel which are included in state dental practice acts and regulations should specify (1) education and training requirements by a nationally accredited program established by the Commission on Dental Accreditation; (2) level of supervision by the dentist; (3) assurance of quality; and (4) regulatory controls to assure protection of the public. Final decisions on delegation of expanded functions should be made by the dentist, based on the best interests of the patient and in compliance with legal requirements in the jurisdiction. Because of the complexity of the procedures involved and the need to assure protection of the public, intraoral expanded functions as defined in state dental practice acts and regulations shall be performed by allied dental personnel only under the personal, direct or indirect supervision of the dentist and in accordance with state law.

Supervision of Allied Dental Personnel

In all instances, a dentist assumes responsibility for determining, on the basis of diagnosis, the specific treatment patients will receive and which aspects of treatment may be delegated to qualified personnel. As the dentist is best educated and trained to provide the care and has the responsibility for patient care, supervision by the dentist is paramount in assuring the highest quality of care and the safety of the patient. The degree of supervision required to assure that treatment is appropriate and does not jeopardize the systemic or oral health of the patient varies with the nature of the procedure and the medical and dental history of the patient, as determined with evaluation and examination by the dentist. Supervision and coordination of treatment by a dentist are essential to comprehensive oral health care and unsupervised practice by allied dental personnel has the potential to reduce the quality of oral health care and could fail to protect the public. The unauthorized and improperly supervised delivery of care by allied dental personnel is opposed by the American Dental Association. The types of supervision are defined in the glossary of terminology at the end of this policy statement.

The ADA has always promoted policy that protects the health of the public. Personal, direct and indirect supervision are the appropriate levels of supervision for the delegation of duties to allied dental personnel. However in some states licensed dental hygienists are permitted to perform duties, except for intraoral expanded functions, under general supervision or public health supervision, as delegated by the supervising dentist. In order to assure the safety of the patient, the following criteria must be followed whenever functions are performed under general supervision.

1. Any patient to be treated by a dental hygienist must first become a patient of record of a dentist. A patient of record is defined as one who:
 - a. has been examined by the dentist;
 - b. has had a medical and dental history completed and evaluated by the dentist; and
 - c. has had his/her oral condition diagnosed and a treatment plan developed by the dentist.

2. The dentist must provide to the dental hygienist prior written authorization to perform clinical dental hygiene services for that patient of record. Such authorization should remain in effect for a limited time period as specified by state law.
3. The dentist shall examine the patient following performance of clinical services by the dental hygienist. Such examination shall be performed within a reasonable time as determined by the nature of the services provided, the needs of the patient and the professional judgment of the dentist.

Appropriate Settings for Dental Hygiene Services

The settings in which a dental hygienist may perform legally delegated functions shall be limited to treatment facilities under the jurisdiction and supervision of a dentist. When the employer of the dental hygienist is not a licensed dentist, the method of compensation and other working conditions for the dental hygienist must not interfere with the quality of dental care provided or the relationship between the responsible supervising dentist and the dental hygienist.

The federal dental services are urged to assure that their utilization of allied dental personnel is in compliance with policies of the American Dental Association.

Public oral health programs should utilize all appropriate dental team members in implementation of programs which have been endorsed by constituent dental societies. The dental hygienist, in this setting, may provide screening and preventive care services under an appropriate supervisory arrangement, as specified in state practice acts and regulations, as well as oral health education programs for groups within the community served.

Allied Dental Personnel Education

All personnel who participate in the provision of oral health care must have appropriate education and training and meet any additional criteria needed to assure competence. The type and length of education needed to prepare allied dental personnel to perform specific delegated patient care procedures should be specified in state dental practice acts and regulations.

Licensed or legally permitted dentists must be involved in the clinical supervision of allied dental personnel education programs, in accordance with state law. Programs should be administered or directed by a dentist whenever possible.

Dental hygiene education programs are designed to prepare a dental hygienist to provide preventive dental services under the direction and supervision of a dentist. Two academic years of study or its equivalent in an education program accredited by the Commission on Dental Accreditation (CODA) typically prepares the dental hygienist to perform clinical hygiene services. However, other programs, CODA accredited or approved by the respective state's board of dental examiners, which utilize such methods as institutionally-based didactic course work, in-office clinical training, or electronic distance education can be an acceptable means to train dental hygienists. Boards of dentistry are urged to review such innovative programs for acceptance.

Expanded functions education programs are designed to prepare dental auxiliaries to provide expanded dental services under the direction and appropriate supervision of a dentist. Programs accredited by the Commission on Dental Accreditation (CODA) typically prepare the expanded functions auxiliary to perform legally permitted clinical services. However, other programs, CODA accredited or approved by the respective state's board of dental examiners, which utilize such methods as institutionally-based didactic course work, in-office clinical training, or electronic distance

education can be an acceptable means to train expanded functions auxiliaries. Boards of dentistry are urged to review such innovative programs for acceptance.

Neither the dental hygiene education curriculum nor the expanded function education program provides adequate preparation to enable graduates to provide comprehensive oral health care or to practice without the supervision of a dentist.

Formal education and training are essential for preparing allied dental personnel to perform intraoral expanded functions which are permitted by state law. Such expanded functions training should be provided only in educational settings with the resources needed to provide appropriate preparation for clinical practice under the supervision of a dentist.

Licensure of Dental Hygienists

There should be a single state board of dentistry in each state which serves as the sole licensing and regulatory authority for all dental personnel. Graduation from a dental hygiene education program accredited by the Commission on Dental Accreditation, or the successful completion by dental students of an equivalent component of a predoctoral dental curriculum accredited by the Commission on Dental Accreditation, is the essential educational eligibility requirement for dental hygiene licensure and practice. The clinical portion of the dental hygiene licensure examination, during which patient care is provided, must be conducted under the supervision of a licensed dentist.

Constituent Legislative Activities

Constituent dental societies should work with the state dental boards to assure that delegation of functions, educational requirements, supervisory and setting provisions for allied dental personnel in state dental practice acts and regulations are structured according to the basic principles contained in this policy statement.

In order to maintain the highest standard of patient care, assure continuity of care and achieve cost-effective delivery of services to the patient, constituent dental societies should seek to maintain, in statute and regulation, the authority and responsibility of the dentist for the overall oral health of the patient.

Glossary of Terminology Related to Allied Dental Personnel Utilization and Supervision

This Glossary is designed to assist in developing a common language for discussion of allied dental personnel issues by dental professionals and public policy makers. It should be noted that some of the terms included do not lend themselves to rigid definition and can only be described as to use and meaning. Also, certain terms are defined in dental practice acts and regulations, which vary from state to state.

Allied Dental Personnel: Team members who assist the dentist in the provision of oral health care and who are employed in dental offices or other patient care facilities.

Authorization: The act by a dentist of giving permission or approval to the allied dental personnel to perform legally allowable functions, in accordance with the dentist's diagnosis and treatment plan.

Community Dental Health: (1) The overall oral health status of a geographically based population group, (2) the branch of dentistry concerned with the distribution and causes of oral diseases in the population and the management of resources for their prevention and treatment and (3) commonly

used to refer to programs which are designed to improve the oral health status of the population as a whole and conducted under the direction of a dentist (such as access programs, education programs, fluoridation and school-based mouthrinse programs).

Community Dental Health Coordinator (CDHC): An individual trained in an ADA pilot program as a community health worker with dental skills. Their aim is to improve oral health education and to assist at-risk communities with disease prevention. Working under the supervision of a dentist, a CDHC helps at-risk patients improve their preventive oral health through education and awareness programs, navigate the health system and receive care from a dentist in an appropriate clinic. CDHCs also perform limited clinical duties, such as screenings, fluoride treatments, placement of sealants and temporary restorations and simple teeth cleanings, until the patient can receive comprehensive services from a dentist or dental hygienist. Upon graduation, they will work primarily in public health and community settings like clinics, schools, churches, senior citizen centers, and Head Start programs in coordination with a variety of dental providers, including clinics, community health centers, the Indian Health Service and private practice dentists.

Comprehensive Dental Care: A coordinated approach, by a dentist, to the restoration or maintenance of the oral health and function of the patient, utilizing the full range of clinically proven dental care procedures, which includes examination and diagnostic, preventive and therapeutic services.

Delegation: The act by a dentist of directing allied dental personnel to perform specified legally allowable functions.

Dental Assistant: An individual who may or may not have completed an accredited dental assisting education program and who aids the dentist in providing patient care services and performs other nonclinical duties in the dental office or other patient care facility. The scope of the patient care functions that may be legally delegated to the dental assistant varies based on the needs of the dentist, the educational preparation of the dental assistant and state dental practice acts and regulations. Patient care services are provided under the supervision of a dentist. To avoid misleading the public, no occupational title other than dental assistant should be used to describe this allied team member.

Dental Hygienist: An individual who has completed an accredited dental hygiene education program and has been licensed by a state board of dental examiners to provide preventive care services under the supervision of a dentist. Functions that may be legally delegated to the dental hygienist vary based on the needs of the dentist, the educational preparation of the dental hygienist and state dental practice acts and regulations, but always include, at a minimum, scaling and polishing the teeth. To avoid misleading the public, no occupational title other than dental hygienist should be used to describe this allied team member.

Dental Laboratory Technician/Certified Dental Technician: An individual who has the skill and knowledge in the fabrication of dental appliances, prostheses and devices in accordance with a dentist's laboratory work authorization. To avoid misleading the public, no occupational title other than dental laboratory technician or certified dental technician (when appropriate) should be used to describe this allied team member.

Examination/Evaluation, Comprehensive: A dentist performs a thorough evaluation and recording of the extraoral and intraoral conditions of the hard and soft tissues. This may require interpretation of information acquired through additional diagnostic procedures. It includes an evaluation for oral cancer where indicated, the evaluation and recording of dental caries, missing or unerupted teeth, restorations, existing prostheses, occlusal relationships, periodontal conditions (including periodontal screening and/or charting), hard and soft tissue anomalies, etc.

Examination/Evaluation, Limited: A dentist performs an evaluation limited to a specific oral health problem or complaint. This may require interpretation of information acquired through additional diagnostic procedures. Typically, patients receiving this type of evaluation present with a specific problem and/or dental emergencies, trauma, acute infections, etc.

Expanded Functions: Additional tasks, services or capacities, often including direct patient care services, which may be legally delegated by a dentist to allied dental personnel. The scope of expanded functions varies based on state dental practice acts and regulations but is generally limited to reversible procedures which are performed under the personal, direct or indirect supervision of a dentist. Authorization to perform expanded functions generally requires specific training in the function (also expanded duties or extended functions).

Functions: An action or activity proper to an individual; a task, service or capacity which has been legally delegated by a dentist to allied dental personnel (also duties or services).

Oral Diagnosis: The determination by a dentist of the oral health condition of an individual patient, achieved through the evaluation of data gathered by means of history taking, direct examination, patient conference, and such clinical aids and tests as may be necessary in the judgment of the dentist.

Preventive Care Services: The procedures used to prevent the initiation of oral diseases, which may include screening, fluoride therapy, nutritional counseling, plaque control, and sealants.

Screening: Identifying the presence of gross lesions of the hard or soft tissues of the oral cavity.

Supervision: The authorization, direction, oversight and evaluation by a dentist of the activities performed by allied dental personnel.

Personal supervision. A type of supervision in which the dentist is personally operating on a patient and authorizes the allied dental personnel to aid treatment by concurrently performing a supportive procedure.

Direct supervision. A type of supervision in which a dentist is in the dental office or treatment facility, personally diagnoses and treatment plans the condition to be treated, personally authorizes the procedures and remains in the dental office or treatment facility while the procedures are being performed by the allied dental personnel, and evaluates their performance before dismissal of the patient.

Indirect supervision. A type of supervision in which a dentist is in the dental office or treatment facility, has personally diagnosed and treatment planned the condition to be treated, authorizes the procedures and remains in the dental office or treatment facility while the procedures are being performed by the allied dental personnel, and will evaluate the performance of the allied dental personnel.

General supervision. A type of supervision in which a dentist is not required to be in the dental office or treatment facility when procedures are provided, but has personally diagnosed and treatment planned the condition to be treated, has personally authorized the procedures, and will evaluate the performance of the allied dental personnel.

Public Health Supervision. A type of supervision in which a licensed dental hygienist may provide dental hygiene services, as specified by state law or regulations, when such services are provided as part of an organized community program in various public health settings, as designated by state law, and with general oversight of such programs by a licensed dentist designated by the state.

Treatment Plan: The sequential guide for the patient's care as determined by the dentist's diagnosis and used by the dentist for the restoration to and/or maintenance of optimal oral health.

Dr. Doring moved the adoption of Resolution 132 (*Supplement:7069*) in lieu of Resolutions 43 (*Supplement:7004*), 53 (*Supplement:7051*) and 53S-1 (*Supplement:7057a*).

Dr. Julian H. Fair, III, South Carolina, moved to amend by deletion under the section entitled "General Principles," second paragraph, after the word "trained" the last two sentences beginning with "In an ongoing effort ..." Speaking to the amendment, Dr. Fair said, "The reason for that is because those lines are actually covered under the Delegation of Functions... that essentially says the same thing. ..."

Dr. Jamie L. Sledd, Minnesota, expressed concern of not having the Priority Report and asked that the Speaker also refer to page and line numbers in the Reference Committee on Dental Workforce report so that delegates without a copy of the Priority Report could follow along.

The Speaker said he would do so.

Seeing no one at the microphones, Dr. Soliday called for a vote. On vote, the motion to amend by deletion was not adopted.

Dr. Fair moved to amend by substitution under the section entitled "Delegation of Function," second paragraph, the sentence beginning with "Thus, the ADA must continue..." the word "stipulate" for "promote." So the amended language would read as follows.

Thus, the ADA must continue to ~~promote~~ stipulate that these functions be performed...

In speaking to the proposed amendment, Dr. Fair said, "We just feel like that's a stronger word."

As a point of order, a delegate from the floor requested that votes on amendments be taken electronically and asked the Speaker to reconsider the first amendment made to Resolution 132, saying, "There is a lot of confusion in the back of the room about the voting procedures right now. ... We'd also like to make sure that the first vote on this amendment was recorded electronically also."

The Speaker called for a majority vote for all those who wished to reconsider the motion to amend by deletion under the section entitled "General Principles," second paragraph, after the word "trained" the last two sentences beginning with "In an ongoing effort ..."

On vote, the motion to reconsider the first proposed amendment was not adopted.

Dr. Julian H. Fair, III, South Carolina, moved to further amend by deletion of the word "valid" under the section entitled "Delegation of Functions," paragraph four, item (4) and after the words "independent research," adding "determined to be valid by the ADA Council on Scientific Affairs."

Seeing no one at the microphones, Dr. Soliday called for a vote. On vote the amendments to the Comprehensive Policy Statement on Allied Dental Personnel in Resolution 132 were not adopted.

Dr. Kerry K. Carney, California, as a point of information, stated that there were two different copies of the Priority Report and that each had different line numbering.

The Speaker acknowledged the discrepancy and said he was trying his best to provide both line numbers.

Dr. Nissen, Florida, moved to amend the section entitled "Delegation of Expanded Functions," item number one to read as follows.

(1) education and training requirements by a ~~nationally accredited~~ program accredited established by

the Commission on Dental Accreditation;

In speaking to the amendment, Dr. Nissen said, "The Commission on Dental Accreditation does not establish programs, and if you look in the document in other areas, that is the terminology that is used throughout ... It just happened to get through on this one as it was written."

Dr. Bryan C. Edgar, Washington, and chair of the Commission on Dental Accreditation requested a point of information, saying, "... the [delegate] that just spoke is absolutely correct. The Commission does not establish programs, as this would imply, and would ask that this be editorially corrected if the House wishes. ... we would support it."

The Speaker asked if there was any objection to making this editorial change. Hearing none, the editorial change to item one under the section entitled "Delegation of Expanded Functions" was made.

Dr. Judee Tippet-Whyte, California, moved to amend the definition of "Examination/Evaluation, Comprehensive" under the section entitled "Glossary of Terminology Related to Allied Dental Personnel Utilization and Supervision," following the words "a dentist performs" by adding the words "an evaluation and recording of the patient's dental and medical history and a general health assessment and."

In speaking to the amendment, Dr. Tippet-Whyte said, "I support this because an examination is a vital part of our examination and evaluation of a comprehensive examination. And I think this is a very important, integral aspect and should be done before all patient treatment."

Dr. Jamie L. Sledd, Minnesota, spoke in support of the amendment, saying, "... We are professing to be professionals. We are doctors, and when we want to perform a comprehensive exam, it's critical that we are all inclusive to include the medical history and the overall general health of our patients."

Seeing no one else at the microphones the Speaker called for a vote. On vote, the motion to amend Resolution 132, the definition of "Examination/Evaluation, Comprehensive," was adopted.

Dr. Steven L. Essig, New York, moved to amend by substitution.

As a point of order, Dr. Ronald D. Venezie, North Carolina, said, "I believe the speaker is talking about [Resolution] 132S-1, which has not been put on the floor of the House. We are debating on 132."

In response the Speaker asked Dr. Essig if he wanted to substitute Resolution 132S-1 for Resolution 132.

Dr. Essig moved to substitute Resolution 132S-1 for Resolution 132.

A delegate from the floor requested a point of order by saying, "I am just trying to save some time for the House. [Resolution] 132S-1 is exactly the same as 132 except in the one part, the anesthesia guidelines that they are talking about. We are going through amending 132 as it is. If we accept 132S-1, we are going to have to go back and redo that whole thing again. It would be much easier to amend 132 to what the gentleman is asking for out of 132S-1 than it will be to accept 132S-1 and go back and redo the whole thing."

In response, the Speaker asked Dr. Essig if he would consider amending 132.

Dr. Essig responded in the affirmative and moved to amend Resolution 132 by substitution after the word "administers" in the last sentence, second paragraph, under the section entitled "Delegation of Functions" the words "sedation or general anesthesia except nitrous oxide/oxygen when used alone or in conjunction with local anesthesia" for "enteral, parenteral, inhalational, or general anesthesia."

A delegate from the floor requested a point of information, saying, "I have a ... question of the wording ... it's exactly the wording in what he proposed in 132S-1. If you read the wording carefully, and it says 'a dentist performs sedation or general anesthesia, except nitrous oxide/oxygen.' ... it is possible to read that and

say that the dentist does not perform nitrous oxide/oxygen. I don't think that's the intent of the maker of the amendment, and I wonder if that could be clarified."

To clarify, Dr. Essig said, "We want hygienists to be able to deliver nitrous oxide/oxygen under the supervision of a dentist."

The delegate asked if he could provide a simple solution, saying, "Instead of saying that 'the dentist be the health care provider that,' you could say that 'the dentist be the only health care provider that' and that covers his amendment, and it also does not exclude the dentist from performing nitrous oxide or oxygen or any interpretation thereof."

Dr. Essig indicated he would accept the suggested language as a friendly amendment.

A delegate from California requested a point of information regarding the addition of "only," saying, "The unintended consequence ... in my office, for example, I sometimes employ medical anesthesiologists to do anesthesia, and, again, this could create a problem."

Dr. Timothy B. Durtsche, Wisconsin, requested a point of information, saying, "To alleviate that, we could put 'only dental health care provider,' which would allow our medical colleagues."

The Speaker asked the maker of the amendment if he would accept this suggested amendment.

In response, Dr. Essig said, "No, Mr. Speaker, we do not want 'only.' 'Only' would seem to preclude hygienists and what we want to do is include hygienists."

To clarify, the Speaker said, "So you really didn't accept the other one."

Dr. Essig said "no."

Dr. Mert N. Aksu, Michigan, requested clarification of the amendment by saying, "Is it the intent of the writer to exclude hygienists from prescribing topical fluorides and/or home-based fluoride therapies?"

Dr. Essig replied that it was not the intention.

A delegate from the floor requested a point of information, saying, "Is it appropriate to make a motion to divide this so that we can deal with it issue by issue. ... the language has become so confusing now that I'm not sure what we're talking about."

The Speaker responded by saying, "You can amend it, but I will tell you what it's going to be in a minute."

Dr. Richard A. Weinman, Georgia, speaking in opposition, said, "This issue will actually affect all the states right now that have this in their practice acts that this is not part of their law, and so ... we would be superseding all the states' rights by making this an ADA national policy, which would put pressure on those states. I am fine with those states that want to have this as part of their laws procedures, but it is unfair to all the other states that do not want this. It puts the undue pressure and it makes it very difficult in the legislature once this becomes ADA policy."

A delegate from the floor requested a point of information, saying, "I would make a request that we divide the question and make the 'only' separate from the other portion..."

The Speaker responded by saying, "You have a good point, but the problem is he said he did not accept the word 'only,' so we really don't have it before us now."

The Speaker reminded the House that the amendment under debate was to substitute, after the word "administers" in the last sentence, second paragraph, under the section entitled "Delegation of Functions," the

words “sedation or general anesthesia except nitrous oxide/oxygen when used alone or in conjunction with local anesthesia” for “enteral, parenteral, inhalational, or general anesthesia.”

Dr. Robert M. Peskin, New York, speaking in support of the amendment, said, “I think the confusion that was raised earlier about the nurse anesthetist is addressed in the next paragraph, which is the exclusion. It says nothing in this statement that should be interpreted to limit a dentist from delegating to a properly trained allied dental personnel. I think that concern was addressed ... and I think what it does is to take this language regarding anesthesia and brings it into conformity with existing ADA policy, which was the intent of doing so.”

As a point of information, a delegate from the floor, said, “... Doesn’t the word ‘except’ seem to again exclude the dentist from doing that? And with the gentleman’s citing of the following paragraph, I think the word ‘except’ is unneeded.”

The Speaker asked the delegate for clarification.

The delegate replied by saying, “After ‘sedation or general anesthesia except nitrous oxide.’ The maker of the amendment said his purpose is not to exclude dentists from that. ... It seems to me the gentleman already agreed that the word ‘except’ could be misinterpreted, ‘except nitrous oxide administration,’ as excepting the dentist from doing that, and as the gentleman already pointed out, the next paragraph allows hygienists to administer it under the direct or indirect supervision of a dentist, does he not agree that the word ‘except’ should be removed.”

Dr. Essig responded, “If we remove ‘except,’ then we’re preventing hygienists again. What we want to do is include hygienists.”

Dr. Ronald D. Venezie, North Carolina, spoke in opposition to the proposed amendment, saying, “[I am] a member of the Workforce Reference Committee that spent untold hours working through this. The previous speaker actually made the case that if you defeat this amendment and stay with the existing wording that the Reference Committee provided, you do not limit delegation of any of these functions to a properly trained allied dental personnel. The second paragraph accomplishes what the gentleman from New York wants to accomplish. I rise against this amendment in its entirety.”

As a point of information, Dr. Kirk W. Noraian, Illinois, asked if he could make a friendly amendment.

The Speaker said yes, if it was directly related to the amendment.

Dr. Judee Tippet-Whyte, California, moved to amend by saying, “I have some language that may help clarify this. So at the end of the line where it says ‘anesthesia,’ it would add, ‘which may be administered by dental auxiliaries under appropriate supervision,’ and making sure we still keep the strike-through of local, enteral, parental, inhalation or general anesthesia.” So the amended language would read as follows.

Thus, the ADA must continue to promote that these functions be performed by a licensed dentist in order to support the highest quality of oral health care by maintaining that the dentist be the healthcare provider that performs examinations/evaluations; diagnoses; treatment planning; and surgical/ irreversible procedures; prescribes work authorizations; prescribes drugs and other medications; and administers sedation or general anesthesia except nitrous oxide/oxygen when used alone or in conjunction with local anesthesia, which may be administered by dental auxiliaries under appropriate supervision. ~~enteral, parenteral, inhalational, or general anesthesia.~~

In speaking to the secondary amendment, Dr. Tippet-Whyte said, “I think the whole issue here is trying to clarify that there are many states where your dental hygienist can administer nitrous oxide, and we’re trying to find some wording that will allow that within this resolution ...”

Dr. Ronald D. Venezie, North Carolina, spoke in opposition to the secondary amendment, saying, "It seems to me ... that the wording of that amendment now opens it up for dental auxiliaries to be giving general anesthesia, sedation, anything else. This train is heading in the wrong direction ... which is exactly why we should get back to the original RC language, because the second paragraph right below that clearly gives any state and any dentist the right to properly delegate anything that their state allows them to delegate. ..."

Dr. Thomas P. Nordone, Pennsylvania, member of the Reference Committee on Dental Workforce, speaking in opposition to the amendment, said, "I am not going to repeat everything my colleague just said, but what he just said, let's get rid of all these amendments and go back to the original document."

Dr. Gregory Y. Ogata, Washington, moved to vote immediately. The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, the secondary amendment was not adopted.

Dr. Ronald D. Venezie, North Carolina, moved to vote immediately on the primary amendment. The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, the primary amendment to substitute after the word "administers" in the last sentence, second paragraph, under the section entitled "Delegation of Functions," the words "sedation or general anesthesia except nitrous oxide/oxygen when used alone or in conjunction with local anesthesia" for "enteral, parenteral, inhalational, or general anesthesia" was not adopted.

The Speaker said, "Now we are back to the original resolution. ... Resolution 132 in lieu of Resolutions 43, 53, and 53S-1."

Dr. Kirk W. Noraian, Illinois, moved to make a friendly amendment.

As a point of order, Dr. Ronald D. Venezie, North Carolina, said, "Mr. Speaker, there have been other folks at the microphones that have been waiting to potentially offer amendments, and I respect the gentleman, but he's come up to the wrong microphone and has jumped in line."

In response, the Speaker asked the delegate from Illinois to move to the appropriate line to make his amendment.

Dr. Alan E. Friedel, Florida, moved to vote immediately. The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, Resolution 132, as amended, was adopted in lieu of Resolution 43, 53, and 53S-1.

132H-2010. Resolved, that the ADA policy "Comprehensive Policy Statement on Allied Dental Personnel" be adopted, and be it further

Resolved, that the ADA policy "Comprehensive Policy Statement on Allied Dental Personnel" (*Trans.* 1996:699; 1997:691; 1998:713; 2001:467; 2002:400; 2006:307) be rescinded.

Comprehensive Policy Statement on Allied Dental Personnel

General Principles

Dentistry is committed to improving the health of the American public by providing the highest quality comprehensive dental care, which includes the inseparable components of medical and dental history, examination, diagnosis, treatment planning, treatment services and health maintenance. Preventive care services are an integral part of the comprehensive practice of dentistry and should

be rendered in accordance with the needs of the patient as determined by a diagnosis and treatment plan developed and executed by the dentist.

The dentist is ultimately responsible, ethically and legally, for patient care. In carrying out that responsibility and to increase the capacity of the profession to provide patient care in the most cost-effective manner, the dentist may delegate to allied dental personnel certain patient care functions for which the allied dental personnel has been trained. In an ongoing effort to address the health care needs of the American public, new members of the dental team may be developed. The scope of function and level of supervision should be determined by the profession so as to ensure adequate patient care and safety.

The recognized categories of allied dental personnel are dental hygienists, dental assistants, community dental health coordinators and dental laboratory technicians. (See the glossary for definitions of each category.) A dental laboratory technician who is employed in the dental office is considered to be allied dental personnel. A dental technician who performs a supportive function in an environment outside the dental office may be properly termed a supportive or allied member of the dental health team.

Delegation of Functions

The primary purpose of dentists delegating functions to allied dental personnel is to increase the capacity of the profession to provide patient care while retaining full responsibility for the quality of care. This responsibility includes identification of the need for specific types of allied dental personnel and establishment of appropriate controls on the patient care services provided by allied dental personnel.

The American Dental Association has the responsibility to provide guidance to all agencies, organizations and governmental bodies, such as state dental boards and legislatures, that have an interest in, or responsibility and authority for, decisions on utilization, education, and supervision of allied dental personnel. In this context, the primary responsibility is to assure that decisions on allied dental personnel utilization will not adversely affect the health and well-being of the public or cause an increased risk to the patient. In meeting these responsibilities, dentists must also identify those functions or procedures that require the knowledge and skill of the dentist. Thus, the ADA must continue to promote that these functions be performed by a licensed dentist in order to support the highest quality of oral health care by maintaining that the dentist be the healthcare provider that performs examinations/evaluations; diagnoses; treatment planning; and surgical/ irreversible procedures; prescribes work authorizations; prescribes drugs and other medications; and administers enteral, parenteral, inhalational, or general anesthesia.

Nothing in this statement should be interpreted to limit a dentist from delegating to a properly trained allied dental personnel responsibility for assisting the dentist in the performance of these functions under the dentist's personal, direct or indirect supervision and in accordance with state law, if, in the dentist's professional judgment, this is in the patient's best interest. The transfer of permissible functions from the dentist to the allied dental personnel must not result in a reduced quality of patient care. In all cases, the authority and responsibility of the dentist for the overall oral health of the patient must be maintained to assure cost-effective delivery of services to the patient and avoid fragmentation of the dental team.

Utilization of allied dental personnel must be based on (1) the best interests of the patient; (2) the education, training and credentialing of the allied dental personnel; (3) considerations of cost-effectiveness and efficiency in delivery patterns; and (4) valid, independent research demonstrating the feasibility and practicality of utilizing allied dental personnel in such roles in actual practice settings.

Delegation of Expanded Functions

Provision for the delegation of intraoral expanded functions to allied dental personnel which are included in state dental practice acts and regulations should specify (1) education and training requirements by a ~~nationally accredited~~ program established accredited by the Commission on Dental Accreditation; (2) level of supervision by the dentist; (3) assurance of quality; and (4) regulatory controls to assure protection of the public. Final decisions on delegation of expanded functions should be made by the dentist, based on the best interests of the patient and in compliance with legal requirements in the jurisdiction. Because of the complexity of the procedures involved and the need to assure protection of the public, intraoral expanded functions as defined in state dental practice acts and regulations shall be performed by allied dental personnel only under the personal, direct or indirect supervision of the dentist and in accordance with state law.

Supervision of Allied Dental Personnel

In all instances, a dentist assumes responsibility for determining, on the basis of diagnosis, the specific treatment patients will receive and which aspects of treatment may be delegated to qualified personnel. As the dentist is best educated and trained to provide the care and has the responsibility for patient care, supervision by the dentist is paramount in assuring the highest quality of care and the safety of the patient. The degree of supervision required to assure that treatment is appropriate and does not jeopardize the systemic or oral health of the patient varies with the nature of the procedure and the medical and dental history of the patient, as determined with evaluation and examination by the dentist. Supervision and coordination of treatment by a dentist are essential to comprehensive oral health care and unsupervised practice by allied dental personnel has the potential to reduce the quality of oral health care and could fail to protect the public. The unauthorized and improperly supervised delivery of care by allied dental personnel is opposed by the American Dental Association. The types of supervision are defined in the glossary of terminology at the end of this policy statement.

The ADA has always promoted policy that protects the health of the public. Personal, direct and indirect supervision are the appropriate levels of supervision for the delegation of duties to allied dental personnel. However in some states licensed dental hygienists are permitted to perform duties, except for intraoral expanded functions, under general supervision or public health supervision, as delegated by the supervising dentist. In order to assure the safety of the patient, the following criteria must be followed whenever functions are performed under general supervision.

1. Any patient to be treated by a dental hygienist must first become a patient of record of a dentist. A patient of record is defined as one who:
 - a. has been examined by the dentist;
 - b. has had a medical and dental history completed and evaluated by the dentist; and
 - c. has had his/her oral condition diagnosed and a treatment plan developed by the dentist.
2. The dentist must provide to the dental hygienist prior written authorization to perform clinical dental hygiene services for that patient of record. Such authorization should remain in effect for a limited time period as specified by state law.
3. The dentist shall examine the patient following performance of clinical services by the dental hygienist. Such examination shall be performed within a reasonable time as determined by the nature of the services provided, the needs of the patient and the professional judgment of the dentist.

Appropriate Settings for Dental Hygiene Services

The settings in which a dental hygienist may perform legally delegated functions shall be limited to treatment facilities under the jurisdiction and supervision of a dentist. When the employer of the dental hygienist is not a licensed dentist, the method of compensation and other working conditions for the dental hygienist must not interfere with the quality of dental care provided or the relationship between the responsible supervising dentist and the dental hygienist.

The federal dental services are urged to assure that their utilization of allied dental personnel is in compliance with policies of the American Dental Association.

Public oral health programs should utilize all appropriate dental team members in implementation of programs which have been endorsed by constituent dental societies. The dental hygienist, in this setting, may provide screening and preventive care services under an appropriate supervisory arrangement, as specified in state practice acts and regulations, as well as oral health education programs for groups within the community served.

Allied Dental Personnel Education

All personnel who participate in the provision of oral health care must have appropriate education and training and meet any additional criteria needed to assure competence. The type and length of education needed to prepare allied dental personnel to perform specific delegated patient care procedures should be specified in state dental practice acts and regulations.

Licensed or legally permitted dentists must be involved in the clinical supervision of allied dental personnel education programs, in accordance with state law. Programs should be administered or directed by a dentist whenever possible.

Dental hygiene education programs are designed to prepare a dental hygienist to provide preventive dental services under the direction and supervision of a dentist. Two academic years of study or its equivalent in an education program accredited by the Commission on Dental Accreditation (CODA) typically prepares the dental hygienist to perform clinical hygiene services. However, other programs, CODA accredited or approved by the respective state's board of dental examiners, which utilize such methods as institutionally-based didactic course work, in-office clinical training, or electronic distance education can be an acceptable means to train dental hygienists. Boards of dentistry are urged to review such innovative programs for acceptance.

Expanded functions education programs are designed to prepare dental auxiliaries to provide expanded dental services under the direction and appropriate supervision of a dentist. Programs accredited by the Commission on Dental Accreditation (CODA) typically prepare the expanded functions auxiliary to perform legally permitted clinical services. However, other programs, CODA accredited or approved by the respective state's board of dental examiners, which utilize such methods as institutionally-based didactic course work, in-office clinical training, or electronic distance education can be an acceptable means to train expanded functions auxiliaries. Boards of dentistry are urged to review such innovative programs for acceptance.

Neither the dental hygiene education curriculum nor the expanded function education program provides adequate preparation to enable graduates to provide comprehensive oral health care or to practice without the supervision of a dentist.

Formal education and training are essential for preparing allied dental personnel to perform intraoral expanded functions which are permitted by state law. Such expanded functions training should be provided only in educational settings with the resources needed to provide appropriate preparation for clinical practice under the supervision of a dentist.

Licensure of Dental Hygienists

There should be a single state board of dentistry in each state which serves as the sole licensing and regulatory authority for all dental personnel. Graduation from a dental hygiene education program accredited by the Commission on Dental Accreditation, or the successful completion by dental students of an equivalent component of a predoctoral dental curriculum accredited by the Commission on Dental Accreditation, is the essential educational eligibility requirement for dental hygiene licensure and practice. The clinical portion of the dental hygiene licensure examination, during which patient care is provided, must be conducted under the supervision of a licensed dentist.

Constituent Legislative Activities

Constituent dental societies should work with the state dental boards to assure that delegation of functions, educational requirements, supervisory and setting provisions for allied dental personnel in state dental practice acts and regulations are structured according to the basic principles contained in this policy statement.

In order to maintain the highest standard of patient care, assure continuity of care and achieve cost-effective delivery of services to the patient, constituent dental societies should seek to maintain, in statute and regulation, the authority and responsibility of the dentist for the overall oral health of the patient.

Glossary of Terminology Related to Allied Dental Personnel Utilization and Supervision

This Glossary is designed to assist in developing a common language for discussion of allied dental personnel issues by dental professionals and public policy makers. It should be noted that some of the terms included do not lend themselves to rigid definition and can only be described as to use and meaning. Also, certain terms are defined in dental practice acts and regulations, which vary from state to state.

Allied Dental Personnel: Team members who assist the dentist in the provision of oral health care and who are employed in dental offices or other patient care facilities.

Authorization: The act by a dentist of giving permission or approval to the allied dental personnel to perform legally allowable functions, in accordance with the dentist's diagnosis and treatment plan.

Community Dental Health: (1) The overall oral health status of a geographically based population group, (2) the branch of dentistry concerned with the distribution and causes of oral diseases in the population and the management of resources for their prevention and treatment and (3) commonly used to refer to programs which are designed to improve the oral health status of the population as a whole and conducted under the direction of a dentist (such as access programs, education programs, fluoridation and school-based mouthrinse programs).

Community Dental Health Coordinator (CDHC): An individual trained in an ADA pilot program as a community health worker with dental skills. Their aim is to improve oral health education and to assist at-risk communities with disease prevention. Working under the supervision of a dentist, a CDHC helps at-risk patients improve their preventive oral health through education and awareness programs, navigate the health system and receive care from a dentist in an appropriate clinic. CDHCs also perform limited clinical duties, such as screenings, fluoride treatments, placement of sealants and temporary restorations and simple teeth cleanings, until the patient can receive comprehensive services from a dentist or dental hygienist. Upon graduation, they will work primarily in public health and community settings like clinics, schools, churches, senior citizen centers, and Head

Start programs in coordination with a variety of dental providers, including clinics, community health centers, the Indian Health Service and private practice dentists.

Comprehensive Dental Care: A coordinated approach, by a dentist, to the restoration or maintenance of the oral health and function of the patient, utilizing the full range of clinically proven dental care procedures, which includes examination and diagnostic, preventive and therapeutic services.

Delegation: The act by a dentist of directing allied dental personnel to perform specified legally allowable functions.

Dental Assistant: An individual who may or may not have completed an accredited dental assisting education program and who aids the dentist in providing patient care services and performs other nonclinical duties in the dental office or other patient care facility. The scope of the patient care functions that may be legally delegated to the dental assistant varies based on the needs of the dentist, the educational preparation of the dental assistant and state dental practice acts and regulations. Patient care services are provided under the supervision of a dentist. To avoid misleading the public, no occupational title other than dental assistant should be used to describe this allied team member.

Dental Hygienist: An individual who has completed an accredited dental hygiene education program and has been licensed by a state board of dental examiners to provide preventive care services under the supervision of a dentist. Functions that may be legally delegated to the dental hygienist vary based on the needs of the dentist, the educational preparation of the dental hygienist and state dental practice acts and regulations, but always include, at a minimum, scaling and polishing the teeth. To avoid misleading the public, no occupational title other than dental hygienist should be used to describe this allied team member.

Dental Laboratory Technician/Certified Dental Technician: An individual who has the skill and knowledge in the fabrication of dental appliances, prostheses and devices in accordance with a dentist's laboratory work authorization. To avoid misleading the public, no occupational title other than dental laboratory technician or certified dental technician (when appropriate) should be used to describe this allied team member.

Examination/Evaluation, Comprehensive: A dentist performs an evaluation and recording of the patient's dental and medical history and a general health assessment and a thorough evaluation and recording of the extraoral and intraoral conditions of the hard and soft tissues. This may require interpretation of information acquired through additional diagnostic procedures. It includes an evaluation for oral cancer where indicated, the evaluation and recording of dental caries, missing or unerupted teeth, restorations, existing prostheses, occlusal relationships, periodontal conditions (including periodontal screening and/or charting), hard and soft tissue anomalies, etc.

Examination/Evaluation, Limited: A dentist performs an evaluation limited to a specific oral health problem or complaint. This may require interpretation of information acquired through additional diagnostic procedures. Typically, patients receiving this type of evaluation present with a specific problem and/or dental emergencies, trauma, acute infections, etc.

Expanded Functions: Additional tasks, services or capacities, often including direct patient care services, which may be legally delegated by a dentist to allied dental personnel. The scope of expanded functions varies based on state dental practice acts and regulations but is generally limited to reversible procedures which are performed under the personal, direct or indirect supervision of a dentist. Authorization to perform expanded functions generally requires specific training in the function (also expanded duties or extended functions).

Functions: An action or activity proper to an individual; a task, service or capacity which has been legally delegated by a dentist to allied dental personnel (also duties or services).

Oral Diagnosis: The determination by a dentist of the oral health condition of an individual patient, achieved through the evaluation of data gathered by means of history taking, direct examination, patient conference, and such clinical aids and tests as may be necessary in the judgment of the dentist.

Preventive Care Services: The procedures used to prevent the initiation of oral diseases, which may include screening, fluoride therapy, nutritional counseling, plaque control, and sealants.

Screening: Identifying the presence of gross lesions of the hard or soft tissues of the oral cavity.

Supervision: The authorization, direction, oversight and evaluation by a dentist of the activities performed by allied dental personnel.

Personal supervision. A type of supervision in which the dentist is personally operating on a patient and authorizes the allied dental personnel to aid treatment by concurrently performing a supportive procedure.

Direct supervision. A type of supervision in which a dentist is in the dental office or treatment facility, personally diagnoses and treatment plans the condition to be treated, personally authorizes the procedures and remains in the dental office or treatment facility while the procedures are being performed by the allied dental personnel, and evaluates their performance before dismissal of the patient.

Indirect supervision. A type of supervision in which a dentist is in the dental office or treatment facility, has personally diagnosed and treatment planned the condition to be treated, authorizes the procedures and remains in the dental office or treatment facility while the procedures are being performed by the allied dental personnel, and will evaluate the performance of the allied dental personnel.

General supervision. A type of supervision in which a dentist is not required to be in the dental office or treatment facility when procedures are provided, but has personally diagnosed and treatment planned the condition to be treated, has personally authorized the procedures, and will evaluate the performance of the allied dental personnel.

Public Health Supervision. A type of supervision in which a licensed dental hygienist may provide dental hygiene services, as specified by state law or regulations, when such services are provided as part of an organized community program in various public health settings, as designated by state law, and with general oversight of such programs by a licensed dentist designated by the state.

Treatment Plan: The sequential guide for the patient's care as determined by the dentist's diagnosis and used by the dentist for the restoration to and/or maintenance of optimal oral health.

Amendment to the Policy, "Opposition to Pilot Programs Which Allow Nondentists to Diagnose Dental Needs or Perform Irreversible Procedures" (Council on Dental Practice Resolution 45, Council on Access, Prevention and Interprofessional Relations Resolution 91, Seventh Trustee District Resolution 92, Board of Trustees Resolution 92B and Reference Committee on Dental Workforce Resolution 92RC): The Reference Committee reported as follows.

After considering testimony presented both for and against Pilot Programs, the Board comment and concerns from the dental educational community, the Reference Committee respectfully submits Resolution 92RC in lieu of Resolutions 45, 91, 92 and 92B. This resolution supports the ADA Strategic Plan Goal: Collaboration.

92RC. Resolved, that Resolution 24H-2004, item number 13 (*Trans.2004:291*) be amended as follows:

The ADA is opposed to nondentists or non-licensed dentists, (except dentists who are faculty members of CODA-accredited dental schools) making diagnoses, developing treatment plans or performing surgical/irreversible procedures, and be it further

Resolved, that Resolution 93H-2005 (*Trans.2005:343*) opposing pilot programs that are in violation of the existing ADA policy be rescinded, and be it further

Resolved, that the ADA critically review and seek opportunity for input into any pilot program or study that has potential for significant impact on the dental profession, and be it further

Resolved, that the policy of the ADA shall be to actively participate in discussions/dialogue with government, oral health care organizations or other agencies involved in dental workforce issues or oral health care issues, and be it further

Resolved, that the policy of the ADA shall be to seek funding for Association studies on dental workforce models or oral health care delivery issues or their evaluations, and be it further

Resolved, that if a pilot program involves a new member of the dental team, the new team member should be supervised by a dentist (supervision determined by the individual state dental practice act), and be it further

Resolved, that the development of any new member of the dental team be based upon determination of need, sufficient education and training, and a scope of practice that ensures the protection of the public's oral health.

Dr. Doring moved the adoption of Resolution 92RC in lieu of Resolutions 45 (*Supplement:7018*), 91 (*Supplement:7060*), 92 (*Supplement:7062*) and 92B (*Supplement:7063*).

Dr. W. Mark Donald, Mississippi, requested a point of information, saying, "Related to this resolution, when we were considering having dialogue with other entities, I was wondering if, through the Speaker, our Executive Director would be able to just give us an update on some discussions that's gone on with some of these agencies that we're talking about ... maybe in the last three or four months and just inform the House of the quality of those discussions ..."

The Speaker asked which agency the delegate from Mississippi was referring to.

In response, Dr. Donald said, "I believe there was a discussion with Pew at some point in time, maybe earlier in the year. If it's not true, tell me. I'll sit down. ... No discussion?"

With permission from the Speaker, Dr. O'Loughlin responded by saying, "Not that I know of."

A delegate from the floor requested a point of order, saying, "It appears that there is some confusion concerning whether or not the ADA has the ability to collect and analyze data from existing DHATs or other provider programs. I have spoken with ADA general counsel on this issue and I would like to request Mr. Tom Elliott to clarify this position for the House. From my understanding from the conversation with Mr. Elliott, there is nothing that would legally prevent the ADA from collecting data, analyzing the data and reporting the information to the House. It is also my understanding that the ADA could not participate in any research pilot programs that are in opposition to the ADA policy."

With permission from the Speaker, Mr. Thomas Elliott, interim chief legal counsel, responded by saying, "As I explained to several caucuses yesterday, I do not believe that the question that was posed is technically a legal question. I believe it is a policy question, and, therefore, a question that should be answered by you as opposed to me as ADA counsel. Having said that, I know of no policy at the ADA that would prohibit the gathering of data and the analysis of that data, and I do agree that there is policy that would prohibit the ADA from participating in a pilot program where a nondentist would perform, diagnose, design a treatment plan or perform an irreversible procedure."

A delegate from the floor moved to postpone further debate on Resolution 92RC, saying "I know that there was supposed to be a substitute resolution printed out and distributed before the House. There are a lot of resolving clauses, different resolving clauses that are in this. It has been pretty chaotic this morning in trying to follow this particularly when there are a lot of them. ..."

The Speaker asked the House if they would want to postpone debate on Resolution 92RC. A chorus of "no's" was heard and the Speaker continued debate on Resolution 92RC.

Dr. H. Michael Kaske, Wisconsin, said, "Through the Chair ... to the Chief [Legal] Counsel. ...What I would like to ask, while it is your opinion that this is something that doesn't limit the ADA, could it reasonably be assumed that another attorney could have a different opinion."

Mr. Elliott responded that it was a reasonable assumption.

Dr. Edwin S. Mehlman, Rhode Island, said, "If we are allowed to collect data, and the DHAT program has been going on in Alaska for five years, where is the data, or why haven't we collected it? ..."

With permission from the Chair, Dr. O'Loughlin responded by saying, "It is correct that as part of that agreement there was a directive to do some analysis of the impact of the program. Unfortunately, the existing team up here was not present during those settlement negotiations. We are going to research this and get you the answer shortly."

Dr. Melvin N. Thaler, South Dakota, moved to amend the seventh resolving clause after the word "sufficient" by inserting the words "CODA approved dental school or advanced dental" and after the word "education" by substituting the word "program" for the word "training."

In speaking to the proposed amendment, Dr. Thaler said, "It was the feeling of our district that we wanted to allow advanced dental education programs if they felt the need to train their own expander of care, that they would not be tied, and this amendment makes sure that any training programs, a total be done in CODA-approved education settings, CODA-approved dental schools or advanced education programs."

Dr. Mert N. Aksu, Michigan, spoke against the amendment, saying, "CODA approved not only dental school programs, but also community college based dental hygiene programs. This amendment is not consistent with current practices and ... should be stricken as such."

Dr. Ronald D. Venezie, North Carolina, speaking in opposition to the proposed amendment, said, "... the wording that has originally come out of the Reference Committee ... is sufficiently broad to do what the gentleman has recommended, but does not need to be amended as such."

Requesting a point of information, Dr. Bryan C. Edgar, Washington, said, "As the chair of the Commission on Dental Accreditation, I will, once again, tell the House that we do not approve programs. We accredit programs. And I would ask that the maker of the amendment at least amend that."

The maker of the amendment said, "We would accept the CODA-accredited, but we do think it's important to leave the words 'dental school' in there, because as the previous speaker said, CODA accredits lots of programs and we wanted 'only done in dental schools or advanced education programs.'"

The Speaker requested clarification, saying, "So you would accept taking out the words CODA-accredited?"

The maker of the amendment said, "'Approved' and in substitute, 'accredited,' yes." So the amended resolved clause would read as follows.

Resolved, that the development of any new member of the dental team be based upon determination of need, sufficient CODA approved accredited dental school or advanced dental education program ~~and training~~, and a scope of practice that ensures the protection of the public's oral health.

The Speaker asked if the new proposed language met the criteria.

Dr. Jamie L. Sledd, Minnesota, spoke in support, saying, "Again, to reaffirm that it is a dental school, a CODA accredited school, a school that is accredited to teach dental surgical procedures."

As a point of information, a delegate from the floor, said, "Could the maker of this amendment give us the definition of what he means by advanced dental education and training?"

In response, the maker of the amendment, said, "We're deleting the word 'training.' ... We want these programs held only at dental schools or advanced graduate education programs. Many of the specialties teach their programs outside of dental schools, but if they want to have a program where they train an expanded function assistant, we didn't want to tie their hands. Hospital-based programs, the oral surgeons, the [pedodontic] programs that are hospital-based, would be covered under this."

Seeing no one else at the microphones, Dr. Soliday called for a vote. On vote, the proposed amendment was adopted.

With permission from the Chair, and in response to Dr. Mehlman's earlier question regarding the collection of DHAT data, Dr. Kathleen O'Loughlin said, "We are getting it, but this is our recollection, is that in the settlement agreement there was an assumption that the ADA had an interest or would have an interest in participating in some way in evaluating that model. And what we're doing right now is trying to find information regarding whether or not there was an active decision to or not participate, because the ADA did not. ... As far as we know, the evaluation is being performed by the Kellogg Foundation and they were expected to report out this November as part of their work with these folks. But we will track down the documentation and I will get that for you shortly."

Dr. Jeffrey M. Cole, Delaware, moved to amend by substituting the second resolved clause with new language, as follows.

Resolved, that the ADA supports any pilot program that does not jeopardize the patient's oral health, as based on a valid assessment demonstrating that the program is necessary to fulfill an unmet need and the program does not allow a nondentist to diagnose, treatment plan or perform irreversible surgical procedures, and be it further

In speaking to the amendment, Dr. Cole, said, "We just passed Resolution 46RC and in that, if you look back at the resolution that was passed last year, the opposition to pilot programs, it reads exactly the same way, that the ADA is opposed to nondentists making diagnosis, developing treatment plans or performing irreversible procedures. And so I think what this does is it allows those people to understand what's going on without having to go back and eliminate the exiting policy."

Dr. Donna Thomas Moses, Georgia, spoke in favor of the amendment, saying, "This language in the amendment contains verbiage that we, as the House, have agreed upon this morning by 95%. ... With this friendly amendment, the ADA can support pilot programs that support this statement. The ADA can participate on study panels that protect the best interests of the patients we serve through our policies that are designed to protect these patients. The ADA can then offer testimony to explain our policies and why we believe in them. The ADA can consider findings of studies, because these findings will continue to support the fact that the dentist is the only member of the dental team who is educated to diagnose treatment plans and perform irreversible procedures for our patients. Everyone ... has a line they will not cross. Our line as the ADA is very simple. Only a dentist can examine, diagnose, treatment plan and perform surgical or irreversible procedures. Our ADA must be proud and excited to promote and defend this truth."

A delegate from the floor requested a point of information, saying, "Does the adoption of this amendment with eliminating rescission of 93H-2005 make that particular ADA policy moot in the fact that they are almost identical in scope except for that one is a very positive statement, and then I would like to just say that if we had adopted this five years ago we wouldn't be standing here today. But I think if it's a conflict ..."

The Speaker reminded the delegate that a point of information is not for debate, saying, "Your Chair had the same question. I'm very concerned about that. And I asked legal, and I am going to ask legal to give their reasoning, because they said that they felt that you could have both of them and that they would not be in competition with each other."

At the Speaker's request, Mr. C. Michael Kendall, senior associate general counsel, said, "We looked at the resolution and decided that there was no problem with it from a legal perspective, because it could be interpreted in a way that would keep it consistent. That doesn't mean that it can't be interpreted in a way that is not consistent. ... So it is up to you to debate whether you like the ambiguity or don't, whether you want to tighten it up one way or the other, but from a legal perspective, it complies with legal drafting."

The delegate from the floor said, "I guess my question, then, is answered in that regard, but would it be a secondary amendment to remain in the rescission of the previous policy so that we have a nice positive aspirational statement that achieves everything that we want to achieve?"

The Speaker responded by saying, "What they are trying to do in this is to strike out that whole second resolving clause, and then add ... another resolving clause that says what it is."

The delegate continued by saying, "I guess the quandary is we're in support of the way the new resolution states and feel that it takes care of everything, but the ambiguity that is created by the other gives you two kind of conflicting statements. And it would be much cleaner from our perspective if it wasn't ... if the rescission of the original policy is removed. ... so do I need to do that?"

The Speaker said, "... You could ask to move by amendment where they say, 'strike out the second resolving clause,' and you can move to amend that out and just have another resolving clause that it will say what it is there. ..."

Dr. Ronald D. Venezie, North Carolina, requested a point of information by saying, "You are all confusing me. Because you're saying and we're taking at face value, almost, that this is in conflict or potential conflict with our opposition to pilot program policy. I'd like to see where this is in conflict. Before we can decide whether it is appropriate to have both, I'd like to know where it is in conflict specifically."

The Speaker asked for legal help with the point of information, and said, "I will tell you, your Chair, personally thought there was big conflict with it, and I almost ruled it out of order because of that."

A delegate from the floor said, "I think it would help if legal counsel could read the opposition to pilot programs, the verbiage that is in that statement."

At the Speaker's request, Mr. Kendall responded to the point of information by saying, "The way we evaluate this sort of thing is to, in effect, game it, and if you read the language, and it says 'the development of any new member of the dental team be based upon determination of need, sufficient education and training, and a scope of practice that ensures the protection of the public's oral health,' it is easy to see that that could be interpreted either way. The people who would say they want it to comply with the written policy would say that you have to read it in connection with that and determine that, for example, doing irreversible procedures would never be within the scope of practice that ensures the protection of the public's oral health unless those procedures are performed by a dentist. However, you could read it and say, well, we have this policy, why would you simply repeat that in another resolving clause, and, therefore, it must mean something different and, therefore, create a possibility for a more expanded view of the subject. We didn't want to go into that and make that stark comparison, but that's the ambiguity we're talking about and that's why it doesn't create a legal problem because it can be interpreted in a way that would comport with the policy that's written now. It just means there could be ongoing debate on what the resolution or what the particular clause means."

A delegate from the floor said, "My request was that 93H-2005 be read, the verbiage of that. The delegates do not have that."

The Speaker said, "Go ahead and read it."

The delegate read 93H-2005, "Resolved, that the American Dental Association opposes pilot programs that are in violation of the ADA policy stated in Resolution 24H-2004, number 13, stating that the ADA is opposed to nondentists making diagnosis, development treatment plans or performing irreversible procedures' that's just the negative. What's here is the positive of that. And if we rescind the negative and we have the positive, I think it is a positive aspirational goal, and I think I got my amendment to the amendment for vote."

The Speaker indicated that the language for 93H-2005 was also printed in Appendix 2.

Dr. Mark A. Crabtree, California, and chair of the Council on Access, Prevention and Interprofessional Relations, moved a secondary amendment to not strike the original second resolved clause. So that the second and third resolving clause would read as follows.

Resolved, that Resolution 93H-2005 (*Trans.*2005:343) opposing pilot programs that are in violation of the existing ADA policy be rescinded, and be it further

Resolved, that the ADA supports any pilot program that does not jeopardize the patient's oral health, as based on a valid assessment demonstrating that the program is necessary to fulfill an unmet need and the program does not allow a nondentist to diagnose, treatment plan or perform irreversible surgical procedures, and be it further

In speaking to the secondary amendment, Dr. Crabtree said, "Number one, this would make it extremely clear, our statement, we'd be positive, aspirational, and I agree 100% with the maker of the motion and all the reasons that she gave as to why we need to have this in our policy. The present policy, the 93H-2005, interferes with the ADA's efforts to achieve our mission, and I think this clears it up and really achieves what we want to achieve for the total organization and for our strategic vision of the ADA."

Dr. Gary S. Davis, Pennsylvania, spoke in support of the secondary amendment, saying, "I feel it's very important that Resolution 93H-2005 be rescinded and that we have this type of language that allows the ADA to seek input from any pilot project, program or study that has the potential to have significant impact on the dental protection."

Dr. Linda J. Edgar, Washington, moved to vote immediately. The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, the secondary amendment was adopted.

The Speaker said, "You have before you the primary amendment, which would add another resolving clause that says, 'the ADA supports any pilot program that does not jeopardize the patient's oral health, as based on a valid assessment'"

Dr. Thomas P. Conaty, Delaware, speaking in favor of the amendment, said, "Let's be crystal clear about this. What we're talking about here is a pilot program. It's not a dentist program, but it's a pilot program. And in this program, we must adhere to the gold standards of the ADA, the gold standards of our profession. These standards are our bible. The standards are what we aspire to be as a profession. ... If we give these standards up, we will be at a great disadvantage when we testify before legislative bodies. Even the ADA approves of mid-level providers doing diagnosis and treatment planning and surgical irreversible procedures even in their pilot programs. We will lose and the era of the undereducated nondentist will begin. The unfair and un-American two-tiered level of care era will begin. We have worked too hard and too long to become a great profession to let this happen. We must not allow nondentists to do irreversible surgical procedures and diagnoses and treatment planning in pilot programs.

Dr. Edwin S. Mehlman, Rhode Island, spoke in opposition, saying, "I see no need to run pilot programs to test what is our current policy. Pilot programs are run to try to see where we're going to go in the future.

This amendment gets us no closer to talking to Pew and Kellogg than the policy we have right now. Put this amendment in and we're at the status quo."

Dr. Bruce R. Hutchison, Virginia, spoke in support of the amendment, saying, "Quite frankly, I don't know that it does anything other than rescind the existing policy anyway or not rescind the existing policy. And I think we need to keep that policy or this one, which is very similar, because we don't have anything. The other side doesn't have anything that tells us these are a valid thing to do. I think we have to study all the information out there and find out. Is there a reason to have these programs or not, or if there is, we have to be able to guide those programs and direct them. So I think this resolution as it is amended now will allow the ADA to find the information out there, analyze it, and move ahead."

Dr. Gary O. Jones, Arizona, moved to amend the proposed language in the third resolving clause by deletion of the word "any" and addition of an "s" after the word "program" and substituting the word "do" for the word "does."

In speaking to the amendment, Dr. Jones said, "I am in favor of the intent of this motion. I do have a concern where it straps the ADA into a support of any pilot program. I do not like the word 'any.' I would propose that we change it to support pilot programs that do not jeopardize."

A delegate from the floor said, "I'm not sure this accomplishes what we want. If it says 'Resolved, that the ADA may support any pilot programs,' would be a better solution to this."

Dr. Jones accepted the suggested language as a friendly amendment.

Seeing no one else at the microphones, Dr. Soliday called for a vote. On vote, the motion to amend the primary amendment was adopted.

Dr. Rodney J. Klima, Virginia, spoke in support of the primary amendment, saying, "It is aspirational in nature. It is not in conflict with the policies that we have passed this morning. And, most importantly, when we go back and talk to the mass of dentists back home we represent and our students and they hear that we have rescinded our opposition to pilot programs, we can say we have modified it to be aspirational in nature."

Dr. Allen Hinden, Connecticut, spoke in opposition, saying, "... we're basically adopting a policy that makes it clear that we support any kind of pilot programs that don't really do anything. And I say that with a degree of awareness that in a month a major study is going to be published that will make great news or bad news, depending on which side of this discussion you're on. But it will be pretty definitive news. The odds are it is going to have information that we're not going to like to have, but we'll get it nonetheless. But the reality is that the American Public Health Association and the American Association of Public Health Dentists have already adopted policy that is favorable to these pilots that include what we don't want to include. So all we will do by adopting resolutions and policies that say we will not participate or we will not look at what we do not want to look at, we will leave those two organizations in charge of all pilot projects under the money that Kellogg is going to pump into this system. I think we jeopardize the ADA standard as a national organization dedicated to health and I think we jeopardize the long-term interests of our science."

Mr. Corwyn Hopke, American Student Dental Association, spoke in support of the amendment, saying, "The percent of dental students, the youngest members of our profession, cannot be clearer, without the least hesitation ... we firmly believe that the dentist is the sole provider who can properly diagnose a treatment plan, the sole provider who can safely perform irreversible procedures. Some would have us believe that we need to soften some of these core principles in order to participate in workforce discussions. ASDA rejects that claim. We must enter those discussions true to our values. Our policies must reflect what we know to be best for our patient safety and not what we believe to be politically expedient. ... On behalf of all dental students, I ask the House to support our principles, support our future and support our future patients by voting in support of this amendment."

Dr. Bruce Tandy, Connecticut, spoke in opposition to the amendment, saying, "We have been talking for

years about evidence-based approach to decision making. This amendment does not do that. It basically precludes the final data before you even do the pilot. We, in Connecticut, have been fighting off ADHP for many years. A bill put before our legislature looked very similar to this relative to ADHP, our opposition to it, in pointing out that it was not an evidence-based approach prevented seeing that model in Connecticut."

A delegate from the floor spoke in support, saying, "In contrast to what those have said, that this restricts our ability to study programs that would improve our capacity to deliver care, we can easily study programs such as the United States Army has, presented by Colonel Ott in January to the President-elects of the 50 states at the ADA Headquarters. The EFDA program, which ties ... dental assistants in the army very closely to a dentist, by his evaluation more than doubles the capacity for care delivery of a licensed dentist without placing a drill in the hands of an untrained personnel ... We need to keep our auxiliaries very closely tied to a dentist without the ability to perform surgical or irreversible procedures. We can still markedly expand our capacity to care delivery, and we can study those programs under this amendment."

Dr. John J. Mooney, Connecticut, requested a point of information, saying, "The way this is worked, does it allow a pilot program for foreign-trained dentists to come in and perform surgical procedures? Basically, what I mean is, if a dental school decided to say I want a pilot program on foreign-based dentists to address access to care, they way this is worded, it sounds like possibly we would have to support something like that."

The Speaker indicated he would find the answer to that question.

Dr. Richard A. Weinman, Georgia, requested a point of information, saying, "A foreign-trained dentist would still have to be licensed under the state law, whatever state that might be, but in most states they have to have fulfilled the requirements to practice dentistry. So they wouldn't be a dentist if they weren't duly licensed."

At the Speaker's request, Mr. Elliott, responded to the question by saying, "A foreign-trained dentist is still a dentist. So they're not licensed, but they are a foreign-trained dentist."

The Speaker indicated that consensus from the dais was that this was a states' rights issue.

As a point of information, Dr. Ariane R. Terlet, California, said "Let's see if I can clarify it. Anybody applying to this program, it doesn't matter who you are, you could be a lawyer, you could be a psychologist, you are applying to a new program in your state, it doesn't matter what your previous training is. So at this point, it's exactly what you're saying, a states' right. So currently we have dental assistants who are foreign-trained dentists who are licensed through our state. They are not practicing as a dentist. They can only practice as a dental assistant in their state. So it's a states' right, but under this program, anybody should be able to apply to it and get trained, but you're not allowing foreign-trained dentists to just come in and practice."

Dr. Robert J. Wilson, Jr., Maryland, spoke in support, saying, "... Should this come up before my legislature, I need the strongest possible backing from the ADA. I do not believe that weakening our stance on this will get us to the table with Kellogg or anybody else. ... Now, if you think a new program is needed that would experiment with a new workforce model, please go back to your state, change your policies and do it there, because I don't want it in Maryland."

A delegate from the floor said, "... there is a town across from Harlington, Texas, called Progresso. In that town there are 200 'dentistas.' In the town Novgorod, Russia, there are former Soviet Union dental clinic on-the-job trained dental technicians. None of these would be considered, in our estimation, trained dentists, and yet they come. There are some of them that are attempting to practice here, some of them that are calling themselves dentists. We cannot allow a legal opinion to say that a foreign-trained dentist is still considered a dentist."

Dr. Ronald D. Venezie, North Carolina, speaking in support of the amendment, said, "A couple of the previous speakers tried to give us an either/or choice. Either this allows us to do pilot programs that only

meet the ADA criteria, or we have to do pilot programs on mid-level providers. That is not the choice. This doesn't say that we can't do pilot programs on a number of different issues. It does not preclude that and don't let that sway you to vote against this amendment. This is a very good amendment to our policy."

Dr. Norman V. Palm, Michigan, said, "I rise in opposition to the primary amendment out of great concern for those states who are struggling with adverse legislative activity that may put them in jeopardy of acceptance within this Association. We need to realize this is a social movement for health care justice ... Yes, we are responsible for the health care and we must have the highest standards of care. But at the same time, continual dwelling on this workforce issue, and now dividing this Association, poses an ever greater risk. Right now with this continuation of the first clause we are well protected and we all agree on what we wish to have be the definitive treatment with irreversible and surgical procedures. I urge you to reject this primary amendment."

As a point of information, Dr. Mike Rethman, chair, ADA Council on Scientific Affairs, said, "Is it the maker's intent of this to preclude public health nontdentists from performing examinations in support of public health initiative to assess things like DFMT or any of those sort of things that are part of those surveys? Because if somebody says that there's decay, then that, to some degree, is a diagnosis. And ... I would like to hear the intent of the maker as it relates to public health services."

The maker of the motion said, "Mr. Speaker, we're talking about pilot programs, not other programs."

Dr. Allen Hinden, Connecticut, requested a point of information, saying, "Is it possible for the delegates to be provided with the wording in the documents that the ADA, I believe, signed with the courts in Alaska regarding the role of the ADA in the development of assessments of the Alaskan Native Tribal Health Consortium's programs?"

At the Speaker's request, Dr. O'Loughlin responded by saying, "This was the settlement agreement and I'll read it to you. The settlement agreement that was signed in July of 2007 between the ANTHC [Alaska Native Tribal Health Consortium] and the ADA, this is Section 8, and it's regarding the longitudinal study, 'ADA had indicated intent to develop and participate in the execution of a longitudinal study of the delivery of the health care in remote areas of Alaska that reviews the use of dental health aides, dental health aide therapists, public health dentists, private sector dentists, community dental health coordinators and any other model that provides direct care to patients. ANTCH ... supports the need for studies of alternative models of care delivery and will participate in planning and implementation processes.' Now just a follow-up to that, Dr. Feldman informed me, as President, he appointed [Dr.] Bob Brandjord and [Dr.] Mary Smith to participate in the Kellogg study. They currently participate in an advisory group in this process, and they are receiving a preliminary report this Friday, and they have a meeting scheduled next Monday, I guess to receive what I think would be the rough draft of the first report out."

Dr. Deborah S. Bishop, Alabama, moved to vote immediately. The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote the motion to amend Resolution 92RC was adopted.

Dr. Richard A. Stevenson, Florida, moved to amend by substituting the word "must" for the word "should" in the second to last resolving clause.

Seeing no one else at the microphones, Dr. Soliday called for a vote on the substitution. On vote, the substitution was adopted.

Dr. Gary S. Davis, Pennsylvania, spoke in support of Resolution 92RC as amended.

Dr. Edward J. Green, Georgia, moved to amend the sixth resolving clause after the word "dentist" by striking the words "(supervision determined by the individual state dental practice act)."

In speaking to the amendment, Dr. Green said, "The ADA has a responsibility to provide guidance to all agencies, organizations and governmental bodies such as state dental boards and legislatures that have an interest in, or responsibility and authority for, decisions on utilization, education and supervision of allied dental personnel. In this context, the primary responsibility is to ensure that decisions on allied personnel utilization would not adversely affect the health and well being of the public or cause an increase risk to the patient."

Dr. W. Mark Donald, Mississippi, spoke in support to the proposed amendment, saying, "According to the policy we just passed earlier in [Resolution] 132, the statement reads, 'the scope and function and level of supervision should be determined by the profession so as to ensure adequate patient care and safety.' I believe that would be in conflict with the statement, 'supervision determined by the individual state dental practice acts.' I speak against it and would ask you to consider to rule that moot."

The Speaker said he would let the House make that decision.

Dr. Donald stated, "I want to make it clear I'm speaking in favor ... of deletion, but I feel like it should be moot because of the policy we just passed earlier ..."

Dr. Norman V. Palm, Michigan, spoke in opposition to the amendment, saying, "When you take out that portion of that resolving clause, you're taking away oversight by a dental board. The issue with any new provider is going to be that they would have the same oversight as any other member of the dental workforce and there are strong forces out there that would like to remove any new provider that's in the dental workforce away from a board of dentistry oversight. It's important to have the oversight, just as we already voted to amend to have a CODA credentialed dental school, and also under the direct supervision of a dentist. You don't want to forget the oversight."

Dr. Donna Thomas Moses, Georgia, spoke in support of the amendment, saying, "The American Dental Association comprehensive policy statement on allied dental personnel acknowledges that the American Dental Association has the responsibility to provide guidance to all agencies, organizations and governmental bodies, such as state dental boards and legislatures that have any interest in, or responsibility and authority for, decisions on utilization, education and supervision of allied dental personnel. In this context, the primary responsibility is to assure that decisions on allied dental personnel utilization will not adversely affect the health and well being of the public or cause an increased risk to the patient."

Dr. Bryan C. Edgar, Washington, spoke in support, saying, "My concern in the former amendment that we just made was we changed this from 'should' to 'must.' And really the statement supervision determined by the individual state practice act is in conflict with that 'must' statement."

Dr. Jeffrey M. Cole, Delaware, speaking in support of the amendment said, "I believe that the dental profession should be the ones setting the standards of supervisions. In states, the Dental Practice Act, the dental boards, some of them are predominantly nondentists. I don't think supervision should be left to nondentists. It should be the profession who makes that decision."

Dr. Deborah S. Bishop, Alabama, moved to vote immediately. The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote the motion to amend Resolution 92RC was adopted.

Dr. Brian K. Shue, California, speaking in support of Resolution 92RC, said, "I quickly wanted to state why I speak in favor of 92RC, because it affirms our search for funding the ADA's CDHC pilot program ... as you know this year, [the] U.S. government passed health care reform, which is also called the Affordable Care Act. If you're not familiar with the section, there's a section that's called the alternative dental health care provider demonstration project, which is \$60 million. Sixty million dollars will be given by the government to fund 15 workforce alternative dental projects in America, including our community dental health coordinator program."

So 92RC will allow us to protect our great profession and also reaffirm our policy that we will see this funding from the Affordable Care Act, which will be available by law within six months.”

Dr. John R. Jordan, Jr., Florida, moved to vote immediately. The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, Resolution 92RC, as amended in lieu of Resolutions 45, 91, 92 and 92B (Amendment to the Policy, “Opposition to Pilot Programs Which Allow Nondentists to Diagnose Dental Needs or Perform Irreversible Procedures”) was adopted.

The maker of the primary amendment said, “It was pointed out to me that I made a grammatical error in the resolution, in the amendment, and I would like to correct that error if I could. ... I need to delete the word ‘sufficient.’ It makes no sense being left in there. ...”

Hearing no objections, The Speaker allowed the change to be made.

Requesting a point of order, Dr. Ronald D. Venezie, North Carolina, said, “... I thought I heard an objection to striking the word ‘sufficient.’ It seems to me to not be a simple change, whether you say that you want education or sufficient education. That seems to me to be an amendment.”

The Speaker said, “Well, you are up here, so there must have been an objection. So I will take that as well taken, and we are going to take a vote on it.”

Dr. Thomas W. Gamba, Pennsylvania, requested a point of order, saying, “Have we not approved this resolution.”

The Speaker responded by saying, “We have and he was asked to make an editorial change. ... We can make an editorial change if it was a mistake when we were voting on it. ...”

Dr. Bryan C. Edgar, Washington, spoke to the editorial change, saying, “If you will recall I spoke earlier as the Chair of the Commission [on Dental Accreditation]. I noticed that word ‘sufficient’ in there. I assumed it would be editorially corrected after the fact, and so would certainly support it. ..”

Dr. Venezie withdrew his objection.

92H-2010. Resolved, that Resolution 24H-2004, item number 13 (*Trans.*2004:291) be amended as follows:

The ADA is opposed to nondentists or non-licensed dentists, (except dentists who are faculty members of CODA-accredited dental schools) making diagnoses, developing treatment plans or performing surgical/irreversible procedures, and be it further

Resolved, that Resolution 93H-2005 (*Trans.*2005:343) opposing pilot programs that are in violation of the existing ADA policy be rescinded, and be it further

Resolved, that the ADA may support any pilot programs that do not jeopardize the patient’s oral health, as based on a valid assessment demonstrating that the program is necessary to fulfill an unmet need and the program does not allow a nondentist to diagnose, treatment plan or perform irreversible surgical procedures, and be it further

Resolved, that the ADA critically review and seek opportunity for input into any pilot program or study that has potential for significant impact on the dental profession, and be it further

Resolved, that the policy of the ADA shall be to actively participate in discussions/dialogue with government, oral health care organizations or other agencies involved in dental workforce issues or oral health care issues, and be it further

Resolved, that the policy of the ADA shall be to seek funding for Association studies on dental workforce models or oral health care delivery issues or their evaluations, and be it further

Resolved, that if a pilot program involves a new member of the dental team, the new team member must be supervised by a dentist, and be it further

Resolved, that the development of any new member of the dental team be based upon determination of need, CODA-accredited dental school or advanced dental education program, and a scope of practice that ensures the protection of the public's oral health.

Recess: Dr. Elizabeth A. Demichelis, California, moved to recess the House of Delegates until 1:30 p.m.

On vote, the motion was adopted and the second meeting of the House of Delegates recessed at 12:29 p.m.

Tuesday, October 12, 2010

Third Meeting of the House of Delegates

Call to Order: The third meeting of the ADA House of Delegates was called to order at 1:30 p.m. by the Speaker of the House of Delegates, Dr. J. Thomas Soliday, Maryland.

At the Speaker's request Dr. O'Loughlin, executive director, approached the podium to respond to a question asked during the morning session.

Dr. O'Loughlin said, "The question came from the Fifth District ... they asked me to report out on meetings that the ADA has had with foundations in the last year. We have had one official meeting that occurred back in March, I think, where we invited the president of Kellogg and the program officer of Kellogg, Dr. Al Yee, to come to the ADA and visit with us. In [the] meeting were Dr. Tankersley, Dr. Gist, Dr. Lew Lampiris, and Dr. Mark Crabtree was there as the CAPIR chair. And we had a general discussion with Kellogg to try and resolve their misunderstanding of ADA and the role we played in access to care issues. The meeting started out with all of us agreeing not to discuss workforce, because we would never agree on workforce, and we would just simply move past that topic and talk about other opportunities. And we did a lot of educating in terms of presenting what ADA does and what CAPIR has done over the last several years. And we briefed the president of Kellogg, who was very pleased with our report, and very surprised, and that led us to produce the marketing material that I think some of you have seen on what CAPIR is doing on an annual basis. And that meeting did not lead to any other conclusions or any other follow-up. So that is the only official meeting we have had with any other foundations. Of course, you know, we invited a representative from Pew to participate on a call that we organized on two occasions to discuss the Pew Report, and many of you participated in that. Again, [the pew representative] was only there as an advisor to answer questions, and we have not had any official meetings with Pew."

Priority Agenda Items

Report of the Reference Committee on Membership and Planning—Priority Items (Continued)

The priority item contained in the Report of the Reference Committee on Membership and Planning was presented by Dr. Rita M. Cammarata, chair, Texas. The other members of the Committee were: Dr. Daniel K. Cheek, North Carolina; Dr. Anthony M. Cuomo, New York; Dr. Michael D. Eggatz, Florida; Dr. Natasha A. Lee, California; Dr. Thomas Matanzo, Ohio; Dr. Randall H. Ogata, Washington; Dr. Ron J. Seeley, North Dakota; and Dr. Alvin W. Stevens, Jr., Alabama.

Expansion of the Tripartite Marketing Collaborative Program (Council on Membership Resolution 48): The Reference Committee reported as follows.

The majority of testimony emphasized that membership growth is of the utmost importance in light of decreasing membership market share. The Committee heard concerns which centered around financial implications. The Committee agrees with the Board that this investment in the Tripartite Marketing Collaborative program aligns with the new strategic plan and is a vital part of supporting the ADA's core competency of growing membership. Resolution 48 supports the 2007-2010 ADA Strategic Plan Goal, Build Dynamic Communities.

48. Resolved, that the 2010 ADA House of Delegates approve funding in the amount of \$500,000 for the purpose of expanding the Tripartite Marketing Collaborative Approach to positively impact tripartite membership in those areas and among those market segments that offer the greatest opportunity.

Dr. Cammarata moved the adoption of Resolution 48 (*Supplement:6027*)

Dr. Terry L. Buckenheimer, Florida, spoke in favor of Resolution 48, saying, "As the Council [on Membership] Chair, I had the opportunity to lead 20 volunteer dentists and a very dedicated staff to find ways to increase market share. Unfortunately, this past year ... we went below 70% of market share of dentists. This is the lowest it's been since 1990. Unfortunately, when that occurs, we have to design ways to try to avoid that from continuing to deplete our market share. We are a member driven organization. And this expansion allows the ADA to reach out to the constituents and the components in a cohesive manner to increase awareness of member value to all the nonmembers and our current members. ... We piloted [this program] in 2009, and we had expanded into nine states, nine constituents, and there were three programs that we basically utilized. In the first one, it was a spring reinstatement campaign, and I was told over this past couple days that we didn't have data to support this. I have some data that we gathered since September 30 of this year ... In 2010 ... we targeted 7,000 dentists that had not renewed their membership in those nine pilot states, and in those nine pilot states 3,214 dentists converted back into membership. That was a 39% response rate, and that allowed \$1,307,547 to be put back into the budget for our dues. Since the June cut-off date and into the ... September 30 cutoff that we were gathering information, another 728 dentists were added on to the program. ... These are programs that hopefully will allow the constituents and the components to work with the ADA staff and utilize their information to target members in their specific states and their specific components so that they will be able to utilize information gathered and data gathered by the ADA in order to support our efforts in sharing member value to all their members. ..."

As a point of information, Dr. Arthur C. Morchat, Texas, said "I would like to ask if you would consider an editorial change to clarify the language."

The Speaker said he didn't want to get into a debate, but if it was something simple the House may be willing to do it.

In speaking to the editorial change, Dr. Morchat said, "In the supplemental report, which this resolution became part of or came from, the Council on Membership recommended that an additional \$500,000 be allocated over and above the existing \$105,000 budget for this effort. In the resolution, it doesn't use the word 'additional,' and you could imply that the expansion of the program to \$500,000 is the total amount. To clarify that, if you simply stuck in the word 'additional' between 'approve' and 'funding' ... I think that would make the makers of the resolution's purpose clear."

The Speaker asked if anyone had any objection to the proposed editorial change of adding the work "additional" before "funding." Seeing none, the editorial change was accepted.

Dr. Randall H. Ogata, Washington, speaking in support of Resolution 48, said, "Membership is the lifeblood of the ADA. That's a fact. We have allowed our membership share to drop below 70%. That's a tragedy. We must invest in new and innovative marketing methods now to help all of our states and the components reach out to dentists using new and innovative methods of communication ..."

Dr. Elizabeth A. Jabbour, South Carolina, moved to refer Resolution 48 back to the Council on Membership, saying, "While in spirit I heartedly support Resolution 48, my fiduciary responsibility requires me to speak against this due to the annual expense of \$500,000 in addition to what has been spent previously without a clear business plan of action."

In speaking to the motion to refer, Dr. Jabbour said, "Referral of this back to the Council would allow the Council to do three really important things. Number one, complete the third phase of the tripartite marketing collaborative. In the materials we have been given prior to today, there was a third section of mailings that were scheduled to be done for this fall of 2010. And evaluate, number two, the data from the recent pilot projects, which were not given to us previously, as well as the data as stated from the third part of the marketing collaborative. And three, to present this back to the House in 2011 so that we can evaluate and make sure that these dollars are most well spent and perhaps, who knows, maybe we need even more to do this. I agree that this is incredibly important to our membership, but we want to make sure that everything is done correctly and we can justify it."

Dr. Terry L. Buckenheimer, Florida, chair, Council on Membership, speaking in opposition of referral, said, "Although I agree with the speaker that it is very important, I disagree with the fact to refer it back to the Council. We spent a year developing these solutions and recommendations according to data that we collected in the past. These programs have been shown to be effective. Although they were updated on September 30, it wasn't sufficient enough time to give it to everyone ahead of time because the printed material was already out, and so we asked that this solution could be instituted now because if we wait another year and fall our market share even further, it seems senseless to me."

Dr. William F. Martin, III, Maryland, member, Council on Membership, spoke against referral, saying, "The Council and the staff have put together an excellent plan that has been in action. ... It has actually been tested and brought out to other markets ..."

Dr. Lidia M. Epel, New York, past chair, Council on Membership, spoke against referral, saying, "This came from the Council on Membership. Why are we referring it back to them? We already heard how positive the response has been, and we all need this market share. So we need to approve and not send it back. ..."

Dr. Ann E. Christopher, Maryland, spoke in support of referral, saying, "I'm also the membership chair for the Maryland State Dental Association, and we do participate now in the tripartite collaborative, and we have been helped, but I speak against the high dollar amount of this resolution. ... that is why I am voting to refer it."

Dr. Virginia A. Hughson-Otte, California, member, Council on Membership, spoke in opposition to referral, saying, "Ladies and gentleman, the time to act is now. If membership is the backbone and we see our market share slipping, what are we saying to our members if we don't invest in our tripartite. This particular program is a collaborative effort. Not only has it been researched, this is implementation. What good is all the money we've spent on research if we don't put it to good use. Don't refer it back. I don't want it. Let's implement it."

Dr. Rex B. Card, North Carolina, member, Council on Membership, spoke against referral.

Dr. Irene Marron-Tarrazzi, Florida, moved to vote immediately. The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, the motion to refer Resolution 48 back to the Council on Membership was not adopted.

Dr. Mark R. Zust, Missouri, as a point of information, said, "I question the financial impact of this resolution. We've heard testimony already about the increase in membership due to the program, and I question that there will be a financial impact of \$500,000. I think that that is going to have to be offset by an increase in revenue, and I would hate to see a resolution like this get voted down because the House would think that they would have to spend a half a million dollars when, in fact, that doesn't seem to be the case at all. ..."

At the Speaker's request, Dr. Terry L. Buckenheimer responded by saying, "... If 19 members per constituent come in there would be a positive cash flow. ...we've already shown 24 members has even worked with just one program of this event so far, and so 19 should be no problem to get. It would be a cash flow neutral process and anything over that will be a positive..."

The Speaker asked if Dr. Buckenheimer had answered the question.

In response, Dr. Zust said, "Not only does it answer my question, but I'd like to see it be shown as a revenue neutral resolution, then, rather than a resolution that is going to cause a dues increase of \$5. If you're going to spend money, that, obviously, is a budget item. But, if by spending that money you are going to get an increase in revenue from dues, you have to put that into the budget as an increase in budgeted revenue."

Dr. Soliday responded by saying, "We understand what you are saying. One of the problems with what you're saying is this is an unknown. Yes, they had a pilot project and they say that they think they can do this, but if they can't do this, you're going to have an impact of so many dollars. And they put what they thought was the most down. ..."

At the Speaker's request, Dr. O'Loughlin, executive director, said, "The way the ADA depends on the collection of dues, which happens at the tripartite, we would have to recruit 19 members in 50 states, and we would probably not book those revenues until the following year if they were recruited during 2011. So you're looking at the 2011 budget, and there would be no offsetting revenue derived from this program until 2012."

Dr. Brett H. Kessler, Colorado, requested a point of information, saying, "It says that 19 members per constituent. Are those just the constituents of the five states that it is focusing on, or is that all the constituents in the ADA."

At the Speaker's request, Dr. Buckenheimer responded by saying, "This expansion program will go to 53 constituents."

Dr. William F. Martin, III, Maryland, moved to vote immediately. The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, Resolution 48, as editorially amended, was adopted.

48H-2010. Resolved, that the 2010 ADA House of Delegates approve additional funding in the amount of \$500,000 for the purpose of expanding the Tripartite Marketing Collaborative Approach to positively impact tripartite membership in those areas and among those market segments that offer the greatest opportunity.

Report of the Reference Committee on Budget, Business and Administrative Matters (Continued)

The balance of the Report of the Reference Committee on Budget, Business and Administrative Matters was presented by Dr. Robert E. Butler, chair, Missouri.

Consent Calendar (Reference Committee on Budget, Business and Administrative Matters Resolution 129): The Reference Committee reported as follows.

The Reference Committee on Budget, Business and Administrative Matters presents the following consent calendar for consideration of the House of Delegates. The appended Resolution 129 lists all resolutions referred and considered by the Reference Committee along with the Committee's recommendation (adopt, adopt in lieu of, not adopt or refer) on each item. By adopting Resolution 129, the recommendations of the Reference Committee will become the action of the House of Delegates. However, before voting on the consent calendar, any delegate wishing to discuss an item on the consent calendar has the right to request that resolution be removed and considered separately.

The Standing Committee on Constitution and Bylaws approves the wording of Resolutions 22, 55, 61 and 62 as submitted. The Standing Committee on Constitution and Bylaws would like to note that Resolution 56 is unconstitutional pending passage of Resolution 114 by the House of Delegates. The Standing Committee judges that the role of the Audit Committee is an administrative function under the purview of the Board of Trustees.

The Standing Committee on Constitution and Bylaws approves the wording of Resolution 61RC as submitted.

Resolutions 35 and 56RC have been identified as Priority items, and Resolution 37RC has been

identified as a resolution of special interest. These resolutions will be considered separately from the Consent Calendar.

129. Resolved, that the recommendations of the Reference Committee on Budget, Business and Administrative Matters on the following resolutions be accepted by the House of Delegates.

Resolution 22—ADOPT (Amendment of ADA *Bylaws* Regarding the Duties of the Council on Members Insurance and Retirement Programs, *Supplement:2058*) \$: None

Resolution 35—ADOPT (Approval of 2011 Budget, *Supplement:2056*) \$114,217,650 (Revenue), \$114,951,700 (On-going Expense) (Priority Agenda Item)

Resolution 36—ADOPT (Establishment of Dues Effective January 1, 2011, *Supplement:2057*): \$746,900 (Revenue)

Resolution 37RC—ADOPT in lieu of Resolution 37 (Special Assessment: Information Technology Infrastructure, *Supplement:2066*) \$853,600 (Revenue for 3 years), \$2,500,450 (One-time Expense) (Resolution of Special Interest)

Resolution 55—ADOPT (Response to Resolutions 71-2009: Appointment of Interim Executive Director and 64H-2009: Guidelines for Selecting an Executive Director, *Supplement:2070*) \$: None

Resolution 56RC—ADOPT in lieu of Resolution 56 (Amendment of the ADA *Bylaws*: Establishment of a New Council on Financial Affairs, *Supplement:2080*) \$302,000 (On-going Expense) (Priority Agenda Item)

Resolution 57—ADOPT (Eligibility for Nomination to the Council on Financial Affairs, *Supplement:2081*) \$: None **(Ruled Moot)**

Resolution 58—OUT OF ORDER (Establishment of Duties of the Audit Committee, *Supplement:2082*) \$: None

Resolution 59RC—ADOPT in lieu of Resolution 59 (Staff Support to the Council on Financial Affairs, *Supplement:2084*) **(Ruled Moot)**

Resolution 60RC—ADOPT in lieu of Resolution 60 (Appointment of a Joint Special Committee of the House of Delegates to Conduct a Sunset Review of the Council on Financial Affairs, *Supplement:2085*) \$: Not required until development of the applicable year's budget. **(Ruled Moot)**

Resolution 61RC—NOT ADOPT in lieu of Resolutions 61 (Amendment of the ADA *Bylaws*: Appropriation of Funds, *Supplement:2118*) and 62 Amendment of the ADA *Bylaws*: Approval of Annual Budget: (*Supplement:2119*) \$: None

Resolution 102—ADOPT (Review of the ADA *Constitution and Bylaws* Regarding Meeting Sessions (For Example: Closed Session / Open Session / Attorney Client Privilege, etc.) of ADA Governing Bodies, *Supplement:2237*) \$: None

Resolution 103—NOT ADOPT (ADA Staffing, *Supplement:2238*) \$: None **(Withdrawn)**

Resolution 113RC—ADOPT in lieu of Resolution 113 (Audit Committee Composition, *Supplement:2242*) \$: None

Resolution 123—ADOPT (Continuation of Special Committee on Financial Affairs, *Supplement:2244*) \$110,000

Resolution 124—NOT ADOPT (House of Delegates Approval of Decision Packages, *Supplement:2246*) \$: None

Dr. Butler announced that Resolutions 35 and 56RC were considered as Priority Items and that because Resolution 56RC was not adopted, Resolutions 57, 59RC and 60RC were now moot.

Dr. Butler moved the adoption of Resolution 129.

The Speaker called upon the chair of the Standing Committee on Credentials, Rules and Order to give his report.

Report of the Standing Committee on Credentials, Rules and Order: Dr. John E. Roussalis, chair, Wyoming, reported that the Committee on Credentials, Rules and Order received a request relating to the credentialing of a new/acting secretary. The Committee considered this request to be the result of extenuating circumstances. Accordingly, the Committee recommended that Dr. Gregory M. Pafford, Arizona, be credentialed as a new/acting secretary. Hearing no objections, the credential was granted.

Dr. Roussalis reported the presence of a quorum.

Report of the Reference Committee on Budget, Business and Administrative Matters (Continued)

Dr. Christopher M. Connell, Ohio, requested the removal of Resolution 123 from the consent calendar.

As a point of order, Dr. Paul F. Kattner, Illinois, said, "The slide shows Resolution 36 as still part of Resolution 129. Resolution 36 is the dues, and I believe it's taken up by *Bylaw* requirement to be the last item of business before this House of Delegates."

The Speaker replied by saying, "[Resolution] 36 is dues, and it will be taken off and it is going to be postponed definitely until the last session of the House. The Chair is going to do that, but I appreciate you pointing that out."

Dr. Idalia Lastra, Florida, requested the removal of Resolution 124 from the consent calendar.

Dr. Walter G. Weber, California, requested the removal of Resolution 61RC from the consent calendar.

Dr. Butler moved that Resolution 36 be postponed until the last order of business.

The Speaker asked if there was any objection. Hearing none, Resolution 36 was postponed definitely to the last order of business of the House of Delegates.

A delegate from the floor requested the removal of Resolution 61 from the consent calendar.

Dr. Idalia Lastra, Florida, requested a point of information, saying, "Resolution 113RC refers in the second resolved clause, well, in both resolved clauses to the Special Committee on Financial Affairs. The Special Committee on Special Affairs finishes its job at the close of this House unless another resolution is passed."

The Speaker responded by saying, "That's right. The Special Committee would be finished at the end of this House, and that other resolution, I don't have the worksheet in front of me, but I remember reading it, is trying to reestablish that Special Committee."

Dr. Lastra requested further information by saying, "So is it proper to pass 113RC in the Consent Calendar when we haven't dealt with that other resolution?"

Dr. Steven M. Dater, Michigan, offered clarification by saying, "The resolution says members from the 2010, so you don't need another committee. We had the same question yesterday. It's just pulling members from the Special Committee that were on the Special Committee this year."

The Speaker indicated it was fine the way it was written.

Dr. Robert M. Peskin, New York, requested a point of information by asking if the vote required to adopt Resolution 129 is a two-thirds (2/3) majority vote.

The Speaker responded by saying, "No, it's an en block unanimous vote. It means that it is non-controversial. Some people may not like some of the things, but they're not voting against it. It is just a universal vote. The Consent Calendar is also called a unanimous consent calendar. ..."

On vote, Resolution 129, as amended, was adopted by unanimous consent.

129H-2010. Resolved, that the recommendations of the Reference Committee on Budget, Business and Administrative Matters on the following resolutions be accepted by the House of Delegates.

Resolution 22—ADOPT (Amendment of ADA Bylaws Regarding the Duties of the Council on Members Insurance and Retirement Programs, *Supplement:2058*) \$: None

Resolution 55—ADOPT (Response to Resolutions 71-2009: Appointment of Interim Executive Director and 64H-2009: Guidelines for Selecting an Executive Director, *Supplement:2070*) \$: None

Resolution 102—ADOPT (Review of the ADA *Constitution and Bylaws* Regarding Meeting Sessions (For Example: Closed Session / Open Session / Attorney Client Privilege, etc.) of ADA Governing Bodies, *Supplement:2237*) \$: None

Resolution 113RC—ADOPT in lieu of Resolution 113 (Audit Committee Composition, *Supplement:2242*) \$: None

Note: For the purpose of a fully documented record, the complete text of the resolutions presented in Resolution 129H-2010 follows:

ADOPTED

22H-2010. Resolved, that Chapter X. COUNCILS, Section 120. DUTIES, Subsection I. COUNCIL ON MEMBERS INSURANCE AND RETIREMENT PROGRAMS, of the ADA *Bylaws* be amended by addition of duty "f" to read as follows:

f. Aid dentists in the management of their personal and professional risks through educational activities, informational programs and services.

55H-2010. Resolved, that Chapter IX. APPOINTIVE OFFICER, of the ADA *Bylaws* be amended by addition of the following new Section 50:

Section 50. VACANCY: Upon the occurrence of a vacancy in the office of Executive Director, an interim Executive Director, whose duties shall be as defined in Section 40 of this Chapter, shall be appointed by the Board of Trustees within forty-five (45) days of such vacancy occurring. ~~whose duties shall be as defined in Section 40 of this Chapter~~. Any active, life or retired member in good standing may be appointed to serve as interim Executive Director. But, the Board of Trustees may appoint any qualified individual who is not eligible for membership in the Association, except that any current officer or member of the Board of Trustees shall not be eligible for such

appointment. The interval of service and salary, if any, of the interim Executive Director shall be at the discretion of the Board of Trustees.

and be it further

Resolved, that Chapter VII. BOARD OF TRUSTEES, Section 100. DUTIES, Subsection B, of the ADA *Bylaws* be amended by incorporating the changes indicated below (new language underscored):

B. To appoint the Executive Director and an interim Executive Director of the Association.

102H-2010. Resolved, that the Council on Ethics, Bylaws and Judicial Affairs reviews the *Constitution and Bylaws* and parliamentary procedure with legal counsel and report to the House of Delegates in 2011 with a detailed description of the different types of sessions (e.g., open sessions, closed / executive sessions, and attorney-client sessions) held during meetings of the ADA government bodies and their committees and councils, including a description of who can be present during each type of session, what information can be discussed during each type of session, what the recording obligations are with respect to each type of session, how the minutes should be prepared for each type of session, and under what conditions can the minutes of one government body be shared with another. The report should also include a risk assessment of the different types of sessions and the process obligations related thereto, with a focus on balancing the need for transparency against the potential for liability.

113H-2010. Resolved, that the House of Delegates urges the Board of Trustees to incorporate the recommendations contained in the report of the Special Committee on Financial Affairs that relate to the make-up of the Audit Committee, and be it further

Resolved, that for the year 2011, the Audit Committee shall be composed of four (4) Board members and three (3) members of the 2010 Special Committee on Financial Affairs.

RULED OUT OF ORDER

58. Resolved, that the Council on Financial Affairs is directed to establish the following as the duties of the Audit Committee:

1. To appoint, retain, terminate, replace, evaluate and oversee the Association's and its subsidiaries' independent auditors, including determining their compensation, the terms of engagement, the scope of the audit to be conducted, and the resolution of any disagreements between management and the independent auditors regarding financial reporting. The independent auditors shall report directly to the Audit Committee;
2. To review and provide oversight of the Association's policies and activities regarding accounting practices, financial reporting, and conflicts of interest between Association staff and the Association;
3. To review internal control procedures for safeguarding Association assets and assuring that financial transactions are authorized and properly recorded;
4. To appoint, retain, terminate, replace, evaluate and oversee the activities of internal auditors, including determining their compensation, the terms of engagement, and the scope of the audit to be conducted. The internal auditors shall report directly to the Committee;
5. To oversee the Association's financial reporting process by reviewing revenue, expense and balance sheet accounts on a regular basis;
6. To perform and/or supervise special investigative efforts relating to accounting practices, financial reporting, and make recommendations to the Board of Trustees on conflicts of interest between Association staff and the Association, as may be needed—and to perform and/or supervise special investigative efforts relating to legal and regulatory issues related to financial matters.
7. To solicit and consider recommendations for improvement of the Association's internal control procedures;

8. To establish a process and procedures for Association employees and volunteers to make complaints, or express concerns, about accounting practices or activities, internal controls, audit matters, and budgeting activities. Such a process shall expressly permit anonymous and confidential complaints;
9. To formulate and recommend policies to the Board of Trustees regarding reimbursement of expenses incurred by officers and trustees and to oversee implementation of those policies;
10. To submit an annual report directly to the Board of Trustees and to the Council on Financial Affairs containing a review of, and any recommendations for, the Association's internal control structure over accounting practices, financial reporting, the internal audit system, and the independent auditors;
11. To independently and directly communicate with the auditors; and
12. To review the *Organization and Rules of the Board of Trustees* as they relate to risk management.

RULED MOOT

57. Resolved, that the Board of Trustees is directed to use the following criteria in determining whether a member of the House of Delegates has the requisite financial skills to be eligible for nomination to the Council on Financial Affairs:

1. Knowledge, skills or abilities in finance and/or accounting as evidenced by prior training, degree, certification or experience, such as service at the constituent level in financial positions, including Treasurer, audit committee member, financial affairs committee member, or delegation budget group member; and
2. Experience as a delegate or alternate of the House of Delegates, past or present.

59RC. Resolved, that the Executive Director of the Association is directed to provide the appropriate staffing and other resources through the Division of Finance and Operations to support the activities of the Council on Financial Affairs.

60RC. Resolved, that the Speaker shall appoint a Joint Special Committee of the House of Delegates consisting of three members of the House of Delegates and three members of the Board of Trustees in addition to the President (serving as a non-voting chair), to conduct a sunset review of the Council on Financial Affairs at the five (5) year anniversary of the formation of the Council and report back to the House of Delegates.

Special Assessment: Information Technology Infrastructure (Board of Trustees Resolution 37 and Reference Committee on Budget, Business and Administrative Services Resolution 37RC): The Reference Committee reported as follows.

The Reference Committee heard testimony in support of additional investment in information technology infrastructure and understands the spending needs to take place in 2011. However, there was concern with funding these improvements in one year. The Committee was supportive of the testimony suggesting the option of extending the period of funding and supplementing cash flow needs by borrowing from reserves. The Reference Committee believes that a three-year collection timeframe would be appropriate.

The return on the financial income side of the asset allocation of the reserve portfolio is 3.08% for the first two quarters of 2010. A special assessment of \$8 dollars per year for three years will yield an approximate 4.25% return to the reserve fund for borrowed monies in year two and three of the assessment period.

37RC. Resolved, that as provided in Chapter I, Section 50 and Chapter XVII, Section 40 of the *Bylaws*, a special assessment will be levied in the amount of \$8 dollars for a three-year period

beginning in 2011 for the purpose of funding ADA Information Technology infrastructure projects, and be it further

Resolved, that monies be withdrawn from reserves to supplement funding for the first year when spending will be in excess of the revenue obtained from the assessment, and be it further

Resolved, that 2012 and 2013 assessments received be deposited into a segregated account to replenish reserves for the amount borrowed.

Dr. Butler moved the adoption of Resolution 37RC in lieu of Resolution 37 (*Supplement:2066*).

Dr. Glen D. Hall, Texas, requested a point of information by saying, "What I would like, through the Chair for the Treasurer to explain, is that if this three-year proposal goes through, will, in fact, the number over there on reserves go down this year and next year relative to the amount which is taken out of reserves?"

With permission from the Chair, Dr. Leone, treasurer, said, "Yes, the monies that are borrowed from reserve will be placed in a special account to deal with this particular issue, and as they're replenished then you will see a rebuilding of the reserve. Is that what you are asking?"

Dr. Hall responded by saying, "Yes, we will next year see a reserve deficit relative to that amount. And my question is, will that \$8 consideration for next year be put back in that reserve and at what point will it have happen so it will have replenished the reserves."

The Treasurer responded by saying, "Well, as soon as the cash flow comes in, it will be replaced. So, generally, March 30 is the deadline for delinquency. We extend to usually June 30 to solidify our membership roster, and so incrementally over the first six months of the calendar years, we will see that rebuilt two years in a row."

Dr. Hall further asked, "We would assume that by the House next year, that \$8 actually would have pretty much gone back into reserves, is what you're saying?"

The Treasurer responded by saying, "No, the first \$8 assessment will be cash flowed for the project. The remaining two-thirds of the cost will be borrowed from the reserve fund. In the second year, cash will be replenished halfway, and in the third year, finally completion of rebuilding the reserve as a result of borrowing."

Dr. John N. Kramer, Ohio, spoke in support of Resolution 37RC, saying, "I understand that it's not customary to use slides for individual testimonies, however, the House received a report titled *Feasibility Study, Commerce for Order Management* [/Commerce] via email on October 9 ... Because the study contains important information concerning this resolution and ... because the report was not available at the Reference Committee, I request the use of one summary slide of this report for your consideration."

Hearing no objection, the Speaker allowed the requested information to be displayed on the House video screens.

Dr. Kramer continued by saying, "The resolution calls for an expenditure of \$2.5 million for our IT department. I feel it is important that we understand what a return will be on this investment. The majority of the \$2.5 million requested is for a line item titled 'Order Management and E-Commerce,' which totals \$1.6 million ... The feasibility study that we received, and what I am referring to is an in-depth analysis of this line item, which summarized the cost savings and revenue projections the Association can expect from this investment. ... The important number ... is \$1,685,000. Yes, for an investment of \$1.6 million, we, as a House, can expect to increase in savings and revenue of \$1,685,000 annually. ... I feel very good about telling the member dentists throughout the United States that this is an investment that is great for our Association. ..."

Dr. Michel A. Jusseaume, Massachusetts, spoke in support of the resolution, saying, "The IT upgrades are very much needed and cost effective. ..."

Dr. Mark R. Zust, Missouri, moved to substitute Resolution 37 for Resolution 37RC. Dr. Zust said, "... Not a lot of people will be against doing this software upgrade. Everybody knows. We get it. But, come on, we are talking about \$24 here. Don't spread it over three years. Pass the thing, pay for it and let's move on."

With permission from the Chair, Ms. Toni Mark, chief technology officer, said, "... I want to make sure that it is very clear to the group that there are several columns of savings listed up there, and I wanted to make sure that I shed some light on the impact of those statements. ... In the first line you will see something called the cost to migrate. The cost to migrate is any incremental cost that would be incurred to move these divisions off of current systems ... In the next line you see hard cost savings. The hard cost savings are the things we are going to realize within the first year, and that is largely software licenses from products that we're going to replace. ... The third line, entitled soft cost savings, that is really an efficiency gain, and that's an efficiency gain as a result of staff time. ... The next line is additional revenue. This is largely from the Division of Education and the Division of Publishing, who have said that if we were able to improve our commerce capabilities, they could drive more nondues revenue ... And then you have the net in the final column. ..."

Dr. Ron Collins, Texas, spoke in support of the substitution, saying, "I am in agreement that everybody in here wants the IT investment. I was against the three-year option, so now that we're back to [Resolution] 37, I am in favor of that ..."

Dr. Edward T. Graham, California, speaking in opposition to substitution, said, "I think what happens is, is that doing this in a lump sum would be a detriment to membership as a whole to the organization only because of the financial impact of raising dues and the message that it sends to our membership. ..."

Dr. Raymond A. Cohlmiia, Oklahoma, requested a point of information through the Chair to Ms. Mark, saying, "I understand cost dollar savings, but that's under the assumption that those labors involved for those technologies will not be reappropriated somewhere else. So, technically, in a sense, I could dismiss or reduce my labor force by \$1.5 million and that would be my cost savings."

With permission from the Chair, Ms. Mark responded by saying, "That would turn it into a hard cost savings, however, I would tell you that we weren't able to, when we did the analysis across the whole work pool, identify even one complete person who does these activities. These are all people who have expertise in other areas who haven't been able to do those jobs fully because they've been working on administrative support for our technology systems."

Dr. Cohlmiia responded by saying, "But we could reallocate labor forces to actually save those dollars if what you're telling us is true. If this is true, \$1.5 million in soft savings somewhere down the line. The system will pay for itself in two years."

Ms. Mark agreed, and said, "... as we move forward, we might ask for incremental head count to support things that we maybe are not already doing. ... If we're able to get that capacity back from our workforce, then we won't be asking for ongoing head count increases. It helps us to stabilize our workforce head count so that it pays for itself."

Seeing no one else at the microphones, Dr. Soliday called for a vote. On vote, the motion to substitute Resolution 37 for Resolution 37RC was adopted.

37. Resolved, that as provided in Chapter I, Section 50 and Chapter XVII, Section 40 of the *Bylaws*, an active member-special assessment be levied in the amount of \$23 for 2011 for the purpose of funding ADA Information Technology infrastructure projects, and be it further
Resolved, that all funds received from this assessment be maintained in a segregated account.

Dr. Steven P. Ellinwood, Indiana, moved to amend the first resolving clause by deletion between the words "Bylaws" and "special" the words "an active member". Dr. Ellinwood said, "There are other levels of membership that are liable for this special assessment besides just active members."

Dr. Kevin D. Sessa, Colorado, requested a point of information through the Chair to Dr. Leone, saying, "If we take 'active member' out, does that number \$23 change, because we base \$23 on the amount of active members in the American Dental Association. ..."

With permission from the Chair, Dr. Leone, treasurer, responded by saying, "We would have to consult with Membership, but it's my judgment that the number of FTEs would not change and then the assessment would not change."

As a point of information, Dr. Cesar R. Sabates, Florida, said, "I'd like to know if the retired members that ... don't pay dues, will they have to pay this assessment."

The Speaker said he didn't think retired members pay assessments.

A delegate from the floor requested a point of information, saying, "All the special assessments are defined very clearly in the *Bylaws* ... And if there's a retired member, there's a certain percentage. If it's retired life, there's zero."

The Speaker responded by saying, "I understand that. I'm just trying to find out for sure when I give him the right answer."

The Treasurer said, "I am being told by our staff in financial, that those assessments are proportional to the percentage of the dues level that the retired member pays."

The Speaker said, "It will be 25% of the assessment."

Seeing no one at the microphones the Speaker called for a vote. On vote, the motion to delete the words "an active member" from the first resolving clause was adopted.

Dr. Anthony C. Caputo, Arizona, moved to vote immediately. The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, Resolution 37, as amended, was adopted by a two-thirds (2/3) affirmative vote.

37H-2010. Resolved, that as provided in Chapter I, Section 50 and Chapter XVII, Section 40 of the *Bylaws*, a special assessment be levied in the amount of \$23 for 2011 for the purpose of funding ADA Information Technology infrastructure projects, and be it further **Resolved**, that all funds received from this assessment be maintained in a segregated account.

Dr. Idalia Lastra, Florida, requested a point of information, saying, "What does that do to the revenue by adopting that with the change in active member?"

At the Speaker's request, the Treasurer responded by saying, "Membership and Finance have been doing a little research. And what they did is pretty much validated my initial comment. As it turns out, there are about five different categories of membership that would be affected by the adjustment – the amendment to Resolution 37. It only adds up to 15,517 members. And so the actual number of FTEs will not change, which means the \$23 assessment is a genuine figure, and the expense and the revenue from the assessment match."

Dr. Paul R. Miller, Florida, requested a point of information, saying, "Now that we are taking it out of one payment, is that going to change the total, the bottom line on the reserves ... If you're not borrowing from reserves for it?"

The Treasurer responded by saying, "There would be no need to reduce the reserve amount."

Dr. Miller said, "My question is, does this number ... take that into account already?"

The Treasurer said the number would be adjusted.

Mr. Corwyn Hopke, American Student Dental Association, requested a point of information, saying, "Mr. Speaker, how would this affect student fees?"

The Speaker responded that students were exempt from fees and the Treasurer concurred.

Dr. Virginia Hughson-Otte, California, member, Council on Membership, requesting a point of information, said, "I just consulted with the Membership staff ... the [words] 'active member' never should have been in there in the first place ... so the House did a good thing taking it out, because it just makes it accurate, but it doesn't change the number."

Amendment of the ADA Bylaws: Appropriation of Funds (North Dakota Dental Association Resolution 61, North Dakota Dental Association Resolution 62 and Reference Committee on Budget, Business and Administrative Matters Resolution 61RC): The Committee reported as follows.

The Reference Committee identified inconsistencies in the language of Resolution 61 and 62. If both resolutions as originally written were approved, then Resolution 61 would have been ruled out of order. In order to correct these inconsistencies the Reference Committee has combined the two resolutions with appropriate language. After due deliberation and in consultation with the Speaker of the House and the chair of the Council on Ethics, Bylaws and Judicial Affairs, the Reference Committee supports maintaining the majority vote for approving Resolutions with budgetary impact and approval of the budget. The Standing Committee on Constitution and Bylaws approves the wording of Resolution 61RC as submitted.

61RC. Resolved, that the *ADA Bylaws*, Chapter V. HOUSE OF DELEGATES, Section 130. RULES OF ORDER, Subsection A. STANDING RULES AND REPORTS, Subsection b. APPROPRIATION OF FUNDS, be amended by addition of the following new second sentence: "Resolutions with a budgetary impact (financial implication) shall require adoption by a sixty percent (60%) affirmative vote of the delegates present and voting," so the amended subsection reads as follows (addition underscored):

b. APPROPRIATION OF FUNDS. Any resolution proposing an appropriation of funds, ~~except those relating to the annual budget~~, shall be referred to the Board of Trustees for a report at the same session on the availability of funds for the purpose specified. Resolutions with a budgetary impact (financial implication) shall require adoption by a sixty percent (60%) affirmative vote of the delegates present and voting.

and it further

Resolved, that the *ADA Bylaws*, Chapter V. HOUSE OF DELEGATES, Section 130. RULES OF ORDER, Subsection A. STANDING RULES AND REPORTS, Subsection c. APPROVAL OF ANNUAL BUDGET, be amended by addition of the following new second sentence: The annual budget shall require adoption by a sixty percent (60%) affirmative vote of the delegates present and voting," so the amended subsection reads as follows (addition underscored):

c. APPROVAL OF ANNUAL BUDGET. The proposed annual budget shall be submitted by the Board of Trustees to the members of the House of Delegates at least thirty (30) days prior to the opening meeting of the annual session, shall be referred to a special reference committee on budget for hearings at the annual session and then shall be considered for approval as a special order of business at the second meeting of the House of Delegates. The annual budget shall require adoption by a sixty percent (60%) affirmative vote of the delegates present and voting. In the event the budget as submitted is not approved, all recommendations for changes shall be referred to the Board of Trustees to prepare and present a revised budget. This procedure shall be repeated until a budget for the ensuing fiscal year shall be adopted.

and be it further

Resolved, that these changes shall occur at the close of the 2010 House of Delegates.

Dr. Butler moved Resolution 61RC in lieu of Resolutions 61 (*Supplement:2118*) and 62 (*Supplement:2119*).

The Speaker said, "As you can see here, Resolution 61 and 62 have conflicting items ... so the Reference Committee put them together. And when your Speaker got to seeing this [at] about one o'clock in the morning reading this, I didn't realize that when you have a vote 'no,' if for some reason 61RC goes down, then you're going to have 61 and 62 up there, which are in conflict. So I am going to ask the House's indulgence to have our Reference Committee Chair in this one particular case move 61RC to be substituted by 61 and 62. Therefore, if you do substitute, 61 and 62 are gone ..."

A delegate from the floor requested a point of information, saying, "As the maker of Resolutions 61 and 62, would it be easier if I just withdrew those two resolutions right now?"

Seeing no objection from the House, Resolutions 61 and 62 were withdrawn.

Dr. Peter Carroll, Pennsylvania, spoke in opposition to Resolution 61RC, saying, "As painful as the process is at the end of this House, I think we need to preserve democracy, which is a fifty percent vote."

Dr. Paul F. Kattner, Illinois, speaking in opposition, said, "One of the hallmarks of parliamentary procedure is majority prevails. When we change the vote standard to 60%, it doesn't protect the House. In fact, it gives rights away from the House, and it authorizes the minority to control what goes on here. So instead of having a 50% passage, you will now require 60% passage. You have given power to 41% of the members of the House. ..."

Dr. Alan F. Felsenfeld, California, Speaker for the California Dental Association, and Dr. Robert M. Peskin, New York, Speaker for the New York State Dental Association, also spoke in opposition to Resolution 61RC.

Dr. Michael G. Durbin, Illinois, moved to vote immediately. The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

A delegate from the floor requested a point of information, saying, "Mr. Speaker, technically, if there was a vote of fifty percent, that's a defeated measure. You have to have one more vote than 50% in order to pass the resolution. ...Where it is now if we had a 50/50 vote, that's a defeat of that measure. ... It has to be 50% plus one."

The Speaker said, "Not plus one, 0.1. ... You're exactly right, but it comes down to percentage."

On vote, Resolution 61RC was not adopted.

Continuation of Special Committee on Financial Affairs (Eighth Trustee District Resolution 123): The Reference Committee reported as follows.

The Reference Committee heard limited testimony on Resolution 123. It was recognized that an estimate of the financial implication was needed. After consultation with Finance staff it was determined that the financial implication will be \$110,000.

123. Resolved, that the Special Committee on Financial Affairs and its current members, established as a result of Resolution 69H-2009, be reappointed to serve through the 2011 annual session, and be it further

Resolved, that if replacement members are required, the composition formula of the present Special Committee on Financial Affairs will be maintained, and be it further

Resolved, that the roles and responsibilities of the committee be:

- a. Disseminate information to the House of Delegates in accordance with the timetable prescribed by the Board of Trustees and the Committee on matters related to the audit function.
- b. Aid in the development of, and make recommendations for, long range financial objectives of the Association.
- c. Act as a resource to the Budget and Business Matters Reference Committee.
- d. Assist the Treasurer in communicating financial matters to the House of Delegates at least quarterly.
- e. Assist leadership in providing ongoing education to members of the Board of Trustees, the standing committees of the Board of Trustees, the House of Delegates and the councils on financial fiduciary obligations.
- f. Urge the Treasurer of the Association and the Board of Trustees to accept recommendations from the Committee in fulfilling their fiduciary duties in evaluating Association programs based on the relationship between the cost of the programs and the values placed on the programs by members of the Association.
- g. Recommend to the Board of Trustees potential modifications to Association programs based on their alignment with the strategic plan and their successful compliance with the system; of metrics established, goals, and priorities, as they relate to finances and cost to benefit ratios.
- h. Communicate the House's perspective on the value to the Association's members on ongoing and new member programs to those councils, commissions and committees having responsibility for such programs.
- i. Nominate and urge the Board of Trustees to appoint six of the Committee's members to serve on the following Board committees in the numbers indicated: two (2) members on the Strategic Planning Committee; two (2) members on the Pension Committee; and two (2) members on the Finance Committee (and therefore the Administrative Review Committee of the Board of Trustees).
- j. Urge the Board of Trustees to seek the services of an outside financial professional to serve on the Audit Committee.
- k. Review the Organization and Rules of the Board of Trustees as they relate to financial risk management and make recommendations to the Board of Trustees.

Dr. Butler moved the adoption of Resolution 123 (*Supplement:2244*).

Dr. Thomas S. Kelly, Ohio, moved to substitute Resolution 123S-2 (*Supplement:2244b*) for Resolution 123.

123S-2. Resolved, that the Special Committee on Financial Affairs and its current members, established as a result of Resolution 69H-2009, be reappointed to serve through the 2011 annual session, and be it further

Resolved, that if replacement members are required, those members shall have experience as a delegate or alternate delegate and experience as treasurer, finance committee member, or with special financial expertise of a constituent dental association, and be it further

Resolved, that one Board member from the Audit, Finance, and Pension Committees of the Board of Trustees serve as a non-voting, *ex-officio* member, and be it further

Resolved, that the roles and responsibilities of the committee be:

- a. Disseminate information to the House of Delegates in accordance with the timetable prescribed by the Board of Trustees and the Committee on matters related to the audit function.
- b. Aid in the development of, and make recommendations for, long range financial objectives of the Association.
- c. Act as a resource to the Budget and Business Matters Reference Committee.
- d. Assist the Treasurer in communicating financial matters to the House of Delegates at least quarterly.
- e. Assist leadership in providing ongoing education to members of the Board of Trustees, the

standing committees of the Board of Trustees, the House of Delegates and the councils on financial fiduciary obligations.

- f. Urge the Treasurer of the Association and the Board of Trustees to accept recommendations from the Committee in fulfilling their fiduciary duties in evaluating Association programs based on the relationship between the cost of the programs and the values placed on the programs by members of the Association.
- g. Recommend to the Board of Trustees potential modifications to Association programs based on their alignment with the strategic plan and their successful compliance with the system; of metrics established, goals, and priorities, as they relate to finances and cost to benefit ratios.
- h. Communicate the House's perspective on the value to the Association's members on ongoing and new programs for members to those councils, commissions and committees having responsibility for such programs.
- i. Nominate and urge the Board of Trustees to appoint Committee members to serve on the following Board committees as voting members as indicated: two (2) members on the Audit Committee; two (2) members on the Strategic Planning Committee; two (2) members on the Pension Committee; and two (2) members on the Finance Committee (and therefore the Administrative Review Committee of the Board of Trustees).
- j. Urge the Board of Trustees to seek the services of an outside financial professional to serve on the Audit Committee.
- k. Review the *Organization and Rules of the Board of Trustees* as they relate to financial risk management and make recommendations to the Board of Trustees.
- l. Evaluate all aspects of the Association's staff retirement plan designs and assumptions, and to communicate with and educate the House of Delegates about these plans.

and be it further

Resolved, that the Special Committee on Financial Affairs report to the 2011 House of Delegates on the effectiveness of a special committee structure to assist the House in fulfilling its fiduciary responsibilities.

In speaking to Resolution 123S-2, Dr. Kelly said, "There were several amendments to [Resolution] 123 that we were looking to put in and rather than take time to introduce each additional amendment ... we felt it was more appropriate to have it all printed out for this House in one page ... In the second resolving clause, after the word 'required,' we added ... 'those members shall have experience as delegate or alternate delegate and experience as treasurer.' All that language ... is to clarify what we had passed for this Special Committee on Financial Affairs in 2009. The next change ... was to add [a new third] resolving clause to make sure that we're clear that the Special Committee is formed in the same manner as the Special Committee was formed for 2009. And that was having the skills of the Board members to serve from these different committees of the Board to serve as *ex officio* members on the Special Committee ... continuing on ... under 'h,' we just clarified the language. It said 'New Member Programs,' it's truly 'New Programs for Members.' ... under 'i,' we are striking out the portion that talks about 'appoint six members,' because later on in this change here, we're adding two members to the Audit Committee, two members to the Strategic Planning Committee, two members to Pension and two members to Finance. Again, that's how the Special Committee currently has is to have those members of the Special Committee on those four committees. ... And, in addition to that we wanted to put back in the part about as voting members, and this is to urge the Board to have these Special Committee members as voting members as the Board has been kind enough to allow this year. ... Continuing on, 'l,' has to do with assumptions and to communicate with and educate the House of Delegates about these plans. ... And then, lastly, we had the final resolving clause ... we want to make sure the Special Committee reports to the 2011 House of Delegates on the effectiveness of a Special Committee structure to assist the House in fulfilling its fiduciary responsibilities."

Dr. Kevin D. Sessa, Colorado, requested a point of information, saying, "Could the maker of this resolution determine for me how they came up with the number of \$110,000 for this Special Committee."

With permission from the Chair, Dr. Kelly said, "This information, the \$110,000 was in consultation with our CFO and also our Treasurer, and so the [\$100,000] has to do with what this current Special Committee had for this year, a smaller number of staff involved, certainly, and the travel involved for that. So this number is something directly from the Treasurer and the CFO."

Dr. H. Todd Cubbon, Illinois, and author of Resolution 123, spoke in support of substitution, saying, "... in consultation with the Seventh [Trustee District], the Eighth is fully in favor of the substitution of 123S-2 for 123."

Dr. Jolene O. Paramore, Florida, spoke in support, saying, "The Seventeenth District is in favor of substitution ..."

Dr. Christopher M. Connell, Ohio, spoke in support of Resolution 123S-2, saying, "... it brought several elements from previous documentation, from [Resolution] 56 package, filled in the gaps, and we think this makes it a much stronger resolution."

Dr. Ronald P. Lemmo, Ohio, spoke in support of Resolution 123S-2, saying, "... representing the Special Committee on Financial Affairs, we speak in favor of substitution. It does five specific things. [It] stresses that the potential new members have the skills-set of finances, as well as the experience of the House... It recognized the value of the Board of Trustees on the Special Committee... Adding back 'urge the Board to appoint the members of the Special Committee, as well ... as voting members to the Audit Committee, as well as the addition of the Strategic Planning Committee and giving the voting privilege as they had last year, adds a valuation to the original document ... and [addition of] the last resolving clause ..."

With the Chair's permission, Mr. Paul Sholty, ADA Chief Financial Officer, provided information on the \$110,000, saying, "The \$110,000 that is included in this and budgeted for this resolution is bare bones staff support. That is one-half contract admin at \$30,000 and the balance is the meeting costs for the members to attend Audit, Finance, and Pension Committees and administrative review and planning meeting, as well as to have four meetings on their own throughout the year."

Seeing no one else at the microphones, Dr. Soliday called for a vote. On vote, the motion to substitute Resolution 123S-2 for Resolution 123 was adopted.

Dr. G. Lewis Mitchell, Jr., Alabama, spoke in support of Resolution 123S-2, saying, "Though I preferred formation of the Council, the reformation of the Special Committee is a helpful option. The Committee did a great job this year and I applaud their work. And I also applaud the Board of Trustees for graciously accepting their participation. The Committee members bring a lot of financial expertise to our Association. They will strengthen our financial core and keep this House informed."

Requesting a point of information, Dr. Thomas S. Kelly, Ohio, said, "Mr. Speaker, if I could just ask your assistance in reminding the House that if 123S-2 is defeated, [Resolution] 123 also goes away."

The Speaker confirmed that if 123S-2 was defeated, then Resolution 123 would also go away.

Dr. Paul S. Zimmermann, Maine, member, Special Committee on Financial Affairs, speaking in support of Resolution 123S-2, said, "I would ask that the Association give the Special Committee in item I., 'to evaluate all aspects of the Association's staff employee benefit plan,' not just the retirement plan. In speaking with [a representative] from KPMG, he says it's a lot easier to look at the whole instead of just pieces."

The Speaker interrupted, saying, "I think you are getting into proprietary information in that, so I am going to rule that out of order."

Dr. Mary Krempasky Smith, Eleventh District Trustee and Finance Committee Chair, said, "I will commend the Special Financial Affairs Committee. They did a lot of work, but I would also tell you that there was a lot

more staff time than is in this document before you. What this document contains is a half-time admin person. That is not a person with any finance experience within the Association. That means they are going to have to utilize our current staff that's already stretched to the maximum. The reason the Council was so expensive was not because of travel, not because of council meetings. It was because of the need to have a director for the council and sufficient staff. You're back at the same place. I don't see how you can accomplish this with a half-time admin person with no finance experience. I urge you to vote this down or at least amend it that you limit the number of meetings, because it's not going to accomplish what we need to accomplish. We need to look at what we're doing and spend our dollars with financial responsibility."

Dr. Idalia Lastra, Florida, requested a point of information, saying, "We passed in the Consent Calendar Resolution 113RC that called for three members of the Special Committee to serve on the Audit Committee. This resolution calls for two members to serve on Audit."

The Speaker responded by saying, "Your point is well taken ... Resolution 113RC was adopted on Consent Calendar and that says ... they are going to urge the Board to have the Audit Committee of four Board members and three members of the 2010 Special Committee on Financial Affairs. And what [Resolution 123S-2] is urging here is a different number of members, two members. So since [Resolution 113RC] has already been adopted, [Resolution 123S-2] can't be in conflict of it. ... So the Chair is going to rule that this should say 'three.'"

Dr. Louis A. Imburgia, Illinois, moved to vote immediately.

Dr. Michael J. Link, Virginia, requested a point of information, saying, "Currently the 2011 House budget summary that's posted on the wall does not reflect the one-time assessment of \$23 which we have passed ... Can we please add another line with a space added into the dues, because that is what we are going to have to explain to our members when we get back home."

The Speaker responded that the information would be provided.

The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, Resolution 123S-2 was adopted.

123H-2010. Resolved, that the Special Committee on Financial Affairs and its current members, established as a result of Resolution 69H-2009, be reappointed to serve through the 2011 annual session, and be it further

Resolved, that if replacement members are required, those members shall have experience as a delegate or alternate delegate and experience as treasurer, finance committee member, or with special financial expertise of a constituent dental association, and be it further

Resolved, that one Board member from the Audit, Finance, and Pension Committees of the Board of Trustees serve as a non-voting, *ex-officio* member, and be it further

Resolved, that the roles and responsibilities of the committee be:

- a. Disseminate information to the House of Delegates in accordance with the timetable prescribed by the Board of Trustees and the Committee on matters related to the audit function.
- b. Aid in the development of, and make recommendations for, long range financial objectives of the Association.
- c. Act as a resource to the Budget and Business Matters Reference Committee.
- d. Assist the Treasurer in communicating financial matters to the House of Delegates at least quarterly.
- e. Assist leadership in providing ongoing education to members of the Board of Trustees, the standing committees of the Board of Trustees, the House of Delegates and the councils on financial fiduciary obligations.

- f. Urge the Treasurer of the Association and the Board of Trustees to accept recommendations from the Committee in fulfilling their fiduciary duties in evaluating Association programs based on the relationship between the cost of the programs and the values placed on the programs by members of the Association.
- g. Recommend to the Board of Trustees potential modifications to Association programs based on their alignment with the strategic plan and their successful compliance with the system; of metrics established, goals, and priorities, as they relate to finances and cost to benefit ratios.
- h. Communicate the House's perspective on the value to the Association's members on ongoing and new programs for members to those councils, commissions and committees having responsibility for such programs.
- i. Nominate and urge the Board of Trustees to appoint Committee members to serve on the following Board committees as voting members as indicated: three (3) members on the Audit Committee; two (2) members on the Strategic Planning Committee; two (2) members on the Pension Committee; and two (2) members on the Finance Committee (and therefore the Administrative Review Committee of the Board of Trustees).
- j. Urge the Board of Trustees to seek the services of an outside financial professional to serve on the Audit Committee.
- k. Review the *Organization and Rules of the Board of Trustees* as they relate to financial risk management and make recommendations to the Board of Trustees.
- l. Evaluate all aspects of the Association's staff retirement plan designs and assumptions, and to communicate with and educate the House of Delegates about these plans.

and be it further

Resolved, that the Special Committee on Financial Affairs report to the 2011 House of Delegates on the effectiveness of a special committee structure to assist the House in fulfilling its fiduciary responsibilities.

House of Delegates Approval of Decision Packages (Seventeenth Trustee District Resolution 124): The Reference Committee reported as follows.

The Reference Committee heard both pro and con debate on Resolution 124. After careful deliberation the Reference Committee feels that the mechanism for the House to examine individual decision packages presented by the Board of Trustees in the preliminary budget is already present in the *Manual of the House of Delegates* (page 11). Therefore, the Committee recommends that Resolution 124 not be adopted.

124. Resolved, that all new decision packages recommended by the Finance Committee and approved by the Board of Trustees are presented for approval to the House of Delegates individually with corresponding dues increase, if any, to fund each decision package.

Dr. Butler moved Resolution 124 (*Supplement:2246*).

Dr. Jolene O. Paramore, Florida, moved to refer Resolution 124 to the Special Committee of Financial Affairs. Dr. Paramore said, "The Special Committee that was just created with the last resolution would be the perfect place to evaluate these types of things, and we believe it's the appropriate measure."

Dr. Paul R. Miller, Florida, speaking in support of referral, said, "We all know that the budget process is flawed, and I feel that this Committee could come up with proposals that would help the House with their fiduciary responsibility."

A delegate from the floor moved to vote immediately. The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, the motion to refer Resolution 124 to the Special Committee on Financial Affairs was adopted.

Report of the Reference Committee on Dental Workforce (Continued)

The balance of the Report of the Reference Committee on Dental Workforce was presented by Dr. Kevin R. Doring, chair, Maryland.

Consent Calendar (Reference Committee on Dental Workforce Resolution 131): The Reference Committee reported as follows.

The Reference Committee on Dental Workforce presents the following consent calendar for consideration of the House of Delegates. The appended Resolution 131 lists all resolutions referred and considered by the Reference Committee along with the Committee's recommendation (adopt, adopt in lieu of, not adopt or refer) on each item. By adopting Resolution 131, the recommendations of the Reference Committee will become the action of the House of Delegates. However, before voting on the consent calendar, any delegate wishing to discuss an item on the consent calendar has the right to request that resolution be removed and considered separately.

Resolutions 46RC, 92RC and 132 have been identified as Priority Items. These resolutions will be considered separately from the Consent Calendar.

131. Resolved, that the recommendations of the Reference Committee on Dental Workforce on the following resolutions be accepted by the House of Delegates.

Resolution 44—ADOPT (*Amendment to the Policy, "Dentist Administered Dental Assisting and Dental Hygiene Education Programs," Supplement:7017*) \$ None

Resolution 46RC—ADOPT in lieu of Resolutions 46, 46B and 54 (*Amendments to the Policy, "Diagnosis or Performance of Irreversible Dental Procedures by Nondentists," Supplement:7020*) \$ None (**Priority Agenda Item**)

Resolution 92RC—ADOPT in lieu of Resolutions 45, 91, 92 and 92B (*Amendment to the Policy, "Opposition to Pilot Programs Which Allow Nondentists to Diagnose Dental Needs or Perform Irreversible Procedures"*) \$ None (**Priority Agenda Item**)

Resolution 132—ADOPT in lieu of Resolution 43, 53 and 53S-1 (*Amendment to the "Comprehensive Policy Statement on Allied Dental Personnel"*) \$ None (**Priority Agenda Item**)

Dr. Doring moved the adoption of Resolution 131.

Seeing no one at the microphones the Speaker called for a vote. On vote, Resolution 131 was adopted by unanimous consent.

131H-2010. Resolved, that the recommendations of the Reference Committee on Dental Workforce on the following resolutions be accepted by the House of Delegates.

Resolution 44—ADOPT (*Amendment to the Policy, "Dentist Administered Dental Assisting and Dental Hygiene Education Programs," Supplement:7017*) \$ None

Note: For the purpose of a fully documented record, the complete text of the resolution presented in Resolution 131H-2010 follows:

ADOPTED

44H-2010. Resolved, that the ADA policy on Dentist Administered Dental Assisting and Dental Hygiene Education Programs (*Trans.*1992:616) be amended by the deletion of the first resolving

clause, and the addition of a new second resolving clause, so that the amended policy reads as follows (additions are shown by underscoring; deletions are shown by strikethroughs):

~~**Resolved**, that dental assisting and dental hygiene educational programs should be administered or directed by a dentist, and be it further~~

Resolved, that licensed or legally permitted dentists must be actively involved in the clinical supervision of dental assisting and dental hygiene educational programs, and be it further

Resolved, that dental assisting and dental hygiene educational programs should be administered or directed by a dentist whenever possible.

Announcements: the Speaker announced the following items of New Business will be considered after the reports of the reference committees at the last meeting of the House.

New Business

Resolution 133 (*Supplement:8000*)—Tenure of the House of Delegates—Submitted by the Seventh Trustee District

Resolution 134 (*Supplement:8001*)—Study of ADA Employees' Retirement Plans—Submitted by the Second, Fifth, Thirteenth and Seventeenth Trustee Districts

Resolution 135 (*Supplement:8002*)—Study of ADA Retirement Benefits—Submitted by the Fourth Trustee District

Report of the Reference Committee on Dental Benefits, Practice and Health

The Report of the Reference Committee on Dental Benefits, Practice and Health was presented by Dr. Wade G. Winker, chair, Florida. The other members of the Committee were: Dr. Jeffrey D. Dow, Maine; Dr. James E. Galati, New York; Dr. David Houten, Washington; Dr. J. Barry Howell, Illinois; Dr. John G. Masak, Wisconsin; Dr. Charles B. Maxwell, South Carolina; Dr. Jade A. Miller, Nevada; and Dr. Prabu Raman, Missouri.

Consent Calendar (Reference Committee on Dental Benefits, Practice and Health Resolution 130): The Committee reported as follows.

The Reference Committee on Dental Benefits, Practice and Health presents the following consent calendar for consideration by the House of Delegates. The appended Resolution 130 lists all resolutions referred and considered by the Reference Committee along with the Committee's recommendation (adopt, adopt in lieu of, not adopt or refer) on each item. By adopting Resolution 130, the recommendations of the Reference Committee will become the action of the House of Delegates. However, before voting on the consent calendar, any delegate wishing to discuss an item on the consent calendar has the right to request that resolution be removed and considered separately. The Standing Committee on Constitution and Bylaws approves the wording of Resolution 70 as submitted.

130. Resolved, that the recommendations of the Reference Committee on Dental Benefits, Practice, Science and Health on the following resolutions be accepted by the House of Delegates.

Resolution 1RC—ADOPT in lieu of Resolution 1 (*Amendment of the Statement on Determination of Usual, Customary and Reasonable Fees, Supplement:3165*) \$: None

Resolution 2S-1—ADOPT in lieu of Resolution 2 (*Amendment of the Definitions of Fraudulent and Abusive Practices in Dental Benefit Plans and Claims, Supplement:3003a*) \$: None

Resolution 3—ADOPT (*Amendment of the Standards for Dental Benefit Plans, Supplement:3004*) \$: None

Resolution 4RC—ADOPT in lieu of Resolution 4 (*Amendment of the Policy, “American Dental Association Dental Health Program for Children,” Supplement:3168*) \$: None

Resolution 5RC—ADOPT in lieu of Resolutions 5 and 5S-1 (*Statement on Dental Consultants, Supplement:3168*) \$: None (Resolution of Special Interest)

Resolution 6RC—ADOPT in lieu of Resolution 6 (*Legislation to Require Dental Benefit Plans to Provide Dental Consultant Information, Supplement:3170*) \$: None

Resolution 7—ADOPT (*Dental Practice Parameters, Supplement:3023*) \$: None

Resolution 8—ADOPT (*Definitions of “Usual” and “Customary” Fees, Supplement:3025*) \$: None

Resolution 38RC—ADOPT in lieu of Resolutions 38 and 38S-1 (*School-Based Oral Health Programs, Supplement:3172*) \$: None

Resolution 39RC—ADOPT in lieu of Resolutions 39 and 39B (*ADA Commitment to Dialogue and Engagement to Improve the Public’s Oral Health, Supplement:3173*) \$: None

Resolution 68—ADOPT (*Amendment to the Policy, “Support of the Dental Laboratory Technician Certification Program and Continuing Education Activities,” Supplement:3044*) \$: None

Resolution 69RC—ADOPT in lieu of Resolution 69 (*Statement to Encourage U.S. Dental Schools to Interact with U.S. Dental Laboratories, Supplement:3174*) \$: None

Resolution 70—ADOPT (*Amendment of the ADA Bylaws Regarding the Duties of the Council on Dental Practice, Supplement:3046*) \$: None

Resolution 80RC—ADOPT in lieu of Resolutions 80, 81 and 81B (*Amendment of the Definitions of Primary Dental Care Provider and Dental Home, Supplement:3175*) \$: None

Resolution 82RC—ADOPT in lieu of Resolutions 82 and 82B (*Amendment of the Definition of Primary Dental Care, Supplement:3176*) \$: None

Resolution 107—ADOPT (*Support of National Dental Association Position Paper Regarding Access to Care and Mid-Level Providers for Underserved Communities, Supplement:3148*) \$: None

Resolution 110RC—ADOPT in lieu of Resolution 110 (*Advocating for Victims of Addictive Disease, Supplement:3177*) \$: None (Resolution of Special Interest)

Resolution 121—NOT ADOPT (*Dental Access Barriers, Supplement:3158*) \$: None

Resolution 122—NOT ADOPT (*Direct Reimbursement Funding, Supplement:3162*) \$191,550 (Resolution of Special Interest)

Dr. Winker announced that Resolutions 5RC, 110RC and 122 were considered resolutions of special interest and would be removed from the consent calendar.

Dr. Winker moved the adoption of Resolution 130.

Dr. Gary L. Dougan, California, requested the removal of Resolution 121 from the Consent Calendar.

Dr. Alan E. Friedel, Florida, requested the removal of Resolutions 4RC and 107 from the Consent Calendar.

Dr. L. Stephen Ortego, Louisiana, requested the removal of Resolution 38RC from the Consent Calendar.

Dr. Michael O. Vernon, Georgia, requested the removal of Resolutions 2S-1, 39RC and 82RC.

Seeing no one else at the microphones, Dr. Soliday called for a vote. On vote, Resolution 130, as amended, was adopted by unanimous consent.

130H-2010. Resolved, that the recommendations of the Reference Committee on Dental Benefits, Practice, Science and Health on the following resolutions be accepted by the House of Delegates.

Resolution 1RC—ADOPT in lieu of Resolution 1 (*Amendment of the Statement on Determination of Usual, Customary and Reasonable Fees, Supplement:3165*) \$: None

Resolution 3—ADOPT (*Amendment of the Standards for Dental Benefit Plans, Supplement:3004*) \$: None

Resolution 6RC—ADOPT in lieu of Resolution 6 (*Legislation to Require Dental Benefit Plans to Provide Dental Consultant Information, Supplement:3170*) \$: None

Resolution 7—ADOPT (*Dental Practice Parameters, Supplement:3023*) \$: None

Resolution 8—ADOPT (*Definitions of “Usual” and “Customary” Fees, Supplement:3025*) \$: None

Resolution 68—ADOPT (*Amendment to the Policy, “Support of the Dental Laboratory Technician Certification Program and Continuing Education Activities,” Supplement:3044*) \$: None

Resolution 69RC—ADOPT in lieu of Resolution 69 (*Statement to Encourage U.S. Dental Schools to Interact with U.S. Dental Laboratories, Supplement:3174*) \$: None

Resolution 70—ADOPT (*Amendment of the ADA Bylaws Regarding the Duties of the Council on Dental Practice, Supplement:3046*) \$: None

Resolution 80RC—ADOPT in lieu of Resolutions 80, 81 and 81B (*Amendment of the Definitions of Primary Dental Care Provider and Dental Home, Supplement:3175*) \$: None

Note: For the purpose of a fully documented record, the complete text of the resolutions presented in Resolution 130 follows:

ADOPTED

1H-2010. Resolved, that the Statement on Determination of Usual, Customary and Reasonable Fees (*Trans.1991:633*) be amended by deleting the words “usual” and “reasonable” and adding the words “by Third Parties” in the title (additions are shown by underscoring; deletions are shown by strikethroughs), and be it further

Resolved, that appropriate agencies of the ADA take action to encourage the adoption of these guidelines at both the state and federal level.

Statement on Determination of ~~Usual, Customary and Reasonable~~ Fees by Third Parties

The legitimate interests of insured patients are best served by use of precise, accurate and publicly announced methodologies for determining ranges of fees for all dental services.

Therefore, policy-makers should develop guidelines for regulations which:

- Establish standard terminology for identifying benefits in policies, Explanation of Benefits and other descriptive materials
- Establish a standard screen setting method (such as percentile) and/or require a policy statement, which describes the overall percentage of services (percentile) the policy should allow in full
- Require disclosure regarding the average percentage of claim dollars submitted anticipated to be allowed
- Require disclosure describing the frequency of updates and/or the basis for screen development
- Require disclosure describing how region and specialty were considered in setting the Customary Fee Screens
- Require carriers to use sufficient data when determining Customary Fee Screens (whether from claims experience or other sources)
- Require carriers to demonstrate how they have set their screens and how they have determined if sufficient data were employed

3H-2010. Resolved, that the Standards for Dental Benefit Plans (*Trans.*1988:478; 1989:547; 1993:696; 2000:458; 2001:428; 2008:453), Paragraph 21, be amended as follows (deletions are shown by strikethroughs):

21. The methodology used by plan administrators to set reimbursement schedules ~~or percentiles,~~
~~or for UCR and/or MAB determinations~~ should rely on current, geographic and other relevant data and be readily available to patients, plan purchasers and dentists.

6H-2010. Resolved, that the American Dental Association pursue federal legislation or regulation to require ~~self-funded~~ federally regulated dental benefit plans to provide in the explanation of benefits the name, degree, license number, and direct phone number of the licensed dentist or of any other individual who makes the final decision involved in accepting or rejecting ~~the~~ any dental claim, and be it further

Resolved, that the ADA request that constituent and component dental societies pursue state legislation or regulation to require ~~insured~~ dental benefit plans to provide in the explanation of benefits the name, degree, license number, and direct phone number of the licensed dentist or of any other individual who makes the final decision involved in accepting or rejecting the dental claim and that dentists reviewing claims submissions ~~should~~ must be licensed in the United States, preferably within the jurisdiction of the dentist treating the patient in accordance with applicable state law.

7H-2010. Resolved, that the Dental Practice Parameters Committee be disbanded effective December 31, 2010, and be it further

Resolved, that the Council on Dental Benefit Programs be charged with the responsibility to monitor the Parameters and recommend removal of any Parameters that become too outdated to be useful.

8H-2010. Resolved, that the following definitions of “usual” and “customary” fees be adopted:

Usual fee is the fee which an individual dentist most frequently charges for a specific dental procedure independent of any contractual agreement.

It is always appropriate to modify this fee based on the nature and severity of the condition being treated and by any medical or dental complications or unusual circumstances.

Customary fee is the fee level determined by the administrator of a dental benefit plan for a specific dental procedure. This may vary widely by geographic region or by benefit plans within a region.

and be it further

Resolved, that the use of the terms “customary” or “UCR” to justify denial of a claim or communicate with patients or dental benefit plan purchasers is inappropriate due to the arbitrary and prejudicial manner in which it can be designated, and be it further

Resolved, that the ADA should communicate these definitions to insurance regulators, consumer advocacy groups, and dental benefits administrators to encourage the proper use of these terms, and be it further

Resolved, that the Definitions of Usual, Customary and Reasonable Fees (*Trans.*1987:501) be rescinded.

68H-2010. Resolved, that the ADA policy, Support of the Dental Laboratory Technician Certification Program and Continuing Education (*Trans.*1997:682), be amended as follows (additions are shown by underscoring; deletions are shown by strikethroughs):

Resolved, that the American Dental Association encourage dental laboratory technicians to achieve certification status and pursue the continuing education that is required to provide dentists with technical support that will contribute to high standards of restorative dental care, and be it further

Resolved, that the American Dental Association encourage efforts by those engaged in dental laboratory technology and dental laboratory technology education to ensure that the future workforce in dental laboratory technology is adequately educated and skilled in the art and science of dental laboratory technology by promoting pursuit of certification, and be it further

Resolved, that the American Dental Association encourage constituent and component dental societies to recognize the continuing education needs of certified dental technicians by inviting their attendance at appropriate continuing education seminars and encouraging their attendance as presenters. ~~meetings that can enhance mutual understanding.~~

69H-2010. Resolved, that the ADA encourage all U.S. dental schools to use U.S. dental laboratories for fabrication of undergraduate and graduate dental students’ restorative prostheses, in lieu of sending the prescription for these medical devices abroad, and that the ADA believes that the educational process of U.S. dental students would be enhanced by interaction with local dental laboratories, and be it further

Resolved, that the ADA encourage U.S. dental schools to use their own in-house dental laboratories wherever possible in order to facilitate the valuable interaction between dental students and certified dental laboratory technicians as this will afford the dental students with the valuable experience necessary to facilitate the successful fulfillment of a prescription for fabrication of dental prostheses, and be it further

Resolved, that the ADA encourage U.S. dental schools to combine dental education programs with dental laboratory technology programs wherever dental laboratory technology programs are located within commuting distance of the dental school, and that these programs/curricula could include, but are not limited to, dental morphology/occlusion, prosthetic design and fabrication, waxing, casting, surveying of study casts, and incorporation of CAD/CAM technology.

70H-2010. Resolved, that Chapter X. COUNCILS, Section 120. DUTIES, Subsection F. Council on Dental Practice, of the ADA *Bylaws*, be amended by adding bylaw “j” to clarify CDP duties, so that the section reads as follows (additions are shown by underscoring):

F. COUNCIL ON DENTAL PRACTICE: The duties of the Council shall be to:

- a. Formulate and recommend policies relating to dental practice.
- b. Study, evaluate and disseminate information concerning various forms of business organization of a dental practice, economic factors related to dental practice, practice management techniques, auxiliary utilization and dental laboratory services to the end that dentists may continue to improve services to the public.

- c. Develop educational and other programs to assist dentists in improved practice management, including practice marketing materials and continuing education seminars, and to assist constituent and component societies and other dental organizations in the development of such programs so that dentists may continue to improve the delivery of their services to the public.
- d. Encourage and develop satisfactory relations with the various organizations representing the dental laboratory industry and craft.
- e. Formulate programs for establishing and maintaining the greatest efficiency, quality and service of the dental laboratory industry and craft in their relation to the dental profession.
- f. Encourage and develop satisfactory relations with the various organizations representing dental auxiliaries.
- g. Gather, formulate and disseminate information related to auxiliary utilization, management and employment practices.
- h. Serve in a consultative capacity to those educational and promotional activities directed to the public and the profession and to assess their impact on dental practice.
- i. Provide assistance, education and information on issues related to dentists' well being.
- j. Encourage and coordinate the development and improvement of national and international standardization programs for dental informatics.

80H-2010. Resolved, that the definition of Primary Dental Care Provider (*Trans.*1994:668) be amended to read as follows (deletions are shown by strikethroughs):

Primary Dental Care Provider. A licensed dentist who accepts the professional responsibility for the evaluation (including examination), diagnosis, treatment, management and overall coordination of services to meet the patient's oral health needs consistent with the ADA Principles of Ethics and Code of Professional Conduct delivering primary dental care.

and be it further

Resolved, that the definition of "dental home" (*Trans.*2005:322) be amended to read as follows (additions are shown by underscoring; deletions are shown by strikethroughs).

Dental Home. The ongoing relationship between the dentist who is the Primary Dental Care Provider and the patient, which includes comprehensive oral health care, beginning no later than age one, pursuant to ADA policy and continuing throughout the patient's lifetime.

Amendment of the Definitions of Fraudulent and Abusive Practices in Dental Benefit Plans and Claims (Council on Dental Benefit Programs Resolutions 2 and 2S-1): The Reference Committee heard testimony both for and against the removal of examples from the policy. After deliberation, the Reference Committee agrees with the Council and the Board of Trustees (*Supplement*:3003b) and, therefore, recommends the adoption of Resolution 2S-1 in lieu of Resolution 2. These resolutions support the ADA Strategic Plan Goal: Achieve Effective Advocacy.

2S-1. Resolved, that the ADA's policy on Definitions of Fraudulent and Abusive Practices in Dental Benefit Plans and Claims (*Trans.*1998:701; 2001:428) be amended by deletion of the second paragraph under the definition of "Bad Faith Insurance Practices" and by deletion of the second paragraph under the definition of "Inappropriate Fee Discounting Practices" as follows (deletions are shown by strikethroughs):

Bad Faith Insurance Practices:

The failure to deal with a beneficiary of a dental benefit plan fairly and in good faith; or an activity which impairs the right of the beneficiary to receive the appropriate benefit of a dental benefits plan or to receive them in a timely manner.

~~Some examples of potential bad faith insurance practices include: evaluating claims based on standards which are significantly at variance with the standards of the community; failure to properly investigate a claim for care; and unreasonably and purposely delaying and/or withholding payment of a claim.~~

Inappropriate Fee Discounting Practices:

Intentionally engaging in practices which would force a dentist, who does not have a participating provider agreement, to accept discounted fees or be bound by the terms and conditions set forth in the participating provider contract.

~~Some examples of inappropriate fee discounting practices include: issuing reimbursement checks which, upon signing, result in the dentist accepting the amount as payment in full; using claim forms which, upon signing, require the dentist to accept the terms of the plan's contract; issuing insurance cards which state that the submittal of a claim by a dentist means that he or she accepts all terms and conditions set forth in the participating provider contract; and sending communications to patients of nonparticipating dentists which state that he or she is not responsible for any amount above usual, customary and reasonable fees as established by the plan.~~

Dr. Winker moved the adoption of Resolution 2S-1 (*Supplement:3003a*) in lieu of Resolution 2 (*Supplement:3002*).

Dr. Kim E. Stiegler, Alabama, moved to amend Resolution 2S-1 by removing the deletion of the second paragraph under the section entitled "Bad Faith Insurance Practice," and adding to the first sentence the words, "but are not limited to" between the words "include" and "evaluating," and removing the deletion of the second paragraph under the section entitled "Inappropriate Fee Discounting Practices," and adding to the first sentence the words, "but are not limited to" between the words "include" and "issuing."

In speaking to the amendment, Dr. Stiegler said, "... We feel that these examples clearly give the reason and the purpose of the ADA policy. And without these, it can be misleading. We see no harm in leaving these examples, and we also see no benefit to remove. And by inserting these words ... it clarifies that it's not limited to and does not become restrictive."

Dr. Jeffrey Seiver, New York, member, Council on Dental Benefit Programs, speaking in opposition to the amendment, said, "I believe the maker of this substitution needs clarification for the reason that this was brought forth to the House. The Council's intent in this resolution was trying to delete the terms 'usual, customary and reasonable.' ... By adding these lines back in, you add those terminologies back into this. The second point of removing these examples is because it's the Council's understanding that examples tend to box us in. And members tend to just look at those examples. ... But the main thing is, adding those lines back would definitely cause a problem with having the terminology of 'usual, customary and reasonable' in there."

Dr. Prabu Raman, Missouri, spoke in opposition to the amendment, saying, "I was going to echo Dr. Seiver's comments. We debated this quite a bit on the [Reference] Committee. By giving too many examples, it just basically tells them what they can do, in a way, and also, as things evolve, these examples wouldn't be of any validity."

Dr. Stiegler moved to further amend by removing the words "usual" and "and reasonable" from the last sentence of the second paragraph under the section entitled "Inappropriate Fee Discounting Practices."

In speaking to the secondary amendment, Dr. Stiegler said, "... the intent of all of these areas was to remove the inappropriate use of these words, 'usual and customary,' but [the delegate who previously spoke] was saying that 'customary' may be a word we want to leave back in."

The Speaker asked Dr. Stiegler to tell the House exactly what he wanted to do.

Dr. Stiegler said, "So what we are going to do is suggest that we remove the words 'usual, and reasonable,' and leave in the word 'customary.'"

Dr. Donna Thomas Moses, Georgia, spoke in favor of the secondary amendment, saying, "In discussing this with new dentists at my study clubs, for example, this is very helpful to them, because when they're looking through all these examples, it's almost a reminder or a teaching. Not all of us feel that this is self-explanatory, and I don't understand why removing this is going to help. It seems that by keeping it, we are going to have a memory of problems, but we're not holding to just this boxed in, because we're saying it's not limited to. So why not have a memory of the problems that we've accumulated over time."

As a point of information Dr. Jeffrey Seiver, New York, asked the Speaker if debate was just on the secondary amendment.

The Speaker confirmed that debate was on the secondary amendment.

Dr. Seiver responded by saying, "I thought [the previous speaker] was testifying beyond that."

The Speaker said, "You're right."

Seeing no one else at the microphones, Dr. Soliday called for a vote. On vote, the secondary amendment to Resolution 2S-1 was adopted.

Dr. Seiver requested a point of information regarding the secondary amendment that was just adopted.

The Speaker responded by saying, "What you had, the primary amendment, was to reinsert all those lined out words and put in after the words 'include,' 'but not limited to.' And we took out 'usual' 'and reasonable' in the last line. That was ... the secondary amendment. So you're now to the primary amendment."

Dr. Seiver requested another point of information, saying, "... if that was all edited back in, that should all be highlighted in yellow so the House can see what was added back in. ..."

The Speaker indicated that this would be done.

Dr. Thomas J. Schripsema, New Mexico, spoke in support of the primary amendment, saying, "... the examples not only serve to help clarify the preceding paragraphs, but they also provide some specific examples that allow staff, when they're making contact with these third parties that have violated our policies, to be able to go directly without having to have further interpretation of what was said in the first paragraph. So I think it does facilitate the use of these policies by having those examples present. I think keeping them in there actually adds value to the policy."

Dr. Donald A. Stoner, Pennsylvania, spoke in support, saying, "I also echo the earlier comment that the younger dentist may not be as astute as we are. And providing them guidance with some examples of the worst abuses I think is very valuable."

Dr. Alvin W. Stevens, Jr., Alabama, moved to vote immediately.

Dr. Gerald Gelfand, California, requested a point of clarification, saying, "The very first resolving clause here calls for the deletion of these two paragraphs in question. If we put them back without changing that first resolving clause, they contradict one another. ... Unless I'm misinterpreting that. It calls for the deletion of those two paragraphs. If they go back in, that first resolving clause still calls for their deletion."

The Speaker said, "Your point is well taken. If the House decides to do this, it's a primary amendment, then we will have to change that. Thanks for pointing that out to us."

Seeing no one else at the microphones, Dr. Soliday called for a vote. On vote, the primary amendment was adopted.

Dr. Phillip J. Abeldt, California, spoke in opposition to Resolution 2S-1, saying, "Go back to the original resolution and make the editorial changes. It's going to be a lot easier."

Seeing no one else at the microphones, Dr. Soliday called for a vote on Resolution 2S-1 as amended.

The Speaker declared 2S-1 adopted as amended.

A chorus a "no's" was heard from the floor.

A delegate from the floor requested a point of information, saying, "I'm sorry, sir, if you just explain what we just voted on."

The Speaker responded by saying, "We had just voted on the primary amendment just a minute ago and everybody agreed. And then we were voting on the final as amended, which was 2S-1. That was the vote. ..."

The delegate responded by saying, "What we need, sir, is clarification on the screens, then. Are we just going to editorially make..."

The Speaker informed the House that editorial changes would be made to the resolved clause, saying, "If you think that you didn't understand what you are voting, we will take it again. But I thought I was very clear exactly what you were voting on."

On vote, Resolution 2S-1, as amended, was adopted.

2H-2010. Resolved, that the ADA's policy on Definitions of Fraudulent and Abusive Practices in Dental Benefit Plans and Claims (*Trans.* 1998:701; 2001:428) be amended as follows:

Bad Faith Insurance Practices:

The failure to deal with a beneficiary of a dental benefit plan fairly and in good faith; or an activity which impairs the right of the beneficiary to receive the appropriate benefit of a dental benefits plan or to receive them in a timely manner.

Some examples of potential bad faith insurance practices include, but are not limited to: evaluating claims based on standards which are significantly at variance with the standards of the community; failure to properly investigate a claim for care; and unreasonably and purposely delaying and/or withholding payment of a claim.

Inappropriate Fee Discounting Practices:

Intentionally engaging in practices which would force a dentist, who does not have a participating provider agreement, to accept discounted fees or be bound by the terms and conditions set forth in the participating provider contract.

Some examples of inappropriate fee discounting practices include, but are not limited to: issuing reimbursement checks which, upon signing, result in the dentist accepting the amount as payment in full; using claim forms which, upon signing, require the dentist to accept the terms of the plan's contract; issuing insurance cards which state that the submittal of a claim by a dentist means that he or she accepts all terms and conditions set forth in the participating provider contract; and sending communications to patients of nonparticipating dentists which state that

he or she is not responsible for any amount above ~~usual~~, customary ~~and reasonable~~ fees as established by the plan.

Dr. Matthew J. Campbell, Jr., California, requested a point of information, saying, "... I thought I heard a motion to substitute 2 for 2S-1."

The Speaker said no.

Amendment of the Policy, "American Dental Association Dental Health Program for Children" (Council of Dental Benefit Programs Resolution 4 and Reference Committee on Dental Benefits, Practice and Health Resolution 4RC): The Reference Committee reported as follows.

The Reference Committee heard testimony in support of Resolution 4, but additionally, that the entire policy should be evaluated for possible updates by the appropriate ADA agency. Therefore, the Reference Committee recommends adoption of Resolution 4RC in lieu of Resolution 4. These resolutions support the ADA Strategic Plan Goal: Achieve Effective Advocacy.

4RC. Resolved, that the policy "American Dental Association Dental Health Program for Children" (*Trans.*1966:179, 306; 1967:336), Principle 16, be amended as follows (additions are shown by underscoring; deletions are shown by strikethroughs):

16. Priority consideration should be given to reimbursement for professional services on the "full ~~usual and customary~~ fee" basis.

and be it further

Resolved, that the policy, "American Dental Association Health Program for Children" (*Trans.*1966:179, 306; 1967:336), be referred to the appropriate ADA agency for study and report to the 2011 House of Delegates.

Dr. Winker moved the adoption of Resolution 4RC in lieu of Resolution 4 (*Supplement*:3008).

A delegate from California requested a point of information, saying, "I speak for myself. On the issue that we just dealt with, it seems to be flawed. There seems to be a logical contradiction in what we just did. The resolved clause deletes the two paragraphs that we just restored, and as far as I can tell, we haven't done anything to change the resolved clause. Am I wrong?"

The Speaker responded that those changes would be made editorially.

Dr. Alan E. Friedel, Florida, spoke in opposition to referral, saying, "Having looked at this policy, which was passed in 1966, it's a program that is not looked into at all, and, in other words, I could find no one who works on the American Dental Association Health Program for Children. The language is archaic. I would recommend that we rescind the policy now, and if the council believes that some of the programs listed here are appropriate, I would ask that they come back with a resolution to restore those small aspects of the policy next year."

To clarify, the Speaker said, "Now, you are saying in the second resolving clause, instead of this being referred to the appropriate agency, you want to change that, strike out that last line and say 'be rescinded.'"

Dr. Friedel confirmed that was his intent.

Dr. David Houten, Washington, spoke in opposition to referral, saying, "I was on the Reference Committee. The testimony was to rescind or to refer. We in the Reference Committee looked at it. We thought there might be some language that's valuable. What we wanted to do was let the Council have the opportunity to edit rather than recreate a whole new document."

As a point of information, Dr. Ronald D. Venezie, North Carolina, said, "Just for clarification. If you are going to rescind, you don't just rescind the second resolving clause, it's the first as well, so there's no reason to edit it or amend it and then rescind in the second clause. Is that correct?"

Dr. Soliday responded by saying, "That's a good point. Thank you."

Dr. Prabu Raman, Missouri, speaking against referral, said, "I was also on the Reference Committee, and we thought long and hard about his, that rescinding would leave a gap. There are some valid, possibly valid, useful things that are there. Instead of throwing the whole thing out, that's why we are referring out. We did consider that and decided this is a better course."

Dr. Michael O. Vernon, Georgia, spoke in favor of rescinding, saying, "There's so much outdated information and so many things that could be wrongly referred to and misinterpreted as current material. I agree that it needs to be rewritten and updated and the UCR language removed and the full fee put in there, but I don't believe we should leave this policy in place while all that is getting done."

Seeing no one else at the microphones, Dr. Soliday called for a vote on the motion to rescind.

On vote, the motion to rescind was not adopted.

On vote, Resolution 4RC was adopted in lieu of Resolution 4.

4H-2010. Resolved, that the policy "American Dental Association Dental Health Program for Children" (*Trans.*1966:179, 306; 1967:336), Principle 16, be amended as follows (additions are shown by underscoring; deletions are shown by strikethroughs):

16. Priority consideration should be given to reimbursement for professional services on the "full ~~usual and customary~~ fee" basis.

and be it further

Resolved, that the policy, "American Dental Association Health Program for Children" (*Trans.*1966:179, 306; 1967:336), be referred to the appropriate ADA agency for study and report to the 2011 House of Delegates.

Statement on Dental Consultants (Council on Dental Benefit Programs Resolutions 5 and 5S-1 and Reference Committee on Dental Benefits, Practice and Health Resolution 5RC): The Reference Committee reported as follows.

The Reference Committee heard testimony that the "Statement on Dental Consultants" is policy of the ADA and not the Council and that consultants do not necessarily need to be practicing, but that they should be competent, and therefore, recommends adoption of Resolution 5RC in lieu of Resolutions 5 and 5S-1. These resolutions support the ADA Strategic Plan Goal: Achieve Effective Advocacy.

5RC. Resolved, that the following Statement on Dental Consultants be adopted (additions are shown by underscoring; deletions are shown by strikethroughs).

Statement on Dental Consultants

Third-party payers and plan purchasers have used dental consultants in order to streamline the claims review process for many years.

~~The Council on Dental Benefit Programs~~ American Dental Association initially ~~applauded~~ saw a positive potential in the use of dental consultants by third-party payers as a means of receiving professional advice on certain aspects of dental benefits plans. While the ~~Council~~ ADA still

believes that there is value to third-party payers' use of dental consultants, it also believes that some clear distinctions must be made between dental consultants and dental claims reviewers.

Dental claims reviewers work under supervision. They do not necessarily have, or need, clinical dental or dental practice background, and are trained specifically by the third-party payer to review dental claims that are uncomplicated and require straightforward processing.

Dental consultants are licensed dentists who, even if not currently practicing, have many years of experience in practice and can and should:

- Offer a professional opinion regarding complicated dental treatment
- Provide their name, degree, license number and direct phone number to the treating dental office
- Request consultations from specialists for certain specialty-related cases, when necessary
- Provide advice to third-party payers regarding the merit and value of dental benefits plan designs
- Educate plan purchasers regarding the impact alternative, less costly treatment may have on the life of a tooth, overall oral health, etc.
- Alert third-party payers when dentists' treatment patterns are changed by cost containment strategies to the detriment of the patients
- Provide guidance to third-party payers regarding the importance of the dentist/patient relationship
- Inform third-party payers, plan sponsors and subscribers about the availability and value of the profession's peer review system
- Initiate dialogue with organized dentistry regarding questionable treatment modalities
- Inform the dental profession of those treatment procedures on which questions of judgment between the dentist and the dental consultant are most likely to result in areas of disagreement
- Discuss treatment decisions with dentists on a professional level
- Explain clearly to practicing dentists the provisions of particular contracts and the benefit limitations of those contracts
- Demonstrate knowledge of contract interpretation, and laws and regulations governing dental practice in those jurisdictions affected by their consulting activities, as well as accepted standards of administrative procedure within the dental benefits industry
- Dentists reviewing claims submissions should be licensed in the United States, preferably within the jurisdiction of the dentist treating the patient in accordance with applicable state law

Dentists have a fundamental obligation to serve the best interests of the public and their profession. This obligation can never be abrogated for any reason. In order to maintain independent thought and judgment regarding dental matters, dental consultants should be ~~practicing dentists for a minimum of 50% of their time, thus ensuring familiarity~~ competent with regard to current clinical procedures and practice through such mechanisms as continuing education, or have been in practice for a minimum of ten years immediately preceding employment as a dental consultant, and remain involved in the continuing dental education process in order to stay current with clinical procedures and changing technology.

It is strongly recommended that dental consultants be members of the American Dental Association.

and be it further

Resolved, that the Council on Dental Benefit Programs distribute copies of this Statement to all third-party payers, and be it further

Resolved, that third-party payers, including dental consultants to payers, should not exceed their legitimate role in the processing of dental benefit claims, and specifically, third-party payers and dental consultants should not:

- Change code numbers as submitted without written permission of the attending dentist
- Redefine code numbers, nomenclatures or descriptors except as provided for in their CDT license agreements ~~without prior notification of the attending dentist~~
- Disapprove complex ~~specialty~~ cases without seeking the advice of appropriately trained ~~specialist~~ consultants

and be it further

Resolved, that the ADA urge third-party payers and administrators to identify dental consultants by name in any correspondence to attending dentists, and be it further

Resolved, that the policies on Disclosure of Dentist Consultants Upon Request (*Trans.*1984:531; 1985:583), Statement on Dental Consultants (*Trans.*1989:542) and Identifying Dental Consultants (*Trans.*2002:412) be rescinded.

Dr. Winker moved the adoption of Resolution 5RC in lieu of Resolutions 5 (*Supplement*:3017) and 5S-1 (*Supplement*:3021a).

Dr. Douglas J. Gordon, California, moved to amend the “Statement on Dental Consultants” in the last bulleted item by substituting the word “should” with “must” in the last bulleted item. So the sentence would read as follows.

- Dentists reviewing claims submissions ~~should~~ must be licensed in the United States, preferably within the jurisdiction of the dentist treating the patient in accordance with applicable state law

In speaking to the amendment, Dr. Gordon said, “... If you flip your pages to Resolution 6RC, which passed on consent ... the Reference Committee recommended changing ‘should’ to ‘must’ in a nearly identical sentence. This change provides consistency between Resolutions 5RC and 6RC.”

Seeing no one else at the microphones, Dr. Soliday called for a vote on the proposed amendment.

On vote, the motion to amend Resolution 5RC was adopted.

On vote, Resolution 5RC, as amended, was adopted in lieu of Resolutions 5 and 5S-1.

5H-2010. Resolved, that the following Statement on Dental Consultants be adopted.

Statement on Dental Consultants

Third-party payers and plan purchasers have used dental consultants in order to streamline the claims review process for many years.

The American Dental Association initially saw a positive potential in the use of dental consultants by third-party payers as a means of receiving professional advice on certain aspects of dental benefits plans. While the ADA still believes that there is value to third-party payers’ use of dental consultants, it also believes that some clear distinctions must be made between dental consultants and dental claims reviewers.

Dental claims reviewers work under supervision. They do not necessarily have, or need, clinical dental or dental practice background, and are trained specifically by the third-party payer to review dental claims that are uncomplicated and require straightforward processing.

Dental consultants are licensed dentists who, even if not currently practicing, have many years of experience in practice and can and should:

- Offer a professional opinion regarding complicated dental treatment
- Provide their name, degree, license number and direct phone number to the treating dental office
- Request consultations from specialists for certain specialty-related cases, when necessary
- Provide advice to third-party payers regarding the merit and value of dental benefits plan designs
- Educate plan purchasers regarding the impact alternative, less costly treatment may have on the life of a tooth, overall oral health, etc.
- Alert third-party payers when dentists' treatment patterns are changed by cost containment strategies to the detriment of the patients
- Provide guidance to third-party payers regarding the importance of the dentist/patient relationship
- Inform third-party payers, plan sponsors and subscribers about the availability and value of the profession's peer review system
- Initiate dialogue with organized dentistry regarding questionable treatment modalities
- Inform the dental profession of those treatment procedures on which questions of judgment between the dentist and the dental consultant are most likely to result in areas of disagreement
- Discuss treatment decisions with dentists on a professional level
- Explain clearly to practicing dentists the provisions of particular contracts and the benefit limitations of those contracts
- Demonstrate knowledge of contract interpretation, and laws and regulations governing dental practice in those jurisdictions affected by their consulting activities, as well as accepted standards of administrative procedure within the dental benefits industry
- Dentists reviewing claims submissions must be licensed in the United States, preferably within the jurisdiction of the dentist treating the patient in accordance with applicable state law

Dentists have a fundamental obligation to serve the best interests of the public and their profession. This obligation can never be abrogated for any reason. In order to maintain independent thought and judgment regarding dental matters, dental consultants should be competent with regard to current clinical procedures and practice through such mechanisms as continuing education, or have been in practice for a minimum of ten years immediately preceding employment as a dental consultant, and remain involved in the continuing dental education process in order to stay current with clinical procedures and changing technology.

It is strongly recommended that dental consultants be members of the American Dental Association.

and be it further

Resolved, that the ADA distribute copies of this Statement to all third-party payers, and be it further

Resolved, that third-party payers, including dental consultants to payers, should not exceed their legitimate role in the processing of dental benefit claims, and specifically, third-party payers and dental consultants should not:

- Change code numbers as submitted without written permission of the attending dentist
- Redefine code numbers, nomenclatures or descriptors except as provided for in their *CDT* license agreements
- Disapprove complex cases without seeking the advice of appropriately trained consultants

and be it further

Resolved, that the ADA urge third-party payers and administrators to identify dental consultants by name in any correspondence to attending dentists, and be it further

Resolved, that the policies on Disclosure of Dentist Consultants Upon Request (*Trans.*1984:531; 1985:583), Statement on Dental Consultants (*Trans.*1989:542) and Identifying Dental Consultants (*Trans.*2002:412) be rescinded.

School Based Oral Health Programs (Council on Access, Prevention and Interprofessional Relations Resolution 38, Ninth Trustee District Resolution 38S-1 and Reference Committee on Dental Benefits, Practice and Health Resolution 38RC): The Reference Committee reported as follows.

The Reference Committee heard limited testimony on these resolutions. The Committee believes that the Council's intent in bringing Resolution 38 forward is to allow the ADA to act as a trusted source for information regarding the implementation and management of school-based oral health care programs. In light of the rapidly changing health care environment, what is needed, at this point in time, is a resource where dental and educational professionals can turn to garner accurate information in order to assure that school-based programs are providing care in a safe and ethical manner. The Reference Committee recommends that the Council also consider developing health education and health promotion materials for this web page as appropriate. At the same time the Reference Committee feels that it is important that the information provided on the web site clearly articulate that all children should have a dental home. Therefore, the Reference Committee recommends the adoption of Resolution 38RC in lieu of Resolutions 38 and 38S-1 (new language is underscored). These resolutions support the ADA Strategic Goals: Achieve Effective Advocacy and Create and Transfer Knowledge.

38RC. Resolved, that the American Dental Association recognizes that school-based oral health programs can play an important role in preventing and controlling dental caries in children and adolescents and can assist in the establishment of a dental home, and be it further

Resolved, that the ADA create a page on its Web site dedicated to providing information on school-based oral health programs including links to external resources designed to assist professional providers, school boards and the public establish and maintain such programs in a safe and ethical manner, and be it further

Resolved, that the ADA approach national school agencies, including but not limited to the National School Boards Association, to discuss possible collaborations to promote materials pertaining to school-based oral health programs.

Dr. Winker moved the adoption of Resolution 38RC in lieu of Resolutions 38 (*Supplement:3028*) and 38S-1 (*Supplement:3028a*).

Dr. L. Stephan Ortego, Louisiana, moved to amend the first resolving clause by deletion of the words "establishment of," and addition of the words "referral of those patients to establish." So the first resolving clause would read as follows.

Resolved, that the American Dental Association recognizes that school-based oral health programs can play an important role in preventing and controlling dental caries in children and adolescents and can assist in the establishment of referral of those patients to establish a dental home, and be it further

In speaking to the amendment, Dr. Ortego said, "We agree with the Reference Committee's phrase in the opening paragraph that we clearly articulate that all children should have a dental home. And I think this language helps to clarify that that dental home is not at the school. It's in a dental office."

The Speaker asked the maker of the amendment to read the first resolving clause with the proposed amendments.

Dr. Ortego read aloud the first resolving clause of Resolution 38RC as amended.

The Speaker asked if the House understood the amendment.

A chorus of "no's" was heard.

A delegate from the floor requested a point of information, saying, "Just to reiterate what I said before, they're not highlighting in yellow the added [language], so it is making it more difficult for the House to know what's been added and deleted."

The Speaker said, "Sir, what you read and what you gave us on the slip are not the same, okay. You said something about recognizing, and this doesn't have anything to do with that. ... Can you very slowly give us exactly what you want as far as wording."

Dr. Ortego responded by saying, "Okay, after the words 'the adolescents and can assist in the,' we want to add 'referral of those patients to establish.' And just strike the words, 'establishment of.'"

Dr. Ariane R. Terlet, California, spoke in support of Resolution 38RC as amended.

Dr. Jeffrey Seiver, New York, speaking in support of the amendment, said, "The way it is originally written, it makes it seem like the school is the dental home. And with this amendment, the school-based program refers to the dentist and the dentist is the dental home."

Dr. Mark A. Crabtree, Virginia, chair, Council on Access, Prevention and Interprofessional Affairs, spoke in support of the amendment.

Dr. Mert N. Aksu, Michigan, moved to make a secondary amendment to the first resolving clause by substituting the word "should" for "and can" between the words "and adolescents" and "assist in." So the amended language would read as follows.

Resolved, that the American Dental Association recognizes that school-based oral health programs can play an important role in preventing and controlling dental caries in children and adolescents; ~~and can should~~ assist in the establishment of referral of those patients to establish a dental home, and be it further

Dr. Aksu spoke to the secondary amendment, saying, "There is a lot of concern that if we just have a 'can' in there, it's a permission word. There's an importance in school-based programs to have a dental home. We have a lot of populations of school-based programs in the city of Detroit, where the students don't really understand health-seeking behaviors. There should be an educational program and there should be a program within school-based programs to almost mandate the establishment of a dental home for these students. We are concerned that we have generations of students who only understand that dental care is received in the school classroom and that there's no dental office or dentist involved in the mix ... So it was a point of discussion at our caucus that we felt that there should be some language to encourage these students to have a dental home more than just by chance."

Dr. Beatriz Terry, Florida, moved to further amend.

The Speaker stated that tertiary amendments were not allowed and that Dr. Terry would have to wait until the secondary amendment was voted on.

Dr. Terry said she was against the secondary amendment.

Dr. Crabtree, spoke in opposition to the secondary amendment, saying, "I think in this particular instance, I would oppose that particular amendment, because not all the programs would be able to actually make that type of referral. So I think 'can' should be there instead of 'should' because it may not be a program that is actually set up to do that particular type program."

The maker of the original amendment said they would accept the secondary amendment as a friendly amendment.

The Speaker responded by saying, "Is there any objection to them accepting that as a friendly change to the primary amendment? ... We have some objections, so we are going to vote on this one."

On vote, the secondary amendment was not adopted.

Dr. Beatriz Terry, Florida, moved to amend the first resolved clause by deletion of the word "establish."

In speaking to the amendment, Dr. Terry said, "Grammatically, it doesn't sound correct. ... and when we would be referring those patients, we are referring them to a home, and we are assuming that they are going to establish a home at that office."

A delegate from the floor requested that an electronic vote be taken on the previous secondary amendment.

A chorus of "no's" was heard from the floor.

The Speaker replied by saying, "I am not going to take everything on the machine because it takes more time, but that was a pretty substantial one. But you have the right. ... I will give you that."

On electronic vote, the secondary amendment was not adopted.

Dr. Ronald D. Venezie, North Carolina, spoke against the secondary amendment, saying, "The dental home has not been established yet. You are referring the patient in the hopes that you would establish a dental home, but this is more correct to leave the word 'establish' in, and I think this is fine as is."

Dr. Ariane R. Terlet, California, spoke in opposition, saying, "I would also agree to leave the word 'establish' in. I am also a dental director for a federally qualified health center. If you take 'establish' out, most of the programs, the way that they are set up, is that the schools have people make referrals all the time. That doesn't mean the kids get to us. If you have to establish it, then they have to aid in getting there, and there's case workers to help do that. So please leave that word in."

Dr. Prabu Raman, Missouri, spoke in opposition to the amendment, saying, "I am saying this with the utmost respect. I really am. There are times you are going to make some tiny changes, and we are spending a lot of time. We will never be out of here. Unless it substantially changes, let's not make these amendments. So I'm against it."

Seeing no one else at the microphones the Speaker called for a vote. On vote, the secondary amendment to the first resolving clause by deletion of the word "establish" was not adopted.

Dr. Don J. Ilkka, Florida, moved to vote immediately. The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, the primary amendment to amend the first resolving clause by deletion of the words "establishment of" and addition of the words "referral of those patients to establish" was adopted.

Dr. Robert S. Roda, Arizona, moved to vote immediately. The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, Resolution 38RC, as amended, was adopted in lieu of Resolutions 38 and 38S-1.

38H-2010. Resolved, that the American Dental Association recognizes that school-based oral health programs can play an important role in preventing and controlling dental caries in children and adolescents and can assist in the referral of those patients to establish a dental home, and be it further

Resolved, that the ADA create a page on its Web site dedicated to providing information on school-based oral health programs including links to external resources designed to assist professional providers, school boards and the public establish and maintain such programs in a safe and ethical manner, and be it further

Resolved, that the ADA approach national school agencies, including but not limited to the National School Boards Association, to discuss possible collaborations to promote materials pertaining to school-based oral health programs.

ADA Commitment to Dialogue and Engagement to Improve the Public's Oral Health (Council on Access, Prevention and Interprofessional Relations Resolution 39, Board of Trustees Resolution 39B and Reference Committee on Dental Benefits, Practice and Health Resolution 39RC): The Reference Committee reported as follows.

The Reference Committee heard limited testimony regarding Resolutions 39 and 39B. The Reference Committee agrees with the intent of the both resolutions, yet at the same time feels that collaboration would only be appropriate after dialogue and engagement have occurred. Therefore, the Reference Committee recommends the adoption of Resolution 39RC in lieu of Resolutions 39 and 39B. These resolutions support the ADA Strategic Goal: Create and Transfer Knowledge (additions are underscored; deletions are underlined).

39RC. Resolved, that the ADA, in order to anticipate and respect diverse values, beliefs, and cultures, communicate the policies and values of the ADA, incorporate a variety of approaches for volunteers and staff to routinely engage and collaborate with those organizations that impact the health care environment and delivery of oral health care, and be it further

Resolved, that the ADA through its volunteer leaders, agencies, and staff engage in dialogue, ~~collaboration~~, and where appropriate, collaboration and affiliation with other organizations that impact the health care environment and delivery of oral health care, to build the profession's and the public's trust in the ADA's effectiveness as the nation's leading advocate for oral health, and be it further

Resolved, that all such engagement and dialogue be framed within the context of policies adopted by the ADA's House of Delegates.

Dr. Winker moved the adoption of Resolution 39RC in lieu of Resolutions 39 (*Supplement:3032*) and 39B (*Supplement:3032*).

Dr. Barbara Ann Rich, New Jersey, moved to amend the second resolving clause by deleting the words "to build the profession's and," and adding the words "so as to maintain the core values of the profession and build" between the words "oral health care" and "the public's trust." Dr. Rich said, "This is because we need to build the public's trust. Hopefully, the profession already has trust that the ADA is the nation's leading advocate, and this will also help staff to have guidelines in their efforts in dealing with other agencies."

Dr. Henrik Hansen, California, speaking in support of the amendment, said, "I think that it helps strengthen our position, especially when we find ourselves at the table with entities that we may not be totally in agreement with."

Dr. Charles B. Maxwell, South Carolina, speaking to the amendment, said, "Mr. Speaker, we have looked for the last two days and can find nowhere in our Constitution where we mention what our core values are. This word has been tossed about since we have been in here, but we don't even think the core values are listed."

The Speaker responded by saying, "I am told that there are a set of beliefs in the strategic plan, but I think you are right. Maybe we need to come up with something a little bit more specific in listing core values, and maybe we can have a council take care of that this year."

Dr. James H. Reynierson, III, Georgia, spoke in support of the amendment, saying, "I think it is always appropriate to give the best direction that you can when addressing policy, and this certainly does,

this addition does. I think this new wording better clarifies and directs the purpose of engagement and interaction.”

Dr. Kara G. Moore, Georgia, and Dr. Ronald D. Venezie, North Carolina, also spoke in support of the amendment.

Dr. Bryan T. Marshall, Florida, moved to vote immediately. The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, the motion to amend the second resolving clause by deleting the words “to build the profession’s and,” and adding the words “so as to maintain the core values of the profession and build” between the words “oral health care” and “the public’s trust” was adopted.

On vote, Resolution 39RC, as amended, was adopted in lieu of Resolutions 39 and 39B.

39H-2010. Resolved, that the ADA, in order to anticipate and respect diverse values, beliefs, and cultures, communicate the policies and values of the ADA, incorporate a variety of approaches for volunteers and staff to routinely engage and collaborate with those organizations that impact the health care environment and delivery of oral health care, and be it further

Resolved, that the ADA through its volunteer leaders, agencies, and staff engage in dialogue, and where appropriate, collaboration and affiliation with other organizations that impact the health care environment and delivery of oral health care, so as to maintain the core values of the profession and build the public’s trust in the ADA’s effectiveness as the nation’s leading advocate for oral health, and be it further

Resolved, that all such engagement and dialogue be framed within the context of policies adopted by the ADA’s House of Delegates.

Amendment of the Definition of Primary Dental Care (Council on Access, Prevention and Interprofessional Relations Resolution 82, Board of Trustees Resolution 82B, and Reference Committee on Dental Benefits, Practice and Health Resolution 82RC): The Reference Committee reported as follows.

The Reference Committee heard extensive testimony regarding Resolutions 82 and 82B. The Reference Committee feels that the definition of Primary Dental Care should include patient education and should clearly indicate that primary dental care includes services provided by a licensed dentist. The Reference Committee feels that the inclusion of the terms secondary and tertiary care in the definition of Primary Dental Care are confusing and request that the Council provide further clarity on these terms before their inclusion in the definition of Primary Dental Care. Therefore, the Reference Committee recommends the adoption of Resolution 82RC in lieu of Resolutions 82 and 82B. These resolutions support the ADA Strategic Goal: Members.

82RC. Resolved, that the definition of Primary Dental Care (*Trans.* 1994.668) be amended to read as follows (additions are shown by underscoring; deletions are shown by strikethroughs):

Primary Dental Care. ~~The dental care provided by a licensed dentist, or delegated to be provided by ancillary personnel under the dentist’s supervision,~~ to patients beginning no later than age one and throughout their lifetime. Primary dental ~~C~~care is directed to ~~The evaluation (including examination), diagnosis, patient education, management and overall coordination and/or delivery of services by a licensed dentist to meet the patient’s oral health needs for the prevention and treatment of oral disease and injury, the long-term maintenance of oral health, and the coordination of referral to specialists for secondary and tertiary care when indicated.~~ Primary dental care includes services provided by ancillary personnel under the dentist’s supervision.

Dr. Winker moved the adoption of Resolution 82RC in lieu of Resolutions 82 (*Supplement*:3068) and 82B (*Supplement*:3086).

Dr. Winker noted that the Reference Committee was concerned that the original language of the resolution could be interpreted as promoting the provision of evaluations, diagnosis, and so forth by ancillary personnel.

Dr. Kara G. Moore, Georgia, moved to amend the last sentence in the definition of "Primary Dental Care" by addition of the word "preventive" between the words "Primary dental care includes" and "services provided."

In speaking to the amendment, Dr. Moore said, "Primary dental care includes preventive services provided by ancillary personnel under the dentist's supervision. Just as the chairman just spoke of, they wanted to avoid any confusion. And CAPIR even stated in their background statement that they wanted to mitigate any possible use of the dental home being used to develop a new workforce model. This will ensure that the dentist remains the primary provider in the dental home and that there will be no surgical or irreversible procedures done by anyone other than the dentist so it also reinforces what we just voted on for workforce."

Dr. Philip H. Hunke, Texas, asked if it would be appropriate to change the word "ancillary" to "allied" in the last sentence in the definition of "Primary Dental Care," saying, "In light of what we have adopted as policy earlier on 'allied,' would it be more appropriate for 'allied' to be used instead of 'ancillary?'"

The Speaker responded by saying, "Can you just save that until we handle the primary amendment, and then I will ask if the House has no objection and we will handle that."

Dr. Robert L. Mazzola, Ohio, spoke in opposition to the amendment, saying, "Primary care, when you say preventive services, it seems to exclude the EFDAs and people like that. ..."

Dr. Rodney B. Wentworth, Washington, spoke in opposition, saying, "I was going to echo the same thing. It also includes restorative hygienists."

Dr. Linda K. Himmelberger, Pennsylvania, spoke against the amendment, saying, "We also have EFDAs in Pennsylvania. We would like for them to be able to continue to restore teeth."

Seeing no one else at the microphones, Dr. Soliday called for a vote. On vote, the motion to amend the last sentence in the definition of "Primary Dental Care" by addition of the word "preventive" between the words "Primary dental care includes" and "services provided" was not adopted.

Dr. Philip H. Hunke, Texas, recommended substituting the word "ancillary" to "allied" in the last sentence in the definition of "Primary Dental Care."

The Speaker asked if anyone had any objection to the changing the word "allied" for "ancillary," saying, "I think most of our literature or most of our policies have that in there now." Seeing none, the editorial change was accepted.

Seeing no one else at the microphones, the Speaker called for a vote. On vote, Resolution 82RC, as editorially amended, was adopted in lieu of Resolutions 82 and 82B.

82H-2010. Resolved, that the definition of Primary Dental Care (*Trans.* 1994.668) be amended to read as follows (additions are shown by underscoring; deletions are shown by strikethroughs):

Primary Dental Care. The dental care provided by a licensed dentist, or delegated to be provided by ancillary personnel under the dentist's supervision, to patients beginning no later than age one and throughout their lifetime. Primary dental Ccare is directed to The evaluation (including examination), diagnosis, patient education, management and overall coordination and/or delivery of services by a licensed dentist to meet the patient's oral health needs for the prevention and treatment of oral disease and injury, the long-term maintenance of oral health.

and the coordination of referral to specialists for ~~secondary and tertiary~~ care when indicated. Primary dental care includes services provided by ~~ancillary~~ allied personnel under the dentist's supervision.

Support of National Dental Association Effort Regarding Access to Care and Mid-Level Providers for Underserved Communities (Sixth Trustee District Resolution 107): The Reference Committee reported as follows.

The Reference Committee agrees with the Sixth Trustee District and, therefore, recommends the adoption of Resolution 107. This resolution supports the ADA Strategic Plan Goal: Public Health.

107. Resolved, that the American Dental Association supports the National Dental Association's efforts to address access for underserved communities while assuring that those communities receive the same dental care as all other Americans, and acknowledges with appreciation the NDA's historical efforts in providing care for at-risk populations.

Dr. Winker moved the adoption of Resolution 107 (*Supplement:3148*).

Dr. Morris Antonelli, Maryland, moved to amend by addition of the words "opportunity to receive" between the words "same" and "dental care." Dr. Antonelli said, "There seems to be a bit of ambiguity the way it is currently written, and this clarifies the position. It is to give an opportunity to receive dental care and not a mandate and not something that might be construed as an entitlement so that this clarifies the position that it is an opportunity to receive."

Dr. Donald A. Stoner, Pennsylvania, speaking in support of the amendment, said, "... There are groups, religious and others, in this country who do not wish any type of medical care, and I don't think it's our right to force it upon them."

A delegate from the floor requested a point of information, saying, "I am just curious what the National Dental Association's policy is regarding this. Are we changing their policy by amending this?"

The Speaker replied, "The [NDA] President is here, I believe."

The NDA President responded by saying, "Let me study it for just one second. I don't see that it substantially changes what we are trying to put forth."

Dr. Santos Cortez, Jr., California, requested a point of information, saying, "I speak for myself. Perhaps what we can do is ask the president of the NDA if what they mean by the 'opportunity to receive,' which is different from 'the same dental care.' In other words, 'the same dental care' would be the quality of care compared to the opportunity to receive."

The Speaker responded by saying, "I don't know if he is prepared to answer these questions or not. While he is thinking about it, we will see."

Speaking in support of the amendment, Dr. Bryan C. Edgar, Washington, said, "To answer my colleague's question, my opinion is that we are the American Dental Association and this, if anything, will enhance our support for the National Dental Association. So I don't think there's a conflict whatsoever here."

Seeing no one else at the microphones, Dr. Soliday called for a vote. On vote, the amendment to add the words "opportunity to receive" between the words "same" and "dental care," was adopted.

Dr. David R. Larson, Pennsylvania, moved to make an editorial amendment, saying, "There's a disconnect between the title and what the resolution asks for. The resolution asks us to support their efforts,

and the title says it's a position paper. I would like an editorial change to have 'Position Paper' removed in the title and the word 'Effort' inserted, so the two are mated in terms of their intent."

The Speaker asked if anyone had any objection to the editorial change as a friendly amendment. Seeing none, the editorial change was accepted.

The president of the NDA said that there were some editorial changes that would need to be made to the position paper. The Speaker asked that he share the final copy when it became available.

A delegate from the floor moved to amend by addition of the words "opportunities to receive that same dental care" between the words "receive the same" and "as all other Americans."

In speaking to the amendment, the delegate said, "You can have a situation possibly in the future where you have one 'real dentist' in an area, and then there are a lot of DHATs in the area. And so though there's one dentist, they have an opportunity to go to that dentist, but that dentist is booked up. And so they have to go to these DHATs. So we want a situation where there is the same opportunity in that area to receive quality care, not just, you know, a dentist is available, but there's not opportunity for them to go because it is not accessible."

Dr. Jeffrey Seiver, New York, spoke in opposition to the amendment saying, "I agreed with the first amendment, 'same opportunity.' We should all have the same opportunity. But my neighbor doesn't have the same dental cares that I might have. We all see different dentists and we all have different abilities. This almost makes it sound like everyone has the same exact abilities to perform dentistry, and that's just not so."

A delegate from the floor moved to vote immediately. The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, the amendment was not adopted.

A delegate from the floor moved to vote immediately. The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, Resolution 107, as amended, was adopted.

107H-2010. Resolved, that the American Dental Association supports the National Dental Association's efforts to address access for underserved communities while assuring that those communities receive the same opportunity to receive dental care as all other Americans, and acknowledges with appreciation the NDA's historical efforts in providing care for at-risk populations.

Advocating for Victims of Addictive Disease (Fourteenth Trustee District Resolution 110 and Reference Committee on Dental Benefits, Practice and Health Resolution 110RC): The Reference Committee reported as follows.

The Reference Committee heard mixed testimony in favor of Resolution 110 and also in favor of referring Resolution 110 to the Council on Dental Practice for further study. The Reference Committee agrees that forming a collaborative task force to develop strategies to address addictive issues is a good idea; however, it believes that the task can be accomplished without a two-day meeting. Therefore, the Reference Committee recommends adoption of Resolution 110RC in lieu of Resolution 110. These resolutions support the ADA Strategic Plan Goal: Members (additions are shown by underlines; deletions are shown by strikethroughs).

110RC. Resolved, that the Council on Dental Practice, through its Dentist Well-being Advisory Committee, develop strategies to communicate the value and importance of ~~providing~~ safe,

confidential treatment and monitoring for dental team members suffering from addiction, and be it further

Resolved, that the Council on Dental Practice assign a task force ~~Dentist Well-Being Advisory Committee be authorized to have a two day meeting to consider addiction issues that and that the meeting, in addition to the Committee, will include up to four members of the Council and four representatives from constituent society well-being committees selected by the chair of the committee council, and be it further~~

Resolved, that the Council, with the assistance of its Dentist Well-Being Committee, recommend an action plan to include:

- Promoting the availability of making an intervention programs available in all constituent jurisdictions in which members reside
- development of materials and protocols to support state and constituent-sponsored programs
- building appropriate partnerships connections within the broader medical community
- advocacy communication with policy decision-makers at both national and state levels
- communication about the availability of services within the profession
- re-evaluation of the action plan development of Association strategies to monitor and support programs on an ongoing basis

and be it further

Resolved, that a report and action plan with recommendations be given to the 2011 House of Delegates.

Dr. Winker moved the adoption of Resolution 110RC in lieu of Resolution 110 (*Supplement:3177*).

Dr. Michael H. Halasz, Ohio, moved to refer Resolution 110RC to the Council on Dental Practice. Dr. Halasz said, "CDP already has subcommittees that deal with this type of thing. And to ask us to form a task force I think would be redundant. We can just deal with this without forming a task force."

Dr. Samuel E. Selcher, Pennsylvania, spoke in support of referral, saying, "There is also a flaw in the theory. To create a task force of individuals who are not members of the Council, obviously, is going to cost something. ..."

Dr. Prabu Raman, Missouri, speaking in opposition to referral, said, "[I am] part of the Reference Committee. We talked long and hard about this. We didn't reach a conclusion. We were there until 7:00 p.m. This is really an important issue that needs to be handled now ... because there are some other people, such as attorneys, trying to come to the boards with moves to make it punitive, so that it will make it hard for people to reach out for help. So this needs to happen now, not later. ... As far as the financial consideration, our plan was to try to do this electronically so it wouldn't involve travel. ..."

Dr. Brett H. Kessler, Colorado, spoke in opposition to referral, saying, "... I'm the author of the resolution, and I am very much in favor of how it was written through the Reference Committee. I am a well-being chairman. I can tell you as representative of well-being chairmen across the country, nobody is happy with what's going on. The Council has no well-being chairman ... to add the perspective of the well-being, and we need a task force to do it. This is a life and death issue for many dentists around the country."

Dr. Jade A. Miller, Nevada, spoke in opposition to referral, saying, "[I was] a member of the Reference Committee, and we heard a great deal of testimony and it was clear from most of the testimony that it does require a task force. Going to the Council will not really address the problem in the manner that needed addressed."

Dr. J. Barry Howell, Illinois, speaking in opposition to referral, said, "Also a member of the Reference Committee, and I too want to urge the House to vote against referral on this. This is a timely issue for those people who have addictive disease and disorders. And this is something that's very much needed to help them get through their times and come back to a productive dental profession."

Dr. Bryan T. Marshall, Florida, moved to vote immediately. The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

A delegate from the floor requested a point of order, saying, "It was raised ... that there was no financial implication, yet it is calling for a task force bringing in additional members to the Council. So without any financial statement, I would think that this would not be in order."

With the Speaker's permission, Dr. Wade Winker, Reference Committee Chair, responded by saying, "What we had discussed was to enlist the assistance of these experts in this field with the Council on a conference call. This is something that's already in the CDP budget."

On vote, the motion to refer Resolution 110RC to the Council on Dental Practice was not adopted.

Speaking in support of Resolution 110RC, Dr. Brett H. Kessler, Colorado, said, "Again, we are in support of the amendment as written by the Reference Committee."

Seeing no one else at the microphones, Dr. Soliday called for a vote on Resolution 110RC.

On vote, Resolution 110RC was adopted in lieu of Resolution 110.

110H-2010. Resolved, that the Council on Dental Practice, through its Dentist Well-being Advisory Committee, develop strategies to communicate the value and importance of safe, confidential treatment and monitoring for dental team members suffering from addiction, and be it further **Resolved**, that the Council on Dental Practice assign a task force to consider addiction issues that will include up to four members of the Council and four representatives from constituent society well-being committees selected by the chair of the council, and be it further **Resolved**, that the Council, with the assistance of its Dentist Well-Being Committee, recommend an action plan to include:

- Promoting the availability of intervention programs in all constituent jurisdictions
- development of materials and protocols to support state and constituent-sponsored programs
- building appropriate connections within the broader medical community
- advocacy communication with policy decision-makers at both national and state levels
- communication about the availability of services within the profession
- re-evaluation of the action plan on an ongoing basis

and be it further

Resolved, that a report and action plan with recommendations be given to the 2011 House of Delegates.

Dental Access Barriers (Tenth Trustee District Resolution 121): The Reference Committee reported as follows.

The Reference Committee acknowledges the concerns of the Tenth Trustee District with regard to misconceptions that can arise when discussing dental access barriers. The Council on Access, Prevention and Interprofessional Relations has already extensively researched what comprises a definition of access to care for the underserved. To study the creation of policy that supports use of terminology to substitute for "access to care" would be redundant to the work that the Council and the ADA are currently engaged in. Therefore, the Committee recommends that Resolution 121 not be adopted. This resolution supports the ADA Strategic Plan Goal: Public Health.

121. Resolved, that the appropriate ADA council or committee study the creation of policy that supports use of the following terminology:

1. Substitute terminology that mentions and identifies "barriers to care" when the term "access to care" might otherwise be used. This policy would apply to phraseology for all forms of written and spoken communications when addressing issues associated with restrictions or

limitations to individuals in need of dental care. These efforts are intended to culminate in re-directing conversation to a specific barrier or barriers that will lead to purposeful solutions.

2. Specify which “dental care barrier” is being referred to (including, but not limited to):
 - a. financial barriers
 - b. geographic barriers
 - c. governmental policy barriers
 - d. personal barriers
 - e. cross-cultural barriers
 - f. language barriers

and be it further

Resolved, that the recommendations of this study be made available for the 2011 ADA House of Delegates.

Dr. Winker moved Resolution 121 (*Supplement:3158*).

Dr. Timothy J. Flor, Minnesota, moved to amend the first resolving clause by addition after the words “that the” the words “ADA, in communicating regarding dental access issues, emphasize barriers to care including, but not limited to” and by deletion of item “1” and the first sentence of item “2.” So the amended language would read as follows.

Resolved, that the ADA, in communicating regarding dental access issues, emphasize barriers to care including, but not limited to ~~appropriate ADA council or committee study the creation of policy that supports use of the following terminology:~~

- a. financial barriers
- b. geographic barriers
- c. governmental policy barriers
- d. personal barriers
- e. cross-cultural barriers
- f. language barriers

In speaking to the amendment, Dr. Flor said, “The initial resolution proposed the study of the use of the terminology ‘barriers to care,’ but instead we are attempting to immediately enact this policy, which allows us to redirect the conversation to specific barrier or barriers that lead to solutions.”

Dr. Donald P. Rollofson, California, speaking in support of the amendment, said, “We were originally going to refer this back to CAPIR, but we have found that the term ‘barriers to care’ is far better than ‘access to care.’ It really speaks to the plurality of the number of problems that we have that cause disadvantaged people to have lack of care, and doing this, it just brings us in the conscious of the ADA, and I think it’s a great amendment.”

Dr. J. Barry Howell, Illinois, spoke in support of the amendment, saying, “If I’m understanding this correctly ... all they’re doing [is] just recommending that they use terminology that says ‘barriers to care.’ It doesn’t change anything in our documents, which refer to ‘access to care,’ and I would support the amendment.”

Dr. H. Lee Gardner, Jr., South Carolina, spoke in support of the amendment, saying, “‘Barriers to care’ better describes and defines what the problem to care is. ‘Access to care’ makes it seem like it’s the problem of the dentist.”

Speaking in support of the amendment, Dr. Heather B. Heddens, Iowa, said, “This resolution further defines the problems of access. ‘Barrier’ does not replace the word ‘access,’ it further defines it. ‘Access’

implies that it is the dentist's problem and leaves it on our doorstep. 'Barriers to care' is identifying the problem and helps us communicate with legislators and other entities. ..."

Dr. Glen D. Hall, Texas, requested a point of information, saying, "It sounds like we're debating the whole resolution as we go through, and if we can just focus on the amendment so we can get back and dispose of the whole thing."

The Speaker responded that the amendment is almost the whole resolution and so he would allow it.

Dr. Lynn Sayre-Carstairs, California, and Dr. Josef N. Kolling, Michigan, spoke in support of the amendment.

Dr. Robert S. Roda, Arizona, moved to vote immediately. The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

Dr. Jeffrey S. Senzer, New York, requested an editorial change by substituting the word "communicating" with "communications."

The Speaker asked if anyone had any objection to the proposed editorial change. Seeing none, the editorial change was accepted.

On vote, the primary amendment was adopted.

Dr. Donald P. Rollofson, California, moved to vote immediately. The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, Resolution 121, as amended, was adopted.

121H-2010. Resolved, that the ADA, in communications regarding dental access issues, emphasize barriers to care including, but not limited to:

- a. financial barriers
- b. geographic barriers
- c. governmental policy barriers
- d. personal barriers
- e. cross-cultural barriers
- f. language barriers

Direct Reimbursement Funding (Tenth Trustee District Resolution 122): The Reference Committee reported as follows.

The Reference Committee believes that in the current financially difficult times, the \$1.80 dues increase that would be required to reinstate this program funding is not justifiable. Additionally, the Reference Committee is concerned that ADA-sponsored promotion for direct reimbursement (DR) has been sustained for years with the intent that DR would, at some point, be self-sustaining. Therefore, the Reference Committee recommends that Resolution 122 not be adopted. This resolution supports the ADA Strategic Plan Goal: Support to Dentists: Professional Autonomy.

122. Resolved, that the ADA Direct Reimbursement Program be funded in 2011 at the same level it was funded in 2010.

Dr. Winker moved Resolution 122 (*Supplement:3162*).

Dr. Henrik Hansen, California, speaking in support of Resolution 122, said, "In the Workforce Reference Committee yesterday, there was an awful lot of talk about core value, and I know that a little earlier, there was

a delegate that questioned what the definition of core value is. Well, it seems to me that support for fee-for-service dentistry would certainly qualify as a core value. And I think we need to put our money where our mouth is.”

Dr. Robert L. Mazzola, Ohio, spoke in support of Resolution 122, saying, “I echo the sentiments of the first gentleman. There is money that we need to invest to show our members what value they’re getting. In Ohio, we’ve been part of the co-op program that has received money from it. We are helping build and infrastructure for DR, and I speak strongly in favor on this.”

Dr. Bert W. Oettmeier, Kansas, chair, Council on Dental Benefit Programs, spoke in opposition to the resolution, saying, “While CDBP did cut DR funding from its budget, the reason and only reason it did is because of repeated requests to reduce our budget and we were left with no other viable option other than to cut the funding for DR. But be assured, the Council is very much supportive of DR and funding for its program.”

Dr. Steven W. Hogg, Oklahoma, spoke in support of Resolution 122, saying, “So far this House has done an excellent job in passing resolutions that benefit our membership, such as 37RC ... It was a four to one return on investment is what we were told. I rise to speak in favor of Resolution 122 as it will provide a 160 to one return on investment directly to our membership. The AMA now has a 19% market share for practicing physicians because they were not listening to their members. PPOs and HMOs, who are not going to magically disappear from our members’ concerns, so let’s pass 122 and demonstrate to our members that we are still listening.”

Dr. Gerald Gelfand, California, speaking in opposition, said, “Direct reimbursement is a wonderful program. I only wish it worked. Let’s show our members some fiscal responsibility and not put money into a program that doesn’t work. It has only been successful in very few areas. In general terms, it is not a successful program.”

Dr. Thomas R. Pixley, Colorado, speaking in support, said, “We are embarking on revitalizing our DR program in our state and without this seed money, we will be unable to accomplish that.”

Dr. Barbara Ann Rich, New Jersey, spoke in opposition to Resolution 122 saying, “That does not mean that I’m not in favor of direct reimbursement. It happens to work in New Jersey and our dental association actually utilizes it, but it does not sell, and, therefore, it’s money invested without any return.”

Dr. Terry L. Buckenheimer, Florida, spoke in opposition, saying, “I speak in favor of the Reference Committees decision on not adopting this. Personally, I have not seen any benefits to direct reimbursement, and as far as I’m aware, the idea behind the American Dental Association supporting partially funding this program was to be a temporary thing, and I think we have supported it long enough, and, therefore, we should stop funding it at this time.”

Dr. Deborah S. Bishop, Alabama, and Dr. James H. Reynierson, III, Georgia, spoke in support of Resolution 122.

Dr. Bryan T. Marshall, Florida, moved to vote immediately. The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, Resolution 122 was not adopted.

Announcements: the Speaker announced the following additional items of New Business that will be considered after the reports of the reference committees at the last meeting of the House.

New Business

Resolution 137 (*Supplement:8004*)—Amendment of ADA Bylaws Regarding Candidate Election

Process—Submitted by the Sixteenth Trustee District

Resolution 138 (*Supplement:8005*)—Retrospective Study on Workforce Issues—Submitted by the Sixteenth Trustee District

Adjournment

Dr. Nancy Y. Larson, Wisconsin, moved to adjourn the third meeting of the House of Delegates.

On vote, the third meeting of the House adjourned at 5:08 p.m.

Wednesday, October 13, 2010

Fourth Meeting of the House of Delegates

Call to Order: The fourth meeting of the House of Delegates was called to order at 8:00 a.m. by the Speaker of the House of Delegates, Dr. J. Thomas Soliday.

Report of the Standing Committee on Credentials, Rules and Order: Dr. John E. Roussalis, II, chair, Wyoming, announced the presence of a quorum.

Special Order of Business—Installation Ceremony

Recognition of Retiring Officers and Trustees and Continuing Members of the Board of Trustees:

The Speaker recognized the following retiring ADA officers and trustees.

Dr. Thomas E. Sullivan, first vice president
 Dr. Dennis E. Manning, trustee, Eighth District
 Dr. Mary Krempasky Smith, trustee, Eleventh District
 Dr. Russell I. Webb, trustee, Thirteenth District

The continuing officers and members of the Board of Trustees were introduced:

Dr. Robert A. Faiella, trustee, First District
 Dr. Charles R. Weber, trustee, Third District
 Dr. Maxine Feinberg, trustee, Fourth District
 Dr. Donald L. Seago, trustee, Fifth District
 Dr. W. Ken Rich, trustee, Sixth District
 Dr. Charles L. Steffel, trustee, Seventh District
 Dr. Dennis W. Engel, trustee, Ninth District
 Dr. Edward J. Vigna, Tenth District
 Dr. R. Wayne Thompson, trustee, Twelfth District
 Dr. Kenneth J. Versman, trustee, Fourteenth District
 Dr. S. Jerry Long, trustee, Fifteenth District
 Dr. Charles H. Norman, III, trustee, Sixteenth District
 Dr. Samuel B. Low, trustee, Seventeenth District
 Dr. A. J. Smith, first vice president
 Dr. Edward Leone, Jr., treasurer
 Dr. J. Thomas Soliday, speaker of the House of Delegates
 Dr. Kathleen T. O'Loughlin, executive director

Introduction of New Officers and Trustees: The following new officers and trustees were introduced.

Dr. Steven Gounardes, trustee, Second District
 Dr. Joseph F. Hagenbruch, trustee, Eighth District
 Dr. Roger L. Kiesling, trustee, Eleventh District
 Dr. Carol Gomez Summerhays, trustee, Thirteenth District
 Dr. Patricia L. Blanton, second vice president

Presentation to Dr. Ronald L. Tankersley: The Speaker presented Dr. Tankersley with the insigne of the office of past president and a certificate of appreciation.

Installation of New Officers and Trustees: Dr. Tankersley installed Dr. William R. Calnon, New York, as president-elect; Dr. Raymond F. Gist, Michigan, as president; Dr. Patricia L. Blanton, as second vice

president; and Dr. J. Thomas Soliday, Maryland, as speaker of the House of Delegates. Dr. Tankersley installed the four newly elected trustees.

The installation ceremonies then concluded after the members of the House pledged their support by accepting assignments when called upon, by bringing forward the opinions and concerns of the members in their districts, and by engaging in open and honest debate on issues.

Presentation of Dr. Raymond F. Gist: Following the installation of the officers and trustees, Dr. Gist addressed the members of the House. Highlighted in his remarks, Dr. Gist said his tenure as President will be focused on two goals; accountability and respect, saying, “We are going to keep our roles clearly defined, and I want you to expect excellence and expect open doors at all times.” Dr. Gist also spoke about access to care saying it was time to move forward. He said, “Access disparities cannot be fixed simply by performing more procedures. This is a public health crisis cause by too much disease, and we must communicate this fact more broadly.”

Introduction of the Chair of the American Dental Political Action Committee (ADPAC): Dr. Roger W. Triftshauser, chair, ADPAC, reported that contributions to the Capital Club and Capital Elite totaled nearly \$280,000. He encouraged the House of Delegates to go back home to their constituencies and be ADPAC ambassadors.

Report of the Reference Committee on Dental Education, Science and Related Matters

The Report of the Reference Committee on Dental Education, Science and Related Matters was presented by Dr. Denis E. Simon, III, chair, Louisiana. The other members of the Committee were: Dr. Frank C. Barnashuk, New York; Dr. Thomas R. Broderick, Georgia; Dr. Keith W. Dickey, Illinois; Dr. R. Donald Hoffman, Pennsylvania; Dr. Richard B. Kahn, New Jersey; Dr. Richard T. Kao, California; Dr. William K. Lobb, Wisconsin; and Dr. Linda C. Niessen, Texas.

Consent Calendar (Reference Committee on Dental Education, Science and Related Matters Resolution 128): The Reference Committee reported as follows.

The Reference Committee on Dental Education, Science and Related Matters presents the following consent calendar for consideration by the House of Delegates. The appended Resolution 128 lists all resolutions referred and considered by the Reference Committee along with the Committee’s recommendation (adopt, adopt in lieu of, not adopt or refer) on each item. By adopting Resolution 128, the recommendations of the Reference Committee will become the action of the House of Delegates. However, before voting on the consent calendar, any delegate wishing to discuss an item on the consent calendar has the right to request that resolution be removed and considered separately. The Standing Committee on Constitution and Bylaws approves the wording of Resolutions 9, 11, 11S-1 and 23 as submitted and Resolution 10 as modified.

128. Resolved, that the recommendations of the Reference Committee on Dental Education, Science and Related Matters on the following resolutions be accepted by the House of Delegates.

Resolution 9—ADOPT (*Amendment of the ADA Bylaws Regarding the Name of CDEL’s Standing Committee on Dental Education, Supplement:4002*) \$: None

Resolution 10—ADOPT (*Amendment of the ADA Bylaws to Update Terminology in the Duties of the Council on Dental Education and Licensure, Supplement:4003*) \$: None

Resolution 11S-1—ADOPT in lieu of Resolution 11 (*Amendment of the ADA Bylaws, Duties of the Council on Dental Education and Licensure Relating to the Recognition of Interest Areas in General Dentistry, Supplement:4006a*) \$: None (Resolution of Special Interest)

Resolution 12BS-1—ADOPT in lieu of Resolutions 12 and 12B (*Criteria for Recognition of Interest Areas in General Dentistry, Supplement:4011a*) \$: None (Resolution of Special Interest)

Resolution 13—ADOPT (*Acceptance of Formal Continuing Medical Education Courses Offered by ACCME Accredited CE Providers, Supplement:4012*) \$: None

Resolution 14—ADOPT (*Amendment of the Policy "Recommended Curricula Changes," Supplement:4013*) \$: None

Resolution 23—ADOPT (*Amendment of the ADA Bylaws Regarding the Duties of the Council on Scientific Affairs, Supplement:4014*) \$: None

Resolution 24—ADOPT (*Rescission of the Policy "Promotion of Dental Materials to the Public," Supplement:4016*) \$: None

Resolution 25—ADOPT (*Rescission of the Policy "Endorsement of Science Fairs," Supplement:4018*) \$: None

Resolution 27RC—ADOPT in lieu of Resolution 27 (*Evidence-Based Guidelines on Antibiotic Prophylaxis for Dental Patients with Total Joint Replacements, Supplement:4370*) \$: None

Resolutions 31 and 31B—REFER to appropriate Association agency(ies) (*Participation in Dental Outreach Programs, Supplement:4020 and 4021*) \$: None

Resolution 42RC—ADOPT in lieu of Resolutions 42 and 42S-1 (*Developing a New Part Three of the National Boards, Eliminating Live Patients, Supplement:4372*) \$18,410 (2011); \$9,205 (2012) (Resolution of Special Interest)

Resolution 51—NOT ADOPT (*Intellectual Property—The CDHC and OPA Curriculums, Supplement:4095*) \$: None

Resolution 63—ADOPT (*Online Continuing Education Courses for 2011, Supplement:4106*) \$15,000

Resolution 65—ADOPT (*Rescission of Policy on Advanced Educational Programs in General Dentistry, Supplement:4110*) \$: None

Resolution 66—ADOPT (*Amendment of Policy on Urging CODA to Communicate with Local Communities of Interest, Supplement:4112*) \$: None

Resolution 67—ADOPT (*Amendment of Policy on Single Accreditation Program, Supplement:4113*) \$: None

Resolution 71—ADOPT (*Request for Funding of Health Screening Program, Supplement:4119*) \$350,000

Resolution 72—ADOPT (*CODA Rules Revisions, Supplement:4121*) \$: None

Resolution 75—ADOPT (*CODA Structure, Supplement:4207*) \$: None

Resolution 76—ADOPT in lieu of Resolution 73 (*CODA Commissioner-Appointee Orientation, Supplement:4208*) \$13,150 (2011); \$19,725 or \$13,150 (alternating each year beginning in 2012) (Resolution of Special Interest)

Resolution 77—ADOPT in lieu of Resolution 74 (*New ADA-CODA Funding Model, Supplement:4209*) \$: None in 2011; The ongoing reduction in expense to ADA will range from approximately \$85,000 in 2012 to over \$300,000 in 2016.

Resolution 78—ADOPT (*Funding Support for Continuation of the ADA Committee to Assist CODA Implementation of the 2008 ADA Task Force Recommendations, Supplement:4210*) \$3,500 annually for Monitoring Committee

Resolution 87—REFER to appropriate Association agency (*Study Impact of Existing and Emerging Models of Dental Education, Supplement:4287*) \$13,350 or None for Referral

Resolution 101—ADOPT (*Warnings on Medications that Cause Dry Mouth, Supplement:4378*) \$: None

Resolution 106RC—ADOPT in lieu of Resolution 106 (*Examinations for Allied Dental (Non-Dentist) Personnel, Supplement:4378*) \$: None

Resolution 112—REFER to appropriate Association agency (*A Viable Mid-Level Solution: Improving Access by Reinventing Dentists' Education, Supplement:4359*) \$75,000

Dr. Simon moved the adoption of Resolution 128.

Dr. Frank A. Maggio, Illinois, requested the removal of Resolution 42RC from the consent calendar.

A request was made to remove Resolutions 31 and 31B from the consent calendar.

Dr. Jill M. Burns, Indiana, requested the removal of Resolution 71 from the consent calendar.

A delegate requested the removal of Resolution 23 from the consent calendar.

Dr. Bruce R. Hutchison, Virginia, requested the removal of Resolution 106RC from the consent calendar.

On vote, Resolution 128, as amended, was adopted by unanimous consent.

128H-2010. Resolved, that the recommendations of the Reference Committee on Dental Education, Science and Related Matters on the following resolutions be accepted by the House of Delegates.

Resolution 9—ADOPT (*Amendment of the ADA Bylaws Regarding the Name of CDEL's Standing Committee on Dental Education, Supplement:4002*) \$: None

Resolution 10—ADOPT (*Amendment of the ADA Bylaws to Update Terminology in the Duties of the Council on Dental Education and Licensure, Supplement:4003*) \$: None

Resolution 13—ADOPT (*Acceptance of Formal Continuing Medical Education Courses Offered by ACCME Accredited CE Providers, Supplement:4012*) \$: None

Resolution 14—ADOPT (*Amendment of the Policy "Recommended Curricula Changes," Supplement:4013*) \$: None

Resolution 24—ADOPT (*Rescission of the Policy "Promotion of Dental Materials to the Public," Supplement:4016*) \$: None

Resolution 25—ADOPT (*Rescission of the Policy "Endorsement of Science Fairs," Supplement:4018*) \$: None

Resolution 27RC—ADOPT in lieu of Resolution 27 (*Evidence-Based Guidelines on Antibiotic Prophylaxis for Dental Patients with Total Joint Replacements, Supplement:4370*) \$: None

Resolution 51—NOT ADOPT (*Intellectual Property—The CDHC and OPA Curriculums, Supplement:4095*) \$: None

Resolution 63—ADOPT (*Online Continuing Education Courses for 2011, Supplement:4106*) \$15,000

Resolution 65—ADOPT (*Rescission of Policy on Advanced Educational Programs in General Dentistry, Supplement:4110*) \$: None

Resolution 66—ADOPT (*Amendment of Policy on Urging CODA to Communicate with Local Communities of Interest, Supplement:4112*) \$: None

Resolution 67—ADOPT (*Amendment of Policy on Single Accreditation Program, Supplement:4113*) \$: None

Resolution 72—ADOPT (*CODA Rules Revisions, Supplement:4121*) \$: None

Resolution 75—ADOPT (*CODA Structure, Supplement:4207*) \$: None

Resolution 77—ADOPT in lieu of Resolution 74 (*New ADA-CODA Funding Model, Supplement:4209*) \$: None in 2011; The ongoing reduction in expense to ADA will range from approximately \$85,000 in 2012 to over \$300,000 in 2016.

Resolution 78—ADOPT (*Funding Support for Continuation of the ADA Committee to Assist CODA Implementation of the 2008 ADA Task Force Recommendations, Supplement:4210*) \$3,500 annually for Monitoring Committee

Resolution 87—REFER to appropriate Association agency (*Study Impact of Existing and Emerging Models of Dental Education, Supplement:4287*) \$13,350 or None for Referral

Resolution 101—ADOPT (*Warnings on Medications that Cause Dry Mouth, Supplement:4378*) \$: None

Resolution 112—REFER to appropriate Association agency (*A Viable Mid-Level Solution: Improving Access by Reinventing Dentists' Education, Supplement:4359*) \$75,000

Note: For the purpose of a fully documented record, the complete text of the resolutions presented in Resolution 128H follows:

ADOPTED

9H-2010. Resolved, that Chapter X. COUNCILS, Section 20. MEMBERS, SELECTION, NOMINATION AND ELECTIONS, Subsection A. regarding the Council on Dental Education and Licensure, Subsection a.(3) c. Committees of the ADA *Bylaws* be amended as follows (striketrough = deletion):

c. Committees. The Council on Dental Education and Licensure shall establish a standing Committee on Dental Education ~~and Educational Measurements~~ and a standing Committee on Licensure, each consisting of eight (8) members selected by the Council. The Council may establish additional committees when they are deemed essential to carry out the duties of this Council.

10H-2010. Resolved, that Chapter X. COUNCILS, Section 120. DUTIES, Subsection E. COUNCIL ON DENTAL EDUCATION AND LICENSURE, subsections a., b. and c. of the ADA *Bylaws*, be amended and subsection e. be added as follows (strikethrough=deletion; underscore=additions):

Section 120. DUTIES:

E. COUNCIL ON DENTAL EDUCATION AND LICENSURE. The duties of the Council shall be to:

- a. ~~To~~ Act as the agency of the Association in matters related to the evaluation and accreditation of all dental educational, allied dental ~~auxiliary~~ educational and associated subjects.
- b. ~~To~~ Study and make recommendations including the formulation and recommendation of policy on:
 - (1) Dental education, continuing dental education and allied dental ~~auxiliary~~ education.
 - (2) The recognition of dental specialties.
 - (3) The recognition of categories of allied dental personnel ~~auxiliaries~~.
 - (4) The approval or disapproval of national certifying boards for dental specialties ~~special areas of dental practice~~ and for allied dental ~~personnel auxiliaries~~.
 - (5) The educational and administrative standards of the certifying boards for ~~special areas of dental practice~~ dental specialties and for allied dental ~~personnel auxiliaries~~.
 - (6) Associated subjects that affect all dental, allied dental ~~auxiliary~~ and related education.
 - (7) Dental licensure and allied dental ~~personnel auxiliary~~ credentialing.
- c. ~~To~~ Act on behalf of this Association in maintaining effective liaison with certifying boards and related agencies for ~~special areas of dental practice~~ dental specialties and for allied dental ~~personnel auxiliaries~~.
- d. ~~To~~ Monitor and disseminate information on continuing dental education and to encourage the provision of and participation in continuing dental education.
- e. ~~To~~ Monitor and disseminate information on careers in dentistry.

13H-2010. Resolved, that the American Dental Association urges state boards of dentistry to accept for licensure renewal purposes dentists' participation in formal continuing medical education courses offered by continuing education providers accredited by the Accreditation Council for Continuing Medical Education (ACCME).

14H-2010. Resolved, that the policy Recommended Curricula Changes (*Trans.*1983:555) be amended by adding the word "ethical" before the word "professional," so the amended policy would read (underscore = addition):

Resolved, that the ADA urge the Commission on Dental Accreditation, in cooperation with the American Dental Education Association and individual dental schools, to stimulate curricular changes that will reflect greater teaching emphasis on interpersonal skills, ethical professional marketing strategies and management techniques.

24H-2010. Resolved, that the ADA policy statement entitled Promotion of Dental Materials to the Public (*Trans.*1997:716; 2009:415; 417) be rescinded.

25H-2010. Resolved, that the ADA policy statement entitled Endorsement of Science Fairs (*Trans.*1957:366) be rescinded.

27H-2010. Resolved, that the American Dental Association and the American Academy of Orthopedic Surgeons (AAOS) be urged to continue to update the guidelines on evidence-based use of antibiotic prophylaxis for dental patients with total joint replacements, and be it further

Resolved, that the ADA shall endeavor to appoint at least one AAOMS representative within its ADA appointees, and be it further

Resolved, that the ADA ensure that the workgroup's discussion includes the consideration of the importance of a pre joint-replacement dental evaluation.

63H-2010. Resolved, that the ADA commission the development of up to six online continuing education courses in 2011 for addition to the ADA CE Online Library.

65H-2010. Resolved, that the ADA policy entitled Advanced Educational Programs in General Dentistry (*Trans.*1979:613), be rescinded.

66H-2010. Resolved, that the ADA's policy on "Urging the Commission on Dental Accreditation to Communicate with Local Communities of Interest" (*Trans.*2003:367) be amended as follows (deleted language ~~stricken~~; new language underscored):

Resolved, that the Commission on Dental Accreditation be urged to communicate with local communities of interest including ~~respective state dental associations in the state in which the programs reside, so they receive information answers, and feedback, and justification of findings on the accreditation process of accreditation of educational programs accredited by the Commission.~~

The amended policy would read as follows:

Resolved, that the Commission on Dental Accreditation be urged to communicate with local communities of interest including state dental associations in the state in which the programs reside, so they receive information on the process of accreditation of educational programs.

67H. Resolved, that the ADA's policy on "Single Accreditation Program" (*Trans.*1996:696) be amended as follows (deleted language ~~stricken~~; new language underscored):

Resolved, that the American Dental Association support a single accreditation program for dental and dentally-related educational programs. ~~schools and their associated facilities in which ambulatory patient care is delivered.~~

The amended policy would read as follows:

Resolved, that the American Dental Association support a single accreditation program for dental and dentally-related educational programs.

72H-2010. Resolved, that the Rules of the Commission on Dental Accreditation be approved as revised (*Supplement*:4122).

75H-2010. Resolved, that CODA retain its current structure in conjunction with implementation of changes in functionality that have already been initiated.

77H-2010. Resolved, that CODA and ADA adopt a funding model in which total expenses, direct and indirect, are shared equally by ADA and CODA, and that CODA make annual adjustments to its fees over the next six years to achieve this balance, decreasing ADA support from approximately 60% to 50% of total expenses, and be it further

Resolved, that to address the potential financial impact of fee increases on education programs, CODA consider extending the site visit schedule from seven to eight years with the implementation of additional procedures for interim monitoring of educational programs.

78H-2010. Resolved, that the President continue to appoint a monitoring committee for the express purpose of continuing to communicate with and assist CODA in implementing the recommendations of the CODA Task Force Report, and be it further

Resolved, that the committee consist of two members of the Board of Trustees (one of whom serves as Board liaison to CODA) and one member of the House of Delegates, and be it further

Resolved, that the committee provide regular updates to the ADA Board of Trustees, and be it further

Resolved, that the committee submit a report to the 2011 ADA House of Delegates.

101H-2010. Resolved, that the ADA encourage the Food and Drug Administration to require warning labels for medications that cause dry mouth and a resultant increased risk of tooth decay and other potential complications that should be discussed with a dentist.

NOT ADOPTED

51. Resolved, that the ADA makes the curriculum of the CDHC and OPA programs available to the constituent societies of the ADA at no charge.

REFERRED

87. Resolved, that the ADA Council on Dental Education and Licensure study the short and long term impact (positive and negative) of existing and emerging models of dental education in resolving the challenge of preservation of the profession as a learned profession while meeting the changing needs of oral health for diverse patient groups in a time of economic challenge, and be it further **Resolved**, that relevant stakeholders be invited to participate in the discussion at their expense or the sponsoring organization's expense, and that recommendations include collaborative new strategies for working together as a profession to resolve these important issues through partnerships, and be it further **Resolved**, that the Council on Dental Education and Licensure report its findings to the 2011 ADA House of Delegates.

112. Resolved, that the ADA invite to a conference of appropriate stakeholders and leaders, to include, but not be limited to representatives of CAPIR, CDEL, CGA, ASDA, CODA, ADEA, AADB, CMS and the Kellogg Foundation to consider development of dental education models that facilitate fourth- and fifth-year dental students and residents to provide care in underserved and unserved settings, and be it further

Resolved, that the conference agenda will include, but not be limited to, the following:

- Utilization of pre-doctoral dental students as an alternative to mid-level providers for improved access to care and maintaining a high quality single tier delivery system
- Consideration of conversion of some basic science curricula to undergraduate prerequisites
- Education cost-reduction through provision of services by both students and faculty
- Alternative faculty/student supervisory models to reduce barriers to access in remote locations
- Concurrent loan forgiveness programs and stipends for pre-doctoral practice in remote locations
- Statutory consideration of utilizing dental students in alternative settings
- Testing and licensing considerations in alternative educational models
- Applications for teledentistry and distance education via interactive links
- Funding needs for pilot projects and transition to new models
- Accreditation considerations for alternative educational models
- Limitations of public funding and subsidies as educational clinic revenue sources

and be it further

Resolved, that the appropriate Association agencies provide a report on the conference with a recommended action plan to the 2011 House of Delegates.

Amendment of the ADA Bylaws, Duties of the Council on Dental Education and Licensure Relating to the Recognition of Interest Areas in General Dentistry (Council on Dental Education and Licensure Resolution 11 and Sixteenth Trustee District Resolution 11S-1): The Reference Committee reported as follows.

The Reference Committee heard testimony from some members that the recognition of general dentistry interest areas may create public confusion while others believed that such a process would be helpful to the public. The Reference Committee noted that Recommendation 6 from the ADA Task Force Report on the Commission on Dental Accreditation (CODA) called for collaboration with the communities of interest to resolve the issue of perceptions versus realities of CODA accrediting educational programs in general dentistry interest areas (*Supplement*:4139, lines 1-27). CODA has expressed support for the Council on Dental Education and Licensure

(CDEL) to recognize interest areas in general dentistry, giving CODA guidance on whether to establish an accreditation process for advanced programs in a new general dentistry area. Further, the Reference Committee supports the 16th Trustee District's substitute Resolution 11S-1, which makes it clear that the ADA recognized dental specialties are excluded from this new process of recognizing general dentistry interest areas. The Standing Committee on Constitution and Bylaws approves the wording of Resolution 11S-1 as submitted.

This resolution supports the ADA Strategic Plan Goal: Achieve Effective Advocacy.

11S-1. Resolved, that Chapter X. COUNCILS, Section 120. DUTIES, Subsection E. COUNCIL ON DENTAL EDUCATION AND LICENSURE, subsection b, of the ADA *Bylaws*, be amended by addition of the following new paragraph (new language underscored and highlighted):

(3) The recognition of interest areas in general dentistry, excluding ADA recognized specialties.

and be it further

Resolved, that existing paragraphs "3" through "7" be renumbered as "4" through "8," respectively.

Dr. Simon moved the adoption of Resolution 11S-1 (*Supplement:4006a*) in lieu of Resolution 11 (*Supplement:4006*).

Dr. James W. Antoon, Florida, spoke in support of Resolution 11S-1, saying, "Just as we discussed yesterday, CODA accredits and the American Dental Association House of Delegates recognizes specialties in dentistry. The same should be true for interest areas in general dentistry. There are other groups and state boards and courts doing this for us now. Even our Code of Ethics has guidelines for announcement of training in special interest areas of dentistry. [Resolution] 11S-1 is consistent with our Code of Ethics. It's supported by five years of deliberations by multiple councils and committees and the AGD. ..."

Dr. Prabu Raman, Missouri, spoke in opposition to Resolution 11S-1, saying, "... I am a 27-year member of the ADA and a proud general dentist, but for the last ten years, I'm doing 100% T and B. So you might be surprised, why would I speak against it? I would like to ask, what is the real intent behind it? Is it the same people that did not get their specialties, now they're doing an end-around? And most of the progress really comes from outsiders and this is primarily for university-like programs, I think. So I want to really oppose it, and I hope you will listen to me."

Seeing no one else at the microphones, the Speaker called for a vote. On vote, Resolution 11S-1 was adopted in lieu of Resolution 11 by a two-thirds (2/3) affirmative vote.

11H-2010. Resolved, that Chapter X. COUNCILS, Section 120. DUTIES, Subsection E. COUNCIL ON DENTAL EDUCATION AND LICENSURE, subsection b, of the ADA *Bylaws*, be amended by addition of the following new paragraph (new language underscored and highlighted):

(3) The recognition of interest areas in general dentistry, excluding ADA recognized specialties.

and be it further

Resolved, that existing paragraphs "3" through "7" be renumbered as "4" through "8," respectively.

Criteria for Recognition of Interest Areas in General Dentistry (Council on Dental Education and Licensure Resolution 12, Board of Trustees Resolution 12B and Sixteenth Trustee District Resolution 12BS-1): The Reference Committee reported as follows.

The Reference Committee supported the amendment to criterion 5 proposed by the Board of Trustees and criterion 1 proposed by the 16th Trustee District. Both amendments are reflected in Resolution 12BS-1. This resolution supports the ADA Strategic Plan Goal: Achieve Effective Advocacy.

12BS-1. Resolved, that the following proposed "Criteria for Recognition of Interest Areas in General Dentistry" be adopted (new language underscored and highlighted).

Criteria for Recognition of Interest Areas in General Dentistry

1. The existence of a well-defined body of established evidence-based scientific and clinical dental knowledge underlying the general dentistry area - knowledge that is in large part distinct from, or more detailed than, that of other areas of general dentistry education and practice and any of the ADA recognized specialties.

Elements to be addressed:

- Definition and scope of the general dentistry area
 - Educational goals and objectives of the general dentistry area
 - Competency and proficiency statements for the general dentistry education area
 - Description of how scientific dental knowledge in the area is substantive and distinct from other general dentistry areas
2. The body of knowledge is sufficient to educate individuals in a distinct advanced education area of general dentistry, not merely one or more techniques.

Elements to be addressed:

- Identification of distinct components of biomedical, behavioral and clinical science in the advanced education area
 - Description of why this area of knowledge is a distinct education area of general dentistry, rather than a series of just one or more techniques
 - Documentation demonstrating that the body of knowledge is unique and distinct from that in other education areas accredited by the Commission on Dental Accreditation
 - Documentation of the complexity of the body of knowledge of the general dentistry area by identifying specific advanced techniques and procedures, representative samples of curricula from existing programs, textbooks and journals
3. The existence of established advanced educational programs with structured curricula, qualified faculty and enrolled individuals for which accreditation by the Commission on Dental Accreditation can be a viable method of quality assurance.

Elements to be addressed:

- Description of the historical development and evolution of educational programs in the area of advanced training in general dentistry
 - A listing of the current operational programs in the advanced general dentistry training area, identifying for each, the:
 - a. Sponsoring institution;
 - b. Name and qualifications of the program director;
 - c. Number of full-time and part-time faculty (define part-time for each program);
 - d. Curriculum (course outlines, student competencies, class schedules);
 - e. Outcomes assessment method;
 - f. Minimum length of the program;
 - g. Certificate and/or degree awarded upon completion;
 - h. Number of enrolled individuals per year for at least the past five years*; and
 - i. Number of graduates per year for at least the past five years.*

**If the established education programs have been in existence less than five years, provide information since their founding.*
 - Documentation on how many programs in the education area would seek voluntary accreditation review, if available
4. The education programs are the equivalent of at least one 12-month full-time academic year in length. The programs must be academic programs sponsored by an institution accredited by

an agency recognized by the United States Department of Education or accredited by the Joint Commission on Accreditation of Healthcare Organizations or its equivalent rather than a series of continuing education experiences.

Elements to be addressed:

- Evidence of the minimum length of the program for full-time students
 - Evidence that a certificate and/or degree is awarded upon completion of the program
 - Programs' recruitment materials (e.g., bulletin, catalogue)
 - Other evidence that the programs are bona fide higher education experiences, rather than a series of continuing education courses (e.g., academic calendars, schedule of classes, and syllabi that address scope, depth and complexity of the higher education experience, formal approval or acknowledgment by the parent institution that the courses or curricula in the education area meet the institution's academic requirements for advanced education)
5. The competence of the graduates of the advanced education programs is important to the health care of the general public.

Elements to be addressed:

- Description of the need for appropriately trained individuals in the general dentistry area to ensure quality health care for the public
- Description of current and emerging trends in the general dentistry education area
- Documentation that dental health care professionals currently provide health care services in the identified area
- Evidence that the area of knowledge is important and significant to patient care and dentistry
- Documentation that the general dentistry programs comply with the ADA *Principles of Ethics and Code of Professional Conduct*, as well as state and federal regulations

Dr. Simon moved the adoption of Resolution 12BS-1 (*Supplement:4011a*) in lieu of Resolutions 12 (*Supplement:4007*) and 12B (*Supplement:4009*).

Dr. Prabu Raman, Missouri, spoke in opposition to Resolution 12BS-1, saying, "I notice a lot of talk about evidence and criteria. I am an Evidence Based Dentistry champion. ... I believe in it. But when you talk about evidence, where's it really coming from. That's often important. ... there was evidence at one time strep causes ulcers. Remember that? So it is what kind of evidence that we are really looking at and who sets the criterion. This looks like it is nothing but an attempt to anoint university-based programs to the exclusion of private institutes. Most of the progress really comes from private institutes. ..."

Dr. James W. Antoon, Florida, speaking in support of Resolution 12BS-1, said, "[I am a] member of the Council on Dental Education and Licensure. ... These criteria were developed by CDEL and CEBJA and subcommittees over an extended period of time, several years. They were reviewed again in 2010 by CDEL and the Board of Trustees. They are comprehensive. They are designed to protect the public and our members. If special interests are developed and approved by this House, training programs will require a minimum of one year of full-time training. They will meet strict guidelines listed in the criteria with curricula approved by CODA. Programs would be sponsored by a CODA accredited institution. These are not weekend courses, but full-time advanced education programs. And, finally, this body will have final authority on whether an applicant will meet this criteria."

Dr. David R. Larson, Pennsylvania, speaking in support of Resolution 12BS-1, said, "I think we just accepted, and this House had adopted, recognizing areas of interest. These are the criteria. If you don't adopt the criteria, then you really will have the Wild West where you've now recognized them but there's no criteria. ... You've already recognized them, but there is no standard by which you recognize them."

Dr. Deborah S. Bishop, Alabama, asked the Speaker if the language "and any ADA recognized specialties" under the Criteria, item number 1, last sentence was in conflict with ADA policy.

The Speaker responded that the language was not in conflict with ADA policy.

Dr. Lee R. Cohen, Florida, moved to vote immediately. The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

Dr. Mert N. Aksu, Michigan, requested a point of information, saying, "We've identified the fact that we do recognize special areas of general dentistry, and we now identified the criteria. But I don't see any processes for how they're going to be ... who does a dental school go to in order to make that happen?"

Dr. Soliday responded that the dental school would go to CDEL.

On vote, Resolution 12BS-1 was adopted in lieu of Resolutions 12 and 12B.

12H-2010. Resolved, that the following proposed "Criteria for Recognition of Interest Areas in General Dentistry" be adopted.

Criteria for Recognition of Interest Areas in General Dentistry

1. The existence of a well-defined body of established evidence-based scientific and clinical dental knowledge underlying the general dentistry area - knowledge that is in large part distinct from, or more detailed than, that of other areas of general dentistry education and practice and any of the ADA recognized specialties.

Elements to be addressed:

- Definition and scope of the general dentistry area
 - Educational goals and objectives of the general dentistry area
 - Competency and proficiency statements for the general dentistry education area
 - Description of how scientific dental knowledge in the area is substantive and distinct from other general dentistry areas
2. The body of knowledge is sufficient to educate individuals in a distinct advanced education area of general dentistry, not merely one or more techniques.

Elements to be addressed:

- Identification of distinct components of biomedical, behavioral and clinical science in the advanced education area
 - Description of why this area of knowledge is a distinct education area of general dentistry, rather than a series of just one or more techniques
 - Documentation demonstrating that the body of knowledge is unique and distinct from that in other education areas accredited by the Commission on Dental Accreditation
 - Documentation of the complexity of the body of knowledge of the general dentistry area by identifying specific advanced techniques and procedures, representative samples of curricula from existing programs, textbooks and journals
3. The existence of established advanced educational programs with structured curricula, qualified faculty and enrolled individuals for which accreditation by the Commission on Dental Accreditation can be a viable method of quality assurance.

Elements to be addressed:

- Description of the historical development and evolution of educational programs in the area of advanced training in general dentistry

- A listing of the current operational programs in the advanced general dentistry training area, identifying for each, the:
 - a. Sponsoring institution;
 - b. Name and qualifications of the program director;
 - c. Number of full-time and part-time faculty (define part-time for each program);
 - d. Curriculum (course outlines, student competencies, class schedules);
 - e. Outcomes assessment method;
 - f. Minimum length of the program;
 - g. Certificate and/or degree awarded upon completion;
 - h. Number of enrolled individuals per year for at least the past five years*; and
 - i. Number of graduates per year for at least the past five years.*

**If the established education programs have been in existence less than five years, provide information since their founding.*
 - Documentation on how many programs in the education area would seek voluntary accreditation review, if available
4. The education programs are the equivalent of at least one 12-month full-time academic year in length. The programs must be academic programs sponsored by an institution accredited by an agency recognized by the United States Department of Education or accredited by the Joint Commission on Accreditation of Healthcare Organizations or its equivalent rather than a series of continuing education experiences.

Elements to be addressed:

- Evidence of the minimum length of the program for full-time students
 - Evidence that a certificate and/or degree is awarded upon completion of the program
 - Programs' recruitment materials (e.g., bulletin, catalogue)
 - Other evidence that the programs are bona fide higher education experiences, rather than a series of continuing education courses (e.g., academic calendars, schedule of classes, and syllabi that address scope, depth and complexity of the higher education experience, formal approval or acknowledgment by the parent institution that the courses or curricula in the education area meet the institution's academic requirements for advanced education)
5. The competence of the graduates of the advanced education programs is important to the health care of the general public.

Elements to be addressed:

- Description of the need for appropriately trained individuals in the general dentistry area to ensure quality health care for the public
- Description of current and emerging trends in the general dentistry education area
- Documentation that dental health care professionals currently provide health care services in the identified area
- Evidence that the area of knowledge is important and significant to patient care and dentistry
- Documentation that the general dentistry programs comply with the ADA *Principles of Ethics and Code of Professional Conduct*, as well as state and federal regulations

Amendment of the ADA Bylaws Regarding the Duties of the Council on Scientific Affairs (Council on Scientific Affairs Resolution 23): The Reference Committee reported as follows.

The Reference Committee concurs with the Board of Trustees and supports adoption of this resolution. The Committee made an editorial change in item "I." to update terminology relating to allied dental personnel to be consistent with current ADA policy in other areas. This editorial change was reviewed and approved by the Speaker and the chair of the Council on Ethics, Bylaws and Judicial Affairs. The Standing Committee on Constitution and Bylaws approves the wording of Resolution 23 as submitted.

This resolution supports the ADA Strategic Plan Goal: Achieve Effective Advocacy.

23. Resolved, that Chapter X. COUNCILS, Section 120. DUTIES, Subsection K. COUNCIL ON SCIENTIFIC AFFAIRS, of the ADA *Bylaws*, be amended as follows (additions are underscored; deletions are struck through):

K. COUNCIL ON SCIENTIFIC AFFAIRS: The duties of the Council shall be to:

- a. Develop and promote an ~~annual~~ biennial research agenda ~~with and propose an appropriate means for funding budget for studies that are recommended by the Council to be conducted by the ADA.~~
- b. Identify emergent issues and areas of research that require response from the research community.
- c. Report results on the latest scientific developments to practicing dentists.
- d. Evaluate and issue statements to the profession regarding the efficacy of concepts, procedures and techniques for use in the treatment of patients.
- e. Guide, assist and act as scientific liaison to the American Dental Association Foundation and serve as its peer-review body.
- f. Represent the Association on scientific and research matters, promote evidence-based practice, and maintain liaison with related regulatory, research and professional organizations.
- g. Encourage the development and improvement of materials, instruments and equipment for use in dental practice, and to coordinate development of national and international standardization programs for dental products.
- h. Determine the safety and effectiveness of, and disseminate information on, materials, instruments and equipment that are offered to the public or the profession and further critically evaluate statements of efficacy and advertising claims.
- i. Study, evaluate and disseminate information with regard to the proper use of dental therapeutic agents, their adjuncts and dental cosmetic agents that are offered to the public or the profession.
- j. Award the American Dental Association Seal of Acceptance to dental products that meet the Association's requirements for acceptance.
- k. Promote efforts to develop the dental research workforce and to involve students in dental research.
- l. Study, evaluate and disseminate information on those aspects of the dental practice environment related to the health of the public, dentists and allied dental personnel auxiliaries.
- m. Serve as the primary resource for scientific inquiries from the public and the profession.
- n. Guide, assist and collaborate with the ADA Center for Evidence-Based Dentistry.

Dr. Simon moved the adoption of Resolution 23 (*Supplement:4014*).

Dr. William K. Lobb, Wisconsin, moved to amend by deletion of the word "scientific" under item "e," between the words "act as" and "liaison." Dr. Lobb said, "I believe ... there's an amendment coming that will deal with this line, and it is necessary for us to have the original wording of the *Bylaws* in order for that to be considered. So I would like to have that line removed so we can consider that."

Seeing no one else at the microphones, Dr. Soliday called for a vote. On vote, the amendment was not adopted.

On vote, Resolution 23 was adopted by a two-thirds (2/3rds) affirmative vote.

23H-2010. Resolved, that Chapter X. COUNCILS, Section 120. DUTIES, Subsection K. COUNCIL ON SCIENTIFIC AFFAIRS, of the ADA *Bylaws*, be amended as follows (additions are underscored; deletions are struck through):

K. COUNCIL ON SCIENTIFIC AFFAIRS: The duties of the Council shall be to:

- a. Develop and promote an ~~annual biennial~~ research agenda ~~with and propose an appropriate means for funding budget for studies that are recommended by the Council to be conducted by the ADA.~~
- b. Identify emergent issues and areas of research that require response from the research community.
- c. Report results on the latest scientific developments to practicing dentists.
- d. Evaluate and issue statements to the profession regarding the efficacy of concepts, procedures and techniques for use in the treatment of patients.
- e. Guide, assist and act as scientific liaison to the American Dental Association Foundation and serve as its peer-review body.
- f. Represent the Association on scientific and research matters, promote evidence-based practice, and maintain liaison with related regulatory, research and professional organizations.
- g. Encourage the development and improvement of materials, instruments and equipment for use in dental practice, and to coordinate development of national and international standardization programs for dental products.
- h. Determine the safety and effectiveness of, and disseminate information on, materials, instruments and equipment that are offered to the public or the profession and further critically evaluate statements of efficacy and advertising claims.
- i. Study, evaluate and disseminate information with regard to the proper use of dental therapeutic agents, their adjuncts and dental cosmetic agents that are offered to the public or the profession.
- j. Award the American Dental Association Seal of Acceptance to dental products that meet the Association's requirements for acceptance.
- k. Promote efforts to develop the dental research workforce and to involve students in dental research.
- l. Study, evaluate and disseminate information on those aspects of the dental practice environment related to the health of the public, dentists and allied dental personnel auxiliaries.
- m. Serve as the primary resource for scientific inquiries from the public and the profession.
- n. Guide, assist and collaborate with the ADA Center for Evidence-Based Dentistry.

Participation in Dental Outreach Programs (American Student Dental Association and Pennsylvania Dental Association Resolution 31 and Board of Trustees Resolution 31B): The Reference Committee reported as follows.

Based on testimony heard, the Reference Committee recommends referral of Resolutions 31 and 31B to the appropriate ADA agency(ies) for further study.

31. Resolved, that it be policy of the American Dental Association (ADA) that any participant in a dental outreach program (e.g., international service trips, domestic service trips, volunteerism in underserved areas, etc.) be strongly encouraged:

To adhere to the ASDA Student Code of Ethics and the ADA *Principles of Ethics and Code of Professional Conduct*;

To be directly supervised by dentists licensed to practice or teach in the United States;

To perform only procedures for which the student has received proper education and training;

and be it further

Resolved, that the ADA work with national and international health organizations to end the practice of irreversible dental procedures, worldwide, by parties other than fully licensed dental professionals, or properly educated and trained dental students, and be it further

Resolved, that this policy be transmitted to all dental schools and pre-dental programs and organizations.

31B. Resolved, that it be policy of the American Dental Association (ADA) that students in U.S. dental schools and pre-dental programs who participate in a dental outreach program (e.g., international service trips, domestic service trips, volunteerism in underserved areas, etc.) be strongly encouraged:

To adhere to the ASDA Student Code of Ethics and the ADA *Principles of Ethics and Code of Professional Conduct*;

To be directly supervised by dentists licensed to practice or teach in the United States;

To perform only procedures for which the volunteer has received proper education and training;

and be it further

Resolved, that this policy be transmitted to all ADA accredited dental schools and pre-dental programs.

Dr. Simon moved that Resolutions 31 (Supplement:4020) and 31B (Supplement:4021) be referred to the appropriate agency(ies) for further study.

As a point of information, a delegate from the floor, asked, "There are two resolutions, 31 and 31B, and I just would like you to explain what would happen if the motion to refer was defeated."

The Speaker responded by saying, "If the motion to refer is defeated, then somebody needs to go to a microphone and move either 31 or 31B in lieu of the other."

Dr. Lee R. Cohen, Florida, spoke against referral, saying, "I commend our young colleagues for engaging in ethical dilemmas facing our profession. Clearly, this is not a self serving issue for students. I believe we already have the necessary verbiage to set ADA policy in place with Resolution 31B and see no reason to delay implementation with referral."

Ms. Brittany T. Bensch, American Student Dental Association, speaking against referral, said, "As the authors of this resolution, we would like to ask the House to vote against referral of 31B so that we can discuss this resolution on the floor."

A delegate from the floor moved to vote immediately. The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, the motion to refer Resolutions 31 and 31B was not adopted.

A delegate from the floor moved Resolution 31B in lieu of Resolution 31.

A delegate from the floor moved to amend Resolution 31B by addition and deletion in the second resolving clause and the addition of a third resolving clause. So the amended language would read as follows.

Resolved, that this policy be transmitted to all ADA accredited dental schools, entities with a vested interest in public oral health, U.S. organizations that administer dental outreach programs, and others as identified by ADA ~~and pre-dental programs~~.

and be it further

Resolved, that advocacy for this policy be further investigated by the appropriate ADA council.

In speaking to the amendment, the delegate said, "ASDA members have brought to our attention some very serious concerns regarding some of the dental outreach programs being administered by U.S.

companies and organizations. For the price of just a few thousand dollars, student volunteers received at most a few hours of training, after which they begin cutting preparations and extracting teeth. The level of supervision is inadequate; the language barriers are significant. Students are instructed to wash and reuse their gloves and patients and students are being exposed to some serious risks. This is not the type of introduction to dentistry we want for our students. The real travesty is that the students who participate in these programs fail to understand the ramifications and consequences of their actions, and by the time they do, it's too late. ... We must alert our allies in organized dentistry to our concerns. We must ensure the safety of the public and our students. Let us leave here today with the strength of the ADA behind this important issue, both in policy and in advocacy."

Dr. Mark A. Romer, Florida, moved to vote immediately. The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, the amendment to Resolution 31B was adopted.

Mr. Corwyn Hopke, American Student Dental Association, moved to vote immediately.

The Speaker did not accept the motion saying, "You know, there are a lot of people up here who wanted to speak to this. To do a vote immediately really isn't fair to the House. I am going to allow at least a couple people to speak before we do that."

Dr. Mark A. Romer, Florida, speaking in support of Resolution 31B, said, "... There seems to be a disconnect with the feelings of the House. Now, we speak about mid-level providers and we don't want mid-level providers providing care for people when there're not well trained and they don't have the experience of a dentist. And here we have students who have less training than what the mid-level providers have ... These are pre-dental students and some of them are pre-dental and some of them are freshman dental students, and they have even less training and we're sending them out to do the kind of work that we prefer they don't."

The Speaker asked all those who wished to vote immediately to raise their voting cards. The House voted in favor to vote immediately by a two-thirds (2/3) affirmative vote.

On vote, Resolution 31B, as amended, was adopted in lieu of Resolution 31.

31H-2010. Resolved, that it be policy of the American Dental Association (ADA) that students in U.S. dental schools and pre-dental programs who participate in a dental outreach program (e.g., international service trips, domestic service trips, volunteerism in underserved areas, etc.) be strongly encouraged:

To adhere to the ASDA Student Code of Ethics and the ADA *Principles of Ethics and Code of Professional Conduct*;

To be directly supervised by dentists licensed to practice or teach in the United States;

To perform only procedures for which the volunteer has received proper education and training;

and be it further

Resolved, that this policy be transmitted to all ADA accredited dental schools, entities with a vested interest in public oral health, U.S. organizations that administer dental outreach programs, and others as identified by ADA, and be it further

Resolved, that advocacy for this policy be further investigated by the appropriate ADA council.

Developing a New Part Three of the National Boards, Eliminating Live Patients (Board of Trustees Workgroup Resolution 42, Ninth Trustee District Resolution 42S-1 and Reference Committee on Dental Education, Science and Related Matters Resolution 42RC): The Reference Committee reported as follows.

The Reference Committee heard extensive testimony in support of and against Resolutions 42 and 42S-1. Based on testimony heard, the Reference Committee recommends adoption of Resolution

42RC. This resolution supports the ADA Strategic Plan Goal: Achieve Effective Advocacy.

42RC. Resolved, that a Request for Proposals (RFP) process be initiated calling for the development of a portfolio-style examination for licensure purposes designed to assess a candidate's clinical competence, including a complementary written/interactive examination to assess issues not deemed adequately addressed in the portfolio model, such as ethics and professionalism, and be it further **Resolved**, that a new workgroup composed of two representatives from the Board of Trustees, three from the Council on Dental Education and Licensure (one appointee each from the ADA, ADEA and AADB), one from the Committee on the New Dentist, and one from the American Student Dental Association be appointed to oversee the development and announcement of the RFP process in 2011 and consideration of the received proposals in 2012, and be it further **Resolved**, that appropriate progress reports be made available to both the 2011 and 2012 House of Delegates.

Dr. Simon moved the adoption of Resolution 42RC in lieu of Resolutions 42 (*Supplement:4029*) and 42S-1 (*Supplement:4029a*).

Dr. Bryan C. Edgar, Washington, chair, Commission on Dental Accreditation, moved to amend the second resolving clause by addition of the words "two CODA representatives" after the word "AADB."

In speaking to the amendment, Dr. Edgar said, "We looked at this resolution; there were some implications that CODA was not doing their job as far as ensuring competency of students graduating from programs. And our reaction, or the Commission's reaction to that, is that that's not our job. Our job is to create standards for programs. And in the resolution originally, it was stated that CODA would be included in the process after the fact. And I would submit that in looking through this in pretty careful detail, I would submit that CODA should be included in the process as this goes forward. So, unfortunately, this resolution came to the House after our last Commission meeting, so I can't speak for the Commission, but I speak on behalf of the Commission in hopes that we will include the Commission with any discussions should this go forward. I'm not speaking to or for or against the resolution."

Dr. Larry W. Nissen, Florida, spoke in support of the amendment, saying, "[I am a] past Commission member and member of the Workforce and Task Force on the Commission. The Commission has gone to extreme lengths over the last three and a half years to improve how they work with the communities of interest, and I think this would help in that whole process."

Dr. Patrick M. Lloyd, Minnesota, spoke in support of the amendment.

Dr. Robert S. Roda, Arizona, requested a point of information, saying, "I'd like to ask the maker of the amendment or maybe someone on the staff, perhaps Dr. Leone, if there's a financial implication to adding these two people."

Dr. Edgar responded by saying, "If I can give you a quick answer, the answer is yes. It is approximately \$2,000 just for one meeting."

A delegate from the floor moved to amend by adding three members from the Joint Commission on National Dental Examinations to the workgroup, saying, "Who else to discuss a national dental examination but members of a group who already administer two national examinations."

Dr. Dennis A. Johnson, Oregon, spoke in opposition to the amendment, saying, "We don't need that many people from there. I agree that a representative from that organization should be welcome on this group, but three members is an overwhelming presence."

Dr. Brian Kennedy, New York, spoke in opposition to the amendment, saying, "[I am a] member of the workgroup. We looked at this issue very carefully, and it was a conscious decision not to have the Joint Commission. It's outside the purview of their *Bylaws* to come up with this type of examination. It would add

significant expense and it's not going to facilitate the process at this point."

Dr. Bryan C. Edgar, Washington, and Dr. Larry J. Moore, California, spoke against the secondary amendment.

On vote, the secondary amendment to add three members from the Joint Commission on National Dental Examinations to the workgroup was not adopted.

A delegate from the floor spoke in opposition to the primary amendment, saying, "CODA has no business in the examination process."

Dr. Larry J. Moore, California, spoke in opposition saying, "I speak for District Thirteen. I speak against the primary amendment. At most, CODA should have one representative. And I agree with the previous speaker, that their mission is to accredit schools and programs, not to accredit examination processes."

Dr. Robert L. Morrow, Colorado, moved to amend the primary amendment by changing the word "two" to "one" after the words "CODA representatives." Dr. Morrow said, "It seemed to give them a kind of advantage and where there's one for everything else."

Seeing no one at the microphones, Dr. Soliday called for a vote.

On vote, the motion to change the number of CODA representatives from "two" to "one" was adopted.

Dr. Paul R. Leary, New York, moved that the "one CODA representative" not be from the examination community. He said, "The group is already ... on this workgroup."

Requesting a point of information, Dr. Robert S. Roda, Arizona, said, "I would like to ask the writer of the entire resolution, I guess, who decides what CODA member gets on there? I mean, can we decide who CODA's allowed to send? Or do we just ask CODA to appoint someone, and if we do, is it our position to tell CODA, sorry, you supply this person and not that person? And so I'd like to know who actually decides from CODA ..."

The Speaker responded by saying, "I was told it's the chair of CODA."

Dr. Roda said, "If that's the case, then I would ask the Speaker to make this last secondary amendment moot, because we're not allowed to decide whether they're on AADB or not."

The Speaker responded by saying, "I am not going to call this moot, because the chair of CODA, if you're giving them instructions not to be an examining person, they have a lot of other members who aren't examining people. ..."

Dr. Bryan C. Edgar, Washington, speaking in opposition to the secondary amendment, said, "[I'm] not going to be chair of CODA after today, just so you know. And, also, I would agree with the Speaker, this is definitely in order, because this House sets policy, and then the commissions and councils take that policy and run with it. And so it's entirely appropriate, however, having said that, I would speak strongly against the secondary amendment, because there are individuals within this House of Delegates that have expertise to bring this whole question before us to a conclusion, which we have worked on for ten years to try to eliminate patients from exams, to eliminate some of the ethical concerns from exams, and I think there are individuals out there that can do that. And I would strongly ask the House not to support this."

Dr. Ronald D. Venezie, North Carolina, and Dr. Alan B. Moore, Texas, also spoke in opposition to the secondary amendment.

Seeing no one at the microphones, Dr. Soliday called for a vote. The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, the amendment to stipulate that the CODA representative not be a member of the examining community was not adopted.

Dr. Alan L. Felsenfeld, California, spoke against the amendment, saying, "I think the primary amendment of adding a CODA representative makes no sense. ... Someone indicated that CODA has no business in the licensure arena, they are an accrediting body. I agree with that. But, more importantly, the state of California, over the last two years, has undergone a process very similar to this. We had representatives from the California Dental Association, which would be equivalent to the ADA. We have representatives from all of the deans of all of the schools in California, which would be equivalent to ADEA, and we had representatives from the Dental Board of California, which would be equivalent to the AADB. The process was arduous, but we were able to come to consensus. Adding a CODA member does nothing to increase any value in the process. I think we can get away very nicely with doing this whole program with the representatives there. There is no CODA representative who doesn't belong to one of these other groups as well."

Dr. James W. Antoon, Florida, moved to vote immediately. The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, the motion to amend the second resolving clause by addition of the words "one CODA representative" after the word "AADB," was not adopted.

Dr. Frank A. Maggio, Illinois, moved to amend the first resolving clause as follows (additions underlined, deletions stricken):

Resolved, that a Request for Proposals (RFP) process be initiated calling for the development of a hybrid portfolio-style curriculum integrated format examination for licensure purposes designed to assess a candidate's clinical competence with a third-party assessment that is valid and reliable psychometrically, including a complementary written/interactive examination to assess issues not deemed adequately addressed in the ~~portfolio~~ hybrid model, such as ethics and professionalism, and be it further

In speaking to the amendment, Dr. Maggio said, "The purpose for these additions are basically, if you're going to go out for an RFP, and RFP is needed, you have to put in the RFP what you want. If it's not in there, you're not going to see what it would be. And because of that, the request is to develop an RFP dealing with a hybrid portfolio curriculum integrated format, which the ADA in its policy manual indicates that that is one format that is acceptable at this point in time. We have policy from 2005. We also have our policy statement from 2007 defining what that process is. ... I would assume we all would agree that it's appropriate that someone as a third party should be the ones involved in the process."

Dr. Donald C. Simpson, Arizona, requested a point of information, saying, "Could the Speaker ask the maker of the amendment to define what a hybrid portfolio curriculum integrated format is?"

Dr. Maggio responded by saying, "A hybrid portfolio is one that would indicate the use of, more likely the use of, a curriculum integrated format. The exam community is definitely in favor of change. I think you've all seen change very rapidly from some of us in the room from 30 years ago. And we think that, and there's no question about the fact, that portfolios are an excellent option. They should be part of the process, they should be evaluated by a third party and because we currently have policy indicating the use of the CIF."

Dr. Lee R. Cohen, Florida, spoke in support of the amendment, saying, "This amendment addresses two important issues needed to maintain the integrity of the resolution itself. Firstly, adding 'curriculum integrated format' realigns this resolution with current ADA policy this House set just a few years ago. Secondly, requiring a third-party independent evaluation maintains the arm's length relationship between educators and evaluators. It also continues to hold our licensure process to the highest possible ethical standards."

Dr. Martin J. Rutt, Connecticut, speaking in support of the amendment, said, "If we continue in a direction where we just keep trying to keep the examination community out of this discussion, you're pretty much

guaranteed this is going to go nowhere. And this is what the examination community would like, so, therefore, by adding this amendment, you get this thing moving forward.”

Dr. Gary N. Herman, California, spoke in opposition of the amendment, saying, “The proposal is a broad proposal calling for study. The proposal is broad enough to include discussion and evaluation of the hybrid curriculum integrated format process. Please allow the process to move forward. Let all the options be examined.”

Dr. Barbara Ann Rich, New Jersey, spoke in support of the amendment, saying, “The examining community... It has to be spelled out to this group what they need to include in their proposal. This is our policy, and if you don’t spell it out, all the background information does not have to be included. So you do not want this to be broad. You want to spell out A, B, and C what you need to include to protect the public.”

Dr. James W. Antoon, Florida, speaking in support of the amendment, said, “Passing this amendment just may end 78 years of ADA failure to achieve consensus on a national competency examinations. The background from the workgroup states that the hybrid portfolio is the model that addresses the criteria for success. It also states that inclusion of a third-party examination community would be essential for acceptance of a part three. And this amendment addresses those two issues. We know that the excellent background of this resolution will disappear tomorrow along with the dialogue and conclusions of the workgroup. This amendment preserves the consensus elements of that workgroup and gives clear guidance to the new workgroup.”

Dr. Ronald P. Lemmo, Ohio, spoke in opposition to the amendment, saying, “[I am a] member of the Consensus Committee on Licensure Exam, representative from the ADA to the Western Regional [Examining Board’s Exam Review Committee], and past representative to ADEX. It is my belief that this amendment actually narrows the scope of the RFP. I don’t have a problem with the second amendment. It’s the first. Curriculum integrated format forces things that we are trying to study above that and, therefore, limits the intention of the original and does not allow us to look to see if possibly changing our policy into the future will allow us to come to consensus.”

Dr. Michael J. Link, Virginia, and Dr. Jill M. Burns, Indiana, spoke in support of the amendment.

Dr. Jade A. Miller, Nevada, spoke in opposition to the amendment.

Dr. Richard A. Weinman, Georgia, requested a point of information, saying, “Would it be possible to split these two amendments so that the House could consider each individually?”

The Speaker announced that there would be primary amendments A and B. Amendment A to be the hybrid portfolio curriculum integrated format and amendment B, the addition of “with a third-party assessment that is valid and reliable psychometrically.”

Dr. David Perkins, member, Council on Dental Education and Licensure, spoke in support of amendment A, saying, “I was a member of the workgroup. And as the previous speaker mentioned, in the background the workgroup did agree that a third-party assessment was essential, and I think that was something that we omitted. And without that in there, it essentially will call for a student who graduates from a dental school would essentially be licensed. So I think a third-party evaluation is critical.”

Dr. Brian Kennedy, New York, speaking in support of amendment A, said, “[I am a] member of CDEL and also a member of that workgroup. It was never the intent of the Committee, the five people who sat there and beat each other’s brains out for two days, that there was not going to be third-party independent assessment, however, the way this is written, I have no issue whatsoever with the third-party independent assessment. That is ADEA’s policy. We have no concerns with that. That will be part of the issue. Tying this to a hybrid portfolio style curriculum format, which, in most people’s minds, ends up being the same exam type of format just given at different times within the school is essentially doing all the Committee’s work. We don’t need to have a committee if we’re going to do this right here and now. We need to be able to look at everything on the table. ...”

Dr. Mert N. Aksu, Michigan, spoke against the amendment, saying, "Amendment A, as defined by the ADA, 'curriculum integrated formula,' that's a term of art that means the use of live patients during an exam. If we're truly going to be evaluating examination processes, we should be looking at all things including a live patient exam but not just the live patient exam."

Dr. Frank A. Maggio, Illinois, spoke in support of the amendment, saying, "I appreciate you wishing to separate my change. I definitely would be very comfortable if people are so upset with the word 'hybrid,' that a member of the Committee already said they are looking at the word 'hybrid,' but for some reason it affects you all immensely, that if you'd be more comfortable with the word 'modified,' that's fine. ..."

Dr. Martin J. Rutt, Connecticut, spoke in support of amendment A, saying, "All day yesterday we talked about mid-level providers, what's happening in Alaska and other states. What we need to do as an organization to protect our profession is to raise the bar. We continue to try to lower the bar for licensure. I believe this entire amendment raises the bar ..."

Dr. Jennifer H. Holtzman, California, spoke in opposition, saying, "I am against the amendments, both of them. I feel that the RFP doesn't preclude any of these. When they're doing analysis, when they're coming up with their suggestions, it may include a hybrid, it may include third party, but don't limit it. Let them look at the broad scope, come up with some ideas, and it's an RFP. Let's not debate the whole issue."

Dr. Wendy L. Churchill, New Mexico, moved to vote immediately. The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, amendment A, deleting the words "portfolio-style" and adding the words "hybrid portfolio curriculum integrated format" between the words "development of a" and "examination for licensure," and substituting the word "portfolio" between the words "adequately addressed in the" and "model" with the word "hybrid," was not adopted.

On vote, amendment B, adding the words "with a third-party assessment that is valid and reliable psychometrically" between the words "clinical competence" and "including a complementary" was adopted.

Dr. George G. Gatseos, II, Colorado, spoke in support of Resolution 42RC as amended.

Dr. Jill M. Burns, Indiana, moved to vote immediately. The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, Resolution 42RC, as amended, was adopted in lieu of Resolutions 42 and 42S-1.

42H-2010. Resolved, that a Request for Proposals (RFP) process be initiated calling for the development of a portfolio-style examination for licensure purposes designed to assess a candidate's clinical competence with a third-party assessment that is valid and reliable psychometrically, including a complementary written/interactive examination to assess issues not deemed adequately addressed in the portfolio model, such as ethics and professionalism, and be it further

Resolved, that a new workgroup composed of two representatives from the Board of Trustees, three from the Council on Dental Education and Licensure (one appointee each from the ADA, ADEA and AADB), one from the Committee on the New Dentist, and one from the American Student Dental Association be appointed to oversee the development and announcement of the RFP process in 2011 and consideration of the received proposals in 2012, and be it further

Resolved, that appropriate progress reports be made available to both the 2011 and 2012 House of Delegates.

Request for Funding of Health Screening Program (Council on Scientific Affairs and Council on ADA Sessions Resolution 71): The Reference Committee reported as follows.

The Reference Committee heard convincing testimony from a number of witnesses, including representatives of the Councils on Scientific Affairs and ADA Sessions, on the value of this research activity to the membership as a whole and the public, as well as its popularity with members who participate in the screening program at the annual meeting. The budget is large (although not in comparison to other clinical research) but the Reference Committee believes the value to the profession and the public justifies the expense. The Reference Committee concurs with the Board of Trustees and supports adoption of this resolution. This resolution supports the ADA Strategic Plan Goal: Members.

71. Resolved, that the House of Delegates approves the expenditure of up to \$350,000 to fund the Health Screening Program at the 2011 ADA annual session.

Dr. Simon moved the adoption of Resolution 71 (*Supplement:4119*).

Dr. Tara L. Haid, Ohio, moved to amend by addition of a second and third resolving clause that would read as follows.

Resolved, that a study of the future of the Health Screening Program be conducted by the appropriate ADA agency, and be it further

Resolved, that the results of this study be reported to the 2011 ADA House of Delegates.

In speaking to the amendment, Dr. Haid said, "Undoubtedly, this is a great program, yet there is a sizable price tag associated with this. We feel that there needs to be oversight and continuing evaluation of the cost and benefits of this important program. Therefore, we would like the appropriate agency to study or evaluate this program."

Dr. Michael P. Rethman, chair, Council on Scientific Affairs, spoke in opposition to the amendment, saying, "We can study this again if the body decides we want to study it again, but it's been studied repeatedly, most recently in 2008. So if spending money is a concern, I'm not real sure what yet another study would reveal."

Dr. David K. Okano, Wyoming, speaking against the amendment, said, "The health screening program has already been evaluated in 2008, and not only was it determined it's important to have this for the attendee benefit of their health concerns, but it was decided that programs should, in fact, be expanded for CE purposes and consideration of future technological advances that can be applied. So the Council on ADA Sessions would oppose this amendment."

Dr. Mark A. Romer, Florida, moved to vote immediately. The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote the amendment to 71 was not adopted.

Dr. Gary O. Jones, Arizona, requested information regarding the funding of Resolution 71, saying, "I have just a question to the ADA. We are approving these funds, but does the ADA look for corporate sponsors to help alleviate these funds. If not, it might be appropriate to put a new resolving clause in that the ADA would look for corporate and other sponsors that would reduce the cost to the Association."

With permission from the Chair, Dr. Kathleen T. O'Loughlin, executive director, responded by saying, "We would optimistically expect to raise enough corporate funds to hopefully underwrite the entire program, but because we don't have that assurance at this moment in time, we simply had to put the total amount in the resolution."

Dr. Jones responded by asking, "Would it be appropriate to make that a resolving clause for this or is it not necessary?"

The Speaker replied that it was not necessary.

Dr. Rob R. Lovell, Michigan, requested a point of information, saying, "Would the Reference Committee please provide us with the total number of members that this \$350,000 will provide testing for at the next annual session, how many they estimate will actually be tested so that we can come up a dollar amount per test, per participant."

With permission from the Chair, Dr. Daniel M. Meyer, senior vice president, Division of Science and Professional Affairs, responded by saying, "This price was based on 1,500 attendees. On average, we've had a little over 1,300 attendees over the last 46 years."

Dr. Frank C. Barnashuk, New York, speaking in support of Resolution 71, said, "At the hearings, it was almost overwhelming and at the Reference Committee, the total support for this resolution. The only concern was cost. The Committee addressed that, already knew the information we just heard, and it is expected it will cost much less than the \$350,000. ... There was no question of overwhelming support that this is what we should do."

Dr. Kent H. Percy, Georgia, also spoke in support of Resolution 71.

Dr. Brian O. Coleman, Florida, moved to vote immediately. The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, Resolution 71 was adopted.

71H-2010. Resolved, that the House of Delegates approves the expenditure of up to \$350,000 to fund the Health Screening Program at the 2011 ADA annual session.

CODA Commissioner-Appointee Orientation (Commission on Dental Accreditation Resolution 73 and Board of Trustees Resolution 76): The Reference Committee reported as follows.

The Reference Committee agrees with a "red-shirt" year for new Commissioners and agrees with the Board that the appointing organizations should also have a financial stake in the accreditation process. Therefore, the Reference Committee supports Resolution 76 in which ADA pays only for its own appointee, the public member and a student (every other year) and the other appointing organizations pay for their appointees. Specialty organizations, dental assisting, dental hygiene, dental laboratory technology and postdoctoral general dentistry would have a new appointee every fourth year; the American Association of Dental Boards and the American Dental Education Association would have a new appointee every year.

This resolution supports the ADA Strategic Plan Goal: Collaboration.

76. Resolved, that CODA be encouraged to require that, beginning in 2012, new Commissioner appointees be identified one year in advance of their term of service and participate in orientation activities that include attendance and observation at a Commission meeting, a review committee meeting and an accreditation site visit with financial support provided by the appointing organizations with the exception of the student and public members whose participation shall be supported by ADA.

Dr. Simon moved the adoption of Resolution 76 (*Supplement:4208*) in lieu of Resolution 73 (*Supplement:4150*).

Seeing no one at the microphones, Dr. Soliday called for a vote.

On vote, Resolution 76 was adopted in lieu of Resolution 73.

76H-2010. Resolved, that CODA be encouraged to require that, beginning in 2012, new Commissioner appointees be identified one year in advance of their term of service and participate in orientation activities that include attendance and observation at a Commission meeting, a review

committee meeting and an accreditation site visit with financial support provided by the appointing organizations with the exception of the student and public members whose participation shall be supported by ADA.

Examinations for Allied Dental (Non-Dentist) Personnel (Fifth Trustee District Resolution 106 and Reference Committee on Dental Education, Science and Related Matters Resolution 106RC): The Reference Committee reported as follows.

The Reference Committee agrees with the intent of Resolution 106, but believes that the policy statement should speak to allied dental (non-dentist) personnel categories in general rather than citing only DHATs. Testing agencies should be urged to examine candidates for dental licensure separately from candidates for allied dental (non-dentist) licensure. Accordingly, the Reference Committee recommends adoption of the following resolution.

106RC. Resolved, that the ADA House of Delegates strongly encourages testing agencies to avoid confusing the public by examining candidates for dental licensure separately from candidates for allied dental (non-dentist) licensure.

Dr. Simon moved the adoption of Resolution 106RC in lieu of 106 (*Supplement:4358*).

Dr. Bruce R. Hutchison, Virginia, moved to amend by deletion of the words “avoid confusing the public by” after the words “testing agencies to,” and substituting the word “examine” for “examining.” Dr. Hutchison said, “By leaving these words in here, it doesn’t do any good and it does allow for the possible misrepresentation of the statement. ... The words themselves provide no meaning to the statement. We’re just after having the exam separated.”

Seeing no one at the microphones, Dr. Soliday called for a vote.

On vote, the amendment to Resolution 106RC was adopted.

On vote, Resolution 106RC, as amended, was adopted.

106H-2010. Resolved, that the ADA House of Delegates strongly encourages testing agencies to examine candidates for dental licensure separately from candidates for allied dental (non-dentist) licensure.

Dr. Jeffrey Seiver, New York, requested a point of information, saying, “Just a quick question about the budget summary. The dues increase went from \$13 to \$16 with the adoption of Resolution 71, I believe, for the \$350,000 implication, but when the consent calendar was adopted, there’s a lot of financial implication on that. Was that reflected in the budget summary...”

The Treasurer stated that the \$350,000 was reflected in the budget summary.

Report of the Reference Committee on Legal, Legislative and Public Affairs Matters

The Report of the Reference Committee on Legal, Legislative and Public Affairs Matters was presented by Dr. Joseph P. Crowley, chair, Ohio. The other members of the Committee were: Dr. James R. Dumas, Jr., Mississippi; Dr. Rekha C. Gehani, New York; Dr. Larry W. Osborne, Illinois; Dr. Rob S. Roda, Arizona; Dr. David S. Samuels, Massachusetts; Dr. J. Christopher Smith, West Virginia; Dr. James F. Walton, III, Florida; and Dr. Jack C. Wesch, Nebraska.

Consent Calendar (Reference Committee on Legal, Legislative and Public Affairs Matters Resolution 126): The Committee reported as follows.

The Reference Committee on Legal, Legislative and Public Affairs Matters presents the following consent calendar for consideration by the House of Delegates. The appended Resolution 126 lists all resolutions referred and considered by the Reference Committee along with the Committee's recommendation (adopt, adopt in lieu of, not adopt, or refer) on each item. By adopting Resolution 126, the recommendations of the Reference Committee will become the action of the House of Delegates. However, before voting on the consent calendar, any delegate wishing to discuss an item on the consent calendar has the right to request that a resolution be removed and considered separately. The Standing Committee on Constitution and Bylaws approves the wording of Resolutions 8-2009, 26, 49, 83, and 85 as submitted and Resolutions 17, 18, 83B, 89, 90 and 96 as modified. Resolutions 15RC, 29RC and 64RC have been identified as resolutions of special interest. These resolutions will be considered separately from the Consent Calendar resolutions.

126. Resolved, that the recommendations of the Reference Committee on Legal, Legislative and Public Affairs Matters on the following resolutions be accepted by the House of Delegates.

Resolution 8-2009—ADOPT (*Editorial Changes to the ADA Constitution, Supplement:5000*) \$: None

Resolution 15RC—ADOPT in lieu of Resolution 15 (*Process to Address Violations by Candidates for Elective or Appointive Office and Current ADA Elective and Appointive Officers, Supplement:5004*) \$: None (Resolution of Special Interest)

Resolution 16RC—ADOPT in lieu of Resolution 16 (*ADA Member Conduct Policy, Supplement:5010*) \$: None

Resolution 17—ADOPT (*Amendment of the ADA Bylaws Regarding Term of Delegates and Alternate Delegates, Supplement:5012*) \$ None

Resolution 18—ADOPT (*Amendments of the ADA Bylaws—Addition of American Student Dental Association Delegates in Determining a Quorum of the House of Delegates, Supplement:5014*) \$: None

Resolution 19—ADOPT (*Amendment of the ADA Principles of Ethics and Code of Professional Conduct—Section 3.F. Professional Demeanor in the Workplace, Supplement:5015*) \$: None

Resolution 21B—ADOPT in lieu of Resolution 21 (*Additional Federal Advocacy Resources, Supplement:5019*) \$380,000

Resolution 26—ADOPT (*Amendment of the ADA Bylaws: Composition of Voting Members of the House of Delegates, Supplement:5020*) \$: None

Resolution 28—RULED OUT OF ORDER (*Funding for Treatment of Medicaid Patients Under the Health Care Reform Act (HCRA), Supplement:5021*) \$: None

Resolution 29RC—ADOPT in lieu of Resolution 29 (*ADA Public Relations Campaign, Supplement:5024*) \$: None (Resolution of Special Interest)

Resolution 30—NOT ADOPT (*Public Disclosure of Dentists Participating in Medicaid and SCHIP Federal Website, Supplement:5026*) \$: None

Resolution 49—ADOPT (*Amendment to the ADA Bylaws: Chapter V, House of Delegates, Section 10. Composition, Subsection A. Voting Members Prohibition on Proxy Voting, Supplement:5029*) \$: None

Resolution 50—ADOPT (*Negotiated Rulemaking Process Regarding a National Pretreatment Standard for Dental Office Wastewater, Supplement:5032*) \$: None

Resolution 64RC—ADOPT in lieu of Resolution 64 (*Amendment of the Manual of the House of Delegates: Guidelines Governing the Conduct of Campaigns for all ADA Offices, Supplement:5034*) \$: None (Resolution of Special Interest)

Resolution 79RC—ADOPT in lieu of Resolution 79 (*Maximum Fees for Non-Covered Services, Supplement:5042*) \$: None

Resolution 83B—ADOPT in lieu of Resolution 83 (*Amendment of ADA Bylaws Regarding Duties of the Council on Communications, Supplement:5048*) \$: None

Resolution 84—ADOPT (*Amendment of the Policy, "Standards for Dental Society Publications," Supplement:5049*) \$: None

Resolution 85—NOT ADOPT (*Chief Legal Counsel, Supplement:5051*) \$: None

Resolution 86—NOT ADOPT (*Communications, Supplement:5053*) \$: None

Resolution 88—ADOPT (*Nomination and Election Procedures for the Office of the Speaker of the House of Delegates, Supplement:5055*) \$: None

Resolution 89—ADOPT (*Amendment to the ADA Bylaws: Chapter X. Councils. Section 110. Council on Scientific Affairs, Subsection K(e); and Chapter XIII. American Dental Association Foundation. Section 10 and Subsections A and C of Section 30, Supplement:5056*) \$: None

Resolution 90—ADOPT (*Bylaws Review of the Treasurer Nomination Process, Supplement:5073*) \$: None

Resolution 93—RULED MOOT (*Whistleblower, Supplement:5079*) \$: None

Resolution 94—ADOPT (*Conduct of Meetings and Minutes and Recording of Meetings, Supplement:5081*) \$: None

Resolution 95—NOT ADOPT (*Release of Reports, Supplement:5083*) \$: None

Resolution 96—NOT ADOPT (*Clarifying the Powers of the House of Delegates, Supplement:5085*) \$: None

Resolution 97—ADOPT (*Support of Current Medicaid Law and Regulations Regarding Dental Services, Supplement:5088*) \$: None

Resolution 99—REFER to the Council on Ethics, Bylaws and Judicial Affairs (*Conflict of Interest Policy, Supplement:5089*) \$: None

Resolution 100B—ADOPT in lieu of Resolution 100 (*ADA Support of Repeal of Health Care Reform Legislation, Supplement:5092*) \$: None

Resolution 108—ADOPT (*Delineation of Delegate Fiduciary Duties, Supplement:5095*) \$: None

Resolution 111—ADOPT in lieu of Resolution 20 (*Regular Comprehensive Policy Review, Supplement:5098*) \$: None

Resolution 118—REFER to the Council on Ethics, Bylaws and Judicial Affairs (*Investigating Breaches of Confidentiality, Supplement:5100*) \$: None

Resolution 120—REFER to the appropriate agencies (*Supporting Quality Related Performance Measures in Health Centers, Supplement:5103*) \$: None

Dr. Crowley moved the adoption of Resolution 126.

Dr. David S. Samuels, Massachusetts, requested the removal of Resolution 99 from the consent calendar.

Dr. Raymond K. Martin, Massachusetts, requested the removal of Resolution 90 from the consent calendar.

Dr. Santos Cortez, Jr., California, requested the removal of Resolution 94 from the consent calendar.

Dr. Rodney B. Wentworth, Washington, requested the removal of Resolution 89 from the consent calendar.

Dr. Melvin N. Thaler, South Dakota, requested the removal of Resolution 79RC from the consent calendar.

Dr. Richard A. Weinman, Georgia, requested the removal of Resolution 100B from the consent calendar.

Dr. Chester J. Chorazy, Pennsylvania, requested the removal of Resolution 17 from the consent calendar.

Seeing no one else at the microphones, Dr. Soliday called for a vote. On vote, Resolution 126, as amended, was adopted.

126H-2010. Resolved, that the recommendations of the Reference Committee on Legal, Legislative and Public Affairs Matters on the following resolutions be accepted by the House of Delegates.

Resolution 8-2009—ADOPT (*Editorial Changes to the ADA Constitution, Supplement:5000*)
\$: None

Resolution 16RC—ADOPT in lieu of Resolution 16 (*ADA Member Conduct Policy, Supplement:5010*) \$: None

Resolution 18—ADOPT (*Amendments of the ADA Bylaws—Addition of American Student Dental Association Delegates in Determining a Quorum of the House of Delegates, Supplement:5014*)
\$: None

Resolution 19—ADOPT (*Amendment of the ADA Principles of Ethics and Code of Professional Conduct—Section 3.F. Professional Demeanor in the Workplace, Supplement:5015*) \$: None

Resolution 21B—ADOPT in lieu of Resolution 21 (*Additional Federal Advocacy Resources, Supplement:5019*) \$380,000

Resolution 26—ADOPT (*Amendment of the ADA Bylaws: Composition of Voting Members of the House of Delegates, Supplement:5020*) \$: None

Resolution 28—RULED OUT OF ORDER (*Funding for Treatment of Medicaid Patients Under the Health Care Reform Act (HCRA), Supplement:5021*) \$: None

Resolution 30—NOT ADOPT (*Public Disclosure of Dentists Participating in Medicaid and SCHIP Federal Website, Supplement:5026*) \$: None

Resolution 49—ADOPT (*Amendment to the ADA Bylaws: Chapter V, House of Delegates, Section 10. Composition, Subsection A. Voting Members Prohibition on Proxy Voting, Supplement:5029*) \$: None

Resolution 50—ADOPT (*Negotiated Rulemaking Process Regarding a National Pretreatment Standard for Dental Office Wastewater, Supplement:5032*) \$: None

Resolution 83B—ADOPT in lieu of Resolution 83 (*Amendment of ADA Bylaws Regarding Duties of the Council on Communications, Supplement:5048*) \$: None

Resolution 84—ADOPT (*Amendment of the Policy, "Standards for Dental Society Publications," Supplement:5049*) \$: None

Resolution 85—NOT ADOPT (*Chief Legal Counsel, Supplement:5051*) \$: None

Resolution 86—NOT ADOPT (*Communications, Supplement:5053*) \$: None

Resolution 88—ADOPT (*Nomination and Election Procedures for the Office of the Speaker of the House of Delegates, Supplement:5055*) \$: None

Resolution 93—RULED MOOT (*Whistleblower, Supplement:5079*) \$: None

Resolution 95—NOT ADOPT (*Release of Reports, Supplement:5083*) \$: None

Resolution 96—NOT ADOPT (*Clarifying the Powers of the House of Delegates, Supplement:5085*) \$: None

Resolution 97—ADOPT (*Support of Current Medicaid Law and Regulations Regarding Dental Services, Supplement:5088*) \$: None

Resolution 108—ADOPT (*Delineation of Delegate Fiduciary Duties, Supplement:5095*) \$: None

Resolution 111—ADOPT in lieu of Resolution 20 (*Regular Comprehensive Policy Review, Supplement:5098*) \$: None

Resolution 118—REFER to the Council on Ethics, Bylaws and Judicial Affairs (*Investigating Breaches of Confidentiality, Supplement:5100*) \$: None

Resolution 120—REFER to the appropriate agencies (*Supporting Quality Related Performance Measures in Health Centers, Supplement:5103*) \$: None

Note: For the purpose of a fully documented record, the complete text of the resolutions presented in Resolution 126 follows:

ADOPTED

8-2009H-2010. Resolved, that the ADA *Constitution* be amended by incorporating the changes indicated below (deletions stricken through):

ARTICLE III • ORGANIZATION

Section 50. CONSTITUENT SOCIETIES: Constituent societies of this Association shall be those dental societies or dental associations chartered ~~as such~~ in conformity with Chapter II of the *Bylaws*.

Section 60. COMPONENT SOCIETIES: Component societies of this Association shall be those dental societies or dental associations organized ~~as such~~ in conformity with Chapter III of the *Bylaws* of this Association and in conformity with the bylaws of their respective constituent societies.

Section 70. TRUSTEE DISTRICTS: The constituent societies of the Association and the federal dental services shall be grouped into seventeen (17) trustee districts, ~~as provided in Chapter IV of the Bylaws~~.

ARTICLE IV • GOVERNMENT

Section 10. LEGISLATIVE BODY: The legislative and governing body of this Association shall be

a House of Delegates which may be referred to as “the House” or “this House,” ~~as provided in Chapter V of the Bylaws.~~”

Section 20. ADMINISTRATIVE BODY: The administrative body of this Association shall be a Board of Trustees, which may be referred to as “the Board” or “this Board” ~~as provided in Chapter VII of the Bylaws.~~”

ARTICLE V • OFFICERS

Section 10. ELECTIVE OFFICERS: The elective officers of this Association shall be a President, a President-elect, a First Vice President, a Second Vice President, a Treasurer and a Speaker of the House of Delegates, each of whom shall be elected by the House of Delegates ~~as provided in Chapter VIII of the Bylaws.~~

Section 20. APPOINTIVE OFFICER: The appointive officer of this Association shall be an Executive Director who shall be appointed by the Board of Trustees ~~as provided in Chapter IX of the Bylaws.~~

16H-2010. Resolved, that the ADA Member Conduct Policy set forth below be adopted as policy of the Association, effective at the close of the 2011 House of Delegates:

ADA Member Conduct Policy

1. Members should communicate respectfully in all interactions with other dentists, dentist members, Association officers, trustees and staff.
2. Members should respect the decisions and policies of the Association and must not engage in disruptive behavior in interactions with other members, Association officers, trustees, or staff.
3. Members have an obligation to be informed about and use Association policies for communication and dispute resolution.
4. Members must comply with all applicable laws and regulations, including but not limited to antitrust laws and regulations.
5. Members must respect and protect the intellectual property rights of the Association, including any trademarks, logos, and copyrights.
6. Members must not use Association membership directories, on-line member listings, or attendee records from Association-sponsored conferences or CE courses for personal or commercial gain, such as selling products or services, prospecting, or creating directories or databases for these purposes.
7. Members must treat all confidential information furnished by the Association as such and must not reproduce materials without the Association’s written approval.
8. Members must not violate the attorney-client privilege or the confidentiality of executive sessions conducted at any level within the Association.
9. Members must fully disclose conflicts, or potential conflicts, of interest and make every effort to avoid the appearance of conflicts of interest.

and be it further

Resolved, that this resolution be referred to the Council on Ethics, Bylaws and Judicial Affairs for the purpose of developing an enforcement procedure for the ADA Member Conduct Policy by modifying the judicial procedures described in Chapter XII, Section 20C of the ADA *Bylaws* as appropriate to harmonize with ADA Member Conduct Policy, and be it further

Resolved, that the resulting enforcement procedures for the ADA Member Code of Conduct be presented for consideration to the 2011 House of Delegates.

18H-2010. Resolved, that ADA *Bylaws* Chapter V. HOUSE OF DELEGATES, Section 100. QUORUM, be amended ~~by the addition~~ by the addition of the following language (additions underscored):

Section 100. QUORUM: Twenty-five percent (25%) ~~One-fourth (1/4)~~ of the voting members of the House of Delegates, representing at least twenty-five percent (25%) ~~One-fourth (1/4)~~ of the constituent societies, the American Student Dental Association and the federal dental services, shall constitute a quorum for the transaction of business at any meeting.

19H-2010. Resolved, that the ADA *Principles of Ethics and Code of Professional Conduct* be amended by the addition of the following code section, 3.F. Professional Demeanor in the Workplace (additions underlined):

3.F. PROFESSIONAL DEMEANOR IN THE WORKPLACE.

Dentists have the obligation to provide a workplace environment that supports respectful and collaborative relationships for all those involved in oral health care.

21H-2010. Resolved, that the ADA Division of Government and Public Affairs engage the services of at least one additional outside lobbying firm with particular expertise in working with the federal agencies that are charged with implementing the new health care reform law, and be it further **Resolved**, that the Division conduct public opinion research, run advocacy advertisements in Capitol Hill publications and employ other related tactics in support of ADA federal advocacy goals.

26H-2010. Resolved, that the ADA *Bylaws* Chapter V, Section 10 be amended as follows (new language underscored):

Section 10: COMPOSITION

A. VOTING MEMBERS. The House of Delegates shall be limited to four hundred sixty (460) voting members for the two years 2004 to 2005 inclusive. Thereafter, the number of voting members shall be determined by the methodologies set forth in Section 10C of this Chapter. It shall be composed of the officially certified delegates of the constituent dental societies, who shall be active, life or retired members, two (2) officially certified delegates from each of the five (5) federal dental services, who shall be active, life or retired members and five (5) student members of the American Student Dental Association who are officially certified delegates from the American Student Dental Association.

49H-2010. Resolved, that Chapter V. HOUSE OF DELEGATES, SECTION 10. COMPOSITION, Subsection A. VOTING MEMBERS, of the ADA *Bylaws* be amended by addition of the following new fourth sentence:

Proxy voting is explicitly prohibited; however, an alternate delegate may vote when substituted for a voting member in accordance with procedures established by the Committee on Credentials, Rules and Order.

so the amended Subsection reads (new language underscored)

Section 10. COMPOSITION.

A. VOTING MEMBERS. The House of Delegates shall be limited to four hundred sixty (460) voting members for the two years 2004 to 2005 inclusive. Thereafter, the number of voting members shall be determined by the methodologies set forth in Section 10C of this Chapter. It shall be composed of the officially certified delegates of the constituent dental societies, two (2) officially certified delegates from each of the five (5) federal dental services and five (5) student members of the American Student Dental Association who are officially certified delegates from the American Student Dental Association. Proxy voting is explicitly prohibited; however, an alternate delegate may vote when substituted for a voting member in accordance with procedures established by the Committee on Credentials, Rules and Order.

50H-2010. Resolved, that the appropriate agencies of the ADA engage the United States Environmental Protection Agency in a negotiated rulemaking process regarding a national pretreatment standard for dental office wastewater, and be it further **Resolved**, that the following principles guide the Association's position in any negotiations with the United States Environmental Protection Agency:

1. Any regulation should require covered dental offices to comply with best management practices patterned on the ADA's best management practices (BMPs), including the installation of International Organization for Standardization (ISO) compliant amalgam separators or separators equally effective;
2. Any regulation should defer to existing state or local law or regulation requiring separators so that the regulation would not require replacement of existing separators compliant with existing applicable law;
3. Any regulation should exempt dental practices that place or remove no or only de minimis amounts of amalgams;
4. Any regulation should include an effective date or phase-in period of sufficient length to permit affected dentists a reasonable opportunity to comply;
5. Any regulation should provide for a reasonable opportunity for covered dentists to repair or replace defective separators without being deemed in violation of the regulation;
6. Any regulation should minimize the administrative burden on covered dental offices by (e.g.) primarily relying upon self certification (subject to verification or random inspection) and not requiring dental-office-specific permits;
7. Any regulation should not include a local numerical limit set by the local publicly owned treatment works (POTW);
8. Any regulation should not require wastewater monitoring at the dental office, although monitoring of the separators to assure proper operation may be required;
9. Any regulation should provide that compliance with it shall satisfy the requirements of the Clean Water Act unless a more stringent local requirement is needed.

83H-2010. Resolved, that Chapter X. COUNCILS, Section 120. DUTIES, Subsection C. COUNCIL ON COMMUNICATIONS, of the ADA *Bylaws* be amended by revising subsections a through f (new language underscored and deletions stricken through):

C. COUNCIL ON COMMUNICATIONS. The duties of the Council shall be to:

- a. Identify, recommend, and maintain a ~~an external~~ strategic communications plan for the Association. ~~to facilitate other work throughout and on behalf of the Association.~~
- b. Advise on the reputation management of the Association. provide strategic oversight and advise the Association on the ~~external~~ image and brand implications of its plans, programs, services and activities.
- c. Provide counsel to the Association on the priority and allocation of ~~externally focused~~ communication resources, to advise on their implications, and to identify the areas where the greatest strategic communications impact can be achieved.
- d. Identify, recommend, articulate and maintain strategies for significant ~~external~~ communications campaigns across the Association.
- e. Serve as a strategic communications and brand management resource to other Association agencies. ~~on communications to the profession~~
- f. Serve as a resource and to support communications and reputation management strategies for the Create, implement, monitor and update an ongoing communication support strategy ~~for the~~ constituent and component dental societies.

84H-2010. Resolved, that the "Standards for Dental Society Publications" (*Trans.* 1997:303, 660) be amended in the first paragraph of the section entitled "Objective," by the addition of the following sentences:

An increasing number of dental society publications are posted on the Internet and the content is potentially accessible by the general public. This fact should be taken into consideration during the editing process.

so that the amended section reads (additions are underscored)

Objective: The dental society publication is both an educational tool and a channel of communication between the dental society and members. An increasing number of dental society publications are posted on the Internet and the content is potentially accessible by the general public. This fact should be taken into consideration during the editing process.

While emphasis in content may vary, the objectives of the publication should be (1) to broaden the dentist's professional knowledge and improve his/her competence so he/she can provide better health service, and (2) to keep him/her informed on professional affairs. To accomplish these objectives, a society's publication should:

1. inform the dentist on issues of concern to the profession;
2. communicate the dental society's policies and actions on professional issues;
3. report the news and latest developments in the profession;
4. communicate government rules and regulations;
5. assist the dental society with membership recruitment and retention efforts;
6. inform and market to members available benefits and services;
7. provide a forum to address the needs and concerns of members, including the latest issues;
8. recognize the achievement and efforts of individuals who have worked hard for the advancement of the profession;
9. elicit the support and participation of the membership; and
10. maintain a balanced content with an attractive and interesting format.

The objectives of other dental publications, such as school, alumni, dental student, fraternity and commercial, should closely parallel those of dental society publications, namely education and communication, and the same standards should apply to all dental publications.

88H-2010. Resolved, that the Council on Ethics, Bylaws and Judicial Affairs review the nomination and election procedures for the Office of Speaker of the House of Delegates and report back to the 2011 House of Delegates.

97H-2010. Resolved, that the Association oppose attempts to alter federal statutes or regulations regarding the definition of "dental services" under the Medicaid program if such alterations would permit such services to be delivered in a manner other than by a dentist or under the supervision of a dentist, and be it further

Resolved, that Association constituent societies encourage their members to enroll in Medicaid programs and provide dental services helping to ensure that EPSDT guidelines are met.

108H-2010. Resolved, that the Council on Ethics, Bylaws and Judicial Affairs consider and delineate the fiduciary responsibilities and duties of individual delegates to the ADA House of Delegates, and be it further

Resolved, that the Council be encouraged to consult additional resources including, but not limited to, current delegates, comparable associations and the American Institute of Parliamentarians, and be it further

Resolved, that a report, including recommended bylaws changes, if necessary, be presented to the 2011 House of Delegates.

111H-2010. Resolved, that the Board of Trustees develop a timetable and protocol to allow the review of all Association policies every three years, and be it further

Resolved, that the Councils, committees, taskforce, or other Association agency assigned with the review consider the following in making recommendations:

- Relevance to current situation
- Continued need
- Consistency with other Association policies
- Appropriateness of language and terminology

and be it further

Resolved, that recommended rescissions and revisions will be brought to the House of Delegates in resolution form for debate and approval, and be it further

Resolved, that recommendations for maintaining policies unchanged will be assimilated into a single resolution, and if approved, unchanged policies will continue to carry the identifying information of their original adoption, and be it further

Resolved, that any policies that delegates remove from the reapproval consent calendar, and which after appropriate debate are amended or substituted, be automatically referred to the appropriate agency for reconsideration during the following year, and be it further

Resolved, that existing policy "Sunset Review of Association Policies" (*Trans.*1995:659), be rescinded.

NOT ADOPTED

30. Resolved, that the ADA, through legislation, seek to change the current requirement within CMS so that the www.insurekidsnow.gov website would only list those dentists that choose to have their names made public and are taking new patients.

85. Resolved, that the ADA *Bylaws* Chapter VII. Board of Trustees, Section 100. DUTIES, B be amended by the addition of the words, "and Chief Legal Counsel" to read: "Appoint the Executive Director and Chief Legal Counsel of the Association", and be it further

Resolved, that the ADA *Bylaws* Chapter IX. Appointive Officer, Section 40, c, be amended by addition of the words "except the Chief Legal Counsel" to read "engage the staff of this Association, except the Chief Legal Counsel, and direct and coordinate their activities," and be it further

Resolved, that the Chief Legal Counsel is not an appointive officer of this Association.

86. Resolved, that the Board of Trustees may not adopt any rule, policy, guideline, or authority, etc., that prohibits or restricts communications among members, members of the Board and members of the House of Delegates, and be it further

Resolved, that to facilitate communication within the House of Delegates, email addresses of all House members shall be shared with the entire House on a yearly basis. Any House member who does not wish his or her email address to be shared may, by request, not be included in the list.

95. Resolved, that all reports that are not specifically reports of committees or subcommittees of the Board, or attorney-client privileged reports between the Board and Legal Counsel for the purpose of giving or receiving advice or information on pending or potential legal proceedings, received by the Board of Trustees, are considered to be reports to the Association and shall be made available to members of the House of Delegates in their original form within ten (10) business days of receipt of that report. Board responses to the report may be sent separately and must not delay provision of the report to members of the House, and be it further

Resolved, that all reports received by the Board of Trustees and subsequently released to members of the ADA House of Delegates shall be marked "confidential" and shall contain a disclaimer to the effect that "This document does not reflect the policy of the ADA, the ADA House of Delegates or the opinion of the ADA Board of Trustees."

96. Resolved, that the ADA *Bylaws* be amended by the addition of a new subsection in Chapter VII, Section 100 to read:

~~To~~ Support the House of Delegates in its role as the legislative and governing body, and the supreme authoritative body,

and be it further

Resolved, that the oath of office for members of the Board of Trustees, and Officers of the ADA shall include specific language that reiterates that the House of Delegates serves as the supreme authoritative body of the ADA.

REFERRED RESOLUTIONS

118. Resolved, that the appropriate amendments to the ADA *Bylaws* to effectuate the proposal below be prepared by the Council on Ethics, Bylaws and Judicial Affairs and submitted to the 2011 House of Delegates:

1. That the intentional distribution of confidential Association information to other than those for whom it was intended is a violation of professional ethics, except for communications whose sole purpose is the reporting of suspected wrongdoing in accordance with the Association's corporate "whistleblowing" policy;
2. That when there is an allegation that confidential Association information has been disseminated to others than it was intended, the President may appoint a committee of not more than five persons with sufficient diversity and skill to investigate the allegation to attempt to identify the source of the information and the manner in which it was disseminated;
3. That if the identified source is a member of the staff, they will immediately be restricted from access to Association communications until the validity of the accusation and reason can be determined and appropriate review of their employment and due process have been completed;
4. That if the identified source is a member volunteer, they will be charged with a violation of professional ethics and subject to a hearing before the Council on Ethics, Bylaws and Judicial Affairs to determine the validity of the accusation, the reason dissemination may have taken place and if appropriate, a penalty commensurate with the violation;
5. That all activities of an investigative committee or subsequent due process are to be kept confidential except for the report of final outcomes and associated penalties;
6. That the investigative committee will immediately refer any matter to the legal division and suspend further activity, if evidence indicates that the dissemination of confidential information has resulted in either a potential liability or a recoverable damage for the Association, or is protected by corporate policy or applicable statute; and
7. That the ADA *Bylaws* Chapter X, Section 120G., relating to duties of the Council on Ethics, Bylaws and Judicial Affairs, be amended to allow the Council to discipline the officers, trustees, ADA members of councils, commissions, or appointed taskforces, or delegates to the House of Delegates of this Association that have been accused and found guilty of a violation of ethics related to their service.

120. Resolved, that the ADA advocate aggressively for HRSA to define and direct a RVU oral health performance measure aligned with grant performance reporting (UDS), and be it further

Resolved, that the ADA advocate aggressively for HRSA defined and directed DTPC rate oral health performance measure aligned with grant performance reporting (UDS).

RULED MOOT

93. Resolved, that all reports produced by consultants or outside investigative firms relating to the Whistleblower action ("Browne report" and other reports that address the same subject matter), be released immediately to credentialed members of the 2010 ADA House of Delegates, and be it further **Resolved**, that the 2010 House of Delegates, after review and debate of the investigative documents, shall direct the Board of Trustees to act immediately on this matter, in accordance with official actions adopted at the 2010 ADA House of Delegates.

Process to Address Violations by Candidates for Elective or Appointive Office and Current ADA Elective and Appointive Officers (Council on Ethics, Bylaws and Judicial Affairs Resolution 15 and Reference Committee on Legal, Legislative and Public Affairs Matters Resolution 15RC): The Reference Committee reported as follows.

When reviewing this Resolution, the Reference Committee was informed that, as originally submitted, the Resolution was in potential conflict with the Illinois Not For Profit Corporation Act in that it potentially allowed the Council on Ethics, Bylaws and Judicial Affairs to suspend or expel a Trustee. The Reference Committee was advised that under Illinois law, a member of the Board of Trustees can only be removed by the body that elected or appointed that member. Consequently, the Reference Committee revised the second resolving clause of the Resolution to allow the Council on Ethics, Bylaws and Judicial Affairs to forward any recommendation of suspension or expulsion of a member of the Board of Trustees to the House of Delegates for its consideration.

15RC. Resolved, that anyone identified by the Election Commission to be under active discipline for violating his or her duties to the constituent society within whose jurisdiction the member practices or of this Association shall be disqualified from seeking elective or appointive office while under that active discipline, and be it further

Resolved, that any member holding an elective or appointive position, but excluding the Executive Director, charged with violating his or her fiduciary or legal duties to the Association shall be afforded a fair and impartial hearing conducted according to existing judicial procedures of the Council on Ethics, Bylaws and Judicial Affairs. The Council on Ethics, Bylaws and Judicial Affairs shall conduct such disciplinary hearings, and shall make findings, including what, if any, discipline may be appropriate. Such disciplinary actions may include, but are not limited to: censure, suspension, probation or expulsion. In all cases except when the Council determines suspension or expulsion of a member of the Board of Trustees is appropriate, the Council's actions shall be final and not appealable. If the Council believes suspension or expulsion of a member of the Board of Trustees is warranted, it shall forward a recommendation to the House of Delegates for its consideration, and be it further

Resolved, that the final results of such hearing process shall be a public record and shall be reported to the Election Commission, and be it further

Resolved, that the appropriate amendments the ADA *Bylaws* to effectuate the matters set forth in this resolution shall be prepared by the Council on Ethics, Bylaws and Judicial Affairs and submitted to the 2011 House of Delegates, and be it further

Resolved, that the financial implications, if any, of this resolution shall be investigated by the Council on Ethics, Bylaws and Judicial Affairs and reported to the 2011 House of Delegates with the suggested *Bylaws* revisions.

Dr. Crowley moved the adoption of Resolution 15RC in lieu of Resolution 15 (*Supplement:5004*).

Seeing no one at the microphones, Dr. Soliday called for a vote.

On vote Resolution 15RC was adopted in lieu of Resolution 15.

15H-2010. Resolved, that anyone identified by the Election Commission to be under active discipline for violating his or her duties to the constituent society within whose jurisdiction the member practices or of this Association shall be disqualified from seeking elective or appointive office while under that active discipline, and be it further

Resolved, that any member holding an elective or appointive position, but excluding the Executive Director, charged with violating his or her fiduciary or legal duties to the Association shall be afforded a fair and impartial hearing conducted according to existing judicial procedures of the Council on Ethics, Bylaws and Judicial Affairs. The Council on Ethics, Bylaws and Judicial Affairs shall conduct such disciplinary hearings, and shall make findings, including what, if any, discipline may be appropriate. Such disciplinary actions may include, but are not limited to: censure, suspension,

probation or expulsion. In all cases except when the Council determines suspension or expulsion of a member of the Board of Trustees is appropriate, the Council's actions shall be final and not appealable. If the Council believes suspension or expulsion of a member of the Board of Trustees is warranted, it shall forward a recommendation to the House of Delegates for its consideration, and be it further

Resolved, that the final results of such hearing process shall be a public record and shall be reported to the Election Commission, and be it further

Resolved, that the appropriate amendments the ADA *Bylaws* to effectuate the matters set forth in this resolution shall be prepared by the Council on Ethics, Bylaws and Judicial Affairs and submitted to the 2011 House of Delegates, and be it further

Resolved, that the financial implications, if any, of this resolution shall be investigated by the Council on Ethics, Bylaws and Judicial Affairs and reported to the 2011 House of Delegates with the suggested *Bylaws* revisions.

Amendment of the ADA *Bylaws* Regarding Term of Delegates and Alternate Delegates (Council on Ethics, Bylaws and Judicial Affairs Resolution 17): The Reference Committee reported as follows.

For purposes of clarity, the Standing Committee on Constitution and Bylaws editorially revised the second resolving clause of Resolution 17. The current version of the *Constitution and Bylaws* tallies votes in terms of percentages rather than fractions¹. Accordingly, in Chapter V, Section 60, the words "one-fourth (1/4)" have been replaced with the words "twenty-five percent (25%)." In addition, for internal consistency and clarity, the Standing Committee also revised language to reflect that mail ballot votes are determined by current members of the House of Delegates and not the last House of Delegates. The Standing Committee on Constitution and Bylaws approves the wording of Resolution 17 as modified. The Reference Committee supports Resolution 17 as clarified. As revised, the resolution reads (new language is double underscored and new deletions are stricken through twice):

17. Resolved, that the ADA *Bylaws*, Chapter V, be amended to include a Section 10G, which shall read as follows (new language underscored):

G. TERM OF DELEGATES AND ALTERNATE DELEGATES. The term of a delegate or alternate delegate elected or selected pursuant to Section 20 of this Chapter commences from the time such delegate or alternate delegate is certified pursuant to Section 30 of this Chapter until another delegate or alternate delegate elected or selected in place of such delegate or alternate delegate is so certified.

and be it further

Resolved, that the ADA *Bylaws*, Chapter V, Section 60 be amended as follows (new language is double underscored and new deletions are stricken through twice).

Section 60. TRANSFER OF POWERS AND DUTIES OF THE HOUSE OF DELEGATES: The powers and duties of the House of Delegates, except the power to amend, enact and repeal the *Constitution and Bylaws*, and the duty of electing the elective officers and the members of the Board of Trustees, may be transferred to the Board of Trustees of this Association in time of extraordinary emergency. The existence of a time of extraordinary emergency may be determined by unanimous consent of the members of the Board of Trustees present and voting at a regular or special session. Such extraordinary emergency may also be determined by mail vote of the last current members of the House of Delegates on recommendation of at least four (4) of the elective officers. A mail vote to be valid shall consist of ballots received from not less than twenty-five percent (25%) ~~one-fourth (1/4)~~ of the current members of the ~~last~~ House of Delegates. A majority of the votes cast within thirty (30) days after the mailing of the ballot shall decide the vote.

Dr. Crowley moved the adoption of Resolution 17 (*Supplement:5012*).

¹The only exception is any reference to "two thirds (2/3)," which cannot easily be expressed as a percentage.

Dr. Thomas W. Gamba, Pennsylvania, moved to amend Section G by addition and deletion as follows (additions underlined, deletions stricken).

G. TERM OF DELEGATES AND ALTERNATE DELEGATES. The term of a delegate or alternate delegate elected or selected pursuant to Section 20 of this Chapter commences from the opening of the House of Delegates for which such Delegate or Alternate Delegate is certified until the opening of the following annual House of Delegates. Any materials distributed to Delegates and Alternate Delegates in advance of an annual session shall be distributed to those Delegates and Alternate Delegates who have been certified for that same meeting of the House of Delegates pursuant to Section 30 of this chapter ~~time such delegate or alternate delegate is certified pursuant to Section 30 of this Chapter until another delegate or alternate delegate elected or selected in place of such delegate or alternate delegate is so certified.~~

Dr. Gerald Gelfand, California, requested a point of information, saying, "Mr. Speaker, I thought we had just substituted 15RC for 15 and was waiting to offer an amendment to 15RC. Perhaps I missed the boat here. Isn't that what we just did?"

The Speaker responded by saying, "We moved 15RC in lieu of 15. [Resolution] 15RC was adopted."

Dr. Gelfand asked to reconsider Resolution 15RC. Stating that the amendment would offer a right of appeal, Dr. Gelfand said, "Right now that amendment as it exists has no right of appeal unless it's to the level of expulsion or suspension and the amendment will offer some right of appeal to the CEBJA decision."

The Speaker said the House would decide whether it wanted to reconsider after discussion on Resolution 17.

Dr. Gamba spoke to his amendment to Resolution 17, saying, "This resolution is dealing with the terms of delegates and alternate delegates to this House. As you are aware, most of you, the states and districts are certifying their delegates with the ADA at ... any time from the end of the previous calendar year all the way up to late April. ... I think it would make a lot of sense to have the term of a delegate extend from the opening of one House to the opening of the other, rather than from the opening of the House until the time they are certified since, again, delegates are certified at various times during the year. The reason this is important is if there ever should be a special meeting of the House, let's say in June, you will have some of your delegates already certified. ..."

As a point of information, Dr. Mert N. Aksu, Michigan, said, "It sounds like this proposal would result in duplication of thousands of pages of materials, both for the newly certified delegate and for the delegate who served the previous year. The Board packs that we all receive would then go to the newly certified delegates, as well as the delegates that are coming off from last year. It seems like a redundant amount of material. Is my interpretation correct?"

Dr. Gamba responded by saying, "...My feeling would be that those delegates that are going to deal with business of the upcoming House would be the ones that would be sent the materials. Now, there are some that will be in the previous and the next House, but only the ones that will be serving in the next upcoming House would receive the material to be considered by that House."

Dr. Randall H. Ogata, Washington, requested a point of information, saying, "I believe that on ADA.org with the new IT it will have the three levels of information available electronically to everybody."

Dr. Donald A. Stoner, Pennsylvania, spoke in support of the amendment to Resolution 17, saying, "I think it's very important to have an informed House of Delegates. And any issue that arises during the year should be handled by the informed House of Delegates. The new delegates could receive the new information and they can act on the new things at the new House of Delegates."

Dr. Robert S. Roda, Arizona, spoke against the amendment, saying, "Our caucus one happens well

before the House of Delegates, as I think most do. And so what would happen is, we, under this, we would have to change all our delegates in between caucus one and caucus two, which obviously is inefficient.”

Dr. Rodney B. Wentworth, Washington, member, Council on Ethics, Bylaws and Judicial Affairs, speaking against the amendment, said, “We went through this exhaustively and looked at everything, including the wording of this amendment. I would speak against the amendment. The easiest way to have a delegate being a delegate is when they’re certified by the ADA. There wouldn’t be any duplication of materials sent to them. Immediately, if there were a special session of the House, the current list of delegates certified by the ADA would be the ones that would receive all the information and would be responsible for that. ... We’ve looked at this extensively already and we turned it down at the Council.”

Dr. Dwyte E. Brooks, Nevada, also spoke in opposition to the amendment.

A delegate from the floor requested a point of information, saying, “Through the Chair, to Legal. Do we have a problem here where you have attorney-client information that’s going to be shared with a person who’s truly not certified as a delegate? If a delegate is a delegate from this one session to the next session according to our bylaws, but according to their state, they’re really no longer a delegate and we are in conflict there?”

With permission from the Chair, Mr. Thomas Elliott, interim chief legal counsel, responded by saying, “Certainly, if there were attorney-client information being passed to the delegates, it should be going to the delegates who would be addressing that issue at a meeting of the House. I believe the information should go to the delegates that would be certified delegates.”

The delegate responded by saying, “So not if a delegate is going to be a delegate from one opening session of this House to the next, but their state has them not being a delegate halfway through.”

Mr. Elliott said, “My understanding of the amendment, if I recall it correctly, is that the information being transmitted to the delegates would be transmitted as they’re certified. And that certified delegate would then serve at the next House. So I don’t believe there is an issue, because it would be going to the certified delegate ...”

The delegate responded by saying, “As I am reading the amendment, it looks to me like ... as a certified delegate, I would be a certified delegate until next year’s House ... Now if my state chose not to have me be a certified delegate partway through the year, we have a new delegate come in, according to the ADA I am still a certified delegate. So I would be getting attorney-client information according to the ADAs policy, even though I’m not in the control group.”

Mr. Elliott responded by saying, “Only delegates who would be members of the control group of the House at which the subject matter being addressed would receive the attorney-client information. ...”

Dr. Bryan T. Marshall, Florida, moved to vote immediately.

A delegate from the floor requested a point of information, saying, “Yesterday we had a problem with reading the additions and deletions, and we had asked that it go into the strike-through in different colors and we’re back to where we were. It’s a little confusing reading the screens knowing what’s in and what’s out, out of sequence. Could we correct that for the rest of the day?”

The Speaker responded in the affirmative.

The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, the amendment to Resolution 17 was not adopted.

Dr. J. Mark Thomas, Indiana, moved to refer Resolution 17. He said, “It appears that there’s considerable

work to be done perhaps yet on this amendment. Some good questions have been brought up. I think it fits that this amendment should be referred back. ...”

Dr. L. Stephen Ortego, Louisiana, speaking in opposition to referral as a member of CEBJA and chairman of the subcommittee that authored the resolution, said, “We received this as a request from the 2009 House to clarify the term of delegates, and we purposely wrote the information to be as concise as possible. And the way it’s written, it leaves no doubt as to any moment in time as to who the delegate is. And so we wrote it that way on purpose so as to not have any overlap between the various ways constituents certify and elect their delegates.”

Dr. Walter I. Chinoy, New Jersey, speaking against referral, said, “This is a fait accompli. It doesn’t really need any more study. At any point in time the ADA will have a definite list of who to notify. Despite your schedules of electing delegates and replacing schedules, the ADA finds out, it’s a done deal. There’s no question about who gets confidential information on any specific date.”

Dr. Gamba spoke against referral, saying, “My fellow Council [on Ethics, Bylaws and Judicial Affairs] members are not happy with me, obviously. I was in the minority in the Council. And my hope in bringing this amendment to the House is that perhaps the House could see my logic. Obviously, they don’t. I would vote against referral and support this resolution.”

Dr. Dwyte E. Brooks, Nevada, moved to vote immediately. The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, the motion to refer was not adopted.

On vote, Resolution 17 was adopted by a two-thirds affirmative vote.

17H-2010. Resolved, that the ADA *Bylaws*, Chapter V, be amended to include a Section 10G, which shall read as follows (new language underscored):

G. TERM OF DELEGATES AND ALTERNATE DELEGATES. The term of a delegate or alternate delegate elected or selected pursuant to Section 20 of this Chapter commences from the time such delegate or alternate delegate is certified pursuant to Section 30 of this Chapter until another delegate or alternate delegate elected or selected in place of such delegate or alternate delegate is so certified.

and be it further

Resolved, that the ADA *Bylaws*, Chapter V, Section 60 be amended as follows (new language is double underscored and new deletions are stricken through twice).

Section 60. TRANSFER OF POWERS AND DUTIES OF THE HOUSE OF DELEGATES: The powers and duties of the House of Delegates, except the power to amend, enact and repeal the *Constitution and Bylaws*, and the duty of electing the elective officers and the members of the Board of Trustees, may be transferred to the Board of Trustees of this Association in time of extraordinary emergency. The existence of a time of extraordinary emergency may be determined by unanimous consent of the members of the Board of Trustees present and voting at a regular or special session. Such extraordinary emergency may also be determined by mail vote of the last current members of the House of Delegates on recommendation of at least four (4) of the elective officers. A mail vote to be valid shall consist of ballots received from not less than twenty-five percent (25%) ~~one-fourth (1/4)~~ of the current members of the ~~last~~ House of Delegates. A majority of the votes cast within thirty (30) days after the mailing of the ballot shall decide the vote.

Dr. Gerald Gelfand, California, moved that Resolution 15RC be reconsidered.

Dr. David F. Boden, Florida, chair of CEBJA, spoke against the motion to reconsider Resolution 15RC,

saying, "... We debated this at considerable length in CEBJA, and I'm here to mainly offer explanation. When we were trying to determine whether we wanted to have this as an appealable matter, we had to determine whether we really wanted to have this as a political decision or a judicial decision. I speak against the reopening of this discussion. I think the resolution as written was well crafted by our Council."

Dr. Alan R. Stein, California, spoke against the motion to reconsider, saying, "[I am an] outgoing member of CEBJA. As our last speaker had mentioned, we discussed it at very, very great length, on many matters. Although CEBJA does not create any sort of policies, we interpret bylaws and we stand as essentially a supreme court in making decisions on whether something is inside or outside of our bylaws or certain judicial affairs. We need to have some level at which things are no longer appealable. Similarly to a case going to the Supreme Court, there has to be somewhere it stops. And CEBJA is the right non-political place."

Dr. David S. Samuels, Massachusetts, also spoke against the motion to reconsider Resolution 15RC.

Dr. Gelfand said, "I'm not sure I understand this argument of political versus judicial decisions. Judicial decisions are appealable, so I don't know what they're referring to. And I would hope the House would hear the arguments in favor of the amended resolution I plan to offer."

Dr. David R. Holwager, Indiana, moved to vote immediately. The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, the motion to reconsider Resolution 15RC was not adopted.

Workforce Campaign Materials (Eighth Trustee District Resolution 29 and Reference Committee on Legal, Legislative and Public Affairs Matters Resolution 29RC). The Reference Committee reported as follows.

The Reference Committee heard testimony from the author of Resolution 29 that he intended the ADA to develop tools for constituent societies using existing resources. The Reference Committee agrees with this approach and offers the following resolution in lieu of the original Resolution 29.

29RC. Resolved, that the ADA through the state public affairs program collect existing data, multi-media and collateral material, messaging and best practices from the states on the issue of workforce and make this material available to constituent societies for use in their efforts to educate policymakers and like-minded special interest groups on that topic.

Dr. Crowley moved the adoption of Resolution 29RC in lieu of Resolution 29 (*Supplement:5024*).

Dr. Mary K. Starsiak, Illinois, spoke in support of Resolution 29RC.

Seeing no one else at the microphones, the Speaker called for a vote. On vote, Resolution 29RC was adopted in lieu of Resolution 29.

29H-2010. Resolved, that the ADA through the state public affairs program collect existing data, multi-media and collateral material, messaging and best practices from the states on the issue of workforce and make this material available to constituent societies for use in their efforts to educate policymakers and like-minded special interest groups on that topic.

Amendment of the *Manual of the House of Delegates: Guidelines Governing the Conduct of Campaigns for All ADA Offices* (Third Trustee District Resolution 64 and Reference Committee on Legal, Legislative and Public Affairs Matters Resolution 64RC): The Reference Committee reported as follows.

The Reference Committee heard substantial testimony supporting the role of candidate travel. Likewise, significant concern was voiced about the cost of candidate receptions at annual session. Therefore, the Reference Committee's proposed resolution seeks to address the issue of campaign receptions while permitting candidate travel.

64RC. Resolved, that the *Manual of the House of Delegates, Guidelines Governing the Conduct of Campaigns for All ADA Offices* be amended by substitution as follows: The current *Guidelines* are appended.

Guidelines Governing the Conduct of Campaigns for All ADA Elective Offices (pg 23-24)

The following guidelines govern the announcement and conduct of campaigns for ADA elective offices. This document incorporates the various guidelines and policies related to campaign activities adopted by the House of Delegates over the years. These guidelines shall be distributed annually to all candidates, delegates, alternate delegates and other parties of interest.

1. An Election Commission, consisting of the Speaker, the Secretary of the House of Delegates, and the Second Vice President, shall oversee and adjudicate all issues of contested elections for ADA offices. The Speaker shall be the chair of the Election Commission. In the event the Speaker is running in a contested race for office, the ADA President shall replace the Speaker and serve as chair of the Election Commission. The Election Commission shall meet with all candidates to negotiate cost-effective agreements on campaign issues such as promotional activities and gifts (which are limited to campaign pins), campaign literature and electronic communications.
2. Candidates shall not formally announce their intent to run for office until the final day of the annual session immediately preceding their candidacy. Prior to this formal announcement, candidates may freely campaign within their own trustee districts. Campaign activities outside a candidate's own trustee district shall begin only after the official announcement at the above-mentioned annual session.
3. Candidates' campaign statements and profiles shall appear in the *ADA News* and shall be posted on the Association's Web site in a section dedicated to candidates for ADA elective offices.
4. No material shall be distributed in the House of Delegates without obtaining permission from the Secretary of the House. Materials to be distributed in the House of Delegates on behalf of any member's candidacy for office shall be limited to printed matter on paper only and nothing else. (A single distribution per candidate for each House of Delegates will be made. However, this distribution could consist of more than one piece of printed matter as long as the materials are secured together.)
5. Candidates for the **Offices of President-elect, Second Vice President and Speaker of the House** shall be additionally governed by the following:
 - a. Neither candidates nor their home districts shall host campaign receptions at annual session.
 - b. Candidates may, by invitation, visit district caucuses (or constituent societies as appropriate) held during the annual session at which they are standing for election. Caucuses issuing such invitations are requested to provide an appropriate opportunity for the candidates to meet with their members. It is recommended that such forum be structured to allow all candidates to make presentations, to allow caucuses freedom to assess candidates and to allow each candidate to respond to questions.
 - c. No candidate shall knowingly accept campaign contributions which create the appearance of conflict of interest as reflected in Chapter VI of the *ADA Bylaws*.
 - d. Candidates shall submit a summary of campaign revenues and expenses to the Election Commission at the end of the campaign.
6. Candidates for the **Office of Treasurer** shall be additionally governed by the following:
 - a. Campaigns shall be limited to visiting the district caucus meetings during the annual session.
 - b. Candidates shall not distribute any tangible election material, including but not limited to

printed matter, CD-ROMs, audiovisual materials, pens, pins, stickers or other accessory items.

- c. Candidates shall not use signs, posters or any electronic means of communication including but not limited to telephones, television, radio, electronic and surface mail or the Internet.
 - d. Candidates shall not attempt to raise funds to support a campaign, nor to conduct any social functions, hospitality suites or other electioneering activities.
 - e. Candidates' names and curriculum vitae shall be submitted to the House of Delegates in the first mailing in the year of the election.
7. Any questions regarding the Guidelines should be directed to the chair of the Election Commission for clarification.

Dr. Crowley moved the adoption of Resolution 64RC in lieu of Resolution 64.

Dr. Robert S. Roda, Arizona, and member of the Reference Committee on Legal, Legislative and Public Affairs Matters, moved to amend by addition of the word "travel" between the words "literature" and "and electronic communications" under Guideline number one and by addition of a new subsection "e" under Guideline number 5 that would read as follows.

- e. President-elect candidates shall negotiate a mutually agreeable travel schedule to constituent societies and district caucuses.

In speaking to the proposed amendment, Dr. Roda said, "It was not the intent of the Reference Committee to prevent our president-elect and officer candidates from traveling to the caucuses. And somehow in the translation from the Reference Committee to the final resolution that came out ... that was removed. And so we discussed it and decided that we would like to add this amendment in order to allow the president-elect candidates to be able to travel to the district caucuses and constituent societies so that we could meet them and see who they are."

Dr. J. Christopher Smith, West Virginia, spoke in support of the amendment.

Dr. Theodore Haeussner, Florida, moved to refer Resolution 64RC to the appropriate agency. He said, "I believe that this is a very important issue that is going to reflect not only in the current campaigns but further campaigns in a very serious way. Our goal by referring is to allow the appropriate agency to look at and to create a valid document that we can all look at, vet clearly, rather than the hodgepodge type of procedures that we are about to introduce and start debating. I think referral gives us a chance to have it done properly."

Dr. Thomas W. Gamba, California, spoke against referral, saying, "All we're basically doing here is removing the ability to hold an expensive parade of hotel food."

Dr. William T. Spruill, Pennsylvania, spoke against referral, saying, "I don't see this as the hodgepodge, either. I think we should support the amendment and support the Reference Committee's work on the topic."

Dr. Robert S. Roda, Arizona, and Dr. James R. Dumas, Jr., Mississippi, also spoke against referral.

Dr. Robert E. Roesch, Nebraska, spoke in support of referral, saying, "The amendment that's been proposed doesn't do what they're trying to do, because you have conflict within the resolution. It you go to number 5(b), that's when it says that they can't travel. And so you're adding travel elsewhere, but then in 5(b) you say that they can't."

Dr. Alan B. Moore, Texas, spoke in support of referral.

Dr. Thomas W. Gamba, Pennsylvania, spoke against referral, saying, "Responding to the previous

comment about 5(b) that does not allow campaign travel other than the annual session. I can present a very simple amendment if you decide not to refer.”

Dr. Mark R. Zust, Missouri, speaking against referral, said, “Paragraph ‘b’ refers to visiting caucuses at the annual session, that’s where the confusion was on this. And thus, that was why the amendment was put forward. Everybody was assuming that ‘b’ meant that there was going to be travel, but on further examination, ‘b’ talks about visiting the caucuses during annual session. ...”

Dr. Zacharias J. Kalarickal, Florida, moved to vote immediately. The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, the motion to refer Resolution 64RC to the appropriate agency was not adopted.

On vote, the amendment to Resolution 64RC was adopted.

Dr. Thomas W. Gamba, Pennsylvania, moved to amend the first sentence of Guideline 5(b) by addition of the word “both” between the words “held” and “during” and addition of the words “the campaign year and during” between the words “during” and “the annual session”. So that the first sentence of Guideline 5(b) would read as follows.

Candidates may, by invitation, visit district caucuses (or constituent societies as appropriate) held both during the campaign year and during the annual session at which they are standing for election.

Dr. Robert S. Roda, Arizona, said, “I’m okay with that. I think it clarified things.”

Dr. Richard A. Huot, Florida, requested a point of information, saying, “Do we not already do ‘e’ as stated now in campaigns? I thought we had procedure between president-elect candidates, and do they not agree to schedule ahead of time, including the amount of travel and where?”

The Speaker responded by saying, “Well, they do. That’s part of the campaign rules.”

Dr. Mark R. Zust, Missouri, as a point of information, said, “... This is a new set of rules that would end up getting substituted for the existing set of rules. ... The other point is that I would like to rule the pending question, which is a new motion, moot because it doesn’t do anything that the last amendment just did. The last amendment said ‘travel to the district caucuses,’ and ‘b’ says ‘to the district caucuses at the annual meeting.’ So we already have both, so the issue before us is moot.”

Dr. Soliday said the point was well taken and declared the proposed amendment the first sentence of Guideline 5(b) moot.

Dr. Alan E. Friedel, Florida, speaking against Resolution 64RC, said, “[I was] manager of two campaigns that were held within the American Dental Association. I rise to speak against this resolution for a few reasons. The first is, although it says in this resolution that neither candidates nor their home districts shall host campaign receptions at annual session, that does not mean that they cannot have a suite and that that suite could be open. If we do not have a reception the way we do now for the entire Association and we have suites that are open, I am very fearful that we will go back to the days where every evening the campaign suites were open. They may not call them receptions, they may call them suites, and we had people standing in lines and fire marshals worried. I’m concerned about this as well because those occurred every evening of the ADA House of Delegates. ... Also, the secondary result of having the large reception on the evening before elections is that it not only allows us and affords us the opportunity to meet with the candidates ... it allows us as an entire group to interact, to discuss many of the issues before us, it allows us to work the issues together. ...”

Dr. William T. Spruill, Pennsylvania, spoke in support of Resolution 64RC, saying, “I support the Reference Committee’s work on this issue. This is not a responsible expenditure for an organization of professionals ...”

Dr. Morris Antonelli, Maryland, spoke in opposition to Resolution 64RC, saying, "I support the recommendations and thoughts that Dr. Friedel expressed. I have also chaired two national campaigns, and I feel that the way things have evolved ... it's a good way for the delegates to meet with each other, to meet the candidates, and to have a good exchange. And it is the only time that all of the delegates are present at one time in one room in a social interaction. So I oppose the move to cancel that one thing and echo the opposition to going back to the past where there was a lot of competition with each candidacy as to who can put on the biggest party, the most lavish party, the most suites. And that didn't work, and what we have currently is something that has evolved from prior actions that were not effective."

Dr. Gregory M. Pafford, Arizona, requested a point of information, saying, "What was the total cost this year of our campaign reception?"

The Speaker said that it was budgeted for \$120,000, saying, "that was \$30,000 per candidate."

Dr. Frank J. Graham, New Jersey, spoke in opposition to Resolution 64RC.

Dr. Eva A. Ackley, Florida, moved to vote immediately. The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, Resolution 64RC was not adopted.

Hearing no motion to consider, the Chair declared Resolution 64 moot.

Maximum Fees for Non-Covered Services (Council on Government Affairs Resolution 79 and Reference Committee on Legal, Legislative and Public Affairs Matters Resolution 79RC). The Reference Committee reported as follows.

The Reference Committee agreed with the testimony presented by a representative of the Council on Dental Benefit Programs, who recommended changes in the resolution necessary to clarify the definition of covered services and other matters.

79RC. Resolved, that the Association oppose any third party contract provisions that establish fee limits for non-covered services, and be it further

Resolved, that "covered service" is defined as any service for which reimbursement is actually provided on a given claim, and be it further

Resolved, that "non-covered service" is defined as any service for which the third party provides no reimbursement, including services that exceed the annual or lifetime maximums and services provided during waiting periods, and be further

Resolved, that the Association pursue passage of federal legislation to prohibit ERISA covered plans from applying such provisions, and be it further

Resolved, that the Association encourage constituent dental societies to work for the passage of state legislation to prohibit insurance plans from applying such provisions, and be it further

Resolved, that Resolution 59H, Maximum Fees for Non-Benefited Services, be rescinded.

Dr. Crowley moved the adoption of Resolution 79RC in lieu of Resolution 79 (*Supplement:5042*).

Dr. Daniel G. Kegler, Iowa, moved to amend the third resolving clause of Resolution 79RC by deletion of the words "including services that exceed the annual or lifetime maximums and services provided during waiting periods" after the word "reimbursement." Dr. Kegler said, "We believe that specifically describing certain types of reimbursement may be construed by opponents as exclusive, not inclusive. We also note the previous recommendation from ADA legal services that simple or less language is better language."

Dr. Christopher J. Smiley, Michigan, spoke in support of the amendment, saying, "The Council on Dental Benefits supports this deletion, as we believe it still preserves the intent of the original resolution."

Seeing no one else at the microphones, the Speaker called for a vote. On vote, the motion to amend by deletion was adopted.

Dr. Smiley, Michigan, moved to amend the fourth resolving clause of Resolution 79RC by striking the words "ERISA covered" and replacing them with the words "Federally regulated." Dr. Smiley said, "...this is more inclusive of all federally regulated plans and it's consistent with our other documents."

Seeing no one else at the microphones, the Speaker called for a vote. On vote, the motion to amend the fourth resolving clause by striking the words "ERISA covered" and replacing them with the words "federally regulated" was adopted.

On vote, Resolution 79RC, as amended, was adopted in lieu of Resolution 79 by a two-thirds affirmative vote.

79H-2010. Resolved, that the Association oppose any third party contract provisions that establish fee limits for non-covered services, and be it further

Resolved, that "covered service" is defined as any service for which reimbursement is actually provided on a given claim, and be it further

Resolved, that "non-covered service" is defined as any service for which the third party provides no reimbursement, and be further

Resolved, that the Association pursue passage of federal legislation to prohibit federally regulated plans from applying such provisions, and be it further

Resolved, that the Association encourage constituent dental societies to work for the passage of state legislation to prohibit insurance plans from applying such provisions, and be it further

Resolved, that Resolution 59H, Maximum Fees for Non-Benefited Services, be rescinded.

Amendment to the ADA Bylaws: Chapter X. Councils. Section 110. Council on Scientific Affairs, Subsection K(e); and Chapter XIII. American Dental Association Foundation. Section 10 and Subsections A and C of Section 30 (Board of Trustees Resolution 89): The Reference Committee reported as follows.

For purposes of clarity and internal consistency, the Standing Committee editorially revised the resolution by deleting the number "30" and replacing it with the number "20," which would keep the section in sequential order. The Standing Committee on Constitution and Bylaws approves the wording of Resolution 89 as modified. The Reference Committee supports the resolution as clarified. As revised, the resolution reads (new language is double underscored, and new deletions are stricken through twice):

89. Resolved, that Chapter X. COUNCILS, SECTION 110. COUNCIL ON SCIENTIFIC AFFAIRS, Subsection K(e), of the ADA *Bylaws* be amended by deleting said Chapter X, Section 110, Subsection K(e) in its entirety so that the amended Subsection reads as follows (deletions stricken):

- a. Develop and promote an annual research agenda with appropriate means for funding.
- b. Identify emergent issues and areas of research that require response from the research community.
- c. Report results on the latest scientific developments to practicing dentists.
- d. Evaluate and issue statements to the profession regarding the efficacy of concepts, procedures and techniques for use in the treatment of patients.
- ~~e. Guide, assist and act as liaison to the American Dental Association Foundation and serve as its peer review body.~~
- f. Represent the Association on scientific and research matters and maintain liaison with related regulatory, research and professional organizations.
- g. Encourage the development and improvement of materials, instruments and equipment for use in dental practice, and to coordinate development of national and international standardization programs.

- h. Determine the safety and effectiveness of, and disseminate information on, materials, instruments and equipment that are offered to the public or the profession and further critically evaluate statements of efficacy and advertising claims.
- i. Study, evaluate and disseminate information with regard to the proper use of dental therapeutic agents, their adjuncts and dental cosmetic agents that are offered to the public or the profession.
- j. Award the American Dental Association Seal to dental products that meet the Association's requirements for acceptance.
- k. Promote efforts to develop dental research workforce and to involve students in dental research.
- l. Study, evaluate and disseminate information on those aspects of the dental practice environment related to the health of the public, dentists and dental auxiliaries.
- m. Serve as the primary resource for scientific inquiries from the public and the profession.

and be it further

Resolved, that Chapter XIII. AMERICAN DENTAL ASSOCIATION FOUNDATION, be amended by deleting Section 10 and Subsections A and C of Subsection 30 so that the amended Article XIII reads as follows (new language is underscored, deletions stricken):

CHAPTER XIII • AMERICAN DENTAL ASSOCIATION FOUNDATION

~~Section 10. AGENCIES AND PERSONNEL: The Research Institute and the Paffenbarger Research Center at the National Institute of Standards and Technology will be agencies of the American Dental Association Foundation and the personnel of these agencies shall be employees of the Foundation.~~

~~Section 20.~~ FINANCIAL SUPPORT: The Association is the sole Member of the American Dental Association Foundation. The Association shall annually furnish sufficient financial support, as an addition to generated non-Association funding, to assure the continued viability of the Foundation's research activities.

~~Section -30~~ 20. DUTIES:

~~The Foundation, through its agencies, the Research Institute and the Paffenbarger Research Center at the National Institute of Standards and Technology shall:~~

- ~~a. Conduct basic and applied research for the utilization in and development of oral health.~~
- ~~b. Conduct training programs in research disciplines that relate to the basic and applied problems of oral health.~~
- ~~c. Submit, either through or in cooperation with the Council on Scientific Affairs, an annual report to the House of Delegates, interim reports on request to the Board of Trustees, and an annual budget to the Board of Trustees for such financial support allocations as the Board may deem necessary.~~
- B. In addition, the Foundation's Administrative/Charitable group shall submit, through the ADA Board of Trustees acting as the Member, an annual report to the House of Delegates, interim reports on request to the Member, and an annual budget to the Board of Trustees for such financial support allocations as the Board may deem necessary.
- ~~C. The Foundation also may perform such other charitable and research functions as permitted under its articles of incorporation and bylaws and the laws of the State of Illinois.~~

Dr. Crowley moved the adoption of Resolution 89 (*Supplement:5056*).

The Speaker reminded the House that Resolution 23, item "e" had previously been amended by adding the word "scientific" before "liaison." Since Resolution 89, item "e" contained that exact language; it would also be amended by addition of the word "scientific" before "liaison."

Seeing no one else at the microphones, the Speaker called for a vote. On vote, Resolution 89, as editorially amended, was adopted by a two-thirds (2/3) affirmative vote.

89H-2010. Resolved, that Chapter X. COUNCILS, SECTION 110. COUNCIL ON SCIENTIFIC AFFAIRS, Subsection K(e), of the ADA *Bylaws* be amended by deleting said Chapter X, Section 110, Subsection K(e) in its entirety so that the amended Subsection reads as follows (deletions stricken):

- a. Develop and promote an annual research agenda with appropriate means for funding.
- b. Identify emergent issues and areas of research that require response from the research community.
- c. Report results on the latest scientific developments to practicing dentists.
- d. Evaluate and issue statements to the profession regarding the efficacy of concepts, procedures and techniques for use in the treatment of patients.
- e. ~~Guide, assist and act as scientific liaison to the American Dental Association Foundation and serve as its peer review body.~~
- f. Represent the Association on scientific and research matters and maintain liaison with related regulatory, research and professional organizations.
- g. Encourage the development and improvement of materials, instruments and equipment for use in dental practice, and to coordinate development of national and international standardization programs.
- h. Determine the safety and effectiveness of, and disseminate information on, materials, instruments and equipment that are offered to the public or the profession and further critically evaluate statements of efficacy and advertising claims.
- i. Study, evaluate and disseminate information with regard to the proper use of dental therapeutic agents, their adjuncts and dental cosmetic agents that are offered to the public or the profession.
- j. Award the American Dental Association Seal to dental products that meet the Association's requirements for acceptance.
- k. Promote efforts to develop dental research workforce and to involve students in dental research.
- l. Study, evaluate and disseminate information on those aspects of the dental practice environment related to the health of the public, dentists and dental auxiliaries.
- m. Serve as the primary resource for scientific inquiries from the public and the profession.

and be it further

Resolved, that Chapter XIII. AMERICAN DENTAL ASSOCIATION FOUNDATION, be amended by deleting Section 10 and Subsections A and C of Subsection 30 so that the amended Article XIII reads as follows (new language is underscored, deletions stricken):

CHAPTER XIII • AMERICAN DENTAL ASSOCIATION FOUNDATION

~~Section 10. AGENCIES AND PERSONNEL: The Research Institute and the Paffenbarger Research Center at the National Institute of Standards and Technology will be agencies of the American Dental Association Foundation and the personnel of these agencies shall be employees of the Foundation.~~

~~Section 20. FINANCIAL SUPPORT: The Association is the sole Member of the American Dental Association Foundation.~~ The Association shall annually furnish sufficient financial support, as an addition to generated non-Association funding, to assure the continued viability of the Foundation's research activities.

~~Section 30 20. DUTIES:~~

~~The Foundation, through its agencies, the Research Institute and the Paffenbarger Research Center at the National Institute of Standards and Technology shall:~~

- ~~a. Conduct basic and applied research for the utilization in and development of oral health.~~
- ~~b. Conduct training programs in research disciplines that relate to the basic and applied problems of oral health.~~
- ~~c. Submit, either through or in cooperation with the Council on Scientific Affairs, an annual report to the House of Delegates, interim reports on request to the Board of Trustees, and an annual budget to the Board of Trustees for such financial support allocations as the Board may deem necessary.~~
- B. In addition, the Foundation's Administrative/Charitable group shall submit, through the ADA Board of Trustees acting as the Member, an annual report to the House of Delegates, interim reports on request to the Member, and an annual budget to the Board of Trustees for such financial support allocations as the Board may deem necessary.
- G. The Foundation also may perform such other charitable and research functions as permitted under its articles of incorporation and bylaws and the laws of the State of Illinois.

Bylaws Review of the Treasurer Nomination Process (Board of Trustees Resolution 90): The Reference Committee reported as follows:

To correct a typographical error in the original resolution that omitted the existing language of Chapter VII, Section 100, Subsection G, the Standing Committee on Constitution and Bylaws has included that deletion. The Standing Committee on Constitution and Bylaws approves the wording of Resolution 90 as modified. The Reference Committee supports Resolution 90 as clarified. As revised, the resolution reads (new language is double underscored and new deletions are stricken through twice):

90. Resolved, that CHAPTER VIII, ELECTIVE OFFICERS, Section 30, NOMINATIONS, be amended as follows (additions underscored, deletions stricken):

- B. Nominations for the office of Treasurer shall be made in accordance with the order of business. The search for Treasurer shall be announced in an official publication of the Association in November of the final year of the incumbent Treasurer's term, together with the recommended qualifications for that position as provided in Chapter VII, Section 100G of these Bylaws. If there is only one (1) eligible candidate for the office of Treasurer, the Board of Trustees shall apply by submitting a standardized Treasurer Curriculum Vitae form to the Executive Director at least one hundred twenty (120) days prior to the convening of the House of Delegates. Each candidate's application shall be reviewed by the Board of Trustees. The Executive Director shall provide all members of the House of Delegates, at least sixty (60) days prior to the convening of the House of Delegates, with each candidate's standardized Treasurer Curriculum Vitae and the determination of the Board of Trustees as to whether the candidate meets the recommended qualifications for the office of Treasurer. Only those candidates shall be nominated from the floor of the House of Delegates. The nominations may be followed by an acceptance speech not to exceed four (4) minutes by the each candidate from the podium, according to the protocol established by the Speaker of the House of Delegates. If there are two (2) or more eligible candidates for the office of Treasurer, the Board of Trustees shall nominate at least two (2) and not more than three (3) candidates from the floor of the House of Delegates by a simple declaratory statement for each nominee, which may be followed by an acceptance speech not to exceed four (4) minutes by the candidate from the podium, according to the protocol established by the Speaker of the House of Delegates. Seconding a nomination is not permitted. No further nominations for the office of Treasurer shall be accepted from the floor of the House of Delegates. If there are no eligible candidates for the office of Treasurer when the House of Delegates meets, the term of the incumbent Treasurer shall be extended by one (1) year. Should the incumbent Treasurer be unwilling or unable to serve an additional one (1) year term, the office of Treasurer shall be filled in the same manner as provided in Chapter VIII, Section 80 of these Bylaws. Under these circumstances, former Treasurers of this Association would be eligible to serve as Treasurer *pro tem* for one (1) additional year.

and be it further

Resolved, that CHAPTER VIII, ELECTIVE OFFICERS, Section 50., TERM OF OFFICE, be amended as follows (additions underscored, deletions stricken):

Section 50. TERM OF OFFICE: The President, President-elect, First Vice President, Second Vice President and Speaker of the House of Delegates shall serve for a term of one (1) year, except as otherwise provided in this chapter of the *Bylaws*, or until their successors are elected and installed. The term of office of the Treasurer shall be three (3) years, or until a successor is elected and installed. The Treasurer shall be limited to two (2) consecutive terms of three (3) years each-, excepting the case of a former Treasurer who has been elected Treasurer *pro tem* as provided in Chapter VIII, Section 30 of these Bylaws, who may serve one (1) additional year.

and be it further

Resolved, that CHAPTER VIII, ELECTIVE OFFICERS, Section 80. VACANCIES, Subsection A. VACANCY OF ELECTIVE OFFICE be amended as follows (additions underscored, deletions stricken):

- A. VACANCY OF ELECTIVE OFFICE: In the event the office of President becomes vacant, the President-elect shall become President for the unexpired portion of the term. In the event the office of President becomes vacant for the second time in the same term or at a time when the office of President-elect is also vacant, the First Vice President shall become President for the unexpired portion of the term. In the event the office of First Vice President becomes vacant, the Second Vice President shall become the First Vice President for the unexpired portion of the term. A vacancy in the office of the Second Vice President shall be filled by a majority vote of the Board of Trustees. In the event of a vacancy in the office of Speaker of the House of Delegates, the President, with approval of the Board of Trustees, shall appoint a Speaker *pro tem*. In the event the office of President-elect becomes vacant by reason other than the President-elect succeeding to the office of the President earlier than the next annual session, the office of President for the ensuing year shall be filled at the next annual session of the House of Delegates in the same manner as that provided for the nomination and election of elective officers, except that the ballot shall read "President for the Ensuing Year." A vacancy in the office of Treasurer shall be filled by a majority vote of the Board of Trustees until the process of inviting applications, screening and nominating candidates and electing a new Treasurer has been completed by the Board of Trustees and the House of Delegates. The Treasurer *pro tem* shall be eligible for election to a new consecutive three (3) year term. The newly elected Treasurer shall be limited to two (2) consecutive terms of three (3) years each-, excepting the case of a former Treasurer who has been elected Treasurer *pro tem* as provided in Chapter VIII, Section 30 of these Bylaws, who may serve one (1) additional year.

and be it further

Resolved, that CHAPTER VII, BOARD OF TRUSTEES, Section 100., DUTIES, Subsection G. be amended as follows (additions underscored, deletions stricken):

- G. Establish rules to govern its procedures in serving as the nominating committee for the office of Treasurer, and as provided in Chapter VIII of these *Bylaws*, to submit in printed form the name(s) and curriculum vitae of the Board's nominee(s) to the House of Delegates in the first mailing to the House in the year that the incumbent Treasurer's term is about to end. Establish recommended qualifications for the office of Treasurer.

so that the recited Sections of the *Bylaws* as amended read as appears in APPENDIX 1 appended to this report. A timeline of the process outlined in this report appears in APPENDIX 2 appended to this report. (*Supplement:5076-5078*).

Dr. Crowley moved the adoption of Resolution 90 (*Supplement:5073*).

Dr. Raymond K. Martin, Massachusetts, moved that Resolution 90 be referred to the appropriate ADA agency, saying, "I'd like the House to refer this resolution to the appropriate ADA agency to address the following two areas. First, the question, which body, the ADA Board of Trustees or the ADA House, ultimately approves the recommended qualifications for the treasurer position. Second, the question of which body ultimately has the right to nominate candidates from the floor of the House of Delegates. ... I direct your attention to the House of Delegates Manual. It is written that the Board of Trustees will prepare recommended qualifications for the treasurer position prior to November of the incumbent's final year in office. I believe it is imperative that the House of Delegates as the ADA governing body be able to see and approve the qualifications which the Board of Trustees promulgates. To not do so would be usurping the duties and obligations of the House. On the second question, during the Board of Trustees review of this resolution, the Board requested the following point be included in the nomination procedures, and I quote, 'that the revised nomination procedure allow candidates to be nominated from the floor and to have the credentials of such candidates be available for review by the House of Delegates prior to voting.' I concur with the Board and believe that not allowing nominations for treasurer from the floor and not allowing the House to vet the treasurer qualifications would shift power and responsibility from the House to the Board. Would this create a precedent for other elected positions in the future?"

Dr. Walter I. Chinoy, New Jersey, spoke against referral, saying, "... I want to tell you, the workgroup and the Council [on Ethics, Bylaws and Judicial Affairs] thoroughly discussed this. The treasurer's nomination is not an ordinary position. It requires highly specialized knowledge. It was our opinion not to allow nominations from the floor because the House needs time to thoroughly review the qualifications of the candidate. ..."

Dr. Rodney B. Wentworth, Washington, spoke against referral, saying, "... This resolution does not preclude the House from seeing the qualifications that the Board develops, and that would be available by request to the Board."

Dr. Dwyte E. Brooks, Nevada, moved to vote immediately. The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, the motion to refer Resolution 90 to the appropriate ADA agency was not adopted.

On vote, Resolution 90 was adopted by a two-thirds (2/3) affirmative vote.

90H-2010. Resolved, that CHAPTER VIII, ELECTIVE OFFICERS, Section 30, NOMINATIONS, be amended as follows (additions underscored, deletions stricken):

- B. Nominations for the office of Treasurer shall be made in accordance with the order of business. The search for Treasurer shall be announced in an official publication of the Association in November of the final year of the incumbent Treasurer's term, together with the recommended qualifications for that position as provided in Chapter VII, Section 100G of these Bylaws. If ~~there is only one (1) eligible e~~Candidates for the office of Treasurer, ~~the Board of Trustees shall apply by submitting a standardized Treasurer Curriculum Vitae form to the Executive Director at least one hundred twenty (120) days prior to the convening~~ nominate that individual from the floor of the House of Delegates. Each candidate's application shall be reviewed by the Board of Trustees. The Executive Director shall provide all members of the House of Delegates, at least sixty (60) days prior to the convening of the House of Delegates, with each candidate's standardized Treasurer Curriculum Vitae and the determination of the Board of Trustees as to whether the candidate meets the recommended qualifications for the office of Treasurer. Only those candidates shall be nominated from the floor of the House of Delegates. The nominations may be followed by an acceptance speech not to exceed four (4) minutes by the each candidate from the podium, according to the protocol established by the Speaker of the House of Delegates. If there are two (2) or more eligible candidates for the office of Treasurer, the Board of Trustees shall nominate at least two (2) and not more than three (3) candidates from the floor of the House of Delegates by a simple declaratory statement for each nominee, which may be followed by an

~~acceptance speech not to exceed four (4) minutes by the candidate from the podium, according to the protocol established by the Speaker of the House of Delegates. Seconding a nomination is not permitted. No further nominations for the office of Treasurer shall be accepted from the floor of the House of Delegates. If there are no eligible candidates for the office of Treasurer when the House of Delegates meets, the term of the incumbent Treasurer shall be extended by one (1) year. Should the incumbent Treasurer be unwilling or unable to serve an additional one (1) year term, the office of Treasurer shall be filled in the same manner as provided in Chapter VIII, Section 80 of these Bylaws. Under these circumstances, former Treasurers of this Association would be eligible to serve as Treasurer *pro tem* for one (1) additional year.~~

and be it further

Resolved, that CHAPTER VIII, ELECTIVE OFFICERS, Section 50., TERM OF OFFICE, be amended as follows (additions underscored, deletions stricken):

Section 50. TERM OF OFFICE: The President, President-elect, First Vice President, Second Vice President and Speaker of the House of Delegates shall serve for a term of one (1) year, except as otherwise provided in this chapter of the *Bylaws*, or until their successors are elected and installed. The term of office of the Treasurer shall be three (3) years, or until a successor is elected and installed. The Treasurer shall be limited to two (2) consecutive terms of three (3) years each-, excepting the case of a former Treasurer who has been elected Treasurer *pro tem* as provided in Chapter VIII, Section 30 of these Bylaws, who may serve one (1) additional year.

and be it further

Resolved, that CHAPTER VIII, ELECTIVE OFFICERS, Section 80. VACANCIES, Subsection A. VACANCY OF ELECTIVE OFFICE be amended as follows (additions underscored, deletions stricken):

- A. VACANCY OF ELECTIVE OFFICE: In the event the office of President becomes vacant, the President-elect shall become President for the unexpired portion of the term. In the event the office of President becomes vacant for the second time in the same term or at a time when the office of President-elect is also vacant, the First Vice President shall become President for the unexpired portion of the term. In the event the office of First Vice President becomes vacant, the Second Vice President shall become the First Vice President for the unexpired portion of the term. A vacancy in the office of the Second Vice President shall be filled by a majority vote of the Board of Trustees. In the event of a vacancy in the office of Speaker of the House of Delegates, the President, with approval of the Board of Trustees, shall appoint a Speaker *pro tem*. In the event the office of President-elect becomes vacant by reason other than the President-elect succeeding to the office of the President earlier than the next annual session, the office of President for the ensuing year shall be filled at the next annual session of the House of Delegates in the same manner as that provided for the nomination and election of elective officers, except that the ballot shall read "President for the Ensuing Year." A vacancy in the office of Treasurer shall be filled by a majority vote of the Board of Trustees until the process of inviting applications, screening and nominating candidates and electing a new Treasurer has been completed by the Board of Trustees and the House of Delegates. The Treasurer *pro tem* shall be eligible for election to a new consecutive three (3) year term. The newly elected Treasurer shall be limited to two (2) consecutive terms of three (3) years each-, excepting the case of a former Treasurer who has been elected Treasurer *pro tem* as provided in Chapter VIII, Section 30 of these Bylaws, who may serve one (1) additional year.

and be it further

Resolved, that CHAPTER VII, BOARD OF TRUSTEES, Section 100., DUTIES, Subsection G. be amended as follows (additions underscored, deletions stricken):

- G. Establish rules to govern its procedures in serving as the nominating committee for the office of Treasurer, and as provided in Chapter VIII of these *Bylaws*, to submit in printed form the

name(s) and curriculum vitae of the Board's nominee(s) to the House of Delegates in the first mailing to the House in the year that the incumbent Treasurer's term is about to end. Establish recommended qualifications for the office of Treasurer.

so that the recited Sections of the *Bylaws* as amended read as appears in APPENDIX 1 appended to this report. A timeline of the process outlined in this report appears in APPENDIX 2 appended to this report. (*Supplement:5076-5078*).

Conduct of Meetings and Minutes and Recording of Meetings (Fifteenth Trustee District 94). The Reference Committee reported as follows.

The Reference Committee supports the resolution as proposed.

94. Resolved, that all business, actions, and votes of the Board of Trustees shall be made in an open session of the Board of Trustees meetings, except that when giving direction to the legal counsel in an attorney-client privileged communication. Votes may be taken in that attorney-client session to determine the will of the Board to direct legal counsel, and be it further

Resolved, that minutes shall contain a record of all motions, votes, and actions by the Board of Trustees, and enough detail of the proceedings such that the reader of the minutes may understand the deliberations of the trustees; and how each trustee voted when the vote is not unanimous, or when substitute resolutions are introduced, and be it further

Resolved, that when attorney-client privileged information or other sensitive proprietary information should be conveyed to the members of the House of Delegates, an appropriate confidentiality agreement be obtained from the member, such agreement being a signed hard copy or a secure electronic confirmation of agreement.

Dr. Crowley moved the adoption of Resolution 94 (*Supplement:5081*).

A delegate from the floor moved that Resolution 94 be referred to the appropriate ADA agency.

Dr. David R. Larson, Pennsylvania, spoke in support of referral, saying, "I will agree to anything that kills this. The amount of voting time that we were informed in our caucus is about five minutes per vote. We have been voting with cards left and right in three seconds. Imagine if every vote was five minutes. My understanding is that they take about 100 plus votes per council meeting. This will add an entire day of just adding voting time. So I would support to refer it. Let us come back to the next House with more information as to which votes, procedural or actionable. What do you really want to know. And please just kill it either way."

Dr. Santos Cortez, Jr., California, speaking in support of referral, said, "There are business discussions that should be had in closed session. I think that passing this would tie up the hands of the Board of Trustees to do their work. There are strategic considerations and discussions. There are also personnel discussions that should be had in closed session and not distributed publicly."

Dr. Richard M. Peppard, Texas, also spoke in support of referral.

Dr. Robert S. Roda, Arizona, spoke in opposition to referral, saying, "I think that we should not refer this resolution. I think we should vote on it immediately, and I think we should kill it. Our House of Delegates is the heart and soul of this organization, and we should not tie its hands or disable its muscles in trying to do what it needs to do. Let's let the Board do what they do."

Dr. Zacharias J. Kalarickal, Florida, moved to vote immediately.

The Speaker announced that there was a financial implication.

With permission from the Chair, Dr. O'Loughlin said, "... we can try and estimate this cost. It will be

difficult. This could add the cost of transcriptionists. It will also add to the length of meetings, because the amount of time it takes to do recorded votes is approximately double a verbal report. So we will have to estimate adding meeting costs, and we would be happy to do that.”

The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, the motion to refer Resolution 94 to the appropriate ADA agency was not adopted.

Dr. Glen D. Hall, Texas, spoke in support of Resolution 94, saying, “It is not the intent of this resolution to put the work of the Board of Trustees in the hands of the House. As the supreme governing body, we have a responsibility to set the system in place in which the Association works. What we want is to know how the system’s working. With this feedback, we feel the House will be able to analyze the system better. With the new IT coming on board, it’s possible that the associated times and costs might be different than those given to us based on what happens today. And while I was in favor of referral, that option is no longer open to us now. And I would hope that we could vote this up and be able to get some of the information that we are looking for.”

Dr. Kevin D. Sessa, Colorado, through the Chair, asked the Executive Director, “Correct me if I’m wrong, are Board of Trustees meetings not all on tape, and if I really wanted to listen to them, I could go find a place to listen to them?”

Dr. O’Loughlin said Board meetings were recorded.

Dr. Sessa responded by saying, “... is this not available already...”

Dr. Soliday said, “Yes, the information is all recorded and is kept in the legal department, and we just don’t send it out ... but if somebody wishes to come for a specific reason, then the legal department can make arrangements for you to see that part. ...”

Dr. Thomas S. Kelly, Ohio, requested the financial implication.

With permission from the Chair, Dr. O’Loughlin responded by saying, “We estimate that it would add approximately 20 to 25% to the Board’s budget for two reasons. One, the length of the meetings would increase the hotel expense, and we would add an additional day to each Board meeting. And so we were guesstimating, but we’re looking at the financial detail right now. ... There is additional staff time. That would be included in that 20 to 25% addition...”

Dr. Donald A. Stoner, Pennsylvania, moved to vote immediately. The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

Dr. Soliday announced that the financial implication was approximately \$155,000.

On vote, Resolution 94 was not adopted.

Disclosure Policy (First Trustee District Resolution 99): The Reference Committee reported as follows.

The Reference Committee agreed with the Board of Trustees that this resolution should be referred to the Council on Ethics, Bylaws and Judicial Affairs. An editorial change was made to the resolution title from “Conflict of Interest Policy” to “Disclosure Policy.”

99. Resolved, that chairs of any meeting of the ADA, including Executive Committee, Board of Trustees, councils, committees and the House of Delegates read the following at the opening of each meeting:

In accordance with the ADA Disclosure Policy, at this time anyone present at this meeting is

obligated to disclose any personal or business relationship that they or their immediate family may have with a company or individual doing business with the ADA, when such company is being discussed. This includes, but is not limited to insurance companies, sponsors, exhibitors, vendors and contractors.

and be it further

Resolved, that all members of the House of Delegates must complete a written disclosure and that any noted conflicts of interest be transmitted to the House of Delegates if they have any such relationship that may present a conflict of interest, and be it further

Resolved, that when speaking on the floor of the House of Delegates or in Reference Committees, those individuals/members shall first identify those relationships before speaking on an issue related to such conflict of interest.

Dr. Crowley moved that Resolution 99 (*Supplement:5089*) be referred to the Council on Ethics, Bylaws and Judicial Affairs.

Dr. David S. Samuels, Massachusetts, spoke against referral, saying, "This is transparency at its best. There will be very limited debate on this. We're probably about 151 years late in doing this. ..."

Dr. John J. Mooney, Connecticut, spoke in opposition to referral, saying, "You know, we just had a great example of why disclosure is important when we were talking about the licensure issue and testing. There are a lot of people up there that did identify that they were associated with certain outside organizations and some people that didn't. And I think that's important because it will indicate what their biases are and a lot of times also, it also tells us what their expertise is. This is something we should do today."

Seeing no one else at the microphones, the Speaker called for a vote. On vote, the motion to refer Resolution 99 to the Council on Ethics, Bylaws and Judicial Affairs was not adopted.

Dr. David S. Samuels, Massachusetts, speaking in support of Resolution 99, said, "We didn't used to have disclosure in Massachusetts, and when we finally instituted it about five or six years ago, it made us a much better dental society. Everything came to light that already should have been. There's not a lot of reasons not to have disclosure. All it would require is if you're speaking on a resolution here at the House of Delegates ... we just voted a very important resolution about discounted fees from dental insurance companies. If somebody came up and gave a passionate discussion about that and they worked for a dental insurance company, I'd want to know that. ... Every council, committee and Board meeting, anybody that has a vested interest in something being discussed, all they need to do is just disclose this at the beginning of the meeting. ..."

Dr. Mark R. Züst, Missouri, spoke in opposition to Resolution 99, saying, "I'm in favor of disclosure. As a member of a council and former member of a council, as well, I sign a disclosure statement. I write down what my conflicts are, but to make the chair of Council meeting read every one of them at the start of the meeting, that's going to take a lot of extra time that just isn't necessary to do. Some of these forms can get really long. There's a lot of us that have companies and stuff that we have relationships with. I think it's something that's already being addressed good enough."

A delegate from the floor moved to vote immediately. The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, Resolution 99 was adopted.

99H-2010. Resolved, that chairs of any meeting of the ADA, including Executive Committee, Board of Trustees, councils, committees and the House of Delegates read the following at the opening of each meeting:

In accordance with the ADA Disclosure Policy, at this time anyone present at this meeting is obligated to disclose any personal or business relationship that they or their immediate family

may have with a company or individual doing business with the ADA, when such company is being discussed. This includes, but is not limited to insurance companies, sponsors, exhibitors, vendors and contractors.

and be it further

Resolved, that all members of the House of Delegates must complete a written disclosure and that any noted conflicts of interest be transmitted to the House of Delegates if they have any such relationship that may present a conflict of interest, and be it further

Resolved, that when speaking on the floor of the House of Delegates or in Reference Committees, those individuals/members shall first identify those relationships before speaking on an issue related to such conflict of interest.

ADA Support of Repeal of Health Care Reform Legislation (Fifth Trustee District Resolution 100 and Board of Trustees Resolution 100B): The Reference Committee reported as follows.

The Reference Committee concurs with the Board's recommendation.

100B. Resolved, that the ADA direct the Washington Office to make it a legislative and regulatory priority to advocate for changes in those provisions in the new health care reform law that deviate from current ADA policy.

Dr. Crowley moved the adoption of Resolution 100B (*Supplement:5092*) in lieu of Resolution 100 (*Supplement:5091*).

Dr. E. Gaines Thomas, Alabama, moved to amend by addition of a second resolving clause that would read as follows.

Resolved, that the Council on Government Affairs carefully monitor the new rules and changes to the Health Care Reform Act and report to the Board of Trustees and the House of Delegates on those issues that may significantly affect our members.

In speaking to the amendment Dr. Thomas said, "Well, Resolution 100B does direct the Washington Office to advocate for changes in those provisions in the new Health Care Reform law that deviate from current ADA policy. As we all know, there's so many provisions of the new Health Care Act that the ADA does not have a policy on. And an example of that would be the requirement to file 1099s on every expenditure greater than a certain amount and so forth. So many of those affect us in business ways that the ADA does not have a policy on. And I'd like to add that the language to this amendment was acceptable to Mike Graham in our Washington Office and also the chair of Council on Government Affairs."

Dr. James W. Antoon, Florida, requested a point of information, saying, "Is that not current ADA policy that we do those things and would that not make this moot?"

With permission from the Chair, Dr. Kathleen O'Loughlin said, "this is not current policy. It's the practice of the ADA."

The Speaker said, "So it's not policy. It is what we practice, though, is what I understand. Then I am going to allow this."

Seeing no one else at the microphones, the Speaker called for a vote. On vote, the amendment to add a second resolving clause to Resolution 100B was adopted.

Seeing no one at the microphones, the Speaker then called for the vote. On vote, Resolution 100B, as amended, was adopted in lieu of Resolution 100.

100H-2010. Resolved, that the ADA direct the Washington Office to make it a legislative and

regulatory priority to advocate for changes in those provisions in the new health care reform law that deviate from current ADA policy, and be it further

Resolved, that the Council on Government Affairs carefully monitor the new rules and changes to the Health Care Reform Act and report to the Board of Trustees and the House of Delegates on those issues that may significantly affect our members.

Report of the Reference Committee on Membership and Planning (Continued)

The balance of the Report of the Reference Committee on Membership and Planning was presented by Dr. Rita M. Cammarata, Texas.

Consent Calendar (Reference Committee on Membership and Planning Resolution 127): The Reference Committee reported as follows.

The Reference Committee on Membership and Planning presents the following consent calendar for consideration of the House of Delegates. The appended Resolution 127 lists all resolutions referred and considered by the Reference Committee along with the Committee's recommendation (adopt, adopt in lieu of, not adopt or refer) on each item. By adopting Resolution 127, the recommendations of the Reference Committee will become the action of the House of Delegates. However, before voting on the consent calendar, any delegate wishing to discuss an item on the consent calendar has the right to request that resolution be removed and considered separately.

The Standing Committee on Constitution and Bylaws approves the wording of Resolutions 40 and 119 as submitted. The wording of Resolution 125 has been approved by the Speaker of the House of Delegates and Chair of the Council on Ethics, Bylaws and Judicial Affairs.

127. Resolved, that the recommendations of the Reference Committee on Membership and Planning on the following resolutions be accepted by the House of Delegates.

Resolution 40—ADOPT (*Amendment of ADA Bylaws Regarding Committee on the New Dentist, Supplement:6009*) \$: None

Resolution 41—ADOPT (*2011 ADA Membership Related Market Research Activities, Supplement:6012*) \$: 62,500

Resolution 47RC—ADOPT in lieu of Resolution 47 (*Funding of Student Block Grant Program, Supplement:6019*) \$: 69,000

Resolution 48—ADOPT (*Expansion of the Tripartite Marketing Collaborative Program, Supplement:6027*) \$: 500,000 (Priority Agenda Item)

Resolution 115—ADOPT (*Humanitarian Membership Category, Supplement:6066*) \$: None

Resolution 116RC—ADOPT in lieu of Resolution 116 (*International Service Inspired by Dr. Thomas Grams, Worksheet:6067*) \$: None

Resolution 117—ADOPT (*Faculty Membership Pilot Projects, Worksheet:6069*) \$: None

Resolution 119RC—ADOPT in lieu of Resolution 119 (*Provision for 12 Month-Calendar Year Electronic Dues Payment Program, Supplement:6073*) \$: 75,000

Resolution 125RC—ADOPT in lieu of Resolution 125 (*Amendment of ADA Bylaws Regarding Dues of Active Life Members, Supplement:6079*) \$ None

Resolution 48 was identified as a priority agenda item and was considered separately from the consent calendar resolutions.

Dr. David C. Lurye, Colorado, requested that Resolution 116RC be removed from the consent calendar.

Dr. David R. Larson, Pennsylvania, requested the removal of Resolution 119RC from the consent calendar.

Dr. Cammarata moved the adoption of Resolution 127 as amended.

On vote, Resolution 127, as amended, was adopted by unanimous consent.

127H-2010. Resolved, that the recommendations of the Reference Committee on Membership and Planning on the following resolutions be accepted by the House of Delegates.

Resolution 40—ADOPT (*Amendment of ADA Bylaws Regarding Committee on the New Dentist, Supplement:6009*) \$: None

Resolution 41—ADOPT (*2011 ADA Membership Related Market Research Activities, Supplement:6012*) \$: 62,500

Resolution 47RC—ADOPT in lieu of Resolution 47 (*Funding of Student Block Grant Program, Supplement:6019*) \$: 69,000

Resolution 115—ADOPT (*Humanitarian Membership Category, Supplement:6066*) \$: None

Resolution 117—ADOPT (*Faculty Membership Pilot Projects, Worksheet:6069*) \$: None

Resolution 125RC—ADOPT in lieu of Resolution 125 (*Amendment of ADA Bylaws Regarding Dues of Active Life Members, Supplement:6079*) \$ None

Note: For the purposes of a fully documented record, the complete text of the resolutions presented in Resolution 127 follows:

ADOPTED

40H-2010. Resolved, that the ADA *Bylaws*, Chapter VII. BOARD OF TRUSTEES, *Section 140. COMMITTEES*, be amended to revise the section relating to the Committee on the New Dentist, as follows: (new language underscored; deletions stricken through).

Section 140. COMMITTEES: The Board of Trustees shall have a standing ~~Committee on the New Dentist~~ Committee. The Committee shall consist of one (1) member from each trustee district who are active members selected by the Board of Trustees and confirmed by the House of Delegates. Members of the Committee shall have received their D.D.S. or D.M.D. degree less than ten (10) years before the time of selection. The chair of the Committee shall be appointed annually by the Board of Trustees.

Members of the Committee shall serve one (1) term of four (4) years. ~~and shall not be eligible for appointment to a council or commission for a period of two (2) years after completing service on the Committee. However, the~~ The Board of Trustees shall stagger the terms of the members of the Committee in a manner so four (4) members will complete their terms each year, except every fourth year when five (5) members shall complete their terms.

The Board of Trustees shall have the power to remove a Committee member for cause in accordance with procedures established by the Board in its Rules. In the event of any vacancy on the Committee, the Board of Trustees shall select a member of this Association possessing the

same qualifications as established by these *Bylaws* for the previous member, to fill such vacancy for the remainder of the unexpired term. If the term of the vacated Committee position has less than fifty percent (50%) of a full four-year term remaining at the time the successor member is selected, the successor member shall be eligible for selection to a new, consecutive four-year term. If fifty percent (50%) or more of the vacated term remains to be served at the time of selection, the successor member shall not be eligible for another term.

The New Dentist Committee's work shall be assigned by the Board of Trustees, and reports and proposals formulated by the Committee shall be referred to the Board for decision and action. The duties of the Committee shall be to:

- a. Provide the Board of Trustees with expertise on issues affecting new dentists ~~less than ten-years following graduation from dental school.~~
- b. Advocate to the Board of Trustees, ~~and~~ other agencies of this Association and the tripartite dental societies the perspectives of the new dentist in the development of policies, programs, benefits and services of the Association.
- c. Identify the needs and concerns of new graduate dentists and make recommendations for any programs to assist with their transition to practice.
- d. ~~Stimulate the increased~~ Enhance member value, encourage involvement and active participation, and build a community of new dentists in organized dentistry.
- e. Serve as *ex officio* members, without the power to vote, of councils and commissions of this Association on issues affecting new dentists; these appointments will be recommended by the Committee and assigned by the Board of Trustees.
- f. ~~Enhance communications with~~ Facilitate the development of constituent and component new/young dentist ~~networks~~ committees and provide resources to assist ~~them~~ constituent and component dental societies in meeting the needs of new dentists.
- g. Enhance the development of future leaders by providing and promoting leadership development opportunities and training for new dentists.

41H-2010. Resolved, that funding for the Council on Membership's research projects on critical issues in dentistry, urban market needs and group dental practice needs be reinstated to the amount of \$62,500 for the 2011 budget year.

47H-2010. Resolved, that the funding for the Student Block Grant Program for the 2011 budget year be maintained at its 2009 utilization level of \$169,000.

115H-2010. Resolved, that the Council on Membership consider a new category of membership for dentists that engage in full time international humanitarian relief and have been active members in good standing for at least five years immediately before leaving the country, and be it further **Resolved**, that for purposes of determining eligibility for life membership, years as a member in this humanitarian category will be considered the same as active members, and be it further **Resolved**, that, if appropriate, bylaws language be developed and submitted to the 2011 House of Delegates for consideration.

117H-2010. Resolved, that the ADA Council on Membership monitor the progress of any pilot projects for faculty recruitment and retention programs from the states of Alabama, Washington and any other states that may have similar programs, and be it further **Resolved**, that the Council on Membership report its findings and results of these pilot projects and any recommendations to the 2011 or 2012 House of Delegates.

125H-2010. Resolved, that the Council on Membership study the active life member category to determine whether active life members should pay 50% of dues up until the age of 72 when dues will then be the same as retired life members.

International Service Inspired by Dr. Thomas Grams (Fourteenth Trustee District Resolution 116 and Reference Committee on Membership and Planning Resolution 116RC): The Reference Committee reported as follows.

The Committee felt the original resolution had the potential to not meet its intended goals of honoring Dr. Thomas Grams who was recently killed in Afghanistan. The Committee also felt the intent of the resolution was honorable and needed to be moved forward. Therefore, the Committee is recommending that the ADA Committee on International Programs and Development study an international humanitarian relief project in memory of Dr. Thomas Grams. Resolution 116RC supports the 2011-2014 ADA Strategic Plan Goal, Collaboration.

116RC. Resolved, that the ADA through the Committee on International Programs and Development study and implement, if feasible, an international humanitarian relief project in memory of Dr. Thomas Grams.

Dr. Cammarata moved the adoption of Resolution 116RC in lieu of Resolution 116 (*Supplement:6067*).

Dr. David C. Lurye, Colorado, spoke in opposition to Resolution 116RC, saying, "I'd like to see it reverted back to the original 116 and passing that. ... I will just say that the vast majority of people in here never met him, don't know him. They only know how he died and they don't know how he lived. He would go back to Durango every year. He basically moved overseas, came back to Durango and wanted to buy box after box of shoes and clothes to ship back and distribute to kids that he saw. He was just known overseas as kind Dr. Grams and Dr. Tom, and he treated over 26,000 people by all accounts. You know, he lived life as an adventure, but he felt that he could make his mark as a dentist like we think we're making our mark in here by participating in this process. ... I speak against referring this, because he lived with courage. Just before leaving Nepal to go into Afghanistan, his group in Nepal consulted a shaman, which they did regularly, and a lot of them would ask personal questions ... He asked if his group would be safe in Afghanistan. And the shaman didn't answer. He chose to go, and he told the team member that remained behind in Nepal that, you know, the benefit of treating all these children outweighed the risk to him. I urge you, it isn't that big a risk to boldly plunge into this and create a program in Dr. Tom Gram's name. We're not funding anything. I'm just asking that we set up something through the ADA. ..."

Dr. Michael D. Eggatz, Florida, spoke in support of Resolution 116RC, saying, "The Reference Committee thought about this long and hard, and we obviously are trying to honor Dr. Grams, but we also were informed that there were other people who also deserve recognition and there are constant requests for this type of thing. And so we were left with a decision of how do we play God on what is worthy and what is not worthy, and how are these people honored. And although he is probably the most notable and most recent, again, we are not trying to demean that at all, but there seems to be also a mechanism that is in place ... So we thought with that mechanism in place, we would go ahead and refer it."

Dr. Anthony M. Cuomo, New York, spoke in support of Resolution 116RC, saying, "The original is, in fact, a referral. The wording is to urge the Committee. The mechanism that was placed in that original resolution, the Committee felt that the mechanism in place would not necessarily see that the intent of the maker or the intent of the resolution was going to be followed out, and that the new wording would give a better opportunity for this program to be established."

Dr. Jon J. Ilkka, Florida, moved to vote immediately. The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, Resolution 116RC was adopted in lieu of Resolution 116.

116H-2010. Resolved, that the ADA through the Committee on International Programs and Development study and implement, if feasible, an international humanitarian relief project in memory of Dr. Thomas Grams.

Provision for 12 Month-Calendar Year Electronic Dues Payment Program (Eleventh and Thirteenth Trustee Districts Resolution 119 and Reference Committee on Membership and Planning Resolution 119RC): The Reference Committee reported as follows.

The Committee heard testimony that this bylaws change would allow for installment payment for its members. The Committee also heard testimony that the younger dentists are accustomed to this type of payment schedule and also that in difficult economic times it could be advantageous to many member dentists. The Committee felt the issue was important enough to move forward at this time with a date change to December 15 for dues reconciliation purposes. Resolution 119RC supports the 2011-2014 Strategic Plan Goal, Members. The wording of Resolution 119RC has been approved by the Speaker of the House of Delegates and Chair of the Council on Ethics, Bylaws and Judicial Affairs.

119RC. Resolved, that the ADA *Bylaws* Chapter I, Section 50A be amended by substitution of the words "December 15" for the words "June 30" where they appear (new language underscored, deletions stricken through).

Section 50A. PAYMENT DATE AND INSTALLMENT PAYMENTS: Dues and any special assessment of all members are payable January 1 of each year, except for active and active life members who may participate in an installment payment plan. Such plan shall be sponsored by the members, respective constituent or component dental societies, or by this Association if the active or active life members are in the exclusive employ of, or are serving on active duty in, one of the federal dental services. The plan shall require monthly installment payments that conclude with the current dues and any special assessment amount fully paid by ~~June 30~~ December 15. Transactional costs may be imposed, prorated to this Association and the constituent or component dental society. The installment plan shall provide for the expeditious transfer of member dues and any special assessment to this Association and the applicable constituent or component dental society.

Dr. Cammarata moved the adoption of Resolution 119RC in lieu of Resolution 119 (*Supplement:6073*)

Dr. Randall H. Ogata, Washington, spoke in support of Resolution 119RC, saying, "Our membership wants, needs and deserves this benefit. Current ADA rules do not allow states to offer this [option to the] Gen X, Gen Y, Millennial's, they pay their bills electronically. This is how they do business. This change will allow states that want to offer this type of payment program to do so. It will not require any state or any member to do this. It is their choice. It's time for change. Thank you for your consideration."

Dr. Robert E. Barsley, Louisiana, moved to refer Resolution 119RC to the appropriate ADA agency, saying, "... While I agree with the intent of Resolutions 119 and 119RC, the adoption of a current year electronic dues payment would cause governance and administration problems ... Under a current year installment plan such as contemplated by 119RC, a member would not have paid but 25% of their current dues by the March 31 deadline. ... Members on a 12-month current year installment plan could technically not be in good standing at the time of the annual session, as their dues would not be fully paid. Could they then be denied a seat in the House, member registration rates or other benefits? ..."

Dr. David R. Larson, Pennsylvania, spoke in support of referral saying, "This needs to go to Membership. Many states have different timeframes. I also question whether or not if an individual is enrolled in the annual dues payment here, are they still eligible to be a delegate at this House, as that runs counter to our current bylaws. So I think there's a disharmony between the two of them. And I appreciate it. I understand it. I'm one of the broke delegates who have to hoof it from a larger hotel farther away because I can't afford this one. So I understand the financial need, but I think the referral is appropriate so we can put it together correctly."

Dr. Natasha A. Lee, California, requested a point of information, saying, "[I am a] member of the Reference Committee. The wording of the resolution has been approved by the Speaker of the House of Delegates and the Chair of the Council on Ethics, Bylaws and Judicial Affairs. I just wanted to make sure that that was still correct in light of the bylaws concerns that one person brought up."

The Speaker responded that there was no conflict with the *Bylaws*.

Dr. Christopher M. Connell, Ohio, also spoke in support of referral, saying, "I think there are a number of unintended consequences that this could bring forth, not that they couldn't be overcome, but we're going to need some time to look at this."

Dr. Lisa Vouras, Massachusetts, spoke in opposition to referral, saying, "[I am a] member of the Council on Membership and also the chair of the workgroup looking at feasibility of the 12-month installment program. We really need to do this at this point in time. We have to have systems in place in order for our membership to have the option to pay their dues on a monthly basis. It will be up to the individual states whether they need to or want to do this kind of dues payment. The workgroup is looking at the feasibility. This is strictly a bylaws change. If we don't change it now, it will tie our hands to be able to at least offer this to our membership."

Dr. Pamela Z. Baldassarre, New Hampshire, speaking against referral, said, "[I am a] past chair of the Council on Membership. The Council has done a lot of work on this, and their work in being hamstrung if they don't get this date changed so they can continue to do a feasibility study. They'll work out all these details. The House will have a chance to have the debate that you're trying to have now at next year's House. This is just about a date change so they can continue to give us the details next year."

Dr. Dwyte E. Brooks, Nevada, and Dr. Cynthia Brattesani, California, also spoke in opposition to referral.

A delegate from Pennsylvania spoke in support of referral, saying, "I speak in favor of referral, but to change the *Bylaws* to December 15 extends monthly payments over the current dues year. We use installment payments in Pennsylvania. We begin in the fall and commence according to the current ADA bylaws before June 30. It's not unreasonable. I would prefer if everyone was on some form of installment payment, but I don't think changing the bylaws so that full dues paying members who are paid by the non-renew year should be subsidizing everybody else through the year. We would have a House of Delegates with delegates who may not, in fact, have paid their dues in full for the current year. I would like to see this go back to the Council on Membership, let their committee finish the work. But there's no reason in the world why this would stop anyone from doing installment payments. Just start them in October or September and commence by the ADA bylaws requirement of June 30."

Dr. Virginia A. Hughson-Otte, California, spoke in opposition to referral, saying, "Incoming chair, Council on Membership. I was before this House yesterday talking about the tripartite collaborative. I'm before this House again asking you not to refer this back to the Council. We were proactive on the Council level. Being able to research the state's ability to provide options, the recruitment and retention ability in the state of California allowed us a 23% increase in our membership numbers that otherwise would have been a failure for us in order for our dues paying members not to be able to pay over a 12-month period in the current year instead of putting that burden on the states or the member to prepay their dues. This is a bylaws change from June 30 to December 15 that would give states another opportunity, another tool in their recruitment and retention in their states."

Dr. Alvin W. Stevens, Jr., Alabama, and Dr. Daniel G. Davidson, California, also spoke in opposition to referral

Dr. Donald C. Simpson, Arizona, requested a point of information, saying, "Could we ask the treasurer if this could cause an undue burden with cash flow for the Association if this were to go into effect."

With permission from the Chair, Dr. Leone responded by saying, "In discussions that I've had with our Division of Finance, and they're really all very preliminary, the strategy to handle this is not clear. And certainly it would create an additional burden in the immediate sense for the Division of Finance in dealing with the matter of cash flows, how to track collections. You know, the states actually make the billing and the collection and then transfer. The unpredictability of what all of that means to the ADA is really an unknown."

Dr. Kenneth J. Weinand, Missouri, spoke in opposition to referral.

Dr. Lawrence W. Lawton, Washington, moved to vote immediately. The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, the motion to refer Resolution 119RC to the appropriate ADA agency was not adopted.

Ms. Koko K. Tacha, American Student Dental Association, spoke in support of Resolution 119RC, saying, "I speak on behalf of 17,000 dental students in support of this resolution. Each year we have the potential to convert approximately 4,500 ASDA members to ADA membership and we strive for 100% conversion, but current numbers show there's room for improvement. In 2008, 65.9% of new graduates converted to the ADA. In the prior year, it was 64%. ASDA has worked with the ADA Office of Student Affairs to seek solutions to improve these conversion rates. This resolution provides one tool of many to increase the numbers of new, young dentist members. We are used to this. We use online banking, we use fund transfers. We even pay our rent online. Quite frankly, I'm not sure many ASDA members even know where their checkbook is. Sending a bill annually to young dentists is one more barrier to them becoming or staying an ADA member. Please consider this as a short-term investment in the future of the Association to improve conversion and retention of our young dentists."

A delegate from California requested a point of information, saying, "Mr. Speaker, to the Treasurer. Isn't it true that he could say to us that the expense that it might immediately cost the ADA would be widely offset by the increase of membership that the ADA would receive?"

With the Chair's permission, Dr. Leone responded by saying, "I couldn't say that, because there is no guarantee. That is a fact of the matter. I am not opposed to what you are suggesting. And, here again, perhaps we will have the CFO come talk to us for a minute. The mechanics of tracking and making this work are an unknown. That was a statement I made, and as far as I know, that is the status."

Dr. Randall H. Ogata, Washington, moved to vote immediately. The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, Resolution 119RC was adopted in lieu of Resolution 119.

119H-2010. Resolved, that the ADA *Bylaws* Chapter I, Section 50A be amended by substitution of the words "December 15" for the words "June 30" where they appear (new language underscored, deletions stricken through).

Section 50A. PAYMENT DATE AND INSTALLMENT PAYMENTS: Dues and any special assessment of all members are payable January 1 of each year, except for active and active life members who may participate in an installment payment plan. Such plan shall be sponsored by the members; respective constituent or component dental societies, or by this Association if the active or active life members are in the exclusive employ of, or are serving on active duty in, one of the federal dental services. The plan shall require monthly installment payments that conclude with the current dues and any special assessment amount fully paid by ~~June 30~~ December 15. Transactional costs may be imposed, prorated to this Association and the constituent or component dental society. The installment plan shall provide for the expeditious transfer of member dues and any special assessment to this Association and the applicable constituent or component dental society.

New Business

The Speaker announced that a request had been made by the Sixteenth Trustee District to withdraw Resolution 138, Retrospective Study on Workforce Issues (*Supplement:8005*).

Dr. Christopher M. Connell, Ohio, requested a point of information saying, "I'd like to inquire if Resolutions 134 and 135 may be moot. This issue has already been addressed in Resolution 132S-2, item L ... and the tasks in both of these resolutions has already been assigned to the Special Committee on Financial Affairs.

The Speaker stated that Resolutions 134 and 135 were in order.

Dr. Kirk W. Noraian, Illinois, objected to the withdrawal of Resolution 138.

A delegate from the floor requested a point of information, saying, "Maybe you can help me understand, Mr. Speaker. If the maker of the resolution has withdrawn it, is it already the property of the House?"

The Speaker responded by saying, "Once your Chair, which I did yesterday, announced this resolution and it was passed out ... it becomes property of the House. And so if no one objects, it can be withdrawn. But there was an objection, so the House will then decide."

Tenure of the House of Delegates (Seventh Trustee District Resolution 133, *Supplement:8000*)

133. Resolved, that the Manual of the House of Delegates state that during any new delegate and alternate delegate orientation, that ADA legal counsel give an attorney-client briefing if necessary.

Dr. Mark E. Bronson, Ohio, speaking in support of Resolution 133, said, "This resolution is relating to previously passed Resolution 17 that deals with the tenure of the House of Delegates. We are going to have new alternates and new delegates coming into the House that may or may not need some attorney-client briefing from this historical point of view. This will give the Speaker the opportunity to use new delegate orientation time to give attorney-client so that legal counsel for the ADA can do that."

Seeing no one else at the microphones, the Speaker called for a vote. On vote, Resolution 133 was adopted.

133H-2010. Resolved, that the Manual of the House of Delegates state that during any new delegate and alternate delegate orientation, that ADA legal counsel give an attorney-client briefing if necessary.

Study of ADA Employees' Retirement Plans (Second, Fifth, Thirteenth and Seventeenth Trustee Districts Resolution 134, *Supplement:8001*)

134. Resolved, that the study of the ADA Employees Retirement Plan as submitted in Board Report 12 (*Supplement:2164*) be referred back to the Board of Trustees for evaluation and study by the Board and for submission of the Board's recommendations regarding these retirement plans to the 2011 House of Delegates.

Dr. Daniel G. Davidson, California, spoke in support of Resolution 134, saying, "Fellow delegates, we have talked a bit about the risk of mid-level providers to our profession. This resolution highlights another risk, a risk to the financial stability of this Association. As of January 1, 2010, our actuary has stated that our defined benefits staff pension plan is underfunded by \$18.9 million, money that we owe ADA staff, although the government has given us special dispensation to not pay just now. This is almost half of our reserves. Through the pension plan, we have promised staff 8.5% compounded return in a 2.5% world. We have over promised. Millions are being diverted into the operating budget and in future operating budgets for needed programs and improving Association infrastructure. The appearance is that we have a laissez-faire financial control and are paying a heavy price. Every year that we don't hit that 8.5% mark, our liability increases. This country is going through a period of prolonged austerity. I think our Association management should reflect that. ... This resolution asks our trustees to evaluate the Board report and hopefully get some input from financial management, because the Board report is an actuarial report, and actuaries make their living administering these plans to determine their financial risks to this Association and make a report or recommendation of what is in the best interest of our dues paying members."

Dr. Mark J. Weinberger, New York, moved to amend by adding a second resolving clause that would read as follows:

and be it further

Resolved, that the Board of Trustees also review all ADA employee benefit packages.

In speaking to the amendment, Dr. Weinberger said, "Because it's not just the response to Board Report 12, but we'd like them to take a wider review to assess the risks to this Association of not doing this."

Dr. Daniel G. Davidson, California, spoke in support of the amendment saying, "There is also an employee health plan that's an actuarial based post-retirement health plan that offers an incredible risk to this Association. I think it should be reviewed by the trustees."

Seeing no one else at the microphones, the Speaker called for a vote. On vote, the amendment to add a second resolving clause to Resolution 134 was adopted.

Dr. Jolene O. Paramore, Florida, spoke in support of Resolution 134, saying, "This is a joint resolution between the Second, the Fifth, the Sixth, Seventeenth and Thirteenth District. We are all very concerned that Board Report 12 was submitted and feel it needs further evaluation to define benefit plans, all of the ADA benefit packages. We recommend a vote of 'yes.'"

Dr. Bryan T. Marshall, Florida, moved to vote immediately. The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, Resolution 134, as amended, was adopted.

134H-2010. Resolved, that the study of the ADA Employees Retirement Plan as submitted in Board Report 12 (*Supplement:2164*) be referred back to the Board of Trustees for evaluation and study by the Board and for submission of the Board's recommendations regarding these retirement plans to the 2011 House of Delegates, and be it further

Resolved, that the Board of Trustees also review all ADA employee benefit packages.

Dr. John B. Nase, Pennsylvania, requested a point of information, saying, "The resolution as we have it has no fiscal implication, although they are requesting hiring of an analyst, so I would like to know what the fiscal implication may be."

With permission from the Chair, Dr. Leone responded by saying, "I think what you need to be aware of, is that the independent actuary study that was requested was a part of Board Report 12 costs \$70,000. And if you want to see that as some kind of benchmark that would be fine. The resolution as I see it, allows us to use a variety of resources that we have already at the ADA they may indeed mitigate some of those costs. We do have an actuary under a contract to the ADA and if you remember, Resolution 85 asked for an independent actuary. But we do have an actuary contracted with the ADA that may be helpful in such analysis and recommendations as you're requesting. You certainly have the financial advisor that we use to help us manage that portfolio. These people are quite expert on the kinds of reporting and recommendations that you are looking for and are very much adept at measuring what goes on, particularly in the Chicago area that they serve, regarding pension savings in a tax deferred environment. ... If you're looking for a firm benchmark, \$70,000 is probably where you are going to start."

Dr. Nase responded by saying, "And so just further, the way this is written, would it require a new hire as the resolution is written if it is passed?"

With permission from the Chair, Dr. O'Loughlin responded by saying, "The question would be if we have to hire an outside consultant to do this. I think we could do a lot of the analysis using the resources that Dr. Leone just mentioned. But we would need to acquire an independent outside organization to have a benchmark, and I can't tell you what the cost of that would be."

Dr. Nase said, "But we were told \$70,000 as a benchmark."

Dr. O'Loughlin responded by saying, "\$70,000 is what we spent or what was budgeted on the outside independent analysis. We sent an RFP out for that and had a few firms respond and had criteria for our selection, including cost, and that was \$70,000 for the analysis that was done for last year."

Dr. Frank J. Graham, New Jersey, requested a point of information, asking, "Mr. Speaker, would you rule on whether Resolution 135 (*Supplement:8002*) is now moot, since the previous resolution called for a study of all employee benefit packages, and I believe that pension and retirement benefits would be part of those packages."

The Speaker responded by saying, "Basically, the one that was adopted as an amendment to [Resolution] 134 is that the Board of Trustees review the ADA employment packages. This one is talking about hiring a pension analysis, a financial planner to study it. So I believe they are different enough that I am going to let them go through."

A delegate from the floor said, "Mr. Speaker, the Fourth District would like to withdraw this resolution."

Hearing no objection, the Speaker declared Resolution 135 withdrawn.

Communication to Stakeholders Regarding Barriers to Care (Tenth Trustee District Resolution 136):

136. Resolved, that the American Dental Association communicate to all stakeholders that the barriers to care are financial and not workforce related.

Dr. Alan L. Felsenfeld, California, requested that Resolution 136 be ruled out of order. He said, "The ADA claims to be an evidence-based and scientific organization. This resolution is asking the Association to disperse information about a problem that is multifactorial and the information that's listed here is not 100% correct. There are other factors that relate to issues and barriers to dental care."

The Speaker asked the House to vote on whether Resolution 136 was out of order.

Dr. Melvin N. Thaler, South Dakota, spoke in support of Resolution 136, saying, "Author of the resolution. First of all, I would like to apologize to the House. This initial resolution was introduced in May. It was ruled out of order. I would like to make sure that everyone knows this was not a last minute, hasty resolution. And then, secondly, I would like to thank our current President, Ray Gist, for the background statement for me this morning. No one could have said more eloquently what I am trying to prove or what I'm trying to state in this resolution, that the barriers to care for those of us who see exceptional numbers of Medicare are not manpower related. They are entirely financial, and if the stakeholders would realize, if they paid us, we would provide the treatment."

Dr. W. Mark Donald, Mississippi, spoke in opposition to Resolution 136, saying, "While I do agree with the statement, this has not gone through the proper vetting. We don't know if we are going to communicate through a summit, a conference, face-to-face. Therefore, we have no financial ramifications. We don't know who we are going to be communicating to. It says, 'all stakeholders,' and that's not defined. And also we don't know who is going to be doing this communicating. Is it staff, volunteers, and what media are we going to be communicating those things through? So I feel like we need proper vetting before we make the decision today."

Dr. Ronald D. Venezie, North Carolina, spoke in opposition to Resolution 136, saying, "...We had an entire session devoted to discussing workforce issues. We know there are many barriers. Many of them are financial, but not all of them. There are many different types of barriers, as was shown in the Georgia white paper, if you read it. This gives politicians the opportunity in the words of a famous politician to say, 'there you go again. The dentists are all about money.' It is an unintended consequence of this resolution, which is imprecisely stated."

The Speaker said, "It has just been pointed out to me what we had adopted in Resolution 121, and it was amended, and it has a list of the different dental barriers, and, therefore, this would be in conflict with it. I am going to rule it out of order."

Amendment of ADA Bylaws Regarding Candidate Election Process (Sixteenth Trustee District Resolution 137):

137. Resolved, that the *ADA Bylaws*, Chapter V., Section 150a be amended as follows (deletions are stricken through and additions are underscored):

When one is to be elected and more than one has been nominated, the majority of the ballots cast shall elect. In the event no candidate receives a majority on the first ballot, ~~the two (2) candidates receiving the greatest number of votes shall be balloted upon again.~~ the candidate with the fewest votes shall be dropped and the remaining candidates shall be balloted upon again. This process shall be repeated until one (1) candidate receives a majority of the votes cast.

Dr. Walter I. Chinoy, New Jersey, moved to amend by striking the word "dropped" and replacing it with the word "eliminated." He said, "Eliminate is a more professional word. And the second reason is, when you drop someone, it hurts."

A delegate from the floor requested a point of information, saying, "This resolution wasn't received until it was here and it is a bylaws change. Is this something that we can actually act upon?"

The Speaker stated that as long as it was reported in a previous session of the House it could be handled.

Dr. Bryan C. Edgar, Washington, spoke in opposition to the amendment, saying, "State of Washington, secretary/treasurer. When we get to that point in March where we have our members who have not paid their dues, I believe the terminology is they're 'dropped' from the membership's roster."

Dr. Allen Hindin, Connecticut, spoke to the amendment, saying, "I would suggest not using the words 'dropped' or 'eliminated.' There are parts of the country where that can have serious implication, especially 'eliminated.' I would suggest just use the words, 'have their names removed from the ballot.'"

Seeing no one else at the microphones, the Speaker called for a vote. On vote, the amendment to strike the word "dropped" and replace it with "eliminate" was not adopted.

Dr. Robert S. Roda, Arizona, spoke in opposition to Resolution 136, saying, "It appears that if we had multiple candidates like we had this year, four, this year we had two votes of all the delegates in the House. If we had the system we are calling for, we would have had to have three. I am all concerned for fairness, but I'm also concerned of the time of the House. That was very disruptive to do that in terms of business of the House. So I think it's something we ought to consider."

Dr. Bruce R. Hutchison, Virginia, spoke in support of Resolution 136 saying, "Two things. One, I disagree with the previous speaker. I think fairness is more important, and it's not that big of a deal to hold an extra election. Face it, we're only talking about when there's four or more candidates. That doesn't happen very often, but when it does, I believe the issue of fairness becomes more important than a slight inconvenience of the House. We're here for two days. An extra vote, to me, is very insignificant. As the maker of the motion, I would take it as a friendly amendment to put in 'remove from the ballot.'"

The Speaker requested clarification.

Dr. Hutchison responded by saying, "Instead of 'dropped,' ... 'the candidates with the fewest votes shall be removed from the ballot and the remaining...' the intent is the same and if it makes it easier, that's fine with me."

Hearing no objection the friendly amendment was accepted.

A delegate from the floor moved to vote immediately. The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, Resolution 137, as amended, was adopted by a two-thirds (2/3) affirmative vote.

137H-2010. Resolved, that the *ADA Bylaws*, Chapter V., Section 150a be amended as follows (deletions are stricken through and additions are underscored):

When one is to be elected and more than one has been nominated, the majority of the ballots cast shall elect. In the event no candidate receives a majority on the first ballot, ~~the two (2) candidates receiving the greatest number of votes shall be balloted upon again.~~ the candidate with the fewest votes shall be removed from the ballot and the remaining candidates shall be balloted upon again. This process shall be repeated until one (1) candidate receives a majority of the votes cast.

The Speaker announced that a request had been made by the Sixteenth Trustee District to withdraw Resolution 138. A delegate voiced an objection to the request to withdraw and Resolution 138 was brought before the House.

Retrospective Study on Workforce Issues (Sixteenth Trustee District Resolution 138):

138. Resolved, that the ADA, through the appropriate agencies, produce for the 2011 ADA House of Delegates, a critical retrospective study of workforce programs in New Zealand, Australia, Saskatchewan and Great Britain or any other sources that are available.

Dr. Edward J. Green, Georgia, spoke in opposition to Resolution 138 saying, "Much work has been done on workforce issues. The leadership has expressed support of the work and the freedom it gives them to pursue studies."

Requesting a point of information, Dr. Robert S. Roda, Arizona, said, "There's no financial implication on this. I am just wondering if the maker of the resolution could give an idea or maybe the Executive Director could let us know what this might cost."

With permission from the Chair, Dr. O'Loughlin responded by saying, "Yes, we looked at this. This, in our estimation, would cost around \$150,000. This is not just ADA staff analysis. This is a much broader scope, and we feel we would have to go to an outside consulting firm."

Dr. Ronald D. Venezie, North Carolina, spoke in opposition to Resolution 138 saying, "I am very understanding of the intent of this resolution, but given the fact that we have had a lengthy debate not only in our Reference Committee on Workforce, and we now hear it could be \$150,000 cost to doing this. I would move to not adopt this resolution. We don't want to get into another debate on workforce right now."

Dr. James R. Dumas, Jr., Mississippi, moved to vote immediately. The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, Resolution 138 was not adopted.

Report of the Reference Committee on Budget, Business and Administrative Matters (Continued)

Approval of the 2011 Budget (continued): Dr. Edward Leone, Jr., treasurer, presented his report on the final 2011 budget saying, "... the pending deficit is just a touch over \$2.3 million, and the Board of Trustees is going to gather and we will work on that and give you some feedback."

Board of Trustees members were asked to meet on the dais.

While the Board was conferring, Dr. Soliday announced that there were bins in the back of the House to place any unwanted confidential House material. He said, "... that material is going to be secure. It is going to be shredded, and it is going to be handled by our legal department."

Dr. Leone concluded his report by saying, "The deficit is \$2.3 million dollars. That's what you spent. A dues increase of \$7 will increase \$746,900. We had in studying the line items in the 2011 budget, identified the potential for some reduction in our medical expense costs, that adding up to \$342,000. And beyond that, the differential between the 2009 projected surplus, not the number that was printed in your Board Report 2, that number is inaccurate. Remember it was an unaudited number. As the audit progresses and unfolds, we're learning that the surplus was actually around \$2.4 - \$2.3 million, but when we mitigate the projected deficit for the 2010 budget, we come up with a net surplus of a million dollars. Above and beyond that, in order to get this budget balanced within about \$40,000, the Board of Trustees is looking closely at reducing the SPA Program by \$100,000. We're being assured that that will not affect the SPA Program. And the decision package on the project of Find a Dentist, reducing that by \$100,000, we have been assured by Communications that that can be done without damaging that project. What that does is, it brings us down to a deficit of \$41,000, which is less than \$1 dues. And so the \$7 dues recommendation is what the Board is asking for."

Seeing no one at the microphones, the Speaker called for a vote. On vote, Resolution 35 was adopted by a two-thirds (2/3) affirmative vote.

35H-2010. Resolved, that the 2011 Annual Budget of revenues and expenses, including net capital requirements be approved.

Establishment of Dues Effective January 1, 2011 (Board of Trustees Resolution 36, *Supplement:2057*):

36. Resolved, that the dues of ADA active members shall be five hundred five dollars (\$505.00), effective January 1, 2011.

The chair moved the adoption of Resolution 36.

Dr. Idalia Lastra, Florida, moved to vote immediately. The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, Resolution 36 was adopted by a two-thirds (2/3) affirmative vote.

36H-2010. Resolved, that the dues of ADA active members shall be five hundred five dollars (\$505.00), effective January 1, 2011.

Concluding Remarks of the Speaker: Dr. Soliday stated the actions of the House of Delegates are no longer the opinions, wishes, suggestions or recommendations of any individual, committee or officer, but are now the actions of the entire House of Delegates. And as this House of Delegates is authorized under the Association's *Bylaws* to act for the entire Association, they are the actions of the entire Association. It is now incumbent upon every member of this Association to accept these facts into the House of Delegates as actions of the American Dental Association.

Adjournment

Dr. Krista M. Jones, Oklahoma, moved to adjourn *sine die*. On vote, the House of Delegates adjourned *sine die* at 1:15 p.m.

Revised Appendix III

Proposed Amendments to ADA Bylaws

This committee is proposing that the House of Delegates:

1. Amend the ADA *Bylaws*, Chapter VII. BOARD OF TRUSTEES, Section 100. DUTIES, Subsection E, as follows (deleted language stricken through and new language underscored):

E. To provide guidelines and directives to govern the Treasurer's custody investment and disbursement of Association funds and other property as provided in Chapter VIII, Section 90F, of these *Bylaws*; and to act on the recommendations of the Audit Committee~~and to cause all accounts of the Association to be audited by a certified public accountant at least once a year.~~

2. Amend the ADA *Bylaws*, Chapter VIII. ELECTIVE OFFICERS, Section 90. DUTIES, Subsection C, as follows (deleted language stricken through and new language underscored):

D. FIRST VICE PRESIDENT. It shall be the duty of the First Vice President to:

- a. Assist the President as requested.
- b. Serve as an *ex officio* member of the House of Delegates without the right to vote.
- c. Serve as an *ex officio* member of the Board of Trustees.
- d. Serve as a member of the Council on Financial Affairs.
- ~~e.~~ Succeed to the office of President, as provided in this chapter of the *Bylaws*.

3. Amend the ADA *Bylaws*, Chapter VIII. ELECTIVE OFFICERS, Section 90. DUTIES, Subsection F, as follows (deleted language stricken through and new language underscored):

F. TREASURER. It shall be the duty of the Treasurer to:

- a. Serve as custodian of all monies, securities and deeds belonging to the Association which may come into the Treasurer's possession.
- b. Hold, invest and disburse all monies, securities and deeds, subject to the direction of the Board of Trustees.
- c. Design a budgetary process in concert with the Board of Trustees.
- d. Oversee Association finances and budget development.
- e. Serve as the principal resource person for the budget reference committee in the House of Delegates and to help interpret the Association's finances for the membership.
- f. Review all financial information and data and report on financial matters to the Board of Trustees and the House of Delegates on a quarterly basis.
- g. Review travel reimbursement for the elective officers, trustees and Executive Director.

h. Serve on the Council on Financial Affairs.

i. Serve as a resource for all auditing functions.

h.j. Perform such other duties as may be provided in these *Bylaws*.

4. Amend the ADA *Bylaws*, Chapter X. COUNCILS, Section 10. NAME, to add the Council on Financial Affairs as follows (deleted language stricken through and new language underscored):

Council on Access, Prevention and Interprofessional Relations

Council on ADA Sessions

Council on Communications

Council on Dental Benefit Programs

Council on Dental Education and Licensure

Council on Dental Practice

Council on Ethics, Bylaws and Judicial Affairs

Council on Financial Affairs

Council on Government Affairs

Council on Members Insurance and Retirement Programs

Council on Membership

Council on Scientific Affairs

5. Amend the ADA *Bylaws*, Chapter X. COUNCILS, Section 20. MEMBERS, SELECTIONS, NOMINATIONS AND ELECTIONS, Subsection A, to add the following information related to the Council on Financial Affairs in its appropriate alphabetical position following the information related to the Council on Ethics, Bylaws and Judicial Affairs (deleted language stricken through and new language underscored):

Council on Financial Affairs shall be composed of eleven (11) members, selected as follows:

a. Nominations and Selection.

(1) Nine (9) members shall be nominated by the Board of Trustees, ~~from the voting members of the House of Delegates.~~ Only those members possessing the financial skills required to perform the duties of the Council shall be nominated, as determined in accordance with ~~under~~ criteria established by the House of Delegates. Those members'

* At the adjournment *sine die* of the 2010 House of Delegates, the Council on Financial Affairs shall be composed of the members of the Special Committee on Financial Affairs, the Treasurer and the First Vice-President. Additional members of the Council shall be nominated and selected by the Board of Trustees no later than the December 2010 meeting of the Board of Trustees. Three members of the Council from the Special Committee on Financial Affairs shall have one-year terms and three members of the Council from the Special Committee on Financial Affairs shall have two-year terms (to be determined by lottery or by choice of the member). The three members of the Council nominated and selected by the Board of Trustees shall have three-year terms. Each member of the Council (excluding the Treasurer and the First Vice-President) shall be eligible for an additional three-year term. This footnote shall expire at the adjournment *sine die* of the 2016 House of Delegates.

terms of office shall be staggered in such a manner that three (3) members will complete their terms each year.

(2) One (1) member shall be the First Vice President of the Association, with voting privileges.

(3) One (1) member shall be the Treasurer of the Association, with voting privileges.

b. Election.

The nine (9) members of the Council on Financial Affairs nominated by the Board of Trustees in accordance with this section shall be presented to the House of Delegates for election. ~~elected by the House of Delegates.~~

c. Audit Committee.

~~The Council on Financial Affairs shall establish a standing Audit Committee consisting of three (3) members from the Council on Financial Affairs who shall be appointed by the Council on Financial Affairs, two (2) members from the Board of Trustees who shall be appointed by the Board of Trustees, and an outside financial professional.²² The Chair of the Audit Committee will be selected from the three Council members by the members of the Council. The Audit Committee shall have those duties established by the House of Delegates.~~

6. Amend the ADA *Bylaws*, Chapter X. COUNCILS, Section 20. Subsection B, as follows (deleted language stricken through and new language underscored):

B. Nominations for all councils shall be made by the Board of Trustees except as otherwise provided in these *Bylaws*. The Board of Trustees shall adhere to the systems of nominations provided in Chapter X, Section 20A of these *Bylaws*. The House of Delegates may make additional nominations pursuant to the systems for council nominations provided in Chapter X, Section 20A of these *Bylaws*. The elective and appointive officers and the trustees of this Association shall not serve as members of councils except as otherwise provided in these *Bylaws*. Members of councils shall be elected by the House of Delegates in accordance with Chapter V, Section 150 except as otherwise provided in these *Bylaws*.

7. Amend the ADA *Bylaws*, Chapter X. COUNCILS, Section 40. CHAIRS, as follows (deleted language stricken through and new language underscored):

Section 40. CHAIRS: One member of each council shall be appointed annually by the Board of Trustees to serve as chair with exception of the Council on Dental Education and Licensure and the Council on Financial Affairs. The Chair of the Council on Dental Education and Licensure shall be appointed from nominations submitted by the Council, provided that every other year, the nominee shall be a member of the Council elected by the House of Delegates in accordance with Section 20. Members, Selections, Nominations and Elections, of this Chapter of the *Bylaws*. The Chair of the Council on Financial Affairs shall be elected by the members of the Council.

²² ~~This composition shall commence with the 2013 term. In the interim, the members of the Audit Committee (including the Chair) shall be selected in accordance with procedure determined by the Special Committee on Financial Affairs. This footnote shall expire at the adjournment *sine die* of the 2012 House of Delegates.~~

8. Amend the ADA *Bylaws*, Chapter X. COUNCILS, Section 60. Term of Office, as follows (deleted language stricken through and new language underscored):

Section 60. TERM OF OFFICE: The term of office of members of councils shall be four (4) years except as otherwise provided in these *Bylaws*. The tenure of a member of a council shall be limited to one (1) term of four (4) years except as otherwise provided in these *Bylaws*. A member shall not be eligible for appointment to another council or commission for a period of two (2) years after completing a previous council appointment. The physician and the health care facility administrator, nominated by the Board of Trustees for membership on the Council on Access, Prevention and Interprofessional Relations, shall be elected for a one (1) year term; however, such member shall not be limited as to the number of consecutive one (1) year terms that he or she may serve. The current recipient of the Gold Medal Award for Excellence in Dental Research shall serve on the Council on Scientific Affairs until the award is bestowed on the next honoree. The terms of office of the nine (9) members of the Council on Financial Affairs elected by the House of Delegates shall be three years, ~~which terms shall be staggered in such a manner that three (3) members will complete their terms each year.~~ The tenure of a member of the Council on Financial Affairs elected by the House of Delegates shall be limited to two (2) terms of three (3) years; provided that a member's tenure will not be reduced for time spent on the Council as Treasurer or First Vice-President.

9. Amend the ADA *Bylaws*, Chapter X. COUNCILS, Section 120. DUTIES, to add the following as new Subsection H and to modify the lettering in the subsequent provisions as necessary to reflect this additional Subsection (deleted language stricken through and new language underscored):

H. COUNCIL ON FINANCIAL AFFAIRS. The duties of the Council shall be to:

a. Through the Audit Committee, oversee the audit function of the Association and its subsidiaries.

b. Through the Audit Committee, communicate directly with the Board of Trustees for action on matters related to the audit function.

c. Disseminate information to the House of Delegates in accordance with a timetable prescribed by the Board of Trustees and the Council on matters related to the audit function.

d. Aid in the development of, and make recommendations for, long range financial objectives of the Association.

e. Act as a resource to the Budget and Business Matters Reference Committee.

f. Assist the Treasurer in communicating financial matters to the House of Delegates at least quarterly.

g. Assist leadership in providing ongoing education to members of the Board of Trustees, the standing committees of the Board of Trustees, the House of Delegates and the Councils on financial fiduciary obligations.

h. Assist, through administrative review, in tying budgetary allocations to the Association's strategic plan.

i. Advise and assist the Treasurer and the Board of Trustees in fulfilling their fiduciary duties in evaluating Association programs based on the relationship between the cost of the programs and the values placed on the programs by members of the Association.

j. Assist, through the Council members' participation on the Finance Committee of the Board (and therefore administrative review), the development and implementation of a system of metrics to evaluate the effectiveness of Association programs.

k. Recommend to the Board of Trustees potential modifications to Association programs based on their alignment with the strategic plan and their successful compliance with the system of metrics established, goals, and priorities as they relate to finances and cost to benefit ratios.

l. Communicate the House's perspective on the value to Association members of ongoing and new ~~member~~ programs for members to those councils, commissions and committees having responsibility for such programs.

m. Nominate ~~and urge the Board of Trustees to appoint~~ six of its members to serve on the following Board committees in the numbers indicated: two (2) members on the Strategic Planning Committee; two (2) members on the Pension Committee; and two (2) members on the Finance Committee (and therefore the administrative review committee of the Board) ~~and urge the Board of Trustees to appoint these members.~~

n. Nominate ~~for selection by the Board of Trustees~~ an outside financial professional to serve on the Audit Committee, and ~~to determine and recommend the compensation, if any, to be paid to such outside financial professional, and urge the Board of Trustees' to act on this nomination and recommendations.~~

o. Review the Organization and Rules of the Board of Trustees as they relate to financial risk management and make recommendations to the Board of Trustees.

~~p. Set the terms of office of the Audit Committee members from the Board of Trustees and the Council as three years, with a limit of two three year terms.~~

p. To communicate with and educate members of the House of Delegates on all aspects of the Association's staff retirement plans.

Scientific Session

Notes

Scientific Session

Orange County Convention Center, Orlando, Florida
October 9–12, 2010

The 2010 Annual Scientific Session was held October 9–12, 2010, at the Orange County Convention Center.

The scientific program was under the direction of the Council on ADA Sessions composed of the following members: Stephen W. Carstensen, *chair*, Bellevue, Washington; Jeremy M. Albert, CND Liaison *ex officio*, Palm Harbor, Florida; Hugo F. Bertagni, Palatine, Illinois; Michael M. Blicher, Washington, D.C.; Gary K. Dubin, Guilford, Connecticut; Mary Beth Dunn, Williamsville, New York; Randy G. Fussell, Greenville, North Carolina; Ronald K. Heier, Malvern, Pennsylvania; Gregg C. Hendrickson, 2011 CLA General Chair *ex officio*, Henderson, Nevada; Mark C. Huberty, Sheboygan,

Wisconsin; Kevin M. Laing (2011 *chair designate*), Van Wert, Ohio; William E. Lee, Lexington, Kentucky; Risé L. Martin, Lakehills, Texas; Hutson E. McCorkle, Orlando, Florida; Michael C. Meru, ASDA Liaison *ex officio*, Newbury Park, California; Roger B. Nofsinger, 2010 CLA General Chair *ex officio*, Altamonte, Florida; David K. Okano, Rock Springs, Wyoming; Gregory J. Peppes, Leawood, Kansas; Kent H. Percy, Marietta, Georgia; Michael C. Remes, Northfield, Minnesota; Richard K. Rounsaville, Torrance, California; R. Wayne Thompson, BOT Liaison *ex officio*, Shawnee, Kansas; Catherine H. Mills, director, Chicago, Illinois.

The following were presenters at the 2010 Scientific Session:

Alonge, John
Andrews, Nancy
Angelopoulos, Christos
Armato, Liz
Armstrong, Richard

Bahcall, James
Ball, John
Bambara, George
Banta, Lois
Baum, Jim
Beitler, Ken
Benjamin, Scott
Berg, Joel
Berghoff, Jana
Berryman, Susan M.
Blaes, Joseph
Blake, Jennifer
Blanchard, Peter
Block, Michael S.
Brady, Lee Ann
Branam, Shirley
Braun, James
Brooks, Sharon
Brossel, Karol
Brossel, Kenneth
Brown, Bridget
Brucia, Jeff
Budenz, Alan

Burgess, John
Butler, Bobby

Campos, Luiza
Carames, Joao
Carpenter, Charles
Carpenter, William
Christensen, Gordon
Christopher, Bruce
Ciancio, Sebastian
Clark, David
Clarkson, Janet
Coluzzi, Donald
Cooper, Lyndon
Creamer, Bob
Cross, Amanda
Crossley, Hal
Culp, Lee
Czaicki, Walt

Davis, Karen
Dayton, Dayna
de Paiva Campos, L.M..
DeNucci, Donald
DeRouen, Timothy
Díaz Guzmán, Laura
M.ía
Dickinson, Terry
Drake, Richard

Eitel, Katherine
Engelhardt-Nash, D.
Englund, George

Faria Almeida, Ricardo
Farran, Howard
Fasbinder, Dennis
Feinberg, Ed
Feuerstein, Paul
Fier, Marvin
Fine, Daniel
Flaitz, Catherine
Folse, Gregory
Fong, Cynthia
Foy, Patrick
Frances, Denise
Francis, Lee
Frantsve-Hawley, Julie

Garber, David
Geiermann, Steven
Geissberger, Marc
Gibson, Gretchen
Gilbert, Gregg
Gillette, Edith
Goksel, Tamer
Goldie, Maria Perno
Gonzales, Col. Theresa
Graham, Michael

Greenberg, Barbara
Griggs, Walter
Grover, Jane
Grover, Robert

Halliday, Rear Adm.
Christopher
Hansen, Henrik
Hargreaves, Kenneth
Haywood, Lillie A.
Haywood, Van
Heistand, Kristi
Hempton, Timothy
Henson, Niki
Hewett, Sally
Heymann, Harald
Holmgren, Christopher
Homicz, Skip
Hoopingarner, Charles
Hornbrook, David
Howell, Maria
Huffines, Randy
Hyman, Mark

Ignelzi, Michael

Jablow, Martin
Jameson, John
Jovanovic, Aleksander

Keesee, Stephen	Nash, Ross	Reeg, Capt. Edward	Thomas, John
Key, Fatima	Nordin, Jeffery	Regan, Barry	Thompson, Van
Killip, John		Rell, Donna	Troendle, Karen
Koch, Kenneth	Obucina, Lillian	Rethman, Jill	True, Geri
Kozlowski, Ken	Odiatu, Kary	Richeson, Jr., James G.	Turchetta, Anastasia
Kugel, Gerard	Odiatu, Uche	Rickles, Stephen	Turner, Porus
	Osborne, Helen	Rosette, Ashleigh	
Liberatore, Gregory	Osborne, Mary	Shelby	Unthank, Michael
Little, David		Roshkind, David	
Long, Therese	Pannes, Dianne	Ruiz, Jose-Luis	Vaselaney, John
Low Dog, Tieraona	Paquette, Jacinthe		Vernon, Kezia
	Parrish, Amy	Schiesser, Frank	Vreeland, David
Malamed, Stanley	Phillips, Todd	Schilt, Jack	
Malcmacher, Louis	Plankers, Tammara	Schmitt, Stephen	Walters, Pat
Malo, Paulo	Podschun, Gary	Schroder, Brian	West, John
Massad, Joseph	Pollick, Howard	Schroder, Evelyn	Wilder, Rebecca
Mc Grath, Mary	Poutas, Xavier	Shea, Gavin	Winston, J.
McMenamy, Megan	Prescott, William	Sheets, Cherilyn	Wolff, Mark
Meyer, Daniel	Psaltis, Gregory	Shuman, Louis	Wood, James
Miginsky, Elaine	Psaltis, Mary Ellen	Siminovsky, Gail	Worth, Sherri
Miles, Dale	Pumphrey, David	Simpson, Stephen	Wubben, Angela
Milgrom, Peter		Steinberg, Barbara	
Miller, Mark	Ramos-Gomez,	Sweeney, Char	Yang, Jie
Molinari, John	Francisco		Young, Benjamin
Morgan, Amy	Raposa, Karen	Taft, Maida	
Murphy, J. Patrick	Ratcliff, James	Tamimi, Dania	Zeller, Gregory
			Ziemiecki, Thomas

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president)

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Shippensburg, Pennsylvania
Allen, Nolan W., 2012, Clearwater,
Florida
Baber, Greg, D.M.D., 2010 (AHA),
Uvalde, Texas
Ciebien, Gerald, J., 2012,
Riverside, Illinois
Flaherty, Kevin T., M.D., 2010
(AMA), Wausau, Wisconsin
Gill, Eleanor A., 2012, Olive
Branch, Mississippi
Hanck, John J., 2013, Fort Collins,
Colorado
Hebl, Monica, 2013, Milwaukee,
Wisconsin
Heddens, Heather B., 2013,
Washington, Iowa
Holwager, David R., 2012,
Cambridge City, Indiana
Homick, A. J., 2011, New Castle,
New Hampshire
Lang, Melanie S., 2011, Veradale,
Washington
Miller, David J., 2011, East
Meadow, New York
Oneacre, Lee P., 2010, Carrollton,
Texas
Ruskin, Danielle R., *ex officio*,
New Hudson, Michigan
Scott, Brian E., 2013, Palo Alto,
California
Stanislav, Leon E., 2010,
Clarksville, Tennessee
Stasch, Jeffrey, 2010, Garden City,
Kansas
Whitman, Sidney A., 2012,
Hamilton Square, New Jersey
Lampiris, Lewis N., *director*,
Chicago, Illinois

ADA Sessions

Carstensen, Stephen W., 2010, *chair*, Bellevue, Washington
 Laing, Kevin M., 2011 (*2011 chair designate*), Van Wert, Ohio
 Albert, Jeremy M., *ex officio*, Palm Harbor, Florida
 Bertagni, Hugo F., 2013, Palatine, Illinois
 Blicher, Michael M., 2013, Washington, D.C.
 Dubin, Gary K., 2010, Guilford, Connecticut
 Dunn, Mary Beth, 2010, Williamsville, New York
 Fussell, Randy G., 2012, Greenville, North Carolina
 Heier, Ronald K., 2011, Malvern, Pennsylvania
 Hendrickson, Gregg C., *ex officio*, (2011 Committee on Local Arrangements general chair), Henderson, Nevada
 Huberty, Mark C., 2012, Sheboygan, Wisconsin
 Lee, William E., 2013, Lexington, Kentucky
 Martin, Risé L., 2010, Lakehills, Texas
 McCorkle, Hutson E., 2011, Orlando, Florida
 Nofsinger, Roger B., *ex officio* (2010 Committee on Local Arrangements chair), Altamonte Springs, Florida
 Okano, David K., 2012, Rock Springs, Wyoming
 Peppes, Gregory J., 2013, Leawood, Kansas
 Percy, Kent H., 2012, Marietta, Georgia
 Remes, Michael C., 2011, Northfield, Minnesota
 Rounsaville, Richard K., 2012, Torrance, California
 Mills, Catherine H., *director*, Chicago, Illinois

Communications, Council on

Green, Edward J., 2010, *chair*, Albany, Georgia
 Kolling, Josef N., 2011, *vice chair*, Ann Arbor, Michigan
 Berlanga, Pamela S., 2012, San

Antonio, Texas
 Brown, W. Carter, 2012, Greenville, South Carolina
 Elliott, Anita W., 2012, Chandler, Arizona
 Gellert, Jonathan R., 2011, Lowville, New York
 Giannini, Eugene T., 2011, Washington, D.C.
 Johnson, J. Michael, 2013, Owensboro, Kentucky
 Jones, Krista M., 2013, Edmond, Oklahoma
 Nase, John B., 2013, Harleysville, Pennsylvania
 Nielson, David L., 2010, Anchorage, Alaska
 Olinger, Thomas J., 2012, La Mesa, California
 Perrino, Thomas J., 2010, Cincinnati, Ohio
 Reardon, Gayle T., 2010, Sioux Falls, South Dakota
 Shenkin, Jonathan D., 2013, Augusta, Maine
 Starsiak, Mary A., 2011, Chicago, Illinois
 Tevis Poteet, Sarah A., *ex officio*, Dallas, Texas
 Wunderlich, Hugh T., 2012, Palm Harbor, Florida
 Williams, Leslee, *director*, Chicago, Illinois

Dental Benefit Programs

Oettmeier, Bert W., 2010, *chair*, Leawood, Kansas
 Plage, Robert G., 2010, *vice chair*, Wilmington, North Carolina
 Dycus, Richard W., 2013, Cookeville, Tennessee
 Eversman, Philip J., 2011, Avon, Indiana
 Futrell, Harry C., 2011, Panama City, Florida
 Jurkovich, Mark, 2010, Chisago City, Minnesota
 Klemmedson, Daniel J., 2011, Tucson, Arizona
 Machnowski, Thomas J., 2013, Woodridge, Illinois
 May, A. David, Jr., 2013, Abilene, Texas
 Passeri, Lauri A., 2012, Wind Gap,

Pennsylvania
 Prator, D. Mark, 2012, Wasilla, Alaska
 Richeson, Jim G., Jr., 2012, Bethesda, Maryland
 Seiver, Jeffrey, 2010, East Islip, New York
 Smiley, Christopher J., 2011, Grand Rapids, Michigan
 Stadeker, Wilkie J., 2012, Marietta, Georgia
 Toy, Bruce G., 2013, Stockton, California
 Unkenholz, Eric, *ex officio*, Rapid City, South Dakota
 Ura, Stephen C., 2012, Nashua, New Hampshire
 Preble, David M., *director*, Chicago, Illinois

Dental Education and Licensure

Meyerowitz, Cyril, 2011 (ADEA), *chair*, Rochester, New York
 Perkins, David, 2011 (AADB), *vice chair*, Bristol, Connecticut
 Antoon, James W., 2012 (ADA), Rockledge, Florida
 Davis, Jennifer, *ex officio*, Annville, Pennsylvania
 Edwards, Michael D., 2013 (ADA), Wedowee, Alabama
 Hupp, James R., 2010 (ADEA), Greenville, North Carolina
 Israelson, Hilton, 2013 (ADA), Richardson, Texas
 Javed, Tariq, 2013 (ADEA), Charleston, South Carolina
 Johnson, Charles E., 2012 (ADA), Moline, Illinois
 Kanna, Stanwood H., 2010 (AADB), Hanapepe, Hawaii
 Kennedy, Brian T., 2011 (ADA), Troy, New York
 Kinney, George J., Jr., 2012 (AADB), Woodbury, Minnesota
 Lloyd, Patrick M., 2012 (ADEA), Minneapolis, Minnesota
 Moore, David T., 2010 (ADA), Albuquerque, New Mexico
 Rich, Barbara A., 2010 (ADA), Cherry Hill, New Jersey
 Robinson, William F., 2013 (AADB), Tampa, Florida
 Schmidt, James L., 2011 (ADA),

Readfield, Maine
Hart, Karen, *director*, Chicago,
Illinois

Dental Practice

DeSnyder, Jerome J., 2010, *chair*,
Plattsburgh, New York
Glenn, Stephen O., 2011, *vice
chair*, Tulsa, Oklahoma
Ahlstrom, Robert H., 2010, Reno,
Nevada
Armstrong, Craig S., 2013,
Houston, Texas
Cole, Jeffrey M., 2013, Wilmington,
Delaware
D'Aiuto, C. William, 2012,
Longwood, Florida
Gardner, H. Lee, Jr., 2011,
Hartsville, South Carolina
Halasz, Michael H., 2011, Kettering,
Ohio
Johnston, Jon J., 2013,
Punxsutawney, Pennsylvania
Knapp, Jonathan B., 2013, Bethel,
Connecticut
Larsen, Christopher C., 2011,
Moline, Illinois
Liang, Christopher G., *ex officio*,
Potomac, Maryland
Newman, Roger K., 2012,
Columbia Falls, Montana
Sledd, Jamie L., 2012, Maple
Grove, Minnesota
Tippett-Whyte, Judee, 2012,
Stockton, California
Torbush, Douglas B., 2010
ad interim, Conyers, Georgia
Vandelaar, Kent L., 2010,
Chippewa Falls, Wisconsin
Zust, Mark R., 2012, St. Peters,
Missouri
Willey, James L., *director*, Chicago,
Illinois

Ethics, Bylaws and Judicial Affairs

Boden, David F., 2010, *chair*, Port
Saint Lucie, Florida
Brooks, Dwyte E., 2013, Las
Vegas, Nevada
Chinoy, Walter I., 2013, Scotch
Plains, New Jersey
Esterburg, Jeffrey C., 2013,
Medina, Ohio

Fisch, Judith M., 2010, Rutland,
Vermont
Foy, Patrick J., 2012, Minneapolis,
Minnesota
Gamba, Thomas W., 2011,
Philadelphia, Pennsylvania
Henner, Kevin A., 2013, Deer Park,
New York
Kosel, Eric B., *ex officio*, Tinley
Park, Illinois
Lantz, Marilyn S., 2012, Ann Arbor,
Michigan
McCarley, David H., 2012,
McKinney, Texas
Norbo, Kirk M., 2010, Purcellville,
Virginia
Ortego, L. Stephen, 2012, Ball,
Louisiana
Palcanis, Kent G., 2012,
Birmingham, Alabama
Sebelius, Carl L., Jr., 2011,
Memphis, Tennessee
Stein, Alan R., 2010, Northridge,
California
Tiersky, Terri S., 2011, Chicago,
Illinois
Wentworth, Rodney B., 2011,
Bellevue, Washington
Elliott, Thomas C., Jr., *director*,
Chicago, Illinois

Government Affairs

Walker, Mark V., 2010, *chair*, Kent,
Washington
Conaty, Thomas P., II, 2010, *vice
chair*, Wilmington, Delaware
Bowen, Ronald S., 2013, Midvale,
Utah
Condrey, James D., 2011, Missouri
City, Texas
Dater, Steven M., 2012, Rockford,
Michigan
Determan, Amber A., 2013,
Mitchell, South Dakota
Fields, Henry W., Jr., 2013,
Columbus, Ohio
Jernigan, Kim U., 2012, Pensacola,
Florida
Klima, Rodney J., 2011, Burke,
Virginia
McDonald, Fred T., 2010, Pine
Bluff, Arkansas
Mooney, John J., 2012, Putnam,
Connecticut

Neary, Matthew J., 2011, New York,
New York
Ray, Herbert L., Jr., 2013, Lower
Burrell, Pennsylvania
Robertson, Stephen W., 2010,
Bowling Green, Kentucky
Schinnerer, Donald M., 2011, San
Ramon, California
Swilling, Stacey E., *ex officio*,
Sheridan, Arkansas
Testa, Ronald G., 2012, Frankfort,
Illinois
Triftshauser, Roger W., *ex officio*,
Batavia, New York
Weinman, Richard A., 2012,
Atlanta, Georgia
Spangler, Thomas J., Jr., *director*,
Washington, D.C.

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Montgomery, Alabama
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chair*, San Diego, California
Abshire, Philip M., 2011,
Albuquerque, New Mexico
Collins, Ron, 2013, Houston, Texas
Dodge, Jeffrey E., 2013,
Woonsocket, Rhode Island
Dorris, George B., Jr., 2012,
Shalimar, Florida
Eisenhart, Craig A., 2012,
Huntingdon, Pennsylvania
Fink, Steven R., 2012, Kinnelon,
New Jersey
Gerber, C. Richard, 2011, Saint
Marys, West Virginia
Imburgia, Louis A., 2011, Park
Ridge, Illinois
Jilek, Spencer S., 2012, Pasco,
Washington
Lo, Garrick J., *ex officio*, Redmond,
Washington
Morrison, Scott L., 2010, Omaha,
Nebraska
Rawls, Douglas S., 2013, North
Charleston, South Carolina
Rosenbaum, George F., 2013,
Boulder City, Nevada
Shall, Stephen M., 2010, Toledo,
Ohio
Weinberger, Mark J., 2012, Troy,
New York

Zoutendam, Gary L., 2010, Battle Creek, Michigan
 Dwyer, David R., *director*, Chicago, Illinois

Membership

Buckenheimer, Terry L., 2010, *chair*, Tampa, Florida
 Hughson-Otte, Virginia A., 2011, *vice chair*, Valencia, California
 Bainbridge, Jean E., 2013, Dallas, Texas
 Bauman, Mark A., 2013, Saratoga Springs, New York
 Benson, Sean A., 2010, Baker City, Oregon
 Card, Rex B., 2011, Raleigh, North Carolina
 Christy, Todd R., 2011, Berrien Springs, Michigan
 Goad, Jamie, 2013, Carrizozo, New Mexico
 Jerome, Jennifer J., *ex officio*, Akron, Ohio
 Martin, William F., III, 2011, Towson, Maryland
 Moore, T. Delton, 2012, Woodville, Mississippi
 Morledge, George B., III, 2010, Little Rock, Arkansas
 Rich, Jonathan W., 2012, Dry Ridge, Kentucky
 Rosenthal, Nancy R., 2012, Jenkintown, Pennsylvania
 Thomsen, Brett S., 2012, Omaha, Nebraska
 Vouras, Lisa, 2012, Reading, Massachusetts
 Yonan, Kenneth P., 2013, Glenview, Illinois
 Zucker, William J., 2010, Sandusky, Ohio
 Rauchenecker, Steven M., *director*, Chicago, Illinois

Scientific Affairs

Rethman, Michael P., 2010, *chair*, Kaneohe, Hawaii
 Hellstein, John W., 2012, *vice chair*, Iowa City, Iowa
 Armstrong, Steve R., 2011, Iowa City, Iowa
 Buhite, Robert J., Sr., 2011, Rochester, New York

Burgess, John O., 2011, Birmingham, Alabama
 Chalian, G. Garo, 2013, Castle Rock, Colorado
 Crews, Karen M., 2010, Jackson, Mississippi
 Harrel, Stephen K., 2013, Dallas, Texas
 Lingen, Mark W., 2010, Oak Park, Illinois
 Newman, Clint E., *ex officio*, Nashville, Tennessee
 Sauk, John J., 2012, Louisville, Kentucky
 Slavkin, Harold C., 2012, Los Angeles, California
 Somerman, Martha J., 2013, Seattle, Washington
 Streckfus, Charles F., 2012, Houston, Texas
 Taylor, George W., III, 2011, Ann Arbor, Michigan
 Whitaker, S. Bryan, 2013, Springdale, Arkansas
 Wong, David T., 2010, Los Angeles, California
 Wright, John Timothy, 2012, Chapel Hill, North Carolina
 Zentz, Ronald, *senior director*, Chicago, Illinois

Commissions

Dental Accreditation

Edgar, Bryan, 2010 (AADB), *chair*, Federal Way, Washington
 Turner, Sharon, 2011 (ADEA), *vice chair*, Lexington, Kentucky
 Biermann, Michael E., 2013 (ADA), Portland, Oregon
 Buchanan, Richard, 2012 (ADEA), Buffalo, New York
 Carlson, Eric R., 2013 (AAOMS), Knoxville, Tennessee
 Casamassimo, Paul, 2011 (AAPD), Columbus, Ohio
 Curran, Elizabeth, 2013 (NADL), Mesa, Arizona
 Elliott, O. Andy, II, 2010 (ADA) *ad interim*, Martin, Kentucky
 Hopke, Corwyn, 2011 (ADEA/ASDA), New York, New York
 Iacono, Vincent J., 2010 (AAP), Stony Brook, New York

Joondeph, Donald R., 2011 (AAO), Bellevue, Washington
 Kantor, Mel L., 2011 (AAOMR), Newark, New Jersey
 Kershenstein, Karen W., 2011 (Public Member), Fairfax Station, Virginia
 Knoernschild, Kent L., 2013 (ACP), Chicago, Illinois
 Koppelman, Lee, 2012 (Public Member), Stony Brook, New York
 Leonard, Kathleen, 2011 (ADHA), Duluth, Minnesota
 Marinelli, Charles, 2013 (AADB), Warren, Michigan
 Messura, Judith, 2013 (AAHD/ADEA), Winston-Salem, North Carolina
 Nalley, Logan, 2011 (AADB), Augusta, Georgia
 Nelson, Anna, 2012 (ADAA), San Francisco, California
 Pelot, Reuben N., III, 2011 (ADA), Knoxville, Tennessee
 Ray, Robert G., 2012 (AADB), Laurel, Maryland
 Reed, Michael, 2010 (ADEA), Kansas City, Missouri
 Richter, Mary K., 2010 (Public Member), Mascoutah, Illinois
 Rouse, Leo E., 2013 (ADEA), Bowie, Maryland
 Thomalla, Kenneth, 2010 (Public Member), Orland Park, Illinois
 Tonelli, J. Steven, 2012 (ADA), North Reading, Massachusetts
 Wenckus, Christopher, 2012 (AAE), Chicago, Illinois
 White, B. Alexander, 2012 (AAPHD), Westborough, Massachusetts
 Wright, John M., 2010 (AAOMP), Dallas, Texas
 Ziebert, Anthony, *director*, Chicago, Illinois

National Dental Examinations

Horn, Bruce D., 2010 (AADB), *chair*, Tulsa, Oklahoma
 Radack, Stephen T., III, 2011 (ADA), *vice chair*, Erie, Pennsylvania
 Byrne, Ellen B., 2012 (ADEA), Richmond, Virginia

Conard, George D., Jr., 2011 (AABD), Huntington, West Virginia
 Cunningham, Kari, 2010 (ASDA), Euclid, Ohio
 Dixon, Barbara Leatherman, 2010 (ADHA), Salt Lake City, Utah
 Donahue, Jeri Ann, 2013 (AADB), Cheyenne, Wyoming
 Glass, Birgit J., 2013 (ADEA), San Antonio, Texas
 Seeley, Ron J., 2010 (ADA), Williston, North Dakota
 Shampaine, Guy, 2013 (AADB), Annapolis, Maryland
 Sill, J. Stephen, 2012 (AADB), Las Vegas, Nevada
 Spielman, Andrew, 2011 (ADEA), New York, New York
 St. Cyr, Zeno W., II, 2010 (Public), Fort Washington, Maryland
 Trager, Peter S., 2013 (ADA), Marietta, Georgia
 Trinca, Samuel A., 2012 (AADB), Munroe, Louisiana
 Kramer, Gene, *director*, Chicago, Illinois

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 Enos, Jennifer L., 2013, Scottsdale, Arizona
 Jerome, Jennifer J., 2011, Akron, Ohio
 Kosel, Eric B., 2013, Tinley Park, Illinois
 Liang, Christopher G., 2010, Potomac, Maryland
 Lo, Garrick J., 2010, Redmond, Washington
 Miller, Keri L., 2012, Auburn, Alabama
 Niewald, Matthew A., 2012, Lee's Summit, Missouri
 Ruskin, Danielle R., 2012, New

Hudson, Michigan
 Salierno, Christopher J., 2013, Huntington, New York
 Swilling, Stacey E., 2011, Sheridan, Arkansas
 Tevis Poteet, Sarah A., 2012, Dallas, Texas
 Unkenholz, Eric, 2012, Rapid City, South Dakota
 Vakil, Shamik S., 2013, Chicago, Illinois
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 Bongiorno, Joseph
 Bonn, Kevin
 Bradley, Cynthia
 Bradley, Tiffany
 Buchanan, Philip
 Burns, Michelle
 Burtrum, Renae

Calderone, Joseph
 Calderone, Tina
 Cannon, Annie
 Carbonneau, Lucy
 Carbonneau, Roger
 Carr, Natalie
 Causey, Cristin
 Chambliss, Deborah
 Chavez, Hugo
 Childers, Heather

Choi, John
 Chothia, Hashim
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 Christian, David
 Clark, Debra
 Cline, Cassie
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 Couch, Nicole
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 Davis, Sandra
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 Dropkin, Stuart
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 Drumm, Susan
 Dvorak, Michael

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Falkner, Carole
 Falkner, Eric
 Fan, Stephen
 Feldman, James
 Fields, Robert
 Flack, Judith
 Flatley, James
 Folan, Sarah
 Frazier, Leslie
 Fronczek, Brian

García Amador, Rosa
 Gefroh, Ruth
 Gesenhues, Elizabeth
 Gilpin, Damaris
 Gilyard, Yolanda
 Glosson, Charles
 Gonsalves, Norma
 Good, Gabriella
 Goodman, Erica

Goodrich, Meredith
 Gordon, Brittany
 Gordy, Chaney
 Greear, Carter
 Greear, Deborah
 Grenevicki, Lance
 Grimes, Jerald
 Gulde, Anthony

Hameer, Zainab
 Hamilton, Sharon
 Hannigan, Arthur
 Hards, Michael
 Hardy, Brittni
 Harkleroad, Kitty
 Hawley, Malcolm
 Hawley, Nancy
 Hay, Nicole
 Heidrich, Paul
 Herbeck, Gary
 Hidebrand, Erin
 Hill, Curtis
 Hite, D. Stanley
 Hite, Sydney
 Hochfelder, Steven
 Holmes, Kathe
 Holstein, Susan
 Hu, Fay
 Hubbell, Jennifer
 Hughes, Bert
 Huhn, Douglas
 Hunter, Thomas

Inamagua, Diana
 Iranmanesh, Mohammad

Jacobson, Jeffrey
 Johnson, Jay
 Johnson, Joanne
 Johnson, Lucien
 Jones, Barbara
 Jones, MaryAnne
 Ju, Sujin
 Junca, David

Kahn, Bernie
 Kalwara, Kristin
 Kanani, Shahnaz
 Keese, Melinda
 Kent, Bill
 Kessler, Melvin
 King, Catherine
 King, William
 Kingston, Alan

Kittredge, Bob
 Konicek, Erin
 Koss, Tamara
 Krueger, John
 Kuack, Dennis

Lang, Jeffrey
 Langan, Michael
 Larkin, Lorraine
 Lawrence, Joseph
 Layman, William
 Layton, J. Michael
 Le, Nhu
 Le Compte, E. Joseph
 Leahy, Brenda
 Lease, Gary
 LeCorn, Demetrick
 Lee, Audrey
 Lee, Cherie
 Lee, Melvin
 Lemieux, Peter
 Lepeak, Patrick
 Levine, Richard
 Lilo, Sandra
 Lohr, John
 Lohr, Joyce
 Loupin, Teresa
 Lowell, Linda
 Lynn, Julie

Mallatt, Marsha
 Margolis, Arthur
 Marko, Natasha
 Marrero, Yolanda
 Martin, Jeffrey
 Martínez, Ernesto
 Massaro, Anthony
 Massingill, Douglas
 Matar, Ramzi
 Mathis, Roderick
 Mayo, Nathan
 Mc Intosh, David
 McDowell, Sophia
 McGann, Gregory
 McMichael, Cari
 McMillan, Arika
 Mcrae, Tiffany
 Medvesky, Carole
 Mehta, Deepa
 Mehta, Kalpesh
 Metcalf, Sonia
 Midkiff, James
 Miller, Hank
 Montabano, Nicole

Moore, Gabi
Morgan, Joseph
Mosier, Norma
Mosier, Richard
Mund, Lawrence
Murray, Shannon

Nabbout, Rosanie El
Nantz, William
Nelson, Donald
Nelson, Jay
Nofsinger, Leigh

Ordona, Mario
Ordona, Natividad
Ortiz, Roberta
Oser, Howard
Osorio, Christopher
Outlaw, James

Pabon, Angela
Padgett, Carrie
Parker, Bianca
Patel, Priya
Pavsner, Michelle
Pellarin, Sunny
Perryman, Michelle
Pickelsimer, Lisa
Pierre, Paola
Pinder, Linn
Pinero, Hector
Pipkin, Joseph
Pirino, Raymond
Pittman, Nadia
Pollard, Kristin
Ponder, Bridget
Poole, Robin
Pop, Daniela
Porter-Harris, Beth
Powell, Ashley
Prakash, Jai
Pranikoff, Cheryl
Pranikoff, Howard
Prato, Esperanza
Prebyl, Kelli
Probst, Missy
Pruett, Tim
Puerto, Sandra

Raeman, Danielle
Rainer, Cheryl
Rampertaap, Vic Maheswar
Rampi, Richard
Randolph, Amelia

Ravenscroft, Sheree
Rawal, Sundeep
Renda, Rhonda
Ridilla, Pamela
Rinaudo, Paula
Rodriguez, Herminia
Rodriguez, Wilfredo
Roemer, Katie
Ross Jr., Charles
Rothman, Amy
Rowe, Mary
Rudd, Kevin
Ruiz, Melissa
Russell, Deborah
Russell, Kelli

Sandoval, Nadia
Sandy, Pamela
Santiago, Francheska
Saoji, Mohan
Schmidt, Jackie
Schmitt, Charles
Schmitt, Nancy
Seberg, Lance
Segal, Jan
Segal, Robert
Shaffer, Marybeth
Shapiro, Larry
Shapiro, Merna
Shelling, Pamela
Sieverts, Tiffany
Simpson, Michael
Simpson, Scott
Skoby, Julie
Smith, Pamela
Smith, Susan
Snodgrass, Kayte
Solberg, Kirk
Steffens, Elizabeth
Stevens, Gary
Stewart, Roger
Stone, Craig
Stratton, Lou Ann
Strickland, Carolyn
Sutton, Dave
Sutton, Lawrence

Temple, Tim
Thomas, Antony
Thomas, Gracy
Thomas, Puthenpurakal
Thompson, Barbara
Thompson, Cheryl
Tibbetts, V. Roger

Tillery, Don
Todd, Mark
Todd, Pamela
Tom, Franson
Torres, Anibal
Torres, Annabella
Torres, Ernesto
Townsend, Wade
Tran, Diane
Tringas, Andrew

Underwood, Alfred
Ungaro, Patty
Unger, Cathy

Van Ness, Kendall
Vandevenne, Lynn
Venters, Tanya

Waldheim Sr., Eddie
Warlow, Megan
Watson, Franklin
Watson, Rebecca
Waycott, Jocilyn
Wealing, Tracey
Weaver, Shauna
Weber, Kurt
Weinstein, Jason
White, Chelsea
White, Diane
Wiener, Todd
Williams, Gina
Williams, Jacqueline
Williams, Jamie
Williams, Marcus
Wilson, Martha
Winget, Lindsey
Winkler, Brittany
Winstead, Stacy
Witonsky, Jason
Womack, Deborah
Wong, Anthony
Wu, Janet

Yamashita, Geary
Yates-Marshall, Judy
Young, Jill
Yurkiewicz, Lisa

Zak, Brett
Zuknick, Lissette

Notes

Appendix

Notes

Historical Record

The American Dental Association was organized at Niagara Falls, NY, August 3, 1859. President of this organizing convention was W.W. Allport and the Secretary was J. Taft. Permanent organization was effected in Washington, D.C. July 3, 1860, when the officers *pro tem* were succeeded by regularly elected officers. In 1861 no session was held, owing to the Civil War; since then, the sessions

have been held annually with the exception of 1945, when no session was held because of World War II. In 1897 the Association united with the Southern Dental Association, and the name was changed to the "National Dental Association," which name was retained until 1922, when the earlier name was resumed. A complete list of the officers and sessions follows.

American Dental Association

Term	President	Corresponding Secretary	Recording Secretary	Date of Meeting	Place of Meeting
1860–61	W. H. Atkinson	W. M. Rogers	J. Taft		No meeting
1861–62	W. H. Atkinson	W. M. Rogers	J. Taft	1862	Cleveland
1862–63	G. Watt	J. F. Johnson	J. Taft	1863	Philadelphia
1863–64	W. H. Allen	C. R. Butler	J. Taft	1864	Niagara Falls
1864–65	J. H. McQuillen	G. W. Ellis	J. Taft	1865	Chicago
1865–66	C. W. Spalding	L. D. Shepard	J. Taft	1866	Boston
1866–67	C. P. Fitch	A. Hill	J. Taft	1867	Cincinnati
1867–68	A. Lawrence	C. R. Butler	J. Taft	1868	Niagara Falls
1868–69	Jonathan Taft	J. McManus	Edgar Park	1869	Saratoga Springs
1869–70	Homer Judd	I. A. Salmon	M. S. Dean	1870	Nashville
1870–71	W. H. Morgan	I. A. Salmon	M. S. Dean	1871	White Sulphur Springs, WV
1871–72	G. H. Cushing	I. A. Salmon	M. S. Dean	1872	Niagara Falls
1872–73	P. G. C. Hunt	J. Taft	M. S. Dean	1873	PutinBay, Ohio
1873–74	T. L. Buckingham	J. Taft	M. S. Dean	1874	Detroit
1874–75	M. S. Dean	G. L. Field	C. S. Smith	1875	Niagara Falls
1875–76	A. L. Northrop	J. H. McQuillen	C. S. Smith	1876	Philadelphia
1876–77	G. W. Keely	J. H. McQuillen	C. S. Smith	1877	Chicago
1877–78	F. H. Rehwinkel	M. H. Webb	M. S. Dean	1878	Niagara Falls
1878–79	H. J. McKellops	A. O. Rawls	G. H. Cushing	1879	Niagara Falls
1879–80	L. D. Shepard	M. H. Webb	G. H. Cushing	1880	Boston
1880–81	C. N. Pierce	A. M. Dudley	G. H. Cushing	1881	New York
1881–82	H. A. Smith	A. M. Dudley	G. H. Cushing	1882	Cincinnati
1882–83	W. H. Goddard	A. W. Harlan	G. H. Cushing	1883	Niagara Falls
1883–84	E. T. Darby	A. W. Harlan	A. H. Peck	1884	Saratoga Springs
1884–85	J. N. Crouse	A. W. Harlan	A. H. Peck	1885	Minneapolis
1885–86	W. C. Barrett	A. W. Harlan	G. H. Cushing	1886	Niagara Falls
1886–87	W. W. Allport	A. W. Harlan	G. H. Cushing	1887	Niagara Falls
1887–88	Frank Abbott	F. A. Levy	G. H. Cushing	1888	Louisville
1888–89	C. R. Butler	F. A. Levy	G. H. Cushing	1889	Saratoga Springs
1889–90	M. W. Foster	F. A. Levy	G. H. Cushing	1890	Excelsior Springs
1890–91	A. W. Harlan	F. A. Levy	G. H. Cushing	1891	Saratoga Springs
1891–92	W. W. Walker	F. A. Levy	G. H. Cushing	1892	Niagara Falls
1892–93	J. D. Patterson	F. A. Levy	G. H. Cushing	1893	Chicago
1893–94	J. D. Patterson	F. A. Levy	G. H. Cushing	1894	Old Point Comfort, VA
1894–95	J. Y. Crawford	E. E. Chase	G. H. Cushing	1895	Asbury Park, NJ
1895–96	J. Y. Crawford	E. E. Chase	G. H. Cushing	1896	Saratoga Springs
1896–97	James Truman	F. A. Levy	G. H. Cushing	1897	Old Point Comfort, VA

National Dental Association

Term	President	Corresponding Secretary	Recording Secretary	Date of Meeting	Place of Meeting
1897–98	Thomas Fillebrown	E. E. Chase	G. H. Cushing	1898	Omaha
1898–99	H. J. Burkhart	E. E. Chase	G. H. Cushing	1899	Niagara Falls
1899–1900	B. Holly Smith	E. E. Chase	G. H. Cushing	1900	Old Point Comfort, VA
1900–01	G. V. Black	M. E. Gallup	G. H. Cushing	1901	Milwaukee
1901–02	J. A. Libbey	J. D. Pfeiffer	G. H. Cushing	1902	Niagara Falls
1902–03	L. G. Noel	W. D. Tracy	A. H. Peck	1903	Asheville, NC
1903–04	C. G. Chittenden	C. S. Butler	A. H. Peck	1904	St. Louis (Business only)
1904–05	W. E. Boardman	C. S. Butler	A. H. Peck	1905	Buffalo
1905–06	M. F. Finley	C. S. Butler	A. H. Peck	1906	Atlanta
1906–07	A. H. Peck	B. L. Thorpe	C. S. Butler	1907	Minneapolis
1907–08	William Carr	B. L. Thorpe	C. S. Butler	1908	Boston
1908–09	V. E. Turner	H. C. Brown	C. S. Butler	1909	Birmingham
1909–10	B. L. Thorpe	H. C. Brown	C. S. Butler	1910	Denver
1910–11	E. S. Gaylord	C. W. Rodgers	H. C. Brown	1911	Cleveland
1911–12	A. R. Melendy	C. W. Rodgers	H. C. Brown	1912	Washington, DC
1912–13	F. O. Hetrick	C. W. Rodgers	H. C. Brown	1913	Kansas City, MO

Reorganized July 10, 1913

Term	President	General Secretary	Treasurer	Date of Meeting	Place of Meeting
1913–14	H. C. Brown	Otto U. King	H. B. McFadden	1914	Rochester, NY
1914–15	D. M. Gallie	Otto U. King	A. R. Melendy	1915	San Francisco (H of D only)
1915–16	T. P. Hinman	Otto U. King	A. R. Melendy	1916	Louisville
1916–17	L. L. Barber	Otto U. King	A. R. Melendy	1917	New York
1917–18	W. H. G. Logan	Otto U. King	A. R. Melendy	1918	Chicago
1918–19	C. V. Vignes	Otto U. King	A. R. Melendy	1919	New Orleans
1919–20	J. V. Conzett	Otto U. King	A. R. Melendy	1920	Boston
1920–21	H. E. Friesell	Otto U. King	A. R. Melendy	1921	Milwaukee

American Dental Association

Term	President	Secretary	Treasurer	Date of Meeting	Place of Meeting
1921–22	T. B. Hartzell	Otto U. King	A. R. Melendy	1922	Los Angeles
1922–23	J. P. Buckley	Otto U. King	A. R. Melendy	1923	Cleveland
1923–24	W. A. Giffen	Otto U. King	A. R. Melendy	1924	Dallas
1924–25	C. N. Johnson	Otto U. King	A. R. Melendy	1925	Louisville
1925–26	Sheppard W. Foster	Otto U. King	A. R. Melendy	1926	Philadelphia
1926–27	Henry L. Banzhaf	Otto U. King	A. R. Melendy	1927	Detroit
1927–28	R. H. Volland	H. B. Pinney	A. R. Melendy	1928	Minneapolis
1928–29	Percy R. Howe	H. B. Pinney	R. H. Volland	1929	Washington, DC
1929–30	R. Boyd Bogle	H. B. Pinney	R. H. Volland	1930	Denver
1930–31	Robert T. Oliver	H. B. Pinney	R. H. Volland	1931	Memphis
1931–32	Martin Dewey	H. B. Pinney	R. H. Volland	1932	Buffalo
1932–33	G. Walter Dittmar	H. B. Pinney	R. H. Volland	1933	Chicago
1933–34	Arthur C. Wherry	H. B. Pinney	R. H. Volland	1934	St. Paul
1934–35	Frank M. Casto	H. B. Pinney	R. H. Volland	1935	New Orleans
1935–36	George B. Winter	H. B. Pinney	R. H. Volland	1936	San Francisco

Term	President	Secretary	Treasurer	Date of Meeting	Place of Meeting
1936–37	Leroy M.S. Miner	H. B. Pinney	R. H. Volland	1937	Atlantic City
1937–38	C. Willard Camalier	H. B. Pinney	R. H. Volland	1938	St. Louis
1938–39	Marcus L. Ward	H. B. Pinney	R. H. Volland	1939	Milwaukee
1939–40	Arthur H. Merritt	H. B. Pinney	R. H. Volland	1940	Cleveland
1940–41	Wilfred R. Robinson	H. B. Pinney	R. H. Volland	1941	Houston
1941–42	Oren A. Oliver	H. B. Pinney	R. H. Volland	1942	St. Louis (H of D only)
1942–43	J. Ben Robinson	H. B. Pinney	R. H. Volland	1943	Cincinnati (H of D only)
1943–44	C. Raymond Wells	H. B. Pinney	R. H. Volland	1944	Chicago (H of D only)
1944–45	Walter H. Scherer	H. B. Pinney	R. H. Volland		No meeting
1945–46	Walter H. Scherer	H. B. Pinney	R. H. Volland	1946	Miami (H of D only)
1946–47	Sterling V. Mead	H. Hillenbrand	R. H. Volland	1947	Boston
1947–48	H. B. Washburn	H. Hillenbrand	R. H. Volland	1948	Chicago
1948–49	C. F. Minges	H. Hillenbrand	H. B. Washburn	1949	San Francisco
1949–50	Philip E. Adams	H. Hillenbrand	H. B. Washburn	1950	Atlantic City
1950–51	Harold W. Oppice	H. Hillenbrand	H. B. Washburn	1951	Washington, DC
1951–52	LeRoy M. Ennis	H. Hillenbrand	H. B. Washburn	1952	St. Louis
1952–53	Otto W. Brandhorst	H. Hillenbrand	H. B. Washburn	1953	Cleveland
1953–54	Leslie M. Fitzgerald	H. Hillenbrand	H. B. Washburn	1954	Miami
1954–55	Daniel F. Lynch	H. Hillenbrand	H. B. Washburn	1955	San Francisco
1955–56	Bernerd C. Kingsbury	H. Hillenbrand	H. B. Washburn	1956	Atlantic City
1956–57	Harry Lyons	H. Hillenbrand	H. B. Washburn	1957	MiamiMiami Beach
1957–58	William R. Alstadt	H. Hillenbrand	H. B. Washburn	1958	Dallas
1958–59	Percy T. Phillips	H. Hillenbrand	H. B. Washburn	1959	New York
1959–60	Paul H. Jeserich	H. Hillenbrand	H. B. Washburn	1960	Los Angeles
1960–61	Charles H. Patton	H. Hillenbrand	H. B. Washburn	1961	Philadelphia
1961–62	John R. Abel	H. Hillenbrand	P. H. Jeserich	1962	Miami Beach
1962–63	Gerald D. Timmons	H. Hillenbrand	P. H. Jeserich	1963	Atlantic City
1963–64	James P. Hollers	H. Hillenbrand	P. H. Jeserich	1964	San Francisco
1964–65	Fritz A. Pierson	H. Hillenbrand	E. Jeff Justis	1965	Las Vegas
1965–66	Maynard K. Hine	H. Hillenbrand	E. Jeff Justis	1966	Dallas
1966–67	William A. Garrett	H. Hillenbrand	E. Jeff Justis	1967	Washington, DC
1967–68	F. Darl Ostrander	H. Hillenbrand	R. K. Trueblood	1968	Miami Beach
1968–69	Hubert A. McGuirl	H. Hillenbrand	R. K. Trueblood	1969	New York
1969–70	Harry M. Klenda	C. G. Watson	R. K. Trueblood	1970	Las Vegas
1970–71	John M. Deines	C. G. Watson	H. S. Eberhardt	1971	Atlantic City
1971–72	Carl A. Laughlin	C. G. Watson	H. S. Eberhardt	1972	San Francisco
1972–73	Louis A. Saporito	C. G. Watson	H. S. Eberhardt	1973	Houston
1973–74	Carlton H. Williams	C. G. Watson	J. W. Etherington	1974	Washington, DC
1974–75	L. M. Kennedy	C. G. Watson	J. W. Etherington	1975	Chicago
1975–76	Robert B. Shira	C. G. Watson	J. W. Etherington	1976	Las Vegas
1976–77	Frank F. Shuler	C. G. Watson	J. H. Pfister	1977	Miami Beach
1977–78	Frank P. Bowyer	C. G. Watson	I. L. Kerr	1978	Anaheim
1978–79	Joseph P. Cappuccio	J. M. Coady	J. J. Houlihan	1979	Dallas
1979–80	I. Lawrence Kerr	J. M. Coady	R. H. Griffiths	1980	New Orleans
1980–81	John J. Houlihan	J. M. Coady	R. B. Dixon	1981	Kansas City, MO
1981–82	Robert H. Griffiths	J. M. Coady	D. E. Bentley	1982	Las Vegas
1982–83	Burton H. Press	J. M. Coady	J. L. Bomba	1983	Anaheim
1983–84	Donald E. Bentley	J. M. Coady	A. L. Ryan	1984	Atlanta
1984–85	John L. Bomba	J. M. Coady	A. Kobren	1985	San Francisco
1985–86	Abraham Kobren	T. J. Ginley	J. A. Devine	1986	Miami Beach
1986–87	Joseph A. Devine	T. J. Ginley	J. A. Saddoris	1987	Las Vegas
1987–88	James A. Saddoris	T. J. Ginley	A. A. Dugoni	1988	Washington, DC

Term	President	Secretary	Treasurer	Date of Meeting	Place of Meeting
1988–89	Arthur A. Dugoni	T. J. Ginley	R. M. Overbey	1989	Honolulu
1989–90	R. Malcolm Overbey	T. J. Ginley	E. J. Truono	1990	Boston
1990–91	Eugene J. Truono	T. J. Ginley	G. T. Morrow	1991	Seattle
1991–92	Geraldine T. Morrow	W. E. Allen	J. H. Harris	1992	Orlando
1992–93	Jack H. Harris	J. S. Zapp	J. F. Mercer	1993	San Francisco
1993–94	James H. Gaines	J. S. Zapp	J. F. Mercer	1994	New Orleans
1994–95	Richard D'Eustachio	J. S. Zapp	J. F. Mercer	1995	Las Vegas
1995–96	William S. Ten Pas	J. S. Zapp	J. F. Mercer	1996	Orlando
1996–97	Gary Rainwater	J. S. Zapp	R. M. Rosas	1997	Washington, DC
1997–98	David A. Whiston	J. S. Zapp	R. M. Rosas	1998	San Francisco
1998–99	S. Timothy Rose	J. S. Zapp	R. M. Rosas	1999	Honolulu
1999–2000	Richard F. Mascola	J. S. Zapp	R. M. Rosas	2000	Chicago
2000–01	Robert M. Anderton	J. B. Bramson	M. J. Feldman	2001	Kansas City, MO
2001–02	D. Gregory Chadwick	J. B. Bramson	M. J. Feldman	2002	New Orleans
2002–03	T. Howard Jones	J. B. Bramson	M. J. Feldman	2003	San Francisco
2003–04	Eugene Sekiguchi	J. B. Bramson	M. J. Feldman	2004	Orlando
2004–05	Richard Haught	J. B. Bramson	M. J. Feldman	2005	Philadelphia
2005–06	Robert M. Brandjord	J. B. Bramson	M. J. Feldman	2006	Las Vegas
2006–07	Kathleen Roth	J. B. Bramson	Edward Leone	2007	San Francisco
2007–08	Mark J. Feldman		Edward Leone	2008	San Antonio
2008–09	John S. Findley	K. T. O'Loughlin	Edward Leone	2009	Honolulu
2009–10	Ronald L. Tankersley	K. T. O'Loughlin	Edward Leone	2010	Orlando

Living Former Presidents, American Dental Association

Term	President	Term	President
1976–1977	Frank F. Shuler	1998–1999	S. Timothy Rose
1982–1983	Burton H. Press	2000–2001	Robert M. Anderton
1986–1987	Joseph A. Devine	2001–2002	D. Gregory Chadwick
1988–1989	Arthur A. Dugoni	2002–2003	T. Howard Jones
1991–1992	Geraldine T. Morrow	2003–2004	Eugene Sekiguchi
1992–1993	Jack H. Harris	2004–2005	Richard Haught
1993–1994	James H. Gaines	2005–2006	Robert M. Brandjord
1994–1995	Richard W. D'Eustachio	2006–2007	Kathleen Roth
1995–1996	William S. Ten Pas	2007–2008	Mark J. Feldman
1996–1997	Gary Rainwater	2008–2009	John S. Findley
1997–1998	David A. Whiston	2009–2010	Ronald L. Tankersley

Attendance Record

	REGISTERED	MEETINGS			
		1	2	3	4
Air Force					
Delegates 2					
Bergeron, Brian E., Ocean Springs, MS	•	•	•	•	•
Caron, Gerard A., Universal City, TX	•	•	•	•	•
Alternates					
Kane, Sheryl L., Alexandria, VA	•				
Wajdowicz, Michael N., San Antonio, TX	•				
Alabama					
Delegates 5					
Ingram, William L., Huntsville	•	•	•	•	•
Isbell, Gordon R., III, Gasden	•	•	•	•	•
Mitchell, G. Lewis, Jr., Gadsden	•	•	•	•	•
Stevens, Alvin W., Jr., Birmingham	•	•	•	•	•
Thomas, E. Gaines, Mobile	•	•	•	•	•
Alternates					
Anderson, K. David, Tuscaloosa					
Bishop, Deborah S., Huntsville	•				
Browder, Larry F., Montgomery	•				
Edwards, Michael, Wedowee					
Stiegler, Kim E., Mobile	•				
Alaska					
Delegates 2					
Eichler, David, North Pole	•	•	•	•	•
Moleski, Christine, Juneau	•	•	•	•	•
Alternates					
Prator, Mark, Wasilla	•				
American Student Dental Association					
Delegates 5					
Bensch, Brittany T., Seattle, WA	•	•	•	•	•
Hopke, Corwyn, New York, NY	•	•	•	•	•
Mellion, Alex, Cleveland, OH	•	•	•	•	•
Tacha, Koko K., Lincoln, NE	•	•	•	•	•
Vlahos, Stephanie N., Henrico, VA	•	•	•	•	•
Alternates					
Dulde, Ryan C., Milwaukee, WI	•				
Heidenreich, Jim, Jackson, MI	•				
Modiri, Tessa M., Baltimore, MD	•				
Read-Fuller, Andrew M., Los Angeles, CA	•				
Sever, Naomi S., San Antonio, TX	•				
Arizona					
Delegates 7					
Caputo, Anthony C., Tucson	•	•	•	•	•
Cobb, Regina E., Kingman	•	•	•	•	•
Hughes, Mark B., Glendale	•	•	•	•	•
Jones, Gary O., Mesa	•	•	•	•	•
Powley, W. Brian, Paradise Valley	•	•	•	•	•
Roda, Robert S., Scottsdale	•	•	•	•	•
Simpson, Donald C., Sierra Vista	•	•	•	•	•
Alternates					
Hooker, William J., Flagstaff	•				
Klemmedson, Daniel J., Tucson	•				
Olsen, Fred, Phoenix	•				
Pafford, Gregory M., Phoenix	•				

	REGISTERED	MEETINGS			
		1	2	3	4
Shanahan, Bryan J., Flagstaff					
Thompson, Michael R., Scottsdale					
Arkansas					
Delegates 4					
Bell, David J., Arkadelphia	•	•	•	•	•
Fiddler, Terry L., Conway	•	•	•	•	•
Skinner, Robert L., Fort Smith	•	•	•	•	•
Whitis, H. Warren, Osceola	•	•	•	•	•
Alternates					
Hinson, Lee, Little Rock	•				
Mason, Robert A., Fort Smith	•				
Phillips, James P., Jonesboro					
Army					
Delegates 2					
Chaffin, Jeffrey G., Stafford, VA	•	•	•	•	•
Wong, Ming T., San Antonio, TX	•	•	•	•	•
Alternates					
Pannes, Dianne D., Kapolei, HI	•				
Scott, Arthur C., Fairfax Station, VA	•				
California					
Delegates 67					
Abeldt, Phillip J., Soledad	•	•	•	•	•
Ackerman, Gary R., Carmichael	•	•	•	•	•
Brattesani, Cynthia, San Francisco	•	•	•	•	•
Bromberg, Myron J., Reseda	•	•	•	•	•
Calilung, Xerkez M., Irvine	•	•	•	•	•
Campbell, Matthew J., Jr., Sacramento	•	•	•	•	•
Carney, Kerry K., Benicia	•	•	•	•	•
Cassat, D. Douglas, San Diego	•	•	•	•	•
Cortez, Santos, Jr., Long Beach	•	•	•	•	•
Creasey, Jean L., Nevada City	•	•	•	•	•
Daby, Robert C., Sacramento	•	•	•	•	•
Davidson, Daniel G., San Francisco	•	•	•	•	•
Demichelis, Elizabeth A., Modesto	•	•	•	•	•
Dougan, Gary L., Long Beach	•	•	•	•	•
Ehrler, Clelan G., Redlands	•	•	•	•	•
Felsenfeld, Alan L., Los Angeles	•	•	•	•	•
Finney, Debra S., Folsom	•	•	•	•	•
Garcia, Ernest L., Marysville	•	•	•	•	•
Gelfand, Gerald, Woodland Hills	•	•	•	•	•
Gordon, Douglas J., El Sobrante	•	•	•	•	•
Graham, Edward T., Stockton	•	•	•	•	•
Greenlaw-O'Toole, Julie L., Walnut Creek	•	•	•	•	•
Hall, La Juan, Brentwood	•	•	•	•	•
Hansen, Henrik, Fairfield	•	•	•	•	•
Herman, Gary N., Valley Village	•	•	•	•	•
Holtzman, Jennifer H., Sherman Oaks	•	•	•	•	•
Hughson-Otte, Virginia A., Valencia	•	•	•	•	•
Kalebjian, Dennis M., Fresno	•	•	•	•	•
Kao, Richard T., Cupertino	•	•	•	•	•
Keating, Kevin M., Sacramento	•	•	•	•	•
Kend, Steven J., Torrance	•	•	•	•	•
Lebovics, Irving, Los Angeles	•	•	•	•	•
Lee, Natasha A., San Francisco	•	•	•	•	•
McCutcheon, Carol, Campbell	•	•	•	•	•
Mead, Ronald B., San Luis Obispo	•	•	•	•	•
Moore, Larry J., Chino Hills	•	•	•	•	•
Moore, William J., Red Bluff	•	•	•	•	•
Moreno, Janice G., Stockton	•	•	•	•	•

• Delegate or alternate attended the meeting; + Delegate or alternate attended a portion of the meeting.

	REGISTERED	MEETINGS			
		1	2	3	4
Namazikhah, M. S., Woodland Hills	•	•	•	•	•
Parker, Melanie, San Diego	•	•	•	•	•
Patel, Sanjay, Bay Point	•	•	•	•	•
Robinson, Lindsey A., Grass Valley	•	•	•	•	•
Rockwell, Sean M., Grass Valley	•	•	•	•	•
Rollofson, Donald P., Elk Grove	•	•	•	•	•
Sahota, Ruchi K., Fremont	•	•	•	•	•
Sayre-Carstairs, Lynn, San Luis Obispo	•	•	•	•	•
Schinnerer, Donald M., San Ramon	•	•	•	•	•
Schneider, Michael J., Brentwood	•	•	•	•	•
Scott, Brian E., Palo Alto	•	•	•	•	•
Senseny, Charlotte L., Torrance	•	•	•	•	•
Simms, Richard A., Harbor City	•	•	•	•	•
Simonian, Roger B., Fresno	•	•	•	•	•
Soderstrom, Andrew P., Modesto	•	•	•	•	•
Stein, Alan R., Northridge	•	•	•	•	•
Stephens, James, Palo Alto	•	•	•	•	•
Stewart, Thomas H., Bakersfield	•	•	•	•	•
Stratigopoulos, George J., San Diego	•	•	•	•	•
Summerhays, Carol G., San Diego	•	•	•	•	•
Surabian, Stanley R., Fresno	•	•	•	•	•
Terlet, Ariane R., Berkeley	•	•	•	•	•
Thenard, Sharine V., Alameda	•	•	•	•	•
Tippett-Whyte, Judee, Stockton	•	•	•	•	•
Toy, Bruce G., Stockton	•	•	•	•	•
Weber, Walter G., Campbell	•	•	•	•	•
Wood, James D., Jr., Cloverdale	•	•	•	•	•
Yanase, Rex R., Torrance	•	•	•	•	•
Yarborough, Craig S., San Francisco	•	•	•	•	•
Alternates					
Berick, Joel D., San Diego					
Bocks, Charles R., III, Saratoga					
Chan, Raymond K., San Lorenzo					
Chan, Wai M., Sacramento					
Clark, Alma J., Hayward	•				
Drury, Gerald I., Hermosa Beach					
Gandhi, Devang, Los Angeles					
Gandola, Robert A., San Diego					
Green, James P., Valley Springs					
Habjan, Denise A., Santa Ana					
Hanlon, Robert J., Jr., Escondido	•		+		
Hawkins, Victor L., Carmichael	•				
Irani, Karin, Woodland Hills					
Langstaff, William N., Villa Park					
Lee, Arlene, Los Angeles					
Lenhart, Thomas E., II, Clayton					
Lew, Michael W., Novato					
Lowe, Oariona, Corona					
Marble, William L., Woodland					
Marcos, Carliza A., San Mateo					
Nix, Ned L., San Jose	•				
Noblett, William C., Berkeley	•				
Nutter, Dennis P., Fairfield				•	
Ochoa, Alvaro F., Loma Linda					
Pisacane, John M., San Jose					
Quock, Stanley L., Santa Rosa					
Richmond, Howard C., Beverly Hills					
Saadatmandi, Mahtab, La Jolia					
Schneider, William M., Walnut Creek					
Sciarra, Joseph P., Woodland Hills					
Seldin, Harriet F., San Diego					
Shue, Brian K., Brawley	•				
Steiner, Ann, Loma Linda	•				
Stevenson, Robert D., Pomona	•				
Sugiyama, Janice, Carpinteria	•				
Tarica, Mark E., Beverly Hills					
Wallis, Kenneth G., Santa Clara	•				
Woo, Debra A., Boulder Creek	•				

	REGISTERED	MEETINGS			
		1	2	3	4
Colorado					
Delegates 8					
Hurst, Jeffery M., Lakewood	•	•	•	•	•
Morrow, Robert L., Walsh	•	•	•	•	•
Murray, Rhett L., Aurora	•	•	•	•	•
Pixley, Thomas R., Fort Collins	•	•	•	•	•
Salcetti, Jeanne M., Colorado Springs	•	•	•	•	•
Scarpella, Pasco W., Fort Lupton	•	•	•	•	•
Schoemaker, Jeane L., Fort Morgan	•	•	•	•	•
Sessa, Kevin D., Boulder	•	•	•	•	•
Alternates					
Danna, Charles S., Littleton	•				
Field, Gary L., Colorado Springs	•				
Foster, Karen D., Aurora	•				
Gatseos, George G., II, Centennial	•				
Hanck, John J., Fort Collins	•				
Kessler, Brett H., Denver	•				
Lurye, David C., Winter Park	•				
Nelson, Steven R., Denver	•				
Connecticut					
Delegates 7					
Barton, Tatiana, Stamford	•	•	•	•	•
Davis, Jon G., Fairfield	•	•	•	•	•
Knapp, Jonathan B., Bethel	•	•	•	•	•
Malon, Carolyn, Farmington	•	•	•	•	•
Mooney, John J., Putnam	•	•	•	•	•
Mullen, Peter P., New Milford	•	•	•	•	•
Tandy, Bruce, Vernon Rockville	•	•	•	•	•
Alternates					
Brady, Thomas V., Westbrook	•				
Dubin, Gary, Groton	•				
Hillgen, John J., Waterbury	•				
Hindin, Allen, Danbury	•				
Mac Donnell, William A., West Hartford	•				
Piecuch, Joseph F., Simsbury	•				
Rutt, Martin J., Prospect	•				
Delaware					
Delegates 2					
Cole, Jeffrey M., Wilmington	•	•	•	•	•
Conaty, Thomas P., Wilmington	•	•	•	•	•
Alternates					
Calhoon, Charles D., Wilmington	•				
Mc Allister, Brian S., Middletown	•				
District of Columbia					
Delegates 2					
Cram, Sally, Washington	•	•	•	•	
Richeson, James G., Jr., Washington	•		•	•	•
Alternates					
Griffiths, Michael C., Washington	•	•			•
Grogan, Patrick M., Washington	•				
Florida					
Delegates 21					
Ackley, Eva F., New Port Richey	•	+	+	+	+
Allen, Nolan W., Clearwater	•	+	+	+	+
Antoon, James W., Rockledge	•	+	+	+	+
Bell, Howard C., Jacksonville	•	+	+	+	+
Buckheimer, Terry L., Tampa	•	+	+	+	+
D'Aiuto, C. William, Longwood	•	+	+	+	+

• Delegate or alternate attended the meeting; + Delegate or alternate attended a portion of the meeting.

	REGISTERED	MEETINGS			
		1	2	3	4
Dixon, Mervyn J., Fort Lauderdale	•	+	+	+	+
Eggnatz, Michael D., Weston	•	+	+	+	+
Fisher, Howard E., Fort Walton Beach	•	+	+	+	+
Friedel, Alan E., Hollywood	•	+	+	+	+
Haeussner, Theodore, Orange Park	•	+	+	+	+
Hoffman, Charles W., Jupiter	•	+	+	+	+
Icyda, Teri-Ross, Stuart	•	+	+	+	+
Jordan, John R., Jr., West Palm Beach	•	+	+	+	+
Lastra, Idalia, Miami	•	+	+	+	+
Marshall, Bryan T., Weeki Wachee	•	+	+	+	+
Miller, Paul R., New Port Richey	•	+	+	+	+
Nissen, Larry W., Merritt Island	•	+	+	+	+
Paramore, Jolene O., Panama City	•	+	+	+	+
Sabates, Cesar R., Coral Gables	•	+	+	+	+
Walton, James F., III, Tallahassee	•	+	+	+	+

Alternates

Addabbo, Frank M., Orlando	•	+	+	+	+
Attanasi, Ralph C., Delray Beach	•	+	+	+	+
Bird, Gerald W., Cocoa	•	+	+	+	+
Boden, David F., Port Saint Lucie	•	+	+	+	+
Cohen, Lee R., Palm Beach Gardens	•	+	+	+	+
Coleman, Brian O., Winter Park	•	+	+	+	+
Gay, Joseph S., Miami Gardens	•	+	+	+	+
Huot, Richard A., Vero Beach	•	+	+	+	+
Ilkka, Don J., Leesburg	•	+	+	+	+
Jernigan, Kim U., Pensacola	•	+	+	+	+
Kalarickal, Zacharias J., Wesley Chapel	•	+	+	+	+
Llano, Charles D., Lakeland	•	+	+	+	+
Marron-Tarrazzi, Irene, Miami	•	+	+	+	+
Pansick, Ethan A., Delray Beach	•	+	+	+	+
Paul, John H., Lakeland	•	+	+	+	+
Pruett, Henry F., Jr., Pensacola	•	+	+	+	+
Romer, Mark A., Sunrise	•	+	+	+	+
Stevenson, Richard A., Jacksonville	•	+	+	+	+
Terry, Beatriz, Miami	•	+	+	+	+
Winker, Wade G., Eustis	•	+	+	+	+
Zuknick, Stephen J., Brandon	•	+	+	+	+

Georgia**Delegates 10**

Broderick, Thomas R., Savannah	•	+	+	+	+
Carpenter, Robert H., Jr., Columbus	•	+	+	+	+
Green, Edward J., Albany	•	+	+	+	+
Harrington, John F., Jr., Milledgeville	•	+	+	+	+
Hasty, Chris M., Tifton	•	+	+	+	+
Moore, Kara G., Gray	•	+	+	+	+
Moses, Donna Thomas, Carrollton	•	+	+	+	+
Reynier, James H., III, Martinez	•	+	+	+	+
Weinman, Richard A., Atlanta	•	+	+	+	+
Wolff, Carol M., Atlanta	•	+	+	+	+

Alternates

Bickford, John F., Dallas	•	+	+	+	+
Dubin, Jonathan S., Atlanta	•	+	+	+	+
Dufresne, Joseph V., Blue Ridge	•	+	+	+	+
Field, Thomas C., Gainesville	•	+	+	+	+
Mann, Marshall H., Rome	•	+	+	+	+
Percy, Kent H., Marietta	•	+	+	+	+
Rainge, Annette, Augusta	•	+	+	+	+
Torbush, Douglas B., Conyers	•	+	+	+	+
Trager, Peter S., Marietta	•	+	+	+	+
Vernon, Michael O., Augusta	•	+	+	+	+

Hawaii**Delegates 3**

Cassella, Edmund A., Honolulu	•	•	•	•	•
Nunokawa, Neil C., Wailuku	•	•	•	•	•
Yonemoto, Gary S., Honolulu	•	•	•	•	•

	REGISTERED	MEETINGS			
		1	2	3	4
Alternates					
Mason, Craig A., Kailua	•				
Okiihiro, Glenn M., Pearl City	•				
Teruya, Darrell T., Honolulu	•				

Idaho**Delegates 3**

Bengtson, Gregory J., Lewiston	•	•	•	•	•
Klure, Jack D., Meridian	•	•	•	•	•
Mooney, John T., Pocatello	•	•	•	•	•

Alternates

Bruce, Steven M., Boise	•				
Fullwiler, Jack A., Coeur D'Alene	•				

Illinois**Delegates 20**

Beard, Darryl L., Waterloo	•	•	•	•	•
Bitter, Robert N., Glenview	•	•	•	•	•
Cross, Chauncey, Springfield	•	•	•	•	•
Dickey, Keith W., Alton	•	•	•	•	•
Doroshov, Susan Becker, Skokie	•	•	•	•	•
Elliott, Ian, Naperville	•	•	•	•	•
Gerding, John H., Naperville	•	•	•	•	•
Hagenbruch, Joseph F., Harvard	•	•	•	•	•
Hann, Patrick C., Chicago	•	•	•	•	•
Holba, Richard S., Orland Park	•	•	•	•	•
Howell, J. Barry, Urbana	•	•	•	•	•
Humenik, Mark J., Northbrook	•	•	•	•	•
Maggio, Frank A., Elgin	•	•	•	•	•
Osborne, Larry W., Decatur	•	•	•	•	•
Soltys, Brian F., Rockford	•	•	•	•	•
Stablein, Michael J., Chicago	•	•	•	•	•
Tiersky, Terri S., Chicago	•	•	•	•	•
Unger, Joseph G., Chicago	•	•	•	•	•
Watson-Lowry, Cheryl D., Chicago	•	•	•	•	•
Yonan, Kenneth P., Glenview	•	•	•	•	•

Alternates

Ashton, Randal P., Danville	•				
Barnes, Bradley W., Normal	•				
Barnfield, Terry L., Salem	•				
Bordenave Bishop, Susan, Peoria	•				
Cubbon, H. Todd, Crete	•				
Durbin, Michael G., Des Plaines	•				
Fijal, Phillip J., Des Plaines	•				
Fulton, David J., Jr., Waukegan	•				
Imburgia, Louis A., Park Ridge	•				
Kattner, Paul F., Waukegan	•				
Kravich, Maharukh E., Chicago	•				
Landman, Paul, Chicago	•				
Larsen, Christopher, Moline	•				
Matke, Gregory J., Chicago	•				
Noraian, Kirk W., Bloomington	•				
Santucci, Michael L., Rockford	•				
Schwartz, Timothy J., Pekin	•				
Simpson, William J., Morrison	•				
Starsiak, Mary A., Chicago	•				
Zehak, George R., Berwyn	•				

Indiana**Delegates 9**

Catey-Williams, Mara, Gas City	•	•	•	•	•
Dimond, Desiree S., Indianapolis	•	•	•	•	•
Ellinwood, Steven P., Fort Wayne	•	•	•	•	•
Holm, Steven J., Portage	•	•	•	•	•
Holwager, David R., Cambridge City	•	•	•	•	•
Phillips, Gregory E., Columbus	•	•	•	•	•

	REGISTERED	MEETINGS			
		1	2	3	4
Roberts, John R., Connersville	•	•	•	•	•
Schechner, Terry G., Valparaiso	•	•	•	•	•
Szakaly, Martin R., South Bend	•	•	•	•	•
Alternates					
Asdell, Bernard J., South Bend	•				
Bennett, Jeffrey A., Kokomo	•				
Burns, Jill M., Richmond	•				
Eversman, Philip J., Avon	•				
Fridh, Daniel W., La Porte	•				
Lee, Steven B., Fort Wayne	•				
Leighty, Chad R., Marion	•				
Smith, Michael T., Tipton	•				•
Thomas, J. Mark, Seymour	•				
Iowa					
Delegates 5					
Bradley, Steven P., Cascade	•	•	•	•	•
Davidson, David W., Urbandale	•	•	•	•	•
Kegler, Daniel G., Independence	•	•	•	•	•
Peckosh, Valerie B., Dubuque	•	•	•	•	•
Strohman, William E., Algona	•	•	•	•	•
Alternates					
Bokemper, Richard K., Sergeant Bluff	•				
Heddens, Heather B., Washington	•				
Johnsen, David C., Iowa City	•				
Kell, Kathryn A., Davenport	•				
Mariani, Mary L., Davenport	•				
Kansas					
Delegates 4					
Cassidy, Kevin M., Topeka	•	•	•	•	•
Hamel, David L., Marysville	•	•	•	•	•
Oettmeier, Bert W., Jr., Leawood	•	•	•	•	•
Peppes, Gregory J., Leawood	•	•	•	•	•
Alternates					
Hale, Hal, Wichita	•				
Hervig, Robert V., Lenexa	•				
Roufs, Brett A., Newton	•				
Kentucky					
Delegates 6					
Creech, John L., III, Louisville	•	•	•	•	•
Elliott, O. Andy, II, Martin	•	•	•	•	•
Howard, H. Fred, Harlan	•	•	•	•	•
Johnson, J. Michael, Owensboro	•	•	•	•	•
Largent, Beverly A., Paducah	•	•	•	•	•
Lee, William E., Lexington	•	•	•	•	•
Alternates					
Curry, Barry D., Owensboro	•				
Hill, J. D., Irvine	•				
Wall, Kevin S., Ft. Wright					
Louisiana					
Delegates 6					
Chaney, Mark S., New Orleans	•	•	•	+	•
Foy, Charles B., Jr., Madisonville	•	•	•	+	+
Giacona, F. Thomas, Jr., Abita Springs	•	•	•	•	
Hadlock, William A., Baton Rouge	•	•	•	+	•
Hebert, Edward J., Lake Charles	•	•	•	•	+
Roberts, Gary L., Shreveport	•	•	•	+	•

	REGISTERED	MEETINGS			
		1	2	3	4
Alternates					
Barsley, Robert E., Ponchatoula	•			+	•
Dunaway, Lige F., III, Lafayette					
Hooton, Jeff, Monroe	•			+	+
Ortego, L. Stephen, Ball	•			+	+
Simon, Denis E., III, Baton Rouge	•			+	
Zeringue, Curtis J., Mathews	•				
Maine					
Delegates 3					
Dow, Jeffrey D. Newport	•	•	•	•	•
Tourigny, Dean G., Biddeford	•	•	•	•	•
Zimmerman, Paul S., Winthrop	•	•	•	•	•
Alternates					
Mazur-Kary, Michelle L., Auburn	•				
Shenkin, Jonathan D., Augusta	•				
Woods, Karl P., Houlton	•				
Maryland					
Delegates 7					
A'Becket, Thomas R., Laurel	•	•	•	•	•
Antonelli, Morris, Kensington	•	•	•	•	•
Brown, Wendy A., Columbia	•	•	•	•	•
Doring, Kevin R., Edgewater	•	•	•	•	•
Fridley, Arthur C., Temple Hills	•	•	•	•	•
Jaeger, J. Roedel, Jr., Baltimore	•	•	•	•	•
Martin, William F., III, Towson	•	•	•	•	•
Alternates					
Christopher, Ann E., Baltimore	•				
Kelley, Richard M., Emmitsburg	•				
Liang, Christopher G., Potomac	•				
Nuger, Marc G., Glen Burnie	•				
Shepley, George R., Baltimore	•				
Slotke, Craig E., Baltimore	•				
Wilson, Robert J., Jr., Gaithersburg	•				
Massachusetts					
Delegates 13					
Becker, David B., Revere	•	•	•	•	•
Fisher, John P., Salem	•	•	•	•	•
Friedman, Paula K., Boston	•	•	•	•	•
Giamberardino, Anthony N., Medford	•	•	•	•	•
Hjorth, Peter, Peabody	•	•	•	•	•
Jusseume, Michel A., Westport	•	•	•	•	•
Lustbader, David, Quincy	•	•	•	•	•
Martin, Raymond K., Mansfield	•	•	•	•	•
Moriarty, Janis C., Malden	•	•	•	•	•
Silvius, Charles L., Revere	•	•	•	•	•
Swiderski, Edward, Uxbridge	•	•	•	•	•
Vouras, Lisa, Reading	•	•	•	•	•
Wasserman, Michael H., Pittsfield	•	•	•	•	•
Alternates					
Gagne, Charles A., North Grafton	•				
Marchand, Richard D., Yarmouth Port	•				
Owen, John C., Needham	•				
Raayai, Tofigh, Everett	•				
Samuels, David S., Andover	•				
Trowbridge, Thomas A., Lowell	•				
Zolot, Howard M., North Andover	•				
Michigan					
Delegates 17					
Burling, Charles K., Dowagiac	•	•	•	•	•

• Delegate or alternate attended the meeting; + Delegate or alternate attended a portion of the meeting.

	REGISTERED	MEETINGS			
		1	2	3	4
Carter, John L., Midland	•	•	•	•	•
Coleman, Robert A., Livonia	•	•	•	•	•
DeGroat, Larry, Bingham Farms	•	•	•	•	•
Jeffers, Gary E., Northville	•	•	•	•	•
Johnson, Zelton G., Flint	•	•	•	•	•
Johnston, Jeffrey W., Sterling Heights	•	•	•	•	•
Johnston, Mark M., Lansing	•	•	•	•	•
Lovell, Rob R., Traverse City	•	•	•	•	•
Makowski, Martin, Clinton Township	•	•	•	•	•
Merchant, Virginia A., Grosse Point	•	•	•	•	•
Palm, Norman V., Grand Rapids	•	•	•	•	•
Peters, Debra A., Grand Rapids	•	•	•	•	•
Shunk, Clayton C., Sault Sainte Marie	•	•	•	•	•
Verhagen, Connie M., Muskegon	•	•	•	•	•
Wright, William L., Jackson	•	•	•	•	•
Young, Michael L., Sterling Heights	•	•	•	•	•

Alternates

Aksu, Mert N., Ann Arbor	•
Barsamian, Mark T., Garden City	•
Christy, Todd R., Berrien Springs	•
Cilla, Brian L., Grandville	•
Dater, Steven M., Rockford	•
Goodsell, Thomas G., Battle Creek	•
Hamerink, Howard A., Plymouth	•
Harris, Stephen R., Farmington	•
Hennessy, Rhonda J., Romulus	•
Kolling, Josef N., Ann Arbor	•
Lantz, Marilyn S., Saline	•
Lebster, Ryan S., Holland	•
Meldrum, William S., Birmingham	•
Smiley, Christopher J., Grand Rapids	•
Soto Casillas, Lisandra, Portage	•

Minnesota**Delegates 9**

Flor, Timothy J., Waseca	•	•	•	•	•
Flynn, Michael T., Winona	•	•	•	•	•
Jess, Lee D., Grand Rapids	•	•	•	•	•
Kurkowski, Michael A., Shoreview	•	•	•	•	•
Lambert, Douglas L., Edina	•	•	•	•	•
Sjulson, Roger W., Fosston	•	•	•	•	•
Sledd, Jamie L., Maple Grove	•	•	•	•	•
Templeton, R. Bruce, Edina	•	•	•	•	•
Zakula, Michael, Hibbing	•	•	•	•	•

Alternates

Jurkovich, Mark W., Chisago City	•
Lloyd, Patrick M., Minneapolis	•
Riewer, Kristine, Detroit Lakes	•

Mississippi**Delegates 3**

Dumas, James R., Jr., Prentiss	•	•	•	•	•
Gill, Eleanor A., Olive Branch	•	•	•	•	•
Singley, Dan H., Jr., Meridian	•	•	•	•	•

Alternates

Donald, W. Mark, Louisville	•
Holman, John K., Tupelo	•
Strange, Paula S., Clinton	•

Missouri**Delegates 7**

Foote, Bryan G., Columbia	•	•	•	•	•
McCoy, Rolfe C., Chillicothe	•	•	•	•	•
Meegan, Deborah L., Florissant	•	•	•	•	•
Raman, Prabu, Kansas City	•	•	•	•	•

	REGISTERED	MEETINGS			
		1	2	3	4
Sokolowski, Joseph E., Florissant	•	•	•	•	•
Weinand, Kenneth J., Independence	•	•	•	•	•
Zust, Mark R., Saint Peters	•	•	•	•	•

Alternates

Baker, Gary O., O Fallon	•
Butler, Robert E., Webster Groves	•
Kaufman, Bruce W., Springfield	•
Niewald, Matthew A., Lees Summit	•
Nunemaker, Merle A., Kansas City	•
Rice, William E., Webb City	•
Roseman, Lori W., Saint Peters	•

Montana**Delegates 2**

Hadnot, Douglas S., Lolo	•	•	•	•	•
Kiesling, Roger L., Helena	•	•	•	•	•

Alternate

Gillette, E. Jane, Bozeman	•
Hyams, Andrew C., Billings	•

Navy**Delegates 2**

Mitton, Robert H., Gaithersburg, MD	•	•	•	•	•
Wagner, Elaine C., Portsmouth, RI	•	•	•	•	•

Alternates

Michael, Joseph B., Norfolk, VA	•
Reeg, Edward G., Herndon, VA	•

Nebraska**Delegates 3**

Morrison, Scott L., Omaha	•	•	•	•	•
Roesch, Robert E., Fremont	•	•	•	•	•
Wesch, Jack C., Fairbury	•	•	•	•	•

Alternates

Hermesen, Kenneth P., Omaha	•
Hinrichs, R. Mark, Lincoln	•
St. Germain, Henry A., Jr., Lincoln	•

Nevada**Delegates 3**

Brooks, Dwyte E., Las Vegas	•	•	•	•	•
Di Grazia, John C., Reno	•	•	•	•	•
Miller, Jade A., Reno	•	•	•	•	•

Alternates

Banks, Michael P., Las Vegas	•
Trujillo, Gilbert, Reno	•

New Hampshire**Delegates 3**

Baldassarre, Pamela Z., Bedford	•	•	•	•	•
Vachon, Richard E., Manchester	•	•	•	•	•
Wilson, Kevin, Milford	•	•	•	•	•

Alternates

Kochhar, Puneet, Rochester	•
Reynolds, Glenda C., Belmont	•
Simpson, Earle W., Jr., Bedford	•

	REGISTERED	MEETINGS			
		1	2	3	4
New Jersey					
Delegates 12					
Carotenuto, Frank, Roselle Park	•	•	•	•	•
Chinoy, Walter I., Scotch Plains	•	•	•	•	•
Fink, Steven R., Kinnelon	•	•	•	•	•
Ghisalberti, Luciano, Ridgefield	•	•	•	•	•
Graham, Frank J., Teaneck	•	•	•	•	•
Isaacson, Richard D., West Long Branch	•	•	•	•	•
Kahn, Richard B., New Brunswick	•	•	•	•	•
Novasack, George F., Somers Point	•	•	•	•	•
Rich, Barbara Ann, Cherry Hill	•	•	•	•	•
Riva, Richard D., Chatham	•	•	•	•	•
Shekitka, Robert A., Millburn	•	•	•	•	•
Whitman, Sidney A., Hamilton Square	•	•	•	•	•
Alternates					
Benkel, Herbert D., River Edge					
Colton, Harris N., Cherry Hill	•				
Donati, David P., Brigantine	•				
Gelbman, Joel C., Livingston					
Giantomas, Robert A., Toms River	•				
Krantz, Daniel B., Somerset	•				
Messana, Michael M., East Rutherford	•				
Pomerantz, Kenneth, Union	•				
Rempell, Jeffrey H., Clifton	•				
Ricciani, John F., Allentown	•				
Sterritt, Frederic C., Belle Mead	•				
Weger, Robert E., Convent Station	•				
New Mexico					
Delegates 3					
Merritt, Kennedy W., Clovis	•	•	•	•	•
Moore, David, Albuquerque	•	•	•	•	•
Schripsema, Thomas J., Albuquerque	•	•	•	•	•
Alternates					
Churchill, Wendy L., Las Cruces	•				
Manzanares, Robert J., Espanola	•				
Reachi, Gaylina R., Albuquerque	•				
New York					
Delegates 41					
Andolina, Richard, Hornell	•	•	•	•	•
Arvystas, Michael G., New York	•	•	•	•	•
Barnashuk, Frank C., Orchard Park	•	•	•	•	•
Barone, Mark K., Warsaw	•	•	•	•	•
Bauman, Mark A., Saratoga Springs	•	•	•	•	•
Bellohusen, Ronald M., Elmira	•	•	•	•	•
Breault, Michael R., Schenectady	•	•	•	•	•
Buhite, Robert, II, Rochester	•	•	•	•	•
Chillura, Anthony E., New York	•	•	•	•	•
Coletton, Stuart H., Chappaqua	•	•	•	•	•
Cuomo, Anthony M., Carmel	•	•	•	•	•
Doherty, Robert J., White Plains	•	•	•	•	•
Dolin, James F., Hicksville	•	•	•	•	•
Epel, Lidia M., Rockville Center	•	•	•	•	•
Essig, Steven L., Ravena	•	•	•	•	•
Galati, James E., Clifton Park	•	•	•	•	•
Gehani, Chandurpal P., Jackson Heights	•	•	•	•	•
Gellert, Jonathan R., Lowville	•	•	•	•	•
Gounardes, Steven, Brooklyn	•	•	•	•	•
Henner, Kevin A., Deer Park	•	•	•	•	•
Jhaveri, Viren L., Floro Park	•	•	•	•	•
Krishnan, Prabha, Rego Park	•	•	•	•	•
Laux, Ronald J., Elmira	•	•	•	•	•
Leary, Paul R., Smithtown	•	•	•	•	•
Ledner, Jay, Little Neck	•	•	•	•	•
Madonian, Margaret, Liverpool	•	•	•	•	•

	REGISTERED	MEETINGS			
		1	2	3	4
Manente, Salvatore J., Niagara Falls					
•	•	•	•	•	•
Miller, David J., East Meadow	•	•	•	•	•
Miller, Edward J., New York	•	•	•	•	•
Palmaccio, Frank J., Plainview	•	•	•	•	•
Peskin, Robert M., Garden City	•	•	•	•	•
Ratner, Craig S., Staten Island	•	•	•	•	•
Riesner, Neal R., Scarsdale	•	•	•	•	•
Schimmel, Sanford, Bronx	•	•	•	•	•
Seiver, Jeffrey, East Islip	•	•	•	•	•
Seminara, Robert A., Staten Island	•	•	•	•	•
Senzer, Jeffrey S., New York	•	•	•	•	•
Tauber, Robert, Mount Kisco	•	•	•	•	•
Vorrasi, Andrew G., Rochester	•	•	•	•	•
Weinberger, Mark J., Troy	•	•	•	•	•
Weisfuse, Deborah, New York	•	•	•	•	•
Alternates					
Baumler, Jeffrey A., Niagara Falls	•				
Ciccone, Richard M., Merrick					
Doundoulakis, James H., New York	•				
Dowd, Brendan P., Niagara Falls	•				
Edwards, Adam A., Altamont					
Emmanuele, Roland C., Newburgh	•				
Firestone, Scott R., Melville	•				
Fitzgerald, James J., Garden City					
Gehani, Rekha C., Jackson Heights	•	•			
Grassi, Michael D., Rochester	•				
Harrison, Wayne S., Gloversville	•				
Karp, William, Manlius	•				
Kennedy, Brian, Troy	•				
Levitt, Neal R., Webster	•				
Lieb, Howard I., Staten Island	•				
Manasar, Armen C., Wappingers Falls	•				
Maranga, Maria C., Northport	•				
Mears, Ernest, Jr., Oswego	•				
Moss, Steven S., New York					
Mota, Mercedes, Corona	•				
Parsons, David C., Queensbury					
Pasquale, Deborah, Brooklyn	•				
Patella, Paul A., Hartsdale	•				
Perna, Alfonso J., Binghamton	•				
Porcelli, Eugene G., Garden City	•				
Purcell, Judith A., Troy	•				
SanGiacomo, Thomas R., Cortland	•				
Sconzo, James J., Brooklyn					
Snyder, Steven I., Brentwood	•				
Stahl, Berry, Englewood, NJ	•				
Tota, Christopher M., Hawthorne	•				
Travagliato, Charles S., Hamburg	•				
Vallejo, Beatriz, Jamaica					
North Carolina					
Delegates 10					
Breeland, Nona I., Chapel Hill	•	•	•	•	•
Card, Rex B., Raleigh	•	•	•	•	•
Cheek, Daniel K., Hillsborough	•	•	•	•	•
Harrell, Gavin G., Elkin	•	•	•	•	•
Hollowell, Robert P., Jr., Morrisville	•	•	•	•	•
Litaker, William M., Jr., Hickory	•	•	•	•	•
McKaig, Bettie R., Raleigh	•	•	•	•	•
Oyster, Gary D., Raleigh	•	•	•	•	•
Plage, Robert G., Wilmington	•	•	•	•	•
Williams, William E., Greenville	•	•	•	•	•
Alternates					
Buchanan, John G., Lexington	•				
Cashion, Scott W., Greensboro	•				
Hupp, James R., Greenville	•				
Jewell, Wilson O., Wilmington	•				
King, Rebecca S., Raleigh	•				

• Delegate or alternate attended the meeting; + Delegate or alternate attended a portion of the meeting.

	REGISTERED	MEETINGS			
		1	2	3	4
May, Kenneth N., Jr., Chapel Hill	•				
Teague, James J., Asheville	•				
Venezie, Ronald D., Apex	•				

North Dakota**Delegates 2**

Lauf, Robert C., Jr., Mayville	•	•	•	•	•
Seeley, Ron J., Williston	•	•	•	•	•

Alternates

Erlandson, Steven M., Grand Forks	•				
Neuberger, Lonnie S., Dickinson	•				

Ohio**Delegates 16**

Beals, C. Kip, III, Marion	•	•	•	•	•
Bronson, Mark E., Cincinnati	•	•	•	•	•
Connell, Christopher M., Lyndhurst	•	•	•	•	•
Crowley, Joseph P., Cincinnati	•	•	•	•	•
Fields, Henry W., Jr., Columbus	•	•	•	•	•
Gardner, Kim L., Chardon	•	•	•	•	•
Guter, Hans P., Circleville	•	•	•	•	•
Halasz, Michael H., Kettering	•	•	•	•	•
Henderson, Gene T., Vermilion	•	•	•	•	•
Kelly, Thomas S., Beachwood	•	•	•	•	•
Lemmo, Ronald P., Wickliffe	•	•	•	•	•
Matanzo, Thomas, Wintersville	•	•	•	•	•
Pelok, David R., Wauseon	•	•	•	•	•
Records, Linda E., Columbus	•	•	•	•	•
Simpson, Stephen P., Hudson	•	•	•	•	•
Waldman, David S., Youngstown	•	•	•	•	•

Alternates

Adams, Roderick H., Jr., Cleveland	•				
Baytosh, Joseph J., Jr., Girard	•				
Beten, Gregory M., Cleveland	•				
Casamassimo, Paul S., Columbus	•				
Esterburg, Jeffrey C., Medina	•				
Farinacci, David J., North Canton	•				
Haid, Tara L., Worthington	•				
Jerome, Jennifer J., Akron					
Kramer, John N., Martins Ferry	•				
Mariotti, Angelo J., Columbus	•				
Mazzola, Robert L., Miamisburg	•				
Mueller, Elizabeth, Cincinnati	•				
Paumier, Thomas M., Canton	•				
Pelok, Brett S., Toledo	•				
Winland, Roger D., Athens	•				
Wynn, Mary E., Cincinnati	•				

Oklahoma**Delegates 5**

Berg, Tamara S., Yukon	•	•	•	•	•
Cohlma, Raymond A., Oklahoma City	•	•	•	•	•
Hogg, Steven W., Broken Arrow	•	•	•	•	•
Torchia, James S., Tulsa	•	•	•	•	•
Waugh, W. Scott, Edmond	•	•	•	•	•

Alternates

Auld, Douglas, McAlester	•				
Glenn, Stephen O., Tulsa	•				
Jones, Krista M., Edmond	•				
Keeter, D. Keith, Frederick	•				
Young, Stephen K., Oklahoma City	•				

Oregon**Delegates 6**

Asai, Rickland G., Portland	•	•	•	•	•
Barichello, Teri L., Oregon City	•	•	•	•	•
Benson, Sean A., Baker City	•	•	•	•	•
Johnson, Dennis A., Portland	•	•	•	•	•
Jones, Gregory B., Hermiston	•	•	•	•	•
Price, Jill M., Portland	•	•	•	•	•

Alternates

Carneiro, K. David, Astoria	•				
Larson, Judd R., Central Point	•				
Stewart, Jeffery C. B., Portland	•				
Watts, Renee E., Springfield	•				
Young, Joni D., Salem	•				

Pennsylvania**Delegates 18**

Aldinger, D. Scott, Lehighton	•	•	•	•	•
Bushick, Ronald D., Glen Mills	•	•	•	•	•
Charlton, Dennis J., Sandy Lake	•	•	•	•	•
Dishler, Bernard P., Elkins Park	•	•	•	•	•
Gamba, Thomas W., Philadelphia	•	•	•	•	•
Glecos, William G., Erie	•	•	•	•	•
Grove, John, Jersey Shore	•	•	•	•	•
Himmelberger, Linda K., Devon	•	•	•	•	•
Hoffman, R. Donald, Pittsburgh	•	•	•	•	•
Kohler, Joseph J., III, Erie	•	•	•	•	•
Korch, Peter P., III, N. Cambria	•	•	•	•	•
Kwasny, Andrew J., Erie	•	•	•	•	•
Larson, David R., Hummelstown	•	•	•	•	•
Nordone, Thomas P., Philadelphia	•	•	•	•	•
Shuman, Michael S., Blandon	•	•	•	•	•
Spruill, William T., Carlisle	•	•	•	•	•
Stoner, Donald A., Oakmont	•	•	•	•	•
Weaver, William J., Brookville	•	•	•	•	•

Alternates

Axler, Jerrold H., Chesterbrook	•				
Boyle, James M., York	•				
Carroll, Peter, Philadelphia	•				
Cerveris, Michael D., Chambersburg	•				
Chorazy, Chester J., Pittsburgh	•				
Clougherty, Marianna M., Harrisburg					
Davis, Gary S., Shippensburg	•				
Gross, Ronald B., Radnor	•				
Grossman, Richard R., Kingston	•				
Johnston, Jon J., Punxsutawney	•				
Limberakis, Cary J., Jenkintown	•				
Nase, John B., Harleysville	•				
Ray, Herbert L., Jr., Lower Burrell	•				
Rosenthal, Nancy R., Jenkintown	•				
Sameroff, Jeffrey, Pottstown	•				
Selcher, Samuel E., Middletown	•				
Wells, Jay R., III, Bethel Park	•				

Public Health**Delegates 2**

Bailey, William D., Atlanta, GA	•	•	•	•	•
Noyes, Deborah, Lorton, VA	•	•	•	•	•

Alternates

Joskow, Renee W., Gaithersburg, MD	•				
Van Pelt, Lynn C., Gaithersburg, MD	•				

	REGISTERED	MEETINGS			
		1	2	3	4
Puerto Rico					
Delegates 2					
Del Valle-Sepulveda, Edwin, Caguas	•	•	•	•	•
Garcia-Aguirre, Augusto C., Aguadilla	•	•	•	•	•
Alternates					
Aymat, Noel J., San Juan	•				
Medina, Thomas M., Cayey	•				
Rhode Island					
Delegates 3					
Cavicchio, Barbara M., North Providence	•	•	•	•	•
Mehlman, Edwin S., Warren	•	•	•	•	•
Small, Mark P., Cranston	•	•	•	•	•
Alternates					
Brown, Steven A., East Greenwich	•				
Royer, Marian A., Portsmouth	•				
South Carolina					
Delegates 5					
Fair, Julian H., III, Wagener	•	•	•	•	•
Gardner, H. Lee, Jr., Hartsville	•	•	•	•	•
Hewitt, Richard F., Greenville	•	•	•	•	•
Mercer, James E., Columbia	•	•	•	•	•
Rawls, Douglas S., North Charleston	•	•	•	•	•
Alternates					
Edmonds, Thomas R., West Columbia	•				
Jabbour, Elizabeth A., Spartanburg	•				
Maxwell, Charles B., Johnsonville	•				
Sanders, John J., Charleston	•				
Wise, Edward M., Sr., Beaufort	•				
South Dakota					
Delegates 2					
Hajek, Thomas J., Huron	•	•	•	•	•
Thaler, Melvin N., Sioux Falls	•	•	•	•	•
Alternates					
Bierschbach, Mark A., Milbank	•				
Goede, Daniel J., Sioux Falls	•				
Tennessee					
Delegates 7					
Avery, James G., Memphis	•	•	•	•	•
Beauchamp, K. Jean, Clarksville	•	•	•	•	•
Greenblatt, Charles L., Jr., Knoxville	•	•	•	•	•
Hight, James R., Jr., Jackson	•	•	•	•	•
McDaniel, James W., Chattanooga	•	•	•	•	•
Stanislav, Leon E., Clarksville	•	•	•	•	•
Underwood, Thomas S., Nashville	•	•	•	•	•
Alternates					
Cullum, Paul E., Columbia	•				
Mc Neely, David E., Jr., Elizabethton	•				
Orwick-Barnes, Susan M., Knoxville	•				
Owens, Walter, Nashville	•				
Rainey, Irvin M., Jr., Jackson	•				
Robbins, Morris L., Jr., Memphis	•				
Sebelius, Carl L., Jr., Memphis	•				

	REGISTERED	MEETINGS			
		1	2	3	4
Texas					
Delegates 23					
Adkins, Jay C., Lubbock	•	•	•	•	•
Armstrong, Craig S., Houston	•	•	•	•	•
Black, Richard C., El Paso	•	•	•	•	•
Blanton, Patricia L., Dallas	•	•	•	•	•
Bogan, Douglas W., Houston	•	•	•	•	•
Coleman, James P., San Antonio	•	•	•	•	•
Collins, Ron, Houston	•	•	•	•	•
Condrey, James D., Missouri City	•	•	•	•	•
Hall, Glen D., Abilene	•	•	•	•	•
Harrison, Thomas C., Katy	•	•	•	•	•
Hunke, Philip H., McAllen	•	•	•	•	•
McCauley, Dan P., Mount Pleasant	•	•	•	•	•
Miller, Donna G., Waco	•	•	•	•	•
Moore, Alan B., Austin	•	•	•	•	•
Oneacre, Lee P., Carrollton	•	•	•	•	•
Peppard, Richard M., Austin	•	•	•	•	•
Rhea, Ronald L., Houston	•	•	•	•	•
Roberts, Matthew B., Crockett	•	•	•	•	•
Robertson, Charles A., III, Corpus Christi	•	•	•	•	•
Spradley, Larry W., Keller	•	•	•	•	•
Stuart, Michael L., Sunnyvale	•	•	•	•	•
Walker, Carolyn B., San Antonio	•	•	•	•	•
Worsham, Debrah J., Center	•	•	•	•	•
Alternates					
Cammarata, Rita M., Houston	•				
Chavarria, Arnaldo, El Paso	•				
Clitheroe, R. Lee, Sugar Land	•				
Cooley, Ralph A., Conroe	•				•
Duncan, David A., Amarillo	•				
Dunsworth, Arlet R., Dallas	•				
Gibson, Kathy T., Houston	•				
Heinrich-Null, Lisa A., Victoria	•				
Herwig, Larry D., Dallas	•				
Heyen, Don W., Wichita Falls	•				
Israelson, Hilton, Richardson	•				
Lee, Ronald, Colleyville	•				
McCarley, David H., Mc Kinney	•				
Morchat, Arthur C., Kilgore	•				
Niessen, Linda C., Dallas	•				
Sanders, Lance V., Austin	•				
Stewart, Debra G., Houston	•				
Vance, Tomina B., Weslaco	•				
Wilhite, David H., Plano	•				
Utah					
Delegates 4					
Blaisdell, Mark H., Bountiful	•	•	•	•	•
Boseman, Jerald, Salt Lake City	•	•	•	•	•
Bowen, Ronald S., Midvale	•	•	•	•	•
Crawford, Gary L., Orem	•	•	•	•	•
Alternates					
Cowley, Mark V., Ogden	•				
Nielsen, R. Blake, Salt Lake City	•				
Wiest, Gary B., Provo	•				
Williamson, James M., Salt Lake City	•		•		
Vermont					
Delegates 2					
DeBruin, R. Scott, Enosburg Falls	•	•	•	•	•
Fisch, Judith M., Rutland	•	•	•	•	•
Alternates					
Averill, David C., Burlington	•				
Berkowitz, Jeffrey, S Burlington	•				

• Delegate or alternate attended the meeting; + Delegate or alternate attended a portion of the meeting.

		MEETINGS			
	REGISTERED	1	2	3	4
Veterans Affairs					
Delegates 2					
Arola, Patricia E., Washington, D.C.	•	•	•	•	•
Ball, John D., Grand Prairie, TX	•	•	•	•	•
Alternates					
Hatch, Craig L., Chagrin Fall, OH	•				
O'Toole, Terry G., Carlsbad, CA	•				
Virgin Islands					
Delegate 1					
Buska, Kurt, Christiansted	•	•	•	•	•
Alternate					
Wechter, Stuart M., St. Thomas					
Virginia					
Delegates 10					
Adams, Anne C., Richmond	•	•	•	•	•
Anderson, David C., Alexandria	•	•	•	•	•
Barnes, Richard D., Hampton	•	•	•	•	•
Bell, Alonzo M., Alexandria	•	•	•	•	•
Crabtree, Mark A., Martinsville	•	•	•	•	•
Gillespie, M. Joan, Washington, DC	•	•	•	•	•
Howell, Ralph L., Jr., Suffolk	•	•	•	•	•
Klima, Rodney J., Burke	•	•	•	•	•
Norbo, Kirk, Waterford	•	•	•	•	•
Vlahos, Gus C., Dublin	•	•	•	•	•
Alternates					
Abbott, Michael A., Salem	•				
Certosimo, Alfred J., Mechanicsville	•				
Dougherty, William V., III, Falls Church	•				
Hutchison, Bruce R., Centreville	•				
Link, Michael J., Newport News	•				
Price, McKinley L., Newport News	•				
Reynolds, Elizabeth C., Richmond	•				
Sherwin, J. Ted, Orange	•				
Wood, Roger E., Richmond	•				
Washington					
Delegates 11					
Edgar, Bryan C., Federal Way	•	•	•	•	•
Edgar, Linda J., Federal Way	•	•	•	•	•
Houten, David, Kelso	•	•	•	•	•
Lawton, Lawrence R., Mead	•	•	•	•	•
Middaugh, Dan G., Seattle	•	•	•	•	•
Ogata, Gregory Y., Sammamish	•	•	•	•	•
Ogata, Randall H., Seattle	•	•	•	•	•
Ribary, James L., Gig Harbor	•	•	•	•	•
Walsh, Douglas P., Seattle	•	•	•	•	•
Wentworth, Rodney B., Bellevue	•	•	•	•	•
Williams, Laura, East Wenatchee	•	•	•	•	•

		MEETINGS			
	REGISTERED	1	2	3	4
Alternates					
Crinzi, Richard A., Redmond	•				
Feder, Barry A., Issaquah	•				
Grubb, Terry, Wenatchee	•				
Hakes, Katherine, Spokane	•				
Heyamoto, Gary, Edmonds	•				
Jennings, Mary S., Walla Walla	•				
Parrish, Jeffrey L., Duvall	•				
Rekhi, Princy S., Bothell	•				
Savage, Rhonda R., Fox Island	•				
Walker, Mark V., Kent	•				
Warner, Danny G., Vancouver	•				
West Virginia					
Delegates 3					
Eder, B. Scott, South Charleston	•	•	•	•	•
Eller, David M., Huntington	•	•	•	•	•
Smith, J. Christopher, Charleston	•	•	•	•	•
Alternates					
Jarrell, Jeffery S., Surveyor	•				
Leslie, Thomas W., Berkeley Springs	•				
Szarko, James F., Parkersburg	•				
Wisconsin					
Delegates 9					
Durtsche, Timothy B., La Crosse	•	•	•	•	•
Fox, Julie A., Wausau	•	•	•	•	•
Kaske, H. Michael, Twin Lakes	•	•	•	•	•
Levine, Paul S., Milwaukee	•	•	•	•	•
Masak, John G., Appleton	•	•	•	•	•
Murphy, Ned J., Racine	•	•	•	•	•
Shoemaker, Eugene B., Waukesha	•	•	•	•	•
Stoll, Steven J., Neenah	•	•	•	•	•
Vandehaar, Kent L., Chippewa Falls	•	•	•	•	•
Alternates					
Brysh, L. Stanley, Madison	•				
Clemens, Dave, Wisconsin Dells	•				
Kenyon, David J., Altoona	•				
Larson, Nancy Y., Mequon	•				
Lobb, William K., Mukwonago	•				
Lofthouse, Richard M., Fennimore	•				
Nehring, Jeffrey M., Mercer	•				
Nockerts, Thomas J., Green Bay	•				
Rodriguez, Julio H., Brodhead	•				
Wyoming					
Delegates 2					
Okano, David K., Rock Springs	•	•	•	•	•
Roussalis, John E., II, Casper	•	•	•	•	•
Alternates					
Kincheloe, Bradley B., Cheyenne	•				
Sybrant, Arnie, Casper	•				

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