

# 2011

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## Legal, Legislative and Public Affairs Matters





Resolution No. 9 New ☒ Substitute ☐ Amendment ☐Report: NA Date Submitted: July 2011Submitted By: Council on Ethics, Bylaws and Judicial AffairsReference Committee: Legal, Legislative and Public Affairs MattersTotal Net Financial Implication: \$ None Net Dues Impact: \$Amount One-time \$ Amount On-going \$ADA Strategic Plan Goal: Financial (Required)**AMENDMENT OF THE ADA BYLAWS REGARDING NOMINATIONS OF ELECTIVE OFFICERS  
(SPEAKER OF THE HOUSE OF DELEGATES)****Background:** (*Reports:138*)

**Amendment of the ADA Bylaws Regarding Nominations of Elective Officers (Speaker of the House of Delegates):** The Council's deliberations and study of the nomination process for the office of Speaker of the House of Delegates focused on the areas of allowing candidacies for the office of Speaker to be voted on by the House of Delegates and allowing the qualifications of candidates to be communicated to the House of Delegates so those qualifications can be objectively considered by the House of Delegates in advance of the election for Speaker of the House.

The Council also considered whether the revised nomination procedure should allow candidates who had not previously announced their candidacy for the office of Speaker of the House of Delegates to be nominated from the floor of the House of Delegates. The Council carefully considered this question, but respectfully recommends against the process as it considers the office of Speaker too critical to the functioning of the meetings of the House of Delegates to permit candidates to announce their candidacy at the eleventh hour and bypass the thorough and thoughtful vetting process allowed by the nomination and election procedures. The Council consequently recommends the adoption of the following resolution:

**Resolution**

**9. Resolved**, that the ADA *Bylaws*, CHAPTER VIII., ELECTIVE OFFICERS, Section 30, NOMINATIONS, Subsection A. be amended as follows (additions underscored, deletions stricken):

- A. Nominations for the offices of President-elect, and Second Vice President ~~and Speaker of the House~~ shall be made in accordance with the order of business. Candidates for these elective offices shall be nominated 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 candidate from the podium, according to the protocol established by the Speaker of the House of Delegates. Seconding a nomination is not permitted.

and be it further

**Resolved**, that the ADA *Bylaws*, CHAPTER VIII., ELECTIVE OFFICERS, Section 30, NOMINATIONS, be amended by adding a new subsection C as follows:

- C. Nominations for the office of Speaker of the House shall be made in accordance with the order of business. The search for Speaker of the House shall be announced in an official publication of the Association in January. Candidates for the office of Speaker of the House shall apply by submitting a

1 curriculum vitae along with a statement supporting their qualifications to the Executive Director at  
2 least one hundred twenty (120) days prior to the convening of the House of Delegates. The  
3 Executive Director shall provide all members of the House of Delegates, at least sixty (60) days prior  
4 to the convening of the House of Delegates, with each candidate's curriculum vitae and statement of  
5 qualifications for the office of Speaker of the House. Only those candidates shall be nominated from  
6 the floor of the House of Delegates. The nominations may be followed by an acceptance speech not  
7 to exceed four (4) minutes by each candidate from the podium, according to the protocol established  
8 by the Speaker of the House of Delegates. Seconding a nomination is not permitted. No further  
9 nominations for the office of Speaker of the House shall be accepted from the floor of the House of  
10 Delegates. If there are no eligible candidates for the office of Speaker of the House when the House  
11 of Delegates meets, the office of Speaker of the House shall be filled in the same manner as provided  
12 in Chapter VIII, Section 80 of these *Bylaws*.

13 **BOARD RECOMMENDATION: Vote Yes.**

14 **BOARD VOTE: UNANIMOUS. (BOARD OF TRUSTEES CONSENT CALENDAR ACTION—NO BOARD**  
15 **DISCUSSION)**

Resolution No. 9S-1 New ☐ Substitute ☒ Amendment ☐  
 Report: NA Date Submitted: September 2011  
 Submitted By: Sixteenth Trustee District  
 Reference Committee: Legal, Legislative and Public Affairs Matters  
 Total Net Financial Implication: \$ None Net Dues Impact: \$  
 Amount One-time \$ Amount On-going \$  
 ADA Strategic Plan Goal: Financial (Required)

**SUBSTITUTE FOR RESOLUTION 9:  
 AMENDMENT OF THE ADA BYLAWS REGARDING NOMINATIONS OF ELECTIVE OFFICERS  
 (SPEAKER OF THE HOUSE OF DELEGATES)**

The following amendment to Resolution 9 (Worksheet:5000) was submitted by the Sixteenth Trustee District and transmitted on September 13, 2011, by Mr. Phil Latham, executive director, South Carolina Dental Association.

**Background:** The following background statement is as originally stated in Resolution 9 (Worksheet:5000).

**Amendment of the ADA Bylaws Regarding Nominations of Elective Officers (Speaker of the House of Delegates):** The Council's deliberations and study of the nomination process for the office of Speaker of the House of Delegates focused on the areas of allowing candidacies for the office of Speaker to be voted on by the House of Delegates and allowing the qualifications of candidates to be communicated to the House of Delegates so those qualifications can be objectively considered by the House of Delegates in advance of the election for Speaker of the House.

The Council also considered whether the revised nomination procedure should allow candidates who had not previously announced their candidacy for the office of Speaker of the House of Delegates to be nominated from the floor of the House of Delegates. The Council carefully considered this question, but respectfully recommends against the process as it considers the office of Speaker too critical to the functioning of the meetings of the House of Delegates to permit candidates to announce their candidacy at the eleventh hour and bypass the thorough and thoughtful vetting process allowed by the nomination and election procedures. The Council consequently recommends the adoption of the following resolution:

**Sixteenth District Amendment:** It is also recommended that the Election Commission (instead of the Speaker of the House) should be the one to establish acceptance speech protocol for Speaker of the House.

**Resolution**

**9S-1. Resolved,** that the ADA *Bylaws*, CHAPTER VIII., ELECTIVE OFFICERS, Section 30, NOMINATIONS, Subsection A. be amended as follows (additions underscored, deletions stricken):

- A. Nominations for the offices of President-elect, and Second Vice President ~~and Speaker of the House~~ shall be made in accordance with the order of business. Candidates for these elective offices shall be nominated 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 candidate from the podium, according to the protocol established by the Speaker of the House of Delegates. Seconding a nomination is not permitted.

1 and be it further

2 **Resolved**, that the ADA *Bylaws*, CHAPTER VIII., ELECTIVE OFFICERS, Section 30, NOMINATIONS, be  
3 amended by adding a new subsection C as follows:

4 C. Nominations for the office of Speaker of the House shall be made in accordance with the order of  
5 business. The search for Speaker of the House shall be announced in an official publication of the  
6 Association in January. Candidates for the office of Speaker of the House shall apply by submitting a  
7 curriculum vitae along with a statement supporting their qualifications to the Executive Director at  
8 least one hundred twenty (120) days prior to the convening of the House of Delegates. The  
9 Executive Director shall provide all members of the House of Delegates, at least sixty (60) days prior  
10 to the convening of the House of Delegates, with each candidate's curriculum vitae and statement of  
11 qualifications for the office of Speaker of the House. Only those candidates shall be nominated from  
12 the floor of the House of Delegates. The nominations may be followed by an acceptance speech not  
13 to exceed four (4) minutes by each candidate from the podium, according to the protocol established  
14 by the ~~Speaker of the House of Delegates~~ Election Commission. Seconding a nomination is not  
15 permitted. No further nominations for the office of Speaker of the House shall be accepted from the  
16 floor of the House of Delegates. If there are no eligible candidates for the office of Speaker of the  
17 House when the House of Delegates meets, the office of Speaker of the House shall be filled in the  
18 same manner as provided in Chapter VIII, Section 80 of these *Bylaws*.

19 **BOARD RECOMMENDATION: Vote Yes on the Substitute.**

20 **BOARD VOTE: UNANIMOUS.**

Resolution No. 9S-2 New ☐ Substitute ☒ Amendment ☐Report: NA Date Submitted: October 2011Submitted By: Eleventh Trustee DistrictReference Committee: Legal, Legislative and Public Affairs MattersTotal Net Financial Implication: \$ None (FTE:0) Net Dues Impact: \$Amount One-time  Amount On-going \$ADA Strategic Plan Goal: Financial (Required)

**SUBSTITUTE FOR RESOLUTION 9:  
AMENDMENT OF THE ADA BYLAWS REGARDING NOMINATIONS OF ELECTIVE OFFICERS  
(~~SPEAKER OF THE HOUSE OF DELEGATES~~)**

The following substitute for Resolution 9 (Worksheet:5000) was submitted by the Eleventh District Caucus and transmitted on October 6, 2011, by Ms. Amanda Tran, caucus coordinator.

**Amendment of the ADA Bylaws Regarding Nominations of Elective Officers:** The Council's deliberations and study of the nomination process for the office of Speaker of the House of Delegates focused on the areas of allowing candidacies for the office of Speaker to be voted on by the House of Delegates and allowing the qualifications of candidates to be communicated to the House of Delegates so those qualifications can be objectively considered by the House of Delegates in advance of the election for Speaker of the House.

The Council also considered whether the revised nomination procedure should allow candidates who had not previously announced their candidacy for the office of Speaker of the House of Delegates to be nominated from the floor of the House of Delegates. The Council carefully considered this question, but respectfully recommends against the process as it considers the office of Speaker too critical to the functioning of the meetings of the House of Delegates to permit candidates to announce their candidacy at the eleventh hour and bypass the thorough and thoughtful vetting process allowed by the nomination and election procedures.

The Eleventh Trustee District noted that a similar resolution came before a previous House of Delegates with regards to the Treasurer position and agrees with the Council that nominations of such an important office like the Speaker of the House should not occur at the eleventh hour. Our Trustee District additionally offers the opinion that the level of importance of the other two elective offices, President-Elect and Second Vice-President equally important positions and recommend that the positions of President-Elect and 2<sup>nd</sup> Vice-President be subject to the same rules as the Treasurer and Speaker of the House. The Eleventh District Caucus consequently recommends the adoption of the following substitute resolution:

**Resolution**

**9S-2. Resolved,** that the ADA *Bylaws*, CHAPTER VIII., ELECTIVE OFFICERS, Section 30, NOMINATIONS, Subsection A. be amended as follows (additions underscored, deletions stricken):

- A. Nominations for the offices of President-elect, Second Vice President and Speaker of the House shall be made in accordance with the order of business. The search for the offices shall be announced in an official publication of the Association in January. Candidates for these elective offices shall apply by submitting curriculum vitae along with a statement supporting their qualifications to the Executive Director at least one hundred twenty (120) days prior to the convening of the House of Delegates.

1        The Executive Director shall post on ADA.Connect and/or ADA.org as appropriate, at least sixty (60)  
2        days prior to the convening of the House of Delegates, with each candidate's curriculum vitae and  
3        statement of qualifications for the offices of President-Elect, Second Vice-President and Speaker of  
4        the House. Only those candidates for these elected offices shall be nominated from the floor of the  
5        House of Delegates by a simple declaratory statement, which may be followed by an acceptance  
6        speech not to exceed four (4) minutes by the candidate from the podium, according to the protocol  
7        established by the Speaker of the House of Delegates. Seconding a nomination is not permitted. No  
8        further nominations for the offices of President-elect, Second Vice President and Speaker of the  
9        House shall be accepted from the floor of the House of Delegates. If there are no eligible candidates  
10       for the offices of President-elect, Second Vice President and Speaker of the House when the House  
11       of Delegates meets, these offices shall be filled in the same manner as provided in Chapter VIII,  
12       Section 80 of these Bylaws.

13       **BOARD RECOMMENDATION: Received after this section had been reproduced for House**  
14       **distribution.**

Resolution No. 10 New ☒ Substitute ☐ Amendment ☐Report: NA Date Submitted: July 2011Submitted By: Council on Ethics, Bylaws and Judicial AffairsReference Committee: Legal, Legislative and Public Affairs MattersTotal Net Financial Implication: \$ None Net Dues Impact: \$Amount One-time \$ Amount On-going \$ADA Strategic Plan Goal: Members (Required)**AMENDMENT TO ADA CODE, SECTION 2 – PRINCIPLE: NONMALEFICENCE****Background:** (*Reports:141*)

**Amendment to ADA Code, Section 2 – Principle: Nonmaleficence:** At the request of the Evidence-Based Advisory Committee (EBD), representative councils were asked to consider establishing EBD goals related to their council activities. One of the Council's goals is to address the ethical concerns of EBD by increasing the visibility of EBD through a series of ethics related articles on EBD. Thus far, two such articles have been published as part of the Ethical Moment feature in *JADA*. The Council also believed that it would be appropriate to add an aspirational statement in the *ADA Code* encouraging dentists to incorporate the ADA principles of evidence-based dentistry into their practices. To this end, the Council recommends the adoption of the following resolution:

**Resolution**

**10. Resolved**, that Section 2 – Principle: Nonmaleficence of the *ADA Principles of Ethics and Code of Professional Conduct* be amended as follows (additions underscored):

**SECTION 2 — Principle: Nonmaleficence (“do no harm”).**

The dentist has a duty to refrain from harming the patient.

This principle expresses the concept that professionals have a duty to protect the patient from harm.

Under this principle, the dentist's primary obligations include keeping knowledge and skills current, knowing one's own limitations and when to refer to a specialist or other professional, and knowing when and under what circumstances delegation of patient care to auxiliaries is appropriate. The dentist should incorporate the ADA principles of evidence-based dentistry in patient care.**BOARD RECOMMENDATION: Vote Yes.****BOARD VOTE: UNANIMOUS. (BOARD OF TRUSTEES CONSENT CALENDAR ACTION—NO BOARD DISCUSSION)**





Resolution No. 11 New ☒ Substitute ☐ Amendment ☐Report: NA Date Submitted: July 2011Submitted By: Council on Ethics, Bylaws and Judicial AffairsReference Committee: Legal, Legislative and Public Affairs MattersTotal Net Financial Implication: \$ None Net Dues Impact: \$Amount One-time \$ Amount On-going \$ADA Strategic Plan Goal: Members (Required)**AMENDMENT TO ADA CODE, SECTION 5.H. ANNOUNCEMENT AND LIMITATION OF PRACTICE****Background:** (Reports:141)

**Amendment to ADA Code, Section 5.H. Announcement and Limitation of Practice:** In response to a request from the Council on Dental Education and Licensure (CDEL), the Council discussed the need to revise certain ADA Code sections to reflect terminology currently in use such that the term “dental specialties” replaces “special areas of dental practice” and the term “interest areas in general dentistry” replaces “non-specialty interest areas.” The Council agreed to amend Section 5.H. Announcement and Limitation of Practice and Advisory Opinion 5.I.1., and therefore recommends adoption of the following resolution:

**Resolution**

**11. Resolved,** that Section 5.H., Announcement of Specialization and Limitation of Practice, of the ADA *Principles of Ethics and Code of Professional Conduct* be amended as follows (additions underscored, deletions stricken):

**Section 5.H. Announcement of Specialization and Limitation of Practice.** This section and Section 5.I are designed to help the public make an informed selection between the practitioner who has completed an accredited program beyond the dental degree and a practitioner who has not completed such a program. The ~~special areas of dental practice~~ dental specialties approved by the American Dental Association and the designation for ethical specialty announcement and limitation of practice are: dental public health, endodontics, oral and maxillofacial pathology, oral and maxillofacial radiology, oral and maxillofacial surgery, orthodontics and dentofacial orthopedics, pediatric dentistry, periodontics and prosthodontics. Dentists who choose to announce specialization should use “specialist in” or “practice limited to” and shall limit their practice exclusively to the announced ~~special area(s) of dental practice~~ dental specialties, provided at the time of the announcement such dentists have met in each approved specialty for which they announce the existing educational requirements and standards set forth by the American Dental Association. Dentists who use their eligibility to announce as specialists to make the public believe that specialty services rendered in the dental office are being rendered by qualified specialists when such is not the case are engaged in unethical conduct. The burden of responsibility is on specialists to avoid any inference that general practitioners who are associated with specialists are qualified to announce themselves as specialists.

**BOARD RECOMMENDATION: Vote Yes.****BOARD VOTE: UNANIMOUS. (BOARD OF TRUSTEES CONSENT CALENDAR ACTION—NO BOARD DISCUSSION)**



Resolution No. 12 New ☒ Substitute ☐ Amendment ☐Report: NA Date Submitted: July 2011Submitted By: Council on Government AffairsReference Committee: Legal, Legislative and Public Affairs MattersTotal Net Financial Implication: \$ None Net Dues Impact: \$Amount One-time \$ Amount On-going \$ADA Strategic Plan Goal: Members (Required)**1 ENSURE ADEQUATE FUNDING UNDER MEDICAID BLOCK GRANTS****2 Background:** (*Reports:165*)

**3 Ensure Adequate Funding Under Medicaid Block Grants:** The following resolution was submitted by the  
**4** Council on Government Affairs and supported by the Council on Dental Benefit Programs and the Council on  
**5** Access, Prevention, and Interprofessional Relations. It is consistent with the ADA's Strategic Plan goal of  
**6** "Provide support to dentists so they may succeed and excel throughout their careers."

**7** State and federal budget pressures and rising health care costs have re-opened the debate over the federal  
**8** financing structure of the Medicaid program. Specifically, some lawmakers have expressed support for  
**9** funding the program as a block grant.

- 10** • Currently, the Medicaid program is structured and financed as an entitlement, with the federal  
**11** government paying a share of states' costs. That share—referred to as the federal medical assistance  
**12** percentage (FMAP)—is approximately 57%, on average across the states. However, some states  
**13** receive as little as 50% and others up to 75% of the cost of the Medicaid program from the federal  
**14** government.  
**15**
- 16** • Under block grant proposals, the federal government would likely pay a fixed dollar amount to the  
**17** states based on a pre-set formula, and allow states increased flexibility on eligibility, enrollment and  
**18** benefits.

**19** Overshadowing the block grant discussion are coverage guarantees and expansions passed as part of the  
**20** new health reform law, which add to the cost of the program.

- 21** • Under the maintenance of effort piece of the law, states generally can't make changes to their  
**22** Medicaid eligibility standards to make them more restrictive than what was in effect for the state when  
**23** the law was enacted in 2010, although CMS has permitted some waivers to this requirement. The law  
**24** prevents states from cutting Medicaid eligibility for most adults until 2014 and children until 2019.  
**25** However, states retain the option of cutting optional services—including adult dental coverage.  
**26**
- 27** • Additionally, in 2014 the health law opens the Medicaid program to nearly all Americans younger than  
**28** 65 who earn up to 133% of the federal poverty level. Under the current financing system, the federal  
**29** government will foot the bill for 100% of the expansion through 2016, scaling back to 90% by 2020.

**30** On April 15, 2011, the U.S. House of Representatives passed "The Path to Prosperity: Restoring America's  
**31** Promise"—the Fiscal Year 2012 Budget Resolution (H Con Res 34) introduced by House Republicans.  
**32** Among its many funding provisions, the resolution proposes converting the federal share of Medicaid to a

1 block grant to states. President Obama's budget proposal makes adjustments to the current federal matching  
2 formulas for Medicaid and the Children's Health Insurance Program but would not convert the Medicaid  
3 program into a block grant.

4 Current ADA policy *Medicaid Block Grants* (*Trans.* 1995:651) does require the ADA to take the position that if  
5 the block grant concept for funding Medicaid becomes law, a designated portion of the block grant be  
6 allocated for dental care. However, the CGA believes the ADA needs policy that clarifies the Association's  
7 position regarding Medicaid block grants *before* such grants become law to ensure needed oral health care  
8 protection for the underserved population and the dental profession serving that population. The CGA was  
9 provided feedback from a number of constituent dental societies and an overwhelming majority of those who  
10 responded did not favor block grants as dentistry is likely to suffer under such a situation, especially adult  
11 dental. The CGA agrees with that assessment and recommends the following:

#### 12 Resolution

13 **12. Resolved**, that the ADA ensure that adequate funding and safeguards are in place to provide  
14 comprehensive oral health care to underserved children and adults concerning legislation that would  
15 convert the federal share of Medicaid to a block grant to the states, and be it further

16 **Resolved**, that the ADA opposes the proposed block grant in the event adequate funding and safeguards  
17 cannot be assured.

18 **BOARD RECOMMENDATION: Vote Yes.**

19 **BOARD VOTE: UNANIMOUS. (BOARD OF TRUSTEES CONSENT CALENDAR ACTION—NO BOARD**  
20 **DISCUSSION)**

Resolution No. 12S-1 New ☐ Substitute ☒ Amendment ☐  
 Report: NA Date Submitted: September 2011  
 Submitted By: First Trustee District  
 Reference Committee: Legal, Legislative and Public Affairs Matters  
 Total Net Financial Implication: \$ None Net Dues Impact: \$  
 Amount One-time \$ Amount On-going \$  
 ADA Strategic Plan Goal: Members (Required)

**SUBSTITUTE FOR RESOLUTION 12:  
ENSURE ADEQUATE FUNDING UNDER MEDICAID BLOCK GRANTS**

The following amendment to Resolution 12 (Worksheet:5005) was submitted by the First Trustee District and transmitted on September 12, 2011, by Ms. Frances C. Miliano, executive director, Maine Dental Association.

**Background:** The First District supports the intent of Resolution 12 but felt that clarification regarding the source of funding is warranted, and could be accomplished with the following language change:

**Resolution**

**12S-1. Resolved**, that the ADA ensure that adequate funding and safeguards are in place to provide comprehensive oral health care to underserved children and adults ~~concerning~~ in any legislation that would convert the federal share of Medicaid to a block grant to the states, and be it further

**Resolved**, that the ADA opposes the proposed block grant in the event adequate funding and safeguards cannot be assured.

**BOARD RECOMMENDATION: Vote Yes on the Substitute.**

**BOARD VOTE: UNANIMOUS.**



Resolution No. 23-29 New ☒ Substitute ☐ Amendment ☐Report: CEBJA Supplemental Report 1 Date Submitted: July 2011Submitted By: Council on Ethics, Bylaws and Judicial AffairsReference Committee: Legal, Legislative and Public Affairs MattersTotal Net Financial Implication: \$13,155 Net Dues Impact: \$0.12Amount One-time \$                      Amount On-going \$13,155ADA Strategic Plan Goal: Members (Required)

**COUNCIL ON ETHICS, BYLAWS AND JUDICIAL AFFAIRS SUPPLEMENTAL REPORT 1 TO THE  
HOUSE OF DELEGATES: CONSIDERATION AND RECOMMENDATIONS RESPECTING REFERRED  
RESOLUTIONS 15H-2010, 16H-2010 AND 118-2010**

**Background:** The House of Delegates requested the Council to consider Resolutions 15H-2010, 16H-2010 and 118-2010, regarding enforcement and hearing procedures for violations of the Association's Member Conduct Policy or the fiduciary or other legal obligations owed the Association by members, delegates, alternate delegates, trustees, elective officers and candidates for office and report to the 2011 House of Delegates. As a result of its deliberations, the Council proposes changes to ADA *Bylaws* Chapters V, X and XII, and proposes a new *Bylaws* Chapter XIII, all as set forth below. The proposed amended *Bylaws* are attached as **Appendix 1**.

**Background:** The Council considered the above-mentioned resolutions together as they were viewed as addressing intertwined and complementary issues. By way of background and for ease of reference, the resolutions are reproduced below.

**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 be the disciplinary body whose actions shall be final and not appealable, and may include, but are not limited to: censure, suspension, probation or expulsion, 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 to 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.

1 **16H-2010. Resolved**, that the ADA Member Conduct Policy set forth below be adopted as policy of the  
2 Association, effective at the close of the 2011 House of Delegates:

3 **ADA Member Conduct Policy**

- 4 1. Members should communicate respectfully in all interactions with other dentists, dentist members,  
5 Association officers, trustees and staff.
- 6 2. Members should respect the decisions and policies of the Association and must not engage in  
7 disruptive behavior in interactions with other members, Association officers, trustees, or staff.
- 8 3. Members have an obligation to be informed about and use Association policies for communication  
9 and dispute resolution.
- 10 4. Members must comply with all applicable laws and regulations, including but not limited to antitrust  
11 laws and regulations.
- 12 5. Members must respect and protect the intellectual property rights of the Association, including any  
13 trademarks, logos, and copyrights.
- 14 6. Members must not use Association membership directories, on-line member listings, or attendee  
15 records from Association-sponsored conferences or CE courses for personal or commercial gain,  
16 such as selling products or services, prospecting, or creating directories or databases for these  
17 purposes.
- 18 7. Members must treat all confidential information furnished by the Association as such and must not  
19 reproduce materials without the Association's written approval.
- 20 8. Members must not violate the attorney-client privilege or the confidentiality of executive sessions  
21 conducted at any level within the Association.
- 22 9. Members must fully disclose conflicts, or potential conflicts, of interest and make every effort to avoid  
23 the appearance of conflicts of interest.

24 and be it further

25 **Resolved**, that this resolution be referred to the Council on Ethics, Bylaws and Judicial Affairs for the  
26 purpose of developing an enforcement procedure for the ADA Member Conduct Policy by modifying the  
27 judicial procedures described in Chapter XII, Section 20C of the ADA *Bylaws* as appropriate to harmonize  
28 with ADA Member Conduct Policy, and be it further

29 **Resolved**, that the resulting enforcement procedures for the ADA Member Code of Conduct be  
30 presented for consideration to the 2011 House of Delegates.

31 **118-2010. Resolved**, that the appropriate amendments to the ADA *Bylaws* to effectuate the proposal  
32 below be prepared by the Council on Ethics, Bylaws and Judicial Affairs and submitted to the 2011 House  
33 of Delegates:

- 34 1. That the intentional distribution of confidential Association information to other than those for whom it  
35 was intended is a violation of professional ethics, except for communications whose sole purpose is  
36 the reporting of suspected wrongdoing in accordance with the Association's corporate  
37 "whistleblowing" policy;
- 38 2. That when there is an allegation that confidential Association information has been disseminated to  
39 others than it was intended, the President may appoint a committee of not more than five persons



1 with sufficient diversity and skill to investigate the allegation to attempt to identify the source of the  
2 information and the manner in which it was disseminated;

- 3 3. That if the identified source is a member of the staff, they will immediately be restricted from access  
4 to Association communications until the validity of the accusation and reason can be determined and  
5 appropriate review of their employment and due process have been completed;
- 6 4. That if the identified source is a member volunteer, they will be charged with a violation of  
7 professional ethics and subject to a hearing before the Council on Ethics, Bylaws and Judicial Affairs  
8 to determine the validity of the accusation, the reason dissemination may have taken place and if  
9 appropriate, a penalty commensurate with the violation;
- 10 5. That all activities of an investigative committee or subsequent due process are to be kept confidential  
11 except for the report of final outcomes and associated penalties;
- 12 6. That the investigative committee will immediately refer any matter to the legal division and suspend  
13 further activity, if evidence indicates that the dissemination of confidential information has resulted in  
14 either a potential liability or a recoverable damage for the Association, or is protected by corporate  
15 policy or applicable statute; and
- 16 7. That the ADA *Bylaws* Chapter X, Section 120G., relating to duties of the Council on Ethics, Bylaws  
17 and Judicial Affairs, be amended to allow the Council to discipline the officers, trustees, ADA  
18 members of councils, commissions, or appointed taskforces, or delegates to the House of Delegates  
19 of this Association that have been accused and found guilty of a violation of ethics related to their  
20 service.

21 **Analysis:** For purposes of its analysis, the Council separately considered processes to address violations by  
22 candidates for elective or appointive office on the one hand, and violations by current members and elective  
23 and appointive officers on the other.

24 **Violations by Candidates for Elective or Appointive Office/Election Commission:** The first  
25 resolving clause of Resolution 15H-2010 gives the Election Commission the responsibility to identify any  
26 candidate who is under "active discipline" for violating a legal duty owed to constituent societies or the  
27 Association for the purpose of disqualifying the candidate from elective or appointive office. The term "active  
28 discipline" is not defined in Resolution 15H-2010; the Council, therefore, agreed that "active" discipline  
29 includes all sentences a prospective candidate is currently serving, including sentences of probation but not  
30 including censure. For the sake of clarity, the Council recommends specifying precisely the forms of  
31 discipline that will result in disqualification.

32 The Council also reviewed the nature and composition of the existing Election Commission to determine if  
33 any changes might be needed given that the expanded function of the Commission enables it to divest  
34 members of the right to seek office. As a preliminary matter, the Council believes that because the additional  
35 duty of the Election Commission allows it to curtail a member privilege set out in the ADA *Bylaws*, the duties  
36 of the Election Commission should also be included in the ADA *Bylaws*. At present, the Commission is only  
37 referenced in the House Manual. Consequently, the Council recommends that the description/duties of the  
38 Election Commission should be made a committee of the House with its duties included in *Bylaws* Chapter V,  
39 HOUSE OF DELEGATES, Section 140, COMMITTEES, as the function of the group is more consistent with  
40 the characteristics of a House committee than with those of a commission as that term is referenced in the  
41 ADA *Bylaws* Chapter XIV, COMMISSIONS.

42 With respect to the composition of the newly-named Election Committee, the Council believes that its  
43 expanded duties require that Committee members be free from any potential perception of a conflict of  
44 interest and decisions with respect to a member's right to run for office should be made by Association  
45 members and not by any Association employee. At present, the members of the Election Commission  
46 include the Speaker and the Secretary of the House of Delegates (the ADA Executive Director). For the  
47 reasons expressed above, the Council believes that the Speaker and the Executive Director should be

replaced on the Committee with the Second Vice President and two third-year trustees selected at random by the President. The Council recommends this change to avoid any perceived conflict the Speaker may appear to face as the position of Speaker of the House of Delegates is up for election every year and a Speaker generally runs for multiple terms. Also, because the Election Committee makes decisions that affect members' rights, the Council did not believe it appropriate that a staff member (the Executive Director) should participate in such decision making. In considering which volunteers would be least prone to facing a conflict of interest situation, the Council decided that because the Second Vice President and third-year trustees tend not to be candidates for election to any position, those individuals would be best suited for serving on the Election Committee.

*Recommendation.* Based upon the discussions and deliberations of the Council respecting 15H-2010 as the resolution relates to candidates for elective or appointive office, the Council recommends the adoption of the following two resolutions:

**23. Resolved,** that *Bylaws* Chapter I MEMBERSHIP, Section 20, QUALIFICATIONS, PRIVILEGES, DUES AND SPECIAL ASSESSMENTS, Subsection A, ACTIVE MEMBER, Paragraph b, PRIVILEGES, Sub-paragraph (3) be amended as follows (additions underscored):

(3) An active member under a disciplinary sentence of suspension or probation shall not be privileged to hold office, either elective or appointive, including delegate and alternate delegate, in such member's component and constituent societies and this Association, or to vote or otherwise participate in the selection of officials of such member's component and constituent societies and this Association.

**24. Resolved,** that *Bylaws* Chapter V HOUSE OF DELEGATES, Section 140, COMMITTEES, be amended by the addition of a new letter E. Election Committee and the re-lettering of the current E. Special Committees to F. (deletions stricken though, additions underscored):

*Section 140. COMMITTEES:* The committees of the House of Delegates shall be:

E. ELECTION COMMITTEE.

a. COMPOSITION. The Election Committee shall consist of the Second Vice President and two (2) third-year Trustees chosen by the President by random drawing at the first meeting of the Board of Trustees following the adjournment *sine die* of the last meeting of the annual session of the House of Delegates. The Second Vice President shall be the chair of the Election Committee. In the event the Second Vice President is unable to fulfill the position, the ADA President shall replace the Second Vice President and serve as chair of the Election Committee. If a third-year Trustee is unable to fulfill one of the positions on the Election Committee, the President shall choose a replacement member by random drawing from among the remaining third-year Trustees.

b. DUTIES. It shall be the duty of the Committee to (1) oversee and adjudicate all issues of contested elections for ADA offices; (2) 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, travel and electronic communications; (3) in conjunction with the President-Elect Candidates, determine a dollar amount for president-elect candidate receptions held at annual session; (4) receive summaries of campaign revenues and expenses from candidates for all ADA elective offices; and (5) disqualify anyone identified as being under a disciplinary sentence of suspension or probation for violating his or her duties to the constituent society within whose jurisdiction the member practices or to this Association from seeking elective or appointive office while under that disciplinary sentence.

F. SPECIAL COMMITTEES. The Speaker, with the consent of the House of Delegates, shall appoint special committees to perform duties not otherwise assigned by these *Bylaws*, to serve until adjournment *sine die* of the session at which they were appointed.

and be it further

**Resolved**, that the *Manual of the House of Delegates and Supplemental Information* section entitled "Guidelines Governing the Conduct of Campaigns for All ADA Offices" paragraph No. 1, be amended as follows (deletions stricken through, additions underscored):

1. The Election ~~Commission-Committee, consisting of the Speaker, Secretary of the House of Delegates and the Second Vice President,~~ shall review the disciplinary records of all candidates for elective or appointive office to determine eligibility to hold office under Chapter I., Section 20.A.b.(3) of the ADA Bylaws.

The Election Committee 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 that 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-Committee~~ 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, travel and electronic communications.

and be it further

**Resolved**, that any further use of the term "Election Commission" in the *ADA Manual of the House of Delegates* be replaced with the term "Election Committee".

*Financial Impact of Proposed Changes in the Scope of Duties of the Election Committee.* The Council considered whether the assignment of additional duties to the Election Committee (formerly the Election Commission) would result in any financial impact to the Association. The Council believes that any activities that may result from the additional duties will not result in additional costs, as those activities can be accomplished through the use of electronic communications and telephone conferences already accounted for from a budgetary standpoint and with the assistance of existing ADA staff.

**Hearing and Enforcement Procedures for Addressing Violations by Members, Delegates, Alternate Delegates, Trustees and Elective Officers:** The Council also considered the House referrals requiring the establishment of enforcement and hearing procedures for addressing violations of the Association's Member Conduct Policy (Resolution 16H-2010) and violations of fiduciary and other legal duties by elective officers and delegates and alternate delegates (Resolution 15H-2010).<sup>1</sup> Amendments to the *Bylaws* to effectuate Resolutions 15H and 16H, principally by creating a new Chapter XIII, are proposed as set forth below. To simplify the language in the new Chapter XIII, the Council further recommends amending the newly-enacted Member Conduct Policy to include violations of fiduciary and other legal duties owed to the Association; that recommended modification to 16H-2010 is also included in this report. In addition, the Council reviewed the proposals set forth in Resolution 118-2010 and, for the reasons that follow, recommend that the *Bylaws* amendments relating to enforcement and hearing procedures under 15H and 16H also be applied to investigations and hearings conducted with respect to alleged breaches of confidentiality under 118.

**A. Proposed New *Bylaws* Chapter XIII:** For all alleged violations of the Member Conduct Policy (including, as discussed below, violations of fiduciary obligations and other legal duties owed to the

<sup>1</sup> The language of Resolution 15H speaks to violations by "elective and appointive officers," not including the Association's Executive Director. Because the Executive Director is the Association's only appointive officer, per *Constitution*, Article V, Section 20, the Council recommends dropping the reference to "appointive officers" as unnecessary. The Council also interprets the Resolution to govern alleged breaches of duty by delegates and alternate delegates, even though the Resolution does not specifically reference them.

1 Association, such as the duty to preserve confidentiality), the Council recommends a new Chapter XIII be  
2 added to the *Bylaws*.<sup>2</sup> The proposed process set forth in that Chapter permits Association staff or members  
3 to lodge complaints of violations to the Council chair. The Council chair then selects a three-member panel of  
4 Council members, who will conduct a preliminary investigation into the allegations and whether sufficient  
5 grounds are stated to warrant convening a hearing. If the investigatory panel decides that the evidence is  
6 insufficient to warrant a hearing, the investigatory panel's decision is final. If, however, the investigatory panel  
7 determines that a hearing is warranted, a second and different three-member panel of Council members will  
8 conduct a hearing substantially conforming to the hearing procedures currently set forth in Chapter XII of the  
9 *Bylaws*. To preserve the integrity of the system and avoid any appearance of bias, the Council member from  
10 the accused's district will not be entitled to participate at any level in the hearing process outlined in the  
11 proposed new Chapter XIII.

12 If, following the hearing, the three-member hearing panel decides that discipline is warranted, the accused  
13 may appeal to the full Council (minus the six Council members who served on the investigatory and hearing  
14 panels and the Council member from the accused's trustee district). If the three-member hearing panel  
15 decides that discipline is not warranted, the hearing panel's decision is final and non-appealable.

16 If the Council concludes on appeal that discipline is warranted, one of two results will follow. If the Council  
17 determines that the appropriate disciplinary penalty is censure, or is expulsion, probation or suspension of a  
18 member who is not also a trustee or elective officer, the decision of the Council is final and non-appealable. If  
19 the Council determines that probation or expulsion from, or suspension of, membership or office of a trustee  
20 or elective officer is warranted, the Council's decision shall constitute a recommendation to the House of  
21 Delegates, which will then proceed to consider the recommendation at the next session of the House of  
22 Delegates.

23 The Council debated at some length what decisions should be final with the Council and which should be  
24 referred to the House of Delegates for its consideration. Resolution 15H-2010 specifically states that referrals  
25 to the House of Delegates would be made when the Council determined that expulsion or suspension of a  
26 trustee was at issue. The reason for this was that, in general, the power to remove trustees is exclusively  
27 reserved to the House of Delegates under Illinois law. The Council decided to add probation to the list of  
28 decisions reviewable by the House of Delegates because it considered probation also to be a serious  
29 sentence worthy of the House's consideration.

30 The Council also noted that, of the elective officers of the Association (President, President-elect, First Vice  
31 President, Second Vice President, Treasurer and Speaker of the House, per *Constitution*, Article V, Section  
32 10), only the Speaker is not also a member of the Board of Trustees. (See *Bylaws*, Chapter VII, Section 10.)  
33 Rather than single out the Speaker for treatment different than other elective officers, the Council  
34 recommends referring all recommendations for the expulsion, suspension or probation of all elective officers  
35 to the House of Delegates for its consideration.

36 The Council also debated to what extent members of the House of Delegates should recuse themselves from  
37 debate and decisions relating to recommended discipline of trustees and elective officers. The Council  
38 decided that the conflict of interest provisions of *Bylaws*, Chapter VI provided adequate guidance concerning  
39 recusal and opted not to include any mandatory recusal provisions regarding House members in the  
40 proposed new Chapter XIII.

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<sup>2</sup> The Council did consider whether the existing Chapter XII, which governs appeals from constituent or component societies, could be modified to encompass investigations and hearings for the violations at issue in the referrals. However, the Council determined that over-laying separate hearing procedures on top of the existing Chapter would be too confusing and opted instead to propose a new Chapter.

In drafting the proposed new Chapter XIII, it became apparent that the new chapter could be significantly more streamlined and less cumbersome if the Member Conduct Policy were amended to include breaches of fiduciary duty and other legal duties to the Association, and to make clear that breaches of confidentiality were included in such other legal duties. The Council therefore recommends the Member Conduct Policy be amended accordingly.

*Recommendations.* Based upon the discussions and deliberations of the Council respecting hearing procedures for addressing violations of the Association's Member Conduct Policy (Resolution 16H-2010) and violations of fiduciary and other legal duties by elective officers and delegates and alternate delegates (see Resolution 15H-2010), the Council recommends the adoption of the following resolution revising the Association's Member Conduct Policy to refer to statutory and common law fiduciary obligations.

The Council also believes that, if the enforcement procedures that the Council proposed are to be contained in the ADA *Bylaws*, they should be set forth separately from the procedures described in Chapter XII, Section 20C. It is the opinion of the Council that, because of the differences that exist in the two enforcement procedures, separately stating the enforcement procedures will result in greater clarity and will minimize confusion. Consequently, in lieu of modifying the judicial procedures described in Chapter XII, Section 20C of the ADA *Bylaws* as requested by the third resolving clause of 16H-2010, the Council recommends the adoption of the enforcement procedures for the Member Conduct Policy as a separate chapter of the ADA *Bylaws*.

Finally, the Council recommends amendment of Chapter 20, Sections 20.E and F. so that the language of those sections parallel language found in the proposed new Chapter XIII.

Consequently, the Council recommends adoption of the following resolutions:

**25. Resolved,** that the Member Conduct Policy of the Association be amended as follows (additions underscored):

#### **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 and statutory and common law fiduciary obligations.
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.

**26. Resolved**, that a new Chapter XIII to the ADA *Bylaws*, containing enforcement procedures for the ADA Member Conduct Policy be adopted, and that the existing Chapter XIII and all subsequent chapters be renumbered to reflect the change. The new Chapter XIII will read as follows:

### **CHAPTER XIII • PROCEDURES AND HEARINGS RELATING TO MEMBER CONDUCT POLICY**

*Section 10.* CONDUCT SUBJECT TO REVIEW: Each member of this Association shall be subject to the provisions of the Association's Member Conduct Policy.

*Section 20.* DISCIPLINARY PROCEDURES AND HEARINGS:

A. MEMBER CONDUCT SUBJECT TO DISCIPLINE. Any member charged with violating the Association's Member Conduct Policy shall be afforded a fair and impartial hearing conducted in accordance with Chapter XIII, Section 20C.

B. DISCIPLINARY PENALTIES. Members may be disciplined for violating the Association's Member Conduct Policy as follows:

a. CENSURE. Censure is a disciplinary sentence expressing in writing severe criticism or disapproval of a particular type of conduct or act.

b. SUSPENSION. Suspension, subject to Chapter I, Section 30 of these *Bylaws*, means all membership privileges except continued entitlement to coverage under insurance programs are lost during the suspension period. Suspension shall be unconditional and for a specified period at the termination of which full membership privileges are automatically restored. A subsequent violation shall require a new disciplinary procedure before additional discipline may be imposed.

c. EXPULSION. Expulsion is an absolute discipline and may not be imposed conditionally except as otherwise provided herein.

d. PROBATION. Probation, to be imposed for a specified period and without loss of privileges, may be administratively and conditionally imposed when circumstances warrant in lieu of a suspended disciplinary penalty. Probation shall be conditioned on good behavior. Additional reasonable conditions may be set forth in the decision for the continuation of probation. In the event that the conditions for probation are found by the Council on Ethics, Bylaws and Judicial Affairs to have been violated, after a hearing on the probation violation charges in accordance with Chapter XIII, Section 20C, the original disciplinary penalty shall be automatically reinstated, except that when circumstances warrant the original disciplinary penalty may be reduced to a lesser penalty. There shall be no right of appeal from a finding that the conditions of probation have been violated.

e. REMOVAL FROM OFFICE. Removal from office as a trustee, delegate, alternate delegate or elective officer for the remaining term may be imposed in addition to, or in lieu of, any of the penalties enumerated in this Section of these *Bylaws*.

C. DISCIPLINARY PROCEEDINGS. Before a disciplinary penalty is invoked against a member for violating the Association's Member Conduct Policy, the following procedures shall be followed by the Council on Ethics, Bylaws and Judicial Affairs and, as applicable, in the case of a trustee or an elective officer, reviewed by the House of Delegates:

a. CHARGES. Any member of the Association or the Association's staff shall be entitled to prefer charges alleging a violation of the Association's Member Conduct Policy.

Charges shall be directed to the Chair of the Council on Ethics, Bylaws and Judicial Affairs and shall be in writing. Such written charges shall include a specification of the provision(s) of the Association's Member Conduct Policy alleged to have been violated, and a description of the conduct alleged to constitute the violation.

b. PRELIMINARY INVESTIGATION. A panel of three (3) sitting members of the Council on Ethics, Bylaws and Judicial Affairs selected by the Council's chair, which shall not include the Council member from the accused's trustee district, shall conduct a preliminary investigation into the charges and shall determine whether the allegations made in the charge sufficiently state a violation of the Member Conduct Policy.

c. NOTICE. If upon preliminary investigation the three-member investigatory panel concludes that the charge does not sufficiently state a violation of the Member Conduct Policy, the Association member or Association staff member preferring the charges shall be advised in writing of the investigatory panel's decision and the investigatory panel's decision shall be final. If the investigatory panel determines that the charge does sufficiently state a violation of the Member Conduct Policy, the accused member shall be notified in writing of the charges brought against him or her and of the time and place of the hearing, such notice to be sent by certified-return receipt requested letter addressed to the accused's last known address and mailed not less than twenty-one (21) days prior to the date set for the hearing. An accused member, upon request, shall be granted one postponement for a period not to exceed thirty (30) days.

d. HEARING. The accused member shall be entitled to a hearing before a panel of three (3) sitting members of the Council on Ethics, Bylaws and Judicial Affairs, which shall not include members of the investigatory panel or the Council member from the accused's trustee district, at which the accused shall be given the opportunity to present a defense to all charges brought against him or her. The Council on Ethics, Bylaws and Judicial Affairs shall permit the accused member to be represented by legal counsel.

e. DECISION. Every decision rendered by a hearing panel shall be reduced to writing and shall specify the charges made against the member, the relevant facts presented by the parties, the verdict rendered or recommended, any penalty imposed or recommended, or when appropriate any suspended penalty imposed or recommended, and the conditions for, any probation. Within ten (10) days of the date on which the decision or recommendation is rendered, a copy thereof shall be sent by certified-return receipt requested mail to the last known address of each of the following parties, together with, where appropriate, a notice to the accused member informing him or her of the right to appeal: the accused member; the Association member or staff member preferring the charge; the secretary of the component society of which the accused is a member, if applicable; the secretary of the constituent society of which the accused is a member, if applicable; the chair of the Council on Ethics, Bylaws and Judicial Affairs of this Association; the Election Committee and the Executive Director of this Association.

D. APPEALS TO FULL COUNCIL. The accused member under sentence or recommended sentence of censure, suspension, expulsion, probation and/or removal from office shall have the right to appeal from a hearing panel decision to the full Council on Ethics, Bylaws and Judicial Affairs by filing an appeal in affidavit form with the chair of the Council on Ethics, Bylaws and Judicial Affairs of this Association. Members of the investigatory and hearing panels, and the Council representative from the accused's trustee district, shall be recused from the appeal.

An appeal from any decision shall not be valid unless notice of appeal is filed within thirty (30) days and the supporting brief, if one is to be presented, is filed within sixty (60) days after such decision has been rendered. A reply brief, if one is to be presented, shall be filed by the Association member or Association staff member within ninety (90) days after such decision

1 is rendered. A rejoinder brief, if one is to be presented, shall be filed within one hundred five  
2 (105) days after such decision is rendered. After all briefs have been filed, a minimum of  
3 forty-five (45) days shall elapse before the hearing date. Omission of briefs will not alter the  
4 briefing schedule or hearing date unless otherwise agreed to by the parties and the chair of  
5 the appropriate appellate agency.

6 No decision shall become final while an appeal therefrom is pending or until the thirty (30)  
7 day period for filing notice of appeal has elapsed. In the event of a sentence of expulsion and  
8 no notice of appeal is received within the thirty (30) day period, the Council on Ethics, Bylaws  
9 and Judicial Affairs shall notify all parties of the failure of the accused member to file an  
10 appeal. The following procedure shall be used in processing appeals to the full Council on  
11 Ethics, Bylaws and Judicial Affairs:

12 a. HEARINGS ON APPEAL TO FULL COUNCIL. The accused member shall be entitled  
13 to a hearing on an appeal, provided that such appeal is taken in accordance with, and  
14 satisfies the requirements of, this Section. The Council on Ethics, Bylaws and Judicial  
15 Affairs shall permit the accused member to be represented by legal counsel. A party need  
16 not appear for the appeal to be heard by the Council on Ethics, Bylaws and Judicial  
17 Affairs.

18 b. NOTICE. The Council on Ethics, Bylaws and Judicial Affairs shall notify the accused  
19 member, the Association member or Association staff member preferring charges, the  
20 secretary of the component society of which the accused is a member, if applicable; and  
21 the secretary of the constituent society of which the accused is a member, if applicable of  
22 the time and place of the appeal hearing, such notice to be sent by certified—return  
23 receipt requested letter to the last known address of the parties to the appeal and mailed  
24 not less than thirty (30) days prior to the date set for the hearing. Granting of continuances  
25 shall be at the option of the Council on Ethics, Bylaws and Judicial Affairs.

26 c. PREHEARING MATTERS. Prehearing requests shall be granted at the discretion of  
27 the Council on Ethics, Bylaws and Judicial Affairs. The Council chair has the authority to  
28 rule on motions from the parties for continuances and other prehearing procedural matters  
29 with advice from legal counsel of this Association. The Council chair may consult with the  
30 Council before rendering prehearing decisions.

31 d. BRIEFS. Every party to an appeal shall be entitled to submit a brief in support of the  
32 party's position. The briefs of the parties shall be submitted to the Chair of the Council on  
33 Ethics, Bylaws and Judicial Affairs of this Association, and to the opposing party(ies) in  
34 accordance with the prescribed briefing schedule. The party initiating the appeal may  
35 choose to rely on the record and/or on an oral presentation and not file a brief.

36 e. RECORD OF DISCIPLINARY PROCEEDINGS. Upon notice of an appeal, the three-  
37 member hearing panel of the Council on Ethics, Bylaws and Judicial Affairs that presided  
38 over the initial hearing shall furnish to the full Council on Ethics, Bylaws and Judicial  
39 Affairs and to the accused member a transcript of, or an officially certified copy of the  
40 minutes of, the hearing accorded the accused. The transcript or minutes shall be  
41 accompanied by certified copies of any affidavits or other documents submitted as  
42 evidence to support the charges against the accused member or submitted by the  
43 accused as part of the accused's defense. Where the three-member hearing panel of the  
44 Council on Ethics, Bylaws and Judicial Affairs does not provide for transcription of the  
45 hearing, the accused member shall be entitled to arrange for the services of a court  
46 reporter to transcribe the hearing.

47 f. APPEALS JURISDICTION. The Council on Ethics, Bylaws and Judicial Affairs shall  
48 be required to review the decision appealed from to determine whether the evidence  
49 before the three-member hearing panel supports that decision or warrants the penalty(ies)



1 imposed. The Council on Ethics, Bylaws and Judicial Affairs shall not be required to  
2 consider additional evidence unless there is a clear showing that a party to the appeal will  
3 be unreasonably harmed by failure to consider the additional evidence. The parties to an  
4 appeal are the accused member and the Association member or Association staff member  
5 that preferred charges.

6 g. DECISION ON APPEALS NOT INVOLVING RECOMMENDED PROBATION,  
7 SUSPENSION, EXPULSION AND/OR REMOVAL OF A TRUSTEE OR ELECTIVE  
8 OFFICER. In each appeal that does not involve the recommended probation, suspension,  
9 expulsion and/or removal from office of a trustee or elective officer, the decision of the  
10 Council on Ethics, Bylaws and Judicial Affairs shall be reduced to writing and shall state  
11 clearly the conclusion of the Council and the reasons for reaching that conclusion. The  
12 Council shall have the discretion to (1) *uphold* the decision of the three-member hearing  
13 panel; (2) *reverse* the decision of the three-member hearing panel and thereby exonerate  
14 the accused; (3) *deny* an appeal which fails to satisfy the requirements of Section 20D of  
15 this Chapter; (4) *refer* the case back to the three-member hearing panel for new  
16 proceedings, if the rights of the accused member under all applicable bylaws were not  
17 accorded the accused; (5) *remand* the case back to the three-member hearing panel for  
18 further proceedings when the appellate record is insufficient in the opinion of the Council  
19 on Ethics, Bylaws and Judicial Affairs to enable it to render a decision; or (6) *uphold* the  
20 decision of the three-member hearing panel but reduce the penalty imposed. The  
21 decision of the Council on Ethics, Bylaws and Judicial Affairs under this Section 20 Eg of  
22 Chapter XIII shall be final and non-appealable.

23 Within thirty (30) days of the date on which a final decision on appeal is rendered, a copy  
24 thereof shall be sent by certified—return receipt requested mail to the last known address  
25 of each of the following parties: the accused member, the Association member or  
26 Association staff member preferring charges, the secretary of the component society of  
27 which the accused is a member, if applicable, the secretary of the constituent society of  
28 which the accused is a member, if applicable, the Election Committee and the Executive  
29 Director of this Association.

30 h. DECISION ON APPEALS INVOLVING RECOMMENDED PROBATION,  
31 SUSPENSION, EXPULSION AND/OR REMOVAL OF A TRUSTEE OR ELECTIVE  
32 OFFICER. In each appeal that involves the recommended probation, suspension,  
33 expulsion or removal of a trustee or elective officer, the decision of the Council on Ethics,  
34 Bylaws and Judicial Affairs shall be reduced to writing and shall state clearly the  
35 conclusion of the Council and the reasons for reaching that conclusion. In such appeals,  
36 the Council shall have the discretion to (1) recommend *upholding* the decision of the  
37 three-member hearing panel; (2) *reverse* the recommended decision of the three-member  
38 hearing panel and thereby exonerate the accused; (3) recommend *denying* an appeal  
39 which fails to satisfy the requirements of Section 20E of this Chapter; (4) *refer* the case  
40 back to the three-member hearing panel for new proceedings, if the rights of the accused  
41 member under all applicable bylaws were not accorded the accused; (5) *remand* the case  
42 back to the three-member hearing panel for further proceedings when the appellate record  
43 is insufficient in the opinion of the Council on Ethics, Bylaws and Judicial Affairs to enable  
44 it to render a decision; or (6) *uphold* the decision of the three-member hearing panel but  
45 reduce the penalty imposed, except in cases in which the reduced penalty is probation,  
46 suspension and/or removal from office, in which case the Council's decision shall be a  
47 recommendation. The decision of the Council on Ethics, Bylaws and Judicial Affairs under  
48 this Section 20Eh of Chapter XIII shall be final and non-appealable in such cases only if  
49 the Council's decision does not result in a recommendation of probation, suspension,  
50 expulsion and/or removal from office.

1 In cases not involving recommended probation, suspension, expulsion and/or removal  
2 from office, within thirty (30) days of the date on which a final decision on appeal is  
3 rendered, a copy thereof shall be sent by certified-return receipt requested mail to the last  
4 known address of each of the following parties: the accused trustee or elective officer, the  
5 Association member or Association staff member preferring charges, the secretary of the  
6 component society of which the trustee is a member, if applicable, the secretary of the  
7 constituent society of which the trustee or elective officer is a member, if applicable, the  
8 Election Committee and the Executive Director of this Association.

9 In cases involving the recommended probation, suspension, expulsion and/or removal  
10 from office of a trustee or elective officer, within thirty (30) days of the date on which a  
11 recommended decision on appeal is rendered, a copy thereof shall be sent by certified-  
12 return receipt requested mail to the last known address of each of the following parties:  
13 the accused trustee or elective officer, the Association member or Association staff  
14 member preferring charges, the Election Committee, the secretary of the component  
15 society of which the trustee or elective officer is a member, if applicable, the secretary of  
16 the constituent society of which the trustee or elective officer is a member, if applicable  
17 and the Executive Director of this Association. Trustees or elective officers recommended  
18 to be sentenced to probation, expulsion, suspension and/or removal from office shall have  
19 the right to respond in writing to the recommendation, which response shall be delivered to  
20 the chair of the Council on Ethics, Bylaws and Judicial Affairs within thirty (30) days from  
21 the date of the recommended decision. The chair of the Council on Ethics, Bylaws and  
22 Judicial Affairs shall forward its recommendation, along with any response, to the Speaker  
23 of the House of Delegates, the Election Committee and the Association's Executive  
24 Director.

25 E. CONSIDERATION OF RECOMMENDED PROBATION, SUSPENSION, EXPULSION  
26 AND/OR REMOVAL FROM OFFICE OF TRUSTEES OR ELECTIVE OFFICERS BY HOUSE  
27 OF DELEGATES. The House of Delegates shall decide whether to accept or reject the  
28 recommendation of the Council on Ethics, Bylaws and Judicial Affairs. Members, and as  
29 applicable, former members, of the Council on Ethics, Bylaws and Judicial Affairs who were  
30 sitting on the Council at any time during which charges were pending against an accused  
31 shall be recused from deliberations under this Section 20F. A two-thirds (2/3) affirmative vote  
32 of the delegates present and voting is required to impose a disciplinary sentence of expulsion  
33 from membership or removal from office, suspension or probation.

34 F. SENTENCE. After all appeals are exhausted or after the time for filing an appeal has  
35 expired, a sentence of censure, suspension, expulsion and/or removal from office meted out  
36 to any member, including those instances when the disciplined member has been placed on  
37 probation, shall be enforced by such individual's component and constituent societies, if such  
38 exist, and this Association.

39 G. NON-COMPLIANCE. In the event of a failure of technical compliance with the procedural  
40 requirements of this Chapter, the Council on Ethics, Bylaws and Judicial Affairs shall  
41 determine the effect of non-compliance.

42 **27. Resolved**, that *Bylaws* Chapter XII, Section 20 be amended as follows in order to be consistent with  
43 parallel language in the new Chapter XIII (deletions stricken though, additions underscored):

44 **CHAPTER XII • PRINCIPLES OF ETHICS AND CODE OF PROFESSIONAL CONDUCT AND**  
45 **JUDICIAL PROCEDURES**

46 *Section 20. DISCIPLINE OF MEMBERS:*

47 E. SENTENCE. After all appeals are exhausted or after the time for filing an appeal has  
48 expired, a sentence of censure, suspension, or expulsion meted out to any member,

including those instances when the disciplined member has been placed on probation, shall be ~~promulgated~~ enforced by such ~~member's~~ individual's component and constituent societies, if such exist, and this Association.

F. NON-COMPLIANCE. In the event of a failure of technical ~~conformance-compliance~~ with to the procedural requirements of this Chapter ~~XII~~, the agency hearing the appeal shall determine the effect of non-~~conformance-compliance~~.

**B. Incorporation of Resolution 118-2010:** The Council debated how to address Resolution 118-2010. As indicated in the parenthetical following each enumerated point of Resolution 118-2010 below, the Council felt that all points in the resolution but points 2 and 6 were already contained in either ADA policy, procedures established under Resolution 15H or current responsibilities of either the Council or the Executive Director as indicated below, thereby rendering extensive discussion of Resolution 118 unnecessary.

**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; **(Covered by Member Conduct Policy # 7 & 8)**
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; **(Executive Director responsibility)**
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; **(Covered under Resolution 15)**
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; **(Already ADA Policy)**
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. **(Covered under Resolution 15)**

With regard to points two and six, the Council recommends the amendment to the Member Conduct Policy to include breaches of confidentiality discussed above. If that amendment is adopted, the enforcement procedures of the new proposed Chapter XIII of the ADA *Bylaws* will govern any accusations of unauthorized disclosure of confidential information of the Association,

*Recommendation.* Based upon the discussions and deliberations of the Council respecting Resolution 118-2010, as well as those regarding hearing procedures for addressing violations of the Association's Member Conduct Policy (Resolution 16H-2010) and violations of fiduciary and other legal duties by elective officers and delegates and alternate delegates (see Resolution 15H-2010), and the proposed adoption of a new *Bylaws* Chapter XIII, the Council recommends the amendments to the Member Conduct Policy previously discussed.

**C. Amendments to *Bylaws* Chapter X:** In connection with its review of Resolution 15H-2010 and consistent with its proposed *Bylaws* Chapter XIII, the Council discussed the need to codify the additional responsibilities of the Council by amendment to *Bylaws* Chapter X, Section 120G, and believes that adoption of the following recommendation to amend the Council's duties enumerated in the ADA *Bylaws* is appropriate.

*Recommendation.* To address the new duties of the Council with regard to violations of the Association's Member Conduct Policy, the Council recommends adoption of the following resolution:

**28. Resolved,** that the *Bylaws* Chapter X, COUNCILS, Section 120, DUTIES, Sub-Section G be amended as follows (deletions stricken through, additions underscored):

G. COUNCIL ON ETHICS, BYLAWS AND JUDICIAL AFFAIRS. The duties of the Council shall be to:

a. Consider proposals for amending the *Principles of Ethics and Code of Professional Conduct*.

b. Provide advisory opinions regarding the interpretation of the *Principles of Ethics and Code of Professional Conduct*.

c. Consider appeals from members of the Association, or from component societies subject to the requirements of Chapter XII, Section 20 of these *Bylaws*.

d. Hold hearings and render decisions in disputes arising between constituent societies or between constituent and component societies.

e. Hold hearings, render decisions and impose discipline in matters involving alleged violations of the Association's Member Conduct Policy as provided in Chapter XIII of these *Bylaws*.

~~e. f.~~ Discipline any of the direct members of this Association in accordance with the requirements and procedures of Chapter XII of these *Bylaws*, using hearing panels composed of not less than three (3) of its elected members selected by the Council chair. The Council may adopt procedures governing the discipline of direct members of this Association consistent with Chapter XII of these *Bylaws*, which may include the use of an investigating committee or individual to investigate any complaint made against such member and report findings to the hearing panel concerning whether charges should issue.

~~f. g.~~ Review the articles of the *Constitution and Bylaws* in order to keep them consistent with the Association's program.

~~g. h.~~ Recommend editorial changes in the *Constitution and Bylaws* to improve their consistency, clarity and style.

~~h. i.~~ Notwithstanding paragraph i of this subsection, the Council shall have the authority to make corrections in punctuation, grammar, spelling, name changes, gender references, and similar editorial corrections in the *Bylaws* which do not alter its context or meaning. Such

corrections shall be made only by a unanimous vote of the Council members present and voting.

~~i. j.~~ Review the rules and bylaws of all commissions of the Association in order to keep such rules and bylaws consistent with the *Constitution and Bylaws* of this Association.

~~j. k.~~ Act as the Standing Committee on Constitution and Bylaws of the House of Delegates, with the composition of such committee to be determined in accordance with Chapter V, Section 140A of these *Bylaws*, and to conduct other business it deems necessary.

~~k. l.~~ Provide guidance and advice on ethical and professional issues to constituent and component societies.

~~l. m.~~ Formulate and disseminate materials related to ethical and professional conduct in the practice and promotion of dentistry.

**D. Amendments to Bylaws Chapter V:** In connection with its review of Resolution 15H-2010 and consistent with its proposed adoption of ADA *Bylaws* Chapter XIII, the Council discussed the need to codify the additional responsibilities of the House of Delegates by amendment to *Bylaws* Chapter V, Section 50F.

*Recommendation.* To address the new duties of the House of Delegates with regard to violations of the Association's Member Conduct Policy, the Council recommends adoption of the following resolution:

**29. Resolved**, that the *Bylaws* Chapter V, HOUSE OF DELEGATES, Section 50, DUTIES, Sub-Section F be amended as follows

(deletions stricken through, additions underscored):

*Section 50. DUTIES:* It shall be the duty of the House of Delegates to:

F. Serve as the court of appeal from decisions of the Council on Ethics, Bylaws and Judicial Affairs involving disputes arising between constituent societies or between constituent and component societies, and as provided in Chapter XIII of these *Bylaws*. ~~except those decisions involving discipline of members.~~

**E. Financial Impact of Proposed Changes:** Regarding financial implications, the Council believes that while the work of the three-member investigatory panel could be accomplished without the imposition of any additional expenses, additional costs would be incurred to convene a three-member, in-person hearing panel, and to conduct a full-Council appellate hearing, either by conducting an additional meeting or extending one of the Council's semi-annual meetings by an additional day. For purposes of providing an estimate, the Council assumes that one three-member hearing panel and one additional Council meeting would be held in a given year, at a cost of \$13,155.

## Resolutions

(Resolution 23:Worksheet:5028)

(Resolution 24:Worksheet:5029)

(Resolution 25:Worksheet:5032)

(Resolution 26:Worksheet:5034)

(Resolution 27:Worksheet:5040)

(Resolution 28:Worksheet:5041)

(Resolution 29:Worksheet:5043)

## APPENDIX 1. PROPOSED BYLAWS CHANGES

### CHAPTER I • MEMBERSHIP

*Section 20.* QUALIFICATIONS, PRIVILEGES, DUES AND SPECIAL ASSESSMENTS, Sub-Section A., ACTIVE MEMBERS, Paragraph b, PRIVILEGES, Sub-Paragraph (3):

(3) An active member under a disciplinary sentence of suspension or probation shall not be privileged to hold office, either elective or appointive, including delegate and alternate delegate, in such member's component and constituent societies and this Association, or to vote or otherwise participate in the selection of officials of such member's component and constituent societies and this Association.

### CHAPTER V • HOUSE OF DELEGATES

*Section 50.* DUTIES: It shall be the duty of the House of Delegates to:

F. Serve as the court of appeal from decisions of the Council on Ethics, Bylaws and Judicial Affairs involving disputes arising between constituent societies or between constituent and component societies, and as provided in Chapter XIII of these *Bylaws*.

*Section 140.* COMMITTEES: The committees of the House of Delegates shall be:

#### E. ELECTION COMMITTEE.

a. COMPOSITION. The Election Committee shall consist of the Second Vice President and two (2) third-year Trustees chosen by the President by random drawing at the first meeting of the Board of Trustees following the adjournment *sine die* of the last meeting of the annual session of the House of Delegates. The Second Vice President shall be the chair of the Election Committee. In the event the Second Vice President is unable to fulfill the position, the ADA President shall replace the Second Vice President and serve as chair of the Election Committee. If a third-year Trustee is unable to fulfill one of the positions on the Election Committee, the President shall choose a replacement member by random drawing from among the remaining third-year Trustees.

b. DUTIES. It shall be the duty of the Committee to (1) oversee and adjudicate all issues of contested elections for ADA offices; (2) 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, travel and electronic communications; (3) in conjunction with the President-Elect Candidates, determine a dollar amount for president-elect candidate receptions held at annual session; (4) receive summaries of campaign revenues and expenses from candidates for all ADA elective offices; and (5) disqualify anyone identified as being under a disciplinary sentence of suspension or probation for violating his or her duties to the constituent society within whose jurisdiction the member practices or to this Association from seeking elective or appointive office while under that disciplinary sentence.

F. SPECIAL COMMITTEES. The Speaker, with the consent of the House of Delegates, shall appoint special committees to perform duties not otherwise assigned by these *Bylaws*, to serve until adjournment *sine die* of the session at which they were appointed.

1       **CHAPTER X • COUNCILS**

2       *Section 120., DUTIES, Sub-Section G.*

3       G. COUNCIL ON ETHICS, BYLAWS AND JUDICIAL AFFAIRS. The duties of the Council  
4       shall be to:

5       a. Consider proposals for amending the *Principles of Ethics and Code of Professional*  
6       *Conduct.*

7       b. Provide advisory opinions regarding the interpretation of the *Principles of Ethics and Code*  
8       *of Professional Conduct.*

9       c. Consider appeals from members of the Association, or from component societies subject  
10      to the requirements of Chapter XII, Section 20 of these *Bylaws.*

11      d. Hold hearings and render decisions in disputes arising between constituent societies or  
12      between constituent and component societies.

13      e. Hold hearings, render decisions and impose discipline in matters involving alleged  
14      violations of the Association's Member Conduct Policy as provided in Chapter XIII of these  
15      *Bylaws.*

16      f. Discipline any of the direct members of this Association in accordance with the  
17      requirements and procedures of Chapter XII of these *Bylaws*, using hearing panels  
18      composed of not less than three (3) of its elected members selected by the Council chair.  
19      The Council may adopt procedures governing the discipline of direct members of this  
20      Association consistent with Chapter XII of these *Bylaws*, which may include the use of an  
21      investigating committee or individual to investigate any complaint made against such member  
22      and report findings to the hearing panel concerning whether charges should issue.

23      g. Review the articles of the *Constitution and Bylaws* in order to keep them consistent with  
24      the Association's program.

25      h. Recommend editorial changes in the *Constitution and Bylaws* to improve their consistency,  
26      clarity and style.

27      i. Notwithstanding paragraph i of this subsection, the Council shall have the authority to make  
28      corrections in punctuation, grammar, spelling, name changes, gender references, and similar  
29      editorial corrections in the *Bylaws* which do not alter its context or meaning. Such corrections  
30      shall be made only by a unanimous vote of the Council members present and voting.

31      j. Review the rules and bylaws of all commissions of the Association in order to keep such  
32      rules and bylaws consistent with the *Constitution and Bylaws* of this Association.

33      k. Act as the Standing Committee on Constitution and Bylaws of the House of Delegates, with  
34      the composition of such committee to be determined in accordance with Chapter V, Section  
35      140A of these *Bylaws*, and to conduct other business it deems necessary.

36      l. Provide guidance and advice on ethical and professional issues to constituent and  
37      component societies.

38      m. Formulate and disseminate materials related to ethical and professional conduct in the  
39      practice and promotion of dentistry.

**CHAPTER XII • PRINCIPLES OF ETHICS AND CODE OF PROFESSIONAL CONDUCT  
AND JUDICIAL PROCEDURES***Section 20. DISCIPLINE OF MEMBERS:*

E. SENTENCE. After all appeals are exhausted or after the time for filing an appeal has expired, a sentence of censure, suspension or expulsion meted out to any member, including those instances when the disciplined member has been placed on probation, shall be enforced by such individual's component and constituent societies, if such exist, and this Association.

F. NON-COMPLIANCE. In the event of a failure of technical compliance with the procedural requirements of this Chapter, the agency hearing the appeal shall determine the effect of non-compliance.

**CHAPTER XIII • PROCEDURES AND HEARINGS RELATING TO MEMBER CONDUCT  
POLICY**

*Section 10. CONDUCT SUBJECT TO REVIEW:* Each member of this Association shall be subject to the provisions of the Association's Member Conduct Policy.

*Section 20. DISCIPLINARY PROCEDURES AND HEARINGS:*

A. MEMBER CONDUCT SUBJECT TO DISCIPLINE. Any member charged with violating the Association's Member Conduct Policy shall be afforded a fair and impartial hearing conducted in accordance with Chapter XIII, Section 20C.

B. DISCIPLINARY PENALTIES. Members may be disciplined for violating the Association's Member Conduct Policy as follows:

a. CENSURE. Censure is a disciplinary sentence expressing in writing severe criticism or disapproval of a particular type of conduct or act.

b. SUSPENSION. Suspension, subject to Chapter I, Section 30 of these *Bylaws*, means all membership privileges except continued entitlement to coverage under insurance programs are lost during the suspension period. Suspension shall be unconditional and for a specified period at the termination of which full membership privileges are automatically restored. A subsequent violation shall require a new disciplinary procedure before additional discipline may be imposed.

c. EXPULSION. Expulsion is an absolute discipline and may not be imposed conditionally except as otherwise provided herein.

d. PROBATION. Probation, to be imposed for a specified period and without loss of privileges, may be administratively and conditionally imposed when circumstances warrant in lieu of a suspended disciplinary penalty. Probation shall be conditioned on good behavior. Additional reasonable conditions may be set forth in the decision for the continuation of probation. In the event that the conditions for probation are found by the Council on Ethics, Bylaws and Judicial Affairs to have been violated, after a hearing on the probation violation charges in accordance with Chapter XIII, Section 20C, the original disciplinary penalty shall be automatically reinstated, except that when circumstances warrant the original disciplinary penalty may be reduced to a lesser penalty. There shall be no right of appeal from a finding that the conditions of probation have been violated.

e. REMOVAL FROM OFFICE. Removal from office as a trustee, delegate, alternate delegate or elective officer for the remaining term may be imposed in addition to, or in lieu of, any of the penalties enumerated in this Section of these *Bylaws*.



1 C. DISCIPLINARY PROCEEDINGS. Before a disciplinary penalty is invoked against a  
2 member for violating the Association's Member Conduct Policy, the following procedures  
3 shall be followed by the Council on Ethics, Bylaws and Judicial Affairs and, as applicable, in  
4 the case of a trustee or an elective officer, reviewed by the House of Delegates:

5 a. CHARGES. Any member of the Association or the Association's staff shall be entitled  
6 to prefer charges alleging a violation of the Association's Member Conduct Policy.  
7 Charges shall be directed to the Chair of the Council on Ethics, Bylaws and Judicial Affairs  
8 and shall be in writing. Such written charges shall include a specification of the  
9 provision(s) of the Association's Member Conduct Policy alleged to have been violated,  
10 and a description of the conduct alleged to constitute the violation.

11 b. PRELIMINARY INVESTIGATION. A panel of three (3) sitting members of the Council  
12 on Ethics, Bylaws and Judicial Affairs selected by the Council's chair, which shall not  
13 include the Council member from the accused's trustee district, shall conduct a preliminary  
14 investigation into the charges and shall determine whether the allegations made in the  
15 charge sufficiently state a violation of the Member Conduct Policy.

16 c. NOTICE. If upon preliminary investigation the three-member investigatory panel  
17 concludes that the charge does not sufficiently state a violation of the Member Conduct  
18 Policy, the Association member or Association staff member preferring the charges shall  
19 be advised in writing of the investigatory panel's decision and the investigatory panel's  
20 decision shall be final. If the investigatory panel determines that the charge does  
21 sufficiently state a violation of the Member Conduct Policy, the accused member shall be  
22 notified in writing of the charges brought against him or her and of the time and place of  
23 the hearing, such notice to be sent by certified-return receipt requested letter addressed to  
24 the accused's last known address and mailed not less than twenty-one (21) days prior to  
25 the date set for the hearing. An accused member, upon request, shall be granted one  
26 postponement for a period not to exceed thirty (30) days.

27 d. HEARING. The accused member shall be entitled to a hearing before a panel of  
28 three (3) sitting members of the Council on Ethics, Bylaws and Judicial Affairs, which shall  
29 not include members of the investigatory panel or the Council member from the accused's  
30 trustee district, at which the accused shall be given the opportunity to present a defense to  
31 all charges brought against him or her. The Council on Ethics, Bylaws and Judicial Affairs  
32 shall permit the accused member to be represented by legal counsel.

33 e. DECISION. Every decision rendered by a hearing panel shall be reduced to writing and  
34 shall specify the charges made against the member, the relevant facts presented by the  
35 parties, the verdict rendered or recommended, any penalty imposed or recommended, or  
36 when appropriate any suspended penalty imposed or recommended, and the conditions  
37 for, any probation. Within ten (10) days of the date on which the decision or  
38 recommendation is rendered, a copy thereof shall be sent by certified-return receipt  
39 requested mail to the last known address of each of the following parties, together with,  
40 where appropriate, a notice to the accused member informing him or her of the right to  
41 appeal: the accused member; the Association member or staff member preferring the  
42 charge; the secretary of the component society of which the accused is a member, if  
43 applicable; the secretary of the constituent society of which the accused is a member, if  
44 applicable; the chair of the Council on Ethics, Bylaws and Judicial Affairs of this  
45 Association; the Election Committee and the Executive Director of this Association.

46 D. APPEALS TO FULL COUNCIL. The accused member under sentence or recommended  
47 sentence of censure, suspension, expulsion, probation and/or removal from office shall have  
48 the right to appeal from a hearing panel decision to the full Council on Ethics, Bylaws and  
49 Judicial Affairs by filing an appeal in affidavit form with the chair of the Council on Ethics,  
50 Bylaws and Judicial Affairs of this Association. Members of the investigatory and hearing

panels, and the Council representative from the accused's trustee district, shall be recused from the appeal.

An appeal from any decision shall not be valid unless notice of appeal is filed within thirty (30) days and the supporting brief, if one is to be presented, is filed within sixty (60) days after such decision has been rendered. A reply brief, if one is to be presented, shall be filed by the Association member or Association staff member within ninety (90) days after such decision is rendered. A rejoinder brief, if one is to be presented, shall be filed within one hundred five (105) days after such decision is rendered. After all briefs have been filed, a minimum of forty-five (45) days shall elapse before the hearing date. Omission of briefs will not alter the briefing schedule or hearing date unless otherwise agreed to by the parties and the chair of the Council.

No decision shall become final while an appeal therefrom is pending or until the thirty (30) day period for filing notice of appeal has elapsed. In the event of a sentence of expulsion and no notice of appeal is received within the thirty (30) day period, the Council on Ethics, Bylaws and Judicial Affairs shall notify all parties of the failure of the accused member to file an appeal. The following procedure shall be used in processing appeals to the full Council on Ethics, Bylaws and Judicial Affairs:

a. HEARINGS ON APPEAL TO FULL COUNCIL. The accused member shall be entitled to a hearing on an appeal, provided that such appeal is taken in accordance with, and satisfies the requirements of, this Section. The Council on Ethics, Bylaws and Judicial Affairs shall permit the accused member to be represented by legal counsel. A party need not appear for the appeal to be heard by the Council on Ethics, Bylaws and Judicial Affairs.

b. NOTICE. The Council on Ethics, Bylaws and Judicial Affairs shall notify the accused member, the Association member or Association staff member preferring charges, the secretary of the component society of which the accused is a member, if applicable; and the secretary of the constituent society of which the accused is a member, if applicable of the time and place of the appeal hearing, such notice to be sent by certified-return receipt requested letter to the last known address of the parties to the appeal and mailed not less than thirty (30) days prior to the date set for the hearing. Granting of continuances shall be at the option of the Council on Ethics, Bylaws and Judicial Affairs.

c. PREHEARING MATTERS. Prehearing requests shall be granted at the discretion of the Council on Ethics, Bylaws and Judicial Affairs. The Council chair has the authority to rule on motions from the parties for continuances and other prehearing procedural matters with advice from legal counsel of this Association. The Council chair may consult with the Council before rendering prehearing decisions.

d. BRIEFS. Every party to an appeal shall be entitled to submit a brief in support of the party's position. The briefs of the parties shall be submitted to the Chair of the Council on Ethics, Bylaws and Judicial Affairs of this Association, and to the opposing party(ies) in accordance with the prescribed briefing schedule. The party initiating the appeal may choose to rely on the record and/or on an oral presentation and not file a brief.

e. RECORD OF DISCIPLINARY PROCEEDINGS. Upon notice of an appeal, the three-member hearing panel of the Council on Ethics, Bylaws and Judicial Affairs that presided over the initial hearing shall furnish to the full Council on Ethics, Bylaws and Judicial Affairs and to the accused member a transcript of, or an officially certified copy of the minutes of, the hearing accorded the accused. The transcript or minutes shall be accompanied by certified copies of any affidavits or other documents submitted as evidence to support the charges against the accused member or submitted by the accused as part of the accused's defense. Where the three-member hearing panel of the

1 Council on Ethics, Bylaws and Judicial Affairs does not provide for transcription of the  
2 hearing, the accused member shall be entitled to arrange for the services of a court  
3 reporter to transcribe the hearing.

4 f. APPEALS JURISDICTION. The Council on Ethics, Bylaws and Judicial Affairs shall  
5 be required to review the decision appealed from to determine whether the evidence  
6 before the three-member hearing panel supports that decision or warrants the penalty(ies)  
7 imposed. The Council on Ethics, Bylaws and Judicial Affairs shall not be required to  
8 consider additional evidence unless there is a clear showing that a party to the appeal will  
9 be unreasonably harmed by failure to consider the additional evidence. The parties to an  
10 appeal are the accused member and the Association member or Association staff member  
11 that preferred charges.

12 g. DECISION ON APPEALS NOT INVOLVING RECOMMENDED PROBATION,  
13 SUSPENSION, EXPULSION AND/OR REMOVAL OF A TRUSTEE OR ELECTIVE  
14 OFFICER. In each appeal that does not involve the recommended probation, suspension,  
15 expulsion and/or removal from office of a trustee or elective officer, the decision of the  
16 Council on Ethics, Bylaws and Judicial Affairs shall be reduced to writing and shall state  
17 clearly the conclusion of the Council and the reasons for reaching that conclusion. The  
18 Council shall have the discretion to (1) *uphold* the decision of the three-member hearing  
19 panel; (2) *reverse* the decision of the three-member hearing panel and thereby exonerate  
20 the accused; (3) *deny* an appeal which fails to satisfy the requirements of Section 20D of  
21 this Chapter; (4) *refer* the case back to the three-member hearing panel for new  
22 proceedings, if the rights of the accused member under all applicable bylaws were not  
23 accorded the accused; (5) *remand* the case back to the three-member hearing panel for  
24 further proceedings when the appellate record is insufficient in the opinion of the Council  
25 on Ethics, Bylaws and Judicial Affairs to enable it to render a decision; or (6) *uphold* the  
26 decision of the three-member hearing panel but reduce the penalty imposed. The  
27 decision of the Council on Ethics, Bylaws and Judicial Affairs under this Section 20 Eg of  
28 Chapter XIII shall be final and non-appealable.

29 Within thirty (30) days of the date on which a final decision on appeal is rendered, a copy  
30 thereof shall be sent by certified—return receipt requested mail to the last known address  
31 of each of the following parties: the accused member, the Association member or  
32 Association staff member preferring charges, the secretary of the component society of  
33 which the accused is a member, if applicable, the secretary of the constituent society of  
34 which the accused is a member, if applicable, the Election Committee and the Executive  
35 Director of this Association.

36 h. DECISION ON APPEALS INVOLVING RECOMMENDED PROBATION,  
37 SUSPENSION, EXPULSION AND/OR REMOVAL OF A TRUSTEE OR ELECTIVE  
38 OFFICER. In each appeal that involves the recommended probation, suspension,  
39 expulsion or removal of a trustee or elective officer, the decision of the Council on Ethics,  
40 Bylaws and Judicial Affairs shall be reduced to writing and shall state clearly the  
41 conclusion of the Council and the reasons for reaching that conclusion. In such appeals,  
42 the Council shall have the discretion to (1) recommend *upholding* the decision of the  
43 three-member hearing panel; (2) *reverse* the recommended decision of the three-member  
44 hearing panel and thereby exonerate the accused; (3) recommend *denying* an appeal  
45 which fails to satisfy the requirements of Section 20E of this Chapter; (4) *refer* the case  
46 back to the three-member hearing panel for new proceedings, if the rights of the accused  
47 member under all applicable bylaws were not accorded the accused; (5) *remand* the case  
48 back to the three-member hearing panel for further proceedings when the appellate record  
49 is insufficient in the opinion of the Council on Ethics, Bylaws and Judicial Affairs to enable  
50 it to render a decision; or (6) *uphold* the decision of the three-member hearing panel but

1 reduce the penalty imposed, except in cases in which the reduced penalty is probation,  
2 suspension and/or removal from office, in which case the Council's decision shall be a  
3 recommendation. The decision of the Council on Ethics, Bylaws and Judicial Affairs under  
4 this Section 20Eh of Chapter XIII shall be final and non-appealable in such cases only if  
5 the Council's decision does not result in a recommendation of probation, suspension,  
6 expulsion and/or removal from office.

7 In cases not involving recommended probation, suspension, expulsion and/or removal  
8 from office, within thirty (30) days of the date on which a final decision on appeal is  
9 rendered, a copy thereof shall be sent by certified-return receipt requested mail to the last  
10 known address of each of the following parties: the accused trustee or elective officer, the  
11 Association member or Association staff member preferring charges, the secretary of the  
12 component society of which the trustee is a member, if applicable, the secretary of the  
13 constituent society of which the trustee or elective officer is a member, if applicable, the  
14 Election Committee and the Executive Director of this Association.

15 In cases involving the recommended probation, suspension, expulsion and/or removal  
16 from office of a trustee or elective officer, within thirty (30) days of the date on which a  
17 recommended decision on appeal is rendered, a copy thereof shall be sent by certified-  
18 return receipt requested mail to the last known address of each of the following parties:  
19 the accused trustee or elective officer, the Association member or Association staff  
20 member preferring charges, the Election Committee, the secretary of the component  
21 society of which the trustee or elective officer is a member, if applicable, the secretary of  
22 the constituent society of which the trustee or elective officer is a member, if applicable  
23 and the Executive Director of this Association. Trustees or elective officers recommended  
24 to be sentenced to probation, expulsion, suspension and/or removal from office shall have  
25 the right to respond in writing to the recommendation, which response shall be delivered to  
26 the chair of the Council on Ethics, Bylaws and Judicial Affairs within thirty (30) days from  
27 the date of the recommended decision. The chair of the Council on Ethics, Bylaws and  
28 Judicial Affairs shall forward its recommendation, along with any response, to the Speaker  
29 of the House of Delegates, the Election Committee and the Association's Executive  
30 Director.

31 E. CONSIDERATION OF RECOMMENDED PROBATION, SUSPENSION, EXPULSION  
32 AND/OR REMOVAL FROM OFFICE OF TRUSTEES OR ELECTIVE OFFICERS BY HOUSE  
33 OF DELEGATES. The House of Delegates shall decide whether to accept or reject the  
34 recommendation of the Council on Ethics, Bylaws and Judicial Affairs. Members, and as  
35 applicable, former members, of the Council on Ethics, Bylaws and Judicial Affairs who were  
36 sitting on the Council at any time during which charges were pending against an accused  
37 shall be recused from deliberations under this Section 20F. A two-thirds (2/3) affirmative vote  
38 of the delegates present and voting is required to impose a disciplinary sentence of expulsion  
39 from membership or removal from office, suspension or probation.

40 F. SENTENCE. After all appeals are exhausted or after the time for filing an appeal has  
41 expired, a sentence of censure, suspension, expulsion and/or removal from office meted out  
42 to any member, including those instances when the disciplined member has been placed on  
43 probation, shall be enforced by such individual's component and constituent societies, if such  
44 exist, and this Association.

45 G. NON-COMPLIANCE. In the event of a failure of technical compliance with the procedural  
46 requirements of this Chapter, the Council on Ethics, Bylaws and Judicial Affairs shall  
47 determine the effect of non-compliance.

Resolution No. 23 New ☒ Substitute ☐ Amendment ☐Report: CEBJA Supplemental Report 1 Date Submitted: July 2011Submitted By: Council on Ethics, Bylaws and Judicial AffairsReference Committee: Legal, Legislative and Public Affairs MattersTotal Net Financial Implication: \$ None Net Dues Impact: \$Amount One-time \$ Amount On-going \$ADA Strategic Plan Goal: Members (Required)**AMENDMENT OF THE ADA BYLAWS REGARDING REVISION OF DISCIPLINARY SENTENCES****Background:** (See CEBJA Supplemental Report 1, Worksheet:5009)**Resolution**

**23. Resolved,** that *Bylaws* Chapter I MEMBERSHIP, Section 20, QUALIFICATIONS, PRIVILEGES, DUES AND SPECIAL ASSESSMENTS, Subsection A, ACTIVE MEMBER, Paragraph b, PRIVILEGES, Sub-paragraph (3) be amended as follows (additions underscored):

(3) An active member under a disciplinary sentence of suspension or probation shall not be privileged to hold office, either elective or appointive, including delegate and alternate delegate, in such member's component and constituent societies and this Association, or to vote or otherwise participate in the selection of officials of such member's component and constituent societies and this Association.

**BOARD RECOMMENDATION: Vote Yes.**

Board Vote:														
Yes	No	Abstain	Absent		Yes	No	Abstain	Absent		Yes	No	Abstain	Absent	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BLANTON	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	KIESLING	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	STEFFEL
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CALNON	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LONG	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SUMMERHAYS
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ENGEL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LOW	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	THOMPSON
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FAIELLA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NORMAN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VERSMAN
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FEINBERG	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RICH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VIGNA
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GOUNARDES	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SEAGO	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WEBER
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HAGENBRUCH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SMITH, A. J.					Res. 23



Resolution No. 24 New ☒ Substitute ☐ Amendment ☐Report: CEBJA Supplemental Report 1 Date Submitted: July 2011Submitted By: Council on Ethics, Bylaws and Judicial AffairsReference Committee: Legal, Legislative and Public Affairs MattersTotal Net Financial Implication: \$ None Net Dues Impact: \$Amount One-time \$ Amount On-going \$ADA Strategic Plan Goal: Members (Required)**AMENDMENT OF THE ADA BYLAWS REGARDING ELECTION COMMITTEES****Background:** (See CEBJA Supplemental Report 1, Worksheet:5009)**Resolution**

**24. Resolved**, that *Bylaws* Chapter V HOUSE OF DELEGATES, Section 140, COMMITTEES, be amended by the addition of a new letter E. Election Committee and the re-lettering of the current E. Special Committees to F. (deletions stricken though, additions underscored):

*Section 140.* COMMITTEES: The committees of the House of Delegates shall be:

E. ELECTION COMMITTEE.

a. COMPOSITION. The Election Committee shall consist of the Second Vice President and two (2) third-year Trustees chosen by the President by random drawing at the first meeting of the Board of Trustees following the adjournment *sine die* of the last meeting of the annual session of the House of Delegates. The Second Vice President shall be the chair of the Election Committee. In the event the Second Vice President is unable to fulfill the position, the ADA President shall replace the Second Vice President and serve as chair of the Election Committee. If a third-year Trustee is unable to fulfill one of the positions on the Election Committee, the President shall choose a replacement member by random drawing from among the remaining third-year Trustees.

b. DUTIES. It shall be the duty of the Committee to (1) oversee and adjudicate all issues of contested elections for ADA offices; (2) 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, travel and electronic communications; (3) in conjunction with the President-Elect Candidates, determine a dollar amount for president-elect candidate receptions held at annual session; (4) receive summaries of campaign revenues and expenses from candidates for all ADA elective offices; and (5) disqualify anyone identified as being under a disciplinary sentence of suspension or probation for violating his or her duties to the constituent society within whose jurisdiction the member practices or to this Association from seeking elective or appointive office while under that disciplinary sentence.

E. F. SPECIAL COMMITTEES. The Speaker, with the consent of the House of Delegates, shall appoint special committees to perform duties not otherwise assigned by these *Bylaws*, to serve until adjournment *sine die* of the session at which they were appointed.

and be it further

1 **Resolved**, that the *Manual of the House of Delegates and Supplemental Information* section entitled  
2 "Guidelines Governing the Conduct of Campaigns for All ADA Offices" paragraph No. 1, be amended as  
3 follows (deletions stricken through, additions underscored):

- 4 1. The Election ~~Commission-Committee, consisting of the Speaker, Secretary of the House~~  
5 ~~of Delegates and the Second Vice President~~, shall review the disciplinary records of all  
6 candidates for elective or appointive office to determine eligibility to hold office under  
7 Chapter I., Section 20.A.b.(3) of the ADA Bylaws.

8 The Election Committee shall oversee and adjudicate all issues of contested elections for  
9 ADA offices. ~~The Speaker shall be the chair of the Election Commission. In the event~~  
10 ~~that the Speaker is running in a contested race for office, the ADA President shall replace~~  
11 ~~the Speaker and serve as chair of the Election Commission.~~

12 The Election Commission-Committee shall meet with all candidates to negotiate cost-effective  
13 agreements on campaign issues such as promotional activities and gifts (which are limited to  
14 campaign pins), campaign literature, travel and electronic communications.

15 and be it further

16 **Resolved**, that any further use of the term "Election Commission" in the *ADA Manual of the House of*  
17 *Delegates* be replaced with the term "Election Committee".

18 **BOARD COMMENT:** While the Board appreciates the Council's concerns regarding conflicts of interest, the  
19 Board feels that the composition of the Election Committee as envisioned by the Council loses the element of  
20 institutional memory that the Board feels is important. Consequently, the Board believes that an Election  
21 Committee composed of the First and Second Vice President and the President-elect as chair, with the  
22 Speaker of the House of Delegates serving as an ex-officio member is a more appropriate solution.

23 **24B. Resolved**, that *Bylaws* Chapter V HOUSE OF DELEGATES, Section 140, COMMITTEES, be  
24 amended by the addition of a new letter E. Election Committee and the re-lettering of the current E.  
25 Special Committees to F. (deletions stricken though, additions underscored):

26 *Section 140. COMMITTEES:* The committees of the House of Delegates shall be:

27 E. ELECTION COMMITTEE.

28 a. Composition. The Election Committee shall consist of the First and Second Vice  
29 President and the President-elect with the Speaker of the House of Delegates, as an ex-  
30 officio member without the right to vote, following the adjournment *sine die* of the last  
31 meeting of the annual session of the ADA House of Delegates. The President-elect shall be  
32 the chair of the Election Committee. If any of the three members of the Committee are  
33 unable to fulfill the position, the Speaker of the House of Delegates shall be elevated to a full  
34 member of the Committee.

35 b. DUTIES. It shall be the duty of the Committee to (1) oversee and adjudicate all issues of  
36 contested elections for ADA offices; (2) meet with all candidates to negotiate cost-effective  
37 agreements on campaign issues such as promotional activities and gifts (which are limited to  
38 campaign pins), campaign literature, travel and electronic communications; (3) in conjunction  
39 with the President-Elect Candidates, determine a dollar amount for president-elect candidate  
40 receptions held at annual session; (4) receive summaries of campaign revenues and  
41 expenses from candidates for all ADA elective offices; and (5) disqualify anyone identified as  
42 being under a disciplinary sentence of suspension or probation for violating his or her duties  
43 to the constituent society within whose jurisdiction the member practices or to this  
44 Association from seeking elective or appointive office while under that disciplinary sentence.



1 E. F. SPECIAL COMMITTEES. The Speaker, with the consent of the House of Delegates,  
2 shall appoint special committees to perform duties not otherwise assigned by these *Bylaws*,  
3 to serve until adjournment *sine die* of the session at which they were appointed.

4 and be it further

5 **Resolved**, that the *Manual of the House of Delegates and Supplemental Information* section entitled  
6 "Guidelines Governing the Conduct of Campaigns for All ADA Offices" paragraph No. 1, be amended as  
7 follows (deletions stricken through, additions underscored):

- 8 1. The Election ~~Commission Committee~~, consisting of the Speaker, Secretary of the House  
9 of Delegates and the Second Vice President, shall review the disciplinary records of all  
10 candidates for elective or appointive office to determine eligibility to hold office under  
11 Chapter I., Section 20.A.b.(3) of the ADA Bylaws.

12 The Election Committee shall oversee and adjudicate all issues of contested elections for  
13 ADA offices. The Speaker shall be the chair of the Election Commission. In the event  
14 that the Speaker is running in a contested race for office, the ADA President shall replace  
15 the Speaker and serve as chair of the Election Commission.

16 The Election ~~Commission Committee~~ shall meet with all candidates to negotiate cost-effective  
17 agreements on campaign issues such as promotional activities and gifts (which are limited to  
18 campaign pins), campaign literature, travel and electronic communications.

19 and be it further

20 **Resolved**, that any further use of the term "Election Commission" in the ADA *Manual of the House of*  
21 *Delegates* be replaced with the term "Election Committee".

22 **BOARD RECOMMENDATION: Vote Yes on the Substitute.**

23 **BOARD VOTE: UNANIMOUS.**



Resolution No. 25 New ☒ Substitute ☐ Amendment ☐Report: CEBJA Supplemental Report 1 Date Submitted: July 2011Submitted By: Council on Ethics, Bylaws and Judicial AffairsReference Committee: Legal, Legislative and Public Affairs MattersTotal Net Financial Implication: \$ None Net Dues Impact: \$Amount One-time \$ Amount On-going \$ADA Strategic Plan Goal: Members (Required)**AMENDMENT OF THE ADA MEMBER CONDUCT POLICY****Background:** (See CEBJA Supplemental Report 1, Worksheet:5012)**Resolution****25. Resolved,** that the Member Conduct Policy of the Association be amended as follows (additions underscored):**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 and statutory and common law fiduciary obligations.
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.

1 **BOARD RECOMMENDATION: Vote Yes.**

Board Vote:														
Yes	No	Abstain	Absent		Yes	No	Abstain	Absent		Yes	No	Abstain	Absent	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BLANTON	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	KIESLING	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	STEFFEL
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CALNON	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LONG	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SUMMERHAYS
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ENGEL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LOW	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	THOMPSON
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FAIELLA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NORMAN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VERSMAN
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FEINBERG	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RICH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VIGNA
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GOUNARDES	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SEAGO	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WEBER
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HAGENBRUCH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SMITH, A. J.					Res. 25

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Resolution No. 26 New ☒ Substitute ☐ Amendment ☐Report: CEBJA Supplemental Report 1 Date Submitted: July 2011Submitted By: Council on Ethics, Bylaws and Judicial AffairsReference Committee: Legal, Legislative and Public Affairs MattersTotal Net Financial Implication: \$13,155 Net Dues Impact: \$0.12Amount One-time \$                      Amount On-going \$13,155ADA Strategic Plan Goal: Members (Required)**1 AMENDMENT OF THE ADA BYLAWS MEMBER CONDUCT POLICY ENFORCEMENT PROCEDURES****2 Background:** (See CEBJA Supplemental Report 1, Worksheet:5013)**3 Resolution**

**4 26. Resolved**, that a new Chapter XIII to the ADA *Bylaws*, containing enforcement procedures for the  
**5** ADA Member Conduct Policy be adopted, and that the existing Chapter XIII and all subsequent chapters  
**6** be renumbered to reflect the change. The new Chapter XIII will read as follows:

**7 CHAPTER XIII • PROCEDURES AND HEARINGS RELATING TO MEMBER CONDUCT POLICY**

**8 Section 10.** CONDUCT SUBJECT TO REVIEW: Each member of this Association shall be  
**9** subject to the provisions of the Association's Member Conduct Policy.

**10 Section 20.** DISCIPLINARY PROCEDURES AND HEARINGS:

**11 A. MEMBER CONDUCT SUBJECT TO DISCIPLINE.** Any member charged with violating the  
**12** Association's Member Conduct Policy shall be afforded a fair and impartial hearing  
**13** conducted in accordance with Chapter XIII, Section 20C.

**14 B. DISCIPLINARY PENALTIES.** Members may be disciplined for violating the Association's  
**15** Member Conduct Policy as follows:

**16 a. CENSURE.** Censure is a disciplinary sentence expressing in writing severe criticism  
**17** or disapproval of a particular type of conduct or act.

**18 b. SUSPENSION.** Suspension, subject to Chapter I, Section 30 of these *Bylaws*,  
**19** means all membership privileges except continued entitlement to coverage under  
**20** insurance programs are lost during the suspension period. Suspension shall be  
**21** unconditional and for a specified period at the termination of which full membership  
**22** privileges are automatically restored. A subsequent violation shall require a new  
**23** disciplinary procedure before additional discipline may be imposed.

**24 c. EXPULSION.** Expulsion is an absolute discipline and may not be imposed  
**25** conditionally except as otherwise provided herein.

**26 d. PROBATION.** Probation, to be imposed for a specified period and without loss of  
**27** privileges, may be administratively and conditionally imposed when circumstances warrant  
**28** in lieu of a suspended disciplinary penalty. Probation shall be conditioned on good  
**29** behavior. Additional reasonable conditions may be set forth in the decision for the  
**30** continuation of probation. In the event that the conditions for probation are found by the  
**31** Council on Ethics, Bylaws and Judicial Affairs to have been violated, after a hearing on the

1 probation violation charges in accordance with Chapter XIII, Section 20C, the original  
2 disciplinary penalty shall be automatically reinstated, except that when circumstances  
3 warrant the original disciplinary penalty may be reduced to a lesser penalty. There shall be  
4 no right of appeal from a finding that the conditions of probation have been violated.

5 e. REMOVAL FROM OFFICE. Removal from office as a trustee, delegate, alternate  
6 delegate or elective officer for the remaining term may be imposed in addition to, or in lieu  
7 of, any of the penalties enumerated in this Section of these *Bylaws*.

8 C. DISCIPLINARY PROCEEDINGS. Before a disciplinary penalty is invoked against a  
9 member for violating the Association's Member Conduct Policy, the following procedures  
10 shall be followed by the Council on Ethics, Bylaws and Judicial Affairs and, as applicable, in  
11 the case of a trustee or an elective officer, reviewed by the House of Delegates:

12 a. CHARGES. Any member of the Association or the Association's staff shall be entitled  
13 to prefer charges alleging a violation of the Association's Member Conduct Policy.  
14 Charges shall be directed to the Chair of the Council on Ethics, Bylaws and Judicial Affairs  
15 and shall be in writing. Such written charges shall include a specification of the  
16 provision(s) of the Association's Member Conduct Policy alleged to have been violated,  
17 and a description of the conduct alleged to constitute the violation.

18 b. PRELIMINARY INVESTIGATION. A panel of three (3) sitting members of the Council  
19 on Ethics, Bylaws and Judicial Affairs selected by the Council's chair, which shall not  
20 include the Council member from the accused's trustee district, shall conduct a preliminary  
21 investigation into the charges and shall determine whether the allegations made in the  
22 charge sufficiently state a violation of the Member Conduct Policy.

23 c. NOTICE. If upon preliminary investigation the three-member investigatory panel  
24 concludes that the charge does not sufficiently state a violation of the Member Conduct  
25 Policy, the Association member or Association staff member preferring the charges shall  
26 be advised in writing of the investigatory panel's decision and the investigatory panel's  
27 decision shall be final. If the investigatory panel determines that the charge does  
28 sufficiently state a violation of the Member Conduct Policy, the accused member shall be  
29 notified in writing of the charges brought against him or her and of the time and place of  
30 the hearing, such notice to be sent by certified-return receipt requested letter addressed to  
31 the accused's last known address and mailed not less than twenty-one (21) days prior to  
32 the date set for the hearing. An accused member, upon request, shall be granted one  
33 postponement for a period not to exceed thirty (30) days.

34 d. HEARING. The accused member shall be entitled to a hearing before a panel of  
35 three (3) sitting members of the Council on Ethics, Bylaws and Judicial Affairs, which shall  
36 not include members of the investigatory panel or the Council member from the accused's  
37 trustee district, at which the accused shall be given the opportunity to present a defense to  
38 all charges brought against him or her. The Council on Ethics, Bylaws and Judicial Affairs  
39 shall permit the accused member to be represented by legal counsel.

40 e. DECISION. Every decision rendered by a hearing panel shall be reduced to writing and  
41 shall specify the charges made against the member, the relevant facts presented by the  
42 parties, the verdict rendered or recommended, any penalty imposed or recommended, or  
43 when appropriate any suspended penalty imposed or recommended, and the conditions  
44 for, any probation. Within ten (10) days of the date on which the decision or  
45 recommendation is rendered, a copy thereof shall be sent by certified-return receipt  
46 requested mail to the last known address of each of the following parties, together with,  
47 where appropriate, a notice to the accused member informing him or her of the right to  
48 appeal: the accused member; the Association member or staff member preferring the  
49 charge; the secretary of the component society of which the accused is a member, if

1 applicable; the secretary of the constituent society of which the accused is a member, if  
2 applicable; the chair of the Council on Ethics, Bylaws and Judicial Affairs of this  
3 Association; the Election Committee and the Executive Director of this Association.

4 D. APPEALS TO FULL COUNCIL. The accused member under sentence or recommended  
5 sentence of censure, suspension, expulsion, probation and/or removal from office shall have  
6 the right to appeal from a hearing panel decision to the full Council on Ethics, Bylaws and  
7 Judicial Affairs by filing an appeal in affidavit form with the chair of the Council on Ethics,  
8 Bylaws and Judicial Affairs of this Association. Members of the investigatory and hearing  
9 panels, and the Council representative from the accused's trustee district, shall be recused  
10 from the appeal.

11 An appeal from any decision shall not be valid unless notice of appeal is filed within thirty (30)  
12 days and the supporting brief, if one is to be presented, is filed within sixty (60) days after  
13 such decision has been rendered. A reply brief, if one is to be presented, shall be filed by the  
14 Association member or Association staff member within ninety (90) days after such decision  
15 is rendered. A rejoinder brief, if one is to be presented, shall be filed within one hundred five  
16 (105) days after such decision is rendered. After all briefs have been filed, a minimum of  
17 forty-five (45) days shall elapse before the hearing date. Omission of briefs will not alter the  
18 briefing schedule or hearing date unless otherwise agreed to by the parties and the chair of  
19 the appropriate appellate agency.

20 No decision shall become final while an appeal therefrom is pending or until the thirty (30)  
21 day period for filing notice of appeal has elapsed. In the event of a sentence of expulsion and  
22 no notice of appeal is received within the thirty (30) day period, the Council on Ethics, Bylaws  
23 and Judicial Affairs shall notify all parties of the failure of the accused member to file an  
24 appeal. The following procedure shall be used in processing appeals to the full Council on  
25 Ethics, Bylaws and Judicial Affairs:

26 a. HEARINGS ON APPEAL TO FULL COUNCIL. The accused member shall be entitled  
27 to a hearing on an appeal, provided that such appeal is taken in accordance with, and  
28 satisfies the requirements of, this Section. The Council on Ethics, Bylaws and Judicial  
29 Affairs shall permit the accused member to be represented by legal counsel. A party need  
30 not appear for the appeal to be heard by the Council on Ethics, Bylaws and Judicial  
31 Affairs.

32 b. NOTICE. The Council on Ethics, Bylaws and Judicial Affairs shall notify the accused  
33 member, the Association member or Association staff member preferring charges, the  
34 secretary of the component society of which the accused is a member, if applicable; and  
35 the secretary of the constituent society of which the accused is a member, if applicable of  
36 the time and place of the appeal hearing, such notice to be sent by certified—return  
37 receipt requested letter to the last known address of the parties to the appeal and mailed  
38 not less than thirty (30) days prior to the date set for the hearing. Granting of continuances  
39 shall be at the option of the Council on Ethics, Bylaws and Judicial Affairs.

40 c. PREHEARING MATTERS. Prehearing requests shall be granted at the discretion of  
41 the Council on Ethics, Bylaws and Judicial Affairs. The Council chair has the authority to  
42 rule on motions from the parties for continuances and other prehearing procedural matters  
43 with advice from legal counsel of this Association. The Council chair may consult with the  
44 Council before rendering prehearing decisions.

45 d. BRIEFS. Every party to an appeal shall be entitled to submit a brief in support of the  
46 party's position. The briefs of the parties shall be submitted to the Chair of the Council on  
47 Ethics, Bylaws and Judicial Affairs of this Association, and to the opposing party(ies) in  
48 accordance with the prescribed briefing schedule. The party initiating the appeal may  
49 choose to rely on the record and/or on an oral presentation and not file a brief.

e. RECORD OF DISCIPLINARY PROCEEDINGS. Upon notice of an appeal, the three-member hearing panel of the Council on Ethics, Bylaws and Judicial Affairs that presided over the initial hearing shall furnish to the full Council on Ethics, Bylaws and Judicial Affairs and to the accused member a transcript of, or an officially certified copy of the minutes of, the hearing accorded the accused. The transcript or minutes shall be accompanied by certified copies of any affidavits or other documents submitted as evidence to support the charges against the accused member or submitted by the accused as part of the accused's defense. Where the three-member hearing panel of the Council on Ethics, Bylaws and Judicial Affairs does not provide for transcription of the hearing, the accused member shall be entitled to arrange for the services of a court reporter to transcribe the hearing.

f. APPEALS JURISDICTION. The Council on Ethics, Bylaws and Judicial Affairs shall be required to review the decision appealed from to determine whether the evidence before the three-member hearing panel supports that decision or warrants the penalty(ies) imposed. The Council on Ethics, Bylaws and Judicial Affairs shall not be required to consider additional evidence unless there is a clear showing that a party to the appeal will be unreasonably harmed by failure to consider the additional evidence. The parties to an appeal are the accused member and the Association member or Association staff member that preferred charges.

g. DECISION ON APPEALS NOT INVOLVING RECOMMENDED PROBATION, SUSPENSION, EXPULSION AND/OR REMOVAL OF A TRUSTEE OR ELECTIVE OFFICER. In each appeal that does not involve the recommended probation, suspension, expulsion and/or removal from office of a trustee or elective officer, the decision of the Council on Ethics, Bylaws and Judicial Affairs shall be reduced to writing and shall state clearly the conclusion of the Council and the reasons for reaching that conclusion. The Council shall have the discretion to (1) *uphold* the decision of the three-member hearing panel; (2) *reverse* the decision of the three-member hearing panel and thereby exonerate the accused; (3) *deny* an appeal which fails to satisfy the requirements of Section 20D of this Chapter; (4) *refer* the case back to the three-member hearing panel for new proceedings, if the rights of the accused member under all applicable bylaws were not accorded the accused; (5) *remand* the case back to the three-member hearing panel for further proceedings when the appellate record is insufficient in the opinion of the Council on Ethics, Bylaws and Judicial Affairs to enable it to render a decision; or (6) *uphold* the decision of the three-member hearing panel but reduce the penalty imposed. The decision of the Council on Ethics, Bylaws and Judicial Affairs under this Section 20 Eg of Chapter XIII shall be final and non-appealable.

Within thirty (30) days of the date on which a final decision on appeal is rendered, a copy thereof shall be sent by certified—return receipt requested mail to the last known address of each of the following parties: the accused member, the Association member or Association staff member preferring charges, the secretary of the component society of which the accused is a member, if applicable, the secretary of the constituent society of which the accused is a member, if applicable, the Election Committee and the Executive Director of this Association.

h. DECISION ON APPEALS INVOLVING RECOMMENDED PROBATION, SUSPENSION, EXPULSION AND/OR REMOVAL OF A TRUSTEE OR ELECTIVE OFFICER. In each appeal that involves the recommended probation, suspension, expulsion or removal of a trustee or elective officer, the decision of the Council on Ethics, Bylaws and Judicial Affairs shall be reduced to writing and shall state clearly the conclusion of the Council and the reasons for reaching that conclusion. In such appeals, the Council shall have the discretion to (1) recommend *upholding* the decision of the



1 three-member hearing panel; (2) *reverse* the recommended decision of the three-member  
2 hearing panel and thereby exonerate the accused; (3) recommend *denying* an appeal  
3 which fails to satisfy the requirements of Section 20E of this Chapter; (4) *refer* the case  
4 back to the three-member hearing panel for new proceedings, if the rights of the accused  
5 member under all applicable bylaws were not accorded the accused; (5) *remand* the case  
6 back to the three-member hearing panel for further proceedings when the appellate record  
7 is insufficient in the opinion of the Council on Ethics, Bylaws and Judicial Affairs to enable  
8 it to render a decision; or (6) *uphold* the decision of the three-member hearing panel but  
9 reduce the penalty imposed, except in cases in which the reduced penalty is probation,  
10 suspension and/or removal from office, in which case the Council's decision shall be a  
11 recommendation. The decision of the Council on Ethics, Bylaws and Judicial Affairs under  
12 this Section 20Eh of Chapter XIII shall be final and non-appealable in such cases only if  
13 the Council's decision does not result in a recommendation of probation, suspension,  
14 expulsion and/or removal from office.

15 In cases not involving recommended probation, suspension, expulsion and/or removal  
16 from office, within thirty (30) days of the date on which a final decision on appeal is  
17 rendered, a copy thereof shall be sent by certified-return receipt requested mail to the last  
18 known address of each of the following parties: the accused trustee or elective officer, the  
19 Association member or Association staff member preferring charges, the secretary of the  
20 component society of which the trustee is a member, if applicable, the secretary of the  
21 constituent society of which the trustee or elective officer is a member, if applicable, the  
22 Election Committee and the Executive Director of this Association.

23 In cases involving the recommended probation, suspension, expulsion and/or removal  
24 from office of a trustee or elective officer, within thirty (30) days of the date on which a  
25 recommended decision on appeal is rendered, a copy thereof shall be sent by certified-  
26 return receipt requested mail to the last known address of each of the following parties:  
27 the accused trustee or elective officer, the Association member or Association staff  
28 member preferring charges, the Election Committee, the secretary of the component  
29 society of which the trustee or elective officer is a member, if applicable, the secretary of  
30 the constituent society of which the trustee or elective officer is a member, if applicable  
31 and the Executive Director of this Association. Trustees or elective officers recommended  
32 to be sentenced to probation, expulsion, suspension and/or removal from office shall have  
33 the right to respond in writing to the recommendation, which response shall be delivered to  
34 the chair of the Council on Ethics, Bylaws and Judicial Affairs within thirty (30) days from  
35 the date of the recommended decision. The chair of the Council on Ethics, Bylaws and  
36 Judicial Affairs shall forward its recommendation, along with any response, to the Speaker  
37 of the House of Delegates, the Election Committee and the Association's Executive  
38 Director.

39 E. CONSIDERATION OF RECOMMENDED PROBATION, SUSPENSION, EXPULSION  
40 AND/OR REMOVAL FROM OFFICE OF TRUSTEES OR ELECTIVE OFFICERS BY HOUSE  
41 OF DELEGATES. The House of Delegates shall decide whether to accept or reject the  
42 recommendation of the Council on Ethics, Bylaws and Judicial Affairs. Members, and as  
43 applicable, former members, of the Council on Ethics, Bylaws and Judicial Affairs who were  
44 sitting on the Council at any time during which charges were pending against an accused  
45 shall be recused from deliberations under this Section 20F. A two-thirds (2/3) affirmative vote  
46 of the delegates present and voting is required to impose a disciplinary sentence of expulsion  
47 from membership or removal from office, suspension or probation.

48 F. SENTENCE. After all appeals are exhausted or after the time for filing an appeal has  
49 expired, a sentence of censure, suspension, expulsion and/or removal from office meted out  
50 to any member, including those instances when the disciplined member has been placed on

probation, shall be enforced by such individual's component and constituent societies, if such exist, and this Association.

G. NON-COMPLIANCE. In the event of a failure of technical compliance with the procedural requirements of this Chapter, the Council on Ethics, Bylaws and Judicial Affairs shall determine the effect of non-compliance.

**BOARD RECOMMENDATION: Vote Yes.**

Board Vote:														
Yes	No	Abstain	Absent		Yes	No	Abstain	Absent		Yes	No	Abstain	Absent	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BLANTON	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	KIESLING	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	STEFFEL
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CALNON	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LONG	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SUMMERHAYS
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ENGEL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LOW	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	THOMPSON
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FAIELLA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NORMAN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VERSMAN
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FEINBERG	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RICH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VIGNA
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GOUNARDES	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SEAGO	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WEBER
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HAGENBRUCH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SMITH, A. J.					Res. 26

Resolution No. 27 New ☒ Substitute ☐ Amendment ☐Report: CEBJA Supplemental Report 1 Date Submitted: July 2011Submitted By: Council on Ethics, Bylaws and Judicial AffairsReference Committee: Legal, Legislative and Public Affairs MattersTotal Net Financial Implication: \$ None Net Dues Impact: \$Amount One-time \$ Amount On-going \$ADA Strategic Plan Goal: Members (Required)**EDITORIAL REVISION TO THE ADA BYLAWS****Background:** (See CEBJA Supplemental Report 1, Worksheet:5017)**Resolution****27. Resolved**, that *Bylaws* Chapter XII, Section 20 be amended as follows in order to be consistent with parallel language in the new Chapter XIII (deletions stricken though, additions underscored):**CHAPTER XII • PRINCIPLES OF ETHICS AND CODE OF PROFESSIONAL CONDUCT AND JUDICIAL PROCEDURES****Section 20. DISCIPLINE OF MEMBERS:**

E. SENTENCE. After all appeals are exhausted or after the time for filing an appeal has expired, a sentence of censure, suspension, or expulsion meted out to any member, including those instances when the disciplined member has been placed on probation, shall be ~~promulgated~~ enforced by such ~~member's~~ individual's component and constituent societies, if such exist, and this Association.

F. NON-COMPLIANCE. In the event of a failure of technical ~~conformance~~ compliance with ~~to~~ the procedural requirements of this Chapter ~~XII~~, the agency hearing the appeal shall determine the effect of non-~~conformance~~ compliance.

**BOARD RECOMMENDATION: Vote Yes.**

Board Vote:														
Yes	No	Abstain	Absent		Yes	No	Abstain	Absent		Yes	No	Abstain	Absent	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BLANTON	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	KIESLING	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	STEFFEL
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CALNON	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LONG	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SUMMERHAYS
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ENGEL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LOW	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	THOMPSON
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FAIELLA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NORMAN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VERSMAN
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FEINBERG	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RICH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VIGNA
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GOUNARDES	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SEAGO	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WEBER
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HAGENBRUCH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SMITH, A. J.	Res. 27				



Resolution No. 28 New ☒ Substitute ☐ Amendment ☐Report: CEBJA Supplemental Report 1 Date Submitted: July 2011Submitted By: Council on Ethics, Bylaws and Judicial AffairsReference Committee: Legal, Legislative and Public Affairs MattersTotal Net Financial Implication: \$ None Net Dues Impact: \$Amount One-time \$ Amount On-going \$ADA Strategic Plan Goal: Members (Required)1 **AMENDMENT OF THE ADA BYLAWS REVISING CEBJA DUTIES**2 **Background:** (See CEBJA Supplemental Report 1, Worksheet:5019)3 **Resolution**4 **28. Resolved**, that the *Bylaws* Chapter X, COUNCILS, Section 120, DUTIES, Sub-Section G be  
5 amended as follows (deletions stricken through, additions underscored):6 G. COUNCIL ON ETHICS, BYLAWS AND JUDICIAL AFFAIRS. The duties of the Council  
7 shall be to:8 a. Consider proposals for amending the *Principles of Ethics and Code of Professional*  
9 *Conduct*.10 b. Provide advisory opinions regarding the interpretation of the *Principles of Ethics and Code*  
11 *of Professional Conduct*.12 c. Consider appeals from members of the Association, or from component societies subject  
13 to the requirements of Chapter XII, Section 20 of these *Bylaws*.14 d. Hold hearings and render decisions in disputes arising between constituent societies or  
15 between constituent and component societies.16 e. Hold hearings, render decisions and impose discipline in matters involving alleged  
17 violations of the Association's Member Conduct Policy as provided in Chapter XIII of these  
18 Bylaws.19 e. f. Discipline any of the direct members of this Association in accordance with the  
20 requirements and procedures of Chapter XII of these *Bylaws*, using hearing panels  
21 composed of not less than three (3) of its elected members selected by the Council chair.  
22 The Council may adopt procedures governing the discipline of direct members of this  
23 Association consistent with Chapter XII of these *Bylaws*, which may include the use of an  
24 investigating committee or individual to investigate any complaint made against such member  
25 and report findings to the hearing panel concerning whether charges should issue.26 f. g. Review the articles of the *Constitution and Bylaws* in order to keep them consistent with  
27 the Association's program.

~~g. h.~~ Recommend editorial changes in the *Constitution and Bylaws* to improve their consistency, clarity and style.

~~h. i.~~ Notwithstanding paragraph i of this subsection, the Council shall have the authority to make corrections in punctuation, grammar, spelling, name changes, gender references, and similar editorial corrections in the *Bylaws* which do not alter its context or meaning. Such corrections shall be made only by a unanimous vote of the Council members present and voting.

~~i. j.~~ Review the rules and bylaws of all commissions of the Association in order to keep such rules and bylaws consistent with the *Constitution and Bylaws* of this Association.

~~j. k.~~ Act as the Standing Committee on Constitution and Bylaws of the House of Delegates, with the composition of such committee to be determined in accordance with Chapter V, Section 140A of these *Bylaws*, and to conduct other business it deems necessary.

~~k. l.~~ Provide guidance and advice on ethical and professional issues to constituent and component societies.

~~l. m.~~ Formulate and disseminate materials related to ethical and professional conduct in the practice and promotion of dentistry.

**BOARD RECOMMENDATION: Vote Yes.**

Board Vote:														
Yes	No	Abstain	Absent		Yes	No	Abstain	Absent		Yes	No	Abstain	Absent	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BLANTON	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	KIESLING	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	STEFFEL
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CALNON	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LONG	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SUMMERHAYS
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ENGEL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LOW	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	THOMPSON
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FAIELLA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NORMAN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VERSMAN
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FEINBERG	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RICH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VIGNA
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GOUNARDES	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SEAGO	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WEBER
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HAGENBRUCH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SMITH, A. J.					Res. 28

Resolution No. 29 New ☒ Substitute ☐ Amendment ☐Report: CEBJA Supplemental Report 1 Date Submitted: July 2011Submitted By: Council on Ethics, Bylaws and Judicial AffairsReference Committee: Legal, Legislative and Public Affairs MattersTotal Net Financial Implication: \$ None Net Dues Impact: \$Amount One-time \$ Amount On-going \$ADA Strategic Plan Goal: Members (Required)1 **AMENDMENT OF THE ADA BYLAWS REVISING HOUSE DUTIES**2 **Background:** (See CEBJA Supplemental Report 1, Worksheet:5020)3 **Resolution**4 **29. Resolved**, that the *Bylaws* Chapter V, HOUSE OF DELEGATES, Section 50, DUTIES, Sub-Section  
5 F be amended as follows (deletions stricken through, additions underscored):6 *Section 50. DUTIES:* It shall be the duty of the House of Delegates to:7 F. Serve as the court of appeal from decisions of the Council on Ethics, Bylaws and Judicial  
8 Affairs involving disputes arising between constituent societies or between constituent and  
9 component societies, and as provided in Chapter XIII of these *Bylaws*. ~~except those~~  
10 ~~decisions involving discipline of members.~~11 **BOARD RECOMMENDATION: Vote Yes.**12 **BOARD VOTE: UNANIMOUS.**

13





Resolution No. 30 and 30B New ☒ Substitute ☐ Amendment ☐Report: NA Date Submitted: July 2011Submitted By: Board of TrusteesReference Committee: Legal, Legislative and Public Affairs MattersTotal Net Financial Implication: \$ None Net Dues Impact: \$Amount One-time \$ Amount On-going \$ADA Strategic Plan Goal: Members (Required)1 **ADA DELEGATE ALLOCATION – 2012-2014**

2 **Background:** In 2003 the House of Delegates adopted Resolution 63H (*Trans.*2003:351), which effected  
 3 a change in the size of the ADA House of Delegates increasing the number of delegates from 427 to 460;  
 4 established a new method for determining the allocation of delegates; and formalized in the ADA *Bylaws*  
 5 the number of delegates allocated to each district through the constituent societies. The current  
 6 allocation of delegates for the years 2009-2011 was adopted by the House in 2008. In accordance with  
 7 the *Bylaws*, at three year intervals, the Board of Trustees is charged with reviewing delegate allocations  
 8 in light of fluctuations in membership.

9 For reference, the section of the ADA *Bylaws* that describes the delegate allocation process follows:

10 **Chapter V. House of Delegates, Section 10. Composition, Subsection C. Representational**  
 11 **Requirements and Goals**

12 C. REPRESENTATIONAL REQUIREMENTS AND GOALS. Each constituent society shall be  
 13 entitled to two (2) delegates, except that one (1) delegate shall be allocated to the Virgin Islands  
 14 Dental Association. The Air Force Dental Corps, the Army Dental Corps, the Navy Dental Corps,  
 15 the Public Health Service and the Department of Veterans Affairs shall each be entitled to two (2)  
 16 delegates, one of which shall be elected by the respective service, without regard to the number  
 17 of members.

18 For the two years 2004-2005 inclusive, the remaining number of delegates shall be allocated  
 19 to the constituent societies, through their trustee districts based on the representational goals that  
 20 each trustee district's representation in the House of Delegates shall vary by no more or less than  
 21 0.3% from its active, life or retired membership share in this Association, based on the  
 22 Association's December 31, 2002 membership records, and that no district or constituent shall  
 23 lose a delegate from its 2003 allocation. Thereafter, to allow for changes in the delegate  
 24 allocation due to membership fluctuations, the Board of Trustees shall use this variance method  
 25 of district delegate allocation (a variance of no more than 0.3% of its active, life and retired  
 26 membership share in the Association) at subsequent intervals of three (3) years, with the first  
 27 such review occurring for the 2006 House of Delegates. Such reviews shall be based on the  
 28 Association's year-end membership records for the calendar year preceding the review period in  
 29 question. No district shall lose a delegate unless their membership numbers are at least one  
 30 percent less than their membership numbers of the prior three years. Any changes deemed  
 31 necessary shall be presented to the House of Delegates in the form of a *Bylaws'* amendment to  
 32 Section 10D of this Chapter.

2012-2014. The current review of the allocation of delegates for the years 2012-2014 began once the December 31, 2010, membership records were available. The attached spreadsheet presents the results of this recent review based on the variance method stated in the *Bylaws*. Under this method, in order to bring the 2012-2014 delegate representation into proximity with the district membership percentages, nine additional delegates are needed, allocated as follows:

- 1 for the 11<sup>th</sup> district (Washington)
- 3 for the 13<sup>th</sup> district (California)
- 3 for the 15<sup>th</sup> district (Texas)
- 2 for the 16<sup>th</sup> district (1 each for South Carolina and Virginia)

The Board discussed the results of this allocation review at its April 2011 session. At that time, concerns were expressed about the calculation method and the representational disparity between states with similar membership numbers yet different numbers of allocated delegates. The Board requested the ADA Survey Center to develop alternative fair and equitable methods for calculating delegation allocations, which the Board considered at its July/August session.

In order to comply with the ADA *Bylaws* (Chapter V, Section 10, subsection C) currently in effect, the Board is submitting the following resolution (Resolution 30). However, the Board is also submitting an alternative delegation allocation method as a Board substitute for the consideration of the House.

#### Resolution

**30. Resolved**, that Chapter V. HOUSE OF DELEGATES, Section 20. COMPOSITION, Subsection D. DELEGATE ALLOCATION, of the ADA *Bylaws* be amended by:

- Deleting on line 1238 the number "11" and substituting it with the number "12"
- Deleting on line 1239 the number "24" and substituting it with the number "25"
- Deleting on lines 1247 and 1248 the number "67" and substituting it with the number "70"
- Deleting on lines 1259 and 1260 the number "23" and substituting it with the number "26"
- Deleting on line 1263 the number "5" and substituting it with the number "6"
- Deleting on line 1264 the number "10" and substituting it with the number "11"
- Deleting on line 1265 the number "25" and substituting it with the number "27"

so the amended Subsection reads as follows (deletions are struck through; additions are underlined):

- DISTRICT 1
  - Connecticut State Dental Association, The, 7 delegates
  - Maine Dental Association, 3 delegates
  - Massachusetts Dental Society, 13 delegates
  - New Hampshire Dental Society, 3 delegates
  - Rhode Island Dental Association, 3 delegates
  - Vermont State Dental Society, 2 delegates
  - District Total: 31 delegates
- DISTRICT 2
  - New York State Dental Association, 41 delegates
  - District Total: 41 delegates
- DISTRICT 3
  - Pennsylvania Dental Association, 18 delegates
  - District Total: 18 delegates
- DISTRICT 4
  - Air Force Dental Corps, 2 delegates
  - Army Dental Corps, 2 delegates

1 Delaware State Dental Society, 2 delegates  
2 District of Columbia Dental Society, The, 2 delegates  
3 Maryland State Dental Association, 7 delegates  
4 Navy Dental Corps, 2 delegates  
5 New Jersey Dental Association, 12 delegates  
6 Public Health Service, 2 delegates  
7 Puerto Rico, Colegio de Cirujanos Dentistas de, 2 delegates  
8 Veterans Affairs, 2 delegates  
9 Virgin Islands Dental Association, 1 delegate  
10 District Total: 36 delegates  
  
11 DISTRICT 5  
12 Alabama Dental Association, 5 delegates  
13 Georgia Dental Association, 10 delegates  
14 Mississippi Dental Association, The, 3 delegates  
15 District Total: 18 delegates  
  
16 DISTRICT 6  
17 Kentucky Dental Association, 6 delegates  
18 Missouri Dental Association, 7 delegates  
19 Tennessee Dental Association, 7 delegates  
20 West Virginia Dental Association, 3 delegates  
21 District Total: 23 delegates  
  
22 DISTRICT 7  
23 Indiana Dental Association, 9 delegates  
24 Ohio Dental Association, 16 delegates  
25 District Total: 25 delegates  
  
26 DISTRICT 8  
27 Illinois State Dental Society, 20 delegates  
28 District Total: 20 delegates  
  
29 DISTRICT 9  
30 Michigan Dental Association, 17 delegates  
31 Wisconsin Dental Association, 9 delegates  
32 District Total: 26 delegates  
  
33 DISTRICT 10  
34 Iowa Dental Association, 5 delegates  
35 Minnesota Dental Association, 9 delegates  
36 Nebraska Dental Association, The, 3 delegates  
37 North Dakota Dental Association, 2 delegates  
38 South Dakota Dental Association, 2 delegates  
39 District Total: 21 delegates  
  
40 DISTRICT 11  
41 Alaska Dental Society, 2 delegates  
42 Idaho State Dental Association, 3 delegates  
43 Montana Dental Association, 2 delegates  
44 Oregon Dental Association, 6 delegates  
45 Washington State Dental Association, 14 12 delegates  
46 District Total: 24 25 delegates  
  
47 DISTRICT 12  
48 Arkansas State Dental Association, 4 delegates  
49 Kansas Dental Association, 4 delegates

Louisiana Dental Association, The, 6 delegates  
Oklahoma Dental Association, 5 delegates  
District Total: 19 delegates

DISTRICT 13

California Dental Association, ~~67~~ 70 delegates  
District Total: ~~67~~ 70 delegates

DISTRICT 14

Arizona Dental Association, 7 delegates  
Colorado Dental Association, 8 delegates  
Hawaii Dental Association, 3 delegates  
Nevada Dental Association, 3 delegates  
New Mexico Dental Association, 3 delegates  
Utah Dental Association, 4 delegates  
Wyoming Dental Association, 2 delegates  
District Total: 30 delegates

DISTRICT 15

Texas Dental Association, ~~23~~ 26 delegates  
District Total: ~~23~~ 26 delegates

DISTRICT 16

North Carolina Dental Society, The, 10 delegates  
South Carolina Dental Association, ~~5~~ 6 delegates  
Virginia Dental Association, ~~40~~ 11 delegates  
District Total: ~~25~~ 27 delegates

DISTRICT 17

Florida Dental Association, 21 delegates  
District Total: 21 delegates

and be it further

**Resolved**, that the changes in the delegate allocation become effective January 1, 2012.

**BOARD RECOMMENDATION: Vote No on Resolution 30 (See Resolution 30B, Page 5048).**

**BOARD VOTE: UNANIMOUS.**

**BOARD COMMENT:** The current edition of the ADA *Bylaws* describes the method for allocating delegates to the ADA House and requires a review of delegate allocation every three years. Since the adoption of this allocation method in 2003, reviews have been conducted in 2005, 2008 and most recently in 2011. The Board, at its April 2011 session, reviewed the results of the delegate allocation based on the current *Bylaws*. (In compliance with the *Bylaws*, this proposal has been submitted to the House as Resolution 30.) In applying the current representational goals set forth in the *Bylaws*, the Board noted several variances in allocations of delegates to constituent societies with similar membership numbers. Based on the Board's concern about proportional representation in the current process, the Board evaluated alternate methods of calculating the number of delegates each constituent is assigned for the 2012-14 House of Delegates and discussed the implications of using alternate methods. The central motivating concern of the Board was that the current allocation method does not proportionally reflect the distribution of ADA members across different constituents. For example, Vermont accounts for 0.26% of ADA members, but 0.44% of delegates. The Eleventh District accounts for 5.43% of ADA members but 5.24% of delegates. Because of these variances, the Board is submitting a Board substitute.

**Alternative Calculations:** The Board began with the premise that delegate allocation should mirror the constituent membership as closely as possible. Therefore, the Board considered an allocation based on the percentage of members in each constituent.

In the alternative allocation method recommended by the Board, the size of the House is initially set at 473 (the size of the 2009-2011 House). The allocation of delegates would continue to be reviewed every three years and the base size of the House would be re-set to 473 delegates for the purposes of the reallocation calculations.

The Board recommends an allocation method by which ASDA is assigned five delegates. The remaining 468 delegates are assigned to each constituent based upon the constituent's percentage of the total membership at year end 2010. In this method each constituent is guaranteed a minimum of two delegates except the Virgin Islands Dental Association, which receives 1 delegate. The enumerated Federal Dental Services are assigned delegates based upon their percentage of membership. This method yields a final House size of 482 in the proposed 2012 reallocation.

For example, the 2010 end of year number of active, life and retired members, including federal services, was 152,018. A constituent with 2,481 members, therefore, would account for 1.63% of total ADA membership. Under the recommended allocation method, this constituent would be entitled to 8 delegates (i.e., 1.63% of 468, rounded up to a whole number).

**Results:** Detailed results from the current method and the Board recommended alternative method are found in the Calculation Spreadsheet (Appendix 1—Resolution 30B) that accompanies this report. Highlighted in yellow are the constituents where the number of delegates would need to be adjusted under the recommended alternative. (Please refer to the electronic version for a better view of the colored shading on the spreadsheets.)

Appendix 2 provides a ranking of districts by the number of ADA members. Highlighted in yellow are the Districts whose ranking by number of delegates according to the current allocation method does not match its ranking by ADA membership. This is one method of assessing instances where delegates to the House are not distributed proportionally.

Following discussion of various alternate methods, including the original allocation method presented in Resolution 30, the Board selected the alternative method described above to recommend to the House of Delegates for its consideration. The central motivating concern of the Board was that the current allocation method does not proportionally reflect the distribution of ADA members across different constituents. The appropriate *Bylaws* resolution follows.

**30B. Resolved,** that Chapter II. CONSTITUENT SOCIETIES, Section 100. PRIVILEGE OF REPRESENTATION, of the ADA *Bylaws* be amended as follows (additions underscored, deletions stricken):

Section 100. PRIVILEGE OF REPRESENTATION: Each constituent society shall be entitled to two (2) delegates in the House of Delegates, except that one (1) delegate shall be allocated to the Virgin Islands Dental Association. ~~The Air Force Dental Corps, the Army Dental Corps, the Navy Dental Corps, the Public Health Service and the Department of Veterans Affairs shall each be entitled to two (2) delegates, one of which shall be elected by the respective service, without regard to the number of members.~~ The remaining number of delegates representing constituent societies shall be allocated as provided in Chapter V, Sections 10C and 10D. The Air Force Dental Corps, the Army Dental Corps, the Navy Dental Corps, the Public Health Service and the Department of Veterans Affairs shall be entitled to a delegate allocation proportional to its membership.

Each constituent society and each federal dental service may select from among its active, life and retired members the same number of alternate delegates as delegates and shall designate the alternate delegate who shall replace an absent delegate.

and be it further

**Resolved**, that Chapter V. HOUSE OF DELEGATES, Section 10. COMPOSITION, Subsection A. VOTING MEMBERS, of the ADA *Bylaws* be amended as follows (additions underscored, deletions stricken):

A. VOTING MEMBERS. The House of Delegates shall be limited to four hundred ~~sixty-eighty-two (460-482)~~ voting members for the ~~two three~~ years ~~2004 2012~~ to ~~2005 2014~~ 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)~~ and the Air Force Dental Corps, the Army Dental Corps, the Navy Dental Corps, the Public Health Service and the Department of Veterans Affairs, 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. 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.

and be it further

**Resolved**, that Chapter V. HOUSE OF DELEGATES, Section 10. COMPOSITION, Subsection C. REPRESENTATIONAL REQUIREMENTS AND GOALS, of the ADA *Bylaws* be amended as follows (additions underscored, deletions stricken):

C. REPRESENTATIONAL REQUIREMENTS AND GOALS. Each constituent society shall be entitled to two (2) delegates, except that one (1) delegate shall be allocated to the Virgin Islands Dental Association. The Air Force Dental Corps, the Army Dental Corps, the Navy Dental Corps, the Public Health Service and the Department of Veteran Affairs shall be entitled to a delegate allocation proportional to its membership. ~~shall each be entitled to two (2) delegates, one of which shall be elected by the respective service, without regard to the number of members.~~

For the ~~two three~~ years ~~2004-2005-2012-2014~~ inclusive, the remaining number of delegates shall be allocated to the constituent shall be as set forth in Section D of this Chapter. ~~, through their trustee districts based on the representational goals that each trustee district's representation in the House of Delegates shall vary by no more or less than 0.3% from its active, life or retired membership share in this Association, based on the Association's December 31, 2002 membership records, and that no district or constituent shall lose a delegate from its 2003 allocation.~~ Thereafter, to allow for changes in the delegate allocation due to membership fluctuations, the Board of Trustees shall use this variance method of district delegate allocation (a variance of no more than 0.3% of its active, life and retired membership share in the Association) at subsequent intervals of three (3) years, with the first such review occurring for the ~~2006~~ 2015 House of Delegates. Such reviews shall be based on the Association's year-end membership records for the calendar year preceding the review period in question. No trustee district shall lose a delegate unless their membership numbers are at least one percent less than their membership numbers of the prior three years. Any changes deemed necessary shall be presented to the House of Delegates in the form of a *Bylaws'* amendment to Section 10D of this Chapter.

and be it further

1 **Resolved**, that Chapter V. HOUSE OF DELEGATES, Section 10. COMPOSITION, Subsection D.  
2 DELEGATE ALLOCATION, of the ADA *Bylaws* be amended as follows (additions underscored,  
3 deletions stricken):

4 D. DELEGATE ALLOCATION. ~~Based on the representational requirements and goals set forth in~~  
5 ~~Section 10C, the delegates~~ Delegates are allocated as follows:

6 DISTRICT 1

7 Connecticut State Dental Association, The, ~~7~~ 8 delegates

8 Maine Dental Association, ~~3~~ 2 delegates

9 Massachusetts Dental Society, ~~13~~ 15 delegates

10 New Hampshire Dental Society, ~~3~~ 2 delegates

11 Rhode Island Dental Association, ~~3~~ 2 delegates

12 Vermont State Dental Society, 2 delegates

13 District Total: 31 delegates

14 DISTRICT 2

15 New York State Dental Association, ~~44~~ 39 delegates

16 District Total: ~~44~~ 39 delegates

17 DISTRICT 3

18 Pennsylvania Dental Association, ~~48~~ 17 delegates

19 District Total: ~~48~~ 17 delegates

20 DISTRICT 4

21 Air Force Dental Corps, 2 delegates

22 Army Dental Corps, 2 delegates

23 Delaware State Dental Society, 2 delegates

24 District of Columbia Dental Society, The, 2 delegates

25 Maryland State Dental Association, ~~7~~ 8 delegates

26 Navy Dental Corps, 2 delegates

27 New Jersey Dental Association, ~~42~~ 14 delegates

28 Public Health Service, ~~2~~ 1 delegates

29 Puerto Rico, Colegio de Cirujanos Dentistas de, 2 delegates

30 Veterans Affairs, 2 delegates

31 Virgin Islands Dental Association, 1 delegate

32 District Total: ~~36~~ 38 delegates

33 DISTRICT 5

34 Alabama Dental Association, 5 delegates

35 Georgia Dental Association, 10 delegates

36 Mississippi Dental Association, The, 3 delegates

37 District Total: 18 delegates

38 DISTRICT 6

39 Kentucky Dental Association, ~~6~~ 5 delegates

40 Missouri Dental Association, 7 delegates

41 Tennessee Dental Association, 7 delegates

42 West Virginia Dental Association, ~~3~~ 2 delegates

43 District Total: ~~23~~ 21 delegates

44 DISTRICT 7

45 Indiana Dental Association, 9 delegates

1 Ohio Dental Association, ~~46~~ 17 delegates  
2 District Total: ~~25~~ 26 delegates

3 DISTRICT 8  
4 Illinois State Dental Society, 20 delegates  
5 District Total: 20 delegates

6 DISTRICT 9  
7 Michigan Dental Association, 17 delegates  
8 Wisconsin Dental Association, 9 delegates  
9 District Total: 26 delegates

10 DISTRICT 10  
11 Iowa Dental Association, 5 delegates  
12 Minnesota Dental Association, 9 delegates  
13 Nebraska Dental Association, The, 3 delegates  
14 North Dakota Dental Association, 2 delegates  
15 South Dakota Dental Association, 2 delegates  
16 District Total: 21 delegates

17 DISTRICT 11  
18 Alaska Dental Society, 2 delegates  
19 Idaho State Dental Association, 3 delegates  
20 Montana Dental Association, 2 delegates  
21 Oregon Dental Association, ~~6~~ 7 delegates  
22 Washington State Dental Association, ~~44~~ 13 delegates  
23 District Total: ~~24~~ 27 delegates

24 DISTRICT 12  
25 Arkansas State Dental Association, ~~4~~ 3 delegates  
26 Kansas Dental Association, 4 delegates  
27 Louisiana Dental Association, The, 6 delegates  
28 Oklahoma Dental Association, 5 delegates  
29 District Total: ~~49~~ 18 delegates

30 DISTRICT 13  
31 California Dental Association, ~~67~~ 69 delegates  
32 District Total: ~~67~~ 69 delegates

33 DISTRICT 14  
34 Arizona Dental Association, 7 delegates  
35 Colorado Dental Association, ~~8~~ 10 delegates  
36 Hawaii Dental Association, 3 delegates  
37 Nevada Dental Association, 3 delegates  
38 New Mexico Dental Association, ~~3~~ 2 delegates  
39 Utah Dental Association, ~~4~~ 5 delegates  
40 Wyoming Dental Association, 2 delegates  
41 District Total: ~~30~~ 32 delegates

42 DISTRICT 15  
43 Texas Dental Association, ~~23~~ 26 delegates  
44 District Total: ~~23~~ 26 delegates



DISTRICT 16

North Carolina Dental Society, The, ~~40~~ 11 delegates

South Carolina Dental Association, ~~5~~ 6 delegates

Virginia Dental Association, ~~40~~ 11 delegates

District Total: ~~25~~ 28 delegates

DISTRICT 17

Florida Dental Association, ~~24~~ 20 delegates

District Total: ~~24~~ 20 delegates

AMERICAN STUDENT DENTAL ASSOCIATION, 5 delegates

and be it further

**Resolved**, that the changes in the delegate allocation become effective January 1, 2012.

**BOARD RECOMMENDATION: Vote Yes on the Substitute Resolution 30B.**

**BOARD VOTE: UNANIMOUS.**

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**Appendix –Resolution 30**  
**2012 - 2014 House of Delegates - Delegate Allocation by District**

(Changes in number of delegates  
highlighted.)

<i>District</i>	EOY 2010 Members	2010 Delegates	2012 Delegates	EOY 2010 % Members	2010 % Delegates	2010 Variance	2012 % Delegates	2012 Variance
<b>First</b>								
Connecticut	2,481	7	7	1.6%	1.5%	-0.15%	1.5%	-0.18%
Maine	696	3	3	0.5%	0.6%	0.18%	0.6%	0.17%
Massachusetts	4,880	13	13	3.2%	2.7%	-0.45%	2.7%	-0.51%
New Hampshire	760	3	3	0.5%	0.6%	0.14%	0.6%	0.12%
Rhode Island	558	3	3	0.4%	0.6%	0.27%	0.6%	0.26%
Vermont	395	2	2	0.3%	0.4%	0.16%	0.4%	0.16%
total	9,770	31	31	6.4%	6.6%	0.14%	6.4%	0.02%
<b>Second</b>								
New York	12,703	41	41	8.3%	8.7%	0.33%	8.5%	0.17%
total	12,703	41	41	8.3%	8.7%	0.33%	8.5%	0.17%
<b>Third</b>								
Pennsylvania	5,506	18	18	3.6%	3.8%	0.19%	3.7%	0.12%
total	5,506	18	18	3.6%	3.8%	0.19%	3.7%	0.12%
<b>Fourth</b>								
Federal Services	3,052	10	10	2.0%	2.1%	0.11%	2.1%	0.07%
Puerto Rico	193	2	2	0.1%	0.4%	0.30%	0.4%	0.29%
Delaware	398	2	2	0.3%	0.4%	0.16%	0.4%	0.15%
District of Columbia	459	2	2	0.3%	0.4%	0.12%	0.4%	0.11%
Maryland	2,471	7	7	1.6%	1.5%	-0.14%	1.5%	-0.17%
New Jersey	4,692	12	12	3.1%	2.5%	-0.54%	2.5%	-0.59%
Virgin Islands	23	1	1	0.0%	0.2%	0.20%	0.2%	0.19%
total	11,288	36	36	7.4%	7.6%	0.20%	7.5%	0.06%
<b>Fifth</b>								
Alabama	1,681	5	5	1.1%	1.1%	-0.05%	1.0%	-0.07%
Georgia	3,314	10	10	2.2%	2.1%	-0.06%	2.1%	-0.10%
Mississippi	998	3	3	0.7%	0.6%	-0.02%	0.6%	-0.03%
total	5,993	18	18	3.9%	3.8%	-0.13%	3.7%	-0.20%

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	EOY 2010	2010	2012	EOY 2010	2010	2010	2012	2012
<i>District</i>	Members	Delegates	Delegates	Members	Delegates	Variance	Delegates	Variance
<b>Sixth</b>								
Kentucky	1,736	6	6	1.1%	1.3%	0.13%	1.2%	0.11%
Missouri	2,234	7	7	1.5%	1.5%	0.01%	1.5%	-0.01%
Tennessee	2,310	7	7	1.5%	1.5%	-0.04%	1.5%	-0.06%
West Virginia	737	3	3	0.5%	0.6%	0.15%	0.6%	0.14%
total	7,017	23	23	4.6%	4.9%	0.26%	4.8%	0.17%
<b>Seventh</b>								
Indiana	2,901	9	9	1.9%	1.9%	0.00%	1.9%	-0.04%
Ohio	5,400	16	16	3.5%	3.4%	-0.16%	3.3%	-0.22%
total	8,301	25	25	5.4%	5.3%	-0.16%	5.2%	-0.26%
<b>Eighth</b>								
Illinois	6,609	20	20	4.3%	4.2%	-0.11%	4.1%	-0.19%
total	6,609	20	20	4.3%	4.2%	-0.11%	4.1%	-0.19%
<b>Ninth</b>								
Michigan	5,551	17	17	3.6%	3.6%	-0.05%	3.5%	-0.12%
Wisconsin	2,989	9	9	2.0%	1.9%	-0.06%	1.9%	-0.09%
total	8,540	26	26	5.6%	5.5%	-0.11%	5.4%	-0.21%
<b>Tenth</b>								
Iowa	1,749	5	5	1.1%	1.1%	-0.09%	1.0%	-0.11%
Minnesota	3,067	9	9	2.0%	1.9%	-0.11%	1.9%	-0.15%
Nebraska	972	3	3	0.6%	0.6%	0.00%	0.6%	-0.02%
North Dakota	363	2	2	0.2%	0.4%	0.18%	0.4%	0.18%
South Dakota	440	2	2	0.3%	0.4%	0.13%	0.4%	0.13%
total	6,591	21	21	4.3%	4.4%	0.11%	4.4%	0.03%
<b>Eleventh</b>								
Alaska	348	2	2	0.2%	0.4%	0.19%	0.4%	0.19%
Idaho	853	3	3	0.6%	0.6%	0.07%	0.6%	0.06%
Montana	644	2	2	0.4%	0.4%	0.00%	0.4%	-0.01%
Oregon	2,155	6	6	1.4%	1.3%	-0.15%	1.2%	-0.17%
Washington	4,105	11	12	2.7%	2.3%	-0.37%	2.5%	-0.20%
total	8,105	24	25	5.3%	5.1%	-0.25%	5.2%	-0.13%

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<i>District</i>	EOY 2010 Members	2010 Delegates	2012 Delegates	EOY 2010 % Members	2010 % Delegates	2010 Variance	2012 % Delegates	2012 Variance
<b>Twelfth</b>								
Arkansas	1,070	4	4	0.7%	0.8%	0.14%	0.8%	0.13%
Kansas	1,240	4	4	0.8%	0.8%	0.03%	0.8%	0.02%
Louisiana	1,857	6	6	1.2%	1.3%	0.05%	1.2%	0.03%
Oklahoma	1,576	5	5	1.0%	1.1%	0.02%	1.0%	0.00%
total	5,743	19	19	3.8%	4.0%	0.25%	3.9%	0.17%
<b>Thirteenth</b>								
California	22,551	67	70	14.8%	14.2%	-0.64%	14.5%	-0.28%
total	22,551	67	70	14.8%	14.2%	-0.64%	14.5%	-0.28%
<b>Fourteenth</b>								
Arizona	2,345	7	7	1.5%	1.5%	-0.06%	1.5%	-0.09%
Colorado	3,146	8	8	2.1%	1.7%	-0.37%	1.7%	-0.41%
Hawaii	961	3	3	0.6%	0.6%	0.00%	0.6%	-0.01%
Nevada	824	3	3	0.5%	0.6%	0.09%	0.6%	0.08%
New Mexico	701	3	3	0.5%	0.6%	0.17%	0.6%	0.16%
Utah	1,560	4	4	1.0%	0.8%	-0.18%	0.8%	-0.19%
Wyoming	284	2	2	0.2%	0.4%	0.24%	0.4%	0.23%
total	9,821	30	30	6.4%	6.3%	-0.10%	6.2%	-0.22%
<b>Fifteenth</b>								
Texas	8,451	23	26	5.5%	4.9%	-0.68%	5.4%	-0.15%
total	8,451	23	26	5.5%	4.9%	-0.68%	5.4%	-0.15%
<b>Sixteenth</b>								
North Carolina	3,441	10	10	2.3%	2.1%	-0.14%	2.1%	-0.18%
South Carolina	1,838	5	6	1.2%	1.1%	-0.15%	1.2%	0.04%
Virginia	3,443	10	11	2.3%	2.1%	-0.15%	2.3%	0.02%
total	8,722	25	27	5.7%	5.3%	-0.44%	5.6%	-0.12%
<b>Seventeenth</b>								
Florida	6,638	21	21	4.4%	4.4%	0.08%	4.4%	0.00%
total	6,638	21	21	4.4%	4.4%	0.08%	4.4%	0.00%
<b>ASDA</b>		5	5	0.0%	1.1%	1.06%	1.0%	1.04%
total	152,349	473	482	100.0%	100.0%	0.00%	100.0%	0.00%

## Notes:

Total member numbers do not include international, non-practicing, or provisional members.

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**Appendix 1 – Resolution 30B: 2012 - 2014 House of Delegates - Delegate Allocation by District**  
**(Federal Services included in calculations)**

<i>District</i>	EOY 2010 Members	EOY 2010 % Members	2010 Delegates	2010 % Delegates	(min. 1 or 2 delegates)	
					2012 Delegates	2012 % Delegates
<b>First</b>						
Connecticut	2,481	1.63%	7	1.50%	8	1.68%
Maine	696	0.46%	3	0.64%	2	0.42%
Massachusetts	4,880	3.21%	13	2.78%	15	3.15%
New Hampshire	760	0.50%	3	0.64%	2	0.42%
Rhode Island	558	0.37%	3	0.64%	2	0.42%
Vermont	395	0.26%	2	0.43%	2	0.42%
total	9,770	6.43%	31	6.62%	31	6.51%
<b>Second</b>						
New York	12,703	8.36%	41	8.76%	39	8.19%
total	12,703	8.36%	41	8.76%	39	8.19%
<b>Third</b>						
Pennsylvania	5,506	3.62%	18	3.85%	17	3.57%
total	5,506	3.62%	18	3.85%	17	3.57%
<b>Fourth</b>						
Air Force	721	0.47%	2	0.43%	2	0.42%
Army	581	0.38%	2	0.43%	2	0.42%
Navy	655	0.43%	2	0.43%	2	0.42%
Public Health						
Service	254	0.17%	2	0.43%	1	0.21%
Veterans Affairs	510	0.34%	2	0.43%	2	0.42%
Puerto Rico	193	0.13%	2	0.43%	2	0.21%
Delaware	398	0.26%	2	0.43%	2	0.42%
District of						
Columbia	459	0.30%	2	0.43%	2	0.42%
Maryland	2,471	1.63%	7	1.50%	8	1.68%
New Jersey	4,692	3.09%	12	2.56%	14	2.94%
Virgin Islands	23	0.02%	1	0.21%	1	0.21%
total	10,957	7.21%	36	7.69%	38	7.77%
<b>Fifth</b>						
Alabama	1,681	1.11%	5	1.07%	5	1.05%
Georgia	3,314	2.18%	10	2.14%	10	2.10%
Mississippi	998	0.66%	3	0.64%	3	0.63%
total	5,993	3.94%	18	3.85%	18	3.78%

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<i>District</i>	EOY 2010 Members	EOY 2010 % Members	2010 Delegates	2010 % Delegates	(min. 1 or 2 delegates)	
					2012 Delegates	2012 % Delegates
<b>Sixth</b>						
Kentucky	1,736	1.14%	6	1.28%	5	1.05%
Missouri	2,234	1.47%	7	1.50%	7	1.47%
Tennessee	2,310	1.52%	7	1.50%	7	1.47%
West Virginia	737	0.48%	3	0.64%	2	0.42%
total	7,017	4.62%	23	4.91%	21	4.41%
<b>Seventh</b>						
Indiana	2,901	1.91%	9	1.92%	9	1.89%
Ohio	5,400	3.55%	16	3.42%	17	3.57%
total	8,301	5.46%	25	5.34%	26	5.46%
<b>Eighth</b>						
Illinois	6,609	4.35%	20	4.27%	20	4.20%
total	6,609	4.35%	20	4.27%	20	4.20%
<b>Ninth</b>						
Michigan	5,551	3.65%	17	3.63%	17	3.57%
Wisconsin	2,989	1.97%	9	1.92%	9	1.89%
total	8,540	5.62%	26	5.56%	26	5.46%
<b>Tenth</b>						
Iowa	1,749	1.15%	5	1.07%	5	1.05%
Minnesota	3,067	2.02%	9	1.92%	9	1.89%
Nebraska	972	0.64%	3	0.64%	3	0.63%
North Dakota	363	0.24%	2	0.43%	2	0.42%
South Dakota	440	0.29%	2	0.43%	2	0.42%
total	6,591	4.34%	21	4.49%	21	4.41%
<b>Eleventh</b>						
Alaska	348	0.23%	2	0.43%	2	0.42%
Idaho	853	0.56%	3	0.64%	3	0.63%
Montana	644	0.42%	2	0.43%	2	0.42%
Oregon	2,155	1.42%	6	1.28%	7	1.47%
Washington	4,105	2.70%	11	2.35%	13	2.73%
total	8,105	5.33%	24	5.13%	27	5.67%
<b>Twelfth</b>						
Arkansas	1,070	0.70%	4	0.85%	3	0.63%
Kansas	1,240	0.82%	4	0.85%	4	0.84%
Louisiana	1,857	1.22%	6	1.28%	6	1.26%
Oklahoma	1,576	1.04%	5	1.07%	5	1.05%
total	5,743	3.78%	19	4.06%	18	3.78%

<i>District</i>	EOY 2010 Members	EOY 2010 % Members	2010 Delegates	2010 % Delegates	(min. 1 or 2 delegates)	
					2012 Delegates	2012 % Delegates
<b>Thirteenth</b>						
California	22,551	14.83%	67	14.32%	69	14.50%
total	22,551	14.83%	67	14.32%	69	14.50%
<b>Fourteenth</b>						
Arizona	2,345	1.54%	7	1.50%	7	1.47%
Colorado	3,146	2.07%	8	1.71%	10	2.10%
Hawaii	961	0.63%	3	0.64%	3	0.63%
Nevada	824	0.54%	3	0.64%	3	0.63%
New Mexico	701	0.46%	3	0.64%	2	0.42%
Utah	1,560	1.03%	4	0.85%	5	1.05%
Wyoming	284	0.19%	2	0.43%	2	0.42%
total	9,821	6.46%	30	6.41%	32	6.72%
<b>Fifteenth</b>						
Texas	8,451	5.56%	23	4.91%	26	5.46%
total	8,451	5.56%	23	4.91%	26	5.46%
<b>Sixteenth</b>						
North Carolina	3,441	2.26%	10	2.14%	11	2.31%
South Carolina	1,838	1.21%	5	1.07%	6	1.26%
Virginia	3,443	2.26%	10	2.14%	11	2.31%
total	8,722	5.74%	25	5.34%	28	5.88%
<b>Seventeenth</b>						
Florida	6,638	4.37%	21	4.49%	20	4.20%
total	6,638	4.37%	21	4.49%	20	4.20%
<b>ASDA</b>		0.00%	5		5	
total	<b>152,018</b>	100.00%	473		482	

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**Appendix 2 Resolution 30B: Comparison Ranking of the Alternate Method  
- by District**

Current HOD			Alternate Method		
District	EOY 2010 Members	2010 Delegates	District	EOY 2010 Members	2012 Delegates
Third	5,506	18	Third	5,506	17
Twelfth	5,743	19	Twelfth	5,743	18
Fifth	5,993	18	Fifth	5,993	18
Tenth	6,591	21	Tenth	6,591	21
Eighth	6,609	20	Eighth	6,609	20
Seventeenth	6,638	21	Seventeenth	6,638	20
Sixth	7,017	23	Sixth	7,017	21
Eleventh	8,105	24	Eleventh	8,105	27
Seventh	8,301	25	Seventh	8,301	26
Fifteenth	8,451	23	Fifteenth	8,451	26
Ninth	8,540	26	Ninth	8,540	26
Sixteenth	8,722	25	Sixteenth	8,722	28
First	9,770	31	First	9,770	31
Fourteenth	9,821	30	Fourteenth	9,821	32
Fourth	10,957	36	Fourth	10,957	38
Second	12,703	41	Second	12,703	39
Thirteenth	22,551	67	Thirteenth	22,551	69
total	<b>152,018</b>	<b>468</b>	total	<b>152,018</b>	<b>476</b>
ASDA		5	ASDA		5
total	<b>152,018</b>	<b>473</b>	total	<b>152,018</b>	<b>482</b>

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**Appendix 3 Resolution 30B: Comparison Ranking of the  
Alternate Method - by Constituent**

Current HOD			Alternate Method		
Constituent	EOY 2010 Members	2010 Delegates	Constituent	EOY 2010 Members	2012 Delegates
Virgin Islands	23	1	Virgin Islands	23	1
Puerto Rico	193	2	Puerto Rico	193	2
Wyoming	284	2	Public Health Service	254	1
Alaska	348	2	Wyoming	284	2
North Dakota	363	2	Alaska	348	2
Vermont	395	2	North Dakota	363	2
Delaware	398	2	Vermont	395	2
South Dakota	440	2	Delaware	398	2
District of Columbia	459	2	South Dakota	440	2
Rhode Island	558	3	District of Columbia	459	2
Montana	644	2	Veterans Affairs	510	2
Maine	696	3	Rhode Island	558	2
New Mexico	701	3	Army	581	2
West Virginia	737	3	Montana	644	2
New Hampshire	760	3	Navy	655	2
Nevada	824	3	Maine	696	2
Idaho	853	3	New Mexico	701	2
Hawaii	961	3	Air Force	721	2
Nebraska	972	3	West Virginia	737	2
Mississippi	998	3	New Hampshire	760	2
Arkansas	1,070	4	Nevada	824	3
Kansas	1,240	4	Idaho	853	3
Utah	1,560	4	Hawaii	961	3
Oklahoma	1,576	5	Nebraska	972	3
Alabama	1,681	5	Mississippi	998	3
Kentucky	1,736	6	Arkansas	1,070	3
Iowa	1,749	5	Kansas	1,240	4
South Carolina	1,838	5	Utah	1,560	5
Louisiana	1,857	6	Oklahoma	1,576	5
Oregon	2,155	6	Alabama	1,681	5
Missouri	2,234	7	Kentucky	1,736	5
Tennessee	2,310	7	Iowa	1,749	5
Arizona	2,345	7	South Carolina	1,838	6
Maryland	2,471	7	Louisiana	1,857	6
Connecticut	2,481	7	Oregon	2,155	7
Federal Services	2,721	10	Missouri	2,234	7
Indiana	2,901	9	Tennessee	2,310	7
Wisconsin	2,989	9	Arizona	2,345	7

Minnesota	3,067	9	Maryland	2,471	8
<b>Current HOD</b>			<b>Alternate Method</b>		
<b>Constituent</b>	<b>EOY 2010 Members</b>	<b>2010 Delegates</b>	<b>Constituent</b>	<b>EOY 2010 Members</b>	<b>2012 Delegates</b>
Colorado	3,146	8	Connecticut	2,481	8
Georgia	3,314	10	Indiana	2,901	9
North Carolina	3,441	10	Wisconsin	2,989	9
Virginia	3,443	10	Minnesota	3,067	9
Washington	4,105	11	Colorado	3,146	10
New Jersey	4,692	12	Georgia	3,314	10
Massachusetts	4,880	13	North Carolina	3,441	11
Ohio	5,400	16	Virginia	3,443	11
Pennsylvania	5,506	18	Washington	4,105	13
Michigan	5,551	17	New Jersey	4,692	14
Illinois	6,609	20	Massachusetts	4,880	15
Florida	6,638	21	Ohio	5,400	17
Texas	8,451	23	Pennsylvania	5,506	17
New York	12,703	41	Michigan	5,551	17
California	22,551	67	Illinois	6,609	20
		<b>468</b>	Florida	6,638	20
			Texas	8,451	26
ASDA		5	New York	12,703	39
		<b>473</b>	California	22,551	69
					<b>476</b>
			ASDA		5
					<b>482</b>

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Resolution No. 31 New ☒ Substitute ☐ Amendment ☐Report: NA Date Submitted: July 2011Submitted By: Second Trustee DistrictReference Committee: Legal, Legislative and Public Affairs MattersTotal Net Financial Implication: \$ None Net Dues Impact: \$Amount One-time \$ Amount On-going \$ADA Strategic Plan Goal: Financial (Required)**EVALUATION OF THE AMERICAN DENTAL ASSOCIATION'S CURRENT GOVERNANCE STRUCTURE**

The following resolution was submitted by the Second Trustee District and transmitted on July 25, 2011, by Dr. Mark J. Feldman, executive director, New York State Dental Association.

**Background:** The Second Trustee District of the American Dental Association (ADA) appreciates the financial strain experienced by the ADA over the last several years. We are all aware of the challenges presented by a declining membership, economic conditions, rising costs and the reality that basic operations drive a large part of the bottom line. One small example of this challenge can be illustrated by the formula for allocating representation to the ADA's House of Delegates (HOD). This formula allows for increasing delegates periodically with no mechanism to decrease the numbers of delegates. The ADA is running out of places to even hold the meeting regardless of costs. In addition, technology has advanced and many organizations have realized considerable advantages by streamlining the format of their meetings and making use of video conferencing etc. Added to this is the change in thinking that big governance is not always a best practice.

The Second Trustee District believes it is time to responsibly look at the cost of governance and its value to the membership and offers the following resolution:

**Resolution**

**31. Resolved**, that the ADA undergo an evaluation of its current governance structure to include but not be limited to its Board of Trustees, House of Delegates, councils, conferences and task forces, and be it further

**Resolved**, that the study should include size of the meetings, frequency and format and look for fiscally responsible options, and be it further

**Resolved**, that the results of the study be presented along with any recommendations to the 2012 ADA House of Delegates.

**BOARD COMMENT:** The Board is grateful to the Second Trustee District for introducing this resolution and supports it intent. In fact the Board created an interim Governance Committee which has been reviewing the issue. The Board will be presenting a resolution in September seeking funding for a comprehensive governance review addressing the issues raised in Resolution 31. Accordingly, the Board recommends a no vote on Resolution 31.

1 **BOARD RECOMMENDATION: Vote No.**

Board Vote:														
Yes	No	Abstain	Absent		Yes	No	Abstain	Absent		Yes	No	Abstain	Absent	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BLANTON	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	KIESLING	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	STEFFEL
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CALNON	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LONG	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SUMMERHAYS
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ENGEL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LOW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	THOMPSON
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FAIELLA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NORMAN	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VERSMAN
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FEINBERG	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RICH	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VIGNA
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GOUNARDES	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SEAGO	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WEBER
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HAGENBRUCH	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SMITH, A. J.					Res. 31

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1 in 2012, we believe this to be an appropriate amount to provide SPA with the resources necessary to achieve  
2 our objectives.

3 **37B. Resolved**, that funding of the State Public Affairs (SPA) program be increased In the amount of  
4 \$876,105 to a total of \$3.5 million for the 2012 budget year.

5 **BOARD RECOMMENDATION: Vote Yes on the Substitute.**

6 **BOARD VOTE: UNANIMOUS.**

7 File 04 Pages 5064-5065 Resolution 37 and 37B

8

Resolution No. 37S-1 New ☐ Substitute ☒ Amendment ☐

Report: NA Date Submitted: October 2011

Submitted By: Eleventh Trustee District

Reference Committee: Legal, Legislative and Public Affairs Matters

Total Net Financial Implication: \$1,676,105 (Res. 37) Net Dues Impact: \$15.69 (Res.37)  
\$4.5 million (Res. 37S-1) FTE:0.25 \$42.12 (Res.37S-1)

Amount One-time \$ Amount On-going \$

ADA Strategic Plan Goal: Members (Required)

**SUBSTITUTE FOR RESOLUTION 37:  
STATE PUBLIC AFFAIRS (SPA) GRANT FUNDING**

The following substitute for Resolution 37 (Worksheet:5064) was submitted by the Eleventh District Caucus and transmitted on October 6, 2011, by Ms. Amanda Tran, caucus coordinator.

**Background:** State dental associations across the nation are confronted by significant legislative and regulatory uncertainty. Organizations and commercial interests outside dentistry are spending millions to radically alter the dental profession. ADA and its constituent societies must have the necessary funds to defeat these measures. This must be paramount priority for organized dentistry. To date, at least a dozen states have faced dental therapist legislation that, if enacted, would compromise patient safety and drastically lower quality of care. Efforts to create dental therapists will continue to expand across the nation as the Kellogg Foundation, the Pew Charitable Trusts, and their allies continue to unabashedly push their legislative agenda.

Furthermore, each state in the nation will be required by 2014 to enact health care exchanges and other health reform efforts that will pull dentistry into the law in both expected and unanticipated ways. Federal rules that will determine the shape of health care exchanges and the scope of required benefits will be released in late 2011. State legislatures are planning to develop their specific laws based upon the federal requirements in their 2012 legislative cycles. These new state laws will all be slightly different and impact existing delivery and payment systems in unique ways. The impact of the exchanges will be significant to the profession if constituents are unable to take a proactive position. Essentially, organized dentistry is only facing the tip of the iceberg when it comes to dental therapists, health care reform, and myriad other issues facing the profession.

Small and medium sized dental associations will engage in these legislative battles with limited resources. While traditional legislative advocacy has worked for state dental associations in the past, enhanced and innovative measures will be needed to ensure successful future results. For the last several years, the ADA's State Public Affairs program has provided invaluable assistance to state dental associations. The SPA program's strategically targeted approach has helped contain critical issues while helping provide state dental associations with legislative solutions.

Now more than ever, organized dentistry needs to double down on effective advocacy and public affairs efforts that can be the difference between legislative victory or defeat for small and medium sized dental associations across the country. All state dental associations that will face significant legislative obstacles with limited means need to be able to utilize the SPA program.

1 **Resolution**

2 **37S-1. Resolved**, that the funding of the State Public Affairs (SPA) program be increased in the  
3 amount of \$4,380,000 to a total of \$7 million for the 2012 budget year.

4 **BOARD RECOMMENDATION: Received after this section had been reproduced for House**  
5 **distribution.**

6 File 20 Pages 5065a-5065b Resolution 37S-1



Resolution No. 38 New ☒ Substitute ☐ Amendment ☐  
 Report: Board Report 11 Date Submitted: September 2011  
 Submitted By: Board of Trustees  
 Reference Committee: Legal, Legislative and Public Affairs Matters  
 Total Net Financial Implication: \$300,000 Net Dues Impact: \$ 2.81  
 Amount One-time \$300,000 Amount On-going \$  
 ADA Strategic Plan Goal: Financial (Required)

**REPORT 11 OF THE BOARD OF TRUSTEES TO THE HOUSE OF DELEGATES:  
PROPOSAL FOR ADA GOVERNANCE STUDY**

**Background:** Existing ADA Policy from 2002 provides that: *Resolved, that the American Dental Association examine its governance structure at least every 12 years (Resolution 56H-2002, Trans.2002:375).* Pursuant to this policy, the Board of Trustees, through its recently established committee, the Governance Committee, has studied how to most effectively examine the Association's governance. Based on the complexity of the existing governance structure and the various internal ADA interest groups (such as the Board, the House, Councils, Committees, Commissions and other volunteers), the Board concluded with the advice of an external consultant Mary Byers that a thorough review of the Association governance should be undertaken in 2012 by an outside expert.

The Board also concluded that the timing for this review was appropriate due to additional factors:

- the constrained ADA 2012 budget and escalating costs related to governance
- flat non dues and dues revenue
- negative membership market trend
- request by the Committee on the New Dentist to become a Council
- governance changes requested by the Special Committee on Financial Affairs

In order to identify and engage an outside governance expert, the appended Request for Proposal (RFP) will be issued in 2011. This Report is to specifically request the funding necessary to implement the study, once a vendor is selected by the Board of Trustees. If funding for this effort is approved through the budgetary process by the ADA House of Delegates, the Board expects to select a consultant at the beginning of 2012 and to have the study completed in time to report to the 2012 House of Delegates. The Board will, of course, seek the most economical study possible, while still assuring the thoroughness of the study. The financial impact associated with this resolution is to authorize spending of up to \$300,000. It should be assumed that the Board will negotiate with the selected vendor to aggressively manage the cost of the study below this amount.

**Resolution**

**38. Resolved,** that a sum of up to \$300,000 be allocated to fund a comprehensive governance study of the Association consistent with Resolution 56H-2002 and the draft RFP provided to the House by the Board of Trustees, and be it further

1       **Resolved**, that the results of the governance study, along with any recommended governance changes,  
2       be presented to the 2012 House of Delegates.

3       **BOARD RECOMMENDATION: Vote Yes.**

4       **BOARD VOTE: UNANIMOUS.**

5

**APPENDIX 1 – REQUEST FOR PROPOSAL**

**Request for Proposal**  
**Association Governance Review**  
American Dental Association  
211 East Chicago Ave  
Chicago, IL 60611-2678

**Responses to:** Jerome K. Bowman  
Managing Vice President  
Administrative Services  
American Dental Association|  
211 East Chicago  
Chicago, IL 60611  
  
312.440.2877 (office)  
Bowmanj@ada.org

<b>I) Confidentiality Agreement / Intention to Submit a Proposal</b>	<b>2</b>
<b>II) RFP Timetable</b>	<b>3</b>
<b>III) Overview</b>	<b>3</b>
a) ADA RFP Objectives	
b) Scope of Work and Desired Outcomes	
c) Association Background	
<b>IV) Proposal Administration / RFP Submission Guidelines</b>	<b>5</b>
a) Proposal Content	
b) Proposal Format	
c) Conditions	
d) Evaluation Criteria	
<b>V) Selection Process</b>	<b>6</b>
<b>VI) Intellectual Property</b>	<b>7</b>
<b>VII) Standard ADA Vendor Contract</b>	<b>7</b>
<b>VIII) Disclaimers/Standard Terms</b>	<b>7</b>

**I) Confidentiality Agreement / Intention to Submit a Proposal**

**Please read, sign and fax this page to (312)440-7488 by 5pm Central, November 9, 2011 for your bid to be considered:**

This Request for Proposal ("RFP") has been prepared by the American Dental Association ("ADA"). By accepting this RFP, the undersigned respondent ("Respondent") acknowledges and agrees to the following:

1. This RFP, and to be provided to Respondents pursuant to it, contains non-public, confidential and proprietary business and financial information regarding the ADA and its members, operations and organizational structure. Respondent will treat the existence of this RFP, the information contained herein and any verbal and written communications related hereto as confidential and Respondent will not allow any other person or entity to see it or use it, and will not use it in any way other than to prepare the requested bid or proposal. If you need to disclose any RFP information to a third party in order to prepare your proposal, please contact Jerome Bowman at bowmanj@ada.org. This entire RFP, and all copies made of it, must be returned to the ADA upon the ADA's request or if Respondent declines to submit a proposal.

2. This page is signed by Respondent's authorized signatory and only after he or she has obtained all required approvals.

3. The ADA makes no express or implied warranties, representations or guarantees concerning the subject matter of this RFP. In no event will the ADA or any third party have any liability for any direct, indirect, special, punitive, consequential or any other damages (including lost profits) relating to the subject matter of this RFP.

4. All information submitted in the final bid or proposal is an accurate representation of Respondent's services and costs.

By signing below, Respondent agrees to all terms herein and acknowledges its intention to submit a proposal to ADA as part of the RFP process.

Signature:

Print Name and Title:

Phone/email:

Entity Name:

Date:

*Fax this page by 5pm Central, **November 9, 2011** to Jerome Bowman at (312) 440-7488.*

1 **II) RFP Timetable**

Item	Date
RFP Issue Date	October , 2011
Confidentiality/Intent to Submit	November 9, 2011
Respondent Request for additional information due	November 22, 2011
Response to requests for additional information due to Respondent	As soon as practical following request
Proposals due	January 9, 2012
Respondent Presentations (if any)	January-February, 2012
Final Service Provider Selection and Notification	February, 2012

2 **III) Overview**3  
4 **a) ADA RFP Objectives:**

5 The American Dental Association (ADA) is seeking a governance review and recommendations designed to  
6 enhance the Association's effectiveness and clarify the roles and responsibilities of the association's various  
7 governing bodies.

8 The review is being requested as a result of two resolutions. The first, passed by the ADA House of  
9 Delegates in 2002, stated: *Resolved, that the American Dental Association examine its governance structure*  
10 *at least every 12 years.*

11 The second resolution, passed by the Board of Trustees in 2011, stated: **Resolved**, that the ADA  
12 develop an RFP (request for proposal) to commission an external review process of the governance  
13 structure of the ADA and report to the 2012 House of Delegates. This review would include the  
14 following:

- 15
- 16 • Review of current governance structure including review all background materials
- 17 • Recommendation of new models of governance process including, roles and responsibilities,
- 18 communication, accountability and structures, to sustain future ADA success
- 19

20 **b) Scope of Work and Desired Outcomes:**

21

22 **1. The selected Respondent will assess the current ADA Governance**  
23 **structure and make recommendations that would:**

- 24
- 25 i. Improve the ADA's ability to function effectively as a member-based association with a focus
- 26 on the mission, vision, and goals of the association
- 27 ii. Allow for more efficient and strategic use of its human and financial resources in order to
- 28 better serve the needs of ADA member dentists
- 29

- iii. Clarify the roles of the House of Delegates, the Board of Trustees, and their affiliated work groups (councils, commissions and task forces) to enable each unit to fulfill its defined function
- iv. Reduce duplication of efforts between governing units
- v. Identify weaknesses and inefficiencies in the current governance structure and recommend changes to governance structure
- vi. Reduce the cost of governing the association
- vii. Address the size of the House of Delegates and the appropriate allocation of delegates

## 2. The selected Respondent will also:

- i. Survey volunteers in varying capacities (i.e. Board of Trustees, House of Delegates, councils, commissions and task forces) to invite input, create awareness of the review process and involve members. The survey can be in-person, via telephone, or electronic, depending on Service Provider recommendation and cost-effectiveness.
- ii. Conduct a volunteer self-assessment (can be combined with the above activity or be one and the same) in order to provide volunteer input
- iii. Assist in creating a strategy designed to communicate review findings to relevant decision makers and association members
- iv. Create a communications vehicle (i.e. Power Point, a White Paper, etc.) designed to be used by selected volunteers to outline the review process and resulting recommendations for members at all levels of the association with special emphasis on reaching members of the House of Delegates
- v. Conduct a training session (in-person or via webcast, to be determined) to equip volunteer leaders to present the materials above, answer questions and address objections
- vi. Create a method to solicit feedback from volunteers regarding presentations including points of resistance, identified obstacles and overall acceptance/rejection of governance review recommendations
- vii. Provide follow-up support and advice as necessary based on the feedback above

## **c) Association Background:**

Founded in 1859, the American Dental Association ("ADA") is the oldest national association of dentists in the United States. Its current membership stands at approximately 157,000 professionals, making it also the largest. ADA members have access to a wide variety of benefits, products and services, ranging from scientific and clinical resources, insurance and retirement programs, and best-in-class publications such as JADA (The Journal of the American Dental Association). The current ADA governance structure involves a House of Delegates and a Board of Trustees, as more fully described in the ADA Constitution and By-Laws.

The following additional background documents are being provided to Respondents with this RFP:

- ADA Constitution and By-Laws
- Organization and Rules of the Board of Trustees
- Previous Governance Studies and proposals<sup>1</sup>
- Charters for the Compensation and Governance Committees
- Draft Charter for the Audit Committee

<sup>1</sup> These are provided for background only. Respondents should offer their best ideas regardless of whether similar proposals had been made in the past, whether accepted or rejected.

- 2011 Board of Trustees Meetings Evaluations (April, June)
- 2010 House of Delegates Evaluation
- New Trustee orientation modules
- Process Chart for the Board of Trustees and Standing Committees

#### IV) Proposal Administration / RFP Submission Guidelines

##### **a) Proposal Content:**

1. Provide the name, title, address, telephone number and e-mail address of the person responsible for responding to this request.
2. Provide firm background, credentials and ownership/organizational structure.
3. Identify experience related to governance reviews and audits. Include any relevant case studies that are similar to, or would be of interest to the American Dental Association. Case study descriptions may be provided in paragraph form and are not required to be lengthy. Include the organization name, services rendered by your firm, recommendations and resulting changes.
4. Describe the consulting team that would be serving the American Dental Association. Include name, credentials, related experience and any other relevant information, including a brief biography.
5. Describe recommended approach (reflecting each item in Section III (b) of this RFP, along with any additional recommended items).
6. Outline recommended timeframe.
7. Contact information including title/position for three references and your experience assisting these similar clients.
8. Describe any tools and technology (proprietary or non-proprietary) that you would use in this consulting assignment.
9. Outline of fees, costs and desired terms associated with this project.

##### **b) Proposal Format:**

All items in sections IV (a) of this RFP (including those incorporated from Section III (b)) must be addressed and completed in the same format and numbering scheme outlined here. Respondents are to respond to each topic or question contained. An incomplete submission may be judged as indicative of the Respondent's lack of capabilities and/or professionalism.

##### **c) Conditions:**

###### **1. Use of the ADA Name**

Without the American Dental Association's express written approval, Respondents shall not: (a) refer to their selection, if that is the case, in television, radio or internet commercials, or in print advertisements, or other advertising or publications in such manner as to state or imply that any program licensed hereunder is endorsed or preferred by ADA; (b) use the ADA name, logo, or any service marks in any association with the bidder; or (c) issue any press releases pertaining to any agreement stemming from this RFP.

You acknowledge the ADA's proprietary interest in its logo, service marks and trademarks and such items are the property of the ADA, as the case may be, and that no ownership, license or

permissions are granted with respect to such items by the ADA other than as expressly set forth herein.

## **2. Use and Disclosure of Information**

The ADA reserves the right to use information submitted in response to this RFP in any manner it may deem appropriate in evaluating the fitness of the solutions proposed. Materials submitted by the Respondent that are considered confidential must be clearly marked as such. In the event that confidentiality cannot be afforded, the Respondent will be notified and will be permitted to withdraw its proposal.

Respondent has previously agreed to use or disclose the information in this RFP only as authorized by the confidentiality agreement that preceded this RFP.

### **d) Evaluation Criteria:**

Respondent selection will be made based on:

- The content of responses to the RFP
- Demonstrated experience with national-not-for profits and other similar organizations
- Background and experience in performing governance reviews and audits
- Relevant case studies to identify what other associations have done and how they've successfully created more effective governance despite and resistance to change
- Ability and willingness to survey members and/or conduct a self-assessment and use results in review and development of resulting recommendations
- Ability to prepare communications materials and train selected volunteers to present outline of review process, answer questions and address objections
- Creativity of approach
- References
- Cost

## **V) Selection Process**

The ADA reserves the right to request formal presentations from one or more Respondent. ADA's targeted timeframe for announcing its vendor selection is February, 2012

The ADA may choose to reject any conditional or incomplete offer or one that contains irregularities of any kind.



**VI Intellectual Property**

Ownership of copyright and all ideas embodied in this document remains the property of the American Dental Association. All information supplied in proposals will remain commercial in confidence and will, unless otherwise stated, be retained by the American Dental Association.

**VII Standard ADA Vendor Contract**

The form of Vendor Agreement attached to this RFP provides the terms and conditions pursuant to which the ADA will contract for the services described in this RFP. By submitting a response to this RFP, and except as any specific term or condition is expressly objected to in your response, you are agreeing that you are in willing to provide the services in accordance with those terms and conditions as set forth in the attached Vendor Agreement.

**VIII Disclaimers / Standard Terms**

While care has been taken in the development of this document, ADA will not accept responsibility for any loss etc resulting from reliance on the material presented or errors or omissions. It is the responsibility of respondents to fully inform themselves in all material regards.

The ADA reserves the right to cancel this process and withdraw this RFP by written notice to each Respondent. The ADA shall not incur any liability whatsoever to Respondents by reason of such withdrawal, rejection or acceptance.

Neither this RFP nor any responses hereto shall be considered a binding offer or agreement. If ADA and any Respondent decide to pursue a business relationship for any or all of the services or equipment specified in this RFP, the parties will negotiate the terms and conditions of a definitive, binding written agreement which shall be executed by the parties. Until and unless a definitive written agreement is executed, ADA shall have no obligation with respect to any Respondent in connection with this RFP.

This RFP is not an offer to contract, but rather an invitation to a Respondent to submit a bid. Submission of a proposal or bid in response to this RFP does not obligate ADA to award a contract to a Respondent or to any Respondent, even if all requirements stated in this RFP are met. ADA reserves the right to contract with a Respondent for reasons other than lowest price. Any final agreement between ADA and Respondent will contain additional terms and conditions regarding the provision of services or equipment described in this RFP. Any final agreement shall be a written instrument executed by duly authorized representatives of the parties.

Respondent's RFP response shall be an offer by Respondent which may be accepted by ADA. The pricing, terms, and conditions stated in Respondent's response must remain valid for a period of one hundred twenty (120) days after submission of the RFP to ADA.

1 This RFP and Respondent's response shall be deemed confidential ADA information. Any discussions that  
2 the Respondent may wish to initiate regarding this RFP should be undertaken only between the Respondent  
3 and ADA. Respondents are not to share any information gathered either in conversation or in proposals with  
4 any third parties, including but not limited to other business organizations, subsidiaries, partners or  
5 competitive companies without prior written permission from ADA.

6 ADA reserves the right to accept or reject a Respondent's bid or proposal to this RFP for any reason and to  
7 enter into discussions and/or negotiations with one or more qualified Respondents at the same time, if such  
8 action is in the best interest of ADA. Additionally, the ADA reserves the right to reject any or all proposals.

9 ADA reserves the right to select a limited number of Respondents to make a "Best and Final Offer" for the  
10 services or equipment which are the subject of this RFP. Respondents selected to provide a "Best and Final  
11 Offer" shall be based on Respondent qualifications and responsiveness as determined solely by ADA.

12 All Respondent's costs and expenses incurred in the preparation and delivery of any bids or proposals  
13 (response) in response to this RFP are Respondent's sole responsibility.

14 ADA reserves the right to award contracts to more than one Respondent for each of the services identified in  
15 this RFP. If Respondent's bid or proposal is based on a group purchase, Respondents must specifically  
16 identify this in their response.

17 All submissions by Respondents shall become the sole and exclusive property of ADA and will not be  
18 returned by ADA to Respondents.

Resolution No. 55 New ☒ Substitute ☐ Amendment ☐  
 Report: NA Date Submitted: September 2011  
 Submitted By: Board of Trustees  
 Reference Committee: Legal, Legislative and Public Affairs Matters  
 Total Net Financial Implication: \$ None Net Dues Impact: \$  
 Amount One-time \$ Amount On-going \$  
 ADA Strategic Plan Goal: Financial (Required)

# IMPLEMENTATION OF RESOLUTION 99H-2010—DISCLOSURE POLICY

**Background:** The 2010 House of Delegates adopted Resolution 99H-2010 that in part formalizes a process for members of the House of Delegates to disclose conflicts of interest by completing a written disclosure form. The Board of Trustees supports the House's concern over conflicts of interest, but notes the lack of compliance with one portion of that policy and the lack of any enforcement mechanism associated with the policy.

Resolution 99H-2010 provides:

**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.

The Board fully supports the first and third resolving clauses and has fully implemented the first clause in its meetings. The Board is also confident that delegates addressing the House will comply with the third resolving clause by disclosing any conflict orally. In light of this, the Board proposes rescinding the second clause for the following reasons:

- The second clause is redundant in that it provides for written disclosure, although the third clause already requires oral disclosure of any conflict.

- Oral disclosure of conflicts provides more useful and immediate information to the House, especially given the lack of time to look for written disclosure forms while a delegate is speaking on the floor.
- As of early September, less than half of the delegates and alternate delegates have complied with the requirement to file a written disclosure and the policy contains no clearly identified enforcement mechanism.
- Implementing and attempting to enforce the second resolving clause has taken very significant staff time, a limited Association resource.

Accordingly, the Board proposes the following resolution.

### Resolution

**55. Resolved**, that Resolution 99H-2010 be amended by deletion of the second resolving clause as follows (deletions are struck through):

**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.

### BOARD RECOMMENDATION: Vote Yes.

Board Vote:														
Yes	No	Abstain	Absent		Yes	No	Abstain	Absent		Yes	No	Abstain	Absent	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BLANTON	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	KIESLING	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	STEFFEL
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CALNON	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LONG	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SUMMERHAYS
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ENGEL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LOW	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	THOMPSON
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FAIELLA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NORMAN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VERSMAN
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FEINBERG	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RICH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VIGNA
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GOUNARDES	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SEAGO	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WEBER
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HAGENBRUCH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SMITH, A. J.					
										Res. 55				

Resolution No. None New ☐ Substitute ☐ Amendment ☐

Report: CGA Supplemental Report 1 Date Submitted: September 2011

Submitted By: Council on Government Affairs

Reference Committee: Legal, Legislative and Public Affairs Matters

Total Net Financial Implication: \$ None Net Dues Impact: \$

Amount One-time \$ Amount On-going \$

ADA Strategic Plan Goal: Members (Required)

**COUNCIL ON GOVERNMENT AFFAIRS  
SUPPLEMENTAL REPORT 1 TO THE HOUSE OF DELEGATES:  
RECENT COUNCIL ACTIVITIES**

**Background:** This report provides a response to 2010 House of Delegates resolutions not addressed or only partially addressed in the council's annual report, as well as an update of on-going United Nations treaty negotiations over mercury and amalgam.

**Chair and Vice Chair:** The Council forwarded the name of Dr. Richard Weinman to the Board of Trustees for approval as the Council's next chair and elected Dr. Henry Fields as vice chair.

**The Strategic Plan of the American Dental Association:** In support of the strategic plan goal to "provide support to dentists so they may succeed and excel throughout their careers," the council submits the following supplemental report to the House of Delegates.

**On-Going U.N. Treaty Negotiations over Mercury (and Amalgam):** The Association continues to advocate with the U.S. delegation to the treaty negotiations on mercury hosted by the United Nations Environment Program (UNEP). Early in the year, the U.S. position had shifted toward support for a total ban on dental amalgam as part of this environmental treaty. Through aggressive lobbying with the State Department, the U.S. position shifted to a neutral stance entering into the second round of UNEP negotiations in Japan in March of this year. The Association was represented at that meeting by Dr. Daniel Meyer, Senior Vice President of the Division of Scientific Affairs and Jerry Bowman, then of the Division of Government Affairs. Following the Japan meeting, the U.S. position shifted again towards the Association's position. The U.S. delegation produced a paper generally supporting the Association's position against a ban and in favor of reducing demand for amalgam (and all restoratives) through a focus on prevention and education. The U.S. (and the Association) also supports research into development of alternative materials and use of environmental controls to limit the already small environmental impact from dental amalgam. Recent efforts have focused on trying to bolster the role of U.S. public health officials from the FDA in the treaty negotiations. The Association has argued that questions of medical devices (as amalgam is classified) need to be addressed by the FDA and not EPA or State Department officials focusing on environmental issues. The next UNEP negotiating session will take place in Kenya in October. Dr. Meyer and Mr. Bowman will again represent the Association. This will be a key meeting for drafting treaty language directly impacting dental amalgam.

**Response to Assignments from the 2010 House of Delegates**

This section contains responses to the 2010 House of Delegates resolutions not addressed or only partially addressed in the Council's annual report.

1 *Legislation to Require Dental Benefit Plans to Provide Dental Consultant Information.* Resolution 6H  
2 (*Trans.2010:546*) requires the Association to pursue federal legislation or regulation to require federally  
3 regulated dental benefit plans to provide in the explanation of benefits the name, degree, license number, and  
4 direct phone number of the licensed dentist or any other individual who makes the final decision concerning a  
5 dental claim. The resolution also requires the ADA to request that constituent societies pursue similar state  
6 legislation or regulation but that also includes a mandate that dentists reviewing the claims must be licensed  
7 in the United States. In July, the Department of Health and Human Services issued a proposed rule  
8 regarding the establishment of exchanges and qualified health plans as one step in implementing portions of  
9 the Patient Protection and Affordable Care Act (PPACA). The ADA took this opportunity to support the  
10 department's preliminary interpretation that would require issuers of stand-alone dental plans participating in  
11 the exchanges to comply with relevant and necessary consumer protections, such as transparency measures  
12 (ensure consumers are able to compare plans), summary of coverage information (coverage information is  
13 written in plain language) and provider network standards (proper mix of dentists to ensure good consumer  
14 choice). The Association also included the requirements of this resolution in our comments as a natural  
15 extension of needed consumer protections. The ADA also sent a letter to the Department of Labor, the  
16 federal agency that regulates self-funded health benefit plans, requesting that it require all federally regulated  
17 dental plans to adhere to the requirements of this resolution. The Association is waiting to hear from both  
18 agencies. The ADA's Department of State Government Affairs within the Government Affairs Division sent an  
19 email to the constituent societies asking that they pursue state legislation or regulation that accomplishes the  
20 requests listed in the second resolving clause.

21 *Additional Federal Advocacy Resources.* Resolution 21H (*Trans.2010:601*) was addressed in the Council's  
22 annual report, except for the second resolving clause, which provides for the conduct of opinion research,  
23 advocacy advertisements, and similar activities. As of the date of this writing (July/August), the ADA has  
24 seen no need to spend Association resources on advocacy advertisements because much of the political  
25 activity has been tied up with macro-level deficit reduction and/or budget negotiations, offering virtually no  
26 opportunity to have a real impact on oral health issues via advocacy advertisements. The ADA's Washington  
27 Office, however, believes such advertisements may yet be a useful tactic this year. The office is also looking  
28 closely into how opinion research could help inform the Association's advocacy efforts.

29 *Support of Current Medicaid Law and Regulations Regarding Dental Services.* Resolution 97H  
30 (*Trans.2010:603*) states that the ADA opposes attempts to alter federal statutes or regulations regarding the  
31 definition of "dental services" under the Medicaid program if such alterations would permit such services to be  
32 delivered in a manner other than by a dentist or by an individual under the supervision of a dentist. The  
33 second resolving clause requests that constituent societies encourage their members to participate in  
34 Medicaid, which will help ensure the current EPSDT guidelines are met. The ADA has been monitoring this  
35 very closely. To date, no changes have been formally proposed to alter the definition of "dental services"  
36 under the Medicaid program with regard to who delivers care. The Association will continue to monitor any  
37 changes that would alter the existing definition and oppose any changes if such changes would allow such  
38 services to be delivered in a manner other than by a dentist or under the supervision of a dentist. The ADA  
39 has communicated with federal officials on the importance of the EPSDT program in ensuring that vulnerable  
40 children receive dental exams and necessary treatment by qualified dentists. The Association continues to  
41 communicate with federal officials on ways to increase participation in the Medicaid program such as easing  
42 administrative burdens and forming public-private partnerships in the states to facilitate communication  
43 between program officials, the state dental society and oral health stakeholders. The ADA's Department of  
44 State Government Affairs within the Government Affairs Division sent an email to the constituent societies  
45 asking that they encourage their members to participate in Medicaid, as requested in the second resolving  
46 clause.  
47

1 **Resolution**

2 This report is informational and no resolutions are presented.

3 **BOARD RECOMMENDATION: Vote Yes to Transmit.**

4 **BOARD VOTE: UNANIMOUS. (BOARD OF TRUSTEES CONSENT CALENDAR ACTION—NO BOARD**  
5 **DISCUSSION)**

6

7 File 07 Pages 5078-5080 Supplemental Report 01 CGA





Resolution No. None New ☐ Substitute ☐ Amendment ☐

Report: CC Supplemental Report 1 Date Submitted: September 2011

Submitted By: Council on Communications

Reference Committee: Legal, Legislative and Public Affairs Matters

Total Net Financial Implication: \$ None Net Dues Impact: \$

Amount One-time \$ Amount On-going \$

ADA Strategic Plan Goal: Public Health (Required)

**COUNCIL ON COMMUNICATIONS SUPPLEMENTAL REPORT 1 TO THE HOUSE OF DELEGATES:  
RECENT COUNCIL ACTIVITIES**

The following information is provided to update the House of Delegates on activities related to communications which have occurred since the preparation of the Council on Communications 2010 annual report.

**The Strategic Communications Plan of the American Dental Association:** In accordance with its *Bylaws*, the Council on Communications will "identify, recommend and maintain a strategic communications plan for the Association." The Council formed a workgroup to create the ADA Strategic Communications Plan, included as Appendix 1 in this report. The plan serves as a framework to safeguard the reputation and enhance the brand of the ADA, and is designed to make strategic communications an integral part of ADA activities.

**Ad Council Public Service Initiative on Oral Health:** In 2010, the first National Roundtable for Dental Collaboration (NRDC) was convened in Chicago at ADA Headquarters. The resulting coalition, Partnership for Healthy Mouths, Healthy Lives, formed in 2011 with the goal of improving children's oral health so that they can develop into healthy, productive adults. It includes the ADA, in alliance with the Dental Trade Alliance Foundation and 23 other organizations. The coalition presented a successful application to the Ad Council for a program to target parents and caregivers of young children with emphasis on lower income and minority groups. The campaign speaks to the ADA Strategic Plan goal #2 to be the trusted resource for oral health information that will help people to be good stewards of their own oral health, as well as goal #3 to improve public health outcomes through a strong collaborative profession. The Ad Council's approval of the campaign in June 2011 will begin a three-year, multi-million dollar initiative. The Ad Council is known for such iconic public service advertising campaigns as McGruff the Crime Dog's "take a bite out of crime" and the Smokey the Bear's "only you can prevent forest fires."

**Relationship with Sharecare.com:** The ADA was approached by Sharecare to provide intellectual property in the form of consumer information, online content from ADA.org, video and original answers to public questions to this major new online health website as its preferred oral health information resource. Sharecare, Inc. is a new business venture founded by Dr. Mehmet Oz, Jeff Arnold, founder of WebMD and investor Oprah Winfrey. After a meeting with ADA Executive Director Dr. Kathleen O'Loughlin, review from the Council on Communications and approval by the Board of Trustees, a contract was signed. The Sharecare.com website is designed as a robust question-and-answer platform to provide the public with health information from unbiased experts in an intuitive, user-friendly manner. ADA members who meet ADA-developed criteria have been invited to become ADA Sharecare contributors to answer oral health questions posed by the public. These members are featured on the ADA's profile page on Sharecare, and they can post a profile of themselves with a link to their practice Web and social media sites. Sharecare is a unique venue to provide ADA-branded oral health information to the public, and it offers members the opportunity to

1 share their individual expertise with the public and promote themselves within their local communities. ADA  
2 collaboration with Sharecare will build recognition that dentists are doctors of oral health and that they play a  
3 vital role in helping the public become good stewards of their own oral health in keeping Strategic Plan Goal  
4 #2.

5 **Social Media Workgroup:** With oversight from the Council's Social Media Workgroup the Association  
6 launched social media elements at the 2010 Annual Session as part of the ADA's broader social media  
7 strategy. 2011 Annual Session also has a new a Facebook group (159 members already) and Twitter feed,  
8 as well as an updated mobile phone application to support annual session planning, social media and  
9 communications. For the 2011 New Dentist Conference, a Twitter feed and Facebook page (732 members)  
10 were created to help participants share information and connect for activities. Nearly all of the members in  
11 the group continued to participate after the Conference was over, demonstrating the page can be used to  
12 engage members and promote next year's event earlier in the schedule.

13 The Division of Communications and Marketing collaborated with the Divisions of Membership and  
14 Information Technology to develop these social media applications as part of the social media strategy  
15 developed by the Council.

16 The 2011 annual session will also mark the ADA's first use of QR (Quick Response) codes to increase mobile  
17 application downloads and social media use. The codes, which are similar to bar codes, will be featured in  
18 signage throughout annual session to allow attendees to use smart phones to quickly connect and download  
19 the mobile application by scanning the code.

20 As part of the Council's social media strategy, a pilot channel and profile page on YouTube was launched,  
21 and has received 1,811 views to date. The channel features 72 "ADA Dental Minute" videos and is designed  
22 to track usage information and comment volume. The program will incrementally expand the reach of the  
23 channel by encouraging the tripartite and ADA members to embed the videos into their own web pages. As a  
24 second phase, the team will develop additional channels for both Spanish video content and Dudley the  
25 Dinosaur video content. Lastly, the Workgroup is formulating a plan for opening comments on the general  
26 ADA Facebook page (13,163 fans).

27 **Advisory Workgroup on Reputation Management:** The Council is the primary agency responsible for  
28 advising on reputation management, providing strategic oversight and advising the ADA on the image and  
29 brand implications of ADA plans, programs, services and activities. At the June 17-18 Council meeting, the  
30 following statements of purpose and goals were approved for the Advisory Workgroup on Reputation  
31 Management.

32 *Advisory Workgroup on Reputation Management—Statement of Purpose*

33 The Council on Communications, with recommendations from the Council's Advisory Workgroup on  
34 Reputation Management, serves as an advisory body to the Association and its agencies by providing  
35 strategic communications insight and recommendations related to the reputational implications of its  
36 plans, programs, services and activities.

37 *Advisory Workgroup on Reputation Management—Goals*

- 38
- 39 a) Develop an issues management plan, as part of an overarching strategic communications plan, to  
40 monitor and track short and long-term reputational challenges and opportunities  
41
- 42 b) Develop a system to identify and analyze threats and opportunities related to the ADA's reputation  
43
- 44 c) Provide ongoing reports to the Council on Communications in order to engage in long-range issues  
45 management planning related to protecting and promoting the ADA's reputation  
46

After a number of conference call meetings, the workgroup is in the process of finalizing a proposed issues management plan for consideration at the next council meeting.

**Public Communications Initiatives:** At the June 17-18 Council meeting, the Council reviewed the methods that the ADA uses to reach the public to support Strategic Goal #2 to be the trusted resource of oral health information. Elements include media outreach, patient education materials, social media outlets, information on ADA.org. The Council reviewed the strategy for unifying public communications platforms and reaching key audiences with consistent messaging. Further discussions will take place at the January 2012 Council meeting regarding leveraging existing resources, contemporizing the ADA brand, and building connections with the public through a singular theme to meet a motivating need.

**Golden Apple Awards for Excellence in Dental Health Promotion to the Public 2010:** The Council selected winners for the Golden Apple Awards for Excellence in Dental Health Promotion to the Public upon the recommendation of the Golden Apple Awards committee.

The Council adopted a resolution to amend the guidelines for the Golden Apple Award for Excellence in Dental Health Promotion to the Public in the component category as follows:

**Resolved,** that the guidelines for the Golden Apple Award for "Excellence in Dental Health Promotion to the Public" be revised in the component category to designate one Golden Apple Award for a dental society with a total membership of fewer than 1,000 dentists and designate one Golden Apple Award for a dental society with a total membership of more than 1,000 dentists.

**De minimis Intellectual Property Resolution and Application of 48H-2008:** The Council adopted a resolution requesting that the ADA Board of Trustees approve certain proposed de minimis uses of the ADA logo in accordance with 48H-2008 Intellectual Property Licensing Protocol, which the Board will consider at its September meeting. The Council believes requests for use of the ADA logo by Constituent and Component societies and the American Student Dental Association logo for recruitment and retention materials, jointly sponsored programs or events and/or their Web sites and the nine ADA recognized specialty societies' to promote their affiliation with the ADA and/or jointly sponsored programs or events constitutes a de minimis request which can be handled administratively by appropriate ADA staff.

#### **Resolution**

This report is informational and no resolutions are presented.

**BOARD RECOMMENDATION: Vote Yes to Transmit.**

**BOARD VOTE: UNANIMOUS. (BOARD OF TRUSTEES CONSENT CALENDAR ACTION—NO BOARD DISCUSSION)**

**APPENDIX I****2011-2014 STRATEGIC COMMUNICATIONS PLAN****GOALS**

The goals of the strategic communications plan are directly linked to the Strategic Plan of the Association and have been developed to ensure that ADA communications are fully aligned with their achievement. The following goals are individually defined and measureable, yet are interrelated.

- Enhance the reputation of the ADA among all stakeholders and key audiences
  - Reputation is an asset shared by all members and is essential to supporting dentists throughout their careers.
- Leverage the ADA brand reputation and perception among members
  - Demonstrate member value.
- Improve the oral health literacy of the public.
  - Enabling and empowering the public to participate in their own oral health.
- Reinforce public awareness and perception of the ADA as the leading advocate for oral health.
- Utilize all available communications assets to ensure the optimum use of resources.
  - Build new appropriate tools and channels to address emerging media and audience demands.
- Fully integrate communications programs to drive core messages and ensure effective communications across all media.
- Unequivocally define the dentist as the authority on oral health and the leader of the dental team.

**COMMUNICATIONS STRATEGY**

Effective communication plays a critical role in ensuring the continued success of the Association. It is the role of the Division on Communications & Marketing, with oversight from the Council on Communications, to provide expert counseling and resources to each agency of the ADA, assisting them with the development of messaging, program support and establishing priorities for communications and marketing efforts. The Council on Communications provides leadership through the creation of specific initiatives to unify messages and deliver them effectively. The communications strategy includes :

- Developing targeted communications initiatives that present a united voice to both professional and public audiences.
- Aligning the communication needs identified by ADA agencies, committees and commissions to contribute to the attainment of the Strategic Plan goals.
- Integrating all communications activities under key messaging platforms based on ADA policy, science-based patient treatment and best practices.
- Developing proactive, audience-driven communications and marketing programs to advance the priorities of the Association and the perception of our member dentists.
- Maximizing use of digital media to meet the needs of emerging markets and audience segments.

**KEY TARGET AUDIENCES AND INFLUENCERS**

The ADA serves many stakeholders and audiences, and both perception and reality are influenced by diverse interest groups. Clearly defined audiences are essential to developing and executing successful communications. To make the most effective use of resources, ADA communications efforts will focus on key professional and public targets. An approach focused on core segments will allow the Association to execute larger, more impactful programs than does a fragmented approach. Those key segments are:

Professional	Public
<p><b><u>Key audiences to target</u></b></p> <ul style="list-style-type: none"> <li>• ADA members, including targeted messages to new dentists, ASDA and other membership categories</li> <li>• Leadership <ul style="list-style-type: none"> <li>○ House of Delegates</li> <li>○ Board of Trustees</li> <li>○ Tripartite</li> <li>○ Council members</li> </ul> </li> <li>• Potential members, including women, minorities, and dentists trained outside the U.S. practicing here</li> </ul>	<p><b><u>Key audiences to target</u></b></p> <ul style="list-style-type: none"> <li>• Parents and caregivers with children at home</li> <li>• High-risk adults 25 – 54</li> <li>• Adults 55+</li> <li>• Special needs patients, the elderly and their caregivers</li> <li>• Public opinion leaders</li> </ul>

**Initial Audience Segments:** It is also important to recognize how the diverse interests of other influencers impact the ability to effectively reach the Association's key targets, as well as support the achievement of the Strategic Plan through communication. We will seek to collaborate with influencer groups to achieve the goals.

Professional	Public
<ul style="list-style-type: none"> <li>• Allied health professionals, including pediatrics, geriatrics, cancer, etc.</li> <li>• Dental educators</li> <li>• Dental specialty societies (9)</li> <li>• Educators: teachers, librarians, school nurses</li> <li>• Health organizations, including: <ul style="list-style-type: none"> <li>○ American Diabetes Association</li> <li>○ American Dietetic Association</li> <li>○ American Heart Association</li> </ul> </li> <li>• Interprofessional groups, including: <ul style="list-style-type: none"> <li>○ Hispanic Dental Assn</li> <li>○ National Dental Assn</li> <li>○ Society of American Indian Dentists</li> </ul> </li> <li>• Journalists/professional outlets</li> <li>• Members of dental team</li> <li>• Members of Partnership for Healthy Mouths, Healthy Lives</li> </ul>	<ul style="list-style-type: none"> <li>• Ad Council activities/Partnership for Healthy Mouths, Healthy Lives</li> <li>• Community leaders</li> <li>• Journalists/consumer outlets</li> <li>• Legislators and government agencies</li> <li>• Oral health advocates: foundations, coalitions and organizations with healthcare focus, including <ul style="list-style-type: none"> <li>○ Child advocacy groups</li> <li>○ Oral health coalitions</li> </ul> </li> </ul>

## MESSAGING STRATEGY

A comprehensive communications plan will deliver these core messages to support the strategic communications goals:

- Oral Health literacy
  - Prevention as basis for establishing and maintaining oral health
  - Awareness of oral systemic relationship
  - Ability to find and obtain care
- Professional and oral health issues advocacy
- Barriers to optimal oral health and what the ADA believes is needed to eliminate those barriers
- Evidence-based dentistry
- Dentist is leader of the team – doctor of oral health

## CONSIDERATIONS FOR TACTICAL PLANNING AND EXECUTION

It should be recognized that many communications plans are developed working with all ADA agencies, councils and commissions. Each will be developed through the lens of this overall strategic communications plan while specifically addressing their individually unique communications, marketing and messaging needs utilizing a disciplined process which includes:

- Identifying key impact measurements and establishing both baseline and target goals.
- Conducting SWOT analysis: strengths, weaknesses, opportunities, threats.
- Enlisting participation from Council on Communications workgroups to ensure volunteer oversight and perspective.
  - Addressing elements of brand management, reputation management and the impact on public affairs.
- Using appropriate channels, both traditional and digital, to form a cohesive, integrated approach to all communications campaigns, both internal and external. Channels may include:
  - Media outreach and response
  - Social media engagement
  - E-publications and other internal vehicles
  - Internet and traditional consumer media to reach public audiences

## MEASURES OF SUCCESS

Program development includes the use of impact and outcome measurement. Measurement criteria include those directly related to satisfaction and dashboard measures for the Strategic Plan and those specific to member and public responses to communications efforts:

1. Outcomes support 2011-2012 Strategic Plan Goals
  - a. Provide support to dentists- Members
  - b. Be trusted source of oral health information- Public Health
  - c. Improve public health outcomes- Collaboration
  - d. Ensure ADA is financially stable- Financial
2. Membership/leadership feedback

- This plan asserts the ADA positioning as the leading advocate of oral health, reflects the goals of the ADA's Strategic Plan, provides for effectively integrating Association communications across agencies, councils and commissions and ensures ongoing council oversight through specific workgroup participation.





1 REPORT 7 OF THE BOARD OF TRUSTEES TO THE HOUSE OF DELEGATES:  
2 ANNUAL REPORT OF THE STATE PUBLIC AFFAIRS PROGRAM

7 Over the course of the first eight months of 2011, the ADA SPA team and the national state public affairs firm,  
8 Chlopak, Leonard, Schechter & Associates (CLS), continued to promote the association's positions on  
9 several key issues, as well as to provide strategic direction and day-to-day oversight for public affairs  
10 campaigns in 22 states. The collective ability to observe the similarities and differences of campaigns across  
11 the states, assist them in identifying their own active solutions for enhancing dental care access, and identify  
12 resources needed by many states, has helped to ensure continuity in the ADA's positions across state lines,  
13 while allowing for states to customize their implementation plans as appropriate for their members.

**Foundations and Workforce:** In late 2010, the ADA SPA team and CLS learned the Kellogg Foundation planned to commit up to \$16 million over three years to enact alternative dental provider models or, “mid-levels” in five states. As an organization opposed to the delegation of surgical procedures, the ADA was not invited to have a voice at the table during discussion of these proposals, and began to develop plans to ensure the Association’s position was heard in a variety of other ways. Collectively, SPA worked with the states to identify their active access solutions, provided strategic direction for implementing their plans, offered media relations advice, and offered a number of communications materials to support the targeted states. As communication around this issue became more common, progress was monitored, counsel on strategy and shared resources across state lines offered, and those activities continue today. More recently, the Pew Center on the States has become more active in advocating for mid-level providers. Unlike Kellogg, Pew is generally more willing to engage in dialogue with state dental societies and consider access solutions beyond new workforce models.

26 With an absence of credible data on the potential economic impact and viability of new dental therapy  
27 providers and practices, SPA retained Dr. Tim Brown to design a research template for studying the matter.  
28 Dr. Brown is a national expert on health workforce issues and his involvement is an important step in  
29 ensuring research done by state societies is high quality and relatively consistent from state to state. SPA is  
30 currently working with the states to identify and hire local economists to execute the research based on this  
31 template. To date, none of the states have hired a researcher. However, many are in talks with several  
32 potential candidates. By the time of publication, we will have reconsidered whether this state approach is  
33 viable or whether the resources should be pooled.

1 Every other week, the affected states gather on a call to share information and best practices about  
2 workforce issues and their strategies and any initiatives by foundations or others. These calls help states  
3 learn what to expect from those advocating for alternative models – how they buy ads, secure news  
4 coverage, pitch op-eds and organize meetings. The states are using this knowledge to draft plans to  
5 strengthen communication and strategy over the next six months.

6 In addition, CLS is working with the Colorado Dental Association (CDA) to gather information on the  
7 geographic distribution of unsupervised dental hygienists in the state. Colorado is one of only two states  
8 allowing hygienists to practice without the supervision of a dentist in any setting and it is the state with the  
9 longest history of the practice. While a lot of anecdotal information has been shared, more factual,  
10 comprehensive and unbiased information available about where dental hygienists in Colorado are setting up  
11 practices is needed. CLS drafted a research proposal to assess whether these earliest example of  
12 alternative providers in Colorado are serving underserved populations. With the help of CDA, it was  
13 determined the Colorado Health Institute (CHI) would be the best organization in the state to carry out such  
14 research. The SPA Volunteer Oversight Committee approved funding for this research in July 2011. CLS is  
15 now working with CDA to set up a meeting with CHI in early fall in order to outline the specific framework for  
16 the research and determine the timeline.

17 **Pediatrics Study:** A study titled, "Disparities in Child Access to Emergency Care for Acute Oral Injury,"  
18 published in the online May 23, 2011/print June 2011 issue of *Pediatrics* found that when patients in Cook  
19 County, IL, called Medicaid-enrolled dentists, only 68% of children with Medicaid/CHIP were able to obtain an  
20 appointment compared to 100% of privately insured children with the same injury. This is an important issue  
21 for the ADA, as many of its states see Medicaid reform as essential to their ability to deliver quality dental  
22 care to patients most in need in their geographies.

23 CLS and the ADA SPA team provided strategic advice to help state societies respond. Both ADA and Illinois  
24 State Dental Society prepared a response that focused on how this study reinforces their position on  
25 Medicaid reform. There was limited coverage in other states, and these states responded by pointing out that  
26 this study was not reflective of dental care in their regions. Further, the ADA responded to *Pediatrics* with a  
27 letter from ADA Eighth District Trustee, Dr. Joseph Hagenbruch that has been published online and will be  
28 published in an upcoming print edition.

29 **Native American Project:** The purpose of the Native American Oral Health Care Project is to identify  
30 workable solutions to dental care issues facing tribes in Arizona, New Mexico, North Dakota and South  
31 Dakota. The local consultants and state executive directors organized numerous meetings throughout the  
32 states with tribal leaders in order to engage Native Americans on access to care issues. From these  
33 meetings, it has been found that while conditions vary from tribe to tribe and by location, access to consistent  
34 and quality dental health care services is often lacking. Significant interest in the CDHC model has been  
35 identified among a number of tribes, IHS officials and educators. With New Mexico becoming the first state in  
36 the nation to authorize a CDHC in statute this year, work has begun between the related ADA agencies and  
37 New Mexico Dental Association to transition the CDHC from a pilot program to one that can be implemented  
38 in the states. There is also great interest in this approach in South Dakota.

39 CLS worked to retain a consultant in the Dakotas, and to ensure continuity in approach the ADA has  
40 contracted with the Arizona consultant to provide extra support to the work in the Dakotas. CLS has also  
41 determined that it would be helpful to have an additional consultant on the ground in North Dakota. CLS is in  
42 the preliminary stage of identifying candidates.

43 Since the beginning of the year, a website has been launched which will serve as an information hub for the  
44 project. Additionally, the Arizona Dental Association, in partnership with many organizations, organized a  
45 Native American Oral Health Summit in Arizona. Many Native leaders attended and a working group was  
46 formed following the meeting to focus on identifying and implementing several new access to care solutions  
47 within the next year.

Furthermore, AzDA, NMDA and ADA have partnered with Harvard Project on American Indian Economic Development to create a research project to analyze the needs of the Native American populations. Specifically designed to measure both the delivery capacity of and demand for oral health services in Indian Country, the initial modeling is being designed to gather data within the Navajo Nation. In early June, the research model for human subjects was submitted to the Navajo Nation's Internal Review Board for approval. This project is on hold until the fall pending that approval. When completed, the model can serve as a template to measure capacities and demand in other locations and permit stakeholders to develop solutions to break down barriers to care based on real information and data instead of speculation and hypothesis.

Finally, the Kellogg Foundation presented at the Native American Journalist Association's annual meeting. This led to a series of stories and editorials in *Indian Country Today* promoting DHAT proposals. ADA and CLS drafted an editorial in response to this outreach, which *Indian Country Today* is publishing shortly.

## SPA PROGRAM DEVELOPMENT

**Legislative Bank:** Consistent with the direction provided by Resolution 29H–2010, this resource was first developed in 2010 to promote information sharing across the state dental associations. It categorizes and provides details on a range of affirmative legislative solutions supported by dentistry on access to care issues and serves as a one-stop resource to help them develop their own dentist-centric legislative solutions. The resource was recently updated with 2011 initiatives. CLS is working with ADA SPA team to transfer this resource over to ADA Connect.

**Case Studies:** The Case Studies were first developed in 2010 and provide an in-depth look at where legislative solutions have worked the best and map out successful campaign plans. Each case study contains an overview of the problem, identifies the challenges the state association faced, lays out the strategy, describes the media coverage and collateral development, and analyzes the results. The following case studies are now available to ADA SPA states:

- Connecticut: Increasing Connecticut dentist participation in dental Medicaid
- Maryland: Recruiting dentists for the Maryland dental Medicaid program
- Missouri: Successfully obtaining budget increases for Medicaid reimbursements
- North Dakota: Strengthening dental Medicaid
- Illinois: Building a coalition centered around increasing access to dental care
- New Mexico: Positioning the association as the source for oral health information
- New Mexico: Well-funded national foundation encounters NMDA grassroots advocacy early in its efforts to change scope of practice
- Wyoming: Defeating denturism legislation and passing Oral Health Initiative
- Vermont: Society's reaction to Kellogg Foundation efforts

## Resolution

This report is informational and no resolutions are presented.

**BOARD RECOMMENDATION: Vote Yes to Transmit.**

**BOARD VOTE: UNANIMOUS.**

1  
2  
3**APPENDIX 1  
STATE REPORTS**

STATE	CONSULTANT	ISSUES
California	N/A	<ul style="list-style-type: none"> <li>CDAs efforts to prevent the placement of Bisphenol A (BPA) on the <i>List of chemicals Known to the State to Cause Cancer or Reproductive Toxicity</i> that is produced by the State of California, Environmental Protection Agency, Office of Environmental Health Hazard Assessment (OEH-HA).</li> <li>The CDA is concerned that other California cities will follow the lead of Costa Mesa and attempt passage of voluntary resolutions calling on dentists to discontinue the use of dental amalgam. CDA sought ADA SPA Grant funding to provide the CDA with the resources necessary to fully explore this issue and develop an outreach program to provide local policy makers with the information they will need to thwart passage of such resolutions when they are introduced in their jurisdictions.</li> </ul>
Connecticut	Global Strategy Group	<ul style="list-style-type: none"> <li>CSDA faced legislation to create an ADHP pilot program. The measure was not successful.</li> <li>Additionally, CSDA successfully moved a contested non-covered services bill to the Governor's desk.</li> <li>CSDA continues to be active with media, conducting outreach to several editorial boards, sending numerous pitches, LTE's and op-eds to publications around the state.</li> </ul>
Idaho	Ritter Public Relations	<ul style="list-style-type: none"> <li>There is a new interim Executive Director in the state and the association has a new public relations consultant.</li> <li>The new faces led to a transition period for the program during the first quarter of the year as both parties made determinations of need. As it was discovered that ISDA lacked coordinated policymaking mechanisms and a way to then communicate those policies and positions to lawmakers and the public, developing those systems has been the first order of business for the association and consultant.</li> <li>Hygienists are seeking to expand their scope of work to include restoratives in private settings and to remove the dentist supervision requirement.</li> <li>ISDA is working with its new consultant to develop a strategy and messaging to get ahead of this issue.</li> <li>In August, ISDA worked with its PR consultant to hire a new lobbyist that will better implement its legislative goals.</li> </ul>
Illinois	Morreale Public Affairs Group	<ul style="list-style-type: none"> <li>ISDS continues to build its successful coalition, Something to Smile About, and promote its legislative agenda. The focus primarily is on gaining coalition members from the Cook County area and promoting access to care in that area.</li> <li>Dept. of Public Health officials in Cook County recommended midlevel provider care as a solution to the access issue. Also, the Illinois Dental Hygienists Association introduced a bill on collaborative practice as their solution to the access issue and first attempt toward a mid-level provider. ISDS is in opposition to the measure.</li> </ul>

		<ul style="list-style-type: none"> <li>ISDS is working with their consultants in further advancing the coalition's goals. Most recently they were able to get dental home legislation passed.</li> </ul>
Kansas	Strategic Communications	<ul style="list-style-type: none"> <li>The local Kellogg grantee was initially very active in Kansas. They circulated myth/fact sheets regarding the Registered Dental Practitioner model and ran half page ads in local newspapers the week before Kansas' legislative session began.</li> <li>In response, KDA introduced a bill supporting their Comprehensive Oral Health Initiative which includes funding adult Medicaid, loan repayment programs, donated dental services and many other access solutions. While unsuccessful, the bill provided KDA with a platform to advance tangible solutions to break down barriers.</li> <li>The consultant drafting talking points, press releases and helped develop a spokesperson training program for KDA members.</li> </ul>
Maine	JD'A Consulting	<ul style="list-style-type: none"> <li>Maine has had an extremely busy legislative session, especially with several bills being introduced regarding MaineCare.</li> <li>MDA's non-covered services bill did not pass, though they were successful in defeating legislation that created an Oral Health Practitioner in the state. MDA was also able to successfully increase MaineCare reimbursements for 20 of the most common procedures.</li> <li>MDA worked with Pew to draft a resolution calling for a formal evaluation of dental access in the state. This agreement forestalled an alternative provider bill in the legislature.</li> </ul>
Michigan	The Rossman Group	<ul style="list-style-type: none"> <li>Upon learning of a local social work professor's efforts to call for mid-level providers in the state, the MDA engaged the professor, and they are now cooperating to organize a conference focused more broadly on barriers to access in the state.</li> <li>MDA hired a new grassroots coordinator to make their program far more robust.</li> <li>MDA and their consultants have been working together very closely in the past few weeks to bolster their "tool box" for future legislative battles. This resource will help people draft talking points, organize meetings, draft a social media plan and creating a build coalitions and other relationships.</li> </ul>
Minnesota	Messerli Kramer	<ul style="list-style-type: none"> <li>MDA drafted legislation to better clarify the scope of practice of dental therapists. The bill was introduced in committee but was not heard before the end of the session.</li> <li>The Executive Director of the state Board of Dentistry stated the Board opposed MDA's bill, saying it was directly at odds with previous Board statements. This was contrary to the understanding of many Dental Board members or the MDA.</li> <li>MDA doesn't expect the bill to garner much support in the next session.</li> </ul>
Missouri	Fleishman-Hillard	<ul style="list-style-type: none"> <li>The MO Dental Board recently endorsed two workforce models; 1) a Dental Therapist (proposed by the Greater Springfield Dental Society and modeled after Minnesota's); 2) an Advanced Practice Dental Hygienist Practitioner (ADHP) (proposed by the hygiene association). The Board advanced these to the Governor's office for consideration in his legislative agenda for 2012. Legislation is required before either could be</li> </ul>

		<p>implemented. MDA believes that could occur as early as next year.</p> <ul style="list-style-type: none"> <li>• The MDA Board of Trustees created a Dental Workforce Committee that will review these proposals.</li> <li>• Fleishman-Hillard is working closely with MDA to develop a strategy to defeat these proposals.</li> <li>• In July, ADA and CLS met with MDA and its board to discuss workforce issues. At that meeting Fleishman-Hillard's strategy was approved for funding.</li> </ul>
Montana		<ul style="list-style-type: none"> <li>• MDA was only in the program for a short period of time, due to their short legislative session.</li> <li>• The MDA defeated legislative attempts to relax Hygiene supervision, dilute the membership of the dental board removing the dentist's majority and to establish a separate "denturist" governing board.</li> </ul>
Native American	<p>High Ground (AZ/NM)</p> <p>High Ground (Dakotas)</p> <p>Poston and Associates</p> <p>Chas Jewett</p>	See above
New Hampshire	Louis Karno & Company Communications	<ul style="list-style-type: none"> <li>• Pew is heavily engaged in the state. It has formed a stakeholder group and has been hosting a series of sessions to discuss access to care. In August, the stakeholder group is expected to release a list of recommendations.</li> <li>• NHDS is involved in the group, with the Executive Director and three member dentists attending the sessions.</li> <li>• The consultant has developed a strategy to ensure NHDS gets ahead of a possible midlevel proposal Pew may push. The consultant has prepared talking points and is conducting spokesperson training with regional dentists.</li> <li>• In addition, CLS drafted two letters for NHDS to send to Pew raising concerns with the research it conducted the oral health care in the state. The first letter is designed to be signed by several members of the stakeholder group, raising concerns only on the research. The second is a letter for only NHDS to sign if it is unable to get signatories on the first. Neither letter has been sent to date.</li> <li>• ADA and CLS met with NHDS leaders in July to discuss the impending workforce issues. Several strategic initiatives were discussed and NHDS is working its consultants to revise its PR/lobbyist strategy as needed.</li> </ul>
New Mexico	DW Turner	<ul style="list-style-type: none"> <li>• A Kellogg grantee succeeded in having a dental therapy bill introduced. This was prefaced by a series of town hall meetings throughout the state. NMDA appeared at many of the meetings. The Kellogg grantee (originally Con Alma, now Health Action New Mexico) also published editorials, and produced a YouTube video.</li> <li>• To counter, NMDA developed an agreed bill with the state's hygiene association supporting legislation to revise some</li> </ul>

		<p>collaborative practice hygiene requirements, create a broader EFDA and become the first state in the nation to enact CDHC. Despite the efforts of Health Action New Mexico to co-opt the bill and splinter the agreement, the partnership held, resulting in passage of the measure. These efforts were supported by joint talking points and letters to the editor.</p> <ul style="list-style-type: none"> <li>• Their consultant led a legislative training day for NMDA members.</li> <li>• NMDA formed a Clayton Task force to address access to care issues in remote areas.</li> <li>• New Mexico is considering using SPA funds to hire an in-house individual, replacing their current communications firm.</li> </ul>
New York	DKC	<ul style="list-style-type: none"> <li>• NYSDA was continued in the program for the first quarter of 2011 as significant media attention was focused on dentists and the use of Care Credit at the end of 2010.</li> <li>• While the acute issue faded away over time, the consultant created many communication materials, including media relations for National Children's Dental Health Month, "Brush, Floss – Sugar Toss!" and "Scrubs &amp; Stilettos."</li> </ul>
Oregon	Strategies 360	<ul style="list-style-type: none"> <li>• ODA's bill making it a felony to practice dentistry without a license passed in the House and is slated for a public hearing in the Senate.</li> <li>• SB 738 was signed into law, which changes the title of existing "Limited Access Permit" dental hygienists to "Expanded Function Dental Hygienists;" and authorizes a CDHC pilot project. In addition to authorizing the CDHC pilot, the Oregon Health Authority is authorized to conduct an undefined number of three to five year pilot projects on dental workforce and education pathways. While not providing any funding for these undefined pilots, the legislation does provide the mechanism for them to occur. This bill was the result of a mediation process and a bill to enact dental therapy was held in lieu of this legislation.</li> <li>• ODA and their consultants continue to work together to enhance media coverage around their legislative priorities.</li> </ul>
Pennsylvania	The Bravo Group	<ul style="list-style-type: none"> <li>• The Pennsylvania Coalition for Oral Health recently met to identify their goals, opportunities and risks for the coming year. Workforce issues will likely come to the forefront.</li> <li>• The first CDHC cohort began their internships and PDA is working on a legislative initiative to introduce the program as a permanent component of the workforce.</li> <li>• PDA also recently introduced a non-covered services bill.</li> <li>• PDA's consultants are working with the association to counter media and legislative battles. Bravo Group has attended hearings and press conferences and led leadership conferences for the association.</li> </ul>
Vermont	Kimbell Sherman Ellis	<ul style="list-style-type: none"> <li>• The local Kellogg grantee, Voices for Children, is active in the state and persuaded a legislator to introduce a dental therapy bill in the legislature. The bill was not taken up in committee before the legislative session ended in June. However, the Chair of the House Public Health Committee has expressed interest in the measure and has asked stakeholders to provide more information during the interim period.</li> </ul>

		<ul style="list-style-type: none"> <li>• VSDS organized a vigorous grassroots effort to blunt the Governor's proposed tax on dental services.</li> <li>• VSDS is working to identify an economist in the state to review the Kellogg model. VSDS has set up an internal committee to manage the economic research on this issue.</li> <li>• The consultants are working with VSDS to develop a strategy to get ahead of workforce issues prior to the next legislative session.</li> <li>• ADA and CLS met with VSDS leaders in August to discuss the impending workforce issues. Through its consultants, VSDS is drafting a proactive legislative agenda for the upcoming session. Its lobbyist and PR consultants are working hand-in-hand to ensure the communication and public affairs strategies complement each other.</li> </ul>
Washington	Washington2Advocates	<ul style="list-style-type: none"> <li>• The bill to create dental therapist and ADHPs in Washington was not called for a vote in committee on the deadline day in the House, stopping the measure for 2011. WSDA and their consultants put forth a coordinated effort to fight the bill which included conducting training sessions, filming a video and drafting numerous talking points and other collateral on the issue. The result was a massive grassroots effort, a record setting attendance at WSDA's Dental Action Day at the Capitol just days before the bill was to be voted on in committee and the creation of enough uncertainty about the outcome of the vote that the sponsor did not want to risk a defeat and therefore did not call the bill.</li> <li>• WSDA is in the process of identifying a researcher to fulfill Tim Brown's research design.</li> </ul>
Wisconsin	Zeppos & Associates (Public Affairs)  Forbes McIntosh (Lobbyist)	<ul style="list-style-type: none"> <li>• WDA is working to pass its' "Healthy Choices" legislation, which would update the definition of dentistry to allow dentists to assign more responsibilities to EFDAs and enact Non-Covered Services legislation.</li> <li>• The consultants are working closely with WDA on all messaging and document creation around these initiatives.</li> </ul>
Wyoming	Brimmer Communications	<ul style="list-style-type: none"> <li>• WyDA successfully defeated legislation that would have authorized the practice of "denturism" and create a separate regulatory board.</li> <li>• The consultant drafted press releases, op-eds and other communication documents for the association.</li> <li>• The consultant also has begun to work on a WyDA branding project to raise awareness among state opinion leaders about dental care delivery, new community dentists arriving in Wyoming and the positive effect that the WY-DENT program has in the state.</li> <li>• With the on-going successes, Wyoming is no longer in the SPA program.</li> </ul>



Resolution No. 56 New ☒ Substitute ☐ Amendment ☐  
 Report: NA Date Submitted: September 2011  
 Submitted By: Second Trustee District  
 Reference Committee: Legal, Legislative and Public Affairs Matters  
 Total Net Financial Implication: \$ None Net Dues Impact: \$  
 Amount One-time \$ Amount On-going \$  
 ADA Strategic Plan Goal: Members (Required)

**AMENDMENT OF ADA GOVERNING DOCUMENTATION REGARDING THE PARLIAMENTARY  
AUTHORITY**

The following resolution was submitted by the Second Trustee District and transmitted on September 23, 2011, by Dr. Mark Feldman, executive director, New York State Dental Association.

**Background:** The current edition of *The Standard Code of Parliamentary Procedure* by Alice Sturgis is cited as the Association's parliamentary authority. However, the *Standard Code* is currently undergoing a major rewrite, which when released in Spring 2012, will bear the title of the *American Institute of Parliamentarians Standard Code of Parliamentary Procedure*.

Under Chapter X, Section 120.G.(h) of the ADA *Bylaws*, the Council on Ethics, Bylaws and Judicial Affairs has the "...authority to make corrections in punctuation, grammar, spelling, name changes, gender references, and similar editorial corrections in the *Bylaws* which do not alter its context or meaning." However, *the American Institute of Parliamentarians Standard Code of Parliamentary Procedure* is a completely new book as compared to the 4<sup>th</sup> edition of *Sturgis*, and thus it is believed that this revision is not an editorial change and that consideration of this resolution by the House of Delegates is warranted.

Accordingly, the following resolution is being submitted for consideration by the ADA House of Delegates:

**Resolution**

**56. Resolved**, that Chapter V, Section 130B of the Bylaws of the American Dental Association be amended as follows (new language underscored; ~~deletions stricken through~~):

B. Additional Rules. The rules contained in the current edition of ~~The the~~ American Institute of Parliamentarians Standard Code of Parliamentary Procedure by Alice Sturgis shall govern the deliberations of the House of Delegates in all cases in which they are applicable and not in conflict with the standing rules or these *Bylaws*.

and be it further

**Resolved**, that this amendment shall take effect upon the release of the new publication.

**BOARD RECOMMENDATION:** Received after this section had been reproduced for House distribution.



Resolution No. 57 New ☒ Substitute ☐ Amendment ☐  
Report: NA Date Submitted: September 2011  
Submitted By: Fourteenth Trustee District  
Reference Committee: Legal, Legislative and Public Affairs Matters  
Total Net Financial Implication: \$ None Net Dues Impact: \$  
Amount One-time \$ Amount On-going \$  
ADA Strategic Plan Goal: Members (Required)

### ADA PRESIDENT-ELECT CAMPAIGN REFORM

The following resolution was adopted by the Fourteenth Trustee District and transmitted on September 25, 2011, by Tom Schripsema, Resolutions Committee, chair.

**Background:** A candidate for president of the ADA submits to an arduous task. While most have long years of experience serving dentistry, they often are not well known to the delegates outside their districts, many of whom change annually. To present themselves to those that will make the selection requires many hours of travel and countless meetings. Unfortunately, it can also mean spending more than a hundred thousand dollars, all of which must be raised by the candidates and their districts. A large portion of those funds are devoted to a party with very limited value to the campaign and to travel and communication that has been made largely obsolete by electronic media.

Between 2002 and 2010 the average costs of running for ADA President-Elect has averaged \$117,792 per candidate, and they are rising. Since 2002, these expenses include an average expense of \$ 28,586 for travel and \$46,306 for the ADA reception per candidate. Last year in 2010, it cost the President-Elect campaigns, which are largely funded by our member dentists, \$200,906 for the candidate reception alone. What would the majority of our member say if they knew that more than \$400 per delegate was being spent on this single evening affair? It is beyond extravagant and how valuable is it to the process?

Doing away with a candidate reception will have little impact on the delegates ability to make a decision. Encouraging candidates to utilize electronic communication and social media is not only timely, but an important skill for those that would lead in the 21st century. Campaigns will better inform delegates and save money. Fairness will continue to be maintained by negotiated agreement of the candidates and an empowered election committee. Lowering the cost of the campaign, levels the playing field for large and small, single and multi-state districts and opens the possibility for highly qualified candidates that might otherwise be discouraged by the exorbitant cost to run. It is the responsible thing to do when our members and Association are suffering the effects of difficult economic times.

### Resolution

**57. Resolved**, that the *Guidelines Governing the Conduct of the Campaigns of All ADA Offices* be amended to read as follows (deletions stricken through, additions underscored):

#### **Guidelines Governing the Conduct of Campaigns for All ADA Offices**

The following guidelines govern the announcement and conduct of campaigns for ADA elected offices. This document incorporates the various guidelines and policies related to campaign activities adopted by the House of Delegates over the years. These guidelines will be distributed annually to

all candidates, delegates, alternate delegates and other parties of interest.

1. An Election Commission, consisting of the Speaker, 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, travel, websites, social media and other electronic communications. The candidates may place a five minute ADA-produced video on ada.org.

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 annual session.

3. District caucuses (or constituent societies as appropriate) issuing invitations to candidates are requested to provide an appropriate opportunity for the candidates to meet with their members. It is recommended that such forum be structured:

- a. to allow all candidates to make presentations;
- b. to allow caucuses freedom to assess candidates; and
- c. to allow each candidate to respond to questions.

4. Candidates shall negotiate a mutually agreeable travel schedule, and are encouraged to utilize interactive electronic communication, when appropriate.

5. Candidates shall not use campaign-sponsored social functions or hospitality suites/meeting rooms on behalf of their candidacy ~~during the campaign year.~~ (This is not intended, however, to limit candidates from holding campaign meetings for the purpose of strategizing.)

- ~~6. Only candidates for the **Office of President-elect** will host campaign receptions. These campaign social functions will be restricted to the candidate's reception at the annual session. Campaign receptions will be held the evening prior to the election. Receptions will be financed by each candidate's campaign fund and/or the district presenting the candidate for nomination. The president-elect candidates, in consultation with the Election Commission, will determine a dollar amount for the reception.~~

- ~~7. The display of campaign signs and posters at the campaign reception shall be limited to the immediate area of each candidate's respective reception room/area. (The ADA will provide a prominent directory of campaign receptions in the headquarters hotel.)~~

86. Candidates Forum:

- a. There may be a candidate's forum for all president-elect candidates. The election commission shall be charged with determining the appropriate time, format and rules for this forum.

- b. The election commission shall organize a representative from each trustee district that does not have a candidate to determine the questions to be asked.

97. All candidates' campaign statements and profiles, which appear in the *ADA News*, will be posted on the Association's Web site, ADA.org, in a section dedicated to candidates for ADA elected offices.

408. The election process for the **Office of Treasurer** may be preceded by a campaign strictly limited to visiting the district caucus meetings during the annual session. Candidates shall not be permitted to distribute any tangible election material, including but not limited to printed matter, CD-ROMs, audiovisual materials, pens, pins, stickers or other accessory items. 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. Candidates shall not attempt to raise funds to support a campaign, nor to conduct any social functions, hospitality suites or other electioneering activities. The candidates' names and curriculum vitae will be submitted to the House of Delegates in the first mailing in the year of the election.

449. No material may 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.)

4210. No candidate will knowingly accept campaign contributions which create the appearance of conflict of interest as reflected in Chapter VI of the *ADA Bylaws*.

4311. Candidates for all ADA elective offices should submit a summary of campaign revenues and expenses to the Election Commission at the end of the campaign.

4412. Any questions regarding the Guidelines should be directed to the chair of the Election Commission for clarification.

**BOARD RECOMMENDATION: Received after this section had been reproduced for House distribution.**



Resolution No. 62 New ☒ Substitute ☐ Amendment ☐  
 Report: NA Date Submitted: September 2011  
 Submitted By: Alaska Dental Society  
 Reference Committee: Legal, Legislative and Public Affairs Matters  
 Total Net Financial Implication: \$ None Net Dues Impact: \$  
 Amount One-time \$ Amount On-going \$  
 ADA Strategic Plan Goal: Collaboration (Required)

**ALTERING REIMBURSEMENT METHOD FOR FEDERALLY QUALIFIED HEALTH CENTERS FOR DENTAL PROCEDURES**

The following resolution was submitted by the Alaska Dental Society and transmitted on September 23, 2011, by Mr. Jim Towle, executive director.

**Background:** There is a severe lack of oversight and guidance being provided to federal qualified health centers (FQHCs) by the Health Resources and Services Administration (HRSA) regarding proper and appropriate use of the privilege of these facilities to take advantage of the Prospective Payment System for reimbursement of dental services. This lack of oversight and guidance is clearly delineated by Dr. Steven P. Geiermann, Senior Manager for the ADA Council on Access, Prevention and Interprofessional Relations (CAPIR) in his testimony to the Institute of Medicine's Committee on Oral Health Access to Services.

Dr. Geiermann points out that HRSA and its predecessor agencies have played a "pivotal role" in building the nation's dental public health infrastructure "through capacity building, leadership training, accessible service delivery and research." He also points out that since "the early 1980s until the present, there has been a dramatic decrease in oral health leadership within HRSA." He notes specifically that "from the mid-1980s to the present, the number of federal dentists assigned to provide leadership within health centers decreased from more than 400 to less than 5."

Under the George W. Bush Administration over 1,000 new access points were created within the health centers. Most of those new access points have onsite dental health. The remainder contract for dental services off-site. With the enactment of healthcare reform an additional \$11-billion was anticipated to be available to increase health centers' capacity to deliver care, including oral health. According to Dr. Geiermann's testimony there are not enough experienced dental directors to lead and provide guidance to this ever-growing number of programs.

The last known "official HRSA oral health guidance to health centers was issued in March 1987. In the absence of such guidance and the technical assistance that formerly had been provided by regional dental consultants, it has become painfully clear that FQHC executive directors and fiscal officers are the principal guides and mentors for the increasing number of new dental graduates who are desperately trying to provide leadership within health centers. As well meaning as these administrators are, they cannot provide the expertise needed to ensure that these dental programs are sustainable and efficient.

The lack of direction is evident as a growing number of dental programs face sustainability issues. Some health centers allocate federal grant dollars solely to medical programs, while dental is expected to be self-sustaining. Others advocate churning (doing one procedure per encounter) as a means to increase financial viability, while not acknowledging the inherent ethical concerns and hardship to the patient.

1 In his testimony to the IOM, Dr. Geiermann told of at least one frustrated dental director, unable to get timely  
2 replies from HRSA, who called the ADA. (A wise choice, but how many others are making poor choices out  
3 of ignorance and desperation?)

4 When the Alaska Dental Society undertook to get clarification from HRSA, the Centers for Medicare &  
5 Medicaid Services, the State of Alaska's Department of Health & Social Services and local FQHCs as to  
6 whether FQHC dental facilities are mandated by federal law or by regulation to accept compensation for  
7 dental services using the prospective payment system, which establishes the use of "encounter fees" as  
8 reimbursement, or whether the individual state departments responsible for reimbursement made that  
9 decision, or whether the FQHC had the capacity to choose, no clear, concise answer was readily available or  
10 forth coming -- a clear indicator of the severe lack of oversight and guidance being provided by HRSA.

11 It is clear that these clinics play a significant role in providing dental services to Americans who are unable to  
12 afford the purchase of needed services from private practitioners. It is also clear that the both federal and  
13 state governments are enamored with the belief that these clinics are the most cost effective way to provide a  
14 "safety net" for citizens who are unable or unwilling to access services through traditional pathways. With that  
15 in mind it only makes sense to take an active role to ensure that the dental clinics operating as part of an  
16 FQHC are adequately compensated for the care and treatment they provide.

17 To this end, the ADA should use its resources to lobby for amendment of federal statutes and change federal  
18 regulations to ensure that the dental clinics in FQHCs are able to be compensated for the procedures  
19 performed on each patient at each visit should the dental director determine that being compensated in this  
20 way will ensure the clinic operates in a manner whereby the clinic will not need to churn patients so as not to  
21 operate at a financial loss.

22 An example: An FQHC in Anchorage Alaska is reimbursed approximately \$225 for a dental visit. While this  
23 will cover an initial exam, and possibly appropriate radiographs, for a patient who presents with a diagnosis  
24 where one or possibly two extractions are the most appropriate treatment, it falls woefully short of what the  
25 clinic should be compensated for treating this patient. Extractions and the need for dentures (full and partial)  
26 are common among patients presenting at dental clinics in FQHCs. It is unreasonable to expect FQHCs to  
27 provide appropriate treatment without churning patients, given the current reimbursement. FQHCs are also  
28 compelled to turn away those most in need in order to treat those with less urgent and severe needs, in order  
29 to generate income either because these patients have insurance or can afford to pay on a sliding fee that  
30 allows the clinic to either make a profit or to lose less -- an unacceptable choice to be forced to make.

31 By converting the reimbursement of dental clinics to a fee for each procedure performed on each patient at  
32 each appointment/visit, our safety net system will take a major step toward ensuring that these clinics will  
33 accept and treat more of those patients who are most in need and least able to pay for their care and  
34 treatment. Putting dental clinics on this type of reimbursement schedule will remove the temptation to churn  
35 patients.

36 Therefore, be it

### 37 Resolution

38 **62. Resolved**, that the American Dental Association (ADA) lobby the US Congress to amend  
39 any and all federal statutes necessary to ensure that Federally Qualified Health Centers (FQHCs)  
40 are able to be reimbursed for each dental procedure provided and that the ADA lobby the Health  
41 Services and Resources Administration to ensure that any and all federal rules and regulations  
42 concerning reimbursement of FQHCs for dental procedures are changed to allow for  
43 reimbursement of each dental procedure provided by an FQHC and that dental procedures thus  
44 compensated will be those defined in the Current Dental Terminology (CDT), and be it further



1       **Resolved**, that the Council on Government Affairs report back to the 2012 House of Delegates  
2       on all the steps that have been taken and the progress it has achieved to accomplish this  
3       conversion of reimbursement for the dental departments of FQHC.

4  
5       **BOARD RECOMMENDATION: Received after this section had been reproduced for House**  
6       **distribution.**  
7



Resolution No. 63 New ☒ Substitute ☐ Amendment ☐  
Report: NA Date Submitted: September 2011  
Submitted By: Fourteenth Trustee District  
Reference Committee: Legal, Legislative and Public Affairs Matters  
Total Net Financial Implication: None Net Dues Impact: \$  
Amount One-time \$ Amount On-going \$  
ADA Strategic Plan Goal: Members (Required)

### REGULATING NON-DENTIST OWNERS OF DENTAL PRACTICES

The following resolution was adopted by the Fourteenth Trustee District and transmitted on September 25, 2011, by Dr. Thomas Schripsema, chair, Resolutions Committee.

**Background:** Increasingly, clinical dental care is being delivered by corporate entities that are not owned or controlled by state licensed dentists. Although these entities employ dentists that are licensed in that state, the corporation responsible for the care being delivered is largely unregulated by dental regulatory authorities. Corporate policies and procedures largely dictate to the employee dentist how the care will be delivered. These policies and procedures may place the dentist in a personal, ethical and legal dilemma. They may face the choice between performing a procedure against their professional ethics or in violation of the state dental practice act, or risk losing their job or worse, their license.

In cases such as these, the dentist employee is held responsible for any violation of ethics or practice act; but the corporation is not held responsible for it even though it may be a direct consequence of corporate policy either actual or culturally implied. State licensing authorities need to be able to protect the public and that burden of responsibility needs to extend to the corporate entity itself and not just to the dentist providing the services.

### Resolution

**63. Resolved**, that the ADA, through its appropriate agencies, urge and assist constituent societies to advocate for the regulation by dental licensing authorities, of entities that provide dental services but are owned or controlled by non-dentists, or dentists not licensed in that state, and be it further

**Resolved**, that licensing authorities be urged to establish regulations which hold entities providing dental services that are owned by non-dentists or dentists not licensed in that state to the same ethical and legal standards as those that are owned by state licensed dentists.

**BOARD RECOMMENDATION:** Received after this section had been reproduced for House distribution.



Resolution No. 64 New ☒ Substitute ☐ Amendment ☐  
 Report: NA Date Submitted: September 2011  
 Submitted By: Fourteenth Trustee District  
 Reference Committee: Legal, Legislative and Public Affairs Matters  
 Total Net Financial Implication: Savings of \$75,900 to the 2013 Budget. FTE: 0. Net Dues Impact: \$ None  
 Amount One-time \$ Amount On-going \$  
 ADA Strategic Plan Goal: Financial (Required)

### SHRINKING THE HOUSE OF DELEGATES

The following resolution was adopted by the Fourteenth Trustee District and transmitted on September 25, 2011, by Tom Schripsema, Resolutions Committee, chair.

**Background:** Finding a model for the House of Delegates that provides fair representation and just governance is always a challenge. An ever growing House, while fair, may become so unwieldy as to be ineffective, but at the same time, downsizing risks tipping the delicate balance between effective votes and voices for both the largest and smallest state associations.

The drafters of the US Constitution wisely recognized that the interests of both the states and of individual citizens must be satisfied, which resulted in a bicameral congress requiring both equal and proportional representation. That approach would be impractical for the Association, but still presents a model for the compromises needed for good national governance.

This proposal to reduce the size of the House to 250 begins with equal representation for each constituent. Every state association, regardless of size, represents a brick in the wall of organized dentistry. All fight their own legislative battles. All have regulatory and environmental challenges. All face economic booms and busts. But most importantly everyone is unique. Our Association benefits by the interchange of ideas and experience of all our constituents. Equal representation insures that no constituent voice will be lost.

The remaining delegates are then distributed proportionally by trustee district, with the stipulation that they be elected at-large. The single state districts will simply have proportionally more delegates, while the multi-state districts can elect delegates that don't have an allegiance to a single constituent, but represent the interests of that region or population. Electing at-large assures that with fewer delegates we are getting the best people for the job and gives the opportunity to represent not just a geographical area, but the broader interests of the district and the ADA.

This combination of equal representation to ensure effective constituent advocacy and proportional representation to reflect the diversity of members, allows a smaller house to more effectively govern while still representing the best interests of the Association. It protects the interests of the constituents and of the individual members, while saving on the expense of a House double its size. It can be more nimble and responsive to breaking issues, but still remain relevant to the diverse interests of our membership.

### Resolution

**64. Resolved**, that effective at the close of business of the 2012 House of Delegates, Chapter V of the bylaws be amended to read:

## CHAPTER V • HOUSE OF DELEGATES

## 1       Section 10. COMPOSITION.

2       A. VOTING MEMBERS. Beginning in 2013, The House of Delegates shall be limited to two hundred  
3 fifty (250) four hundred sixty (460) voting members for the two years 2004 to 2005 inclusive.  
4 Thereafter, the number of voting members shall be determined by the methodologies set forth in  
5 Section 10C of this Chapter. It shall be composed of the officially certified delegates of the  
6 constituent dental societies, who shall be active, life or retired members, two (2) officially certified  
7 delegates from each of the five (5) federal dental services, who shall be active, life or retired  
8 members and two (2) five (5) student members of the American Student Dental Association who are  
9 officially certified delegates from the American Student Dental Association. Proxy voting is explicitly  
10 prohibited; however, an alternate delegate may vote when substituted for a voting member in  
11 accordance with procedures established by the Committee on Credentials, Rules and Order.

12       B. EX OFFICIO MEMBERS. The elective and appointive officers and trustees of this Association  
13 shall be *ex officio* members of the House of Delegates without the power to vote. They shall not serve  
14 as delegates. Past presidents of this Association shall be *ex officio* members of the House of  
15 Delegates without the power to vote unless designated as delegates.

16       C. REPRESENTATIONAL REQUIREMENTS AND GOALS. Each constituent society shall be entitled  
17 to two (2) delegates, except that one (1) delegate shall be allocated to the Virgin Islands Dental  
18 Association. The Air Force Dental Corps, the Army Dental Corps, the Navy Dental Corps, the Public  
19 Health Service and the Department of Veteran Affairs shall each be entitled to two (2) delegates, one  
20 of which shall be elected by the respective service, without regard to the number of members.  
21 For the two years 2004-2005 inclusive, the remaining number of delegates shall be allocated to the  
22 constituent societies, through their trustee districts based on that district's percentage of the  
23 Association's total of the representational goals that each trustee district's representation in the  
24 House of Delegates shall vary by no more or less than 0.3% from its active, life or retired membership  
25 share in this Association, based on the Association's December 31, 2011 2002 membership records,  
26 and that no district or constituent shall lose a delegate from its 2003 allocation. Since delegates must  
27 be allocated in whole numbers, when necessary, calculated allocations shall be based upon rounding  
28 from hundredths of one percent. When rounding does not result in a whole number the matter may  
29 be settled by flipping a coin or equivalent game of chance. Thereafter, to allow for changes in the  
30 delegate allocation due to membership fluctuations, the Board of Trustees shall use this percentage  
31 variance method of district delegate allocation (a variance of no more than 0.3% of its active, life and  
32 retired membership share in the Association) at subsequent intervals of three (3) years, with the first  
33 such review occurring for the 2015 2006 House of Delegates. Such reviews shall be based on the  
34 Association's year-end membership records for the calendar year preceding the review period in  
35 question. No district shall lose a delegate unless their membership numbers are at least one percent  
36 less than their membership numbers of the prior three years. Any changes deemed necessary shall  
37 be presented to the House of Delegates in the form of a *Bylaws'* amendment to Section 10D of this  
38 Chapter.

39       D. DELEGATE ALLOCATION. Based on the representational requirements and goals set forth in  
40 Section 10C, the delegates are allocated as follows:

## 41       DISTRICT 1

42       Connecticut State Dental Association, The,  
43       2 7 delegates

44       Maine Dental Association, 2 3 delegates

45       Massachusetts Dental Society, 2 43 delegates

46       New Hampshire Dental Society, 2 3 delegates

47       Rhode Island Dental Association, 2 3 delegates

48       Vermont State Dental Society, 2 delegates

1        At-large delegates, 9 delegates  
2        District Total: 21 delegates

3        DISTRICT 2  
4        New York State Dental Association, 2 44 delegates

5        At-large delegates, 11 delegates  
6        District Total: 13 delegates

7        DISTRICT 3  
8        Pennsylvania Dental Association, 2 18 delegates

9        At-large delegates, 5 delegates  
10       District Total: 7 delegates

11       DISTRICT 4  
12       Air Force Dental Corps, 2 delegates  
13       Army Dental Corps, 2 delegates  
14       Delaware State Dental Society, 2 delegates  
15       District of Columbia Dental Society, The,  
16       2 delegates  
17       Maryland State Dental Association, 2 7 delegates  
18       Navy Dental Corps, 2 delegates  
19       New Jersey Dental Association, 2 12 delegates  
20       Public Health Service, 2 delegates  
21       Puerto Rico, Colegio de Cirujanos Dentistas de,  
22       2 delegates  
23       Veterans Affairs, 2 delegates  
24       Virgin Islands Dental Association, 1 delegate

25       At-large delegates, 10 delegates  
26       District Total: 31 delegates

27       DISTRICT 5  
28       Alabama Dental Association, 2 5 delegates  
29       Georgia Dental Association, 2 10 delegates  
30       Mississippi Dental Association, The, 2 3 delegates

31       At-large delegates, 5 delegates  
32       District Total: 11 delegates

33       DISTRICT 6  
34       Kentucky Dental Association, 2 6 delegates  
35       Missouri Dental Association, 2 7 delegates  
36       Tennessee Dental Association, 2 7 delegates  
37       West Virginia Dental Association, 2 3 delegates

38       At-large delegates, 6 delegates  
39       District Total: 14 delegates

40       DISTRICT 7  
41       Indiana Dental Association, 2 9 delegates  
42       Ohio Dental Association, 2 16-delegates

43       At-large delegates, 7 delegates  
44       District Total: 11 delegates

45       DISTRICT 8  
46       Illinois State Dental Society, 2 20 delegates

1        At-large delegates, 6 delegates  
2        District Total: 8 delegates

3        DISTRICT 9  
4        Michigan Dental Association, 2 ~~4~~7 delegates  
5        Wisconsin Dental Association, 2 ~~9~~ delegates

6        At-large delegates, 7 delegates  
7        District Total: 11 delegates

8        DISTRICT 10  
9        Iowa Dental Association, 2 ~~5~~ delegates  
10       Minnesota Dental Association, 2 ~~9~~ delegates  
11       Nebraska Dental Association, The, 2 ~~3~~ delegates  
12       North Dakota Dental Association, 2 delegates  
13       South Dakota Dental Association, 2 delegates

14       At-large delegates, 6 delegates  
15       District Total: 16 delegates

16       DISTRICT 11  
17       Alaska Dental Society, 2 delegates  
18       Idaho State Dental Association, 2 ~~3~~ delegates  
19       Montana Dental Association, 2 delegates  
20       Oregon Dental Association, 2 ~~6~~ delegates  
21       Washington State Dental Association, 2 ~~4~~4 delegates

22       At-large delegates, 7 delegates  
23       District Total: 17 delegates

24       DISTRICT 12  
25       Arkansas State Dental Association, 2 ~~4~~ delegates  
26       Kansas Dental Association, 2 ~~4~~ delegates  
27       Louisiana Dental Association, The, 2 ~~6~~ delegates  
28       Oklahoma Dental Association, 2 ~~5~~ delegates

29       At-large delegates, 5 delegates  
30       District Total: 13 delegates

31       DISTRICT 13  
32       California Dental Association, 2 ~~6~~7 delegates

33       At-large delegates, 20 delegates  
34       District Total: 22 delegates

35       DISTRICT 14  
36       Arizona Dental Association, 2 ~~7~~ delegates  
37       Colorado Dental Association, 2 ~~8~~ delegates  
38       Hawaii Dental Association, 2 ~~3~~ delegates  
39       Nevada Dental Association, 2 ~~3~~ delegates  
40       New Mexico Dental Association, 2 ~~3~~ delegates  
41       Utah Dental Association, 2 ~~4~~ delegates  
42       Wyoming Dental Association, 2 delegates

43       At-large delegates, 9 delegates  
44       District Total: 23 delegates

45       DISTRICT 15  
46       Texas Dental Association, 2 ~~2~~3 delegates



At-large delegates, 7 delegates

District Total: 9 delegates

DISTRICT 16

North Carolina Dental Society, The, ~~2~~ 40 delegates

South Carolina Dental Association, ~~2~~ 5 delegates

Virginia Dental Association, ~~2~~ 40 delegates

At-large delegates, 7 delegates

District Total: 13 delegates

DISTRICT 17

Florida Dental Association, ~~2~~ 24 delegates

At-large delegates, 6 delegates

District Total: 8 delegates

AMERICAN STUDENT DENTAL ASSOCIATION, ~~2~~ 5 delegates

E. ALTERNATE DELEGATES. Each constituent dental society, trustee district and each federal dental service may select from among its active, life and retired members the same number of alternate delegates as delegates. The American Student Dental Association may select from among its active members the same number of alternate delegates as delegates.

F. SELECTION OF AMERICAN STUDENT DENTAL ASSOCIATION DELEGATES AND ALTERNATE DELEGATES. The American Student Dental Association shall select its ~~two (2) five (5)~~ delegates from its even numbered regions in even numbered years, and the odd numbered regions in odd numbered years, with their alternate delegates selected from the opposite groups of regions.

G. TERM OF DELEGATES AND ALTERNATE DELEGATES.

1. 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.
2. At-large delegates will be elected for a three year term.
3. Vacancies that occur because a delegate or alternate delegate is unable or unwilling to complete their term will be filled for the remainder of the term in the manner prescribed in Section 20.

*Section 20. ELECTION OF DELEGATES AND ALTERNATE DELEGATES:*

A. The officially certified delegates of each constituent society shall be elected or, in the case of officially certified alternate delegates, elected or selected, by one or more of the following methods:

1. By the membership at large of that constituent society;
2. By the constituent society's governing legislative body or in the case of alternate delegates, selected by the constituent society's board of directors, at the discretion of the constituent society; ~~and~~
3. ~~By a component with respect to the delegates representing that component.~~
4. Each federal dental service and the American Student Dental Association may establish its own method for selecting delegates.

B. The officially certified at-large delegates and alternate delegates of each single state trustee district shall be elected in the same manner as other delegates from that district.

C. The officially certified at-large delegates and alternate delegates of each multiple state trustee district shall be elected by electors representing each of the state dental societies in that district, from a list of nominees presented by each of the state dental societies.

1. Each state dental society shall be entitled to a number of electors equal to the number of

representatives from that state in the United States House of Representatives.

2. Nominations and balloting shall take place in a manner determined by that trustee district's representatives to the ADA House of Delegates.

*Section 30. CERTIFICATION OF DELEGATES AND ALTERNATE DELEGATES:* The executive director or equivalent chief executive officer of each constituent society, the trustee from each district, the ranking administrative officer of each federal dental service, and the secretary of the American Student Dental Association shall file with the Executive Director of this Association, at least sixty (60) days prior to the first day of the annual session of the House of Delegates, the names of the delegates and alternate delegates designated by the society, trustee district, service or association. The Executive Director of this Association shall provide each delegate and alternate delegate with credentials which shall be presented to the Committee on Credentials, Rules and Order of the House of Delegates. In the event of a contest over the credentials of any delegate or alternate delegate, the Committee on Credentials, Rules and Order shall hold a hearing and report its findings and recommendations to the House of Delegates for final action.

**BOARD COMMENT: Received after this section had been reproduced for House distribution.**

Resolution No. 70 New ☒ Substitute ☐ Amendment ☐Report: NA Date Submitted: October 3, 2011Submitted By: Sixth Trustee DistrictReference Committee: Legal, Legislative and Public Affairs MattersTotal Net Financial Implication: \$ None Net Dues Impact: \$Amount One-time \$ Amount On-going \$ADA Strategic Plan Goal: Members (Required)**ADA TO SEEK FQHC CHANGES**

The following resolution was adopted by the Sixth Trustee District and submitted on October 3, 2011, by Mr. David S. Horvat, executive director, Tennessee Dental Association.

**Background:** Members took significant time last spring to learn more about Federally Qualified Health Centers. Through our review, several concerns were identified.

These concerns included:

- FQHC reimbursement rates (including encounter fees and cost based reimbursement);
- Concerns that FQHCs are not seeing (or not seeing enough) of the at-risk populations, and;
- A concern that they are competing with (rather than working with) the existing dental infrastructure.

It is our goal to support changes at the federal level that encourage FQHCs to become a stronger safety net for the most at-risk citizens (including adults).

**Resolution**

**70. Resolved,** that the American Dental Association seek legislation/regulatory change to review the FQHC reimbursement system (determine if these systems encourage the safe and efficient delivery of oral health care and make the best use of public funding) and reform the current FQHC encounter-based reimbursement system and cost-based reimbursement system, and be it further

**Resolved,** that the American Dental Association seek legislation/regulatory change that provides greater encouragement for Federally Qualified Health Centers to partner with private-practicing dentists who are eligible to be credentialed by their state Medicaid program to meet the dental health needs of the most at-risk populations, allowing patients to be seen within private-practice offices and reimbursed on par with Federally Qualified Health Centers, and be it further

**Resolved,** that the American Dental Association attempt to gather economic and demographic data regarding dental specific patients receiving services at Federally Qualified Health Centers, and be it further

1       **Resolved**, that the activities and findings be reported to the 2012 House of Delegates.

2

3       **BOARD RECOMMENDATION: Received after this section had been reproduced for House**  
4       **distribution.**

5

File 15 Pages 5110-5111 Resolution 70

6

Resolution No. 73 New ☒ Substitute ☐ Amendment ☐Report: NA Date Submitted: September 2011Submitted By: Ninth Trustee DistrictReference Committee: Legal, Legislative and Public Affairs MattersTotal Net Financial Implication: \$ None Net Dues Impact: \$Amount One-time \$ Amount On-going \$ADA Strategic Plan Goal: Financial (Required)**ADA COUNCIL VACANT TERMS**

The following resolution was submitted by the Ninth Trustee District and transmitted on September 30, 2011, by Drs. Jeffery Johnston and Steven Stoll, Ninth Trustee District Delegation Chairs.

**Background:** From time to time, volunteers are not able to fulfill their commitment of service. Association policy is that if the remaining term is less than two years, the volunteer appointed to fill the vacancy can then seek a full term of their own following completion of the vacated term. When the vacated term has two years or more remaining, the volunteer filling that remaining term is not eligible for a full term of their own.

This has resulted in some trustee districts delaying appointment to fill a vacated term until a date where the volunteer will also be eligible for a full term of their own because a well qualified and motivated volunteer is often reluctant to accept appointment to a "partial term" only.

When terms go vacant for a half year or more, members of the trustee district are not represented in council business and council business may be adversely impacted as fewer volunteers are providing input.

One possible solution to help prevent delaying appointments to vacated council terms could be changing the eligibility of a volunteer to serve a full term of their own following completion of an appointment to a vacated term. Another possibility would be to change the eligibility of past council members to allow them to be reappointed to fill a vacated partial term, thus providing the council with a knowledgeable member. Such an appointee would not be eligible for a subsequent full term.

Because the current system of filling vacated council positions can result in delays that impact the work of our Association, be it:

**Resolution**

**73. Resolved**, that the eligibility of appointments to fill vacated council positions be evaluated by the appropriate council (s) with a report back to the 2012 HOD.

**BOARD RECOMMENDATION:** Received after this section had been reproduced for House distribution.



Resolution No. 74 New ☒ Substitute ☐ Amendment ☐Report: NA Date Submitted: October 2011Submitted By: Eleventh Trustee DistrictReference Committee: Legal, Legislative and Public Affairs MattersTotal Net Financial Implication: \$ None Net Dues Impact: \$Amount One-time \$ Amount On-going \$ADA Strategic Plan Goal: Collaboration (Required)**1 SUPPORTING THE FINANCIAL MANAGEMENT OF HEALTH CENTERS**

2 The following resolution was submitted by the Eleventh District Caucus and transmitted on October 6, 2011,  
3 by Ms. Amanda Tran, caucus coordinator.

4 **Background:** The Health Resource Service and Administration (HRSA) plays a crucial role in building the  
5 nation's dental public health infrastructure through capacity building, leadership training and the funding of  
6 health centers and research. However, since the 1980's until the present, there has been a dramatic  
7 decrease in oral health leadership within HRSA. Specifically, the number of federal dentists providing  
8 leadership as "regional dental consultants" within health centers has decreased from more than 400 to less  
9 than 5.

10 The last known official HRSA oral health guidance to health centers was issued in 1987. In the absence of  
11 such guidance and the technical assistance that was formally provided by regional dental consultants, it has  
12 become clear that health center executive directors and fiscal officers are some of the principal guides and  
13 mentors for the increasing number of new dental graduates practicing in health centers. As well-meaning as  
14 these administrators are, they simply lack the expertise of the previous regional dental consultants.

15 Appropriate and meaningful support and leadership is more critical than ever considering the sustainability  
16 issues many dental programs face currently. This lack of leadership is amply demonstrated within the  
17 "Prospective Payment System" (PPS); the most common reimbursement structure for health centers. The  
18 PPS is a reimbursement system in which a health center receives a set amount of money for each patient  
19 visit, regardless of the actual amount of care delivered. As a general rule, it's just not dental services that are  
20 reimbursed this way in a health center, but medical and behavioral health as well. Though there is no perfect  
21 reimbursement system, a significant flaw of the PPS is that it encourages "churning"; the practice of providing  
22 only one procedure per patient visit. For health centers who concede to this practice, "churning" improves  
23 financial viability, but strains the already complex lives of vulnerable patients. *However, according to the*  
24 *Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000, health centers and states*  
25 *can choose an Alternative Payment Methodology (APM) not based on patient visits as long as it is not less*  
26 *than what the PPS reimbursement would have been.*

27 The overall business management strategies employed in a health center is as significant to patient health  
28 and delivery of care as the PPS. Understanding this crucial component and need, the National Network of  
29 Oral Health Access (NNOHA), the association that represents dental health centers, developed a premier 50  
30 page manual on dental health center management and financials. Focusing on responsible patient-centered  
31 strategies, the manual takes a firm stance against churning and offers practice guidance on workable  
32 alternatives.

1 Organized dentistry on the local, state and national level has demonstrated its commitment to the valuable  
2 and important work that health center member dentists do every day. Yet the health center delivery system in  
3 which they work has some significant imperfections.

4 **Resolution**

5 **74. Resolved,** that the ADA engage HRSA and support activities that promote the expansion of  
6 the HRSA Regional Dental Consultant Program, and be it further

7 **Resolved,** that ADA investigate and promote as appropriate the Alternative Payment  
8 Methodology (APM) system, and be it further resolved

9 **Resolved,** the ADA partner with the National Network for Oral Health Access (and other  
10 appropriate agencies) to promote programs that teach best health center business practices.

11 **BOARD RECOMMENDATION: Received after this section had been reproduced for House**  
12 **distribution.**



Resolution No. 75 New ☒ Substitute ☐ Amendment ☐Report: NA Date Submitted: October 2011Submitted By: Eleventh and Thirteenth Trustee DistrictsReference Committee: Legal, Legislative and Public Affairs Matters

Total Net Financial Implication: Savings of \$75,900 to the 2013 Budget. FTE: 0. Net Dues Impact: \$ None

Amount One-time \$ Amount On-going \$

ADA Strategic Plan Goal: Financial (Required)**ADA HOUSE OF DELEGATES REALLOCATION**

The following resolution was submitted by the Eleventh and the Thirteenth District Caucus and transmitted on October 6, 2011, by Ms. Amanda Tran, caucus coordinator.

**Background:** Chapter V, Section 10, Subsection A, of the ADA Bylaws determines the number of delegates to the House of Delegates to be 460, representing all 152,018 ADA members. In comparison, the United States House of Representatives is comprised of 435 members representing more than 300 million U.S. Citizens, which represents more than 2,000 times the constituents per representative than the ADA ratio.

At its current size and structure, the ADA House is cumbersome and expensive. We, as constituent members, have streamlined operations to match the tenor of the current recession, and it is time for the ADA to do the same. To that end, this resolution calls for a reduction in the size of the House by about one half, while retaining proportional representation for the states. The resulting savings will allow constituent members to funnel the savings into much needed recruitment and retention programs. Therefore be it

**Resolution**

**75. Resolved,** that Chapter V. HOUSE OF DELEGATES, Section 10. COMPOSITION, Subsection A. VOTING MEMBERS, of the ADA Bylaws be amended as follows (additions underscored, deletions stricken):

A. VOTING MEMBERS. The House of Delegates shall be limited to ~~four two hundred sixty four~~ two hundred twenty six (460~~246~~) voting members for the ~~two three~~ two years ~~2004 2012~~ 2004 2014 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 one~~ (21) officially certified delegates from each of the five (5) federal dental services, who shall be active, life or retired members and ~~five three~~ (53) 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. Thereafter, the size of the House shall remain the same, subject to the minimum adjustments necessary as a result of rounding. Delegates shall be allocated proportionally, based on the number of active, life or retired members, except that there shall continue to be at least one delegate per constituent dental society and one (1) officially certified delegates from each of the five (5) federal dental services, who shall be active, life or retired members and ~~five three~~ (3) student members of the American Student Dental Association who are officially certified delegates from the American Student Dental Association.

1 and be it further

2 **Resolved**, that Chapter V. HOUSE OF DELEGATES, Section 10. COMPOSITION, Subsection C.  
3 REPRESENTATIONAL REQUIREMENTS AND GOALS, of the ADA Bylaws be amended as follows  
4 (additions underscored, deletions stricken):

5 C. REPRESENTATIONAL REQUIREMENTS. Each constituent society shall be entitled to ~~two (2)~~ one (1)  
6 delegates, ~~except that one delegate shall be allocated to the Virgin Islands Dental Association. The Air~~  
7 ~~Force Dental Corps, the Army Dental Corps, the Navy Dental Corps, the Public Health Service and the~~  
8 ~~Department of Veteran Affairs shall each be entitled to two (2) one (1) delegates one of which shall be~~  
9 ~~elected by the respective service, without regard to the number of members.~~

10 ~~For the two years 2004-2005 inclusive, the remaining number of delegates shall be allocated to the~~  
11 ~~constituent societies, through their trustee districts based on the representational goals that each trustee~~  
12 ~~district's representation in the House of Delegates shall vary by no more or less than 0.3% from its active,~~  
13 ~~life or retired membership share in this Association, based on the Association's December 31, 2002~~  
14 ~~membership records, and that no district or constituent shall lose a delegate from its 2003 allocation.~~  
15 ~~Thereafter, to allow for changes in the delegate allocation due to membership fluctuations, the Board of~~  
16 ~~Trustees shall use this variance method of district delegate allocation (a variance of no more than 0.3% of~~  
17 ~~its active, life and retired membership share in the Association) at subsequent intervals of three (3) years,~~  
18 ~~with the first such review occurring for the 2006 House of Delegates. Such reviews shall be based on the~~  
19 ~~Association's year-end membership records for the calendar year preceding the review period in~~  
20 ~~question. No district shall lose a delegate unless their membership numbers are at least one percent less~~  
21 ~~than their membership numbers of the prior three years. Any changes deemed necessary shall be~~  
22 ~~presented to the House of Delegates in the form of a Bylaws' amendment to Section 10D of this Chapter.~~

23 and be it further

24 **Resolved**, that Chapter V. HOUSE OF DELEGATES, Section 10. DELEGATE ALLOCATION, of the ADA  
25 Bylaws be amended as follows (additions underscored, deletions stricken):

26 D. DELEGATE ALLOCATION. Based on the representational requirements and goals set forth in Section  
27 10C, the delegates are allocated as follows:

28 DISTRICT 1

29 Connecticut State Dental Association, The, ~~7~~4 delegates

30 Maine Dental Association, ~~3~~1 delegates

31 Massachusetts Dental Society, ~~13~~8 delegates

32 New Hampshire Dental Society, ~~3~~1 delegates

33 Rhode Island Dental Association, ~~3~~1 delegates

34 Vermont State Dental Society, ~~2~~1 delegates

35 District Total: ~~34~~16 delegates

36 DISTRICT 2

37 New York State Dental Association, ~~44~~20 delegates

38 District Total: ~~44~~20 delegates

39 DISTRICT 3

40 Pennsylvania Dental Association, ~~18~~9 delegates

41 District Total: ~~18~~9 delegates

42 DISTRICT 4

43 Air Force Dental Corps, ~~2~~1 delegates

44 Army Dental Corps, ~~2~~1 delegates

1 Delaware State Dental Society, 2-1 delegates  
2 District of Columbia Dental Society, The,  
3 2-1 delegates  
4 Maryland State Dental Association, 7-4 delegates  
5 Navy Dental Corps, 2-1 delegates  
6 New Jersey Dental Association, 42-7 delegates  
7 Public Health Service, 2-1 delegates  
8 Puerto Rico, Colegio de Cirujanos Dentistas de,  
9 2-1 delegates  
10 Veterans Affairs, 2-1 delegates  
11 Virgin Islands Dental Association, 1 delegate  
12 District Total: ~~36~~20 delegates

13 DISTRICT 5  
14 Alabama Dental Association, 5-3 delegates  
15 Georgia Dental Association, 40-5 delegates  
16 Mississippi Dental Association, The, 3-2 delegates  
17 District Total: ~~48~~10 delegates

18 DISTRICT 6  
19 Kentucky Dental Association, 6-3 delegates  
20 Missouri Dental Association, 7-3 delegates  
21 Tennessee Dental Association, 7-4 delegates  
22 West Virginia Dental Association, 3-1 delegates  
23 District Total: ~~23~~11 delegates

24 DISTRICT 7  
25 Indiana Dental Association, 9-5 delegates  
26 Ohio Dental Association, 46-8 delegates  
27 District Total: ~~25~~13 delegates

28 DISTRICT 8  
29 Illinois State Dental Society, 20-10 delegates  
30 District Total: ~~20~~10 delegates

31 DISTRICT 9  
32 Michigan Dental Association, 47-9 delegates  
33 Wisconsin Dental Association, 9-5 delegates  
34 District Total: ~~26~~14 delegates

35 DISTRICT 10  
36 Iowa Dental Association, 5-3 delegates  
37 Minnesota Dental Association, 9-5 delegates  
38 Nebraska Dental Association, The, 3-2 delegates  
39 North Dakota Dental Association, 2-1 delegates  
40 South Dakota Dental Association, 2-1 delegates  
41 District Total: ~~24~~12 delegates

42 DISTRICT 11  
43 Alaska Dental Society, 2-1 delegates  
44 Idaho State Dental Association, 3-1 delegates  
45 Montana Dental Association, 2-1 delegates  
46 Oregon Dental Association, 6-3 delegates

Washington State Dental Association, ~~44~~6 delegates  
District Total: ~~24~~12 delegates

DISTRICT 12  
Arkansas State Dental Association, ~~4~~2 delegate  
Kansas Dental Association, ~~4~~3 delegates  
Louisiana Dental Association, The, ~~6~~3 delegates  
Oklahoma Dental Association, ~~5~~2 delegates  
District Total: ~~49~~10 delegates

DISTRICT 13  
California Dental Association, ~~67~~35 delegates  
District Total: ~~67~~35 delegates

DISTRICT 14  
Arizona Dental Association, ~~7~~4 delegates  
Colorado Dental Association, ~~8~~5 delegates  
Hawaii Dental Association, ~~3~~1 delegates  
Nevada Dental Association, ~~3~~1 delegates  
New Mexico Dental Association, ~~3~~1 delegates  
Utah Dental Association, ~~4~~2 delegates  
Wyoming Dental Association, ~~2~~1 delegates  
District Total: ~~30~~15 delegates

DISTRICT 15  
Texas Dental Association, ~~23~~13 delegates  
District Total: ~~23~~13 delegates

DISTRICT 16  
North Carolina Dental Society, The, ~~40~~5 delegates  
South Carolina Dental Association, ~~5~~3 delegates  
Virginia Dental Association, ~~40~~5 delegates  
District Total: ~~25~~13 delegates

DISTRICT 17  
Florida Dental Association, ~~24~~10 delegates  
District Total: ~~24~~10 delegates

AMERICAN STUDENT DENTAL ASSOCIATION, ~~5~~3 delegates

**BOARD RECOMMENDATION: Received after this section had been reproduced for House distribution.**

Resolution No. 83 New ☒ Substitute ☐ Amendment ☐Report: NA Date Submitted: October 2011Submitted By: Thirteenth Trustee DistrictReference Committee: Legal, Legislative and Public Affairs MattersTotal Net Financial Implication: \$ None (FTE:0) Net Dues Impact: \$Amount One-time \$ Amount On-going \$ADA Strategic Plan Goal: Members (Required)**IMPLICATIONS OF THE AFFORDABLE CARE ACT**

The following resolution was submitted by the Thirteenth Trustee District and transmitted on October 10, 2011, by Peter A. DuBois, executive director, California Dental Association.

**Background:** In the short time since the Patient Protection and Affordable Care Act (ACA) was signed into law, it has become increasingly clear that this law has the potential to bring fundamental changes to health care delivery, including the delivery of oral health care. Among the many possible implications, are several that are most significant for dentistry including:

- Shift toward medical/dental delivery integration. This is seen in discussion trends such as medical/health homes, Accountable Care Organizations (ACOs), and the attention to and funding for expansion of primary care providers and delivery of services.
- Movement toward a model of price-driven competition. The direct implications of this are its impact on patient care, as well as its impact on provider participation, payment and delivery models within the government program and exchange networks. The indirect implications of this include how movement in government programs and the exchanges extends pressure for movement in commercial benefit plans. Without a good model of quality assurance, competition is sure to simply move on price alone -- eroding patient care and putting downward pressure on reimbursement rates.
- Health care system and patient care improvement opportunities. While ACA's impact on coverage and financing structures has the potential for significant consequence on dentists and the care we deliver, there are also potential opportunities in ACA for strengthening/streamlining the health care safety net delivery system, expanding prevention, and improving quality measurement and accountability.

Knowing that ACA has the potential to radically alter how the health care system functions and how dentistry is integrated in the system, the 13<sup>th</sup> District Delegation believes it is important that these uncharted territories be navigated by ADA in a way that is consistent with the long-term interests of the profession. This means working to protect members' ability to provide quality service to their patients without unraveling the economics of private practice. In order to do so, we believe there must be a thorough analysis of the implications of ACA and from that analysis must come a transparent strategy upon which ADA will advise the states and execute its advocacy in Washington.

Accordingly, the following resolution is being submitted for consideration by the ADA House of Delegates:

**Resolution**

**83. Resolved**, that ADA conduct a comprehensive analysis of the implications of the Affordable Care Act on dental practice and patient care, including, but not be limited to, the following:

- Impact on government program, exchange and private commercial dental benefit plan coverage and delivery of care
- Potential for medical/dental delivery integration
- Potential for movement toward a model of price-driven competition
- Strategic opportunities at the federal and state levels for ADA and constituent dental societies

and be it further

**Resolved**, that a strategic approach be developed based on this analysis that will be used to guide ADA's advocacy, activities and assistance to constituents.

**BOARD RECOMMENDATION: Received after this section had been reproduced for House distribution.**

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## Membership and Planning





Resolution No. 16, 17 and 20 New ☒ Substitute ☐ Amendment ☐  
 Report: CM Supplemental Report 1 Date Submitted: July 2011  
 Submitted By: Council on Membership  
 Reference Committee: Membership and Planning  
 Total Financial Implication: \$ None Net Dues Impact: \$  
 Amount One-time \$ Amount On-going \$  
 ADA Strategic Plan Goal: Members (Required)

**COUNCIL ON MEMBERSHIP SUPPLEMENTAL REPORT 1 TO THE HOUSE OF DELEGATES:  
REPORT ON RECENT COUNCIL ACTIVITIES**

**Background:** Since its annual report was submitted in 2011, the Council on Membership met in June. This report will address the subjects brought forth at that meeting as well as updates to 2010 House of Delegates assignments: Resolutions 119H-2010 *Provision for 12 Month Calendar Year Electronic dues Payment Program* (Trans.2010:633); 115H-2010 *Humanitarian Membership Category* (Trans.2010:629); and 92H-2009, *Five-Year Projected Dues Revenue Impact From Members Transitioning to Life Membership* (Trans.2009:415).

**Introduction:** The Council on Membership continues to use the ADA Strategic Goals as a guide when focusing its efforts to increase ADA member value. As a result, the Council has considered future strategies through review and analysis of current and forecasted market trends. The Council's agendas and subsequent actions and resolutions fully align with the ADA's mission and strategic plan.

**Membership Outreach:** The Council continued its work toward achieving its 2011 membership outreach goals. At its June 2011 meeting the Council approved the MC<sup>2</sup>: Membership Contact and Connections (MC<sup>2</sup>) 2011-2012 Membership Outreach Plan that outlines the rationale, collaborative decision-making, strategy and tactics necessary for the ADA to effectively assist state and local dental societies, and the volunteer membership outreach network, to influence increased market share across the tripartite. The Council also approved this plan to be available for all stakeholders and distributed to all ADA council chairs, vice chairs, New Dentist value workgroup, other volunteer leaders and constituent and component societies. The plan is included in this report as Appendix 1.

As noted in the Council's 2011 Annual Report, Resolution 48H-2010 (Trans.2010:526) has been implemented. The Council has named the effort the Membership Program for Growth (MPG). At the Council's June meeting, the Council's newly formed Membership Opportunity Review Committee of the Membership Program for Growth shared information about this initial round of resource requests that were submitted. In total, 80 requests were submitted and reviewed requesting funds in the amount of \$950,423. The Review Committee used a set of criteria to prioritize and allocate the funds, including the proposed programs positive impact on market share; ability to strongly influence future membership growth; and the immediate short-term and long-term impact of the activity. Of these 80 submissions, a total of 54 were allocated resources as follows:

- A total of 28 requests totaling \$237,361 were granted to constituent or component dental societies that come from the nine states that represent the greatest opportunity for membership growth (approximately 60% of all nonmembers).
- Of the next nine states that represent the next tier of opportunity (approximately 20% of all nonmembers) a total of 15 requests were granted totaling \$128,413.

- Among the remaining 35 states, a total of 12 requests totaling \$69,226 were granted.
- One request for \$65,000 that benefits all state dental societies was also approved.

Each of these dental societies will report their progress to the Council through the Review Committee, including the return they received on the MPG program investment. The applications and results of the programs will be kept as a resource library so that best practices will be shared and replicated across dental societies through MC<sup>2</sup>.

During the first half of 2011, Membership Outreach managers have had individual contact with each of the 53 constituent dental societies to support their membership recruitment and retention efforts and involvement in the marketing collaborative. Outreach Managers provided onsite consultation and assistance at the California Dental Association, the Colegio de Cirujanos Dentistas de Puerto Rico, Florida Dental Association, South Florida District Dental Association, Broward County Dental Association, Michigan Dental Association, New York State Association, Nassau County Dental Society and Pennsylvania Dental Association.

Continuing ADA efforts to personally reach out to dentists and be more inclusive, membership outreach managers met with state and local dental society representatives at several conferences during the first half of 2011 prior to the Council meeting, including the following:

- California Dental Association Annual Meeting;
- Chicago Mid-Winter Meeting;
- Hinman Dental Meeting;
- Rocky Mountain Dental Meeting;
- Colegio Summer Meeting;
- ADA New Dentist Conference in Chicago;
- National Oral Healthcare Conference; and
- Indian Dental Association Meeting.

**Research Presentation:** The Council considered information presented on the current membership research being undertaken by the ADA, specifically: a qualitative study on the Practice Management Initiative; the Tripartite Marketing Collaborative Survey; the Critical Issues Study; the Urban Issues Study and the Discussion of Issues.

**2011 ADA Annual Conference on Membership Recruitment and Retention:** The theme of the 2011 ADA Annual Conference on Membership Recruitment and Retention was "The Power of Collaboration" and brought together nearly 130 attendees to secure solutions to membership challenges. Twenty-nine ADA constituents and 23 ADA components were represented as well as a number of organizations from outside the ADA tripartite structure, including the Alliance of the American Dental Association; the American Student Dental Association; the American Association of Endodontists; the American Academy of Pediatric Dentistry and the American College of Prosthodontists.

The Conference was hosted by the Council on Membership, with its Chair, Dr. Virginia Hughson-Otte, serving as emcee. Dr. Charles Weber, trustee, Third District, was also in attendance to lend his support to the conference. The 2011 conference started with a keynote session, delivered by Mike Staver on *The Power of Collaboration and Building a High Performance Culture*. The attendees also participated in a Best Practices session, facilitated by ADA Executive Director, Dr. Kathleen O'Loughlin, that highlighted good ideas from across the country, and a two-part Membership Factor session that featured pertinent membership information and an opportunity for attendees to work together to identify strategies and solutions to address various membership scenarios.

**ADA.org and Find-A-Dentist Feature:** The Council recommended moving forward with the next stage of the Find-A-Dentist business plan development and requested that a member of the Council on Communications join the Find-A-Dentist workgroup.

**Large Group Practice Mega-Discussion:** At its June meeting, the Council participated in a large group mega issue discussion “How can the ADA expand its membership value proposition to satisfy the unique needs of dentists practicing in large group practice settings?” Panelists included dentists currently practicing in a large group practice setting. Based on the discussion on how to create, deliver and promote member value to dentists practicing in a large group setting, the Council made recommendations to explore ways to involve non-ADA member group practice in future dialogue with the Council regarding large group practice and to develop a benefit “package” of existing benefits geared toward dentists in large group practice to reinforce the value of ADA membership and position itself as an advocate for employee dentists.

**Membership Benefits:** The Council continues to study the benefits of ADA membership and how it can highlight and increase the value of ADA membership. At its June meeting, the Council considered a request to add specialties to the ADA member decal and recommended that member dentists have the option to receive their ADA member decal with their specialty information. The Council also recognized that the ADA membership categories should be analyzed with respect to the benefits and value that each provide to their respective segments and decided that it will perform a comprehensive review of all membership categories with particular interest to member value, benefits, and dues—working with other ADA agencies as appropriate.

**Creation of a 25% Dues Waiver:** In December, 2010, the Michigan Dental Association (MDA) notified the American Dental Association that its Board of Trustees had approved a resolution to create a 25% dues waiver option for MDA member dentists who are experiencing short-term financial difficulty. Previously, the MDA had three dues waiver options of 50%, 75% and 100%. The ADA currently maintains these same three dues waiver options.

The MDA also submitted a recommendation to the Council on Membership that requested the ADA create a 25% dues waiver option at the national level. The Council then studied the implications of creating a national 25% dues waiver and discussed the pros and cons. The Council determined that while it is possible that an additional waiver would increase waivers overall, it is believed that a portion of those currently receiving a 50% waiver would move to a 25% waiver actually increasing dues collected. Due to the small number of waivers granted, it is anticipated that the impact on dues overall will be minimal. The opportunity for states to keep members during the tough economy, and favorably impact the overall non-renew rate, offsets this risk. The following bylaws resolution is offered for consideration by the 2011 House of Delegates:

**17. Resolved,** that the ADA Bylaws, *Chapter I. MEMBERSHIP, Section 50. DUES OR SPECIAL ASSESSMENT RELATED ISSUES B. FINANCIAL HARDSHIP WAIVERS* be amended by adding the words “twenty-five percent (25%) before the words “fifty percent (50%)” in line 660 as follows: (new language underscored).

Those members who have suffered a significant financial hardship that prohibits them from payment of their full dues and/or any special assessment may be excused from the payment of twenty-five percent (25%), fifty percent (50%), seventy-five percent (75%) or all of the current year’s dues and/or any special assessment as determined by their constituent and component dental societies. The constituent and component societies shall certify the reason for the waiver, and the constituent and component societies shall provide the same proportionate waiver of their dues as that provided by this Association.

**ADA Office of Student Affairs:** The Council reviewed the current activities of the ADA Office of Student Affairs and the completion of the first National Signing Day and strategies to increase the dental student conversion rates and recommended that state and local dental societies reach out to dental school deans, especially at the new dental schools, to promote the value of organized dentistry and garner their support for student conversion to membership after graduation

**Student Block Grant Program:** The student block grant program reimburses constituent dental societies for dental student outreach, and is designed to raise awareness of organized dentistry and encourage a student’s

lifelong commitment to ADA membership. The program is managed by the ADA Office of Student Affairs (OSA).

One of the expenses identified to be removed from the 2012 budget included \$169,000 for Student Block Grant funding. Constituent societies use funds to highlight the value of ADA tripartite membership through dental school outreach. Nearly all the eligible societies participated in the program in 2010, using all of the budgeted funds (see table below). It is anticipated usage will be similar in 2011. During this tough economic environment, constituent societies are faced with tighter budgets and limited resources all while trying to maximize membership value without additional cost. The student block grant affords constituents the ability to provide face-to-face outreach, a primary factor in successful dental student conversion efforts. Dental student conversion continues to be a key metric for the ADA and the Office of Student Affairs conducts campaigns to promote this conversion; however, it is difficult for the ADA to undertake personal outreach to all dental schools on a national scope.

In 2011, the ADA staff provided statistical analysis of the student block grant program to determine if the funding and subsequent state-level student outreach had an impact on the number of dentists who joined the ADA the year after graduation. Current analysis shows that while the block grant program is popular among states, there is no strong correlation to the conversion of new graduates to active membership. The current Student Block Grant Program requires societies to submit a short summary of their outreach effort with self-identified metrics, as well as receipts to document the related expenses to qualify for reimbursement. The program does not require states to report on the impact of their efforts in the recruitment and retention of dental students nor their conversion to tripartite membership success to be eligible for funding. Summary information is reported to the Council twice each year and staff analyzes the impact on conversion annually.

However, the Council is concerned that eliminating the Student Block Grant Program may have a negative impact on student outreach and ultimately reduce student conversion as many societies have not budgeted for the student outreach activities and may need to eliminate these programming efforts. If societies receive news of the program's elimination in October, it leaves little time to prepare for alternative outreach activities and to adjust 2012 budgets to adequately support such student programming. Therefore, the Council explored opportunities to decrease the financial expenditure for the program while increasing its impact.

Reinstatement of funding at 75% of previous levels, with additional accountability, is proposed, and it is anticipated that the Council will review the impact of these changes in evaluating its portfolio of programs and related and expenses in future years. In addition to providing a summary of the activity, number of participants and appropriate receipts, it is proposed that 2012 recipients of Student Block Grant Program funding will be required to indicate potential return on investment, outline impact on conversion to membership and demonstrate why the ADA should fund this program. With these new requirements in place, the Council will be able analyze whether the revised approach will have a greater positive impact on conversion than the past program. This will enable the Council to make an informed, knowledge-based decision on the potential impact of eliminating or keeping this program in the budget moving forward. In addition, the Council is concerned that eliminating the program could endanger the positive collaboration with the tripartite concerning membership recruitment, which has been an important focus of the Council the past few years.

Ultimately, the Council determined that funding student outreach to state societies that provide the required documentation is critical to converting students to ADA membership upon graduation and building lifelong membership engagement in organized dentistry. Therefore, the Council voted to maintain the Student Block Grant Program for 2012 at a reduced amount and offers the following resolution for consideration:

**20. Resolved,** that the Student Block Grant program be funded at \$126,750 for 2012, and be it further

**Resolved,** that additional metrics be integrated into the application and reporting mechanisms for the Student Block Grant program going forward, such that more information may be gathered, and be it further

**Resolved**, that findings derived from these metrics be made available to ADA and Tripartite agencies with yearly reports back to the ADA House of Delegates for sunset review.

The 2011 Student Block Grant Program is underway. As of July 1, Rhode Island, Kentucky, Pennsylvania, New Jersey, New Mexico, Michigan, Tennessee, District of Columbia and Maryland dental societies have submitted requests for reimbursement, totaling more than \$30,000. Activities include a mentor lunch, sophomore survival night, conversion dinner, speed interviewing, reception for new students, lunch and learn and paying for dues. The deadline for block grant reimbursement submission is December 31, 2011 and typically most dental societies submit requests in the fourth quarter. A "student block grant kit" is available on the Dental Society Resources website. In addition to the required form, the kit includes an FAQ, a report of block grant activities and tips targeted to constituent societies with and without dental schools.

The following table depicts the usage of block grant funds since 2002. (\*Rounded up to nearest dollar.).  
(Note: Number of schools refers to schools that received program outreach in given year; % reflects participation rate. Number of states refers to number of states that participated in the program in given year; % reflect participation rate.)

Grant year	Total No. schools participated	%	States w/o schools that participated	%	Total No. states participated	%	Total Amt. Granted*	Total Amt. Budgeted
2010	55	95%	7	44%	42	79%	\$ 174,032.00	\$ 175,000.00
2009	54	93%	8	50%	40	75%	\$ 169,005.00	\$ 195,000.00
2008	54	95%	N/A	N/A	33	92%	\$ 142,038.00	\$ 168,000.00
2007	52	93%	N/A	N/A	32	89%	\$ 131,509.00	\$ 168,000.00
2006	51	91%	N/A	N/A	33	92%	\$ 133,856.00	\$ 168,000.00
2005	52	93%	N/A	N/A	33	92%	\$ 142,101.00	\$ 168,000.00
2004	47	84%	N/A	N/A	27	75%	\$ 40,289.00	\$ 50,000.00
2003	n/a	-	N/A	N/A	20	56%	\$ 113,603.00	\$ 156,000.00
2002	41	73%	N/A		25	69%	\$ 111,000.00	\$ 156,000.00

**Nomination of Chair and Election of Vice Chair:** The Council nominated Dr. Nancy Rosenthal, third district representative, Jenkintown, Pennsylvania, as chair of the Council on Membership for 2011-2012. The Council elected Dr. Mark Bauman, second district representative, Saratoga Springs, NY, as vice chair of the Council on Membership for 2011-2012.

**Response to Assignments from the 2009 House of Delegates:** Resolution 92H-2009 (*Trans.*2009:415) calls for the appropriate ADA agency to report yearly to the House of Delegates the five-year anticipated (projected) dues revenues impact from members' transition to life membership. This information is reported out through the Council on Membership and is included as Appendix 2 to this report.

**Response to Assignments from the 2010 House of Delegates:** The House of Delegates adopted Resolution 119H-2010 (*Trans.*2010:633), *12-Month Calendar Electronic Dues Payment Program*, that allows for the monthly installment payments of dues to conclude in December of the membership year instead of in June. The resolution states:

**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.

As a result of this resolution, a workgroup of ADA staff was formed to develop a logistical plan for collecting a 12-month payment plan from constituents. Talking points were distributed to constituents on December 28, 2010. In 2011, implementation of a 12-month dues installment payment program is underway. According to the 2011 Annual Constituent and Component dues survey, all but five constituent societies now offer some type of payment plan to members, and while several plan to offer 12-month dues, none implemented this in 2011.

The House of Delegates referred Resolution 115H-2010 (*Trans.*2010:000), Humanitarian Membership Category, to the Council on Membership for further review. The resolution states:

**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.

The Council studied the past usage of the charitable practice waiver and discovered that based upon the historic number of members who have taken advantage of the charitable organization practitioner dues waiver, it is not expected that more than 60 dentists would belong to the humanitarian membership category annually. It could be anticipated that since there is a current waiver, there is no need to create a membership category just for active members providing humanitarian services. The Council then discussed Resolution 115H-2010 and the proposed requirements for a Humanitarian membership category. The Council has drafted a change in *Bylaws* language and offers the following resolution for consideration by the House of Delegates:

**16. Resolved**, that the ADA *Bylaws*, *Chapter I. MEMBERSHIP*, *Section 50. DUES OR SPECIAL ASSESSMENT RELATED ISSUES*, Subsection D. *WAIVERS FOR ACTIVE MEMBERS WORKING FOR A CHARITABLE ORGANIZATION* be amended by striking the word "charitable" and substituting in its place the word "humanitarian" as outlined below (new language underscored; deletions stricken through).

1 D. WAIVERS FOR ACTIVE MEMBERS WORKING FOR A ~~CHARITABLE HUMANITARIAN~~  
2 ORGANIZATION. An active member who is serving the profession by working full-time for a  
3 ~~charitable humanitarian~~ organization and is receiving neither income nor a salary for such ~~charitable~~  
4 ~~humanitarian~~ service other than a subsistence amount which approximates a cost of living allowance  
5 shall be exempt from the payment of dues and any special assessment then in effect through  
6 December 31 following completion of such service provided that such ~~charitable humanitarian~~ service  
7 is being performed continuously for not less than one (1) year and provided further that such member  
8 does not supplement such subsistence income by the performance of services as a member of the  
9 faculty of a dental or dental auxiliary school, as a dental administrator or consultant, or as a  
10 practitioner of any activity for which a license to practice dentistry or dental hygiene is required.

11

**Appendix 1****MC<sup>2</sup> 2011 - 2012****Membership Outreach Plan****TABLE OF CONTENTS**

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## 1.0 Executive Summary

Based upon the information provided, the following is a summary of the implications noted throughout this plan.

- From a member value perspective, study clubs offer a strong opportunity. While some state societies and local components may offer a study club, there is no formal support of the study club concept through ADA national. Based upon the knowledge ADA holds, study clubs appear to be a natural vehicle to share that knowledge and the overall value that ADA offers dentists. It could provide an organic way for a nonmember to be introduced to the association and gain immediate and lasting value.
- Dental societies that understand and plan for the demographic transition and corresponding change in member needs and wants that will occur as the current, seasoned, and historically ADA loyal membership base gives way to a younger, more diverse, and loosely affiliated prospective membership base, will stand a much stronger chance of long term success.
- Demonstrating at each tripartite level that ADA offers member dentist's value that breeds dental practice success in a tangible, consistent and comprehensive way (e.g. improving their practice management, marketing, regulatory compliance, and technology capabilities) will also ensure the dental societies longer term success.
- Relationships with dental school students, faculty and deans will become even more important as other associations, group practice management, and new dentist business concerns limit the time and opportunity for the tripartite to make a first and lasting impression. This has already been seen as some ADA groups have been considered "vendors" of a dental school and as a result their access to students has been limited.
- The dental societies that can tailor and communicate member value to meet the individual needs of the nonmember dentist will be in the best position to acquire that dentist as a member.
- To increase membership market share, the ADA's best opportunity is to recruit or reinstate nonmembers in the three key market segments, i.e. women dentists, ethnically diverse dentists and new dentists and reverse the decline in the general dentist segment.
- Efforts to increase market share in other target market segments could detract from progress in growing these key segments.
- A strategic promotional incentive or other creative means of encouraging recruitment or reinstatement of individuals within these key segments would help drive membership results.
- California, Texas, Florida and New York offer the raw numbers necessary to have the greatest impact to increase market share in the key market segments. That being said, these four states along with the 14 other priority states continue to collectively represent approximately 80 percent of the overall market opportunity.
- Asian dentists represent the largest group of nonmember dentists among those from diverse racial and ethnic backgrounds, and therefore offer the greatest opportunity to positively impact market share. However, it should be noted that Asian dentists are also overrepresented in relation to the profession.

- 1 • Using the membership program for growth, the Council on Membership (CM) can focus resources on  
2 those key areas and key markets, where an increase in member count will directly impact market  
3 share.
- 4 • Continued tactical efforts as outlined in the membership marketing, student marketing and  
5 membership outreach plans, combined with collaborative efforts at the constituent and component  
6 level, will provide continued incremental increases in member count and membership market share.  
7 Broader, more strategic efforts are necessary in order to make significant increases in membership  
8 market share growth.
- 9 • Results from a loyalty survey budgeted for 2012 will provide insight into the reasons that members  
10 join, reinstate, renew and discontinue their ADA membership to help further understand trends in  
11 these and other ADA market segments.
- 12 • While the marketing collaborative and web-to-print have improved the overall approach to  
13 communicating tripartite membership brand and messaging to members and nonmembers alike,  
14 constituent and component dental societies are seeking to add demonstrated member value to  
15 membership. In addition, the ADA is seeking to increase non-dues revenue. Without a formal  
16 product and service development process in place, it is not clear how new product and service ideas  
17 will move from concept to delivery and which of those ideas will be included in the cost of  
18 membership versus being charged for separate from member dues.

19 The balance of this document outlines the rationale for the summary of implications noted, as well as a  
20 strategic and tactical approach to influencing positive market share through membership outreach activities in  
21 support of ADA's constituent and component dental societies.

## 22 **2.0 Membership Growth and Market Share Stakeholders**

23 Individually and collectively, the following groups influence membership value, brand and operations and,  
24 therefore, working together, are integrally involved and collectively responsible for the success of ADA  
25 membership and market share growth:

- 26 ▪ Members
- 27 ▪ House of Delegates
- 28 ▪ Board of Trustees
- 29 ▪ State Dental Societies
- 30 ▪ Local Dental Societies
- 31 ▪ Councils
- 32 ▪ Commissions
- 33 ▪ Committees
- 34 ▪ Staff

## 35 **3.0 Dental Membership Organizations**

36

Table 1. ADA Member Participation in Other Dental Associations

	Current		Previously		Never		Total
	1		2		3		
	N	%	N	%	N	%	
International College of Dentists	31	4.4	13	1.9	656	93.7	700
Ethnic dental association	25	3.5	20	2.8	666	93.7	711
International Association of Dental Research	12	1.7	43	6.0	659	92.3	714
American Association of Dental Research	12	1.7	56	7.8	652	90.6	720
American Association of Women Dentists	20	2.7	69	9.4	643	87.8	732
American Dental Education Association	39	5.3	56	7.6	639	87.1	734
American College of Dentists	113	14.6	7	0.9	656	84.5	776
Pierre Fauchard Academy	102	13.2	24	3.1	646	83.7	772
Special interest	105	14.8	25	3.5	581	81.7	711
Dental specialty association	360	40.4	21	2.4	509	57.2	890
Academy of General Dentistry	344	32.6	323	30.6	388	36.8	1055
Study club	460	47.0	228	23.3	290	29.7	978
American Dental Association	1461	99.5	3	0.2	4	0.3	1468

### 2010 Organization and Benefits Ranking Study

Table 1 provides an overview of a recent survey which studied the relationship that existing ADA members have with other dental organizations. Understanding member dentist relationships with these groups helps identify where collaboration could be valuable and how the ADA can address common member interests. Of note:

- Proportionately, there are larger number of individuals engaged in study clubs than there are that are current members of the other dental organizations listed.
- There are an essentially equal number of ADA members from the study who are also AGD members as there are ADA members who were previous AGD members.
- There is a large proportion of individuals who have never had a relationship with any of the organizations identified.

#### Membership Outreach implications:

- From a member value perspective, study clubs offer a strong opportunity. While some state societies and local components may offer a study club, there is no formal support of the study club concept through ADA national. Based upon the knowledge ADA holds, study clubs appear to be a natural vehicle to share that knowledge and the overall value that ADA offers dentists. It could provide an organic way for a nonmember to be introduced to the association and gain immediate and lasting value.

## 4.0 ADA's Strategic Plan and Environment

### 4.1 ADA's Strategic Plan

With the development and implementation of the ADA 2011 – 2014 Strategic Plan, Membership Outreach has taken a look at its direction, focus and next steps to inform and invigorate membership recruitment, retention and outreach efforts to exceed membership growth goals.

Within the ADA strategic plan, four main goals have been developed to help align staff and volunteers and ensure all initiatives are focused on reaching one of the identified goals:

GOAL 1	Help dentists succeed and excel throughout their careers.
GOAL 2	Help people be good stewards and advocates for their own oral health, including managing disease.
GOAL 3	Improve public health outcomes through a strong collaborative profession.
GOAL 4	Enhance ADA fiscal responsibility by delivering a balanced budget that includes increased non-dues revenue, cost savings, and/or operational efficiencies while safeguarding all ADA assets through optimum compliance.

The primary work within Membership Outreach impacts goals one and four, with indirect impact on goals two and three.

### **The Environment and Its Impact on Membership Outreach**

ADA's environmental scan is an ongoing analysis that outlines shifts in the socio-demographic, economic, or political environment that could materially alter the profession of dentistry. The information has a direct impact on strategic and operational efforts of the ADA. Insights impacting membership outreach and growth have been culled from the report and related implications are noted.

**Economy** -- The U.S. economy appears to be moving slowly toward a gradual recovery, with modest gains in consumer spending and hiring, and a sharp decline in housing mortgage rates. Judging from an ADA report on economic confidence, dentists appear less assured of recovery. It will take positive economic indicators such as increased employment to spur optimism that there will be a rise in the demand for dental care.

**Age Wave** -- Dentist retirement age has increased from 63.9 years of age to age 65.5 over the last seven years. The sale of a retiree's practice is most often not a major means of funding that retirement and some believe that the sale of a practice may be more difficult in the future.

**Diversity of Dentistry** -- Although the number of nonwhite dentists has risen dramatically between 1993 and 2010, diverse populations continue to be underrepresented within the dental profession, including female dentists.

**Group Practice Growth** -- Large group practices (networks) are projected to achieve a market share of about 11% by the year 2015. The largest of these may present a challenge to the ADA's traditional organizational and business model in the future. The economic status of new dental graduates may have an important effect on the evolution of this dental practice organizational model.

**Dental School Education** -- Both allied dental health education enrollment and the number of programs are increasing, as well. The funding for dental education is a more difficult problem. Recent cuts in state and local funding reduced dental school revenues with the corresponding losses being replaced by increases in tuition and patient care charges. As a result, student tuition continues to rise along with the amount of debt held by dental graduates a factor that limits new dentists practice choices. Acquiring and retaining dental school faculty is another problem area in dental education. The majority of faculty vacancies are in the clinical sciences and the situation is chronic.

**Continuing Education** -- The demand for continuing education in dentistry continues to grow as states add requirements for dental providers to remain current. Commercialization and corporate involvement in continuing education is a continuing area of concern. For associations like the ADA, classroom experiences remain most popular, but on-line alternatives hold very strong interest.

**Access to Care** -- Access to care (including workforce issues) and insurance issues affecting the doctor-patient relationship will require a great deal of attention from the ADA and constituent and component

societies. Activity continues to increase at the state level for the establishment of dental mid-level providers. The Kellogg Foundation continues to fund pilot programs in that area.

**Regulatory Compliance** -- Increased regulatory compliance and its cost could add burdens to dental practice, especially for new dentists. However, there is considerable confusion and uncertainty concerning the health reform legislation enacted with the changes in Congress as a result of the last election. There is increased activity in the area of the quality of dental care, including the organization under the leadership of the ADA, of a multi-stakeholder Dental Quality Alliance. Federal legislation is become a major driving force in this area.

**Business Practice Technology** -- The dental office of the future will increasingly employ new technologies to increase treatment efficiency and enhance patient comfort. The dental services market in the United States is forecasted to reach \$126 billion by 2015. Total employment in the dental industry, including 188,000 dentists, is approximately 900,000. The market for dental equipment and consumables is about \$7 billion. Presently, dentists must rely less on regulators and more on the manufacturers for assistance in evaluating the risks and benefits of new device technology

#### *Membership Outreach implications:*

- Dental societies that understand and plan for the demographic transition and corresponding change in member needs and wants that will occur as the current, seasoned, and historically ADA loyal membership base gives way to a younger, more diverse, and loosely affiliated prospective membership base, will stand a much stronger chance of long term success.
- Demonstrating at each tripartite level that ADA offers member dentist's value that breeds dental practice success in a tangible, consistent and comprehensive way (e.g. improving their practice management, marketing, regulatory compliance, and technology capabilities) will also ensure the dental societies longer term success.
- Relationships with dental school students, faculty and deans will become even more important as other associations, group practice management, and new dentist business concerns limit the time and opportunity for the tripartite to make a first and lasting impression. This has already been seen as some ADA groups have been considered "vendors" of a dental school and as a result their access to students has been limited.
- The dental societies that can tailor and communicate member value to meet the individual needs of the nonmember dentist will be in the best position to acquire that dentist as a member.

## **5.0 Market Trends and Prioritization of Effort**

### **5.1 ADA Membership Growth Trends**

As identified in statistics generated from the ADA's end-of-year 2010 master file, key membership trends include that:

- The overall marketplace that ADA serves stands at nearly 188,000 dentists and continues to grow.
- ADA membership currently represents 68.2% of the active-licensed dentists that comprise this market.
- While ADA's membership count has consistently increased; market share has declined over the past 15 years.
- During this period, member retention has maintained consistent levels above 96 percent for full dues paying members.

Table 2 shows that over the past ten years, ADA active, licenses membership growth has ranged between a one year increase of 3,828 members and a one year net loss of 842 members. This compares to an overall annual market size shift that ranged between an increase of 5,447 and 613 nonmember dentists.

Table 2. Ten Year ADA Membership Growth

Year	Market	Difference	Member	Difference	Market Share
2001	166,611	5,447	117,278	3,828	70.40%
2002	172,058	1,467	121,106	2,039	70.40%
2003	173,525	2,538	123,145	2,581	71.00%
2004	176,063	1,516	125,726	836	71.40%
2005	177,579	613	126,562	1,458	71.30%
2006	178,192	3,814	128,020	1,272	71.80%
2007	182,006	1,618	129,292	-382	71.00%
2008	183,624	2,965	128,910	42	70.20%
2009	186,589	1,309	128,952	-842	69.10%
2010	187,898		128,110		68.20%

Source: 2010 ADA Master File

**5.2 Comparable Association's Market Share Experience**

As seen in Table 3, over the previous two years, other associations comparable in size to ADA also appear to have been challenged to maintain market share. It can also be seen that ADA still maintains a strong proportion of its market compared to these other comparably-sized associations.

Table 3. Comparable Association Market Share

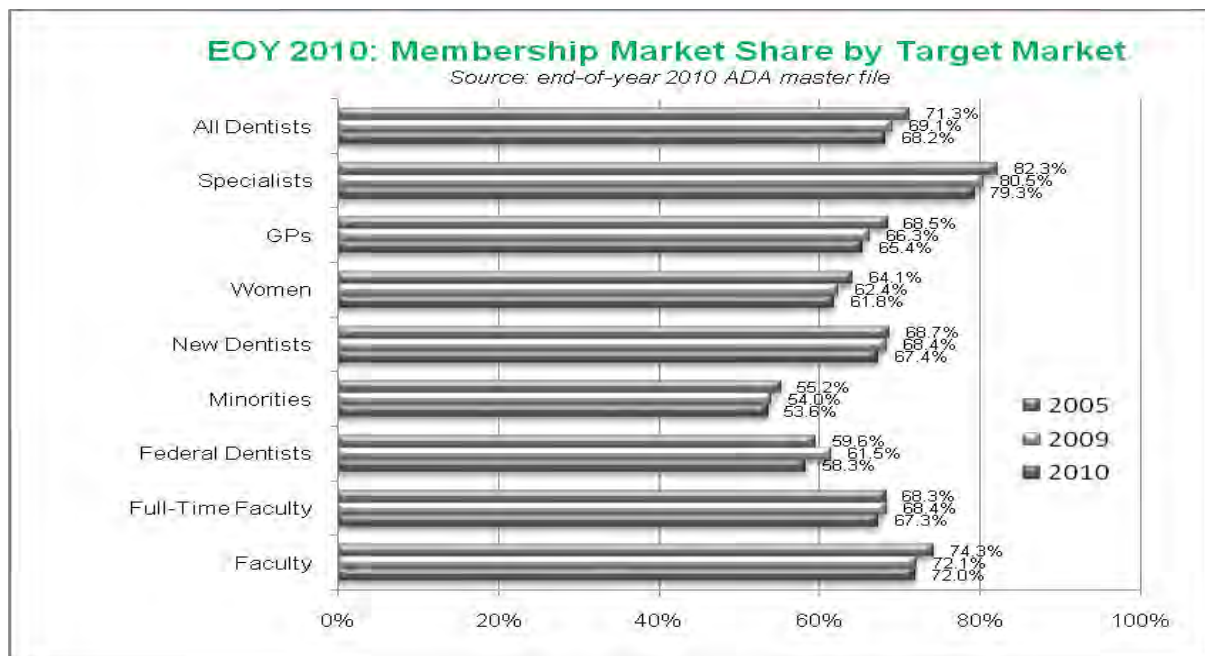
Association	2010 Members	2010 Market	2010 Market Share*	2008 Market Share*	Difference
American Dental Association	128,119	187,898	68.2%	70.2%	-2.0%
American Bar Association <sup>2</sup>	410,000	1,143,358	35%	36%	-1.0%
American Medical Association <sup>1</sup>	135,000	1,060,333	12%	19%	-7.0%
American Nurses Association <sup>3</sup>	180,000	3,100,000	5.8%	6.1%	-0.3%

<sup>1</sup> <http://www.medpagetoday.com/MeetingCoverage/AMA/6006>,<sup>2</sup> <http://www.abanet.org/>,<sup>3</sup> <http://www.nursingworld.org/>**5.3 Market Share by Segment**

Graph 1 shows that consistent with overall market share, compared to 2005, 2010 market share in each target market segment has also declined.

1

Graph 1: Membership Market Share by Target Market



2

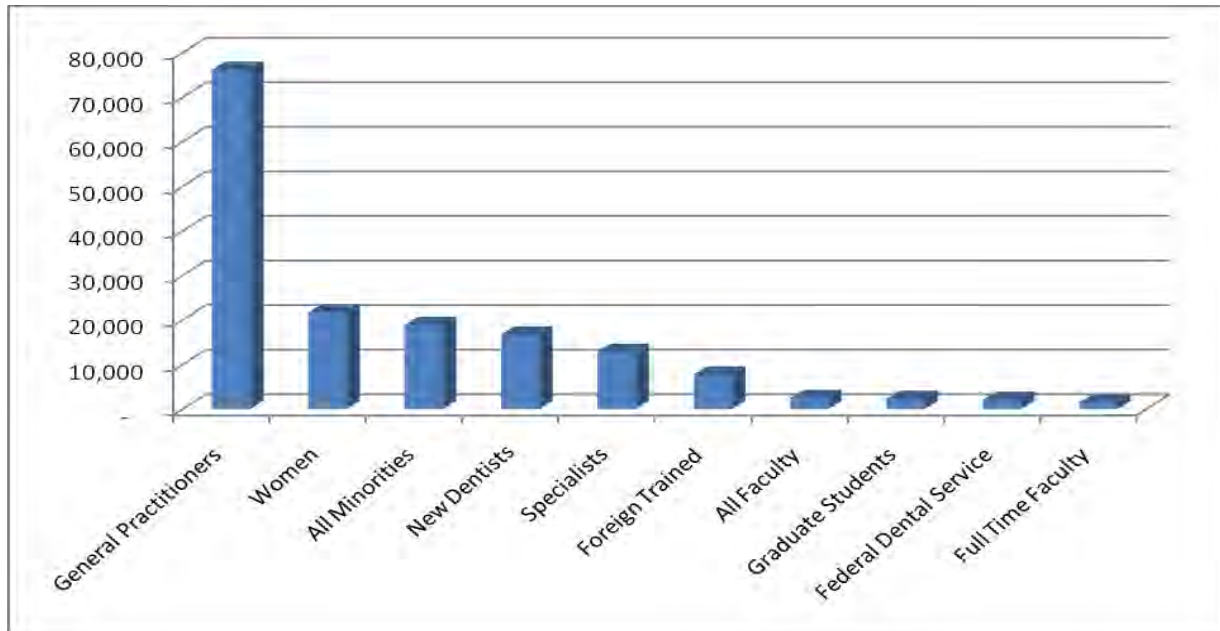
3 Source: 2010 ADA Master File

4 **5.4 Nonmember Opportunity**

5 Graph 2 identifies the number of nonmembers in those target markets that offer the greatest opportunity to  
 6 increase overall market share. The top four segments include general practitioners, female dentists, those of  
 7 diverse ethnicity, and new dentists.

8

Graph 2. Nonmember Opportunity by Target Market



Source: 2010 ADA Master File (an individual may belong to more than one target market)

While market penetration among Asian dentists is identified to be 42.9%, Table 4 identifies that Asians make up the greatest number of nonmembers from a diverse group.

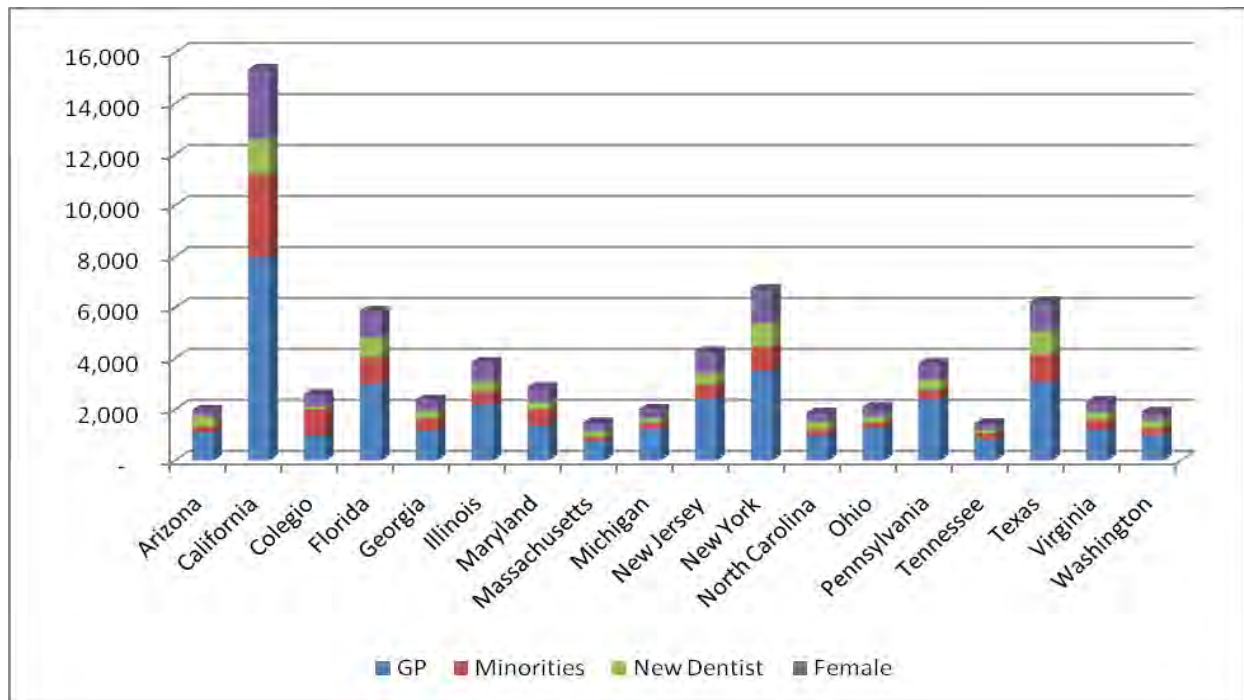
Table 4. Market Opportunity among Diverse Nonmember Dentists

Diverse Group	Nonmembers
Asian	7,051
Hispanic	3,871
African American/Black	3,770
American Indian	163

Graph 3 shows the number of nonmembers in each of the top four segments by constituent dental society. Please note that while a raw number for a segment within a state may be high, it does not imply market share in that specific segment is low for that state.



Graph 3. Nonmember Opportunity by Constituent Dental Society



Source: 2010 ADA Master File (an individual may belong to more than one target market)

#### Membership Outreach implications:

- To increase membership market share, the ADA's best opportunity is to recruit or reinstate nonmembers in the four key market segments, i.e. general practitioners, women dentists, ethnically diverse dentists and new dentists.
- Efforts to increase market share in other target market segments could detract from progress in growing these key segments.
- A strategic promotional incentive or other creative means of encouraging recruitment or reinstatement of individuals within these key four segments would help drive membership results.
- California, Texas, Florida and New York offer the raw numbers necessary to have the greatest impact to increase market share in the four key market segments. That being said, these four states along with the 14 other priority states continue to collectively represent approximately 80 percent of the overall market opportunity.
- Asian dentists represent the largest diverse group of nonmember dentists, and therefore offer the greatest opportunity to positively impact market share. However, it should be noted that Asian dentists are also overrepresented in relation to the profession.
- Using the membership program for growth, the Council on Membership can focus resources on those key areas and key markets, where an increase in member count will directly impact market share.
- Continued tactical efforts as outlined in the membership marketing, student marketing and membership outreach plans, combined with collaborative efforts at the constituent and component level, will provide continued incremental increases in member count and membership market share. Broader, more strategic efforts are necessary in order to make significant increases in membership growth.

- Results from a loyalty survey budgeted for 2012 will provide insight into the reasons that members join, reinstate, renew and discontinue their ADA membership to help further understand trends in these and other ADA market segments.

## **6.0 Constituent and Component Feedback**

In early 2009, the ADA conducted market research to gather feedback from ADA's constituents and components about the vital membership activities of recruitment and retention. This information was used to design the collaborative marketing approach, as well as inform membership outreach efforts.

In early 2011, a follow-up survey was conducted to gauge constituent and component opinions of the marketing collaborative efforts undertaken over the previous 18 months. A total of 49 dental society executive directors and staff responded to the web-based survey, out of 85 that were contacted. The following highlights the main findings of the research:

- The biggest recruitment and retention challenges identified by almost all respondents were the demonstration and communication of member value.
- Ninety percent of respondents are satisfied or very satisfied with the 2010 Marketing Collaborative campaigns.
- While the majority of constituents stated that components have the best opportunity to recruit, they stated that all three levels of the tripartite have the best opportunities to retain.
- While 96% of constituents stated that recruitment and retention efforts have been easier or about the same with the Marketing Collaborative process, after only one year of campaigns, many stated it was too soon to tell the long term impact.
- Ninety-eight percent of respondents are satisfied with the collaborative efforts with the membership staff in Chicago.
- Campaigns targeted to non-renews, new dentists, residents and students were requested for future collaboration ideas.
- Requested improvements for the Marketing Collaborative process were ensuring earlier communication to the states for planning purposes and more customization in the templates.
- Ninety-two percent of respondents would consider using the web-to-print feature in the future for other state-level marketing tactics.
- Eighty-two percent of respondents would recommend the marketing collaborative tools to component societies if it were to be expanded. Those not recommending do not have staffed components.

### *Membership Outreach implications:*

- While the marketing collaborative and web-to-print have improved the overall approach to communicating tripartite membership brand and messaging to members and nonmembers alike, constituent and component dental societies are seeking to add demonstrated member value to membership. In addition, the ADA is seeking to increase non-dues revenue. Without a formal product and service development process in place, it is not clear how new product and service ideas will move from concept to delivery and which of those ideas will be included in the cost of membership versus being charged for separate from member dues.

## **7.0 SWOT Analysis**

### **7.1 Strengths**

- The American Dental Association has a strong, current brand and high recognition among dentists;
- The ADA's historical wealth of benefits, programs, products and services that are of value to its members – as a result the average length of ADA membership is 25.4 years.
- The ADA's market share is among, if not, the highest in the health care association industry;

- The number of full active licensed members has continued to grow over time;
- ADA has taken responsibility for its past membership practices and is making strides toward absolute inclusion;
- Members demonstrate a willingness to expand the membership ranks;
- The ADA continues to make a solid investment in research to help understand the membership and the marketplace.
- ADA has a high level of current involvement by volunteers and volunteer leadership;
- Created by the Council on Membership, MC<sup>2</sup>: Membership Contact and Connections, the Marketing Collaborative, use of web-to-print, and the Membership Program for Growth are innovative approaches that have been extremely well-received and utilized by constituent and component dental societies. High participation and satisfaction with these programs and their resources is documented.
- A strong group of membership growth stakeholders exists -- lead by the Council on Membership and grounded in the membership;
- The tripartite structure aligns membership outreach and service delivery at a national, state and local level;
- Under the direction of the House of Delegates, the Board of Trustees, the Councils, and Committees and the new executive director and her management team, the organization is poised to transition to an association that offers even greater relevance and value to its members.
- The ADA's Membership Tripartite Relations and Marketing division provides strong and collaborative resource support to membership marketing and dental society activity.
- The membership outreach function provides effective resources to assist state and local dental societies grow their membership;
- The House of Delegates has approved, and research supports, the further provision of the marketing collaborative approach and the implementation of the Membership Program for Growth;
- Data, information and knowledge are available and utilized to understand and respond to changes in the membership marketplace;
- While the overall financial strength of the ADA is strong, processes are being evaluated to identify the greatest opportunities for creating greater efficiency and effectiveness; and
- ADA staff is supportive of and responsive to members' needs and queries.

## 7.2 Weaknesses

- There is not an established and clear process for developing new products and/or services to enhance membership value;
- There is variation in membership outreach understanding, ability, effort, and involvement among dental society volunteers and staff;
- While strides have been made in fostering inclusion, ADA's membership and volunteer leadership remains underrepresented in relation to the ethnically and racially diverse population.
- There is a hesitancy to employ traditional promotional techniques to reach out to target markets; perhaps due to a concern about being viewed as "unfair."
- Historical efforts to grow membership have resulted in incremental increases that have not exceeded changes in market growth.

## 7.3 Opportunities

- Allocate ADA, constituent and component dental society resources to actively target general dental practitioners, women, ethnically diverse dentists (particularly Asians), new graduates, non-U.S. trained dentists, and those new dentists who have been out of dental school between one to nine years, as these individuals offer the highest potential for impacting membership growth, while creating a more inclusive member base;
- Consider exploring collaborative or permanent relationships with organizations outside the ADA in order to strengthen the association's value;

- Understand how government intervention in and regulation of the profession creates opportunities to establish or promote valuable members'-only benefits;
- Identify how third-party payor involvement in the profession gives the ADA an important opportunity to demonstrate its value to members and the industry;
- Continue to enhance the volume and variety of affinity program offerings to ADA members;
- Leverage sponsor and advertising relationships to create an incentive based member-get-a-member rewards program that offers direct recognition and reward for direct recruitment effort;
- Further identify, share and apply leading-edge, proven thinking and best practice approaches in the areas of association management, membership recruitment and retention, marketing, strategic planning, business development, and other areas of importance to membership growth success for knowledge sharing among constituents, components and other membership growth stakeholders; and
- Identify new ways to engage dentists as soon as they are identified as being eligible for full active licensed member status or another type of membership in the ADA.

#### **7.4 Threats**

- Not all dentists see the value of ADA membership or understand how it can help them;
- There is variation in market forces across state and local dental societies;
- Constituent and component dental societies continue to voice concern that the economy is having a negative impact on retention and recruitment success;
- Insurance costs are rising, putting pressure on businesses, that pass additional expenses on to employees; as a result, employees may elect to receive less or lower quality dental coverage;
- Government intervention and regulation could harm the profession and potentially the ADA's ability to serve it, thus reducing member value;
- Third-party payor involvement in the profession could change the cost structure of dental practices reducing funds normally allocated to ADA membership;
- Issues associated with access to care threaten to negatively impact the profession;
- ADA's economic scan shows that views on volunteerism are changing -- time constraints and multiple commitments find people looking to become intensely involved as a volunteer for a short period of time -- which has implications for the traditional longer term model of ascending through the ranks of volunteer positions; and
- While the ADA enjoys a collegial relationship with other dental associations, it is feasible that another organization could effectively position itself as a primary membership and advocacy organization for dentists.
- The expansion of the dental group practice business model may provide economies of scale that renders aspects of ADA's member value irrelevant.
- The debt load carried by dental school students upon graduation has the capacity to limit their financial choices, including their professional affiliations, for years to come.

#### **8.0 Membership Outreach**

##### **8.1 Five Key Strategies**

The following five membership outreach strategies focus on assisting state and local dental societies, and the volunteer membership outreach network to influence increased market share across the tripartite.

1. Target specific state dental societies and their local components that offer the greatest membership growth opportunity. Identify and deliver resources to assist these organizations in the implementation of growth plan efforts. (Ongoing).

2. Through the MPG program, enhance the MC<sup>2</sup> knowledge management database of information, tools, examples, samples, best practices and other resources targeting recruitment, retention, volunteer outreach and target market opportunities. (2011)
3. Develop and deliver a membership growth curriculum to constituent and component dental society volunteers and staff using onsite training and consultation, the newly implemented SharePoint, a revised DSR website, the annual recruitment and retention conference, webinars, and other onsite and remote means of education. (2012)
4. Leverage the skill set and experience of those tripartite volunteers and staff who have demonstrated proven results in membership growth initiatives to assist other dental societies to achieve similar success. (2012)
5. Conduct an annual survey of constituents and components to identify their membership growth assistance needs. Use this information in part, to evaluate success, and to refine and prioritize future efforts.(Ongoing)

Specifically, the benefits of adopting these strategies are that:

- through MC<sup>2</sup>, the MPG program, and the marketing collaborative, volunteers and staff of state and local dental societies will have access to a greater variety of effective and efficient membership outreach resources than they have had in the past;
- all constituents and components will be effectively supported, while those offering the greatest opportunity to positively impact membership growth will be given specific assistance; and
- a comprehensive repository of membership outreach knowledge, strategies, tactics and tools will be captured, categorized, and communicated to key stakeholders using a more fluid, flexible and comprehensive process.

## 8.2 Supporting Tactics

The following tactics support each of the five key membership outreach strategies through 2012.

<b>Membership Outreach Strategy 1</b> Target specific state dental societies and their local components that offer the greatest membership growth opportunity. Identify and deliver resources to assist these organizations in the implementation of growth plan efforts. (Ongoing).		
<b>Tactic/Milestone</b>	<b>Timing</b>	<b>Project Leader</b>
Develop a 2012 – 2014 membership plan for growth for the following states: New Jersey, Florida, Pennsylvania and Puerto Rico	September 2011	Kristin Belleson
Develop a 2012 – 2014 membership plan for growth for the following states: California	September 2011	Liz Bronson
Develop a 2012 – 2014 membership plan for growth for the following states: Georgia, Maryland and Ohio	September 2011	April Kates Ellison
Develop a 2012 – 2014 membership plan for growth for the following states: New York and Texas	September 2011	Jeanine Pekkarinen
Develop a 2012 – 2014 membership plan for growth for the following states: Massachusetts, Michigan, North Carolina and Virginia	November 2011	Kristin Belleson
Develop a 2012 – 2014 membership plan for growth for the following states: Washington	November 2011	Liz Bronson
Develop a 2012 – 2014 membership plan for growth for the following states: Arizona and Illinois	November 2011	April Kates Ellison

Develop a 2012 – 2014 membership plan for growth for the following states: Kentucky and Tennessee	November 2011	Jeanine Pekkarinen
Re-evaluate 2011 identified areas of focus and select 2012 targeted states for approval by the Council	February 2012	Steve Rauchenecker

**Membership Outreach Strategy 2:** Through the MPG program, enhance the MC<sup>2</sup> knowledge management database of information, tools, examples, samples, best practices and other resources targeting recruitment, retention, volunteer outreach and target market opportunities. (2011)

Tactic/Milestone	Timing	Project Leader
Rollout the Membership Program for Growth	May 2011	Liz Bronson
Report results to-date through the CM's supplemental report to the Board of Trustees and the House of Delegates	June 2011	Liz Bronson
Conduct review of 2011 MPG effort with Membership Opportunity Review Committee (MORC), ADA staff and select process participants	August 2011	Liz Bronson
Initiate process for 2012 MPG	September 2011	Liz Bronson
Conduct webinar to educate dental societies regarding 2012 process	October 2011	Liz Bronson
Select key programs of value to share with other dental societies – post to DSR	October 2011	Liz Bronson
Track 2011 MPG performance of dental societies allocated resources through the program	December 2011	Liz Bronson
Identify and calculate 2011 ROI metrics for each authorized activity (some may carry over into 2012)	December 2011	Liz Bronson
Identify and centralize electronic versions of all examples and samples of successful 2011 MPG initiatives	December 2011	Liz Bronson
Conclude process and award funding for 2012	January 2012	Liz Bronson
Initiate process for 2013 MPG	October 2012	Liz Bronson
Conduct webinar to educate dental societies regarding 2013 process	November 2012	Liz Bronson
Conclude process and award funding for 2013	January 2013	Liz Bronson

**Membership Outreach Strategy 3:** Develop and deliver a membership growth curriculum to constituent and component dental society volunteers and staff using onsite training and consultation, the newly implemented SharePoint, a revised Dental Society Resource (DSR) website, the annual recruitment and retention conference, webinars, and other onsite and remote means of education. (2012)

Tactic/Milestone	Timing	Project Leader
Using available research, membership growth plan insights, MPG and best practice knowledge, refine existing and develop new solutions that meet the general recruitment, retention volunteer outreach and target market needs identified by constituents and components.	November 2011	April Kates Ellison

Establish a set of keywords and metatags to categorize membership recruitment, retention and outreach content of value to constituent and component volunteer leaders and staff.	November 2011	Kristin Belleson
Using the membership growth plans developed, create a training and consultation membership outreach plan for 2012 – include curriculum and mode of delivery.	November 2011	Jeanine Pekkarinen
Using SharePoint, and the new Association Management Software system implement process to track and document recruitment, retention, and outreach activities of individual state and local dental societies with which ADA is involved.	December 2011	Liz Bronson
Package education solutions and develop a plan to communicate the availability of these solutions to constituents and components	December 2011	April Kates Ellison
Using available research, membership growth plan insights, MPG and best practice knowledge, refine existing and develop new solutions that meet the general recruitment, retention volunteer outreach and target market needs identified by constituents and components.	November 2012	April Kates Ellison
Establish a set of keywords and metatags to categorize membership recruitment, retention and outreach content of value to constituent and component volunteer leaders and staff. Determine a method using SharePoint to capture and search membership outreach content using this approach.	November 2012	Kristin Belleson
Using the membership growth plans developed, create a 2012 training and consultation membership outreach plan that includes curriculum, mode of delivery and communications objectives and tactics.	November 2012	Jeanine Pekkarinen
Using SharePoint, and the new Association Management Software system implement process to track and document recruitment, retention, and outreach activities of individual state and local dental societies with which ADA is involved.	December 2012	Liz Bronson
Package education solutions and develop a plan to communicate the availability of these solutions to constituents and components	December 2012	April Kates Ellison

**Membership Outreach Strategy 4:** Leverage the skill set and experience of those tripartite volunteers and staff who have demonstrated proven results in membership growth initiatives to assist other dental societies to achieve similar success. (2012)

<b>Tactic/Milestone</b>	<b>Timing</b>	<b>Project Leader</b>
Based upon proven results, engagement in ADA national membership efforts, and effectiveness as a communicator, identify a core set of dental society volunteers and staff to further engage.	January 2012	Steve Rauchenecker
Develop a report for review by the Council on Membership as to how to further engage these individuals as teachers, authors, speakers, etc. to encourage knowledge creation and to educate and assist other dental society volunteers and staff.	February 2012	Steve Rauchenecker

Communicate the intent of the approach and solicit interest among the identified group to participate in the effort.	February 2012	Steve Rauchenecker
Implement the program as approved by the Council on Membership.	To Be Determined	Steve Rauchenecker

**Membership Outreach Strategy 5:** Conduct an annual survey of state and local dental societies to identify their membership growth assistance needs. Use this information in part, to evaluate success, and to refine and prioritize future efforts. (Ongoing)

<b>Tactic/Milestone</b>	<b>Timing</b>	<b>Project Leader</b>
Using the existing marketing research approach, capture constituent and component feedback on collaborative efforts and identify and explore articulated recruitment, retention and outreach needs	October 2011	Steve Rauchenecker
Administer the survey through Marketing and the Health Policy Research Center	October 2011	Steve Horne
Gather and analyze survey results	November 2011	Steve Horne
Report feedback to the Council of Membership recommending next steps	February 2012	Steve Rauchenecker
Using the existing marketing research approach, capture constituent and component feedback on collaborative efforts and identify and explore articulated recruitment, retention and outreach needs	October 2012	Steve Rauchenecker
Administer the survey through Marketing and the Health Policy Research Center	October 2012	Steve Horne
Gather and analyze survey results	November 2012	Steve Horne
Report feedback to the Council of Membership recommending next steps	February 2012	Steve Rauchenecker

## 1    **9.0    Budget Prioritization**

2    The expenses to complete the activities identified within this membership outreach plan have been factored  
3    into the 2012 Council on Membership and Membership Outreach budget as submitted. Time has been set  
4    aside on the agenda of the June 2011 Council on Membership meeting to discuss the budget in the context of  
5    overall membership growth, including the implementation of this plan.



## APPENDIX 2

**RESPONSE TO RESOLUTION 92H-2009—FIVE-YEAR PROJECTED DUES REVENUE IMPACT  
FROM MEMBERS TRANSITIONING TO LIFE MEMBERSHIP**

**Overview:** The Council on Membership is providing this informational report to the House of Delegates in response to Resolution 92H-2009:

**Resolved,** that the appropriate ADA agency report yearly to the House of Delegates the five-year anticipated (projected) dues revenues impact from members transition to life membership.

**Background:** The Health Policy Resources Center, in conjunction with the Division of Membership, Tripartite Relations and Marketing, developed projections of the dues revenue impact from members' transition to life membership. The projections were developed through statistical modeling and extensive review of retirement trends among dentists. It should be noted that retirement rates among dentists have dropped slightly both as a result of the economic downturn and also as part of a longer term trend. The most significant component of the drop in retirement rates took place in 2009. Accordingly, the projections are more likely to overstate than understate the financial impact. Finally, these projections do not include the added dues revenues associated with new members and dental students transitioning from student status to member status and the associated dues increases.

Based on historical patterns and the current age and member longevity, it is estimated that the dues revenue impact from members transitioning to life membership will be as follows (Table 1):

**Table 1**

Year	Dues Impact From Members Transitioning to Life Membership
2011	(\$517,822)
2012	(\$658,726)
2013	(\$702,175)
2014	(\$669,145)
2015	(\$684,873)

At the end of 2010, there were 12,793 active life members and 22,665 retired life members. Although the ADA should be mindful about the anticipated transition of baby boom dentists into different membership categories and also into retirement, it also is appropriate for the ADA to recall that current workforce projections indicate that the dental workforce will continue to grow continuously through 2030, and this projection does not incorporate potential graduates from dental schools that have not opened their doors (Table 2).

**Table 2: Census Counts and Projections, 1993-2030**

Year	Professionally Active Dentists	Active Private Practitioners	Applicants to Dental School	Applicant Rate	First-Year Enrollment	Graduates	Applicants per Admission
1993	155,087	142,603	6,761	0.348	4,100	3,778	1.649
1994	157,228	144,581	7,713	0.399	4,121	3,875	1.872
1995	158,641	146,089	7,996	0.418	4,237	3,908	1.887
1996	160,388	147,247	8,598	0.458	4,255	3,810	2.021
1997	160,781	147,778	9,829	0.534	4,347	3,930	2.261
1998	163,291	151,309	9,447	0.526	4,268	4,041	2.213
1999	164,664	152,151	9,010	0.501	4,314	4,095	2.089
2000	166,383	152,798	7,770	0.426	4,327	4,171	1.796
2001	168,556	155,716	7,412	0.397	4,407	4,367	1.682
2002	169,894	156,921	7,538	0.394	4,448	4,349	1.695
2003	173,574	160,184	8,176	0.415	4,618	4,443	1.770
2004	175,709	162,184	9,433	0.469	4,612	4,350	2.045
2005	176,634	162,180	10,731	0.526	4,688	4,478	2.289
2006	179,594	164,864	12,463	0.604	4,733	4,515	2.633
2007	181,725	166,837	13,742	0.663	4,770	4,714	2.881
2010	186,098	170,719	11,411	0.542	5,153	4,530	2.215
2015	191,620	175,970	12,343	0.548	5,691	5,041	2.169
2020	196,137	180,084	12,087	0.554	5,998	5,530	2.015
2025	199,230	182,789	12,655	0.561	6,186	5,774	2.046
2030	201,453	184,122	13,473	0.562	6,448	5,968	2.089

Source: American Dental Association, Health Policy Resources Center, 2009 ADA Dental Workforce Model: 2007-2030.

Table 3 shows the number of projected members who will become eligible for life membership from 2011 to 2015. This projection assumes that there will be no dues increase during the next five years and that all members will retain membership. There is also an assumption that the retirement rate will remain the same during the same time period.

Table 4 shows the number of members who begin paying in the life membership dues rates over the next five years is expected to increase from 2,306 in 2011 to 3,048 by 2015. It should be noted that the further out in the projection, the less accurate the forecast. The reduction in the amount of dues paid by members who moved into life membership in 2011 is expected to be \$517,822 and by 2015 it is projected to be \$684,873. The number of members attaining the life membership requirement is expected to grow over the next five years with 2,306 paying life membership dues rates in 2011, both active and retired life, and by 2015, 3,048 will reach life membership status.

1

**Table 3 Forecast to Become Life Members 2011-2015**

Year Paying Life Dues for First Time	2011	2012	2013	2014	2015
Expected Retired Life	473	633	675	643	658
Expected Active Life	1,833	2,495	2,725	2,335	2,381
Total Projected to Become Life Members	<b>2,306</b>	<b>2,932</b>	<b>3,125</b>	<b>2,978</b>	<b>3,048</b>

**Table 4**

Reduction from Prior Year	2011	Estimated Reduction from Prior Year	2012	Estimated Reduction from Prior Year	2013	Estimated Reduction from Prior Year	2014	Estimated Reduction from Prior Year	2015	Estimated Reduction from Prior Year
2.7% who paid full active dues (\$528) to retired life(\$0)	59	(\$31,152)	79	(\$39,895)	84	(\$42,609)	80	(\$40,605)	76	(\$41,559)
12.7% who paid retired dues (\$133) to retired life(\$0)	260	(\$34,580)	346	(\$43,939)	369	(\$46,831)	351	(\$44,628)	386	(\$45,677)
Paid full dues and expected to pay active life dues (76.5% of estimated total elected)(\$265)	1,706	(\$452,090)	2,272	(\$574,892)	2,422	(\$612,734)	2,308	(\$583,911)	2,383	(\$597,637)
Total estimated reduction in dues revenue		(\$517,822)		(\$658,726)		(\$702,175)		(\$669,145)		(\$684,873)

**Note:**

Total estimate of number elected to life membership by year calculated on age and years in membership datamart as of 5-4-2011.

Assumes no dues increase and no assessment in years 2012-2015.

Full dues in 2010 are \$498 and dues and assessment in 2011 are \$528 (dues portion is \$505).

In 2011, 79.5% (1,833) of those elected to life status are active life with 76.5% paying the active life dues of \$265 (50% of full dues) the rest on \$0 waivers.

20.5% (473) of those who were elected to life membership for 2011 were retired life.

Assumes retired rate will remain the same in future years.

Assumes no deaths.

Numbers do not add up to total expected to pay life dues because some members paid \$0 in the previous year and are expected to pay \$0 the next year. Only dues payers were figured in these calculations.

1 **Resolutions**

2 (Resolution 16:Worksheet 6028)

3 (Resolution 17:Worksheet:6029)

4 (Resolution 20:Worksheet:6030)

5 **BOARD RECOMMENDATION: Vote Yes to Transmit.**

6 **BOARD VOTE: UNANIMOUS (BOARD OF TRUSTEES CONSENT CALENDAR ACTION—NO BOARD**  
7 **DISCUSSION).**

Resolution No. 16 New ☒ Substitute ☐ Amendment ☐Report: Council on Membership Supplemental Report 1 Date Submitted: July 2011Submitted By: Council on MembershipReference Committee: Membership and PlanningTotal Net Financial Implication: \$ None Net Dues Impact: \$Amount One-time \$ Amount On-going \$ADA Strategic Plan Goal: Members (Required)**1 AMENDMENT OF ADA BYLAWS REGARDING HUMANITARIAN MEMBERSHIP CATEGORY****2 Background:** (See CM Supplemental Report 1 to the House of Delegates, Worksheet:6000)**3 Resolution**

**4 16. Resolved,** that the ADA *Bylaws, Chapter I. MEMBERSHIP, Section 50. DUES OR SPECIAL*  
**5 ASSESSMENT RELATED ISSUES, Subsection D. WAIVERS FOR ACTIVE MEMBERS WORKING FOR**  
**6 A CHARITABLE ORGANIZATION** be amended by striking the word “charitable” and substituting in its  
**7 place the word “humanitarian” as outlined below (new language underscored; deletions stricken through).**

**8 D. WAIVERS FOR ACTIVE MEMBERS WORKING FOR A ~~CHARITABLE~~ HUMANITARIAN**  
**9 ORGANIZATION.** An active member who is serving the profession by working full-time for a  
**10 ~~charitable~~ humanitarian organization** and is receiving neither income nor a salary for such ~~charitable~~  
**11 ~~humanitarian~~ service** other than a subsistence amount which approximates a cost of living allowance  
**12 shall be exempt from the payment of dues and any special assessment then in effect through**  
**13 December 31 following completion of such service provided that such ~~charitable~~ humanitarian service**  
**14 is being performed continuously for not less than one (1) year and provided further that such member**  
**15 does not supplement such subsistence income by the performance of services as a member of the**  
**16 faculty of a dental or dental auxiliary school, as a dental administrator or consultant, or as a**  
**17 practitioner of any activity for which a license to practice dentistry or dental hygiene is required.**

**18 BOARD RECOMMENDATION: Vote Yes.**

**19 BOARD VOTE: UNANIMOUS (BOARD OF TRUSTEES CONSENT CALENDAR ACTION—NO BOARD**  
**20 DISCUSSION).**



Resolution No. 17 New ☒ Substitute ☐ Amendment ☐Report: Council on Membership Supplemental Report 1 Date Submitted: July 2011Submitted By: Council on MembershipReference Committee: Membership and PlanningTotal Net Financial Implication: \$ None Net Dues Impact: \$Amount One-time \$ Amount On-going \$ADA Strategic Plan Goal: Members (Required)**AMENDMENT OF ADA BYLAWS REGARDING CREATION OF A 25% DUES WAIVER****Background:** (See CM Supplemental Report 1 to the House of Delegates, Worksheet:6000)**Resolution**

**17. Resolved**, that the ADA Bylaws, *Chapter* I. MEMBERSHIP, Section 50. DUES OR SPECIAL ASSESSMENT RELATED ISSUES B. FINANCIAL HARDSHIP WAIVERS be amended by adding the words "twenty-five percent (25%) before the words "fifty percent (50%)" in line 660 as follows: (new language underscored).

Those members who have suffered a significant financial hardship that prohibits them from payment of their full dues and/or any special assessment may be excused from the payment of twenty-five percent (25%), fifty percent (50%), seventy-five percent (75%) or all of the current year's dues and/or any special assessment as determined by their constituent and component dental societies. The constituent and component societies shall certify the reason for the waiver, and the constituent and component societies shall provide the same proportionate waiver of their dues as that provided by this Association.

**BOARD RECOMMENDATION: Vote Yes.****BOARD VOTE: UNANIMOUS (BOARD OF TRUSTEES CONSENT CALENDAR ACTION—NO BOARD DISCUSSION).**





Resolution No. 20 New ☒ Substitute ☐ Amendment ☐  
 Report: Council on Membership Supplemental Report 1 Date Submitted: September 2011  
 Submitted By: Council on Membership  
 Reference Committee: Membership and Planning  
 Total Net Financial Implication: \$ 26,750 Net Dues Impact: \$ 0.25  
 Amount One-time \$ 26,750 Amount On-going \_\_\_\_\_  
 ADA Strategic Plan Goal: Members (Required)

### FUNDING OF STUDENT BLOCK GRANT PROGRAM

**Background:** (See CM Supplemental Report 1 to the House of Delegates, Worksheet:6000)

#### Resolution

**20. Resolved**, that the Student Block Grant program be funded at \$126,750 for 2012, and be it further

**Resolved**, that additional metrics be integrated into the application and reporting mechanisms for the Student Block Grant program going forward, such that more information may be gathered, and be it further

**Resolved**, that findings derived from these metrics be made available to ADA and Tripartite agencies with yearly reports back to the ADA House of Delegates for sunset review.

**BOARD COMMENT:** The Board of Trustees appreciates the Council on Membership's desire to maintain the Student Block Grant Program at a reduced level from prior years. Due to the ADA budget demands, it urges the Council on Membership to revisit the program to ensure that the funded efforts translate to measurable results. Because the issue of student conversion is critical to future membership growth, it has placed back funding at the reduced level of \$26,750 for 2012.

**BOARD RECOMMENDATION: Vote No.**

Board Vote:														
Yes	No	Abstain	Absent		Yes	No	Abstain	Absent		Yes	No	Abstain	Absent	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BLANTON	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	KIESLING	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	STEFFEL
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CALNON	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LONG	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SUMMERHAYS
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ENGEL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LOW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	THOMPSON
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FAIELLA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NORMAN	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VERSMAN
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FEINBERG	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RICH	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VIGNA
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GOUNARDES	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SEAGO	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WEBER
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HAGENBRUCH	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SMITH, A. J.					Res. 20



Resolution No. None New ☒ Substitute ☐ Amendment ☐

Report: Board Report 6 Date Submitted: July 2011

Submitted By: Board of Trustees

Reference Committee: Membership and Planning

Total Financial Implication: None Net Dues Impact: \$

Amount One-time \_\_\_\_\_ Amount On-going \_\_\_\_\_

ADA Strategic Plan Goal: Members (Required)

## REPORT 6 OF THE BOARD OF TRUSTEES TO THE HOUSE OF DELEGATES: ANNUAL REPORT OF THE STANDING NEW DENTIST COMMITTEE

**Background:** The New Dentist Committee (NDC) is a standing committee of the ADA Board of Trustees. The mission of the ADA New Dentist Committee is to serve as the voice of the new dentist within the American Dental Association, representing new dentists' views to the ADA Board of Trustees and other agencies; to monitor and anticipate new dentist needs and advocate for the development of member benefits, services and resources to facilitate professional and practice success; and to foster the next generation of leadership within organized dentistry by building community and facilitating new dentist leadership development at all three levels of the tripartite. Therefore, the Board of Trustees submits the following report regarding the New Dentist Committee to the 2011 House of Delegates.

**Committee Composition:** The following individuals served as members of the Standing New Dentist Committee in 2010-2011: Dr. Robert Leland, Massachusetts, chair; Dr. Danielle Ruskin, Michigan, vice-chair; Dr. Jeremy Albert, Florida; Dr. Dan Bruce, Idaho; Dr. Jennifer Enos, Arizona; Dr. Jennifer Jerome, Ohio; Dr. Eric Kosel, Illinois; Dr. Keri Miller, Alabama; Dr. Matthew Niewald, Missouri; Dr. Sarah Poteet, Texas; Dr. Edgar Radjabli, Maryland; Dr. Christopher Salierno, New York; Dr. Brian Schwab, Pennsylvania; Dr. Stacey Swilling, Arkansas; Dr. Eric Unkenholz, South Dakota; Dr. Shamik Vakil, Virginia; and Dr. Rex Yanase, California.

**The Strategic Plan of the American Dental Association:** Committee activities support many of the objectives of the *ADA Strategic Plan*, primarily those related to Goal 1: Provide support for dentists so that they may succeed and excel throughout their careers.

**New Dentist Committee Self-Assessment/Governance:** As reported in the New Dentist Committee's 2010 Annual Report, the Committee completed a self-assessment last year as part of its own strategic planning process and submitted a report to the ADA Board of Trustees outlining its structure, the role played by subcommittees, criteria for nomination to the Committee, as well as a review of Committee *Bylaws* responsibilities. The Committee requested the Board of Trustees review recommended changes to the ADA *Bylaws* and, if in agreement with the recommended changes, transmit these for consideration to the 2010 ADA House of Delegates for consideration and action. The Board of Trustees was in agreement and Resolution 40H-2010, Amendment of *ADA Bylaws* Regarding Committee on the New Dentist (Trans.2010:628) was adopted.

Subsequently, in the context of the Board of Trustees' review of ADA governance systems, the question was raised as to whether the Committee had considered its standing as a standing committee in its self-assessment and strategic plan. As it had not specifically addressed this issue in 2010, the Committee discussed this at its January 2011 meeting. It was noted that the New Dentist Committee's governance structure is unique among committees of the Board, which are generally comprised primarily of Board members and serve the purpose of allowing the Board of Trustees to complete its work efficiently. The New

Dentist Committee is advisory to the Board of Trustees, and it is the only committee governed by the *Bylaws* and *Standing Rules of Councils and Commissions*. In many ways, the Committee functions as a Council does. As a result, the Committee took action to establish a workgroup to explore the options and study the implications of potential New Dentist Committee governance structures. After the completion of this study and consideration of many factors, the Committee took action to recommend a transition in its status from a standing committee of the ADA Board of Trustees to a council of the ADA House of Delegates. Considerations for this recommendation included: enhancing the overall positive impact on the ADA and the goal to ensure that the voice of the new dentist is heard within organized dentistry; positive Council/Board of Trustees relations; maintenance of *ex officio* relationships between the proposed New Dentist council and other ADA councils; clear Bylaws responsibilities, and the fact that there would be no financial impact on the Association to make this change.

A full report, with proposed resolution language, was forwarded to the ADA Board of Trustees for consideration at its July/August 2011 meeting.

**Key Topic Discussions:** At every Committee meeting, the New Dentist Committee undertakes an in-depth look at a key issue or topic from the new dentist perspective. In June 2010, the framing question was "How can the ADA be the organization of the future?" This report provides an update regarding the follow-up to that discussion, which was reported in the New Dentist Committee's 2010 Annual Report.

As reported previously, the Committee discussion took a long view and considered three potential future scenarios by breaking into three groups, each group addressing one of the following possible futures:

- The seamless healthcare world, where medical, oral and mental health were all addressed in a holistic approach;
- the technologically advanced world, where scientific advances has led to new diagnostic and treatment opportunities for oral and systemic health; and
- the one-payer world, where all health care providers are employees, there is a single payer for care, and everyone has access to oral health care.

Each small group addressed the implications for the public, the profession, the membership and for the American Dental Association. A representative of each group reported out, and then the Committee held an overarching discussion identifying key factors that were consistent across all three scenarios. The Committee established a workgroup to further refine its discussion and develop recommendations to be forwarded to the ADA Board of Trustees at its December 2010 meeting.

The workgroup conducted further discussions and subsequently engaged the full Committee, which approved a report to the Board of Trustees. The following recommendations were outlined for consideration 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.

- 1 • Research new, emerging and potential practice models beyond solo and small group practice.
- 2 • Assess the current use of electronic health records, participate in the development of standards for
- 3 electronic health records and provide resources to educate members in this regard.
- 4 • Rethink its positioning as a CE provider, develop an overarching business plan for continuing
- 5 education and take steps to become the dominant provider of continuing education for the dental
- 6 profession.
- 7 • Reconsider opportunities to offer membership to non-dentists such as physicians, pediatricians and
- 8 others with an interest in furthering the ADA's commitment to being the leading advocate for oral
- 9 health and be open to considering opportunities to streamline and consolidate dental organizations
- 10 under the ADA umbrella.

11 The January 2011 Key Topic discussion was held collaboratively with the Council on Communications, in  
12 order to provide the new dentist perspective to communications opportunities. It addressed the framing  
13 question "How can the ADA integrate and leverage existing and emerging communications channels to  
14 achieve ADA Strategic Plan goals?" Background information was presented and small group discussions  
15 were held focusing on one ADA strategic plan goal per group. Discussion centered on communications  
16 opportunities related to that particular goal in light of the overall framing question, and addressed the  
17 audience, messaging, channels of communication and timing. It was anticipated that the insights gained  
18 through the discussion would help define gaps in current communications approach and provide input to the  
19 Council on Communications' development of the 2011-2014 ADA Strategic Communications Plan.

20 At its June 2011 meeting, the New Dentist Committee participated in a Key Topic Discussion using the  
21 framing question, "What would new dentists value most from each level of the tripartite?" This discussion was  
22 developed through the work of the New Dentist Member Value Workgroup, which met twice via conference  
23 call prior to the full Committee meeting and included a representative from the Council on Membership. The  
24 objectives for the session were to gain insights and learn more about how new dentists value membership at  
25 the local, state and national levels. As part of the discussion, the Committee was given a reference handout  
26 that listed benefits available from the ADA, as well as a sampling of benefits at the state and local levels.  
27 New dentist market share and current recruitment and retention activities were shared with the Committee.  
28 Members shared the one membership benefit they could not be without and why. Presentations from Dr.  
29 Danielle Ruskin, Dr. Matthew Niewald and Dr. Ken Rich highlighted member value from various perspectives  
30 and the Committee conducted small group discussions and developed potential New Dentist Committee  
31 recommendations. The Committee intends to continue its workgroup, with several additional members, to  
32 develop proposed next steps for Committee consideration.

33 **New Dentist Membership:** One key role for the Committee is the facilitation of new dentist involvement in  
34 organized dentistry. As noted above, providing input to the ADA Council on Membership through the Key  
35 Topic Discussion as well as through the *ex officio* representative to the Council affords that opportunity.  
36 Membership among active licensed new dentists decreased by 546 from 29,793 in 2009 to 29,247 in 2010,  
37 with a corresponding decrease in market share from 68.4% to 67.4%. This was of great concern to the  
38 Committee.

39 Of specific interest was retention among new dentist members, addressing the question of whether new  
40 dentists are more likely than other members to let membership lapse, particularly during the period in which  
41 dentists move from the Reduced Dues Program to full dues. Analysis showed that the nonrenew rate for  
42 2009 members going from the first year to second year out of dental school was 18.6%, from second to third  
43 year was 12.8%, from third to fourth year was 11.3% and from fourth to fifth was 10%.

44 When coupled with the retention rate by rate paid, as outlined below, it is clear that the concern is not  
45 necessarily during the period of transition from reduced dues to full dues, but throughout the early years of  
46 practice. The ADA Reduced Dues Program requires continuous membership, so it is not surprising that as  
47 dentists move through the program (Rate A is \$0, Rate B 25% of full dues, Rate C 50%, and Rate D 75%),  
48 the non-renew rate is highest early on and decreases through the progression. How to offer member value

and encourage both recruitment and retention during the first few years following dental school graduation is an important question for the Committee to consider.

### Nonrenew Rate by Rate Paid

2009 Rate Paid	2010 Nonrenew
ADA FULL ACTIVE DUES	3.2%
ADA HALF YEAR DUES	25.6%
GRAD STUDENT DUES	18.7%
ADA STUDENT DUES - ASDA	16.6%
1/4 YR DUES	33.7%
YEAR OF GRADUATION DUES / NON-ASDA	7.5%
1ST YEAR OUT OF SCHOOL DUES	15.0%
2ND YEAR OUT OF SCHOOL DUES	10.2%
THIRD YEAR OUT OF SCHOOL DUES	9.8%
FOURTH YEAR OUT OF SCHOOL DUES	6.3%
ADA INCENTIVE DUES OFFER-50% DISCOUNT	35.7%
ACTIVE LIFE DUES	2.1%

In addition to the information above, the Committee noted that there is significant variability by constituent dental society in terms of new dentist membership and took action to identify opportunities to enhance membership through the development and support of New Dentist Committees in low market share states. To help develop a professional community for new dentists within organized dentistry, the Committee supports and helps develop New Dentist Committees at the state and local level, with the goal of increasing engagement and enhancing member value at all levels of the tripartite.

**Member Value:** In addition to supporting the enhancement of new dentist member value at the local and state levels, the Committee provides targeted resources to meet new dentists' needs. One of these is the quarterly publication *ADA New Dentist News*, which is distributed free of charge to member new dentists and dental students as a wrap on *ADA News*; one issue per year is offered on a "bonus issue" of *ADA News* and also goes to nonmember new dentists. Its purpose is to provide practical information to help new dentists succeed in practice while reinforcing the value of ADA membership. The publication is sponsored by Wells Fargo Practice Finance, an ADA Business Resources provider offering practice acquisition, start-up and expansion loans; its focus is a particularly good fit with *ADA New Dentist News* readers. Since the 2010 annual report, three issues have been published.

Another resource to meet new dentist needs is the ADA New Dentist Conference, which had its 25th anniversary in June. Its mission statement reads:

The ADA New Dentist Conference serves as a forum to provide leadership skills, networking opportunities, camaraderie, continuing education and updates on current issues while striving for the best value for new dentists.

The 2011 conference provided up to 15 hours of high quality continuing education at a low registration fee and was designed to facilitate peer sharing and social opportunities. The all-inclusive format offers all CE, meals and breaks and two social events. Final registration was 330 attendees. The Committee offered a full day of leadership development topics, which were very well-attended by both volunteer leaders and those looking to get involved in organized dentistry, as well as continuing education on professional, practice management and clinical issues.

New this year, a smart phone mobile application was developed and launched for the conference and included information on speakers, courses, sponsors, and events. With over 110 downloads, it allowed attendees to rate sessions they attended, chat with their friends, find local establishments near the conference and upload photos taken throughout the conference. The Committee will review full metrics at a future meeting. In addition, social media (Facebook and Twitter) was utilized to assist with promotion and to generate excitement before, during and even after the conference. A Facebook group was developed and currently holds over 730 members; conversations are continuing post-conference on topics as diverse from outreach activities to clinical topics. Of special interest was the post-conference "friending" of various conference attendees, who met on-site and subsequently became personal Facebook friends.

**The Voice of the New Dentist:** The Committee seeks to accurately represent the views and needs of new dentists, including those in occupations other than private practice, such as federal service, graduate students and dental education. In order to do so, the Committee requests a consultant each year from each branch of the federal dental services, as well as a liaison to the American Student Dental Association (ASDA). Consultants this year included: Dr. Andrew Read-Fuller (ASDA), Lieutenant Barry Peterson (Navy), Captain Bradley Harrelson (Air Force), Dr. Lydia Winters (Public Health Service), Captain Zachary Paukert (Army) and Dr. David Cotchery III (Veterans Affairs).

Dr. Read-Fuller provided information to the Committee regarding dental student issues and indicated that ASDA is actively participating in a new ADA incentive program to improve conversion. Leadership training is an important topic for ASDA this year and ASDA alumni who are active in organized dentistry were encouraged to share their expertise. Dr. Read-Fuller shared highlights about student issues, including Resolution 31H-2010 (*Trans*.2010:587), which ASDA put forward with the Pennsylvania Dental Association to establish ADA policy to ensure that students on overseas mission trips do not perform irreversible procedures. He also reported that licensure continues to be a hot issue and there is continued support for non-patient based licensure exams. The Committee was pleased to note that membership participation among dental students continued to be high, at 84.3% for 2010. The ADA Office of Student Affairs is finalizing the student market share as of July 1 and it is anticipated to be over 86%.

The consultants from the branches of the federal dental services provided insight into the concerns of new dentists in the military and other federal services, including loan repayment, membership dues, mentoring and training, continuing education, licensure issues and advocacy initiatives. Market share among new dentists in the federal services is about five percentage points higher than for the overall market share, and there are efforts undertaken to build a strong community among new dentists in each branch, as well as outreach to civilian ADA members where possible. The Committee discussed opportunities to further strengthen the ADA annual session and the ADA New Dentist Conference in terms of increasing FDS participation, and after discussion, took action to offer registration for FDS dentists at the New Dentist Conference at the same rate as dental students and graduate students (about a 25% discount over regular member rates), starting in 2012.

**Ex-officio Participation:** The Committee currently participates as the voice of the new dentist to 12 ADA agencies, through its *ex officio* assignments. The agencies include: Council on Access, Prevention and Interprofessional Relations, Council on ADA Sessions, Council on Communications, Council on Dental Education and Licensure, Council on Dental Benefit Programs, Council on Dental Practice, Council on Ethics, Bylaws and Judicial Affairs, Council on Members Insurance and Retirement Programs, Council on Government Affairs, Council on Membership, Council on Scientific Affairs and the ADPAC Board. Through these *ex officio* assignments, committee members have provided insight on diverse topics: access to care; course offerings and social events at the ADA annual session; legislative issues; membership outreach and conversion of dental students and new dentists to active tripartite membership; risk management; advocacy for dentists and patients; dental workforce issues; social media; evidence-based dentistry; and licensure issues.

Representatives of the Committee also serve on other committees, task forces and workgroups for the ADA, including: ADA Strategic Planning Committee, Center for Education and Lifelong Learning (CELL) CE Online Advisory Group, Resolution 42H Workgroup (to develop an RFP for a portfolio style exam) through the

Council on Dental Education and Licensure and the Social Media Workgroup through the Council on Communications.

### **New Dentist Issues**

There are several issues of special interest to new dentists and the Committee is active in monitoring those issues and providing insight and information. In some cases, the Committee provides resources or undertakes activities in support of ADA goals related to specific issues, as noted below.

*Advocacy.* The Committee considered a report from Government Affairs providing information on key initiatives of interest and on the State Public Affairs program. The Committee also promotes ADPAC membership for new dentists; ADPAC donations at the 2010 and 2011 conferences totaled about \$14,000 each year. After two years experience monitoring new dentist ADPAC membership by state society, in June 2011, the Committee requested an informational report from ADPAC regarding its membership process in order to work with ADPAC to identify ways to more effectively increase ADPAC participation and raise awareness of the ongoing need for advocacy and political involvement among new dentists.

*Financial Issues.* The Committee follows the ever-increasing level of student debt and serves as a resource to dental students, while also continuing to develop financial resources for new dentists and dental students. The Committee examined the 2010 American Dental Education Association Survey of Dental School Seniors and determined that the graduating debt among the Class of 2010 was considerably up compared to the previous year, at \$177,144 from all schools, \$157,564 from public schools and \$207,824 from private and private state-related schools. The Committee also tracks student loan repayment programs and other financial incentives to practice in a particular location. The Office of Student Affairs provides a resource for dental students on this topic.

The Committee is also interested in the career choices, financial pressures and income and benefits received by new dentists in various occupations, including private practice, federal services, graduate students, dental education, etc. Plus, with the recent economic downturn, the Committee requested and received regular reports from the Health Policy Resources Center's *Survey of Economic Confidence* comparing new dentists to established dentists. In general, younger dentists are reporting less negative impact on their gross billings and net income and are also more confident than older dentists that future economic conditions will improve.

At its June 2011 meeting, the Committee noted emerging trends in practice and occupation among new dentists and the increasing levels of student debt and recommended that the ADA investigate the impact of high debt load and the poor economy on recent graduates.

*Transition to Practice and Professional Success.* The Committee is dedicated to helping dental students and new dentists make a successful transition to practice, recognizing the diversity of dental occupations that new dentists may choose. The Committee works to educate dental students and new dentists about practice options, including dental research, dental education, public health, federal services and alternative practice settings. The annual Survey of Dental School Seniors conducted by the American Dental Education Association noted above also provides information regarding trends in occupations immediately following dental school graduation; the percentage of new graduates going into private practice has remained relatively stable around 50%, but the percentage going directly into practice ownership has steadily declined. There has been an increase in the numbers of new graduates going into advanced dental education programs.

*Research.* The ADA Health Policy Resources Center has also noted the growth in group practice among dentists, and in particular, new dentists. The Committee has discussed focus group research among dental students and new dentists which shows an interest in group practice, but particularly for small group practice. This qualitative information indicates that these young practitioners are attracted to the opportunity for control and ownership coupled with the ability to share responsibility and have a more flexible lifestyle in terms of work/life balance.



A quantitative study of junior and senior dental students and member new dentists one to five years out of dental school was conducted in 2010 and reported in 2011. Reasons for choosing dentistry as a profession were assessed, and the survey revealed that a flexible lifestyle and time to be with family was the top reason, providing patient care and helping others was second, and financial security was the third most important reason. Over half the respondents reported being “very satisfied” with their choice of profession and an additional third were “somewhat satisfied.” Current occupations varied greatly—from dental student and graduate student to military, community health, associate/employee in a variety of settings, and solo practitioner—but when asked about their anticipated occupation in 2010, these young professionals primarily selected practice ownership.

#### Classes of 2006-2012: Anticipated 2020 Occupation

Owner/partner	52.1%
Solo practitioner	22.1%
Employee/associate in dentist-owned practice	7.2%
Combination of occupations	6.5%
Federal services (military, VA, U.S. Public Health Service or other federal employment)	3.7%
Faculty or dental education administration	3.4%
Community health center	1.9%
Employee/associate in corporate-owned practice	0.9%
Other	2.0%

Source: 2010 Dental Student/Recent Graduate Member Study

**Success Dental Student Programs:** To help dental students prepare for practice, the Committee administers the Success Dental Student Programs, a continuum of programs focusing on practice management topics for freshman, sophomore, junior, and senior dental students that are offered very year to every school. A total of 97 programs were held in the 2010-2011 academic year. Programs include:

- *Success Smart Start for Freshmen*—This presentation addresses stress management, career opportunities and information on student loans and financial management. (28 programs)
- *Success Professional Preview for Sophomores*—A 2005 JADA study found over 70% of dental students surveyed reported neck, shoulder and lower back pain by their third year of dental school! This program covers the relationship between ergonomics and dentistry, along with information about communication skills in clinic and critical thinking when assessing technology. (18 programs)
- *Success Career Strategies for Juniors*—The agenda for this program covers steps necessary to transition to working as a dentist. Topics include defining your career philosophy, finding a job in dentistry and interviewing for the professional position. (21 programs)
- *Success Practice Management for Seniors*—This robust, full-day program addresses a number of practice readiness topics, including locating, financing and marketing the dental practice; production, collection and expense management; recruiting and leading the dental team; and differentiating between different dental reimbursement and benefit plans. (30 programs)

New this year, the Committee is developing collaborative Success programs with the California Dental Association, Texas Dental Association and Pennsylvania Dental Association, which includes resources and information from those state societies in the programs presented to the dental schools in the state. These programs will roll out in the 2011-2012 academic year. Also, in response to the most frequently cited reason for not scheduling programs—the full curriculum schedule and the difficulty in scheduling two-hour or full-day programs—the Committee has developed abbreviated, one-hour versions of the freshman, sophomore and junior programs. These will be offered in a “second wave” of communications to school contacts who do not schedule the regular programs.

The Success Dental School Programs are offered by a speaker corps of volunteer ADA member dentists – no reimbursement, except for travel expenses, is offered. Most of the 2010-2011 speakers are continuing into the 2011-2012 academic year, and the Committee also selected six new speakers from over 30 applicants. These include:

- Dr. David Bonner, Texas
- Dr. Karen Irani, California
- Dr. Jonathan Rich, Kentucky
- Dr. Mary Krempasky Smith, Washington
- Dr. Tom Sullivan, Illinois
- Dr. Evelyne Vu-Tien, California

In addition, three current New Dentist Committee members, Dr. Danielle Ruskin, Dr. Chris Salierno and Dr. Sarah Tevis-Poteet, will also become Success speakers, affording the Committee more direct experience with the program.

In 2010-2011, Success had five sponsors at \$20,000 each; this support significantly decreased the financial impact of the program on the ADA. Sponsors included ADA Insurance Plans, AXA-Equitable, Patterson Dental, The CNA Insurance Companies and Brown & Brown Insurance. A survey was undertaken to assess opportunities to enhance sponsorship, and in June, the Committee directed staff to proceed with enhancements if feasible, but did not recommend any changes to the sponsorship fee.

**Practice Management Initiative:** A 2006 inter-agency work group to complete the strategic planning process that resulted in the development of the Success Dental Student Programs continuum made a series of recommendations. The final recommendation to be addressed was the consideration of a “practice management institute” for dentists across their professional career cycle, in order to enhance practice management knowledge and resources. In 2011, the New Dentist Committee budgeted funds and is the lead agency for an inter-agency advisory group to address opportunities to significantly increase the ADA practice management resources offered, both to enhance member value and to investigate opportunities for non-dues revenue.

Workgroup members included two representatives from each of the following agencies: New Dentist Committee, Council on Dental Practice, Council on Dental Benefits Programs, Council on ADA Sessions, Council on Dental Education and Licensure, as well as one at-large member. The advisory group is chaired by Dr. Steven Gounardes, trustee, Second District. The first half of the year has been focused on gathering research that will assist in the business plan development.

The advisory group will make its recommendation in a report to the Board of Trustees in September 2011, and pending Board action, the ADA House of Delegates will have the opportunity to evaluate and fund the recommended opportunities in the 2012 budget.

**Dental Education:** The Committee follows dental education issues, particularly as they impact dental students and new dentists, including dental school curriculum, the availability of general practice residencies and specialty programs and the opening of new dental schools. One concern that had been discussed by the Committee included the number of new dental schools opening and the model of education provided at some of the new schools. On behalf of the Committee, Dr. Matt Niewald attended an ADA April Board of Trustees meeting where a point/counterpoint discussion on this topic was held, and provided an overview of the discussion for the Committee’s information at the June 2011 meeting.

**Dental Licensure:** Each year, the Committee continues to play an active role in educating dental students about the licensure process through the expanded publication *Understanding Licensure: The Dental Examination Process for the New Graduate* that is produced by the Office of Student Affairs and distributed to all senior dental students and made available for download to members on ADA.org. The Committee is strongly supportive of improvements in the clinical licensure process, and one member, Dr. Chris Salierno,

sits on the Resolution 42H-2010 Workgroup, which is charged with developing a Request for Proposals for a portfolio-style examination.

**Ethics:** The Committee is very committed to professional ethics and is committed to helping raise awareness and provide dental students and new dentists with information to assist them in making wise decisions. The Success program includes several real-life ethical dilemmas, as appropriate to the topics, in each of the four Success programs. In addition, this year, the Committee recommends collaboration with CEBJA to investigate further opportunities and also requested staff to include articles related to ethics in dental practice in *ADA New Dentist News*.

**Leadership Development:** The Committee is dedicated to the development of ADA's future leaders. It supports the development of new dentist committees throughout the tripartite and the active involvement of new dentists in organized dentistry. There is new dentist representation by 45 constituent and 163 component societies in the New Dentist Committee Network. In February 2011, the Hawaii Dental Association established a New Dentist Committee and hosted a basic new dentist committee workshop facilitated by ADA staff.

The Committee's Network Communications Program helps new dentist volunteers across the country keep in touch with news in organized dentistry. From the Committee chair to all Network leaders and staff contacts, *Network Updates* are disseminated by e-mail six times throughout the year. Topics range from ADA awards programs and the ADA New Dentist Conference to resource availability and initiatives of interest to new dentists, such as legislative and licensure updates, financial issues, *ADA Catalog* products and ADA distance learning opportunities.

The ADA New Dentist Conference plays an important role in volunteer leadership development. In addition to offering continuing education for the general new dentist member, the 2011 conference offered a new full-day of leadership programming with continuing education credit as pre-conference courses. Over 100 New Dentist Committee Network leaders from 31 constituent societies were in attendance, as well as the New Dentist Committee, 19 members of the ADA Board and many New Dentist Committee alumni. Dr. Patsy Fujimoto, two-time president of the Hawaii Dental Association and the first chair of the Commission on the Young Professional (a precursor to the New Dentist Committee), spoke about the continued need for the new dentist voice in organized dentistry. Total participation for the day was strong, with over 175 attending the leadership day keynote by Eric Papp on *Leadership—The Foundation to a Successful Career* and continuing through the morning breakout sessions which included a small group discussions session and *Strategies and Tactics for Social Media Marketing*. The afternoon sessions included an orientation program, *How to Get Involved and Stay Involved*, *Effective Communication for all Generations* or a course on public speaking. Following these programs was the popular *New Dentist Committee Network Idea Exchange* where attendees heard about programs and activities for new dentists, and the *Hot Topics Session with ADA Leaders*, where attendees shared concerns affecting new dentists and participated in a Q & A session with the ADA Board of Trustees. Overall, evaluations of the leadership day and of the conference as a whole were positive.

ADA CE Online offers a self-guided continuing education course, "Understanding the Association Series" designed to help members identify their leadership style, conduct effective meetings, set goals, and gain a better understanding of the Association's role in the political process. This free course, developed by the New Dentist Committee, and offered exclusively to ADA members, includes a series of nine units to provide enhanced leadership development training for current and future tripartite volunteers by outlining key aspects for active members to strengthen leadership skills. While developed with new dentists in mind, about 45% of the individuals who take advantage of the series are past the ten year mark and may be new to volunteer responsibilities.

To recognize and support individuals and programs that contribute significantly to the tripartite on issues of special interest to new dentists, the Committee sponsors several awards, including three for individual achievement, as well as two that recognize dental societies. This year, the Committee recognized Dr. Paul Kennedy, III of Texas with the Golden Apple Award for New Dentist Leadership; Dr. Rise' Martin of Texas

with the Golden Apple Award for Outstanding Leadership in Mentoring; and, in collaboration with ADPAC, Dr. David White of Nevada with the Golden Apple Award for New Dentist Legislative Leadership. The Committee selected the San Gabriel Valley District Dental Society New Dentist Committee as the 2011 recipient of the New Dentist Committee Outstanding Program Award of Excellence for its "Meet and Greets." The Committee, with the participation of the Council on Membership, selected the recipient of the Golden Apple Award for Dental School/Dental Student Involvement in Organized Dentistry in June 2011. The award winner will be announced in September 2011. This year, the Committee recommended the establishment of a new award: The Outstanding New Dentist Committee Award, which will recognize a constituent or component dental society new dentist committee for overall achievement.

**Response to Assignments from the 2009 House of Delegates:** The Committee has continued its follow-up related to Resolution 18H-2009 (*Trans.*2009:486). The House of Delegates approved the following resolution:

**18H-2009. Resolved,** that new dentists (defined as dentists graduating less than ten years previously) be encouraged to become involved as volunteers in organized dentistry, and be it further

**Resolved,** that constituent dental societies be urged to include new dentists in the leadership development process, offer new dentists volunteer opportunities, and be inclusive of new dentists in the leadership education offered.

As reported in its 2010 annual report, the Committee took action in June 2010 to implement a survey to assess the impact of Resolution 18H-2009.

This survey of constituent and component dental societies was completed in October 2010, with recipients including executive directors, presidents and presidents-elect. There were a total of 194 respondents, including 75 constituent society representatives (21 presidents, 20 presidents-elect and 34 executive directors) and 119 component representatives (65 presidents and 54 executive directors). The survey was very informative regarding new dentist opportunities. Selected findings are outlined below.

***Please estimate what percentage of your dental society's volunteer leaders are new dentists?***

- Overall: 16%
- Constituent executive directors: 14%
- Constituent presidents/presidents-elect: 12%
- Component executive directors: 19%
- Component presidents: 18%

***Does your dental society include new dentists in its leadership education opportunities?***

	Overall	Constituent Exec	Constituent pres/pres-elect	Component Exec	Component president
Yes	84%	82%	88%	87%	81%
No	2%	3%	2%	0	2%
Sometimes	14%	15%	10%	13%	17%
Total	190	33	41	53	63

***Does your dental society have difficulty in identifying/recruiting new dentists as volunteers?***

	Overall	Constituent Exec	Constituent pres/pres-elect	Component Exec	Component president
Yes	39%	47%	37%	25%	47%
No	24%	24%	27%	27%	21%
Sometimes	37%	29%	37%	48%	32%
Total	189	34	41	52	62

***Did your dental society make changes to its leadership development, recruitment, and/or education practices as a result of Resolution 18H-2009?***

	Overall	Constituent Exec	Constituent pres/pres-elect	Component Exec	Component president
Yes	8%	12%	12%	9%	3%
No	53%	68%	44%	57%	49%
Not sure	38%	29%	37%	48%	32%
Total	191	34	41	53	63

The Committee noted that new dentists are under-represented in leadership positions, but was pleased to see that they are included in leadership programming. It was particularly interesting to note that there are some societies which have difficulty in identifying new dentists to serve as volunteers. To facilitate and monitor this, the Committee recommended the following at its January 2011 meeting:

**Resolved**, that the New Dentist Committee develop a resource for dental societies, and a companion resource for new dentists, regarding the integration of new dentists into tripartite volunteer leadership, and be it further

**Resolved**, that the resources be promoted and made available to the constituent societies.

**Resolved**, that the New Dentist Committee recommends that a question on the ease of obtaining new dentist leaders be included in the survey of constituent and component societies every two to three years.

The resource recommended above is currently in development with an anticipated delivery date of October 2011. The Committee is also planning to include questions related to new dentist leadership and leadership development opportunities, as well as the structure and responsibilities of new dentist committees, in a survey of dental societies in late 2011.

**Resolution**

This report is informational and no resolutions are presented.

**BOARD RECOMMENDATION: Vote Yes to Transmit.**

**BOARD VOTE: UNANIMOUS (BOARD OF TRUSTEES CONSENT CALENDAR ACTION—NO BOARD DISCUSSION)**



Resolution No. 46 New ☒ Substitute ☐ Amendment ☐Report: NA Date Submitted: September 2011Submitted By: American Academy of Oral and Maxillofacial Pathology, American Academy of Pediatric Dentistry, American Academy of Periodontology, American Association of Endodontists, American Association of Oral and Maxillofacial Surgeons, American Association of Orthodontists, American Association of Public Health Dentistry, American College of ProsthodontistsReference Committee: Membership and PlanningTotal Net Financial Implication: \$ None Net Dues Impact: \$Amount One-time \$ Amount On-going \$ADA Strategic Plan Goal: Members (Required)**1 REVISION OF ADA SPECIALTY LOGO**

2 The following resolution was submitted by: American Academy of Oral and Maxillofacial Pathology, American  
3 Academy of Pediatric Dentistry, American Academy of Periodontology, American Association of Endodontists,  
4 American Association of Oral and Maxillofacial Surgeons, American Association of Orthodontists, American  
5 Association of Public Health Dentistry and American College of Prosthodontists. The resolution was  
6 transmitted on September 1, 2011 by Ms. Carla J. Qualls, director, Leadership Entities, American Association  
7 of Orthodontists.

8 **Background:** Resolution 32H-2009 (*Trans.*2009:487) ADA Specialty Logo called for the development of a  
9 trademarked logo to be utilized by dental specialist.

10  
11 **32H-2009. Resolved,** that the ADA develop a trademarked logo which, when lawfully and ethically  
12 displayed in a member's promotional material, signifies that the member has completed a CODA  
13 accredited advanced dental education program in a specialty recognized by the ADA and holds a  
14 specialty license or permit in those states in which it is required, and be it further

15 **Resolved,** that this logo only be made available to ADA members who are graduates of CODA  
16 accredited advanced dental education programs in specialties of dentistry so recognized by the ADA and  
17 who lawfully and ethically promote such credentials in accordance with the ADA's Code of Ethics, and be  
18 it further

19 **Resolved,** that the logo be unique and conspicuous, be readily recognized as an ADA brand, indicating  
20 both CODA accreditation and ADA recognition, and be it further

21 **Resolved,** that the logo be developed with all due speed for maximum effectiveness as a member  
22 benefit.

23 As the original resolution states, the logo should be: unique and conspicuous, be readily recognized as an  
24 ADA brand indicating both CODA accreditation and ADA recognition, and be effective as a member benefit.  
25 Indeed, an added goal was to strongly tie dental specialists more closely to the ADA and continued  
26 membership by use of the logo. Data has shown that increasing numbers of dental specialists were dropping  
27 their membership in the ADA in lieu of solely belonging to their dental specialty organization. Thus the  
28 development of the Specialty Logo was applauded by all ADA members for a variety of reasons including the  
29 increased dissemination of the ADA logo and retention of dental specialists as active ADA members.

1 The reality is that the new specialty logo is not being used due to the fact that the yearly "date" is posted on  
2 the logo. Dental specialists that wish to take advantage of this ADA membership benefit have not and will not  
3 as they would have to annually change their ADA specialty logo imprinted materials. While it is  
4 understandable that the Council on Membership is concerned if a member fails to renew and continues to use  
5 the logo, realistically, the vast majority of ADA specialist members have been loyal to the ADA for many years  
6 and will continue to be so. If the intent of the HOD resolution is to recognize ADA member specialists, then  
7 the logo needs to be presented in such a way that it will be used by the intended membership group. It  
8 makes sense to remove the yearly date on the dental specialty logo and service the vast majority of members  
9 instead of focusing on the few who misuse the privileges of their membership.

#### Resolution

11 **46. Resolved**, that the date be removed from the ADA specialty logo.

12 **BOARD COMMENT:** The Board of Trustees appreciates the intent of the eight dental organizations that  
13 have brought this resolution forward. Their goal is the same as the ADA's, to reinforce the value of  
14 membership for the 30,008 active, licensed dental specialist members of the ADA who represent 74.1 percent  
15 of all dental specialists. This compares to the overall group of ADA active, licensed members who represent  
16 68.2 percent of all dentists.

17 As the intellectual property of the ADA, the existing logo available to the ADA members who are specialists  
18 serves to highlight the educational background of specialists and underscore the importance of seeking  
19 dentists who have received additional specific education from a recognized specialty credentialing body.  
20 Removing the membership year from the logo could expand its use among specialists.

21 While the Board appreciates the efforts of the Council on Membership to ensure that the logo indicates that a  
22 member is current, it cannot ignore the desires of the specialist members for whom the logo is intended.  
23 Removing the membership year from the specialty logo will allow greater use and, therefore, greater  
24 distribution of the value of ADA membership to specialist members and their patients.

25 Concurrently, the ADA's member logo also includes the membership year within its design. The Board would  
26 suggest that removing the year from the member logo for those individuals whose membership is considered  
27 to be fully privileged, i.e. active, active life, retired or retired life members should have access to a member  
28 logo without the membership year as well. Individuals from other member classifications considered not to be  
29 fully privileged, including honorary, associate, affiliate, graduate student (not active), undergraduate student,  
30 international student and non-practicing could still access the member logo that would include the  
31 membership year. This could continue to be available and monitored through the members-only section of  
32 ADA.org and done so by existing ADA staff without additional expense.

33 In order to create consistency in purpose and approach, the Board recommends that the resolution as  
34 submitted be substituted.

35 **46B. Resolved**, that the date be removed from the ADA member and specialty logos for active, retired  
36 and life members.

37 **BOARD RECOMMENDATION: Vote Yes on the Substitute.**

38 **BOARD VOTE: UNANIMOUS.**



Resolution No. 49 New ☒ Substitute ☐ Amendment ☐  
Report: NA Date Submitted: September 2011  
Submitted By: Pennsylvania Dental Association  
Reference Committee: Membership and Planning  
Total Net Financial Implication: \$ 10,712 over two years Net Dues Impact: \$ .05/year  
Amount One-time \$ Amount On-going \$  
ADA Strategic Plan Goal: Financial (Required)

1 **REVISING ADA'S TIMEFRAME FOR TERMINATION OF MEMBERSHIP BENEFITS**

2 The following resolution was submitted by the Pennsylvania Dental Association (PDA) and transmitted on  
3 September 6, 2011 by Ms. Rebecca Von Nieda, Director of Meetings and Administration, Pennsylvania  
4 Dental Association.

5 **Background:** The ADA's current 210-day grace period is costing a minimum of \$39,860 to send ADA  
6 publications to non-renews nationwide. Research from the American Society of Association Executives  
7 indicates that a longer grace period actually encourages members to pay later in the year. In addition, upon  
8 receipt of an ADA termination letter some non-renews will notify PDA that they are resistant to renewing  
9 because it is past mid-year and plan to postpone renewal until November for the next year's dues. ADA's  
10 mid-July cut-off date results in many non-renews missing out on benefits provided by the constituent, district  
11 and local dental societies. As a result the late payers may have a diminished perception of member benefits  
12 and value.

13 According to ADA in 2009, 7,182 members (6% of dues paying members) paid dues between June 1 and  
14 December 31. PDA's records indicate that slightly more than 1% of full dues paying members paid PDA dues  
15 between June and December.

16 One of the most positive features of tripartite membership is that it is mutually supportive: the unity of  
17 tripartite membership produces a consistent and more effective dental profession. The mid-year cut-off date  
18 is not supportive of constituent procedures, isn't reflective of the unity of the tripartite and is sending an  
19 inconsistent message regarding the timeline for renewal and termination of benefits.

20 Conducting the Pennsylvania pilot program will provide ADA with the opportunity to implement the condensed  
21 timeframe with a smaller pool of non-renews and to work with PDA to track non-renew response and ensure  
22 that optimal customer service is provided.

23 Finally, the proposed Pennsylvania pilot program compliments ADA's Web2Print recruitment and retention  
24 marketing program. Through this program ADA and constituents have worked together to conduct timely and  
25 effective marketing outreach programs that are mutually supportive of the tripartite structure.

26 **Applicable Policies:** Both ADA and PDA bylaws state that March 31 is the deadline date for termination of  
27 member benefits. ADA staff is aware that ADA's existing operational timeframe for terminating membership  
28 benefits conflicts with the bylaws and is out of synch with termination procedures of most constituents. A  
29 majority of constituents have a 90-day grace period and terminate benefits on March 31.

1 PDA *Bylaws*:

2 1.1.2 An active member whose dues for the current year have not been paid by March 31 of the current  
3 year, except those members participating in the monthly electronic dues payment program whose  
4 dues must be paid by June 30 of the current year, shall cease to be a member.

5 ADA *Bylaws*:6 CHAPTER I. MEMBERSHIP, *Section 40*, LAPSE OF MEMBERSHIP AND REINSTATEMENT, *Subsection A*:

7 A. LAPSE OF MEMBERSHIP. Any member whose dues and any special assessment have not been  
8 paid by March 31 of the current year shall cease to be a member of this Association. Further, an  
9 associate member who terminates employment in dental-related education or research shall cease to be  
10 an associate member of this Association December 31 of that calendar year.

11 CHAPTER I. MEMBERSHIP, *Section 50*, DUES OR SPECIAL ASSESSMENT RELATED ISSUES,  
12 *Subsection A*:

13 A. PAYMENT DATE AND INSTALLMENT PAYMENTS. Dues and any special assessment of all  
14 members are payable January 1 of each year, except for active and active life members who may  
15 participate in an installment payment plan. Such plan shall be sponsored by the members' respective  
16 constituent or component dental societies, or by this Association if the active or active life members are in  
17 the exclusive employ of, or are serving on active duty in, one of the federal dental services. The plan shall  
18 require monthly installment payments that conclude with the current dues and any special assessment  
19 amount fully paid by December 15. Transactional costs may be imposed, prorated to this Association  
20 and the constituent or component dental society. The installment plan shall provide for the expeditious  
21 transfer of member dues and any special assessment to this Association and the applicable constituent or  
22 component dental society.

23 **Timeframe for Termination of Member Benefits**

TABLE 1			
Task	Existing ADA Checkpoint Dates	Proposed PDA/ADA Pilot Dates	Who
Verify and return member and non-renew lists to ADA.	June 1, 2010	April 10*	ADA/PDA
Letter is mailed from ADA President or Council Chair to identified and verified non-renews urging them to renew by June 30.	June 14, 2010	April 15 (urging renewal by April 30)	ADA
ADA member cut-off for 2010 non-renews	July 9, 2010	April 30	ADA
Begin the Great West Life (GWL) notification process to 2010 non-renews. ADA sends non-renew list to GWL.	September 13, 2010	July 15	ADA

24 \* To assist with the condensed timeframe and to eliminate the non-renew roster review process, PDA will  
25 forward a roster of non-renews to ADA prior to April 10.

26 ADA dates for 2010 non-renewal activity is provided as an example.  
27

1 **Nationwide Distribution of *JADA* & *ADA News***

TABLE 2				
Publication	Cost per issue	Number of Issues	Number of Non-renews	Total Cost
<i>JADA</i>	.81	3 (May, June & July)	7,182	\$17,452
<i>ADA News</i>	.52	6 issues (semi-monthly May, June & July)	7,182	\$22,408
				<b>\$39,860</b>

2 **Pennsylvania Distribution of *JADA* & *ADA News***

TABLE 3				
Publication	Cost per issue	Number of Issues	Number of Non-renews	Total Cost
<i>JADA</i>	.81	3 (May, June & July)	181	\$440
<i>ADA News</i>	.52	6 issues (semi-monthly May, June & July)	181	\$565
				<b>\$1,005</b>

3 **Resolution**

4 **49. Resolved**, that the American Dental Association adopt and implement a two-year pilot program for  
 5 the Pennsylvania Dental Association and ADA only with a condensed timeframe for the termination of  
 6 membership benefits as outlined in Table 1, and be it further

7 **Resolved**, that the appropriate ADA agencies present a report with any recommendations regarding the  
 8 PDA/ADA pilot program to the 2013 House of Delegates.

9 **BOARD COMMENT:** The Board of Trustees appreciates the need to reinforce member value, however, in  
 10 reviewing this resolution it is concerned that the proposed action would disenfranchise loyal members and  
 11 create unnecessary administrative burdens. Further, the Board understands that the Council on Membership  
 12 reviewed a similar request put forward by the Pennsylvania Dental Association at the June 2011 Council on  
 13 Membership meeting. The Council chose to vote down that request.

14 The American Dental Association membership year begins January 1 and ends on December 31. Chapter I,  
 15 Section 40, paragraph A of ADA's *Bylaws* states that "Any member whose dues and special assessments  
 16 have not been paid by March 31 of the current year shall cease to be a member of the Association."

17 There are many factors that impact the timing and operational efficiency of the dues remittance and  
 18 membership termination processes. The greatest dependency is the well-orchestrated execution of 53  
 19 individual constituent dental societies, that administer their dues collection and remittance processes under  
 20 their own authority in compliance with the ADA *Bylaws*. Additionally, the processes that are put in place often  
 21 are dependent on their component dental societies and cash flow considerations. As a result, and in order for  
 22 the ADA to provide the best service to its members, benefits are continued for the three month period in order  
 23 to allow for all vested parties to complete their portion of the collection and remittance process.

24

## Number of Tripartite Nonrenews Likely to Reinstate

	<u>March 31, 2011</u>	<u>July 9, 2011</u>	<u>Difference in Count</u>	<u>Difference as a Percent</u>
<u>American Dental Association</u>	<u>30,321</u>	<u>11,636</u>	<u>18,685</u>	<u>61.6%</u>
<u>Pennsylvania Dental Association</u>	<u>1,080</u>	<u>413</u>	<u>667</u>	<u>61.8%</u>

In 2011, approximately 62% of members at a national and a PDA level paid their tripartite membership dues between March 31 and the July 9 membership termination data.

If the timing of the termination date was to be moved up to March 31 (only month end data is available for comparison purposes to the April 15 cutoff data proposed) and these 18,685 individuals ADA-wide were to then reinstate their membership during the three month period of April, May and June, the net result of this would be an increased cost \$5,356 for a PDA pilot (exceeding \$135,000 if it were for the ADA overall). This cost reflects the postage to send back issues of ADA publications to these renewing members. These costs are typically higher than standard; requiring rates that do not benefit from the volume discounts associated with subscription fulfillment. In addition, there would also be an increased administrative burden associated with addressing calls from an estimated 10% of these members regarding their inactive membership status; potentially related to meeting registration, product sales or publication. These costs are factored proportionately to process reinstating members from the Pennsylvania Dental Association during the pilot period. This cost would equate to \$10,712 (\$5,356 x 2 years of the pilot study).

## Cost to Provide Back Issues and Address Member Calls

	<u>Likely to Reinstate</u>	<u>Cost of Mailing Back issues of JADA and ADA News @ \$7.15 per mailing</u>	<u>Cost to Address 10% of Individuals Likely to Call @ \$0.88 per call</u>	<u>Total Cost</u>
<u>American Dental Association</u>	<u>18,685</u>	<u>\$133,597.80</u>	<u>\$1,644.72</u>	<u>\$135,242.52</u>
<u>Pennsylvania Dental Association</u>	<u>667</u>	<u>\$4,769.05</u>	<u>\$586.96</u>	<u>\$5,356.01</u>

If a dentist ceases to be a member in good standing of the Association, coverage under the ADA Term Life Insurance Plan will terminate effective December 31. This process is independent of the membership cutoff process that occurs in July. If dues are not paid by the March 31 deadline, GWL could only notify the member that their term life insurance benefits will be cutoff December 31. That date is set by the policy contract between the member and Great West Life. Moving the date of the GWL notification from September 1 to April 30 would likely have little impact on a member's decision to renew because the deadline for termination of their insurance benefits would not occur for another eight months.

Finally, over the coming year the association management software system conversion will take place. This is a sizable effort and has strong implications for improving e-commerce and dues processing capabilities moving forward. To seek to modify the timing of the membership termination process during the conversion would add complexity to an already challenging transition at a critical point in time.

While this resolution is proposed as a pilot and in and of itself would have a much more limited affect on ADA resources and the potential for dissatisfied members is limited to its own district, the Board feels that this is not a prudent precedent in light of the high non-renew rate.

**BOARD RECOMMENDATION: Vote No.**

**BOARD VOTE: UNANIMOUS.**

Resolution No. 54 New ☒ Substitute ☐ Amendment ☐  
 Report: NA Date Submitted: September 2011  
 Submitted By: Board of Trustees  
 Reference Committee: Membership and Planning  
 Total Net Financial Implication: \$ None Net Dues Impact: \$  
 Amount One-time \$ Amount On-going \$  
 ADA Strategic Plan Goal: Members (Required)

# 1 **DEFINITION OF ADA DIVERSITY**

2 **Background:** The 2001 House of Delegates adopted Resolution 4H-2001, Membership Diversity  
 3 (*Trans.*2001:421):

4 **4H-2001. Resolved,** that ADA membership diversity is defined as differences related to personal  
 5 characteristics, demographics, and professional choices.

6 The original resolution submitted to the House of Delegates by the Council on Membership, was amended by  
 7 the Board of Trustees. The amended resolution struck language that specifically referred to race, religion,  
 8 ethnicity, gender, disability, sexual orientation, socioeconomic status and professional choices. The Board  
 9 commented that by not detailing individual characteristics and demographics, the definition would be more  
 10 inclusive.

11 In reviewing the recent inventory of diversity activities, the Board acknowledges the far-reaching diversity  
 12 efforts across the ADA. Therefore, the Board believes that the current definition of diversity should  
 13 encompass these efforts and be broadened beyond membership and offers the following resolution amending  
 14 the current definition by deleting the word membership before the word diversity. Adoption of the following  
 15 resolution will change the title of definition from "Definition of Membership Diversity" to "Definition of ADA  
 16 Diversity."

## 17 **Resolution**

18 **54. Resolved,** that the "Definition of Membership Diversity (*Trans.*2001:421) be amended by striking the  
 19 word "membership" in the title and the body of the definition and by adding "ADA" to the descriptive title,  
 20 so the amended policy reads as follows (deletions ~~stricken through~~, new language underscored):

### 21 **Definition of ~~Membership~~ ADA Diversity**

22 **Resolved,** that ADA ~~membership~~ diversity is defined as differences related to personal  
 23 characteristics, demographics, and professional choices.

24 **BOARD RECOMMENDATION: Vote Yes.**

25 **BOARD VOTE: UNANIMOUS.**



Resolution No. None New ☒ Substitute ☐ Amendment ☐  
 Report: Board Report 9 Date Submitted: September 2011  
 Submitted By: Board of Trustees  
 Reference Committee: Membership and Planning  
 Total Net Financial Implication: \$ None Net Dues Impact: \_\_\_\_\_  
 Amount One-time \_\_\_\_\_ Amount On-going \_\_\_\_\_  
 ADA Strategic Plan Goal: Members (Required)

**REPORT 9 OF THE BOARD OF TRUSTEES TO THE HOUSE OF DELEGATES:  
ANNUAL REPORT OF STRATEGIC PLANNING ACTIVITIES**

**Background:** This report to the House of Delegates on the American Dental Association's (ADA) annual strategic planning activities is submitted as required by Resolution 104H-1990 (*Trans.*1990:570) that directs the Board and staff to establish and implement the ADA strategic planning process and to provide annual reports on its progress.

**2011 Strategic Planning Committee (SPC):** Dr. McKinley Price (chair), Evis Babo, William Calnon, Todd Cubbon, Dennis Engel, Steven Kend, Daniel Klemmedson, Robert Leland, S. Jerry Long, Charles Norman, Kathleen O'Loughlin, J. Ted Sherwin, Adam Shisler and Carol Summerhays.

**Overview:** During 2011 the SPC supported the Board by monitoring the implementation of the 2011-2014 Strategic Plan and the associated 2011 Operating Plan; contributed to the development and implementation of the Operating Plan and Dashboard reporting; proposed revisions to the Strategic Plan itself, and restructured the type and frequency of its future meetings.

Specifically, the SPC focused on:

1. Proposed changes (adopted by the Board at its September meeting) to the current ADA Strategic Plan: Changes related to core competencies, intent statements and measures. The proposed changes are included in a redline version of the Plan appended to this report as Appendix 1. No changes were suggested to the four goals or objectives.
2. 2011 Operating Plan results: As of the second quarter, all divisions are at 86% achievement of their targets. The SPC met with ADA divisional vice presidents to review their divisions' activity highlights, and measures that may not be achieved this year. The Committee determined to undertake ongoing review of the Operating Plan results in order to monitor whether Association activities are aligned with the goals of the Strategic Plan and financial resources are properly allocated. The SPC noted that the Administrative Review group considered linkage of the Operating Plan and Strategic Plan to the proposed budget for 2012. The quarterly Operating Plan results are posted on ADA.org in the HOD area and available to the membership.
3. 2012 Draft Operating Plan: The 2012 priorities were presented by the vice president of each division. The 2012 Operating Plan activities are contingent on approval by the House of Delegates of the proposed budget. Therefore, additional changes may be made following annual session. The final version of the 2012 Operating Plan will be reviewed by the SPC at its December 11, 2011 meeting.
4. Master Strategic Dashboard: The SPC reviewed the Master Strategic Dashboard, the ongoing development of the Key Performance Indicators ("KPI's") and methods of collecting and analyzing

1 data. On various indicators, the SPC recommended that data be collected and compared from year to  
2 year on a quarterly or semi-annual basis rather than annually. The SPC also concluded that a few  
3 KPI's did not appropriately capture important or relevant measures and could be eliminated, and  
4 suggested staff explore development of additional KPI's.

5 5. Environmental Scan: The SPC reviewed the July 2011 update to the Environmental Scan and  
6 discussed future improvements to it. The document is available to all ADA members and is posted on  
7 ADA.org within the Strategic Planning area. Suggestions by SPC will be considered in future  
8 development of the Environmental Scan.

9 6. December combined Board of Trustees ("BOT"), SPC, and staff meeting: The SPC concluded that  
10 the 2010 combined meeting with the BOT and staff was worthwhile and helpful for the Committee  
11 members in their work. The focus of the December 11, 2011 meeting will be to review the Master  
12 Strategic Plan Dashboard and have each division vice president present the division's top two key  
13 programs, what is working well, and the programs' relationship to the strategic plan.

14 7. Changes to Future SPC Meetings: The Committee reviewed its current meeting schedule and agreed  
15 to continue to meet annually in December for the joint Board, SPC and senior management team  
16 meeting. The SPC further recommended (and the Board subsequently approved) that several one-  
17 hour SPC conference calls will be scheduled throughout the calendar year. Each call would include  
18 information presented by 3-4 divisional vice presidents and, as appropriate, their Council Chairs.  
19 Each division report will include: a few major programs and their relationship to the strategic goals  
20 (including metrics), concerns in meeting targeted goals, feedback on strategic plan and interface with  
21 budget process.

22 **Results:** The Master Strategic Dashboard is available on ADA.org and allows delegates to quickly monitor  
23 ADA activities. Likewise, Operating Plan results are posted on ADA.org as another mechanism by which  
24 House members may monitor ADA performance. <http://www.ada.org/4022.aspx>

## 25 Resolutions

26 This report is informational and no resolutions are presented.



**Appendix 1**

# **American Dental Association Strategic Plan: 2011-2014**

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**The ADA Strategic Plan is not a policy document. It is a management tool for the ADA Board of Trustees. All related actions will be interpreted in accordance with ADA policy, which is set by the ADA House of Delegates.**

## Introduction

The object of the American Dental Association is stated simply in the *Bylaws*: to improve the health of the public and to promote the art and science of dentistry. Dedicated members represented by hundreds of volunteer leaders are the directors of our work. The Association's decisions are informed by listening to the public, to devoted practitioners, and to the various communities of interest which serve, support or impact the health care environment and delivery of oral health care. Well informed members and volunteer leaders supported by valued ADA professional staff, all willing to engage the issues of our time, represent the way our Association will remain relevant under environmental conditions of constant change and extraordinary challenges.

The key environmental issues for the ADA now and in the future include; long standing economic recession and slow recovery, health care reform and the evolving health care marketplace, changing demographics, globalization and the redefinition of the role of associations in the information and social networking age. Associations are expected to operate transparently in a culture of trust and commitment. As health professionals, our members are expected to work together to solve common problems, meet common needs and accomplish agreed upon goals. Our youngest members push collaboration to a new height and embrace "green" as a lifestyle choice. Inclusivity is an expectation of the shifting demographics and the impact of advancing technology on patient care is profound. The growing number of women entering the profession has a significant impact on practice preferences in the future. The expectation for immediate access to information and virtual networking make for new models of collaboration, perhaps replacing face-to-face meetings. Our dental community is now global in reach, and the ADA is viewed by the world as a leader in oral health. In order to remain a relevant and vital organization, the ADA must address this rapidly changing environment and set our sights on the impact we, as a profession and as an association, will have on our members, our communities and our organization.

The four major 2011-2014 ADA goals and their respective objectives listed in this Plan represent the ADA's focused response to this environment and represent the future state to be achieved. Our belief statements set the stage for the translation of this strategic plan into an annual operating plan which identifies our key initiatives and drives our day to day work. If successfully implemented, the operating plan will lead to measureable achievements of our Strategic Plan goals and objectives. The ADA as an organization, its volunteer leaders, and its professional staff hold ourselves accountable for our success and our future as a professional organization.

## EXECUTIVE SUMMARY

**ADA Vision Statement:** The American Dental Association: To be the recognized leader on oral health.

**ADA Mission Statement:** The ADA is the professional association of dentists that fosters the success of a diverse membership and advances the oral health of the public.

### ADA Goals: 2011-2014

1. Goal: Provide support to dentists so they may succeed and excel throughout their careers
2. Goal: Be the trusted resource for oral health information that will help people be good stewards of their own oral health
3. Goal: Improve public health outcomes through a strong collaborative profession, and through effective collaboration across the spectrum of our external stakeholders
4. Goal: Ensure that the ADA is a financially stable organization that provides appropriate resources to enable operational and strategic initiatives

## Beliefs

The American Dental Association believes that . . .

- optimal oral health is essential to the quality of life
- optimal oral health is an integral component of overall health
- the strength of the dental profession is intimately linked to demonstrable improvement of the public's oral health
- the *ADA Principles of Ethics* are the hallmarks of professionalism in dentistry
- the integrity of the patient-doctor relationship is sacrosanct
- oral health care must be based on scientific principles derived from high quality research, patient needs and expectations and sound clinical judgment
- prevention is the cornerstone of an effective and efficient health care delivery system
- oral health care is best provided by a coordinated dental team led by the dentist
- a properly educated, diverse, adequately sized and distributed dental workforce is critical to the delivery of quality oral health care
- quality care is safe, effective, efficient, timely, patient centered and equitable.
- excellence in dental education, research and lifelong learning is critical to the future of the profession
- ADA membership is the foundation of a successful dental professional, regardless of career choice and a healthy community
- as an active partner in the global dental community we have a responsibility to contribute to improving oral health worldwide.

## Core Competencies

In order to achieve these goals, there are certain core competencies that the ADA as an organization must possess. The ADA does not exist without members. A strong stable membership is critical to the Association's effectiveness. The tripartite organization's strong and vibrant relationship is vital to the ADA's ability to achieve its goals and objectives. Access to ADA leadership positions should be open to all members in accordance with their talents and interests. An additional core competency is the development and maintenance of standards for the profession.

~~In addition to the above,~~ The ADA organization must have the ability to translate the ADA's Strategic Goals and Objectives into an efficient and effective implementation or operating plan, focused on achieving the desired results as stated in the strategic objectives. In order to do this, the Association must attract, employ, retain, and recognize the most skillful and dedicated professional staff. It must optimize according to best practice, its business structures, processes and systems in order to deliver timely desired results. The ADA organization must be careful stewards of precious assets and scarce resources, including money, people, property and time. In order to achieve results and demonstrate value to the members, the ADA organization must be able to communicate effectively with internal and external stakeholders and especially with the public at large.

## 2011-2014 Goals and Objectives

### Goal 1: Provide support to dentists so they may succeed and excel throughout their careers

*A strong profession is best able to meet the needs of our communities.*

#### Outcomes/objectives:

##### 1. Professional competency and ethical standards

Intent: to ensure that every member achieves the highest level of professionalism, proficiency and ethics possible given each member's unique talents, interests and career path so that the profession of dentistry remains a true profession by embracing an expanding body of professional knowledge driven by high quality research and analysis.

- a. Sustain the highest level of knowledge, skills and values for the dentist regardless of the chosen career path
- b. Professional success regardless of the career path selected: clinical practice, academia, research, uniformed services, public health, informatics, industry

Measure: Member Survey - utilization of online and annual session CE

##### 2. Professional autonomy

Intent: to ensure that every member achieves a desired state of professional autonomy that enables the improvement and maintenance of the patient's oral health. The doctor patient relationship is free from interference from all entities that lie outside of that relationship.

Preservation of the dentist as leader of the dental team is a critical component of this objective.

Measure: Member Survey - perception of professional autonomy

##### 3. Financial health

Intent: to ensure that every member achieves a personally desired state of financial well-being and economic stability, so that the member (from dental school to retirement) is secure in the knowledge that success, as each member uniquely defines it, is achievable including; work life balance, career path, practice modality, community involvement and chosen lifestyle.

- a. Sustainable business models for all members (small business owner, employee, academician, researcher, industry, etc) of the profession

Measure: Member perception of financial well being

##### 4. Positive public image of the profession

Intent: to ensure that every member benefits from the public's positive perception of the profession of dentistry

- a. Awareness of high level of dental credentials, and civic/community leadership
- b. Environmentally responsible dental practices/best management practices

Measure: ADA consumer survey

##### 5. Member health, wellness and professional satisfaction throughout their career(s)

Intent: to ensure that every member benefits from optimum health and wellness throughout their careers,

and that opportunities exist to achieve a state of wellness for all generations of dentists from newly graduated to retirement.

Measure: Member survey: student, less than five years, mid career, retirement

**Goal 2: Be the trusted resource for oral health information that will help people be good stewards of their own oral health.**

*ADA positions itself to be the most trusted source of consumer information regarding oral health.*

**Outcomes/objectives:**

**1. Oral health literacy**

Intent: to ensure the public has easy access to evidence based, appropriate and timely oral health information to enable effective decision-making regarding oral health, including individual risk assessment and the need and/or demand for prevention and treatment services.

a. Creation and transfer of knowledge

Measure: ADA consumer survey

**2. Shared responsibility**

Intent: to ensure that both the individual and the dental professional understand their unique roles and responsibilities in managing an individual's, or a community's state of oral health. Be active participants in the doctor patient relationship in a culturally competent manner.

Measure: member survey-utilization rate of patient bill of rights, Sharecare, Ad Council and consumer website metrics

**Goal 3: Improve public health outcomes through a strong collaborative profession; including effective collaboration across the spectrum of stakeholders outside of dentistry**

**Outcomes/objectives:**

**1. Effective dental professional collaboration**

Intent: to ensure that the entire profession of dentistry is working toward common goals of improving the public's health through strategies that include improved health literacy, efficient, effective delivery systems, adequate workforce (quantity and distribution) to meet the public's oral health care needs, and building the scientific body of knowledge related to oral and systemic health.

Measure: NRDC survey, external stakeholder survey, Access Summit group feedback

**2. The public has access to effective prevention and to a quality focused delivery system**

Intent: to ensure that the public benefits from effective and accessible preventive strategies so that the goal of the elimination of oral disease becomes a focal point for the public, the policy maker and the professional. In addition, the intent of this objective is to insure the public's access to a quality driven delivery system, for both government sponsored and private systems of care. (*Quality is care that is safe, effective, efficient, patient centered, equitable and timely - IOM Crossing the Quality Chasm 2001*)

a. Public delivery system mirrors the efficiencies of private system

Measure: To be determined.

**Goal 4: Ensure that the ADA is a financially stable organization that provides appropriate resources to enable operational and strategic initiatives**

Intent: to enable the House of Delegates and Board of Trustees to fulfill their fiduciary responsibility, to achieve long-term financial stability for the Association.

**Outcomes/objectives:**

- 1. Increase the reserves of the Association so that a reserve level of 50% of the Association's annual budgeted operating expenses is achieved, as urged by HOD Resolution 59-2007H-2008.**

Measure: Reserves as a percentage of the total operating expense

- 2. Establish, as permitted by the ADA Bylaws Chapter XVII, Section 30, and annually fund a Capital Improvement Fund that can be carried over each year.**

Measure: Annual balance of Capital Improvement Fund

### **The Planning Process**

The Strategic Plan of the American Dental Association charts the ADA's future as a strong and progressive organization. The Plan addresses issues that will affect the future of the profession and the ADA. It directs the ADA to allocate resources through the budgeting process to essential core initiatives. The Plan acknowledges that change is constant and that the Association must position itself to anticipate, take initiative and respond to these changes. For this reason, the Plan is a dynamic document, updated annually in the form of an annual operations plan. Members from the Board of Trustees, the Strategic Planning Committee and the general membership, guide that process of continual review, comparing the plan with the actual results on a quarterly basis. The planning process recognizes the importance of ongoing self-study through analysis of trends, member needs and Association accountability and performance.

Through its strategic plan, the Association communicates its purpose as expressed in its Vision and Mission Statements. The common convictions and heritage that unite the dental profession are presented in the Plan's Beliefs statements. Prioritized goals and objectives set future direction and the allocation of limited resources.

Meeting member needs and responding to key environmental trends are the underpinnings of the ADA Strategic Plan for the years 2011-2014.

In preparation for developing the strategic plan, an environmental assessment study<sup>1</sup> was completed in response to the ADA Board of Trustees' request. The study gathered relevant information from within the ADA as well as from the world at large—both within and outside of health care. In December 2009, the ADA distributed an environmental scan of resources utilized by staff. The analysis of this information is the basis for the ADA Strategic Plan: 2010-2014.

### **Implementation and Utilization of the ADA Strategic Plan**

The ADA's Strategic Plan was developed to shape its future. It is paramount that the Plan be fully integrated into its operational structure and processes. To make certain that the Plan is utilized to the fullest possible extent, the following practices occur:

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<sup>1</sup> The Institute for the Future

1. A strategic planning committee, made up of Board of Trustees members and other ADA members and staff, will continue to review the dental profession's environment by analyzing trends, assessing membership expectations and other valuable data. Based on their annual review, recommendations shall be made to the Board of Trustees annually regarding Plan action items for the year ahead. Further, the Committee will monitor the implementation of the Plan by the agencies of the ADA.
2. The Strategic Plan will be integrated throughout the ADA's agencies, councils, and programs by having an annual Operations Plan. Quarterly reports on progress regarding the implementation of the operating plan will be made available to the House of Delegates, the Board of Trustees, the membership and the staff. ADA programs, services, and projects must move the Association toward the established mission statement, goals and objectives.
3. The belief statements, goals and objectives contained in the Strategic Plan and its annual updates shall provide the primary basis for the annual budget development by agencies, staff and the Board of Trustees. Financial resources shall be shifted toward areas of greatest priority.

The above-stated practices make clear the intent of the Strategic Plan, and its annual updates shall be the statement of the strategic direction for the ADA. The successful implementation of this plan will be determined by the actual results achieved in both the Strategic Plan and the annual operating plan.

### Acknowledgements

Strategic Planning Committee Members: 2010

Dr. Teri Barichello, chair, Oregon; Dr. William Calnon, trustee, Second District; Dr. Dennis Engel, trustee, Ninth District; Dr. Raymond Gist, ADA President-elect; Dr. Daniel Klemmedson, Arizona; Dr. S. Jerry Long, trustee, Fifteenth District; Dr. Charles Norman, trustee, Sixteenth District; Dr. Kathleen O'Loughlin, ADA executive director; Dr. McKinley Price, Virginia; Dr. Ruchi Sahota, California; Dr. Carol Summerhays, California.

Staff to the Committee: Dr. Kathleen O'Loughlin, Office of the Executive Director and Strategic Planning; Mr. Thomas Elliott, Esq., Division of Legal Affairs, associate general counsel; Mr. Paul Sholty, Chief Financial Officer; Ms. Diane L. Ward, senior manager, strategy planning and special projects.

*The Committee gratefully acknowledges the contributions of various tripartite and ADA staff and agencies as well as communities of interest that provided information to the Committee for its deliberations and in the ongoing implementation of the ADA strategies.*

**BOARD RECOMMENDATION: Vote Yes to Transmit.**

**BOARD VOTE: UNANIMOUS (BOARD OF TRUSTEES CONSENT CALENDAR ACTION—NO BOARD DISCUSSION)**



Resolution No. 71 New ☒ Substitute ☐ Amendment ☐Report: NA Date Submitted: October 2011Submitted By: Tenth Trustee DistrictReference Committee: Membership and PlanningTotal Net Financial Implication: \$ None Net Dues Impact: \$Amount One-time \$ Amount On-going \$ADA Strategic Plan Goal: Members (Required)**1                    CONSTITUENT NOMINATIONS OF NEW DENTIST DELEGATES**

2        The following resolution was adopted by the Tenth Trustee District and transmitted on October 3, 2011, by Mr.  
3        Paul Knecht, executive director, South Dakota Dental Association.

4        **Background:** Since its formation in 1970, the American Student Dental Association (ASDA) has  
5        been very successful. ASDA membership has increased greatly and ASDA members regularly  
6        contribute to all ADA Committees and Councils. ASDA and its members have received national  
7        recognition for being a channel for dental student concerns including: capturing support of  
8        legislatures, dental licensure reform, and strategies around barriers to care. More than 65% of these  
9        students are now active new dentist members of their state dental associations. It is the Tenth  
10       Trustee District's goal to find a place for active new dentists to continue their involvement with the  
11       American Dental Association (ADA) on the national level. Moreover, it is our goal to increase the  
12       voices of new dentist member's ideas and concerns at the ADA House of Delegates.

13       More than 20% of all U.S. dentists and ADA members are new dentists. However, at the 2010 ADA  
14       House of Delegates less than 3% of all the delegates and alternate delegates in attendance were new  
15       dentists. We feel that the ADA House of Delegates should represent the demographic of its  
16       membership as much as possible.

17       Currently the new dentists and ASDA have one position each on all of the ADA Committees. The  
18       Tenth Trustee District feels it is time that there is less of a disparity in the number of new dentists at  
19       the ADA House of Delegates by encouraging each state association to make a new dentist a member  
20       of their delegation. This addition of new dentists at the ADA House of Delegates would help to keep  
21       students and new dentists active in organized dentistry at both the state and national levels.

22       The Student District has had many graduates receive national awards from the ADA for their  
23       involvement in organized dentistry. These young members have also served on State Association  
24       Councils and Boards, ASDA Boards and ADA Councils and Committees. Dentistry is going through a  
25       paradigm shift in one way or another. Change in areas like curriculum, licensing, management  
26       practices, and barriers to care are needed if we don't want government changing them for us. New  
27       dentists are up-to-date on all of the above issues and they need to have more of their voices heard at  
28       the ADA House of Delegates. Therefore be it

**29                    Resolution**

30        **71. Resolved,** that the American Dental Association strongly encourage each state dental  
31        association to bring at least one new dentist as a delegate or alternate delegate to the annual  
32        American Dental Association's House of Delegates, and be it further

- 1       **Resolved**, that each association be urged to report to each House of Delegates their respective
- 2       new dentist delegates or alternates.
- 3       **BOARD RECOMMENDATION: Received after this section had been reproduced for House distribution.**

**REPORT OF PRESIDENT**

Thank you. Mr. Speaker! Members of the House, and distinguished guests, good afternoon. I want to express my sincere gratitude for having the privilege to serve as your president this past year.

As you know, it has been a rewarding—and challenging—year.

After my installation as president last year, my focus was on two essential goals—accountability and respect. We made significant strides in meeting those goals in 2011, and as I depart this office, I feel that this is only the beginning. I hope you agree. It is my hope that my actions have helped the ADA to adhere to the principles and guidelines that earned us the privilege of the public's trust, and have defined us as the most respected dental association in the world. As I return to my home in Michigan, I want to be secure in the knowledge that I am leaving an association that's even stronger than the one I inherited: a respected ADA that continues to foster the value of trust across the world and within the boundaries of its own organization, throughout the full spectrum of its members, volunteers and employees.

During my tenure, I had the pleasure to lead and witness our continued progress in a number of areas. We are rapidly adapting to the changing times by intensifying our efforts to form a welcoming, inclusive community. We recognize that the key to our future relevance and success as an organization rests in our ability to reach out to ALL dental professionals—women dentists, dentists of diverse backgrounds, dentists who work in community health centers, dentists in large group practices, in solo practices, in academic and public health centers, in the military, and in every remaining aspect of our great profession. The ADA is connecting with these people. In fact, we are busy connecting with new people and new organizations all the time. Sharecare.com has expanded our public audience, and our participation with the Ad Council coalition promises to do the same. We are also developing new ways to connect with each other. ADA Connect has increased access to documents and materials, while making us "greener." It has also provided a platform where House members can post discussions of resolutions, and build professional profiles. All of this helps you connect with colleagues, and builds the House of Delegates community.

As we move forward, we know that the ADA will always have concerns to address, but we are working diligently to secure ourselves on solid ground. We have work to do to continue to improve our market share, but our overall membership numbers are strong, and I'm proud of the fact that our tripartite—in the toughest economy in generations—managed to maintain those numbers. This accomplishment is a testament to the great member value of our tripartite, and to your hard work.

Maintaining strong membership numbers is paramount to our progress as an association. There's strength in numbers.... The ADA represents seven out of ten dentists in the U.S., and our loud voice empowers us in advocacy, access to dental care, and in raising public awareness about our dedication to provide quality oral health care for the entire population. At the ADA, we have learned to recognize the strength and power that comes from diversity—and from speaking with a united voice. My role as president necessitated the ability to interact...with fellow professionals and ADA staff, with sister associations, legislators, and a great many other talented people.

This past August, I visited the San Antonio District Dental Society's membership meeting to speak about a mission near and dear to my heart—expanding membership through diversity. To say that the message was well-received would be an understatement. Attendance at the meeting was one of the highest ever, and I welcomed many new members to organized dentistry. One of which is a native of Flint, Michigan, who shadowed me in my practice. Dr Damon Ross is now a pediatric dentist, practicing in San Antonio. I extend you a hearty welcome!

Also in August, I had the pleasure of participating in an excellent event in Memphis, Tennessee, entitled "Determined to be a Doctor Someday." This unique event was organized by Dr Christina Rosenthal and was her project as a participant in the Institute for Diversity in Dentistry. This program involved a delightful mixture of minority high school and freshman college students, having dialogue with a variety of healthcare

professionals, such as physicians, pharmacists, and optometrists; local dental students, and of course, dentists. I was proud to be the keynote speaker.

On March 3, I also had the great pleasure of participating in an event in Boston entitled "Massachusetts Dental Society Celebrates Diversity in Dentistry: A Night to Remember." It certainly was a night to remember—MDS was anticipating a turnout of about 100 area dentists, but they had to cut off registration at 230, and for many of those in the audience, it was their first MDS event. It was a tremendous outreach program.

These enlightening experiences illustrate the vast potential for inclusion and collaboration that we have in organized dentistry. Our efforts to be a more inclusive association have struck a chord across the country.

One of the ADA's strategic goals is to improve public health outcomes through a strong, collaborative profession...and through effective collaboration across the spectrum of our external stakeholders. To me, this goal isn't a theory—it was my travel itinerary.

My first month in office, I visited nine states...and it has been a non-stop track meet ever since. I have probably single-handedly kept Flint's Bishop International Airport in business. There were times, in fact, when I woke up and wasn't sure what city I was in. It was after an event in Nashville, Tennessee, that I had to show my identification, for the second time, to get directions to my room. I forgot the floor and the number!

My travels have taken me to Native American reservations in Arizona and New Mexico, and to international dental conferences where the only words spoken in English came from me. Given the applause I received in Brazil and in Puerto Rico, I assumed that many of our international colleagues understood the English language very well—or, they were being extraordinarily polite.

As exhausting as this travel can be, every trip has a valuable purpose. Each visit helps to open new doors for the ADA, making sure that our point of view is heard ... and giving us a chance to listen, and also to learn. And believe me, I learned well!

And as I mentioned at Opening Session, Bill Calnon will continue this leadership initiative without missing a beat. He comes into the presidency with an unparalleled understanding of how the ADA works—and promises a leadership style aptly suited to move the ADA forward. Bill is the sort of leader with the talent and vision to ensure that the ADA maintains its status and influence as the strongest dental association on the planet.

Every year brings change. The annual succession of the ADA presidency produces a constant flow of new blood and fresh ideas. Last year, I inherited a tradition of excellence from generations of dentists before me who built the ADA and defended and promoted its reputation. Many of you are here today as part of this esteemed body. I thank you for your service and dedication.

At the same time, we are blessed with a highly professional staff that is experiencing a renaissance under the consistent and remarkable leadership of our esteemed executive director, Dr Kathy O'Loughlin. It has only been a few short years since Kathy came on board, and in that short time, she has transformed a culture plagued by uncertainty, unpredictability and a lack of trust into one of integrity, respect, accountability and hope.

Steering the ship has been a constant challenge. There were times, during Kathy's first several months at the ADA, when Ron Tankersley and I kept checking to make sure that she was at her desk in Chicago—and not on a flight headed back to Boston. To our relief, she is remaining at her desk, and our organization is much stronger today because of her.

While transforming the ADA's work environment, Kathy never lost sight of the organization's main focus: providing service and value to our members. In fact, she reinforced that focus and continues to drive it home during a successful period of change management.

1 Progress is usually slow and difficult. It's often a process...a challenging process, with ups and downs . . .  
2 but in the end it's a rewarding experience for everyone who takes personal responsibility for advancing the  
3 cause of many.

4 Thank you, Kathy, for all that you do. Your leadership, and the intelligence, devotion and work ethic displayed  
5 by your staff, is a remarkable thing to behold. As president, it was a joy for me to experience.

6 As I mentioned earlier, quality service for our members has, and will always be, the primary focus of the  
7 American Dental Association. Throughout my term in office, I made it my obligation to listen to our members.  
8 We had open dialogue...I answered a lot of questions, and did my best to foster two-way conversations with  
9 members during all of my travels.

10 My goal was to be accessible, and I'm looking forward to that trend continuing, as Bill Calnon will  
11 demonstrate, for all of our future officers and trustees. We have a great story to tell and we should  
12 communicate it to each and every member. I want them all to appreciate the great work that ADA employees  
13 perform on our behalf every working day, and the demanding schedules that the officers and trustees endure  
14 on behalf of organized dentistry.

15 And as we know, our goals are always ahead of us, so our work is never complete. I encourage more  
16 sunshine, more smiles, and more respectful exchanges between members and leadership. It builds stronger  
17 bonds, and helps us ensure that mistakes are acknowledged—quickly and fully—and avoided as we move  
18 forward.

19 This will help us as we confront additional challenges in the immediate and long term future. Our ability to  
20 practice fiscal restraint and employ fiscal responsibility will continue to be another of our highest priorities, and  
21 will pay significant dividends in these tough economic times. We must abandon pet projects and reduce  
22 expenses. Although we have begun to meaningfully share these sacrifices, we can do it better by budgeting  
23 within our means—each and every year, without exception. Additionally, we must continue to intensify our  
24 efforts to improve our membership share and increase non-dues revenue.

25 I think we've made important progress. We continue to reach out to professionals who have never  
26 considered ADA membership—and to build stronger friendships with organizations that will help us fulfill our  
27 mission.

28 We continue to speak out for good science—and to promote dentists as doctors of oral health.

29 And we've staked out a bold new leadership position on access to care that will help us reshape the debate—  
30 and help more Americans receive the quality care they deserve.

31 There's good reason to be excited about the direction of the ADA. We've made significant progress together  
32 in a short period of time, and, with your continued membership and support, our future initiatives will be even  
33 more successful.

34 I'm confident that in the very near future—as we continue to advocate forcefully and with a united voice—that  
35 we will make an enormous difference for the future of this nation.

36 I have been honored to serve as your president, and I am honored to call you colleagues and friends. We are  
37 determined to persevere through tough times, and we are driven to succeed. Most importantly, we are moved  
38 to care for our fellow human beings. We've worked together to make dentistry an even greater profession for  
39 us and for the next generation.

40 My fondest hope is that the work that I have done will inspire young people to enter our profession...to join  
41 our ranks . . . and to carry on our noble mission.

42 Thank you for being a part of my mission.



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## New Business





Resolution No. 91 New ☒ Substitute ☐ Amendment ☐Report: NA Date Submitted: October 2011Submitted By: Eighth, Eleventh and Thirteenth Trustee DistrictsReference Committee: NATotal Net Financial Implication: \$ None (FTE: 0.25) Net Dues Impact: \$Amount One-time \$ Amount On-going \$ADA Strategic Plan Goal: Members (Required)

1 **STUDENT LOAN REDUCTION PROGRAM**

2 The following resolution was submitted by the Eighth, Eleventh and Thirteenth Trustee Districts and  
3 transmitted on October 12, 2011, by Dr. Judee Tippet-Whyte, delegate.

4 **Background:** Ensuring a sustainable oral health workforce is crucial to expanding the availability of oral  
5 health services, particularly the needs of the underserved. A student loan reduction program would provide  
6 recent dental school graduates with substantial loan reduction grants in exchange for their service in  
7 underserved communities.

8 The basis of need for a program like this is:

- 9 1. Dental students are graduating with an increasing loan debt in excess of \$250,000.
- 10 2. Loan repayment obligations erode a graduate's ability to choose where to practice in order to provide  
11 sufficient income to fulfill these loan obligations.
- 12 3. Approximately 30 percent of the country's population lack sufficient access to dentists.
- 13 4. Existing loan reduction programs are insufficient to address current needs.
- 14 5. Current loan repayment programs have proven that three-year commitments have resulted in dentists  
15 remaining in those public health settings for the long-term.

16 Accordingly, the following resolution is being submitted for consideration by the ADA House of Delegates.

17 **Resolution**

18 **91. Resolved,** that the appropriate councils and ADA agencies investigate the development and  
19 implementation of a student loan repayment grant program for dentists working in a non-profit community  
20 dental clinic, and report to the 2012 House of Delegates.



Resolution No. 93 New ☒ Substitute ☐ Amendment ☐Report: NA Date Submitted: October 2011Submitted By: Third Trustee DistrictReference Committee: NATotal Net Financial Implication: \$ 20,000 Net Dues Impact: \$ 0.19Amount One-time \$ Amount On-going \$

ADA Strategic Plan Goal: \_\_\_\_\_ (Required)

1 **CONTINUATION OF MEGA ISSUE DISCUSSION**

2 The following resolution was submitted by the Third Trustee District and transmitted by Dr. Bernard Dishler,

3 on October 12, 2011.

4 **Resolution**

5 **93. Resolved**, that the American Dental Association continue the Mega Issue Discussion for the 2012

6 Annual Session.

7 C:\Resolution 93.docx



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