

2011

Transactions

152nd Annual Session
Las Vegas, Nevada
October 10–14, 2011

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American Dental Association
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Minutes of the Board of Trustees

February 6–8

March 1

April 10–13

June 5–7

June 30

July 31–August 3

September 19–21

October 6

October 14

December 11–14

Notes

Minutes of the Board of Trustees

February 6–8, 2011
Indian Wells, California

Call to Order: The third session of the Board of Trustees was called to order by Dr. Raymond Gist, president, on Sunday, February 6, 2011, at 8:00 a.m., Pacific Time, in Grand Salon F-H of the Hyatt Grand Champions Resort, Indian Wells, California.

Roll Call: The following officers and trustees were present: Raymond F. Gist, William R. Calnon, A.J. Smith, Patricia L. Blanton, J. Thomas Soliday, Edward Leone, Jr., Kathleen T. O'Loughlin, Dennis Engel, Robert A. Faiella, Maxine Feinberg, Steven Gounardes, Joseph F. Hagenbruch, Roger L. Kiesling, S. Jerry Long, Samuel B. Low, W. Ken Rich, Donald L. Seago, Charles L. Steffel, Carol Gomez Summerhays, R. Wayne Thompson, Kenneth J. Versman, Edward J. Vigna and Charles R. Weber. Due to illness Dr. Charles Norman was absent from the February 6 Board meeting.

Also in attendance was J. Craig Busey, chief legal counsel.

Before conducting business, Dr. Gist read the following statement:

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.

Dr. Rich stated that he works with the State Medicaid Department in Kentucky.

Preliminary

New Business: Dr. Gist announced the following items of new business that were last minute additions to the agenda:

Report of Dr. Maxine Feinberg, liaison to the Council on Access, Prevention and Interprofessional Relations (added to the Consent Calendar)

Report of the Department of State Government Affairs: State Public Affairs Program

CDC Reorganization—an oral report by Dr. Kathleen O'Loughlin

Approval of Agenda: Following the addition of two items of new business, the Board of Trustees adopted the following resolution.

B-1-2011. Resolved, that the agenda as amended be approved as the official order of business for the current session of the Board of Trustees except that the President may alter the order of the agenda when necessary to expedite business.

Approval of Consent Calendar: A consent calendar was prepared to expedite the business of the Board of Trustees. Following review, the consent calendar was amended by the removal of several reports. The Board subsequently adopted the following resolution.

B-5-2011. Resolved, that the resolutions contained on the amended Consent Calendar be approved and reports be accepted.

The following are the reports and resolutions approved on the Consent Calendar:

- *Approval of the September 21, 2010, Special Session Board Meeting Minutes*

B-3-2011. Resolved, that the minutes of the September 21, 2010, special session of the Board of Trustees, as presented, be approved.

- *Approval of the November 1, 2010, Special Session Board Meeting Minutes*

B-4-2011. Resolved, that the minutes of the November 1, 2010, special session of the Board of Trustees, as presented, be approved.

- Report of Dr. Maxine Feinberg, liaison to the Council on Access, Prevention and Interprofessional Relations
- Report of Dr. Charles R. Weber, National Museum of Dentistry Meeting
- Report of Dr. Charles R. Weber, liaison to the Council on Communications

Approval of the Minutes of the September 12-14, 2010 Meeting of the Board of Trustees: The resolution approving the September 12-14, 2010, minutes of the Board of Trustees was removed from the consent calendar. Dr. Long questioned the reasons for the delay in preparing and circulating meeting minutes for approval and commented that it is extremely difficult to review the accuracy of minutes after several months have passed. Dr. O'Loughlin agreed with the comments made and indicated that the process will be improved to make minutes available for review and approval in a much shorter—possibly two to three weeks—time frame. The Board will be asked for their input on the process for developing minutes in order to ensure that they meet their requirements for format, content and time frame for receiving draft minutes.

Since the first year trustees and the second vice president were not participants at the September 12-14, 2010, Board meeting, they abstained from the vote. (Vote: 13 Yes—Drs. Calnon, Engel, Faiella, Feinberg, Low, Rich, Seago, Smith, Steffel, Thompson, Versman, Vigna, Weber; 1 No—Dr. Long; 1 Absent—Dr. Norman; 5 Abstentions—Drs. Blanton, Gounardes, Hagenbruch, Kiesling, Summerhays).

Subsequently the following resolution was adopted.

B-2-2011. Resolved, that the minutes of September 12-14, 2010, session of the Board of Trustees, as presented, be approved.

Dental Practice/Professional Affairs

Report of Dr. R. Wayne Thompson, Liaison to the Council on Dental Practice: This liaison report was removed from the consent agenda to respond to a question regarding the Joint Dentist Well-Being/Ergonomic and Disability Support Advisory Committee being moved from the Foundation to the ADA and the financial implication to the ADA. Dr. Thompson and several other trustees commented on the transition of programs from the Foundation to the ADA and Dr. Leone commented on the funding of the Well-Being Program and possibly others when developing the 2012 ADA budget. The Board subsequently accepted the report.

Report of the Council on Access, Prevention and Interprofessional Relations: Post 2009 Access to Dental Care Summit Update: The Council submitted a report that reviewed activities implemented in response to Resolution 17H-2007 (*Trans.*2007:421) that directed CAPIR to convene a national access to dental care summit with planning in 2008 and implementation in early 2009. Resolution 17H directed that the summit would include a broad spectrum of stakeholders in order to: consolidate information about current efforts focused on improving access to care activities; develop a coordinated strategy for addressing access to oral health care challenges; and establish metrics for activities related to the defined strategies.

An outcome of the summit was an agreement that establishing a sustainable infrastructure for coordination and communication was a necessary first step toward continued collaboration of the summit participants. Since May 2009, a Coordination and Communication (C&C) Workgroup—consisting of volunteers who participated in the original summit—focused on establishing such an infrastructure, and has met on a routine basis. The Council's report provided detailed information on the activities of this Workgroup.

Dr. Ken Rich, a member of the C&C Workgroup representing organized dentistry leadership, commented on the following:

- summit stakeholder groups involved in building the sustainable infrastructure;
- the major benefit of engagement and dialogue in this endeavor;
- the benefit of the U.S. National Oral Health Alliance (US NOHA)—a not-for-profit organization that would seek qualification for tax exemption under Section 501(c)(3) of the Internal Revenue Code—which would allow for diverse funding of this alliance without conflict of interest and/or misconstrued influence by any single individual or organizational member;
- the effect of curtailment of these collaborative efforts;
- challenges that must be faced in moving toward engagement and collaboration;
- areas of focus and next steps.

The Board had a comprehensive discussion regarding the CAPIR report and the information presented by Dr. Rich, with some members expressing concern with the ADA's involvement in this endeavor and others expressing concern with not being involved.

It was noted that at the April Board meeting, the Board will need to decide whether or not to join the national coalition.

Government/Public Affairs

Report of the Senior Vice President, Government and Public Affairs: Federal and State Legislative, Regulatory and Public Affairs Update: This report indicated that "Much of the Association's work in Washington, D.C., this year will revolve around the portions of the new law that directly, or could indirectly affect dentistry." Additionally the report summarized activities on the following state issues: fluoridation, Medicaid, alternative dental care providers, dental hygiene, denturism, incentives to practice, health IT, taxation and requirement for mandatory name tags for Massachusetts dentists and staff. Dr. Faiella also commented on recent activities of the Council on Government Affairs and the new outside health care reform consultants—Drinker, Biddle and Reath—and the issues that are being looked at relative to health care reform.

Finance and Operations

Report of the Status of the 2011 Operating Contingency Fund and Approval of Supplemental Appropriate Requests: Dr. Thompson, chair, Budget and Finance Committee, reported that the Contingent Fund balance prior to the February Board of Trustees meeting was \$779,900. Dr. Thompson also reported that the Committee supports funding the three supplemental requests submitted for the Board's consideration at this meeting. The Board of Trustees considered and adopted the following resolutions:

B-9-2011. Resolved, that the following appropriation be made from the 2011 Contingency Fund and be allocated to line items in separately listed cost centers and project id's, with the exception of capital funding, in accordance with the terms of the supplemental appropriation requests.

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

Expansion of the April 2011 Board of Trustees Meeting—\$9,700

B-10-2011. Resolved, that the following appropriation be made from the 2011 Contingency Fund and be allocated to line items in separately listed cost centers and project id's, with the exception of capital funding, in accordance with the terms of the supplemental appropriation requests.

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

Expansion of the July and December, 2011, Board of Trustees Meetings—\$19,400

B-11-2011. Resolved, that the following appropriation be made from the 2011 Contingency Fund and be allocated to line items in separately listed cost centers and project id's, with the exception of capital funding, in accordance with the terms of the supplemental appropriation requests.

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

MRA Development of Questionnaire for ED 2010 Competencies—\$8,350

Dr. Thompson reported that there was an additional funding request in the amount of \$46,000 for a State Public Affairs Program that was previously funded in the 2010 budget but due to a change in the composition of the SPA program oversight committee there was a delay in implementation of the program. Unspent funds in the 2010 budget automatically were moved into reserves at the end of 2010. This request is to move these unspent funds into the 2011 budget so that the project can be implemented.

Because this request was not considered by the full Budget and Finance Committee, and since two members of that committee representing the Special Financial Affairs Committee were not in attendance at the February Board meeting, the following resolution was proposed:

Resolved, that by agreement of those members of the Budget and Finance Committee present at the February 6, 2011, Board of Trustees meeting, request the Board's support for the transfer from reserves to the 2011 ADA budget, \$46,000 to fund the State Public Affairs program Phase I Harvard Study, contingent on the final consideration of the recommendation before the Board, and be it further **Resolved**, that the Budget and Finance Committee will convene no later than February 18, 2011, at which time a final recommendation will be made by the Budget and Finance Committee to the Board of Trustees for final action.

Dr. Versman suggested that a conference call to the members of the Board's Budget and Finance Committee not in attendance be made either later that day or the next day in order to expedite action on this time sensitive request.

Dr. O'Loughlin indicated that a Board meeting would need to be convened following the conference call meeting of the Budget and Finance Committee, either during the February Board meeting or at a later time, but as quickly as possible.

The proposed resolution was postponed definitely until it could be determined if a conference call meeting of the Budget and Finance Committee could be convened before adjournment of the February Board meeting.

Closed Attorney-Client Session

The Board entered into a closed attorney-client session on Sunday, February 6 to receive the Report of the Division of Legal Affairs: Litigation and Other Matters from Craig Busey, ADA chief legal counsel. The Board adopted one confidential action.

Regular Session

Employee Retirement and Benefits Study: Noting that the House of Delegates directed the Board to conduct a study of the entire ADA staff benefit package including the retirement plans, Dr. Steffel asked which Board committee had jurisdiction for this study. Dr. Leone mentioned that there was a recent conference call of the chairs of the various standing committees to determine the lead agencies for the studies requested by the 2010 House of Delegates. It was determined that they will work as follows: the Pension Committee would be the lead on the pension study and be involved with the RFPs for the pension plan study; the Budget and Finance Committee would delegate to the Compensation Committee the compensation study; the Compensation Committee would report its findings to the Budget and Finance Committee which has the role of funding the total compensation and benefits for ADA employees. It is expected that the Board standing committees and the Special Committee on Financial Affairs would meet to review the results of the studies and make recommendations to the Board for a report to the House. The Special Committee would coordinate communicating with and educating the House on this information.

Science

Report on the Future of the Research Institute: Following several questions about the ADA Foundation and the finances of the Research Institute and the Paffenbarger Research Center, the Board of Trustees adopted the following resolution.

B-8-2011. Resolved, that the Board accepts the transfer of the Research Institute from the ADA Foundation to the ADA, with the Research Institute to be housed in the Division of Science, and be it further

Resolved, that the Division of Science in cooperation with other appropriate ADA agencies develop a business plan for the future of the Research Institute with an appropriate budget for presentation to the Board at its December 2011 meeting.

Technology

Report of the Information Technology Division: Emerging Trends in Information Technology: This was the first installment of an annual report on emerging trends in information technology and the ways in which the ADA can leverage those trends. The objectives of the report are to: identify and define key terms and phrases; describe why the ADA should care about them; outline how the ADA can benefit; and define how the ADA plans to use these. The two emerging trends covered in this report are "Virtualization and Cloud Computing" and Mobile Computing.

Organizational/Other

Report of the Strategic Plan Vision and Mission Review: The Board of Trustees adopted the following resolution:

B-6-2011. Resolved, that the following ADA Vision and Mission Statements be adopted:

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.

and be it further

Resolved, that the revised ADA Vision and Mission Statements be incorporated into the ADA 2011-2014 Strategic Plan replacing the former statements.

Report of the National Roundtable on Dental Collaboration Meeting: The second annual meeting of the National Roundtable for Dental Collaboration group was held on January 7-8, 2011, and attended by 20 affiliate groups. The purpose of this roundtable is to identify and assess common challenges in the delivery of oral health care, and to work collaboratively to address those challenges toward improving oral health and overall health. During the meeting, Gary Price, chief executive officer, Dental Trade Alliance, reported that he would like to increase his efforts to promote oral health initiatives in the DTA's work with the Ad Council, and asked for support of the National Roundtable in that endeavor. Several organizations participating in the roundtable agreed to work with DTA in this effort.

A resolution authorizing the Executive Director and appropriate staff to participate in the endeavor on behalf of the ADA was presented for the Board's consideration. During discussion of the resolution, amendments to have progress reports provided to the Board as they become available and to include volunteer participation were subsequently proposed and approved. The Board adopted the following amended resolution.

B-7-2011. Resolved, that the Executive Director, a volunteer member from Publishing and Communications, and appropriate staff participate on behalf of the American Dental Association in the task force appointed by the National Roundtable for Dental Collaboration and led by the Dental Trade Alliance, culminating in a proposal to the Ad Council for a national public awareness campaign focusing on the importance of oral health to overall health, and be it further
Resolved, that progress reports be provided at Board meetings as they become available.

Report on the Status of the ADA Foundation: A detailed report describing actions taken by the ADA Foundation Board of Directors at its December 8, 2010, session was submitted to the ADA Board of Trustees. Dr. O'Loughlin gave an oral update on progress being made by the ADA Foundation in the areas of governance, transition of programs and staff reorganization.

Report of Workforce Communication Strategy Position Paper: During consideration of this report, Mr. Ken Ohr, senior vice president, Communications and Marketing, participated via conference call as a resource during the Board's discussion of the position paper on the role of workforce in breaking down barriers to care. Other ADA staff monitored the discussion via the telephone conference call.

The position paper, which is the first in a series addressing barriers to care, captures existing ADA policies on workforce and presents them in an accessible, reader friendly format in order to assert the ADA position on this critical issue. It was reported that the paper was designed to be the collective platform from which workforce can be addressed to all stakeholders including leadership, the tripartite, legislators and regulatory agencies, foundations, ADA members and the public at large. The paper responds to Resolution 29H-2010 on the provision of communications materials on workforce and Resolution 121H-2010 on emphasizing barriers to care in access communications.

Resolution B-12 was moved for consideration.

The Board members gave their individual observations, viewpoints and critiques of the paper, with Mr. Ohr responding to questions. While several suggestions were offered by the Board, overall, the comments regarding the position paper were favorable.

Dr. Faiella complimented staff on developing the paper but commented on the use of the term "mid-level provider" in the paper, noting "...it engenders so much confusion in terms of exactly what that's defined as." He noted that the term is referenced in quotations in one place, to define it as a generic group, but later in the paper the term appears without quotations, which in his opinion could be confusing for a non-dental reader. He suggested that the term be reflected with quotations consistently throughout the paper to identify mid levels as a non-defined entity. He also suggested not using the term "mid-level programs" but rather just reference "programs."

On vote, the Board adopted the following resolution.

B-12-2011. Resolved, that the Board of Trustees endorses the paper entitled, *“Breaking Down Barriers to Oral Health for All Americans: The Role of Workforce: A Position Statement by the American Dental Association”* as a statement of the policies adopted by the House of Delegates.

Resolution B-13 was moved for consideration.

Dr. O’Loughlin and Mr. Ohr discussed the packaging of the paper for distribution and the intended audience. Dr. Long asked if there were plans to use the document during the Washington Leadership Conference (WLC). Mr. Mike Graham, senior vice president, Government Affairs, participating via telephone conference call, indicated that it is under consideration but there are some tactical questions that would need to be addressed. Dr. Vigna suggested that the paper be made available or distributed in advance to the ATLsprior to the WLC.

On vote, the Board adopted the following resolution.

B-13-2011. Resolved, that the Council on Communications, in collaboration with other relevant ADA councils and agencies, is requested to broadly distribute the position paper to include all ADA leadership, members, professional stakeholders, governmental agencies and legislators, foundations and the public.

Resolution B-14 was moved for consideration.

Dr. Versman asked about the timeline for a second paper. Mr. Ohr indicated that the time frame would, in part, depend on the topic for the next paper. Ideally, there would be a 60 to 90 day window for the next communication/paper and he suggested that the next topic be one that could be developed within that time frame.

Dr. Seago suggested “safety net” and “education barriers” as possible next topics to be addressed.

Dr. Low commented that in April the Board will have an expanded meeting to discuss workforce and could at that time have some thought provoking discussion that would assist in identifying what the future papers will be.

On vote, the Board adopted the following resolution.

B-14-2011. Resolved, that the Council on Communications is requested to collaborate with the Councils on Access, Prevention and Interprofessional Relations, Dental Practice, Government Affairs and other councils and agencies as appropriate to prepare and distribute subsequent papers reflecting ADA policy on specific barriers to care.

A question was raised if the position paper can be distributed now that it had been approved. Dr. O’Loughlin suggested some additional time was still needed for a final clean up and packaging in a professional format. It was also requested that a day or two before the release of the paper, the Board receive an advance copy to provide to their leadership.

Dr. Seago asked if the references in the paper to mid-levels, as mentioned earlier in the discussion, would be changed. Dr. O’Loughlin indicated those changes could be made.

Report of the Compensation Committee: During the closed session, Dr. Faiella reported on the recent activities of the Compensation Committee.

Update on the Board Rules Work Group: Dr. Smith reported that the Work Group will be reporting at the April Board session.

Board Governance: Dr. O’Loughlin commented on the orientation modules sent to the Board in December and January and the Board results on the pre- and post-orientation tests. Dr. O’Loughlin noted that this was a

beta test of the modules and requested feedback on the content that could then be refined, eventually placed online and then used for future Board members and senior staff. She also noted that two new modules were being developed on science issues and public health. Several positive comments regarding the modules were offered. Additionally, it was suggested that a module tailored for the House of Delegates be developed.

2011 Operating Plan: No action was required to approve the 2011 operating plan. Dr. Calnon, however, commented on his positive experience in meeting with three divisions to review their operating plans.

CDC Reorganization: Dr. O'Loughlin provided an update on leadership and reorganization changes at the CDC, which may include restructuring the Oral Health Division from a Division to a department within Division of Adult and Community Medicine; and the loss of dental leaders at other governmental agencies (Dr. William Kohn: CDC, Dr. Conan Davis: CMS, Dr. Jay Anderson: HRSA) with the possibility that these open positions will not be filled quickly.

Adjournment

The Regular Meeting of the Board of Trustees adjourned at 3:00 p.m. Pacific Time.

Retreat Session

On Monday and Tuesday, February 7 and 8, a Retreat Session of the Board of Trustees was conducted, with Elaine Gagne, Ed.D., MCC, Insight Systems Consulting, serving as facilitator.

New Business/Unfinished Business

Report of the Department of State Government Affairs: State Public Affairs Program: The Board received this report with a request for funding from the Reserves for implementation of the previously approved and budgeted in 2010 Phase I of the Harvard Project on American Indian Economic Development. Consideration of this request was postponed definitely until a meeting of the Budget and Finance Committee could be convened to consider the funding request. A conference call meeting of the Budget and Finance Committee including Dr. Ted Sherwin and Dr. Idalia Lastra who were not attending the February Board meeting was arranged for Tuesday, February 8, 6:30 a.m. Pacific Time.

The Board reconvened its meeting on February 8 at approximately 7:00 a.m. with all members of the Board of Trustees in attendance. Since recording equipment was not available for this brief meeting, the Board voted unanimously to suspend its *Rules* regarding the recording of open meetings in order to act on a motion. The Board then adopted the following resolution:

B-15-2011. Resolved, that the Board approve the transfer of \$46,000 from ADA Reserves to the SPA Program 2011 budget for implementation of the previously approved and budgeted in 2010 Phase I of the Harvard Project on American Indian Economic Development.

Adjournment

The February Session of the Board of Trustees adjourned *sine die* at 11:00 a.m., Tuesday, February 8, 2011.

Minutes of the Board of Trustees

March 1, 2011

Special Telephonic Meeting of the Board of Trustees

Call to Order: A special session of the ADA Board of Trustees held via conference call was called to order on Tuesday, March 1, 2011, by Dr. Raymond Gist, president, at 5:45 p.m. Central Standard Time. The meeting was called in accordance with the *Organization and Rules of the Board of Trustees*.

Roll Call: The following officers and trustees were present: Raymond F. Gist, William R. Calnon, A.J. Smith, Patricia L. Blanton, J. Thomas Soliday, Edward Leone, Jr., Kathleen T. O'Loughlin, Dennis Engel, Maxine Feinberg, Steven Gounardes, Joseph F. Hagenbruch, Roger L. Kiesling, S. Jerry Long, Samuel B. Low, Charles H. Norman, W. Ken Rich, Donald L. Seago, Charles L. Steffel, Carol Gomez Summerhays, R. Wayne Thompson, Kenneth J. Versman, Edward J. Vigna and Charles R. Weber.

Dr. Robert A. Faiella and Dr. Sam Low were not present. A quorum was present.

Staff in attendance were: Paul Sholty, chief financial officer, Craig Busey, chief legal counsel, Wendy-Jo Toyama, senior vice president, Membership, Tripartite Relations and Marketing, Linda Hastings, senior director, administrative services, and Tomisena Cole, manager, Board and House Matters.

Consideration of Supplemental Appropriation Request: A supplemental appropriation request in the amount of \$4,950 was submitted by the Department of Dental Society Services to fund the manufacture and mailing of custom plaques for presentation to each out-going constituent society president at the end of his or her term. During the development of the 2011 budget, as a cost saving measure, funding for the plaques was reduced with the intention of producing a less costly paper certificate.

Due to a request to produce plaques for two out-going constituent presidents, the Department submitted the supplemental request to provide all retiring state society presidents the same type and quality of recognition plaque or certificate. Due to the amount of time needed to manufacture plaques, a decision on this funding request was required by early March to ensure plaques could be available for presentation at upcoming constituent annual meetings.

Prior to this special session of the Board, the Budget and Finance Committee met to consider the supplemental request. Dr. Wayne Thompson, chair, Budget and Finance Committee, reported that during that committee's conference call meeting, the Committee voted to recommend approval of the supplemental request to manufacture plaques for the 2011 out-going presidents. The Committee further recommended that in the future Membership should research other appropriate means for honoring these individuals that might include a certificate that the recipient could frame to match the décor of their office.

There was general support by the Board for the additional recommendation of the Budget and Finance Committee.

Noting that the deletion of the plaques from the budget was overlooked during the Board's budget discussions, Dr. Ken Versman suggested that the process for reviewing deleted budget items should be looked at. Dr. Ed Leone described the process used in June 2010 and acknowledged that all budget reductions were listed for consideration but only those removed from the list were discussed. Dr. Leone suggested that the process will be re-evaluated for the future so that all recommended budget deletions receive some level of consideration.

On vote, the Board adopted the following resolution:

B-17-2011. Resolved, that the supplemental appropriation request in the amount of \$4,950 for purchase of plaques for retiring presidents of constituent societies be approved.

Vote: 17 Yes—Drs. Blanton, Calnon, Feinberg, Gounardes, Hagenbruch, Kiesling, Norman, Rich, Seago, Smith, Steffel, Summerhays, Thompson, Versman, Vigna, Weber; 2 No—Drs. Engel, Long; 2 Absent—Drs. Faiella, Low.

The Board accepted the following item as an item of New Business.

United National High Level Summit on Non-Communicable Diseases: The Board received a brief report from the Committee on International Programs and Development on a matter that arose at the Committee's February 2011 meeting.

The Committee on International Programs and Development was informed that in May 2009 UN member states passed resolution 64/265 calling for a high level summit on non-communicable diseases. This summit will focus on the "four most prominent non-communicable diseases, namely cardiovascular diseases, cancers, chronic respiratory diseases and diabetes, and the common risk factors of tobacco use, alcohol abuse, unhealthy diet, physical inactivity and environmental carcinogens."

The Committee felt that given this "common risk factors approach" that includes factors critically involved in the causation of dental caries, periodontal diseases and oral cancers, these highly prevalent chronic diseases should be included in some way in the discussions at the UN High-level Summit. Therefore, the Committee passed the following resolution:

CIPD requests support in the form of diplomatic advocacy from the appropriate ADA agencies to influence the US State Department to include oral health and its impact on global health in the agenda of the United Nations Summit on non-communicable diseases in September 2011.

Dr. Ken Rich, a member of CIPD, provided background on this issue, commenting on the impact of non-communicable diseases on all countries' economy.

Dr. O'Loughlin commented that if the Washington Office is successful in influencing the State Department to include oral health on the agenda, there could be indirect costs to the ADA related to convening an oral health panel, which could be managed through the CAPIR budget.

On vote, the Board adopted the following resolution:

B-18-2011. Resolved, that the ADA Board of Trustees supports the following resolution submitted by the Committee on International Programs and Development.

CIPD requests support in the form of diplomatic advocacy from the appropriate ADA agencies to influence the US State Department to include oral health and its impact on global health in the agenda of the United Nations Summit on non-communicable diseases in September 2011.

Vote: Unanimous of all members present and voting.

Adjournment

The special session of the Board of Trustees adjourned *sine die* at 6:10 p.m. Central Standard Time.

Minutes of the Board of Trustees

April 10–13, 2011

Headquarters Building, Chicago

Call to Order: The fourth regular session of the Board of Trustees of the American Dental Association was called to order by Raymond F. Gist, president, on Sunday, April 10, 2011, at 11:30 a.m. in the Board Room of the ADA Headquarters Building, Chicago.

Roll Call: Officers and members of the Board of Trustees in attendance were: Raymond F. Gist, William R. Calnon, Patricia L. Blanton, A.J. Smith, J. Thomas Soliday, Edward Leone, Jr., Kathleen O'Loughlin, Dennis W. Engel, Robert A. Faiella, Maxine Feinberg, Steven Gounardes, Joseph F. Hagenbruch, Roger L. Kiesling, S. Jerry Long, Samuel B. Low, Charles H. Norman, W. Ken Rich, Donald L. Seago, Charles L. Steffel, Carol Gomez Summerhays, R. Wayne Thompson, Kenneth J. Versman, Edward J. Vigna, Charles R. Weber.

Dr. Patricia L. Blanton participated in the majority of the meeting by means of a telephone conference. Dr. Thompson was not in attendance on Sunday morning but joined the meeting on Sunday afternoon. The Speaker announced that a quorum was present.

In accordance with the *Organization and Rules of the Board of Trustees*, Dr. O. Andy Elliott, Kentucky, candidate for ADA president-elect, was present during open meetings of the Board on Sunday, Monday and Tuesday.

The following ADA staff members were in attendance for all or portions of the meeting at the invitation of the President: Mr. Jerome K. Bowman, managing vice president, Administrative Services; J. Craig Busey, Esq., chief legal officer; Ms. Helen Cherrett, senior director, Global Affairs; James S. Goodman, managing vice president, Meeting and Conference Services; Mr. Michael Graham, senior vice president, Government and Public Affairs; Dr. Albert H. Guay, chief policy officer; Dr. Joseph M. McManus, senior vice president, Dental Practice/Professional Affairs; Ms. Toni Mark, chief technology officer; Dr. Daniel M. Meyer, senior vice president, Science/Professional Affairs; Mr. Clayton B. Mickel, managing vice president, Corporate Relations and Strategic Marketing Alliances; Dr. Laura M. Neumann, senior vice president, Education/Professional Affairs; Mr. Kenneth Ohr, senior vice president, Communications and Marketing; Mr. Paul Sholtz, chief financial officer; Mr. Michael D. Springer, publisher and managing vice president, Publishing; Ms. Wendy-Jo Toyama, senior vice president, Membership, Tripartite Relations and Marketing; Dr. Marko Vujicic, managing vice president, Health Policy Resources Center.

Also in attendance were: Mr. James H. Berry, associate publisher, Publishing; Ms. Tomisena Cole, senior manager, Board and House Matters; Thomas C. Elliott, Jr., Esq., deputy chief legal officer, Legal Affairs; Ms. Linda Hastings, senior director, Administrative Services; and Wendy J. Wils, Esq., senior associate general counsel, Legal Affairs.

Before consideration of business, Dr. Gist read the ADA Disclosure Statement; no conflicts of interest were identified.

Attorney-Client Sessions: An attorney-client session of the Board of Trustees was held on Sunday, April 10 from 8:30 to 11:30 a.m. Topic: ADA Litigation.

Closed Sessions: Closed sessions of the Board of Trustees were held at various times during the meeting. During these sessions, the Board heard reports from committee chairs or representatives of certain committees.

Board Standing Committees

Audit Committee

Budget and Finance Committee

Compensation Committee with special appearance of Mike Melbinger, Winston & Strawn, LLP,
Compensation Committee outside legal counsel
Pension Committee

Other Committees

Delta Settlement Agreement
International Accreditation
ADABEI Update/Nominations to ADABEI Board

Other Reports

Report of the Information Technology Division: Information Technology Security Incident

Nominations for the ADABEI Board of Directors: Dr. Faiella described the process for collecting nominations for a new ADABEI Board of Directors and possible next steps, which includes a new timeline and a vetting process to evaluate the qualifications of nominees. The new timeline accommodates appointment of a committee of two trustees and ADA staff to an interview team, with screening and in-depth interviews to be completed in time for a report and recommendation to the Board of Trustees at its June 2011 Board session. Further, Dr. Faiella reported that the expense for the vetting process could be funded by ADABEI from savings from fewer Board meetings held in 2011.

During discussion, a recommendation was made that when appointing Board members to this committee, consideration be given to trustees who come from districts that do not have nominees. Similarly, it was recommended that any ADA staff who nominated candidates not be appointed to the interview committee.

The following resolution was presented by Dr. Gist and adopted by the Board of Trustees. Dr. Faiella recused himself from the discussion and vote.

B-37-2011. Resolved, that the amended timeline for interviewing and selecting the ADABEI Board of Directors be and hereby is approved, and be it further

Resolved, that the interview committee be comprised of two trustees selected by Dr. Gist as well as the following ADA staff: ~~Dr. Kathleen O'Loughlin*~~, Deborah Doherty**, Sabrina King and Nancy Livingston, and be it further

Resolved, that Dr. Robert A. Faiella be appointed to serve as an ex officio, non-voting honorary consultant to the new ADABEI Board of Directors for a term of 18 months.

(*Dr. O'Loughlin was removed as a reviewer since she submitted a nominee for the ADABEI Board.

**Deborah Doherty is staff of ADABEI.)

Following adoption of Resolution B-37-2011, a request was made that Legal staff consider the conflict of interest restriction that limits nominees from serving concurrently on a constituent society for-profit subsidiary board. There was concern that this restriction could significantly limit the pool of experts if they are required to resign from the other board. Mr. Busey acknowledged that Legal staff would look at the conflict of interest restriction.

ADABEI Update: Dr. Faiella provided a detailed report on 2010 ADABEI accomplishments; commented on the survey results on the ADAidm wind down, 2010 positive financial results, the 2010 goal of stabilization and the 2011 goal to continue to stabilize and grow the business. He also commented on specific ADABEI products both current and new.

Report of the Budget and Finance Committee: Dr. Norman presented the recommendations of the Budget and Finance Committee on the Contingent Fund requests in Dr. Thompson's absence.

Finance and Operations

Report on the Status of the 2011 Capital Contingency Fund and Approval of Supplemental Appropriation Requests: A Contingency Fund of \$200,000 was authorized in the 2011 budget. For this meeting, total Capital Contingency Fund requests submitted totaled \$15,326.

The Budget and Finance Committee recommended adoption of the request of \$15,326 to replace microphones in the Auditorium and Board Room. The Board adopted the following resolution:

B-38-2011. Resolved, that the following appropriation be made from the 2011 Capital Contingency Fund and be allocated to the appropriate capital accounts in accordance with the terms of the supplemental appropriation request.

Division of Conference and Meeting Services

Replace Microphones in Auditorium and Board Room—\$15,326

Following approval of this request, the 2011 Capital Contingency Fund has a balance of \$184,674.

Report on the Status of the 2011 Operating Contingency Fund and Approval of Supplemental Appropriation Requests: A Contingency Fund of \$1 million was authorized in the 2011 budget of which \$121,250 has been earmarked for funding of potential additional legal fees and \$878,750 for the remainder of the ADA agencies. To date, the Board has approved supplemental requests in the amount of \$262,550, leaving a balance of \$616,200. The Board considered the following requests:

Barriers to Care Papers. The Budget and Finance Committee recommended that the request for \$20,000 to print and distribute up to four “Barriers to Care” papers be reduced to \$15,000. The Board adopted the following amended resolution:

B-39-2011. Resolved, that the following appropriation be made from the 2011 Contingency Fund and be allocated to line items in separately listed cost centers and project id’s, with the exception of capital funding, in accordance with the terms of the supplemental appropriation requests.

Division of Communications & Marketing

(Cost Center 090-1240-000)

Barriers to Care Papers—\$15,000

Erie Family Health Center’s Third Annual Golden Toothbrush Awards Sponsorship/Transportation. The Budget and Finance Committee recommended that the request for \$3,100 for sponsorship of the Annual Golden Toothbrush Awards Luncheon and transportation for members of CAPIR to visit the Erie Family Health Center be reduced to \$2,500 to fund only the cost of the sponsorship. The Board adopted the following amended resolution:

B-40-2011. Resolved, that the following appropriation be made from the 2011 Contingency Fund and be allocated to line items in separately listed cost centers and project id’s, with the exception of capital funding, in accordance with the terms of the supplemental appropriation requests.

Division of Dental Practice/Professional Affairs

(Cost Center 090-1500-000)

Sponsor Erie Family Health Center’s Third Annual Golden Toothbrush Awards—\$2,500

6th National Summit on Spit and Smokeless Tobacco. The Budget and Finance Committee recommended that the request for a silver level sponsorship for the 6th National Summit on Spit and Smokeless Tobacco be funded up to \$5,000. A motion was made to provide funding of \$2,500 for a bronze level sponsorship; following discussion, the Board adopted the amendment. The Board of Trustees then adopted the following amended resolution:

B-41-2011. Resolved, that the following appropriation be made from the 2011 Contingency Fund and be allocated to line items in separately listed cost centers and project id's, with the exception of capital funding, in accordance with the terms of the supplemental appropriation requests.

Division of Dental Practice/Professional Affairs
(Cost Center 090-1500-000)

Support for the 6th National Summit on Spit and Smokeless Tobacco—\$2,500

Restoring the Council on Dental Practice November 2011 Meeting to Its Original Format. The Budget and Finance Committee recommended that the funding request of \$6,700 not be adopted. The Board discussed the request and considered Dr. McManus' comments that the workload of this Council requires additional meeting time to discuss pertinent issues of the day. The Board was informed that the Council shorten this meeting as a budget reduction during the 2011 budget development process, and the Board was concerned with the use of the Contingent Fund to reverse previous budget decisions. Further, it was suggested that other agencies are faced with the same challenges in 2011. Subsequently the Board did not adopt the following resolution:

B-42. Resolved, that the following appropriation be made from the 2011 Contingency Fund and be allocated to line items in separately listed cost centers and project id's, with the exception of capital funding, in accordance with the terms of the supplemental appropriation requests.

Division of Dental Practice/Professional Affairs
(Cost Center 090-1500-000)

Restoring the Council on Dental Practice November 2011 Meeting to Its Original Format—\$6,700

Request for New Staff for the Department of Dental Informatics. The Budget and Finance Committee recommended that the funding for new staff in the Department of Dental Informatics not be adopted. There was a concern expressed that the request was more appropriately addressed through the budget development process rather than through the Contingent Fund. Dr. McManus clarified that this request did not add head count (staff), but was rather offset by elimination of another lower grade position. Additional discussion ensued regarding the implications on the intellectual property work with standards organizations on electronic interchange that could be done by the Department with this new staff. A motion was made and adopted to postpone definitely Resolution B-43 until Tuesday, in order to obtain clarification of the request.

Later in the meeting, the Board received a revised request in the amount \$83,379 that reflected the total net additional expense offset by savings from elimination of another staff position. The Board was informed that the staff situation could be managed in the interim by the hiring of a temp to do the work. Following additional discussion, the Board did not adopt the following amended resolution:

B-43. Resolved, that the following appropriation be made from the 2011 Contingency Fund and be allocated to line items in separately listed cost centers and project id's, with the exception of capital funding, in accordance with the terms of the supplemental appropriation requests.

Division of Dental Practice/Professional Affairs
(Cost Center 090-1500-000)

Request for New Staff for the Department of Dental Informatics—\$83,379

2011 ADA Subscription Dues to the FDI World Dental Federation. The Budget and Finance Committee recommended that the request in the amount of \$71,900 for adjustment of the FDI membership dues be adopted. This adjustment relates to currency exchange rate fluctuations. The Board of Trustees adopted the following resolution:

B-44-2011. Resolved, that the following appropriation be made from the 2011 Contingency Fund and be allocated to line items in separately listed cost centers and project id's, with the exception of capital funding, in accordance with the terms of the supplemental appropriation requests.

Division of Global Affairs
(Cost Center 090-1300-000)

2011 ADA Subscription Dues to the FDI World Dental Federation—\$71,900

Additional Funding for Preservation of Evidence. The Budget and Finance Committee recommended the adoption of the request for funding in the amount of \$70,000 to purchase necessary computer supplies that may be consumed in the course of meeting data retention requirements outlined in the Preservation of Evidence memo. The Board of Trustees adopted the following resolution:

B-45-2011. Resolved, that the following appropriation be made from the 2011 Contingency Fund and be allocated to line items in separately listed cost centers and project id's, with the exception of capital funding, in accordance with the terms of the supplemental appropriation requests.

Division of Information Technology
(Cost Center 090-1450-000)

Additional Funding for Preservation of Evidence—\$70,000

Cultural Competency Training. The Budget and Finance Committee recommended the adoption of the request for funding in the amount of \$16,000 for a diversity and inclusion educational training program for the Board of Trustees. The Board of Trustees adopted the following resolution:

B-46-2011. Resolved, that the following appropriation be made from the 2011 Contingency Fund and be allocated to line items in separately listed cost centers and project id's, with the exception of capital funding, in accordance with the terms of the supplemental appropriation requests.

Division of Membership, Tripartite Relations and Marketing
(Cost Center 090-1300-000)

Cultural Competency Training—\$16,000

Executive Director Market Salary Study. The Budget and Finance Committee recommended adoption of the request for funding in the amount of \$5,500 for additional dollars in support of a confidential salary market study and report for the Executive Director's compensation package. The Board of Trustees adopted the following resolution:

B-47-2011. Resolved, that the following appropriation be made from the 2011 Contingency Fund and be allocated to line items in separately listed cost centers and project id's, with the exception of capital funding, in accordance with the terms of the supplemental appropriation requests.

Division of Administrative Services
(Cost Center 090-1050-000)

Executive Director Market Salary Study—\$5,500

Comparative Market Study and Analysis of the ADA's Total Compensation Package. The Budget and Finance Committee recommended adoption of the request for \$100,000 for a total compensation market study to be done by an independent consulting firm. The Board of Trustees adopted the following resolution:

B-48-2011. Resolved, that the following appropriation be made from the 2011 Contingency Fund and be allocated to line items in separately listed cost centers and project id's, with the exception of capital funding, in accordance with the terms of the supplemental appropriation requests.

Division of Administrative Services, Department of Human Resources
(Cost Center 090-1050-000)

Comparative Market Study and Analysis of the ADA's Total Compensation Package—\$100,000

Comprehensive Retirement Study. The Budget and Finance Committee recommended adoption of the funding request for \$70,000 for a comprehensive retirement study conducted by an independent actuarial consultant. The Board of Trustees adopted the following resolution:

B-49-2011. Resolved, that the following appropriation be made from the 2011 Contingency Fund and be allocated to line items in separately listed cost centers and project id's, with the exception of capital funding, in accordance with the terms of the supplemental appropriation requests.

Division of Administrative Services, Department of Human Resources
(Cost Center 090-1050-000)

Comprehensive Retirement Study—\$70,000

Association's Relief Campaign for Japan. The Budget and Finance Committee recommended adoption of the request in the amount of \$5,000 for an ADA donation to the Association's relief campaign for Japan. The Board of Trustees adopted the following resolution:

B-50-2011. Resolved, that the following appropriation be made from the 2011 Contingency Fund and be allocated to line items in separately listed cost centers and project id's, with the exception of capital funding, in accordance with the terms of the supplemental appropriation requests.

Division of Global Affairs
(Cost Center 090-1300-000)

Association's Relief Campaign for Japan—\$5,000

Additional 2011 Grant for the Alliance of the American Dental Association. The Budget and Finance Committee recommend that the request in the amount of \$16,800 not be adopted. In discussing this request, the Board considered the good work accomplished by the AADA; the organization's current financial status; and its declining membership. It was suggested that the Board should have a more in-depth discussion regarding the relationship of the AADA with the ADA.

On vote, the Board did not adopt the following resolution:

B-51. Resolved, that the following appropriation be made from the 2011 Contingency Fund and be allocated to line items in separately listed cost centers and project id's, with the exception of capital funding, in accordance with the terms of the supplemental appropriation requests.

Division of Membership, Tripartite Relations and Marketing
(Cost Center 090-1300-000)

Additional 2011 ADA grant for the Alliance of the American Dental Association—\$16,800

Preliminary

Approval of Agenda: President Gist asked for any items of New Business. The following items were added to the agenda:

Report of the Council on Dental Practice, Selection of the Hillenbrand Fellow
Audit Committee Resolutions

On vote, the Board adopted the following resolution.

B-19-2011. Resolved, that the agenda as amended be approved as the official order of business for the current session of the Board of Trustees except that the President may alter the order of the agenda when necessary to expedite business.

Approval of Minutes of Previous Session: Dr. Gist announced that the draft minutes of the December 2010 Board meeting had been circulated to the Board, but approval will be sought by mail ballot in order to allow the Board members sufficient opportunity to review and comment on the draft minutes.

Report on Mail Ballot Actions: In accordance with the *Organization and Rules of the Board of Trustees* that requires the reporting of mail ballot actions at the next meeting of the Board of Trustees, it was reported for the record that the following resolutions were adopted unanimously.

Approval of Minutes of the February 6-8, 2011, Meeting of the Board of Trustees

B-33-2011. Resolved, that the minutes of the February 6-8, 2011, session of the Board of Trustees, as editorially amended, be approved.

Approval of Minutes of the March 1, 2011, Special Telephonic Session of the Board of Trustees

B-34-2011. Resolved, that the minutes of the March 1, 2011, special telephonic session of the Board of Trustees be approved.

Approval of Consent Calendar: A consent calendar was prepared in order to expedite the business of the Board of Trustees. Any member of the Board could remove a report or resolution from the consent calendar for consideration; no requests were made to remove any report or resolution. The Board subsequently adopted the following resolution.

B-22-2011. Resolved, that the resolutions contained on the Consent Calendar be approved and reports be accepted.

Board Standing Committee and Work Group Reports

Report of the Chair of the Diversity Committee: Dr. Versman, Committee chair, reported on the meeting held prior to the Board meeting. The Committee discussed ongoing demographic changes and the importance that the Board understands that recruitment of new members from diverse backgrounds is lagging and the critical impact of this on Association membership. He reported that the Committee is attempting to define its responsibilities and it will be seeking input from the Board on its expectations of the Diversity Committee. Dr. Versman also commented on the Diversity Institute and how valuable the Institute graduates have become at the state level. He reminded the Board that the deadline for the next class is April 30 and asked that the Board encourage any qualified individuals from diverse backgrounds to apply to the program.

Report of the Interim Governance Committee: Dr. Low, Committee chair, reported the on the Committee's first meeting. Dr. Low outlined the following actions to be completed by the Committee: develop a committee charter and 2013 budget; identify a governance expert consultant to assist the Committee in developing an RFP for a top to bottom governance review to be sent out in 2012; and project completion in time for a report to the 2013 House of Delegates. A report and supplemental request for hiring the consultant will be presented to the Board at its June 2011 session.

Report of the Chair of the Board Rules Work Group: Dr. Smith, Work Group chair, reported on the ongoing work to streamline the Board Rules and eliminate redundant information. He mentioned that the Board will be receiving a marked-up copy of the Board Rules with proposed or suggested changes identified. A thorough discussion of the document will be held during the June 2011 Board meeting.

Dr. Smith also reported the Work Group had a few recommendations for consideration at this meeting, including a process for Board approval of litigation developed by the Division of Legal Affairs and a review of the Dues Stabilization Policy. The following resolution was subsequently adopted by the Board of Trustees:

B-59-2011. Resolved, that the Process for Approval of Litigation be adopted and added to the *Organization and Rules of the Board of Trustees*.

Process for Approval of Litigation

Introduction: It is necessary and appropriate from time to time for ADA to assert the legal rights of itself and its members by initiating or supporting a lawsuit in federal or state court, or in an alternative tribunal. The facts and issues relating to such lawsuits may vary greatly, and the involvement of the Board of Trustees and various stakeholders may differ in degree according to the nature of the lawsuit being filed. It is, nevertheless, important to establish a workable process for obtaining the concurrence of the Board with the decision to initiate litigation and, to the extent necessary, for the Board to gather input from relevant ADA stakeholders. It is also critical that, absent extraordinary circumstances, *no litigation shall be filed without prior notification of the Board*.

Process: In each and every case in which litigation is to be instituted by the ADA¹, the following process shall be followed:

1. *Initial Decision.* The Chief Legal Counsel (CLC) and the Executive Director (ED), after investigation of the facts and issues involved in a proposed lawsuit, shall agree that the suit should be filed in the best interests of ADA.

2. *Submission to Board.* The CLC and ED shall, after consideration of all factors relating to the proposed lawsuit, determine whether (a) to seek the concurrence of the Board without the necessity of a meeting (in cases where the factors in favor of filing the lawsuit are clear)² or (b) to schedule a discussion of the proposed lawsuit by the Board in a special or regularly scheduled meeting of the Board.

3. *Summary Concurrence.* If the CLC and ED elect to seek concurrence of the Board without a meeting, they shall notify the Board of Trustees, via e-mail or an alternative effective means of communication; advise the Board members in satisfactory detail of the facts and issues relating to the proposed lawsuit; and seek the Board's concurrence in the decision to file the lawsuit. Where such concurrence is sought, the following steps shall be taken:

- a. Upon receipt of the notification, each Board member may (i) consent to the filing of the lawsuit; or (ii) request additional information with respect to the suit; or (iii) withhold consent and request that the potential lawsuit be submitted for discussion by the entire Board at a regularly scheduled Board meeting or in a meeting convened via conference call. With respect to each such response, the following shall occur:
 - (i) If the Board members respond unanimously with consent to file the lawsuit, the CLC shall proceed to have the lawsuit filed.
 - (ii) If further information is requested, that information shall be furnished by the CLC and ED, after which Board members will indicate consent to the filing of the litigation or that further discussion is desired.

¹ As referred to in this process, the filing or institution of litigation shall also include the filing of an *amicus curiae* brief, joinder of ADA as a party, or other formal support of pending litigation.

² The presence of some or all of the following factors might support the decision to seek concurrence of the Board without the necessity of a meeting: (a) Minimal risk of reputational injury to ADA; (b) No involvement of policies left to the purview of the House; (c) A clear need to assert or protect an interest of ADA; (d) A positive assessment of the chances of success; (e) Lack of complexity of issues and parties; (f) Unlikelihood of prolonged discovery or substantial expense; or (g) Weighting of benefit when compared to risk. Conversely, the absence of such factors may support the need for full discussion by the Board.

- (iii) If any Board member requests further discussion by the Board, the CLC and ED shall postpone the filing of the lawsuit until discussion by the Board in a proper forum may be held.
 - b. If the lawsuit must be filed immediately or by a specific date, owing either to the emergency nature of the suit or a pending statute of limitations, the CLC and ED shall expedite the process to allow the Board adequate time for full consideration of the proposed action and Board discussion if required.
4. *Full Discussion.* If the CLC and ED determine that the lawsuit is one that is appropriate for full discussion by the Board, they shall either:
- a. Submit the lawsuit for discussion and authorization by the Board at its next regularly scheduled meeting; or
 - b. Where circumstances require, request that a Board meeting via conference call be convened for discussion of the proposed lawsuit by the full Board.
5. *Extraordinary Circumstances.* In rare cases where the emergency nature of, or extraordinary circumstances relating to, the lawsuit do not permit the notification of the full Board in advance of filing, the President or President-elect may authorize the filing of the suit, with notification of the Board to follow immediately thereafter.
6. *Involvement of Other Stakeholders.* Where the Board of Trustees determines that the input of other stakeholders within ADA is required for an informed decision as to whether to institute litigation, it may in its discretion solicit such input or invite such other stakeholders to participate in the process of consideration.

Dr. Smith also reported the recommendation of the Work Group that the Special Committee on Financial Affairs (SCFA) review the Dues Stabilization Policy, which appears in the Board Rules. Dr. Smith commented that the policy isn't easily understood or favorably received by the House of Delegates.

Dr. Smith proposed the following motion:

That Board Rules Work Group recommends that the Board of Trustees urge the Special Committee on Financial Affairs to review the Dues Stabilization Policy and report any recommended revisions to the Audit Committee for review.

Dr. Feinberg, an ex officio member of the Financial Affairs Committee, commented that SCFA had similar concerns regarding the Dues Stabilization Policy that will be shared with the Board in a letter from the Committee.

Additional comments were made regarding the policy and the budget process, especially the inability of the House to add programs to the budget without incurring a dues increase. Other concerns were raised about improving the process for managing the final budget near the end of the House of Delegates.

Dr. Leone, treasurer, and Dr. O'Loughlin commented that several strategies are being developed to help the House of Delegates regarding the budget process at the House. These include:

- Adding a field to resolution worksheets to identify not only the financial implication of a resolution but also the corresponding dues implication
- Convening a budget review breakfast meeting for the Board before the start of the second meeting of the House of Delegates to discuss the status of the budget
- Building into the 2012 budget a dollar amount for potential House actions
- Revision of financial slides displayed during meetings of the House of Delegates

The motion proposed by the Work Group to have the Special Committee on Financial Affairs review the Dues Stabilization Policy and report any recommended revisions to the Audit Committee for review was postponed definitely until the June 2011 Board session.

Special Orders of Business/Special Appearances

Appearance of Mr. Gary Price, CEO, Dental Trade Alliance: Mr. Price, DTA CEO and representative to the National Roundtable for Dental Collaboration, addressed the Board regarding a proposal to pursue a national social marketing campaign focused on the importance of oral health, planned and executed by the Ad Council. He further commented on steps taken to date to approach the Ad Council to mount a public awareness children's oral health campaign and provided information about the DTA's previous experience with a social marketing campaign and the benefits of that campaign. He commented that the cost of an endeavor of this size (estimated by the Ad Council to be slightly less than \$3 million over three years) could be difficult for the organizations to manage individually, but was possible as a collaborative activity. Mr. Price also reported that the DTA Board has committed \$1 million over three years as an initial partner for this campaign. A formal application will be developed and submitted to the Ad Council for consideration, along with an in person presentation on June 13, 2011. If accepted, Mr. Price described the process for development of the campaign and various steps during the campaign.

Mr. Price responded to various questions regarding the campaign and possible commitments from the other dental organizations.

In conjunction with Mr. Price's presentation, the Board considered the following Report of the National Roundtable for Dental Collaboration.

Report of the National Roundtable for Dental Collaboration: This report provided background on the National Roundtable for Dental Collaboration a coalition of now 21 dental related organizations and the progress made to identify areas of common interest to all groups. At the second National Roundtable for Dental Collaboration in January 2011 there was an agreement of the participants that a national concerted effort at raising public awareness of the importance of good oral health would be an initiative all participants would be interested in supporting. The Dental Trade Alliance, a participating Roundtable organization, initiated conversations with the Ad Council regarding the mounting of a national public service announcement campaign focused on the importance of children's oral health. Mr. Gary Price described the progress made to date with this campaign and outlined the financial commitment needed from the ADA and other Roundtable participants. It was noted that in order to meet the requirements of the Ad Council's consideration of undertaking such a campaign, the participants of the NRDC are being asked to enter a memorandum of understanding, to form a coalition to pursue this opportunity and to confirm a willingness to invest in total approximately \$1-2 million over three years. The Ad Council would work to mount a public awareness children's oral health campaign estimated to be worth \$100 million over three years in donated work. As primary entrants, the DTA is requesting a comparable commitment of three year funding from the ADA, up to \$350,000 per year.

The Board discussed the proposal and questioned if there were any duplicate efforts with other possible initiatives such as the U.S. National Oral Health Alliance. Dr. Rich responded that this is still an evolving group and its advocacy activities have not yet been defined but most likely its focus will be to agencies rather than the public.

On vote, the Board of Trustees adopted the following resolution.

B-27-2011. Resolved, that the American Dental Association enter into a memorandum of understanding with other members of the National Roundtable for Dental Collaboration (NRDC) to pursue the possibility of a national public awareness children's oral health campaign by the Ad Council, and be it further

Resolved, that the Board of Trustees authorize the Executive Director to participate in a NRDC coalition, joint DTA/ADA presentation to the Ad Council in New York City on June 13, 2011, and be it further

Resolved, that the Board of Trustees authorize the Executive Director to commit up to \$350,000 per year for three years, should the Ad Council agree to take on the work of a children's oral health national social marketing campaign, and be it further

Resolved, that the Executive Director, working with the DTA, will aggressively pursue investment commitments by other members of the National Roundtable for Dental Collaboration, corporations and foundations to offset the DTA and ADA's promised three year investment.

Appearance of Ms. Donna Hills Howe and Mr. James Miller, Sharecare: Ms. Howe, senior vice president, Corporate Development, and Mr. Miller, vice president, Content Partners, Sharecare, described the newly created online health resource for the public and discussed the invitation to the ADA to become an expert content provider for the Sharecare.com website.

Ms. Howe described the social media landscape and how its growth led to the development of Sharecare. She noted that Sharecare seeks the participation of expert content providers as a resource of information for the site and identified other expert content providers that currently participate in Sharecare. She also commented that this collaborative opportunity would be a benefit for the public and would reinforce the image of the ADA as the dental expert. Following this presentation the Board extensively questioned Ms. Howe and Mr. Miller regarding the proposal. Afterwards, the Board considered the following Report of the Council on Communications: Alliance with ShareCare.com for Public Communications Outreach.

Report of the Council on Communications: Alliance with Sharecare.com for Public Communications Outreach: The report described a proposal by Sharecare, Inc. for the ADA to participate as a "Knowledge Partner" in the Sharecare.com website which has been designed as a robust question and answer platform to provide the public with health information from unbiased experts in a manner that is intuitive and user friendly. The ADA would provide intellectual property in the form of consumer information, online content from ADA.org, video and original answers to public questions to a major new online health website. The ADA would be the preferred oral health information resource for a new business venture. Sharecare has proposed an incentive program to increase participation by ADA member dentists.

The Board discussed thoroughly the proposal and raised questions about the contract with Sharecare. The Board requested an opportunity to review the draft contract prior to taking action. The Board also asked the Chief Legal Officer to seek concessions from Sharecare that the dentist member of the Sharecare board should be an ADA member and that ADA answers to questions always be posted first on the site. Later in the meeting, Mr. Busey and Dr. O'Loughlin reported that Sharecare was amenable to both points. Following a review of the draft contract, the Board adopted the following resolution:

B-24-2011. Resolved, that the Board of Trustees authorize the ADA to enter into a multi-year contractual agreement to provide Sharecare, Inc. with intellectual property in the form of both existing, newly created and original oral health information, website features and links, and ADA brand identify for the purposes of participating on the Sharecare public communications platform, and be it further

Resolved, that the Board of Trustees request the Council on Communications to ensure that this public outreach is an integral part of the ADA Strategic Communications Plan, and be it further

Resolved, that the Board of Trustees request the Council on Communications to collaborate with other relevant ADA councils and agencies to ensure that intellectual property provided by and through the ADA is properly vetted and presented under the guidance of the Council workgroup on brand management, and be it further

Resolved, that the Board of Trustees authorize the Executive Director to develop the operational plan and management structure to ensure that the contractual agreement and inclusion of member dentist participation has on-going staff leadership and support.

Appearance of Dr. Jack Dillenberg, dean, AT Still University, and Dr. Ira Lamster, dean, Columbia University: Dr. Dillenberg and Dr. Lamster presented to the Board their perspectives on the traditional versus newer dental school models. Also in attendance during this presentation were Dr. Richard Valachovic, executive director, American Dental Education Association; Dr. Brian Kennedy, chair, Council on Dental Education and Licensure; and Dr. Matthew Niewald, New Dentist Committee member.

This session was moderated by Dr. Laura Neumann, senior vice president, Dental Education/Professional Affairs. The purpose of this session was to provide an opportunity for the Board to receive perspectives from representatives of both new and existing (traditional) dental school models, to get information and to look to the future of the education environment and the implications for the membership; and identify challenges the Association may face and opportunities for the future.

A question and answer period followed the presentation.

Following the presentation, Dr. Kennedy suggested that the ADA Board of Trustees develop a policy or guidelines for the future of dental education and once that is developed, this will have implications for CODA given that ADA has the ability to inform CODA on issues important to the profession. And he questioned: Can you define the end product of the dental educational system? What should the clinical competency be?

Later in the meeting the Board discussed the information received during the presentations and the questions raised by Dr. Kennedy's comment/question. The Board felt that the issues required more consideration either through a workgroup or task force. Dr. Soliday commented that this topic is similar to the topic of the 2011 Mega Topic at the House of Delegates. Dr. Soliday suggested that these discussions could be referred to the Board Work Group on Education established during the February 2011 Board Retreat for a report back in December. It was further noted that CDEL is also studying Resolution 87-2010, that calls for a study of the short and long term impact (positive and negative) of existing and emerging models of dental education.

Appearance of ASDA President Adam Shisler and Executive Director Nancy Honeycutt: Mr. Shisler reported on the current state of the American Student Dental Association (ASDA), and described issues of importance to ASDA and its members. He also expressed an interest for more opportunities for students to stand alongside the ADA in lobbying on policy issues. Mr. Shisler responded to questions regarding ASDA's efforts to increase conversion of ASDA members to ADA membership, and noted that by encouraging involvement of new dentists at the local level, they may be less likely to discontinue ADA membership.

Later in the meeting, the Board discussed strategies to engage ASDA members in the lobbying process. The following statement and resolution was prepared for the Board's consideration.

Background Statement: The ADA recognizes the value of student participation in communicating issues affecting the profession to public policy makers and community leaders. Presently, student leaders only participate in lobbying efforts in Washington, D.C. in conjunction with ADEA. The Board of Trustees feels adding ASDA representatives to its presence at the Washington Leadership Conference will enhance the message of the profession in its lobby day activities. Therefore,

B-56. Resolved, that the Council on Government Affairs in consultation with ADPAC be encouraged to develop a process by which ASDA officers and their respective ASDA Governmental Affairs committee become part of the future Washington Leadership Conferences beginning in 2012. This process would include 1) funding of ASDA members to attend this meeting; and 2) systems by which ASDA attendees interact with ADA members and their respective contact legislators, and be it further **Resolved,** that CGA investigate opportunities whereby Action Team Leaders who attend WLC partner with respective ASDA members in their states for interaction at the Washington Leadership Conference.

It was announced that the above resolution had been shared with Mr. Shisler and that he was not able to comment on the resolution without consulting with the ASDA Board. Subsequently, the ADA Board postponed definitely consideration of the resolution until the June 2011 Board meeting.

Appearance of Dr. David Whiston, president, ADA Foundation: Dr. Whiston along with Mr. Jeffery M. Beutler, interim Chief Executive Officer, and Mr. Emmett P. Murphy, interim Chief Financial Officer, presented a status report on the ADA Foundation. Dr. Whiston noted that the Foundation Board has been restructured to work as a committee of the whole, has four vice presidents serving in specific subject matter areas, and an executive committee made up of the president and the four vice presidents. Mr. Beutler commented on the reduction of programs that will be managed by the Foundation and Mr. Murphy commented on financial considerations including compliance matters.

The Foundation submitted the following reports for the Board's consideration: Report of the ADA Foundation—2012 Grant Request and Report of the ADA Foundation.

Report of the ADA Foundation: This report was submitted in accordance with Resolution B-98-2010, which requests the ADA Foundation to submit quarterly reports on its progress on the corrective action plan to the ADA Board of Trustees. In addition to this status update, the report described the status on the following areas: governance and administration activities, programs and grant management, development and fundraising, and the Paffenbarger Research Center.

ADA Foundation—2012 ADA Grant Request: The ADA Foundation submitted a request for a grant in the amount of \$3,427,382 for budget year 2012. The ADAF would use the grant to cover certain administrative expenses, such as salaries and benefits for ADAF staff, thus allowing ADAF to direct more fundraising contributions toward charitable assistance, access, research and education. In discussing the grant request, there was general concern that there was insufficient information, including the cost of in-kind services provided to the Foundation, to make an informed decision at this time.

Dr. Leone suggested that the Administrative Review Committee should review this request along with other budget requests. A motion was made and adopted to postpone the following resolution to the June 2011 Board session, to allow submission of more information from the Foundation and consideration of the request during the review and development of the ADA's 2012 budget.

B-35. Resolved, that the ADA Board of Trustees approves a grant to the ADA Foundation in the amount of \$3,427,382 for fiscal year 2012.

UNEP Mercury Treaty and WHO Phase Down of Amalgam Update: Mr. Jerry Bowman, managing vice president, Administrative Services, and Dr. Dan Meyer, senior vice president, Science/Professional Affairs, gave an update on the status of a proposed treaty being negotiated through the United Nations Environment Programme (UNEP) on mercury, and reported on their attendance and participation at the UNEP meeting in Chiba, Japan in February 2011. Dr. Meyer also commented on activities as a consultant to the FDI's Science Committee, assisting the FDI in communicating the need to thoroughly assess the impact from potential limitations proposed for mercury/dental amalgam and develop an action plan for disease prevention, health promotion and disease management. The next UNEP meeting is scheduled for October in Africa. Details have not yet been released, but the issue of dental amalgam will be discussed in greater detail at this meeting than in Chiba.

Workforce: New Models and Where the Profession of Dentistry Is Headed: On Wednesday, April 13, the Board held an in-depth discussion on workforce issues. The session was facilitated by Dr. James Willey, director, Council on Dental Practice. Dr. Marko Vujcic, managing vice president, Health Policy Resources Center, gave a presentation on Population Demographics, fiscal realities and dentist workforce trends.

A more detailed summary of the session is appended (Appendix 1).

Information Technology

Report of the Information Technology Division: Status of the 2011 Information Technology Initiatives:

The report provides an update on the progress of the nine major Information Technology initiatives underway in 2011 and provides a financial summary of the funds from the one-time special assessment utilized to date.

IT Demonstrations: Ms. Mark provided a demonstration on two new IT projects: Online Buyer's Guide and the Annual Session Web Site. She noted that the online buying guide for dental products and product comparisons was created as a benefit for dentists and a new revenue source for the Association. Mr. Springer commented on the success of the guide and the revenue it has generated to date.

The Annual Session Web Site establishes a dedicated presence for the ADA annual session and creates a holistic session registrant/attendee experience. Mr. Goodman commented on the launch of this site on April 1 and the cross divisional efforts to create the site. It was also noted that the Annual Session Web Site provides an opportunity to generate revenue through advertisements or sponsorship recognition on the website.

Communications and Marketing

Report of the Council on Communications: Liaison Program Guidelines: This report presented a request to formalize the guidelines under which the Council's liaison program has been operating. It was noted that these guidelines are similar to those approved by the Board of Trustees for American Student Dental Association (ASDA) consultants to ADA councils. The following resolution was adopted through the consent calendar action. (Consent Calendar Action)

B-23-2011. Resolved, that the Council on Communications Liaison Program Guidelines as detailed in the "Report of the Council on Communications: Liaison Program Guidelines," be approved.

The approved guidelines appear in Appendix 2.

Report of the Council on Communications: Social Media Strategic Plan: The Council presented a recommendation for a social media strategy and implementation plan for 2011 and 2012 and beyond. Mr. Ohr commented on the proposal and acknowledged that there are risks associated with this activity, especially in the area of monitoring postings on a social media site, and that there are still unknown factors such as staff time in monitoring the site. A process has been developed on how to manage comments at this time. Following discussion, the Board adopted Resolution B-25.

B-25-2011. Resolved, that the Board of Trustees recognize the risk associated with social media, and approve the Council on Communications 2011 recommendations, as detailed in the Strategic Plan, as part of the Association's integrated communications, and be it further

Resolved, that the Council on Communications have approval to integrate other long-term, social media channels, including those detailed for 2012 in the Strategic Plan, as part of the Association's integrated communications process.

Conference and Meeting Services

Report of the Council on ADA Sessions: Annual Session Date Change for 2017: This report presented the Council's recommendation on the location and dates for the 2017 annual session and the need to revise previously approved dates due to a conflict with another organization's meeting and a religious holiday. (Consent Calendar Action)

B-26-2011. Confidential Action

Report of the Council on ADA Sessions: Annual Session Exhibit Booth Pricing: The Council reported that to offset the expense for reimbursement to the California Dental Association for holding the ADA annual session in California in 2012, it was proposing a 25% increase in the exhibitor booth fees. (Consent Calendar Action)

B-31-2011. Resolved, that the exhibitor booth fees be increased by 25% for the booths sold for the 2012 ADA Annual Session in San Francisco, and be it further

Resolved, that this increase only be effective for the booth space sold for the 2012 meeting therefore eliminating this increase for 2013.

Report of Dr. Charles L. Steffel, Liaison to the Council on ADA Sessions: Dr. Steffel reported on the February 10-12, 2011 meeting of the Council on ADA Sessions. (Consent Calendar Item)

Corporate Relations and Strategic Marketing Alliances

Report of Dr. Edward Vigna, Corporate Relations Work Group: On behalf of the Corporate Relations Work Group, Dr. Vigna provided an oral update on the status of the following activities and programs: the Strategic Partner Program, a collaborative program with Scholastic to develop a national oral health education program, a collaboration with the Oral Cancer Foundation; and the GKAS/NASCAR activities.

Report of the Managing Vice President, Corporate Relations and Strategic Marketing Alliances: Update on Corporate Sponsorships: This report provides an update on major corporate sponsorships approved by the Corporate Relations Work Group and currently under development as required under the Guidelines Governing the ADA's Corporate Relationships.

Dental Education/Professional Affairs

Progress Report of the CODA Monitoring Committee: This report provides an update on the activities of the CODA Monitoring Committee, charged to monitor and assist the Commission on Dental Accreditation in implementing recommendations from the 2008 Report of the Task Force on the Commission on Dental Accreditation. Recent Committee discussions included a proposed policy on eligibility for accrediting programs in a new allied discipline and potential ways for CODA to become less dependent on the ADA for financial support. (Consent Calendar Item)

Report of Dr. Roger Kiesling, Liaison to the Commission on Dental Accreditation: Dr. Kiesling reported on the orientation program for new commissioners and new review committee members on December 16-17, 2010; and the one-day meeting of CODA in February, 2011. (Consent Calendar Item)

International Accreditation: Dr. Versman, chair, Joint Advisory Committee on International Accreditation, shared concerns regarding possible new exceptions to CODA's pre-doctoral standards for international dental schools applying for accreditation. Following discussion, the Board adopted the following resolution:

B-55-2011. Resolved, that the Board urge the Joint Advisory Committee on International Accreditation, established by the ADA House of Delegates, that the established CODA pre-doctoral standards with the exception of standard 1.7 be continued and not modified in the ADA international accreditation process.

Dental Practice/Professional Affairs

Report of the Council on Access, Prevention and Interprofessional Relations: 2010 Symposium on Early Childhood Caries in American Indian and Alaska Native Children: This report provided a summary

of the 2010 Symposium that was co-hosted with the American Academy of Pediatrics and co-sponsored by Oral Health America with financial support from the DentaQuest Foundation. (Consent Calendar Action)

B-28-2011. Resolved, that the Council on Access, Prevention and Interprofessional Relations (CAPIR) continue to coordinate the American Indian/Alaska Native Strategic Workgroup, and be it further

Resolved, that the focus of this Workgroup be narrowed to address early childhood caries among Native American children.

Report of the Council on Access, Prevention and Interprofessional Relations: Interagency Workgroup on Soda and Sweetened Beverages: This report describes the need to form a workgroup to develop appropriate statements and draft policies on soda and sweetened beverages. On behalf of the Council, Dr. McManus offered a substitute resolution for the resolution originally included in the Council's report. There were no objections to the substitution and the Board subsequently adopted the Council's substitute resolution:

B-29-2011. Resolved, that in response to the resolution adopted by the Council on Access, Prevention and Interprofessional Relations (CAPIR) at its January 2011 meeting regarding the creation of an interagency work group on soda and sweetened beverages, CAPIR is asked to review the issue and seek input from other agencies, as appropriate, on the development of policies for consideration by the House of Delegates.

Report of the Council on Access, Prevention and Interprofessional Relations: Give Kids A Smile Initiative: This report presented a proposal for a new governance structure for management of the Give Kids A Smile Initiative. (Consent Calendar Action)

B-30-2011. Resolved, that the American Dental Association accept the transfer of the expansion program from the ADA Foundation and the responsibility for management of the entire Give Kids A Smile initiative, and that the Give Kids A Smile National Advisory Board be an advisory committee of the Council on Access, Prevention and Interprofessional Relations.

Report of the Council on Access, Prevention and Interprofessional Relations: Membership to the Accreditation Association for Ambulatory Health Care: This report provided information on membership in the Accreditation Association for Ambulatory Health Care (AAAHC) and a recommendation to join AAAHC. (Consent Calendar Action)

B-52-2011. Resolved, that the Board of Trustees approve membership to the Accreditation Association for Ambulatory Health Care (AAAHC) in the amount of \$6,000 for calendar year 2012 to position the ADA to contribute to important decisions impacting dentistry in the area of accreditation.

Report of the Council on Dental Benefit Programs: Review of February 2011 Code Revision Committee Meeting: The Council reported that during its February 2011 meeting the Committee approved two significant additions to the Code on Dental Procedures and Nomenclature regarding dental screenings and assessments. (Consent Calendar Item)

Report of Dr. Roger L. Kiesling on the Dental Economic Advisory Group: Dr. Kiesling reported on work of the Dental Economic Advisory Group at its March 2011 meeting. (Consent Calendar Item)

Report of the Council on Access, Prevention and Interprofessional Relations: Update on the Community Dental Health Coordinator Pilot Project: This report provides updates to the Community Dental Health Coordinator Pilot Program that have occurred since the last report to the Board of Trustees in December 2010. Some of the key issues being addressed at this time to assure the success of the pilot program were noted: the relocation of the American Indian site to the Arizona School of Dentistry and Oral Health, the training of the last cohort of students and the restructuring of the evaluation component of the program.

Report of Dr. R. Wayne Thompson, Give Kids A Smith National Advisory Committee: Dr. Thompson reported that the Give Kids A Smith Day was held on February 4, 2011; the expansion of the GKAS program to include a Speedfest, an opportunity to promote the current racing season at Charlotte NASCAR Race Track; and the transition of the GKAS program to the ADA Council on Access, Prevention and Interprofessional Relations.

Report of the Council on Access, Prevention and Interprofessional Relations Post-2009 Access to Dental Care Summit Update: This report provided a recap of the Access to Care Summit and the subsequent agreement of participants to develop an infrastructure to address barriers to accessing dental care. This report provided an update on the Coordination and Communications Workgroup's Structure Subcommittee meeting to review bylaws for the proposed U.S. National Oral Health Alliance. The Council also reported that it will continue to monitor activities and inform the Board on issues specific to the emerging USNOHA. The Council anticipates that in the near future ADA will be asked to either become a member of or sponsor of Alliance activities.

Report of the Dental Economic Advisory Group Activities: This report identified various issues discussed at the Dental Economic Advisory Group (DEAG) meeting held on March 3-4, 2011. DEAG heard presentations on: current methodology used for national email surveys and expert opinion on how to improve/change the current methodology; net incomes of general practitioners; various reports on dental therapists; accomplishments and future of DEAG; and U.S. population not served by the private dental care system. (Consent Calendar Item)

Report of Dr. Robert Faiella, Liaison to the Standards Committee on Dental Informatics: Dr. Faiella requested that his report be postponed definitely to the June 2011 Board of Trustees session. There were no objections to this request.

Global Affairs

Report of Dr. W. Ken Rich, Liaison to the Committee on International Programs and Development: Dr. Rich submitted a report on the February 27-28, 2011, CIPD meeting. (Consent Calendar Item)

Government and Public Affairs

Report of the Senior Vice President, Government and Public Affairs: Federal and State Legislative, Regulatory and Public Affairs Update: Mr. Graham reported the latest information on the Washington stalemate over fiscal year 2011 and 2012 budgets and informed the Board that the Washington staff is working to ensure that federal dental programs are not short-changed. Further, the Washington Office continues to express the Association's strong opposition to funding alternative dental provider pilot projects and continues to monitor implementation of the provisions of the health care reform legislation.

Mr. John Holtzee, director, Department of State Government Affairs, provided an update on state activities related to dental initiatives including alternative dental workforce providers.

Following these presentations, a question was asked about progress with McCarran-Ferguson and the status of ERISA reform. Mr. Graham commented on the current legislative status of both issues and noted that McCarran-Ferguson will be one of the topics focused on during the Washington Leadership Conference. Later in the meeting, Mr. Graham announced that the 2011 continuing resolution on the government budget did not include funding of pilot programs on alternative dental providers.

Report of Dr. Robert Faiella, Liaison to the Council on Government Affairs: Dr. Faiella reported on the Council's January 27-29, 2011, meeting.

Report on ADPAC Activities: Dr. Versman, a member of the ADPAC Board of Directors, commented on the invitation Board members received to be a host for the Paul Gosar fundraiser, and stated ADPAC's appreciation for the Board's participation. He also stated that new members of the ADPAC Board won't be having their first full meeting until July as the result of 2011 budget reductions, which they believe will impact their effectiveness for this year. To partially offset the meeting reduction, a schedule for conference calls has been planned along with a meeting day tagged on to the Washington Leadership Conference.

Update on OSHA: The Board received a briefing on a possible situation of OSHA issuing fines to dental offices regarding the passing of sharps. Dr. McManus reported that this was brought to the attention of the Dental Practice Division by Dr. Feinberg. He also indicated that he and Mr. Graham consulted on the matter and Mr. Bowman gave an update on the results of further investigation of the matter. He noted that this was a single dental office cited by OSHA and the matter was resolved by the individual dentist. Dr. Feinberg suggested that there is a need to continue investigating the rules regarding the passing of sharps. Dr. McManus indicated that the Council on Dental Practice will be adding this issue on its next agenda.

Legal Affairs

Report of the Division of Legal Affairs: Proposal to Revise Signature Authority Policy: The Division of Legal Affairs submitted a recommendation for the Board's consideration that the ADA signature policy be revised to allow Division Heads (vice presidents or the equivalent of each ADA Division) to sign certain routine agreements that: (a) generally carry less risk to the ADA; (b) and fall within the scope of the Division Heads' authority and responsibility. The proposed revision to the ADA signature policy that is reflected in the *Organization and Rules of the Board of Trustees* was reviewed by the Audit Committee. The Audit Committee recommended approval of the revisions. After discussing the process, the Board adopted the following resolution:

B-53-2011. Resolved, that the *Organization and Rules of the Board of Trustees*, paragraph on "Signing of Contracts," be amended as follows (additions underscoring, deletions ~~stricken~~):

Signing of Contracts: All contracts shall be signed by the President, President-elect or the Executive Director and attested (where required) by the Chief Legal Counsel or an Associate General Counsel, except for contracts within the categories noted below, which may be signed instead by the Division Head (i.e., VP or the equivalent of ADA Division) responsible for the reviewing the agreement. Before any contract is executed, the Division of Legal Affairs shall prepare a memorandum briefly summarizing the key provisions of the proposed contract. ~~The memorandum~~ memorandum shall accompany the proposed contract being submitted for approval ~~of and signature.~~ Where the proposed signatory is the Executive Director, the President and the President-elect shall be copied on such ~~memoranda~~ memorandum, which shall be promptly transmitted to them. Where the proposed signatory is the Division Head, the President, President-elect and Executive Director shall be copied on such memorandum, which shall be promptly transmitted to them. In the event that a contract relates to employee benefits, audits, or the compensation of the Executive Director/Chief Operating Officer, such contracts may only be signed by the President or President-elect.

Agreements that may be signed by applicable Division Head: Hotel agreements (excluding headquarters/convention agreements for Annual Session); Premises License agreements; Speaker agreements; Catering/Restaurant agreements; Licenses to reproduce portions of ADA surveys, articles or other similar ADA publications; Grant Participation agreements (State Public Affairs program); CDT License agreements; HIPAA Business Associate agreements; Non-disclosure agreements; Author/contributor agreements; Exhibit space agreements; Outside Counsel agreements; Verizon Suite agreements; software license agreements having fees of less than \$5,000.00; and Vendor agreements having fees of less than \$5,000.00. Notwithstanding the foregoing, any agreement requiring a commitment greater than \$25,000.00, would require

the signature of the Executive Director, President or President-elect. The ADA Division of Legal Affairs has the discretion to send any agreement to the Executive Director, President or President-Elect as it deems necessary even if a Division Head is granted signature authority.

Standard ADA purchase orders shall be signed in accordance with the ADA's Purchase Order Policy.

In response to a request that the Board continue to receive a regular report on contracts in order to be fully informed of contractual commitments and expenditures, Mr. Busey confirmed that the report will continue to be prepared for the Board and that the availability of the report will be appropriately brought to the Board's attention.

Report of the Division of Legal Affairs: Litigation and Other Matters: This report was presented by Mr. Busey, chief legal counsel, during the Attorney-Client Session.

Membership, Tripartite Relations and Marketing

Report of Dr. W. Ken Rich, Liaison to the New Dentist Committee: Dr. Rich submitted a report on the New Dentist Committee. (Consent Calendar Item)

Report of the Diversity Committee: 2011 Diversity and Inclusion Plan: This report describes the Diversity Committee's approach to recommending later this year a multi-year diversity and inclusion plan to support ADA's 2011-14 Strategic Plan, and key 2011 activities for serving diversity and inclusion. (Consent Calendar Item)

Progress Report on the Practice Management Initiative Advisory Group: This report was presented by Dr. Gounardes and summarizes the progress to date of the Practice Management Initiative Advisory Group, which was established to address opportunities to position the ADA as a credible, preferred source of practice management resources and to develop a related data-driven business plan.

Report on the Alliance of the American Dental Association: The Alliance of the American Dental Association (AADA) submitted a request for a grant to cover 60% on its monthly rent for five years. In support of this grant the AADA provided supplemental information that included a business plan and supporting financials. The AADA suggested the funding will enable it to address the organizational model and revenue generation concerns. Further, AADA requested the Board to consider submitting for 2012 an ADA *Bylaws* amendment to include "financial support" for AADA as is provided for the ADA Foundation. The Board discussed this request and noted that it had previously considered and not adopted a supplemental funding request (see Res. B-51) and the first resolving clause of the following resolution was declared moot. After discussion, the remaining resolving clauses were referred to the Budget and Finance Committee for recommendation and report to the June 2011 Board meeting.

B-36. Resolved, that the ADA Board of Trustees authorize, for 2011 an additional grant of \$16,800 to the Alliance of the American Dental Association (AADA) (to be funded through a supplemental request), and be it further (*Declared Moot based on action on Res. B-51*)

Resolved, that funding in the amount of \$39,300 be budgeted for a grant to AADA for 2012, and be it further

Resolved, that AADA be advised to submit a grant request to the ADA Board of Trustees by May 1 of each year for a decision on an annual basis going forward.

Science/Professional Affairs

Report of the Council on Scientific Affairs: Recent Activities: This report provides an update on actions and initiatives from the Council's March 2011 meeting and other priority activities with internal and external

agencies. The report presents information on: ADA/CSA Strategic Matters; the 2011 ADA Health Screening Program; update to the CSA report on Antiresorptive Therapy and Osteonclerosis of the Jaws; report of CSA representatives to the EBD Advisory Committee; updated guidance on dental radiographs and new guidance on cone beam CT; update on the Center for Evidence-Based Dentistry activities; product evaluation program updates; update on ADA Standards activities; plans for a national practice-based research network; a request to study possible adverse effects of amoxicillin on teeth; and a request to participate in a multi-agency workgroup led by the American Society of anesthesiologists to assist FDA in development of guidance documents on sedation products. (Consent Calendar Item)

Report of Dr. R. Wayne Thompson, Liaison to Evidence Based Dentistry: Dr. Thompson submitted a report on the Evidence Based Dentistry Advisory Committee. (Consent Calendar Item)

Organizational/Other

Nominations to the Council on Scientific Affairs: The membership of the Council on Scientific Affairs is composed of 16 members who are selected from nominations open to all trustee districts and the current recipient of the Gold Medal Award for Excellence in Dental Research. Each year, four new members are nominated by the Board of Trustees for election by the House of Delegates. The Board submitted names of qualified individuals and the Board balloted from the list of nominees until 4 nominees were identified. The Board then adopted the following resolution:

B-21-2011. Resolved, that the names and qualifications of the following four individuals be transmitted to the 2011 ADA House of Delegates as nominees for membership on the Council on Scientific Affairs for four year terms.

Dr. Thomas C. Hart, Illinois
 Dr. Thomas P. Sollecito, Pennsylvania
 Dr. Geoffrey A. Thompson, Wisconsin
 Dr. Ray C. Williams, New York

Dr. Gounardes suggested that for the future, that each nominee's curriculum vitae be provided to the Board. Dr. Summerhays also suggested that the Governance Committee look at the process and come back with a revised process. Additionally, it was noted by Dr. Feinberg that the information previously provided by the Council regarding each member's area of expertise and when their terms expire was helpful in selecting nominees. Dr. Meyer indicated that he would bring that message back to the Council.

Report on the Implementation of Resolution 99H-2010—Disclosure Policy: A process for implementing a portion of Resolution 99H-2010 that requires the members of the House to complete a disclosure statement was presented to the Board. (Consent Calendar Action)

B-32-2011. Resolved, that the American Dental Association Members of the House of Delegates Statement of Disclosure of Interest form be approved for distribution to the members and ex officio members of the House of Delegates to comply with Resolution 99H-2010—Disclosure Policy.

Report on Delegate Allocation for 2012-2014: In accordance with the *Bylaws*, which direct the Board to conduct a review of the delegation allocation every three years, the Board received a new delegate allocation report that was developed based on the method previously approved by the House of Delegates. Questions were raised about the results of the latest delegate allocation review. Because it was perceived that the allocation does not appear to be equitable in relation to the number of members per state and/or district, Dr. Versman questioned the methodology used to determine allocations and asked if there is a way to make the allocations more equitable. It was also pointed out that the current allocation process has resulted in the expansion of the House membership since the process makes it difficult for any district to lose a delegate.

Following an extensive review and discussion of the current process, a motion was made to refer this issue to the Interim Governance Committee. Later in the meeting, the Board adopted the following resolution.

B-57-2011. Resolved, that the Interim Governance Committee study the existing delegate allocation process to determine if there are alternatives to the current method of calculations and report back to the Board at its June meeting with an update.

It was also suggested that the resolution does not limit the Committee from considering capping the size of the House of Delegates.

Report of the President: Dr. Gist submitted a report on recent activities, meetings attended and trips taken in fulfillment of his presidential duties. (Consent Calendar Item)

Report of the President-elect: Dr. Calnon submitted a report that identified activities that he participated in since January. These included multiple conference calls, committee meetings, state and district meetings and hosting the 2011 Presidents-elect Conference, among others. (Consent Calendar Item)

Report of the Executive Director: In addition to a written report submitted to the Board that addressed her activities since the February Board meeting, Dr. O'Loughlin gave a presentation to the Board entitled "Living Our Future" regarding change management. This presentation will be shared with the councils to make them aware of the ADA's current financial environment. She reported on an extensive number of 2010 ADA accomplishments and areas that require improvement including member market share, non-dues revenue generation, increasing expenses (cost of doing business), and inefficient management practices. A major portion of the presentation addressed the financial realities for the Association which are impacted by the economy, the changing membership demographics, declining purchasing power, and controlled but otherwise increasing expenses. Other issues addressed were the development of the 2012 budget, use of intellectual property for a revenue source, compliance with regulatory agencies, documentation of processes.

Report of Dr. R. Wayne Thompson, ADA Foundation Board of Directors Meeting: Dr. Thompson submitted a report regarding the March 7, 2011 meeting of the ADA Foundation Board of Directors. (Consent Calendar Item)

Report of Dr. Edward Vigna, Dental Lifeline Network: Dr. Vigna reported on the meeting held on March 2, 2011, where a resolution was adopted approving the new trade name: Dental Lifeline Network (formerly National Foundation of Dentistry for the Handicapped). (Consent Calendar Item)

New Business

Audit Committee—Travel and Expense Policy: The Audit Committee presented the following language for addition to the Board Rules regarding Travel Expenses Incurred by Spouses of Trustees and Elected Officers

Reimbursement for Travel Expenses Incurred by Spouses of Trustees and Elected Officers:
The ADA recognizes the important role that spouses of members of the Board of Trustees play in furthering the mission of the Association by adding value and increasing the Association's goodwill by actively participating in the cultivation of relationships with member dentists, volunteers, public policymakers, and community leaders. The members of the Board of Trustees and the Speaker of the House of Delegates will be reimbursed as follows:

Dr. Smith moved to add the above language to the *Organization and Rules of the Board of Trustees*. The motion was adopted by the Board.

The Audit Committee presented a revised policy regarding Board stipends, and following discussion, substitute language was suggested so that the language mirrors the language in the *Standing Rules for*

Councils and Commissions. Dr. Long accepted the substitute language. Following extensive discussion, the following resolution was adopted.

B-58-2011. Resolved, that the ADA Board of Trustees be paid a stipend at the uniform rate of \$75.00 per day for every day of official business. This rate is intended to defray out-of-pocket expenses for gratuities, meals, including any group dinners of the Board, and any other incidental expenses.

The Board requested clarification on whether travel days are included in the calculation of official business days eligible for a stipend. The question of “what is official business for volunteers” was referred to the Board Rules Work Group for clarification.

Report of Hillenbrand Fellowship Selection Committee: This report was considered in a closed session. Administration of the Hillenbrand Fellowship program transitioned from the ADA Foundation to the Council on Dental Practice effective June 2010. A selection committee for the 2011-12 Hillenbrand Fellow was appointed by President Gist. The Selection Committee met on April 8, 2011, and presented its recommendations to the ADA Board. The Board subsequently adopted Resolution B-54-2011.

B-54-2011. Resolved, that the following candidate be approved to serve as the 2011-12 Hillenbrand Fellow, from September 1, 2011 through August 31, 2012:

Dr. Elizabeth “Betsy” Shapiro, Waterman, IL

and be it further

Resolved, that the following candidate be approved as first runner-up for the 2011-12 Hillenbrand Fellow:

Dr. Mary Jane Hanlon, Lexington, MA

and be it further

Resolved, that the following candidate be approved as second runner-up for the 2011-12 Hillenbrand Fellow:

Dr. Angela Stathopoulos, Glencoe, IL

Unfinished Business

2011 Capital Contingency Fund Requests: Four capital contingency fund requests were submitted for consideration at the December 2010 Board of Trustees session. The in December Board postponed consideration of the requests (Resolutions B-214, B-215, B-216 and B-217) until this session of the Board. Dr. Dan Meyer withdrew the resolutions on behalf of the Division of Science/Professional Affairs; there were no objections to withdrawing the resolutions.

Adjournment

The Board of Trustees adjourned *sine die* at 12:17 pm on Wednesday, April 14, 2011.

Appendix 1

Summary of Board of Trustees Workforce Discussion Workforce: New Models and Where the Profession of Dentistry Is Headed Wednesday, April 13, 2011

The Board defined goals for its Dental Workforce 2030 discussion at the outset of the session, as follows:

- Know the landscape – external and infrastructure
- Develop a flexible plan and ensure the ADA dictates the direction
- Come away with immediate first steps
- Determine whether there will be a shortage of dentists
- Determine future population demographics
- Understand impact of science and technology on the future
- Develop long term strategies to bring dentists into underserved areas
- Determine how to best work with others (ADA Strategic Goal #3 – Collaboration)

The Board heard and commented on a presentation by Marko Vujicic, PhD, managing VP, Health Policy Resource Center titled *Collision Course: Population Demographics, Fiscal Realities & Dental Workforce Trends*.

The Board heard and commented on a presentation by James L. Willey, DDS, MBA, director, Council on Dental Practice titled *Global Healthcare Reform – One Company's Perspective*.

The Board viewed and commented on a Microsoft Vision Video titled *The Future of Health Care*.

The Board conducted four 30-minute breakout sessions to discuss eight mega questions selected for the event. The table reports from those breakout sessions are summarized below.

Table Reports

What will health care look like in 2030?

- Advanced diagnostics
- More communication and interaction between dentistry and medicine
- Increased patient accountability
- More accessibility

What will the future dentist look like in 2030?

- More care may be brought to patients in homes
- Increased fee for service environment - fewer third-party payers
- More receptive to change
- The role of specialists may be diminished by education, prevention and broader training.
- More assistance from technology
- Critical thinkers may become more important than those with digital skills

Where are we headed?

- Increase in technology will increase ability
- Technology may drive dentists to group practice – increases on the expense side pushes dentists out of cottage industry
- Business marketplace could drive technical quality down

- Increased technology may drive our concern that the government payer will decide the level of treatment or when treatment may not be provided to patients
- More marginalization of dentistry

Where should we go?

- Need to be aware of market forces, environmental scanning
- Need to be more proactive vs. reactive
- Need to reinforce importance of oral systemic link
- Need to rely on sound science and research
- Must help dentists make their diagnostic treatment plans for patients
- Need to employ prudent use of technology

What will the future dental workforce look like in 2030?

- Their education probably won't change a lot—it will look a lot like American Student Dental Association looks now
- Technology and economics is going to drive large group practices up
- More allied workforce
- More disposable income from boomer patient base but also greater gap in patient incomes

How do we get there?

- Technology
- Biomedicine
- Cultural sensitivity improvements
- Movement to larger corporate models, especially in specialties
- Decreasing drive and wait times for patients
- Dental revenues dependent on diagnostics

What are pressures creating change in oral health care?

- Providing more care for more patients for less money
- Patient finances
- Expectations that dentistry will be able to meet needs of underserved
- Governmental solutions vs. nongovernmental solutions
- Finding right solutions—If don't make the right decisions, scarce resources will be applied to the wrong solutions

Who do we need to engage?

- Need collaborative approach with public health, education
- Need to engage public – dentistry integral to overall health
- Need to educate regulators – dentistry integral to overall health

The Board viewed a video produced by the Chicago Metropolitan Agency for Planning titled *Go To 2040*. The purpose of this video was to give an example of future planning as an art form and an example of a large planning agency attempting to distill four simple planning themes from a complex and competitive environment.

During its discussions the Board identified several possible planning themes for the future of the dental workforce and the profession including: the dentist as the leader of the dental team, science and technology, flexible workforce and practice models, core values, standards, education, prevention, collaboration, funding and the ADA as the sole authority on oral health.

The Board determined the next steps following the Dental Workforce 2030 discussion to be:

- A workgroup of the Board will review the detailed outcomes from the session and determine next steps for consideration at its June and August meetings.
- The Health Policy Resources Center presentation delivered by Marko Vujicic, PhD, *Collision Course: Population Demographics, Fiscal Realities & Dental Workforce Trends*, will be shared with the House of Delegates and the Committee on the New Dentist.
- HPRC will work on developing a methodology for predicting future dentist shortages/surpluses, specifically focusing on accounting for gender and age shifts in the workforce and how these impact total hours worked by all dentists.
- The ADA will continue to issue statements as part of its *Barriers to Care* series launched in February with Breaking Down Barriers to Oral Health for All Americans: The Role of Workforce. The first paper focused on the adequacy of the dental workforce. Subsequent statements, on topics including the Association's perspective on the public safety net, utilization of services, funding and disease prevention, are slated for near-quarterly release with a goal of placing eight papers in the marketplace by the end of 2012.

Appendix 2

Council on Communications Liaison Program Guidelines

Purpose: Through the Council on Communications (CC) Liaison Program, one Council member participates as a liaison to a host Council via an annual appointment by the Chair of the Council at the adjournment of the ADA House of Delegates. Through collaboration with the Council on Communications, Council staff supports and coordinates the program.

The CC Liaison Program offers the opportunity to accomplish three important goals:

- to facilitate ADA Councils to recognize external and internal communication issues that could potentially impact the profession's reputation and image such as ADA position statements affecting patient care, activities involving the ADA Seal of Acceptance Program or the ADA's corporate relationships.
- to provide the CC member perspective in host Council discussions.
- to help identify potential areas, topics or activities where further communications consideration could potentially benefit the overall goals, objectives and mission of the ADA.

Participating Councils: The following ADA Councils shall receive one CC liaison:

- Council on Access, Prevention, and Interprofessional Relations
- Council on Dental Practice
- Council on Government Affairs
- Council on Membership
- Council on Scientific Affairs

Liaison Selection: The CC Chair shall nominate the liaisons by forwarding a list to staff annually. Council staff will submit the names to the host Councils by the established deadline. The CC liaison terms begin following the close of the ADA House of Delegates and extends through the following ADA House of Delegates. Liaisons are appointed annually by the CC Chair with a consideration for continuity and the opportunity to foster leadership among new Council members.

Council members nominated to these liaison positions should have experience or interest in the topical area addressed by the host Council and should be available to attend meetings as scheduled. It is recommended that Council members not be nominated to serve on more than one host Council per year. All CC liaisons are invited to participate in a meeting prior to each full Council meeting.

Meeting Attendance: The CC liaison shall attend all days of all meetings of the host Council to which s/he is appointed. In addition, the CC liaison will also participate in any orientation program for new host Council members. The CC liaison shall not attend portions of host Council meetings held in attorney-client session.

Liaison Substitution: As noted above, all CC liaisons are appointed by the Council chair. In addition, the Council chair appoints alternate liaisons to serve as a substitute to attend the host Council meeting and fulfill the requirements of the liaison position if the CC liaison is unable to attend a host Council meeting. In the rare case that the liaison is unable to attend a host Council meeting, that liaison is requested to contact CC staff as soon as possible prior to the host Council meeting.

Host Council Participation: The CC liaison will receive the agenda book, all meeting materials and will participate on the host Council list serve or any other Council-wide communication. While not allowed to vote, the CC liaisons may participate in host Council discussions. Exceptions include the Council on Scientific Affairs (CSA). In CSA, the Council liaison will not receive the full agenda book material or other communications marked "confidential" because of the proprietary content. Similar limitations may be imposed

by other host Councils as appropriate. The host Council should be encouraged to identify any item or activity which they believe may benefit from consideration by the Communications and Marketing Division and provide this information to the CC liaison prior to the host Council meeting.

Confidentiality: The purpose of Council reports and communications are to facilitate the work of the host Council. They may not be disseminated outside the host Council by the CC liaison, nor is it appropriate to recount host Council discussions. Every host Council prepares a Summary of Major Actions shortly after the close of each host Council meeting as well as meeting minutes. The CC liaison may distribute the host Council's approved Summary of Major Actions and Minutes.

Required Reports: Within two weeks of each host Council meeting, the CC liaison shall provide a report to Council staff for distribution to the Council for voting. If approved, the report will be transmitted to the host Council director with a request to share it with the host Council chair and vice chair for their review for accuracy of content prior to distribution to the host Council. The liaison report shall not be disseminated until it has been cleared for accuracy. The CC liaison report shall provide the host Council with an overview of the communications issues raised in their meeting, their relation to the ADA Strategic Plan and the image of the ADA and dentistry as well as strategic recommendations on addressing those communications issues.

Expense Reimbursement: The Council staff will budget funds to reimburse CC liaisons to host Councils for expenses in accordance with the ADA Volunteer Travel Policy. CC liaisons will make their air travel arrangements through the ADA travel service unless instructed otherwise by the Council director; these charges will be billed to the Council. CC liaisons shall pay all other expenses and submit an expense reimbursement form to Council staff for repayment. Lodging (room and taxes only) and necessary ground transportation will be reimbursed, and a per diem for each meeting day will be provided to cover meals and any incidental expenses consistent with ADA's reimbursement policies. If the CC liaison participates in any host Council dinner or social activity, the cost of this function will be deducted from the per diem expenses.

Coordinator: Council on Communications staff coordinates the CC Liaison Program and can be reached at 800.621.8099, ext. 2806.

Notes

Minutes of the Board of Trustees

June 5–7, 2011

Headquarters Building, Chicago

Call to Order: The fifth regular session of the Board of Trustees of the American Dental Association was called to order by Raymond F. Gist, president, on Sunday, June 5, 2011, at 8:33 a.m. in the Board Room of the ADA Headquarters Building, Chicago.

Roll Call: Officers and members of the Board of Trustees in attendance were: Raymond F. Gist, William R. Calnon, Patricia L. Blanton, A.J. Smith, J. Thomas Soliday, Edward Leone, Jr., Kathleen O'Loughlin, Dennis W. Engel, Robert A. Faiella, Maxine Feinberg, Steven Gounardes, Joseph F. Hagenbruch, Roger L. Kiesling, S. Jerry Long, Samuel B. Low, Charles H. Norman, W. Ken Rich, Donald L. Seago, Charles L. Steffel, Carol Gomez Summerhays, R. Wayne Thompson, Kenneth J. Versman, Edward J. Vigna, Charles R. Weber.

The Speaker, Dr. Soliday, announced that a quorum was present.

(Note. Dr. Calnon was not in attendance on Monday, June 6. He was representing the ADA at a meeting in Atlanta, Georgia. Dr. Low was not in attendance for a portion of the afternoon meeting on Monday, June 6.)

In accordance with the *Organization and Rules of the Board of Trustees*, Dr. O. Andy Elliott, Kentucky, candidate for ADA president-elect, was present during open meetings of the Board.

The following ADA staff members were in attendance for all or portions of the meeting at the invitation of the President: Mr. Jerome K. Bowman, managing vice president, Administrative Services; J. Craig Busey, Esq., chief legal officer; Ms. Helen Cherrett, senior director, Global Affairs; Mr. Michael Graham, senior vice president, Government and Public Affairs; Dr. Albert H. Guay, chief policy officer; Ms. Sabrina King, managing vice president, Human Resources and Organizational Development; Dr. Joseph M. McManus, senior vice president, Dental Practice/Professional Affairs; Ms. Toni Mark, chief technology officer; Dr. Daniel M. Meyer, senior vice president, Science/Professional Affairs; Mr. Clayton B. Mickel, managing vice president, Education/Professional Affairs; Mr. Kenneth Ohr, senior vice president, Communications and Marketing; Mr. Paul Sholty, chief financial officer; Mr. Michael D. Springer, publisher and managing vice president, Publishing; Ms. Wendy-Jo Toyama, senior vice president, Membership, Tripartite Relations and Marketing; Dr. Marko Vujicic, managing vice president, Health Policy Resources Center.

Also in attendance were: Dr. Michael Glick, editor, *The Journal of the American Dental Association*; Ms. Tomisena Cole, senior manager, Board and House Matters; Thomas C. Elliott, Jr., Esq., deputy chief legal officer, Legal Affairs; Ms. Linda Hastings, senior director, Administrative Services; Ms. Judy Jakush, editor, *ADA News*; and Wendy J. Wils, Esq., senior associate general counsel, Legal Affairs.

Before consideration of business, Dr. Gist read the ADA Disclosure Statement in compliance with Resolution 99H-2010; no conflicts of interest were identified. Dr. Gist also outlined the goals and objectives for this meeting, noting that a significant portion of the meeting would be devoted to development of the 2012 Association budget.

Preliminary

Approval of Agenda: President Gist asked for any items of New Business. Requests were made to add several items of new business; hearing no objections, the following items were accepted and added to the agenda as New Business:

CDHC Update
 Status on Portfolio Examination
 Board Workgroup on Access Update

On vote, the Board adopted the following resolution.

B-61-2011. Resolved, that the agenda, as amended, be approved as the official order of business for the current session of the Board of Trustees except that the President may alter the order of the agenda when necessary to expedite business.

Special Order of Business—Appearance of Dr. Ronald Lemmo, chair, Special Committee on Financial Affairs (SCFA): Dr. Lemmo reported on the Committee's consideration of Resolution 124-2010—House of Delegates Approval of Decision Packages—which was referred to the Special Committee by the House of Delegates. Resolution 124-2010 states:

Resolved, that all new decision packages recommended by the Finance Committee and approved by the Board of Trustees are presented for approval to the House of Delegates individually with corresponding dues increase, if any, to fund each decision package.

Dr. Lemmo summarized the Committee's deliberations and their evaluation of Resolution 124-2010. Dr. Lemmo noted that under the current process, the House of Delegates does not have an adequate opportunity to evaluate new resolutions with financial impact against the Strategic Plan and existing programs. The Special Committee also evaluated the risks associated with House action on new resolutions without input and evaluation from the Board and councils. The SFCA acknowledged the councils' role in the budgeting process and their need for more training regarding their fiduciary responsibility. On behalf of the Special Committee, Dr. Lemmo presented a concept for an alternative resolution to 124-2010, which the SCFA hopes the Board of Trustees would co-sponsor. The proposed alternative process calls for, in part:

- Annual training of councils on their fiduciary responsibility to the Association
- Development of a universal set of assessment criteria to be applied in ranking programs as part of the budget process
- Review of resolutions that are submitted prior to the first mailing of resolutions by the councils or Board, with a written report to the House with a recommendation in light of the assessment criteria
- For any resolution having a cost implication submitted after the first mailing of resolutions and not vetted by the councils or Board, the resolution shall be held over for one year and automatically referred to the appropriate agency for vetting with a recommendation to the next House of Delegates

The process would also allow for the House to override the automatic lay over.

Board members asked questions regarding the proposal and if the process would apply to amendments proposed from the House floor, if there would be a minimum dollar amount associated with the process, if the Committee considered other options, such as a \$1 million fund set aside in the budget for House actions, and the difference between this proposal and the current capability of the House to refer a resolution for study.

Dr. Norman suggested that the President establish a Board workgroup to review the SCFA concept. Dr. Gist concurred and acknowledged that a workgroup would be appointed to review the proposal and report back to the Board of Trustees in July with recommendations.

Approval of Consent Calendar: A consent calendar was prepared in order to expedite the business of the Board of Trustees. Any member of the Board could remove a report or resolution from the consent calendar for consideration; upon request, several reports and resolutions were removed from the consent calendar. The Board subsequently adopted the following amended resolution.

B-62-2011. Resolved, that the resolutions contained on the Consent Calendar be approved and reports be filed.

Report on Mail Ballot Actions: The following mail ballot actions were taken since the April 2011 Board session (*Consent Calendar Item*):

Minutes of the December 5-7, 2010, Session of the Board of Trustees

B-20-2011. Resolved, that the minutes of the December 5-7, 2010, session of the Board of Trustees be approved.

Minutes of the April 10-13, 2011, Session of the Board of Trustees

B-60-2011, Resolved, that the minutes of the April 10-13, 2011, session of the Board of Trustees be approved.

Closed Session

A closed session of the Board of Trustees was held to consider confidential reports and information. No actions were taken during the closed session; any actions taken by the Board occurred during an open session. The following reports were presented during the closed session.

Report of the Division of Legal Affairs: Litigation and Other Matters: Mr. Busey reminded the Board that the Quarterly Report on Contracts is posted in the Board's Public Folders rather than a report generated for each Board session. Mr. Busey also presented as a "housekeeping" matter a resolution identifying a registered agent for the American Dental Association and the ADA Washington Office. He reported that in the opinion of the Legal Division, it is in the best interest of the ADA to have an outside third party act as registered agent and has arranged for an outside registered agent service provider, CT Corporation, to act in this capacity.

Later in the meeting, during the open session, the Board adopted the following resolution:

B-89-2011. Resolved, that the registered agent in Illinois be changed from Tamra S. Kempf, 211 E. Chicago Avenue, Chicago, IL 60611 to: CT Corporation System, 208 South LaSalle Street, Suite 814, Chicago, IL 60604, and be it further

Resolved, that the registered agent in Washington D.C. be changed from Michael A. Graham, 1111 14th Street, N.W. Suite 1200, Washington D.C. to: CT Corporation System, 1015 15th Street, N.W., Suite 1000, Washington, D.C. 20005, and be it further

Resolved, that the Legal Division is hereby authorized and directed to take such further actions, including filings with the Illinois Secretary of State and with the Department of Consumer & Regulatory Affairs of the District of Columbia, as may be necessary or appropriate in furtherance of the foregoing.

Sunshine Law. Dr. Gounardes requested an update on the Sunshine Law that will go into effect January 2012 and its potential impact at all levels of our tripartite association. He asked if ADA is monitoring the rules and regulations and if we will be in a position to provide comment as they are being written. Mr. Busey indicated the legislation is intended to compel pharmaceutical companies and manufacturers to disclose contributions to health care providers. Dr. Low suggested that ADA may want to have a conversation in July or at a future meeting to assist ASDA on this matter since this could impact sponsorship of student activities such as Lunch & Learns.

Report of the Interim Governance Committee Board Rules Workgroup: Response to Recommendations from the Special Committee on Financial Affairs: The Board Rules Workgroup was assigned by the President the task of developing a response to the April 15, 2011, letter from the Special

Committee on Financial Affairs that outlined 24 recommendations, with most suggestions calling for revision of the Board *Rules*.

Later in the day, in an open session, Dr. Smith noted a minor correction in item 18 to reflect that the implementation of Resolution 111H-2010 occurred at the June Board meeting. The Board subsequently adopted the following resolution:

B-80-2011. Resolved, that the responses proposed by the Board Rules Workgroup to the recommendations of the Committee on Financial Affairs transmitted to the Board of Trustees on April 15, 2011, be approved and forwarded to the Committee.

Dr. Smith noted that the amendments to the *Organization and Rules of the Board of Trustees* were intended to be presented at this meeting but the report was not included on the agenda. Dr. Gist indicated that this report, which contains draft Resolution B-92, will be included on the July Board meeting agenda.

Draft Report of the Interim Governance Committee: Alternative Methods for Allocating Delegates to the 2012-14 House of Delegates: On behalf of the Committee, Dr. Low, chair, presented four alternative delegate allocation methods developed by the Health Policy Resources Center at the request of the Board in April. The four methods presented are based on the premise that delegate allocation should mirror the constituent membership as closely as possible. All four methods allocate delegates based on the percentage of members in each constituent, and end-of-year membership numbers from the Department of Membership Information. Dr. Low stressed that Resolution B-75 appended to the report was being withdrawn by the Committee, since its intent is to present options for the Board's consideration and not to propose a resolution.

Later, during the open session, Dr. Versman moved the following substitute resolution:

B-75. Resolved, that the Interim Governance Committee, with assistance from the Division of Legal Affairs and the Health Policy Resources Center, develop appropriate revision recommendations to the ADA *Bylaws* that would implement the alternative delegation allocation method specified in the Alternate Calculation described in the report of the Interim Governance Committee to the Board of Trustees in June 2011 that would result in the most equitable assignment of delegates for the components of each district.

Dr. Vigna suggested that that the review should also identify fundamental issues such as the minimum number of delegates for each state and the maximum size of the House. Dr. Long concurred that any proposal should address capping the House. In responding to comments made about this issue being part of the governance study, Dr. Low reminded the Board that the Committee's original charge and the RFP for the governance study does not include delegate reallocation.

On vote, the resolution was referred to the Interim Governance Committee with a request for a report at the July Board session.

Report of the Pension Committee: This report was presented by Dr. Norman since Dr. Leone, chair, was required to be in attendance at another committee meeting. Dr. Norman and Mr. Sholty reported on the status of the pension study requested by the 2010 House of Delegates.

Report of the Audit Committee: Dr. Long, chair, reported on the status of various audit activities.

Later during the open session, the following resolutions were presented by Dr. Long on behalf of the Audit Committee.

2009 Consolidated Audited Financial Statements. The Board adopted the following resolution:

B-86-2011. Resolved, that the Board accept the 2009 Consolidated Audited Financial Statements and Report of the Audit Committee.

ADABEI. The Board adopted Resolution B-87. The text of the resolution is deemed confidential at this time and will be published at a later time.

IT Security Officer. The Board adopted the following resolution:

B-88-2011. Resolved, that the ADA hire a security officer per McGladrey Internal Audit recommendations due to the high risk to the ADA IT Systems and that, if necessary, funds for such expenditures during FYI 2011 be taken from reserves.

As a result of the above action, \$85,271 for 2011 salary and benefits will be funded from the reserves. A decision package has been included in the 2012 budget for funding.

Quarterly Financial Statements. The Board adopted the following amended resolution:

B-81-2011. Resolved, that the unaudited ADA quarterly financial statements as of December 31, 2010, and March 31, 2011, be posted in the delegates section of ADA.org.

Report on the Electronic Health Record Meeting: On Monday, June 6, Dr. Faiella gave an oral update of the Electronic Health Record Workgroup and presented the following resolution for the Board's consideration:

B-82. Resolved, that the Board of Trustees dissolve the current Electronic Health Record Workgroup (EHR WG), and be it further

Resolved, that the Board of Trustees establish a Board Committee on Health Information Technology, and adopted into the *Organization and Rules of the Board of Trustees*, as follows:

Composition

The Board Committee on Health Information Technology (HIT) shall consist of the President, the President-elect, the current ADA trustee liaisons to the Council on Dental Practice, the Council on Dental Benefit Programs, the Council on Government Affairs, the Council on Scientific Affairs, and the Standards Committee on Dental Informatics; and one at-large member familiar with ADA activities on health information technology.

Terms

The terms of service for members of the Committee shall be as follows: the trustee members of the Committee shall serve until the conclusion of their terms as liaison to their respective agencies as appointed by the President; the officers for the duration of their respective terms; and the at-large member at the appointment of the President.

Chair

The chair of the Board Committee on Health Information Technology shall be the at-large member with familiarity with the ADA health information technology and electronic health record, as appointed by the President, and shall be responsible for the coordination and aggregation of information for the Board regarding HIT and EHR activities.

Meetings

The Committee shall meet at least twice annually, either in person or telephonically. Additional meetings may be called at the discretion of the Board of Trustees.

Duties

The duties of the Committee shall be:

1. To oversee and monitor all activities related to health information technology (HIT) and the electronic health record (EHR) as it relates to dentistry;
2. To monitor and harmonize HIT and EHR activities by Advisory Groups under the councils with appropriate bylaws authority;

3. To report to the Board of Trustees on matters related to ADA activities on HIT and EHR matters and advise the Board accordingly regarding any proposed actions;
4. To provide, with approval of the Board and Senior Management, guidance and information to Association agencies on matters related to HIT and the EHR.

Dr. Hagenbruch proposed amending the duties of the Committee by inserting in duty 1 the word “ADA” between the words “all” and “activities”; and also adding the words “in the broadest sense” between the words “relates” and “to dentistry.” The amended duty 1 would read:

1. To oversee and monitor all ADA activities related to health information technology (HIT) and the electronic health record (EHR) as it relates in the broadest sense to dentistry;

Duty 2 would be amended by inserting the word “ADA” between the words “the” and “councils” and adding after the word “councils” the words “committees and agencies.”

On vote, the proposed amendments were adopted. Several concerns were expressed regarding the establishment of a Board Standing Committee on Health Information Technology. Specific concerns were adding another layer of governance and possibly infringing on the *Bylaws* duties of councils. A motion was made and adopted to postpone definitely consideration of Resolution B-82 until the July Board session and directed the Interim Governance Committee to review the resolution and report back in July. Dr. Faiella assured the Board that the intent of the new committee structure is to centralize coordination and harmonization of the work being done, not to take away work from the councils.

Report of the Compensation Committee: ADA staff was excused so the Board could receive the Report of the Compensation Committee, which included review of the compensation of the Executive Director. Dr. Faiella, chair, presented the Committee’s Report. Mr. Mike Melbinger, outside counsel for the Compensation Committee was in attendance for this report.

On motion by Dr. Faiella, the Board unanimously suspended the *Rules* to permit action in a closed session.

In open session, the Compensation Committee reported on proposed amendments to the Rules for the Compensation Committee. The Speaker noted that the reference to a “charter” was inconsistent with terminology used in the Board “Rules.” The Board accepted as an editorial amendment changing the word “charter” to “rule or rules.” The following editorially amended resolution was adopted by the Board of Trustees.

B-90-2011. Resolved, that the Compensation Committee Rules be adopted in its entirety as set forth below, and be it further

Resolved, that the Board of Trustees accepts and adopts the revised Rules of the Compensation Committee as submitted by the Committee, and be it further

Resolved, that the Board Rules Workgroup of the Board of Trustees is directed to incorporate the revised Rules into the *Organization and Rules of the Board of Trustees* in the definition of the authority and responsibilities of the Compensation Committee.

Rules of the Compensation Committee of the ADA Board of Trustees

Effective Date. These Rules supersede the duties as defined in the *Organization and Rules of the Board of Trustees*, as amended September 2010. These Rules are effective June 1, 2011 and shall remain in effect unless otherwise provided for in writing by approval of the then seated Compensation Committee (the “Committee”) or by official action of the Board of Trustees (the “Board”), whichever is later.

Purpose. The Board has authorized the Committee to discharge certain of the Board’s responsibilities relating to the compensation and benefits of the ADA’s Executive Director and

other senior executive officers. The Committee has overall responsibility for evaluating and making recommendations to the Board regarding the compensation, retirement and group health benefit plans and other fringe benefits of the Executive Director and other senior executive officers, as well as reviewing compensation related practices, policies and programs throughout the Association.

Composition. The Committee shall consist of the President, President-elect, and four trustees, one from each trustee class, who are not serving on the Finance Committee or Audit Committee, with the senior trustee serving as chair, and shall also consist of the Treasurer without the right to vote. Each year the President shall appoint one first-year trustee to the Committee. The President shall be an *ex officio* member of the Committee with right to vote. The Committee shall form and delegate authority to subcommittees or other persons when appropriate, provided that such subcommittee members are in compliance with applicable laws and regulations.

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

Meetings. The Committee shall meet a minimum of twice each year; (i) prior to the August Board session, to review the Executive Director's performance and to determine recommendations for salary, any incentives, and any non-standard fringe benefits for the next fiscal year or such other period as deemed appropriate by the Committee, and review and determine recommendations for any other compensation-related matters; (ii) to discuss overall compensation and related management issues with the Executive Director. The Committee shall convene in executive session at each meeting. The Committee shall keep minutes of its meetings.

Duties: The duties of the Committee shall be:

1. to establish and maintain performance review procedures for the Executive Director and review the Executive Director's performance pursuant to those procedures periodically, but not less than once per calendar year;
2. to establish the recommended salary, including increases, any incentive opportunity, and develop guidelines for any additional fringe benefits other than the customary ADA employee benefits, that may be offered to the Executive Director, provided that such determinations will be discussed and determined during periodic Committee executive session meetings that the Executive Director may not attend;
3. to report to the Board on the Executive Director's performance, and make recommendations on the Executive Director's contract, salary and benefits, taking into account the accounting, tax and public reporting treatment of each element of compensation;
4. to periodically (but not less than once per calendar year) review the expense reports of the Executive Director, President and President-elect;
5. in consultation with the Executive Director and in conjunction with oversight of any approved and active ADA executive and staff incentive compensation plan(s), (i) to review and recommend to the Board personal and organizational goals and objectives relevant to the annual incentive compensation of the Executive Director, and (ii) in light of such approval goals and objectives, to review and consider the financial and operating performance of the ADA for the prior fiscal year for purposes of recommending any incentive compensation to be paid for such performance;
6. to review and approve or modify an annual report from the Executive Director on the performance of senior executive officers and the Executive Director's recommendations for any salary adjustments or payment of eligible incentive pay allocations, to report on approved related compensation actions to the Board, and to recommend to the Board guidelines developed by the Executive Director for salary increases, any incentive pay allocation, and additional fringe benefits, other than the customary ADA employee benefits, that the Executive Director may offer to other senior executive officers taking into account the accounting, tax and public reporting treatment of each element of compensation;

7. to periodically (consistent with best practices but not less than once every three-five calendar years) review the ADA's staff compensation practices, procedures and policies for reasonableness against external benchmarks and for purposes of internal equity;
8. to periodically (but not less than once every two calendar years) determine with the Executive Director, which ADA staff job positions will be designated as senior executive officers for purposes of reporting to and review by this Committee;
9. to periodically (but not less than once every two calendar years) review the ADA's senior executive officer structure and professional development and succession plans for the Executive Director and other senior executive officers;
10. to review and make recommendations annually regarding stipends for officers and trustees to the Board;
11. to keep minutes of its meetings, and at each meeting, review and approve the minutes of its preceding meeting(s).
12. to periodically (but not less than once per calendar year) review a report from the ADA Pension Committee on the performance of retirement plan costs, operation, and investment performance;
13. to periodically (but not less than once every two years) (i) review and assess the adequacy of these Compensation Committee Rules, and the performance and compensation of the Committee's independent consultant, legal counsel and other advisors, and (ii) receive training on corporate governance best practices in the area of executive compensation;
14. to annually report to the ADA Budget and Finance Committee on any approved compensation actions or recommendations with financial impact on ADA operating expenses;
15. to annually review with the Executive Director and Chief Financial Officer the prepared filing of required IRS Form 990 for ADA and its subsidiaries; and
16. to meet in executive session to determine the Executive Director's compensation and benefits. The Executive Director may attend meetings to determine the compensation of senior executive officers other than the Executive Director, but the Executive Director may not vote on these matters. The Executive Director shall not attend that portion of any meeting where the Committee is discussing the Executive Director's performance or compensation, and no Senior Management Team Member shall attend that portion of any meeting where the Committee is discussing that member's performance or compensation, in either case, unless specifically invited by the Committee.

Report of Dr. Kenneth Versman, Liaison to the American Dental Political Action Committee (ADPAC): Dr. Versman submitted a report on recent activities of ADPAC (*Consent Calendar Item*).

Report of Dr. Jerry Long, Liaison to the Council on Members Insurance and Retirement Programs: Dr. Long reported on his attendance at the Council's most recent meeting.

Report of Dr. Samuel Low, Liaison to the Council on Dental Benefit Plans: Dr. Low reported on the Council on Dental Benefit Programs meeting held April 15-16, 2011.

Update on the Alliance of the American Dental Association (AADA) and the American Student Dental Association (ASDA): As the Board's liaison to both ASDA and the Alliance, Dr. Blanton reported that she communicates regularly with the presidents of both organizations and will be meeting in person with them in August. Regarding the Alliance, there is nothing new to report on their development of a business model and strategic plan. She mentioned that AADA may be seeking assistance from the ADA Executive Director in this area. Regarding ASDA, Dr. Blanton reported on their success in getting a program approved that would allow international students with certain desirable educational background up to 27 months to stay in this country in order to obtain a work visa. Dr. Blanton indicated that she is encouraging ASDA to track data such as how many individuals take advantage of the program, how many want to stay permanently in this country, the number that return to their home or other country, and what types of programs do they participate in.

Report of Dr. Charles Norman, Liaison to the Council on Dental Education and Licensure: Dr. Norman reported on the Council on Dental Education and Licensure meeting held April 28-29, 2011. The Board extensively discussed the process for recognition of dental specialties.

Open Session

Report of the Budget and Finance Committee: Dr. Thompson presented the report of the Budget and Finance Committee, which included a recommendation that the Contingent Fund request from the Division of Information Technology for broadcast e-mail service and web tracking be approved in a reduced amount of \$40,000 and requested that more information be provided for the July Board.

The Committee also presented a resolution later in the meeting regarding grant funding for the ADA Foundation (see page 11).

Report on the Status of the 2011 Operating Contingency Fund and Approval of Supplemental Appropriation Requests: A Contingency Fund of \$1 million was authorized in the 2011 budget of which \$121,250 has been earmarked for funding of potential additional legal fees and \$878,750 for ADA business. No requests for legal fees have been submitted through March. Through the April 2011 Board of Trustees session, supplemental requests were approved totaling \$620,950, leaving a balance of \$257,800. For this session, the Board received one supplemental request in the amount of \$83,100 to cover costs associated with broadcast e-mail service and web tracking. This request was submitted through the Division of Information Technology and funding would help manage the increased use of broadcast emails by various ADA departments and to expand capacity to track and analyze traffic to ADA.org and other ADA websites.

Based on the recommendation of the Budget and Finance Committee, the Board adopted the amended resolution and requested that more information be provided for the July Board meeting.

B-76-2011. Resolved, that the following appropriation be made from the 2011 Contingency Fund and be allocated to line items in separately listed cost centers and project IDs, with the exception of capital funding, in accordance with the terms of the supplemental appropriation requests.

Division of Information Technology
(Cost Center 090-1450-000)

Broadcast E-Mail Service and Web Tracking—~~\$83,100~~ \$40,000

Review and Approval of the 2012 ADA Budget: Mr. Sholty gave overview of the 2012 budget development process, emphasizing that the goal was to align budgets with the 2011-2014 Strategic Plan goals and develop current and long-term fiscal strategies to in order to fund future years' budgets. He also summarized the Board Report 2 review plan, which included categorizing divisional budgets by either shared services or ADA agency.

The Board reviewed each division's summary worksheet which displayed a comparison of revenues and expenses for 2010 (actual), 2011 budget, 2012 base budget and decision packages, 2012 budget including taxes and fringes, and the percentage of change, either favorable or unfavorable. Other divisional information provided for the Board's consideration included the division's 2012 budget rankings; capital requests, if any; and a chart reflecting reductions or additions to the base budgets and the recommendations of the Administrative Review Committee.

Dr. Leone presented each division's budget for Board discussion.

Division of Administrative Services (Shared Service). The Board reviewed the proposed budgets of the Division of Administrative Services along with the recommendations of the Administrative Review Committee. This division includes departmental budgets for the Office of the Executive Director, Office of Strategy Management, Department of Board and House Matters, Department of Officer Services, Office of the Chief

Policy Advisor and Department of Human Resources. Based on review and discussion, the Board took the following actions:

- Defeated a motion to restore funding in the amount of \$18,435 for a HOD Mega Topic Discussion
- Restored funding in the amount of \$9,000 for spouse air fare to attend one additional Board meeting
- Restored funding in the amount of up to \$6,000 for 4 trustees to attend the New Dentist Conference
- Accepted the divisional budget as amended along with the remaining recommendations of the Administrative Review Committee

Noting that the February Board Retreat has been eliminated from the 2012 budget, a question was raised how the Board team building activities/experience would be managed. Dr. O'Loughlin commented that the February meeting and April meeting will be replaced by a March Board meeting, reducing the number of Board meetings to six and that alternatives to the team building experiences usually held in February will be researched.

Central Administration (Shared Service). Central Administration combines into one area those revenue and expense activities that do not directly relate to any one division but rather reflect upon the Association in its entirety. Included in the Central Administration budget are membership dues revenue, royalty income, endorsement costs, depreciation, grants, and travel and compensation savings.

At this time, Mr. Jeff Beutler, interim Chief Executive Officer, ADA Foundation (ADAF), presented a report on the ADAF's financial position and a resolution regarding the 2012 grant request. The Board considered the ADA grant request and a substitute resolution and recommendation presented by the Budget and Finance Committee. Prior to voting, the following trustees recused themselves from the discussion and vote since they serve on the ADA Foundation Board of Directors as ADA representatives: Dr. Charles Norman, Dr. Wayne Thompson, Dr. Steven Gounardes and Dr. Donald Seago. On vote, the Board of Trustees approved the motion to substitute the Budget and Finance Committee's resolution for the resolution presented in the ADAF report and subsequently the Board adopted the following resolution:

B-83-2011. Resolved, that the ADA Board of Trustees recommends that the ADA House of Delegates approve a grant to ADA Foundation up to the amount of \$2,966,402.00 requested by ADA Foundation for the 2012 fiscal year, and be it further

Resolved, that the ADA Foundation be requested to provide timely and accurate financial reports consisting of quarterly financial statements (i.e., balance sheet, income statement, statement of cash flows), semi-annual reporting on ADA Foundation strategic and operating plans and progress on its goals, and an annual report containing five year budget projections.

No changes were requested on the Central Administration budget.

Division of Communications and Marketing (Shared Service). This budget was presented by Mr. Ohr, senior vice president. The Division budget includes the budgets for the Council on Communications, and departments and areas that include Public Affairs, Media Relations, Marketing and Brand Management, Electronic Media, Creative Services, Public and Professional Communications, ADA Pavilion, and the Senior Vice President, Communications and Marketing.

Based on review and discussion of this divisional budget, the Board took the following actions.

- Defeated a motion to add back in the ADA Pavilion schedule funding in the amount of \$52,300 for attending 2 regional meetings (California and New York)
- Accepted the proposed divisional budget with the recommendations of the Administrative Review Committee.

Contingency Fund (Shared Service). The 2012 budget includes a \$1 million Contingency Fund for unanticipated expenses that come up after the budget is approved by the House of Delegates. Based on review and discussion, the Board accepted the proposed budget for the 2012 Contingent Fund.

Corporate Relations and Strategic Marketing Alliances (Shared Service). This Division budget was presented by Mr. Mickel, managing vice president. This Division formulates and implements the ADA's corporate relations strategy and tactics, as well as certain strategic marketing alliances. Based on review and discussion of this divisional budget, the Board accepted the proposed budget as presented.

Finance and Operations (Shared Service). This Division budget supports the financial, accounting, investing and budgeting activities within the Association, along with Central Services, Duplicating, Shipping and Receiving and the Council on Members Insurance and Retirement Programs. Based on review and discussion of this divisional budget, the Board accepted the proposed budget with the recommendations of the Administrative Review Committee.

Headquarters Building (Shared Service). The Board accepted the proposed budget as submitted.

Washington DC Building (Shared Service). After reviewing this budget, it was suggested that a footnote be added to this section of Board Report 2 to reflect the occupancy rate and value. The budget was accepted as presented.

Health Policy Resources Center (Shared Service). Dr. Vujicic presented the budget of the Health Policy Resources Center. In reviewing the proposed budget and recommendations of the Administrative Review Committee, it was noted this budget was developed with the assumption that the House will approve rescinding a previous House action giving members free survey reports. Based on the Board's adoption of Resolution B-73-2011 (see page 14), the Board accepted this budget as presented including the recommendations of the Administrative Review Committee.

Division of Conference and Meeting Services (Shared Service). Ms. Catherine Mills, director, Council on ADA Sessions, presented the Division's budget. She described the capital request to replace Café furniture for food service area located on the second floor. Dr. Feinberg spoke against purchasing the furniture at this time. Ms. Mills also noted that there is an increase cost for booth space at the 2012 annual session. There have been no objections from exhibitors to the cost increase since they would be attending only the ADA meeting in San Francisco, with the Northern California meeting not held in 2012. Based on review and discussion of this divisional budget, the Board accepted the budget as presented including the recommendations of the Administrative Review Committee.

Division of Information Technology (Shared Service). Ms. Mark presented the Division's proposed 2012 budget. In reviewing the information, it was noted that a decision package for Association Management Software, in the amount of \$572,730, was not included in the Division's budget. This decision package requests funding to: obtain outside IT consulting services to complete a conversion of the existing Tripartite System (TS) to Aptify, the new Association Management System; implement Aptify at two pilot tripartite sites currently using TS; and pilot two online event registrations on Aptify.

The Board discussed at length how best to present this decision package. It was the opinion of some members of the Budget and Finance Committee that this package should be presented as a standalone resolution to the House with all appropriate background provided. However, it was suggested that the Board could incorporate this decision package as a component of the overall 2012 budget presented to the House. A motion was made to add the decision package into the proposed budget. On vote, the motion was adopted. The Board accepted this divisional budget, as amended, along with the recommendations of the Administrative Review Committee.

Additionally, Dr. Seago suggested that a report on the expenditure of funds generated by the special assessment approved at the 2010 House of Delegates be forwarded to the 2011 House.

Division of Legal Affairs (Shared Service). Mr. Busey gave an overview of the Division's proposed budget. The Board reviewed the proposed budget along with the recommendations of the Administrative Review Committee. The Board accepted the proposed budget as presented.

Division of Dental Practice/Professional Affairs (ADA Agency). Presented by Dr. McManus, the Board reviewed the proposed budgets along with the recommendations of the Administrative Review Committee. The Board took the following actions:

- Defeated a motion to restore an additional day to both of CAPIR's meetings
- Defeated a motion to restore an additional day to one of CAPIR's meetings
- Accepted the proposed divisional budget as presented

Division of Education/Professional Affairs (ADA Agency). Presented by Dr. Neumann, the Board reviewed the proposed budget along with the recommendations of the Administrative Review Committee. The Board accepted the divisional budget as presented.

Division of Global Affairs (ADA Agency). The Board reviewed the proposed divisional budget along with the recommendations of the Administrative Review Committee. The Board accepted the divisional budget as presented.

Division of Government and Public Affairs (ADA Agency). The Board reviewed the proposed budget along with the recommendations of the Administrative Review Committee. Mr. Graham commented on the costs associated with convening the Washington Leadership Conference (WLC). Noting that the Administrative Review Committee restored funding in the amount of \$130,000 for the WLC, the Board discussed funding a portion of attendees travel costs. The Board took the following actions:

- Restored funding in the amount of \$100,000 for reimbursement of travel up to \$300 per action team leader
- Accepted the proposed divisional budget as amended

Division of Membership, Tripartite Relations and Marketing (ADA Agency). The Board reviewed the proposed divisional budget along with the recommendations of the Administrative Review Committee. A motion was made to restore funding for the Student Block Grant program. During discussion, Ms. Toyama reported that in 2010 the entire \$175,000 had been spent. Other comments regarding the Student Block Grant program indicated that there is no correlation to membership growth and that if eliminated, it doesn't eliminate all efforts with students. The Board took the following actions:

- Defeated a motion to restore funding in the amount of \$175,000 for the Student Block Grant Program.
- Accepted the proposed divisional budget as submitted.

Publishing Division (ADA Agency). Mr. Springer reviewed the decision packages and the division budget with the changes accepted by the Administrative Review Committee. The Board accepted the proposed budget as presented.

Division of Science/Professional Affairs (ADA Agency). Dr. Meyer commented on the Division's proposed budget. The Board reviewed the proposed divisional budget along with the recommendations of the Administrative Review Committee. The Board accepted the proposed divisional budget as presented.

Establishment of 2012 Dues: After reviewing all proposed Association budgets, the Board discussed strategies for addressing the \$927,342 budget deficit. A motion was proposed to increase dues by \$7 and reconsider previously added programs. During discussion, an amendment to the motion was made that all programs should be looked at not only the actions taken by the Board; the amendment was adopted. An amendment to the motion was proposed to eliminate reevaluating other programs. On vote, the amendment was adopted. On vote, the motion to increase dues by \$7 was adopted.

A recorded vote was taken on the following resolution which will be transmitted to the House of Delegates in Board Report 2 and will be sent to each constituent society in compliance with the 90 day notice for proposed dues (ADA Bylaws, Chapter VII, Section 100(F))

Resolved, that the dues of ADA active members shall be five hundred twelve dollars (\$512.00), effective January 1, 2012.

Vote. Unanimous (The vote reflects the members of the Board in attendance. Dr. Calnon and Dr. Low were not present at the time the recorded vote was taken.)

Government and Public Affairs

Missouri Dental Board Endorsement of Midlevel Positions: The Board was informed that the Missouri Dental Board recently became the first state board to endorse proposals to create a licensed dental therapist and a licensed advanced practice dental hygienist. Mr. John Holtzee, director, State Government Affairs, provided background on this action and the current status of the proposals.

Report of the Senior Vice President, Government and Public Affairs: Legislative and Regulatory Update: Mr. Graham reported on the status on the following federal legislation: Dental Emergency Responder Bill; Special Care Dentistry Act; Breaking Barriers to Oral Health Act; antitrust law reform; National Health Security Strategy's Biennial Implementation Plan; United Nations Non-Communicable Diseases Summit; flexible savings account legislation; and ERISA reform. State issues included an update of activities regarding the scope of practice of allied dental personnel and the use of amalgam as a restorative material.

Report of the Council on Government Affairs: Medicaid Block Grants—Federal Legislation: The Council on Government Affairs requested the Board of Trustees to establish interim policy regarding block grant. The Council reported that it is submitting a similar resolution to the 2011 House of Delegates, but it believes that interim policy is necessary to ensure the ADA is prepared to respond to Medicaid block grant proposals in June or July that could be part of the negotiations concerning raising the national debt limit, which must be resolved by Congress in August, well before the annual meeting of the House of Delegates.

The following resolution was moved and adopted by the Board of Trustees:

B-79-2011. Resolved, that the Board of Trustees approve the following as interim Association policy.

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 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.

Alabama Dental Association Draft Resolution: On behalf of the Alabama Dental Association, Dr. Seago presented a draft resolution with supporting documentation calling for advertising restrictions of highly cariogenic food and soda products.

Resolved, that the ADA seek and support efforts, up to and including legislation if necessary, to prohibit the advertisement of breakfast cereals, snacks, and soft drinks or other beverages containing more than 20% sugar during television programs that are specifically designed to appeal to children or that children would be likely to view; and be it further

Resolved that the ADA lobby the Food and Drug Administration to require manufacturers of sugar laden (= to or >20% sugar) breakfast cereals and soft drinks to include disclaimers alerting consumers of the potential harm to their oral health if consuming such sugar laden products; and be it further

Resolved, that the Council on Dental Practice and the Council on Government Affairs enlist other agencies for this effort no later than the June 2012 Board of Trustees meeting of the American Dental Association, and be it further

Resolved, that the Board of Trustees will report the progress of this initiative to the 2012 ADA House of Delegates.

The Board discussed how to address the resolution and whether the science supports the 20% level of sugar in foods and beverages. Dr. McManus suggested that as a prevention issue, and at the Board's direction, CAPIR could fully vet the resolution.

Dr. Seago moved that the information in the resolution be forwarded to CAPIR and other appropriate agencies for review and evaluation. On vote, the Board approved the motion to refer the issue to CAPIR for further study and a report to the Board at its July-August 2011 meeting.

Health Policy Resources Center

Report of the Health Policy Resources Center: Rescission of Policy, "Availability of Survey Results":

Dr. Vujicic presented a report detailing that since the adoption of Resolution 80H-2008, which mandates that survey reports be provided at no cost to ADA members, HPRC non-dues revenues declined by an average amount of \$132,602 per year. It was further reported that since adoption of Resolution 80H-2008, approximately 52,000 reports and highlight files have been downloaded at no cost to ADA members. The most popular report (Survey of Dental Fees) averages just under 3,000 downloads per year. In order to restore lost revenue previously generated by sales of full survey reports, the following resolution was presented for the Board's consideration:

B-73. Resolved, that the Board of Trustees transmit the following resolution to the 2011 House of Delegates for consideration:

Resolved, that full survey reports of the Health Policy Resources Center no longer be made available at no cost to the ADA membership and that executive summaries of survey reports be made available at no cost as a member benefit, and be it further

Resolved, that Resolution 80H-2008 (*Trans.*2008:471), Availability of Survey Results, be rescinded.

Dr. Weber and Dr. Feinberg discussed the value of providing survey reports as a member benefit, and the potential negative response of members to this action, especially since the collection of information is funded by member dues. Dr. Kiesling spoke in support of transmitting the resolution to the House and allowing the House to make the decision whether to continue this as a member benefit or a non-dues revenue source.

Dr. Soliday suggested that the resolution be revised to a positive statement and to reverse the order of the second and third resolving clauses. A motion was made and adopted to amend the resolution to reflect the comments of the Speaker.

The Board subsequently adopted the following amended resolution:

B-73-2011. Resolved, that the Board of Trustees transmit the following resolution to the 2011 House of Delegates for consideration:

Resolved, that Resolution 80H-2008 (*Trans.*2008:471), Availability of Survey Results, be rescinded, and be it further

Resolved, that executive summaries of survey reports be made available as a member benefit.

Conference and Meeting Services

Report of the Council on ADA Sessions: Adjustment of Miscellaneous 2012 Registration Fees: In 2010, the Board considered a recommendation to increase the annual session registration fees for 2011. Continuing its review of registration fees, the Council proposed an increase in registration fees for additional categories not included in the 2010 increase. The Council's 2012 budget reflects increases in these categories. (*Consent Calendar Item*)

B-63-2011. Resolved, that beginning with the 2012 ADA annual session, the registration fees for the following registration categories be as follows:

U.S. Dental Assistant	\$ 45.00
U.S. Business Assistant	\$ 45.00
U.S. Friends and Family	\$ 45.00
Alliance of the ADA	\$ 45.00
Constituent Staff/Component Staff	\$ 45.00
International Dental Assistant	\$ 45.00
International Business Assistant	\$ 45.00
International Friends and Family	\$ 45.00

Report of the Council on ADA Sessions: Nomination of the 2013 Council Chair: In 1998 the Board adopted Resolution B-95-1998 (Trans.1998:587) to officially name the chair-designate of the Council on ADA Session in June each year so that he/she with the selected program director can begin annual session planning. (*Consent Calendar Item*)

B-67-2011. Resolved, that Dr. Michael M. Blicher is appointed chair-designate of the Council on ADA Sessions for the year 2013 to serve immediately upon appointment.

Report of the Council on ADA Sessions: 2019 Annual Session Site Recommendation: The Board adopted Resolution B-68-2011 (Confidential Action).

Report of Dr. Charles Steffel, Liaison to the Council on ADA Sessions: Dr. Steffel reported on the recent meeting of the Council on ADA Sessions (Confidential Report).

Dental Education/Professional Affairs

Report of Dr. Kenneth J. Versman, Joint Advisory Committee on International Accreditation Meeting: Dr. Versman submitted a report on the May 12 telephone conference call meeting of the Committee. This report was removed from the Consent Calendar for the purpose of discussing the report and asking questions about the international accreditation program, its cost and the amount of interest in the program. Concerns were expressed regarding the implications of accrediting foreign schools; especially the impact on the U.S. border states; dental tourism; and whether the accreditation standards would be modified to accommodate cultural situations.

Dr. Summerhays stated that this program is important to the California Dental Association, especially in light of actions of the California legislature to accredit one dental school in Mexico.

Dr. Neumann provided background and perspective on the program, reporting that since approved by the 2005 House of Delegates, 9 requests for preliminary accreditation had been received. Since the program's inception, only 2 schools are at the point of a consultation visit and four schools have determined or the Committee determined that more work was required before moving forward. She also reassured the Board there is no compromise of the standards and that if any school is accredited it will be because it meets the ADA's standards.

A motion was made to halt this activity until the House of Delegates has a chance to look at the entire issue of international accreditation.

Following extensive discussion, the motion was amended to forward an informational report to the House concerning international accreditation. The motion was further amended to specify certain issues to be included in the report. On vote, the Board approved a motion that an informational status report be forwarded to the House of Delegates concerning international accreditation including budget; numbers of schools; activities relating to complying with standards; the challenges of accrediting foreign schools plus potential compliance once the school is accredited; and the need to evaluate the regulation of the profession in the country's governance structure.

Report of the Joint Commission on National Dental Examinations: Research and Development

Activities: The Joint Commission requested Board of Trustees approval of expenditures for the research and development projects and small grant projects that were approved by the Joint Commission at its April 2011 meeting. The following resolution was adopted by the Board of Trustees. (*Consent Calendar Item*)

B-70-2011. Resolved, that expenditures from the Joint Commission on National Dental Examinations' Research and Development Fund be approved for implementation of the proposed research and development activities as summarized in the appendix of the Joint Commission on National Dental Examinations' report to the Board of Trustees, and be it further

Resolved, that expenditures from the Joint Commission on National Dental Examination's Innovative Assessment Methods Research Grant Program be approved to support the continuation of approved research projects.

Dental Practice/Professional Affairs

Report of the Council on Access, Prevention and Interprofessional Relations: Post 2009 Access to Dental Care Summit Update: This informational report was submitted at the request of the Board for routine updates on the progress of the Coordination and Communication (C&C) Workgroup and the U.S. National Oral Health Alliance. It was reported that the C&C Workgroup met on March 22, 2011, presenting a national webinar that brought about half of the original 144 participants of the 2009 Access to Dental Care Summit and some guests up to speed with its efforts over the past two years. At this same meeting, the Bylaws and Articles of Incorporation for the U.S. National Oral Health Alliance (USNOHA) were accepted. (*Consent Calendar Item*)

Report of the Council on Access, Prevention and Interprofessional Relations: Update on the Community Dental Health Coordinator Pilot Program: The report gave an update on activities related to the Community Dental Health Coordinator (CCHC) Pilot Program since the last update to the Board in April 2011. Some of the key issues addressed are the training of the last cohort of students and the evaluation component of the program. Additionally, the report contained a financial update and request for additional funding to support the project.

The following Resolution B-74 was adopted by the Board of Trustees. (*Consent Calendar Action*)

B-74-2011. Resolved, that the Board of Trustees allocate additional funding in the amount of \$1,000,000 from the Reserve Fund or the Contingency Fund to cover projected expenses for the CDHC Program through December 2011.

Update on Workforce Study: Dr. McManus reported that the Request for Proposals (RFP) for the Workforce Study was sent out in April and three responses were received by the June deadline. He commented that the estimated costs were very significant ranging from a high of \$1.6 million to a low of \$800,000. Following discussion on the next steps, which includes evaluating the responses to the RFPs and preparing a report for the House of Delegates, the Board adopted a motion directing that the three responses to the RFPs received related

to the examination of the economical aspect of midlevel providers be vetted by the Council on Dental Practice and recommendations provided to the Board of Trustees for consideration at its September 2011 session.

Membership, Tripartite Relations and Marketing

Report of the Council on Membership: Guidelines on Pricing of Programs and Services: The Council presented a report seeking the Board's approval on an amendment to the Guidelines on Pricing of Programs and Services. The amendment will update the existing ADA pricing policy, which does not reflect the practice for the last eight years related to Guideline 4 and the process for the review of pricing.

The following Resolution B-72 was adopted by the Board of Trustees. (*Consent Calendar Item*)

B-72-2011. Resolved, that the fourth guideline of the Guidelines on Pricing of Program and Services be amended as follows (deletions are stricken through and additions are underscored):

4. The Council on Membership will review reports ~~annually~~ when tasked by the Board of Trustees or appropriate agency regarding the differentiation of service between members and nonmembers.

Report of the Council on Membership: 2012 Strategic Promotional Incentive: The Council presented a report seeking the Board's approval to offer a strategic promotional incentive (as defined in the ADA *Bylaws*) to nonmember full-time faculty dentists for the 2012 membership year. This incentive is intended to encourage dental school faculty to join the American Dental Association at a reduced rate, which will align with dues discounts given to full-time faculty in several states.

The following Resolution B-71 was adopted by the Board of Trustees. (*Consent Calendar Item*)

B-71-2011. Resolved, that a one-time, fifty percent (50%) active member dues and special assessment reduction for nonmember full-time faculty dentists be approved.

Report of the Standing Committee on Diversity: Dr. Versman reported on the following issues considered by the Committee: NDA request for apology; duplicate and possibly conflicting ADA and NDA student recruitment programs; selection of 2011-2012 class of Institute for Diversity in Leadership; and definition of membership diversity.

The Board reviewed the recommendations of the Diversity Committee and adopted the following resolutions:

B-84-2011. Resolved, that the following 12 candidates be approved to participate in the 2011–12 class of the ADA Institute for Diversity in Leadership:

Alves, Loren, San Antonio, TX
 Anvar, Bijan, Larchmont, NY
 Avila-Gnau, Viviana, Boston, MA
 Bunin-Stevenson, Catherine, Wiscasset, ME
 Davis, Isaiah, Columbia, SC
 Germain, Suzanne, Zionsville, IN
 Gupta, Shailee, Austin, TX
 James, Laji, Houston, TX
 Kinra, Diwaker, Flint, MI
 Lamberghini, Flavia, Chicago, IL
 Mendieta, Edgar, Columbus, OH
 Nalliah, Romesh, Boston, MA

B-85-2011. Resolved, that the following three candidates be approved as alternates for the 2011-12 class of the ADA Institute for Diversity in Leadership:

Short, Rico, Smyrna, GA
Wee, Alvin, Omaha, NE
Woo, Franklin, Fairfield, CA

Science/Professional Affairs

Licensing ANSI/ADA Specification No. 1058, Forensic Dental Data Set, for Non-commercial Use: The Board was informed that Interpol has requested permission from the ADA to create an electronic exchange protocol for data specified in ANSI/ADA Specification No. 1058, *Forensic Dental Data Set*, in order to create an international dental identification database, into which practitioners would be able to upload standardized patient identification data. The following Resolution B-64 was adopted by the Board of Trustees. (*Consent Calendar Item*)

B-64-2011. Resolved, that ANSI/ADA Specification No. 1058, *Forensic Dental Data Set*, may be distributed for non-commercial use by appropriate entities without licensing fees.

Proposed License to Permit Thomson-Reuters to Re-Sell ADA Standards: The Department of Standards Administration requested permission from the Board of Trustees to pursue the licensing of ADA copyrighted standards documents to Thomson Reuters (Scientific), Inc. to allow Thompson to resell the documents on its Techstreet website. The ADA would retain all other rights to its copyrighted materials and intellectual property. Full digital rights management and copyright protection would be implemented by Techstreet. It was further reported that the Council on Scientific Affairs and the Council on Dental Practice reviewed the proposal as a Resolution 48H matter and recommended approval.

The following Resolution B-65 was adopted by the Board of Trustees. (*Consent Calendar Item*)

B-65-2011. Resolved, that the ADA enter into negotiations and, should acceptable terms and conditions be available, enter into a license agreement pursuant to which ADA would license to Thomson Reuters (Scientific) Inc. certain ADA copyrighted standards documents that will allow Thomson Reuters to resell the documents on its Techstreet Web site.

Report of the ADA Advisory Committee on Evidence-Based Dentistry: This report presents a recommendation that the Committee be dissolved and its duties be transferred to the Council on Scientific Affairs, which has responsibility for evidence-based dentistry activities under the *ADA Bylaws*. The recommendation also suggests that funding for the annual meeting of the Advisory Committee be transferred to the Council on Scientific Affairs to fund activities of a new CSA subcommittee. The Board adopted the following resolution. (*Consent Calendar Action*)

B-66-2011. Resolved, that the Board transmit the Report of the ADA Advisory Committee on Evidence-Based Dentistry to the 2011 House of Delegates with the following:

Resolved, that the Advisory Committee on Evidence-Based Dentistry be dissolved, and be it further

Resolved, that funding for the Advisory Committee on Evidence-Based Dentistry be transferred to the proposed 2012 budget of the Council on Scientific Affairs to support a new CSA subcommittee with representation of other relevant ADA agencies to obtain interagency input on appropriate science and research topics.

Organizational/Other

Report of the President: Dr. Gist presented a report on his travels and activities, including meetings attended, since the April Board session. (*Consent Calendar Item*)

Report of the President-elect: Dr. Calnon presented a report on his travels and activities, including meetings attending, since the April Board session. (*Consent Calendar Item*)

Report of the Workgroup to Study Resolution 111H-2010: Regular Comprehensive Policy Review:

This report presented a process for implementing Resolution 111H-2010, which calls for the review of all Association policies every three years. The Board adopted the following resolution. (*Consent Calendar Item*)

B-69-2011. Resolved, that recommended timeline and protocol for the implementation of House Resolution 111H-2010 be adopted and be included in Board Report 1 to the House of Delegates.

ADA Honorary Membership: The Board of Trustees is empowered by the ADA Bylaws to elect honorary members of the Association. The Board reviewed the nominations which included three letters of support from ADA active, life or retired members in good standing. The Board adopted the following resolution.

B-77-2011. Resolved, that in accordance with ADA Bylaws, Chapter VII, Section 90(G), the following individuals be elected to Honorary Membership of the American Dental Association.

Dr. Choo Teck Chuan
Jocelyn Lance
Jeanne Rude

Distinguished Service Award: The Distinguished Service Award is the highest honor conferred by the American Dental Association's Board of Trustees. Since it is customary for the President to nominate the Distinguished Service Award recipient, Dr. Gist nominated Dr. L. Jackson Brown as the 2011 recipient for the Distinguished Service Award. The Board adopted the following resolution.

B-78-2011. Resolved, that the 2011 Distinguished Service Award be presented to Dr. L. Jackson Brown.

Special Order of Business—Appearance of Officers of the American Dental Education Association

(ADEA): The following ADEA officers and representatives participated in discussions with the ADA Board of Trustees: Dr. Leo Rouse, president; Dr. Gerald N. Glickman, president-elect; Dr. Sandra Andrieu, immediate past president; Dr. Richard Valachovic, executive director; Dr. Eugene Anderson, associate executive director, Educational Policy and Research; and Mr. Jack Bresch, associate executive director, Public Policy and Advocacy. The discussion focused on the establishment of new dental schools, particularly those offered by universities with osteopathic medical colleges, student debt and debt management strategies, how the dental education curriculum varies among dental schools and impacts the quality of graduates, dental therapist programs, the effect of the economic downturn on the number of dental school applicants, ADEA's efforts to increase the enrollment of underrepresented minorities in dental education, how ADEA and ADA can work together to better market ADA membership to recent graduates and faculty and collaborate on legislative and advocacy ventures.

Special Order of Business—Discussion of Open Clinical and Science Forum at the 2011 ADA Annual Session:

Along with the Board of Trustees and Dr. Dan Meyer, senior vice president, Science/Professional Affairs, others participating in this discussion by telephone conference call were Dr. Kevin Laing, chair, Council on ADA Sessions; Dr. Kent Percy, program chair, 2011 ADA annual session; and Dr. John W. Hellstein, chair, Council on Scientific Affairs.

The purpose of this special order of business was to discuss the upcoming program during the 2011 annual session entitled "Are Midlevel Providers Right for Dentistry?" Dr. Meyer described the previous years'

format for these open forums, where a variety of issues are presented in a panel format. Dr. Meyer also noted that he and Dr. Michael Glick are co-moderators of these forums.

The Board asked specific questions regarding the presenters; will the moderators uphold and state upfront ADA policy; why was the topic of midlevel providers selected and why select a state-based issue; is it possible to schedule this program at a time that doesn't conflict with the House of Delegates or district caucuses?

Dr. Percy, Dr. Laing and Dr. Hellstein each shared their thoughts regarding the advisability of convening the forum featuring the midlevel provider issue. Mr. Ohr commented on the risk management and reputational issues that may arise as a result of this forum. He noted that communications efforts have been ongoing to frame the debate differently and to expand the discussion to focus on barriers to care rather than the focus on workforce. Additionally, there would be a reasonable expectation that there would be media coverage on the forum.

Board members discussed at length, the advantages and disadvantages of such a forum, and expressed concerns on the selection of panelists / presenters and encouraged the careful selection of these individuals. Dr. Versman proposed the following resolution and accepted as a friendly amendment the addition of the third resolving clause by Dr. Low. The Board subsequently adopted the following resolution:

B-91-2011. Resolved, that the Council on ADA Sessions, in concert with Communication and the Council on Scientific Affairs, and in consultation with Dr. Meyer and Dr. Glick, go forward with the Open Clinical and Science program topic, and be it further
Resolved, that, CAS as best as possible, arrange for a time for this program that the state leadership could be in attendance, and be it further
Resolved, that the Council review the title and content to have a more scientific theme of relating workforce to access to care.

Presentations

Online Seal Product Guide: A presentation on the enhanced ADA Seal Product Information Online was given by Dr. Cliff Whall, director, Acceptance Program, who spoke on the enhancement of the Seal website, reporting the scope, goals and objectives of this enhanced area. Ms. Lou Salerno, director, Internet and Intranet Systems, demonstrated the features of the site.

Find-A-Dentist: The Board viewed a presentation on the Find-a-Dentist Project, given by Wendy-Jo Toyama and Lou Salerno. The presentation provided information on current member participation, noted the value of the Find-a-Dentist site as a member benefit, shared feedback received, provided public search results, demonstrated features of the site, and identified as next steps the collection of research and development of a business plan. Potential revenue opportunities were also suggested.

Ad Council Presentation: Dr. O'Loughlin shared with the Board the PowerPoint presentation to the Executive Committee of the Ad Council on June 13, 2011, in support of dentistry's proposal for an oral health campaign.

New Business

CDHC Update: Dr. Rich provided an oral update on the CDHC project and commented that CAPIR is developing a report on the next steps relative to this project.

Comments of First-Year Board Members: Dr. Gounardes and Dr. Summerhays, on behalf of the freshman class including second vice president, Dr. Blanton, expressed their frustration with the volume of material for the Board and standing committee meetings received just prior to this meeting and all previous Board

meetings. With so much material sent a day or two prior to the meeting, they stated it is almost impossible to properly make informed decisions and participate at the level that is expected and required. Dr. Gounardes mentioned that there are other concerns that the freshman class would like to discuss with Dr. O'Loughlin so that they can better understand the process and to improve that which already exists.

Report of Dr. Sam Low, Status of Portfolio-Style Examination for Licensure (New Business): Dr. Low reported on the status of the Request for Proposals process for developing a portfolio-style examination for licensure purposes, specifically noting the challenges of interpreting the wording of the authorizing resolution and reporting that the costs for this activity may be substantial.

Update on the Board Workgroup on Access: Dr. Rich commented on the workgroup developed during the February Retreat and reported that it has taken as its charge to assess the current environment relative to oral health management. Their challenge is to develop a solution to a global issue specifically being one of epidemic dental disease, and deal with the issue without disrupting the present dental delivery system that works for an overwhelming population.

Adjournment

The fifth session of the Board of Trustees adjourned *sine die* at 2:06 p.m. on Tuesday, June 7, 2011.

Notes

Minutes of the Board of Trustees

June 30, 2011

Special Telephonic Meeting of the Board of Trustees

Call to Order: A special conference call session of the ADA Board of Trustees was called to order on Thursday, June 30, 2011, by Dr. Raymond Gist, president, at 5:10 p.m. Central Standard Time. The meeting was called in accordance with the *Organization and Rules of the Board of Trustees*.

Roll Call: The following officers and trustees were present: Drs. Raymond F. Gist, William R. Calnon, A.J. Smith, J. Thomas Soliday, Edward Leone, Jr., Kathleen T. O'Loughlin, Dennis Engel, Robert Faiella, Maxine Feinberg, Steven Gounardes, Joseph F. Hagenbruch, S. Jerry Long, Charles H. Norman, Donald L. Seago, Charles L. Steffel, Carol Gomez Summerhays, R. Wayne Thompson, Kenneth J. Versman, Edward J. Vigna and Charles R. Weber.

Drs. Patricia Blanton, Roger Kiesling, Samuel Low and W. Ken Rich were not present. A quorum was present.

Invited Participants: Dr. Kevin Laing, chair, Council on ADA Sessions; Dr. Josef Kolling, chair, Council on Communications; Dr. Carter Brown, vice chair, Council on Communications; and Dr. Stephen Glenn, chair, Council on Dental Practice were present on the call at the invitation of the president.

Staff: Jerome K. Bowman, managing vice president, Administrative Services; J. Craig Busey, Esq., chief legal officer; Joseph M. McManus, senior vice president, Dental Practice/Professional Affairs; Kenneth Ohr, senior vice president, Communications and Marketing; James Goodman, managing vice president, Conference and Meeting Services; Wendy Wils, senior associate general counsel, Thomas Elliott, deputy chief legal officer; and Tommi Cole, senior manager, Board and House Matters were present on the call at the invitation of the President.

Dr. Gist called the meeting to order and read the conflict of interest disclosure statement.

Dr. Soliday outlined the parliamentary procedure for amending or rescinding an action adopted at a previous session.

Open Clinical and Science Forum at the 2011 ADA Annual Session: The purpose of the special session was to discuss Resolution B-91-2011 adopted by the Board at its June 2011 meeting approving the program for the 2011 annual session entitled, "Are Midlevel Providers Right for Dentistry?"

Dr. Charles Norman moved to rescind Resolution B-91 for the purpose of substitution. In speaking to his motion Dr. Norman noted that it is the responsibility of Board to manage the Association according to policies and to evaluate decisions based on consideration of their value of any decision and risk to ADA. He also noted that the advice from member volunteers and staff is essential when making those decisions. Dr. Norman reported that since the June Board meeting more information has come forward in form of background and letters and other communication that deem it appropriate to rescind the resolution.

Dr. Norman advised that after reviewing all of the background material, he saw no definitive purpose for this format at the annual session that brought clear value to the ADA, and no clear criteria. He pointed out that there are also many conflicting opinions about how to proceed. On the one hand, he noted, the volunteers that are charged with disseminating information on workforce feel like it's a risk to ADA, while others feel that it would be a value to the members. For these reasons, and in light of various differences of opinions, Dr. Norman said that now is the time to consider another topic that would be more appropriate for the clinical and scientific forum and that would reduce risk to ADA.

The Board also discussed how the change would affect the annual session preliminary program which has been widely distributed, and indicated that there is still plenty of time between now and the annual meeting to notify individuals of a change.

On vote, the Board adopted the motion to rescind the following resolution.

B-91-2011. Resolved, that the Council on ADA Sessions, in concert with the Council on Communications and the Council on Scientific Affairs, and in consultation with Dr. Meyer and Dr. Glick, go forward with the Open Clinical and Science program topic, and be it further **Resolved**, that, CAS as best as possible, arrange for a time for this program that the state leadership could be in attendance, and be it further **Resolved**, that the Council review the title and content to have a more scientific theme of relating workforce to access to care.

Dr. Norman then proposed the following resolution.

B-104. Resolved, that the Board of Trustees strongly urge the Council on ADA Sessions to substitute another topic for the planned topic on mid-level providers at the Open Clinical and Science Forum at the 2011 annual session.

Dr. Kevin Laing, chair, Council on ADA Sessions and Dr. Josef Kolling, chair, Council on Communications, also reiterated their comments related to this issue as outlined in separate correspondence to the Board of Trustees.

In support of the forum as it is currently structured, Dr. Laing's correspondence pointed out that the ADA has expended a great deal of resources to promote policy regarding dental access issues, emphasize barriers to care including, but not limited to financial, geographic, governmental policy, personal, cross-cultural and language barriers and that many members want to understand the ADA policy on the issue of midlevel providers, and how the future of their practices might be affected. The goal of the program, as outlined in Dr. Laing's correspondence, would be for participants to leave the session with a clearer understanding of what is meant by the term midlevel provider, what the current state of implementation is, and the position of the ADA on how the Association is working to promote that position.

Against the forum as it is currently structured, Dr. Kolling's correspondence noted that the Council believes the forum poses a significant risk to the Association's reputation with its members and the public because it uses an inappropriate venue to focus on an extremely divisive issue which relates much more to policy than it does science. It also noted that the Council believes that debates about midlevel providers, absent the larger context of the many barriers to oral health, obscure the real issues, delay addressing those issues, and, therefore, delay implementing solutions. The Council also questioned how the topic fits into a scientific forum, with no significant body of scientific literature that would support the need for the forum.

In an extensive discussion, the Board expressed concern about the lack of information related to the speakers, panelists and presenters, negative media coverage, the intended audience, the benefits and risks of the program, and the strife and controversy among members caused by this topic.

Dr. Thompson moved to vote immediately.

On vote, the motion to vote immediately was adopted.

On vote, the Board adopted the following resolution.

B-104-2011. Resolved, that the Board of Trustees strongly urge the Council on ADA Sessions to substitute another topic for the planned topic on mid-level providers at the Open Clinical and Science Forum at the 2011 annual session.

Vote: 14 Yes—Drs. Calnon, Faiella, Feinberg, Gounardes, Hagenbruch, Long, Norman, Seago, Smith, Steffel, Summerhays, Thompson, Vigna, Weber; 2 No—Drs. Engel, Versman; 4 Absent—Drs. Blanton, Kiesling, Low, Rich.

Adjournment

The Special Session of the Board adjourned at 6:04 p.m.

Notes

Minutes of the Board of Trustees

July 31–August 3, 2011

Headquarters Building, Chicago

Call to Order: The sixth regular session of the Board of Trustees of the American Dental Association was called to order by Raymond F. Gist, president, on Sunday, July 31, 2011, at 9:15 a.m., in the Board Room of the ADA Headquarters Building, Chicago.

Roll Call: Officers and members of the Board of Trustees in attendance were: Raymond F. Gist, William R. Calnon, Patricia L. Blanton, A.J. Smith, J. Thomas Soliday, Edward Leone, Jr., Kathleen O'Loughlin, Dennis W. Engel, Robert A. Faiella, Maxine Feinberg, Steven Gounardes, Joseph F. Hagenbruch, Roger L. Kiesling, S. Jerry Long, Samuel B. Low, Charles H. Norman, W. Ken Rich, Donald L. Seago, Charles L. Steffel, Carol Gomez Summerhays, R. Wayne Thompson, Kenneth J. Versman, Edward J. Vigna, and Charles R. Weber.

The Speaker, Dr. Soliday, announced that a quorum was present.

In accordance with the *Organization and Rules of the Board of Trustees*, Dr. O. Andy Elliott, Kentucky candidate for ADA president-elect, was present during open meetings of the Board.

The following ADA staff members were in attendance for all or portions of the meeting at the invitation of the President: Mr. Jerome K. Bowman, managing vice president, Administrative Services; J. Craig Busey, Esq., chief legal officer; Ms. Helen Cherrett, senior director, Global Affairs; Mr. Michel Graham, senior vice president, Government and Public Affairs; Dr. Albert H. Guay, chief policy officer; Ms. Sabrina King, managing vice president, Human Resources and Organizational Development; Dr. Joseph M. McManus, senior vice president, Dental Practice/Professional Affairs; Ms. Toni Mark, chief technology officer; Dr. Daniel M. Meyer, senior vice president, Science/Professional Affairs; Mr. Clayton B. Mickel, managing vice president, Corporate Relations; Dr. Laura M. Neumann, Education/Professional Affairs; Mr. Kenneth Ohr, senior vice president, Communications and Marketing; Mr. Paul Sholty, chief financial officer; Mr. Michael D. Springer, publisher and managing vice president, Publishing; Ms. Wendy-Jo Toyama, senior vice president, Membership, Tripartite Relations and Marketing; Dr. Marko Vujicic, managing vice president, Health Policy Resources Center.

Also in attendance were: Mr. James Berry, associate publisher; Dr. Michael Glick, editor, *The Journal of the American Dental Association*; Ms. Tomisena Cole, senior manager, Board and House Matters; Thomas C. Elliot, Jr., Esq., deputy chief legal officer, Legal Affairs; Ms. Linda Hastings, senior director, Administrative Services; Wendy J. Wils, Esq., senior associate general counsel, Legal Affairs. Other various staff were in attendance for specific agenda items of interest.

Before consideration of business, Dr. Gist read the ADA Disclosure Statement in compliance with Resolution 99H-2010; no conflicts of interest were identified. Dr. Gist also outlined the goals and objectives for this session, noting that a significant portion of the meeting would be devoted to consideration of reports and resolutions for the 2011 House of Delegates.

Preliminary

Approval of Agenda: President Gist asked if there were any items of New Business; there were none. On vote, the Board adopted the following resolution.

B-93-2011. Resolved, that the agenda be approved as the official order of business for the current session of the Board of Trustees except that the President may alter the order of the agenda when necessary to expedite business.

Report on Mail Ballot Actions: The following actions were taken by mail ballot by the Board of Trustees since its June session. In accordance with the Board *Rules*, these actions are recorded in the minutes of the next regular session of the Board of Trustees.

Approval of Amendment to the Executive Parity Plan

B-98-2011. Resolved, that the Board of Trustees adopts an amendment of the Executive Parity Pension Plan (the “Plan”) as set forth in Appendix 1 and recommended by the Pension Committee, that clarifies and restricts eligibility for the Plan, and be it further **Resolved**, that the Board of Trustees adopts an amendment of the Plan as set forth in Paragraph 5 of Appendix 1 that authorizes the Pension Committee to make amendments to the Plan that are technical, administrative or ministerial in nature, including any amendment required to comply with any applicable law.

Adopted unanimously

Approval of Minutes of the June 30, 2011, Special Telephonic Session of the Board of Trustees

B-106-2011. Resolved, that the minutes of June 30, 2011, special session of the Board of Trustees be approved.

Adopted unanimously

Approval of Minutes of the June 5-7, 2011, Session of the Board of Trustees

B-119-2011. Resolved, that the minutes of the June 5-7, 2011, session of the Board of Trustees be approved.

Adopted unanimously

Approval of Consent Calendar: A consent calendar was prepared in order to expedite the business of the Board of Trustees. Any member of the Board could remove a report or resolution from the consent calendar for consideration; upon request, several reports and resolutions were removed from the consent calendar. The Board subsequently adopted the following resolution.

B-94-2011. Resolved, that the resolutions contained on the amended Consent Calendar be approved and reports be filed.

Attorney-Client Session

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

Closed Session—Standing Committee and Liaison Reports

A closed session of the Board of Trustees was held to consider confidential reports and information. No actions were taken during the closed session; any actions taken by the Board occurred during open session. The following reports were presented during the closed session.

Freshman Board Members Comments: On behalf of the first year Board members, Dr. Steven Gounardes thanked the Executive Director and staff for the immediate response to concerns expressed by the freshman members at the June Board session, particularly related to the timeliness in sending meeting materials and

the prioritization of reports. Other concerns were discussed and comments suggested on additional process improvements.

Board Discussion—Pension and Compensation Studies: The chairs of the Board Standing Committees on Pension, Compensation, and Budget and Finance (Drs. Leone, Faiella and Thompson) gave an overview on next steps in the pension, benefits and compensation studies.

ADABEI Update: Dr. Robert Faiella, chairman of the ADABEI Board, provided an update on the subsidiary.

Report of Donald L. Seago, Liaison to the Council on Ethics, Bylaws and Judicial Affairs: Dr. Seago submitted a report on the Council's recent activities (Consent Calendar item).

Report of Dr. Charles R. Weber, Liaison to the Council on Communications: Dr. Weber submitted a report on the Council June 17-18, 2011, meeting (Consent Calendar item).

Report of Dr. Charles R. Weber, Liaison to the National Museum of Dentistry: Dr. Weber submitted a report on his attendance at the Board meeting for the National Museum of Dentistry, held June 10-11, 2011, in Baltimore, Maryland. (Consent Calendar Item)

Report of Dr. W. Ken Rich, Liaison to the New Dentist Committee: Dr. Rich submitted a report on the June New Dentist Committee meeting and Conference. (Consent Calendar Item)

Report of Dr. Edward Vigna, Liaison to the Council on Membership: Dr. Vigna submitted a report on the June 10-11, 2011, meeting of the Council. (Consent Calendar Item)

Report of Dr. Maxine Feinberg, Liaison to the Council on Access, Prevention and Interprofessional Relations: Dr. Feinberg submitted a report on the Council's June 23-25, 2011, meeting, and provided additional comments regarding that meeting.

Report of Dr. Charles L. Steffel, Liaison to the Council on ADA Sessions: Dr. Steffel reported on recent activities of the Council since its last meeting.

Report of the Audit Committee: Dr. Long reported on recent discussions with the outside auditor, KPMG, regarding services provided. He also indicated that the 2010 Audit Report is currently expected to be available just prior to the House of Delegates.

Report of the Diversity Committee: The Committee submitted a report on its July 30th meeting.

Open Session—Board Standing Committee and Workgroup Reports

Informal Discussion with the Special Committee on Financial Affairs: Dr. Calnon gave a brief overview of the discussion held between members of the Board and members of the Special Committee on Financial Affairs on Saturday morning, July 30. This discussion allowed an exchange of opinions on topics such as the SCFA's recommendations pertaining to the Board *Rules* and the Board's response to the recommendations; and the creation of an audit committee separate from the Board of Trustees.

Report of the Compensation Committee: The Compensation Committee submitted a report of its July 29 meeting. No further comments were provided by the Committee chair, Dr. Faiella.

Report of the Interim Governance Committee: Delegate Allocation: As requested by the Board at its June session, the Committee presented a recommendation for an alternative delegate allocation method. The Board had an extensive discussion on the effect of the recommended option on certain constituencies and the advisability of recommending an alternative method prior to the anticipated governance study. While the Committee recommended method 5, a motion was made and adopted to select alternative method 4

since it retains two delegates for Puerto Rico, with an amendment to that method to keep representation of the Virgin Islands to one delegate.

The Board adopted the following amended resolution.

B-124-2011. Resolved, that the Interim Governance Committee, with assistance from the Division of Legal Affairs and the Health Policy Resources Center, develop appropriate revisions to the ADA *Bylaws* that would implement the alternative delegate allocation method specified in Alternate Method No. 4, as amended, described in the report of the Interim Governance Committee to the Board of Trustees in August 2011.

(See page 334 for transmittal of the proposed delegation allocations for 2012-2014, as presented in Resolutions 30 and 30B to the House of Delegates.)

Report of the Interim Governance Committee (July 18, 2011 Meeting): The Committee reported that in addition to consideration of delegate allocation methods, it also discussed the creation of a New Board Committee on Electronic Health Record (B-82); reviewed a resource document on closed sessions; reviewed, revised and finalized a charter for the Governance Committee; and reviewed and approved documents relating to Board liaisons.

Electronic Health Records Committee. During its review of Resolution B-82, which was postponed from the June session and referred to the Committee study and recommendation, the Committee presented its recommendation in the following Resolution B-125, which was subsequently adopted by the Board.

B-125-2011. Resolved, that the Electronic Health Records (EHR) Committee of the Board is dissolved, and be it further

Resolved, that the Councils on Dental Benefit Programs, Dental Practice and Government Affairs, along with the Standards Committee on Dental Informatics, be asked to form an inter-agency workgroup, to include the trustee liaisons to the responsible agencies, in order to coordinate Association activities relating to electronic health records and provide unified reports, as needed, to the Board and House on EHR activities and development, and be it further

Resolved, that the Workgroup should develop a charter and strategic plan and report back to the Board at its December meeting.

Based on adoption of Resolution B-125-2011, Resolution B-82 was declared moot.

Closed Sessions Document. The Committee informed the Board that it had reviewed documents prepared by the Legal Division pertaining to closed sessions and recommended that the documents be added to orientation materials for the Board, councils and the House and possibly appended to the Board *Rules*.

Governance Committee Charter. The Committee reviewed, revised and finalized a charter for the Committee. The Charter calls for increasing the size of the Committee from seven to eight members, with the inclusion of a vice president, effective after the 2011 annual session.

The Committee submitted Resolution B-126, which was adopted by the Board of Trustees.

B-126-2011. Resolved, that the Charter of the Interim Governance Committee is approved by the Board [of Trustees].

(Note. The Charter of the Interim Governance Committee appears as Appendix 1.)

Report of the Interim Governance Committee (July 30 Meeting): The Committee reported on the working RFP outline for the external review process of the ADA's governance structure called for in Resolution B-154-2010. Dr. Low, Committee chair, indicated that the anticipated cost for the study is estimated to be \$300,000

although through some internal self assessment and other work done previously could lower the cost. On behalf of the Committee Dr. Low moved Resolution B-131, which the Board adopted.

B-131-2011. Resolved, that Resolution B-154-2010 be rescinded, and be it further **Resolved,** that the ADA develop an RFP (request for proposal) to commission an external review process of the governance structure of the ADA and report to the 2012 House of Delegates. This review would include the following:

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

and be it further

Resolved, that the Board submit a decision package to the 2011 House of Delegates to provide funding up to \$300,000 to conduct this study in 2012, and be it further

Resolved, that the governance study and recommendations made therein be presented to the 2012 House of Delegates for action.

Report of the Budget and Finance Committee: Dr. Thompson, Committee chair, reported the Committee's recommendations on requests from the Operating Contingency Fund and the Capital Contingency Fund. The Committee also recognized a funding request from the Vermont State Dental Society for assistance to ensure a seamless transition from the retiring executive director to the incoming executive director.

Dr. Faiella provided background on the request and spoke in support of the funding request. The Board discussed the merits of the request and the precedent of funding administrative expenses of a constituent dental society. After discussing the issue at length, including availability of funding through the State Public Affairs program for an issue oriented crisis, the Board accepted the recommendation of the Budget and Finance Committee that funding not be provided.

Report on the Status of the 2011 Operating Contingency Fund and Approval of Supplemental Appropriation Requests: A Contingency Fund of \$1 million was authorized in the 2011 budget of which \$121,250 has been earmarked for funding of potential additional legal fees and \$878,750 for ADA business. No requests for legal fees have been submitted through June. Through the June 2011 Board of Trustees session, supplemental requests were approved totaling \$660,950, leaving a balance of \$217,800. For this session, the Board received three supplemental requests totaling \$202,750.

Broadcast Email Service. The Committee recommended adoption of this funding request to cover costs for ten million additional broadcast/push email sends between now and the end of the current contract term (March 15, 2012). The Board adopted the following resolution.

B-116-2011. Resolved, that the following appropriation be made from the 2011 Contingency Fund and be allocated to line items in separately listed cost centers and project id's, with the exception of capital funding, in accordance with the terms of the supplemental appropriation requests.

Division of Information Technology
(Cost Center 090-1450-000)

Broadcast E-mail Service—\$41,000

Combined Board of Trustees and Strategic Planning Committee Meeting. The Committee recommended adoption of this funding request that would allow members of the Strategic Planning Committee to attend a one day meeting with the Board of Trustees in December 2011. The Board of Trustees adopted the following resolution.

B-117-2011. Resolved, that the following appropriation be made from the 2011 Contingency Fund and be allocated to line items in separately listed cost centers and project id's, with the exception of capital funding, in accordance with the terms of the supplemental appropriation requests.

Division of Administrative Services
(Cost Center 090-1050-000)

Combined Board of Trustees and Strategic Planning Committee Meeting—\$5,750

Internal Audits. The Committee recommended adoption of the funding request for expanding the number of internal audits conducted through the end of 2011. Dr. Long responded to questions regarding the expanded audits and identified the areas that will be audited in 2011. The Board of Trustees adopted the following resolution.

B-118-2011. Resolved, that the following appropriation be made from the 2011 Contingency Fund and be allocated to line items in separately listed cost centers and project id's, with the exception of capital funding, in accordance with the terms of the supplemental appropriation requests.

Division of Legal Affairs
(Cost Center 090-1150-000)

Funding to Increase the Number of Internal Audits—\$156,000

With the approval of the above requests, the 2011 Contingency Fund has a balance of \$15,050, excluding the \$121,250 earmarked for funding potential additional legal fees.

Report on the Status of the 2011 Capital Contingency Fund and Approval of Supplemental

Appropriation Requests: A Capital Contingency Fund of \$200,000 was authorized in the 2011 budget. The Board of Trustees through the June 2011 session approved total Capital supplemental requests in the amount of \$15,326, leaving a balance of \$184,674. For this meeting, submitted 2011 Capital Contingency Fund requests total \$52,749.

Dr. Thompson, chair of the Budget and Finance Committee, reported that the Committee recommends approval of the two requests.

Microsoft (MS) SharePoint. This funding request is for outside IT consulting services for the development and implementation of the MS SharePoint environment. The Board of Trustees adopted the following resolution.

B-114-2011. Resolved, that the following appropriation be made from the 2011 Capital Contingency Fund and be allocated to the appropriate capital accounts in accordance with the terms of the supplemental appropriation request.

Division of Information Technology
Microsoft (MS) SharePoint—\$42,480

LCD Projectors. This funding request is for replacement of two LCD projectors in the ADA Board Room. The Board of Trustees adopted the following resolution:

B-115-2011. Resolved, that the following appropriation be made from the 2011 Capital Contingency Fund and be allocated to the appropriate capital accounts in accordance with the terms of the supplemental appropriation request.

Division of Conference & Meeting Services
Replace Two LCD Projectors on 22nd Floor—\$10,269

With the approval of the above requests, the 2011 Capital Contingency Fund has a balance of \$131,925.

Following discussion of the financial reports, Dr. Seago requested an accounting of the funds collected through the special assessment approved by the 2010 House of Delegates. Ms. Marks indicated that a report has been developed for the September Board session for transmittal to the House of Delegates.

Report of the Board Workgroup Assigned Development of Qualifications for Treasurer Candidates:

Dr. Norman, chair, reported the Workgroup's approach in developing a list of draft qualifications for the office of Treasurer, seeking a balance between a set of criteria which are generalized (and therefore of limited utility) and detailed (and therefore likely to severely limit the pool of candidates). The Workgroup presented for Board consideration a set of desirable attributes for candidates and a set of requirements. If adopted, the set of desirable attributes (which are not objectively verifiable) would be offered to the House as guidance from the Board about attributes the House may wish to consider. Dr. Norman suggested that the Board would not offer a conclusion that any candidate has or lacks these desirable attributes. The Board would inform the House about whether the requirements, which are more verifiable, have been satisfied. The Workgroup also provided the Board with the standard Treasurer Curriculum Vitae Form that has been modified to elicit information on both desired attributes and requirements.

A proposed amendment to the third resolving clause to replace the word "qualified" with the word "eligible" was offered; subsequently the amendment was withdrawn. After extensive discussion, the Board adopted the following resolution:

B-122-2011. Resolved, that the Board publish in *ADA News* prior to the 2011 House a set of desirable attributes for those seeking the office of Treasurer and a set of requirements for those seeking that office and a standard curriculum vitae form designed to elicit information from candidates about these attributes and requirements for the office of treasurer, and be it further

Resolved, that the Board, without offering any conclusion as to whether candidates possess them, offer the following set of desirable attributes to the House to help inform the House's consideration of candidates for the office of Treasurer:

1. Excellent communication skills so as to be able to assist in interpreting Association finances and effectively share financial information with the House of Delegates and the membership;
2. High integrity; and
3. Experience with the ADA budget process and finances such as may be obtained from serving as a delegate, trustee, council member or similar service

and be it further

Resolved, that the requirements for the office of Treasurer that the Board shall use to inform the House whether any candidate is qualified are:

1. Be an active, life or retired member, in good standing;
2. Not be a Trustee or elective officer [other than the sitting Treasurer] of the Association; and
3. Possess a strong background in finance as evidenced by service in roles such as: treasurer of a Constituent Society or Specialty Organization; member for two or more years of a finance committee or audit committee of a Constituent Society or Specialty Organization; member of a board of directors of a for-profit corporation or for-profit subsidiary of a Constituent Society or Specialty Organization; or any other position(s) providing comparable experience.

Report of the Board Workgroup Assigned to Respond to SCFA Comments Related to Resolution 124-2010—House of Delegates Approval Regarding Decision Packages:

Dr. Norman, chair, presented a draft response to SCFA regarding House approval of decision packages. The Board discussed the proposed response and discussed the SCFA's interest in submitting a joint response on Resolution 124-2010. A motion was made to postpone consideration of this response until the September Board meeting. Dr. Feinberg commented that the SCFA requires the Board's response at this time rather in September to allow them to finalize their report to the House. Dr. Long moved that the discussion be postponed definitely until Tuesday, August 2; the Board adopted the amended motion to postpone until Tuesday, August 2. Later in the session, the Board considered and subsequently adopted Resolution B-123 with an amended second resolving clause.

B-123-2011. Resolved, that the Board Workgroup's draft comments on the Committee on Financial Affairs' Draft Response to Resolution 124-2010 be approved as the Board's comments, and be it further

Resolved, that because of the complexity of the issues raised by Resolution 124 and the Committee on Financial Affairs' thoughtful study and Draft Response, the Board will continue to study these issues into the coming year and consult with the House during that ongoing process, and be it further

Resolved, that the President shall forward the Board's comments to the Committee on Financial Affairs with a cover letter expressing the Board's appreciation for the opportunity to provide input to the work of the committee.

Report of the Interim Governance Board "Rules" Subcommittee—Revisions to the *Organization and Rules of the Board of Trustees*: The Subcommittee presented a marked copy of the Board *Rules* that reflect its recommended changes; Board actions taken in June regarding the Compensation Committee; and revisions suggested by the Special Committee on Financial Affairs. Dr. Smith also noted that a *Rules* change will be presented in September to address the revised Treasurer candidate process. Dr. Smith highlighted some editorial changes made to the *Rules* based on Resolution B-92 which refers to the Special Committee on Financial Affairs as members of the standing committees rather than two members of the House of Delegates. The Board adopted Resolution B-92 as editorially amended.

B-92-2011. Resolved, that the *Organization and Rules of the Board of Trustees* be revised as shown in the attachment [in red] to remove portions that are redundant to the *ADA Bylaws* and to note the presence of members of the ~~Special Committee on Financial Affairs~~ House of Delegates on the Audit, Budget and Finance, Pension and Strategic Planning Committees.

The Board also adopted the following resolutions.

B-127-2011. Resolved, that the *Organization and Rules of the Board of Trustees* be revised as shown in the attachment (Appendix 1) and highlighted in yellow in furtherance of the communication to the Special Committee on Financial Affairs dated June 16, 2011.

B-128-2011. Resolved, that the *Organization and Rules of the Board of Trustees* be revised as shown in the attachment (Appendix 1) and highlighted in green to harmonize the Board *Rules* with earlier amendments made related to the Compensation Committee.

The Subcommittee proposed a resolution to request the Compensation Committee to develop a succession plan for the executive director and include that plan in the Board *Rules*. The Board adopted the following resolution.

B-129-2011. Resolved, that the Compensation Committee develop language, in consultation with the Executive Director, related to a succession plan for the ADA's Executive Director, and be it further **Resolved**, that the plan be included as an addendum to the *Organization and Rules of the Board of Trustees*, upon approval.

The Subcommittee also discussed and developed terms of office for House of Delegates members to the Audit, Budget and Finance, Pension, and Strategic Planning Committees of the Board. During discussion, Dr. Gounardes proposed an amendment regarding the term of service of House members to allow them to be appointed annually for up to four years. This amendment was proposed to address any issue that might arise with the term of a delegate at the House not coinciding with a term on one of the Board standing committees. The amendment was adopted and the Board adopted the following resolution as amended.

B-130-2011. Resolved, that the Term sections for the Audit Committee, Budget and Finance Committee, Pension Committee and Strategic Planning Committee of the *Organization and Rules of the Board of Trustees* be revised follows:

Audit Committee

Term. The term of service for the trustee members of the Committee shall be for four years. The House of Delegates members shall be appointed annually for up to four years.

Budget and Finance Committee

Term. The term of service for the trustee members of the Committee shall be four years, at the discretion of the President. The term of service for the vice president member shall be one year, with an extension of an additional year at the discretion of the President. The Treasurer is a member as consistent with the office. The House of Delegates members shall be appointed annually for up to four years.

Pension Committee

Term. The terms of service for members of the Committee will coincide with their terms of office with respect to officers, and with their membership on the Budget and Finance Committee in the case of trustees. The House of Delegates members shall be appointed annually for up to four years.

Strategic Planning Committee

Term. The terms of service for members of the Committee are as follows: the trustee members of the Committee shall serve until the conclusion of their term as trustees; the President-elect shall serve one year; the two at-large members from the House of Delegates shall be appointed annually for up to four years, while the other two at-large members shall be appointed to staggered terms of one to four years; the liaison members shall serve one-year terms; and the senior manager will be appointed annually by the Executive Director.

Special Appearance

Appearance of Dr. Robert Leland, chair, New Dentist Committee: Dr. Leland appeared before the Board to discuss the Committee's report and respond to questions regarding its proposal to change the New Dentist Committee's governance status from a standing committee of the Board of Trustees to a council, a standing committee of the House of Delegates.

Dr. Leland also responded to a question regarding the *Bylaws* requirement that members of the New Dentist Committee receive their D.D.S. or D.M.D. degree less than ten years before the time of selection, and how the requirement could negatively impact an opportunity of a specialist to be appointed. Dr. Leland indicated that the requirement had been a long standing part of the Committee's bylaws and that he would ask the Committee to review the requirement at its January 2012 meeting.

Dr. Rich, NDC liaison, commented on the Committee's report and proposed resolution and indicated that the most significant impact of changing from a standing committee of the Board to a council is that the agency would then would have the opportunity to report and bring issues directly to the House of Delegates. He also suggested that there are no additional financial and staffing requirements of the governance change.

Report on New Dentist Governance: This report presented the Committee's recommendation to change its status from a standing committee of the Board to an ADA council, and included relevant *Bylaws* language for transmittal to the 2011 House of Delegates.

Following Dr. Leland's appearance, the Board debated the pros and cons of the Committee's proposal. Board members acknowledged the value of new dentists but also recognized that their current and proposed duties focus on a segment of the membership, unlike current councils whose duties focus on issues affecting

the entire membership. Other comments suggested that the timing of this recommendation is not in sync with the anticipated comprehensive governance review.

On vote, the Board did not transmit the report and resolution to the House of Delegates.

Resolved, that the following resolution proposing ADA *Bylaws* changes to transition the New Dentist Committee from a Committee of the Board of Trustees to an ADA Council be transmitted to the 2011 House of Delegates:

Resolved, that the ADA *Bylaws*, Chapter VII. BOARD OF TRUSTEES, *Section 140*.

COMMITTEES, which sets forth the composition and duties of the New Dentist Committee, be deleted in its entirety, and be it further

Resolved, that the ADA *Bylaws*, Chapter X. COUNCILS, *Section 10*. NAME, be amended by addition of the words "New Dentist Council" at the end of the section, and be it further

Resolved, that the ADA *Bylaws* Chapter X. COUNCILS, *Section 20*. MEMBERS, SELECTIONS, NOMINATIONS AND ELECTIONS, Subsection A, be amended by addition of the following new paragraph at the end of the section:

New Dentist Council shall be composed of seventeen (17) members, one (1) member from each trustee district whose terms of office shall be staggered in such a manner that four (4) members will complete their terms each year except every fourth year when five (5) members shall complete their terms. Members of the New Dentist Council shall have received their D.D.S. or D.M.D. degree less than ten (10) years before the time of selection.

and be it further

Resolved, that the ADA *Bylaws*, Chapter X. COUNCILS, *Section 30*. ELIGIBILITY, Subsection B, be amended by addition as follows (new language underscored):

No member of a council may serve concurrently as a member of another council or commission, with the exception of the New Dentist Council members who may serve as ex officio members without the power to vote.

and be it further

Resolved, that the ADA *Bylaws*, Chapter X. COUNCILS, *Section 60*. TERM OF OFFICE, be amended by addition as follows (new language underscored):

The term of office of members of councils shall be four (4) years except as otherwise provided in these *Bylaws*. The tenure of a member of a council shall be limited to one (1) term of four (4) years except as otherwise provided in these *Bylaws*. A member shall not be eligible for appointment to another council or commission for a period of two (2) years after completing a previous council appointment, with the exception of members of the New Dentist Council who may be appointed to another Council upon completion of his or her term of service. The physician and the health care facility administrator, nominated by the Board of Trustees for membership on the Council on Access, Prevention and Interprofessional Relations, shall be elected for a one (1) year term; however, such member shall not be limited as to the number of consecutive one (1) year terms that he or she may serve. The current recipient of the Gold Medal Award for Excellence in Dental Research shall serve on the Council on Scientific Affairs until the award is bestowed on the next honoree.

and be it further

Resolved, that the ADA *Bylaws*, Chapter X. COUNCILS, *Section 80*. MEETINGS OF COUNCILS, be amended by addition as follows (new language underscored):

Each council shall hold at least one regular meeting annually, provided that funds are available in the budget for that purpose and unless otherwise directed by the Board of

Trustees. Meetings may be held in the Headquarters Building, the Washington Office or from multiple remote locations through the use of a conference telephone or other communications equipment by means of which all members can communicate with each other. The New Dentist Council may meet in conjunction with the New Dentist Conference, in the established conference location. Such meetings shall be conducted in accordance with rules and procedures established by the Board of Trustees.

and be it further

Resolved, that the ADA *Bylaws*, Chapter X. COUNCILS, *Section* 120. DUTIES, be amended by addition of a new subsection "L" to read as follows:

- L. NEW DENTIST COUNCIL. The duties of the Council shall be to:
- a. Formulate and recommend policies to reflect the needs and concerns of new dentists.
 - b. Provide the Association and the constituent and component dental societies with expertise on issues affecting new dentists.
 - c. Advocate the perspectives of the new dentist in the development of programs, benefits and services of the Association.
 - d. Monitor and report the needs and concerns of new dentists and make recommendations and develop resources to assist with their professional growth.
 - e. Enhance member value, encourage involvement and active participation, and build a community of new dentists in organized dentistry.
 - f. Serve as *ex officio* members, without the power to vote, of councils and commissions of this Association on issues affecting new dentists; these appointments will be recommended by the Council and assigned by the Board of Trustees.
 - g. Facilitate the development of constituent and component new dentist committees and provide resources to assist constituent and component dental societies in meeting the needs of new dentists.

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

Report 2 of the Board of Trustees to the House of Delegates: ADA Operating Account Financial Affairs and Recommended Budget Fiscal Year 2012 (*Worksheet:2000*): Based on the discussion of issues raised early in the meeting, the Board discussed the value that a retreat session brings to its ability to work effectively and cohesively. The Board reconsidered several actions related to the proposed 2012 budget and adopted the following resolution:

B-132-2011. Resolved, that Board Report 2 be amended to include a budget item of up to \$70,000 for a Board Retreat, and be it further

Resolved, that up to \$15,000 be added to the Board of Trustees' Administrative Budget for spousal activity.

On vote, the Board transmitted Report 2 and the appended Resolutions 14-15 to the House of Delegates.

Resolution 14—Approval of 2012 Budget (Worksheet:2064). The Board transmitted Resolution 14 to the House of Delegates with the recommendation to vote yes. (*Vote: 16 Yes—Drs. Blanton, Calnon, Engel, Faiella, Feinberg, Gounardes, Hagenbruch, Kiesling, Long, Norman, Rich, Smith, Thompson, Versman, Vigna, Weber; 4 No—Drs. Low, Seago, Steffel, Summerhays*)

Resolution 15—Recommended Dues Change (Worksheet:2065). At its June session, the Board transmitted Resolution 15 to the House of Delegates with the recommendation to vote yes. (*Vote: 18 Yes—Drs. Blanton, Engel, Faiella, Feinberg, Gounardes, Hagenbruch, Kiesling, Long, Norman, Rich, Seago, Smith, Steffel, Summerhays, Thompson, Versman, Vigna, Weber; 2 Absent—Drs. Calnon, Low*)

Seventh Trustee District Resolution 105-2010—Amendment of the ADA *Bylaws*: Setting the Dues of Active Members (*Worksheet*: 2066): The Board voted to transmit Resolution 105-2010 to the House of Delegates with the recommendation to vote yes. (*Vote: Unanimous*)

Special Committee on Financial Affairs Resolution 114-2010—Amendment of the ADA *Constitution* Regarding Audit Responsibilities (*Worksheet*:2068): The Board postponed definitely until the September session action on Resolution 114-2010. At this time, the Board approved the following comment on Resolution 114H-2010.

When presented with Resolution 114-2010, which would amend ADA's *Constitution* to remove audit responsibilities from the Board of Trustees, the Board of Trustees, after extensive discussion and interaction among itself and the Special Committee on Financial Affairs ("SCFA"), voted to postpone consideration of the Resolution to its meeting in September. In doing so, the Board is of the view, suggested by legal counsel, that the transfer of audit responsibilities, while legally permissible, would create substantial legal issues and risks to the Association that cannot even be fully anticipated. Nevertheless, the Board sees value in continuing consultation with outside resources and with the SCFA to determine whether the purposes of this Resolution, which appear to be increased transparency, the assurance of an independent audit process, and an appropriate level of oversight by the House of Delegates, can be achieved by an alternate mechanism.

Report 4 of the Board of Trustees to the House of Delegates: Compensation and Contract Relating to the Executive Director (*Worksheet*:2070): The Board voted to transmit Report 4 to the House of Delegates (*Board of Trustees consent calendar action—no Board discussion*). (*Vote: Unanimous*)

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

Council on Dental Benefit Programs Resolution 1—Claim Adjudication and Reimbursement for Dental Procedures (*Worksheet*:3000): The Board voted to transmit Resolution 1 to the House of Delegates with the recommendation to vote yes (*Board of Trustees consent calendar action—no Board discussion*). (*Vote: Unanimous*)

Council on Dental Benefit Programs Resolution 2—Definitions of Usual and Customary Fees (*Worksheet*:3001): The Board voted to transmit Resolution 2 to the House of Delegates with the recommendation to vote yes (*Board of Trustees consent calendar action—no Board discussion*). (*Vote: Unanimous*)

Council on Dental Benefit Programs Resolution 3—Statement on Determination of Customary Fees by Third Parties (*Worksheet*:3003): The Board voted to transmit Resolution 3 to the House of Delegates with the recommendation to vote yes (*Board of Trustees consent calendar action—no Board discussion*). (*Vote: Unanimous*)

Council on Dental Benefit Programs Resolution 4—Limitations in Benefits by Dental Insurance Companies (*Worksheet*:3005): The Board voted to transmit Resolution 4 to the House of Delegates with the recommendation to vote yes (*Board of Trustees consent calendar action—no Board discussion*). (*Vote: Unanimous*)

Council on Dental Benefit Programs Resolution 5—Definitions of Fraudulent and Abusive Practices in Dental Benefit Plans and Claims (*Worksheet*:3007): The Board voted to transmit Resolution 5 to the House of Delegates with the recommendation to vote yes (*Board of Trustees consent calendar action—no Board discussion*). (*Vote: Unanimous*)

Council on Access, Prevention and Interprofessional Relations Supplemental Report 1 to the House of Delegates: Leading Community Efforts to Improve Oral Health (*Worksheet*:3011): The Board voted to transmit the supplemental report and appended Resolution 18 to the House of Delegates

with the recommendation to vote yes (*Board of Trustees consent calendar action—no Board discussion*).
(Vote: Unanimous)

Report 3 of the Board of Trustees to the House of Delegates: Rescission of Policy, “Availability of Survey Results” (*Worksheet:3013*): The Board voted to transmit Report 3 and appended Resolution 19 to the House of Delegates with the recommendation to vote yes (*Board of Trustees consent calendar action—no Board discussion*). (Vote: Unanimous)

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

Council on Dental Education and Licensure Resolution 6—Amendment of the Policy, Comprehensive Study of Dental Specialty Education and Practice (*Worksheet:4000*): The Board voted to transmit Resolution 6 to the House of Delegates with the recommendation to vote yes. (Vote: 11 Yes—Drs. Blanton, Calnon, Engel, Faiella, Kiesling, Low, Norman, Rich, Steffel, Summerhays, Weber; 9 No—Drs. Feinberg, Gounardes, Hagenbruch, Long, Seago, Smith, Thompson, Versman, Vigna)

Council on Dental Education and Licensure Resolution 7—Rescission of Policy, Periodic Review of Specialty Education and Practice (*Worksheet:4001*): The Board voted to transmit Resolution 7 to the House of Delegates with the recommendation to vote yes (*Board of Trustees consent calendar action—no Board discussion*). (Vote: Unanimous)

Council on Dental Education and Licensure Resolution 8—Amendment of the Policy Statement on Continuing Dental Education (*Worksheet:4002*): The Board voted to transmit Resolution 8 to the House of Delegates with the recommendation to vote yes. (Vote: 19 Yes—Drs. Blanton, Calnon, Engel, Faiella, Feinberg, Gounardes, Kiesling, Long, Low, Norman, Rich, Seago, Smith, Steffel, Summerhays, Thompson, Versman, Vigna, Weber; 1 No—Dr. Hagenbruch)

Council on Scientific Affairs Resolution 13—Rescission of Policy on Use of Approved Materials in New Techniques and Products (*Worksheet:4005*): The Board voted to transmit Resolution 13 to the House of Delegates with the recommendation to vote yes (*Board of Trustees consent calendar action—no Board discussion*). (Vote: Unanimous)

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

Council on Ethics, Bylaws and Judicial Affairs Resolution 9—Amendment of the ADA Bylaws Regarding Nominations of Elective Officers (Speaker of the House of Delegates) (*Worksheet:5000*): The Board voted to transmit Resolution 9 to the House of Delegates with the recommendation to vote yes (*Board of Trustees consent calendar action—no Board discussion*). (Vote: Unanimous)

Council on Ethics, Bylaws and Judicial Affairs Resolution 10—Amendment to the ADA Code, Section 2 – Principle: Nonmaleficence (*Worksheet:5002*): The Board voted to transmit Resolution 10 to the House of Delegates with the recommendation to vote yes (*Board of Trustees consent calendar action—no Board discussion*). (Vote: Unanimous)

Council on Ethics, Bylaws and Judicial Affairs Resolution 11—Amendment to the ADA Code, Section 5.H. Announcement and Limitation of Practice (*Worksheet:5003*): The Board voted to transmit Resolution 11 to the House of Delegates with the recommendation to vote yes (*Board of Trustees consent calendar action—no Board discussion*). (Vote: Unanimous)

Council on Government Affairs Resolution 12—Ensure Adequate Funding Under Medicaid Block Grants (*Worksheet:5004*): The Board voted to transmit Resolution 12 to the House of Delegates with

the recommendation to vote yes (*Board of Trustees consent calendar action—no Board discussion*).
(Vote: *Unanimous*)

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 (*Worksheet:5006*): The Board voted to transmit the supplemental report and the appended Resolutions 23-29 to the House of Delegates.

Resolution 23—Amendment of the ADA Bylaws Regarding Revision of Disciplinary Sentences (*Worksheet:5028*). The Board voted to transmit Resolution 23 to the House of Delegates with the recommendation to vote yes. (Vote: 19 Yes—*Drs. Calnon, Engel, Faiella, Feinberg, Gounardes, Hagenbruch, Kiesling, Long, Low, Norman, Rich, Seago, Smith, Steffel, Summerhays, Thompson, Versman, Vigna, Weber*; 1 No—*Dr. Blanton*)

Resolution 24—Amendment of the ADA Bylaws Regarding Election Committees (*Worksheet:5029*). The Board voted to transmit Resolution 24 to the House of Delegates with the following comment and recommendation to vote yes on the substitute. (Vote: *Unanimous*)

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

24B. 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 First and Second Vice President and the President-elect with the Speaker of the House of Delegates, as an ex-officio member without the right to vote, following the adjournment *sine die* of the last meeting of the annual session of the ADA House of Delegates. The President-elect shall be the chair of the Election Committee. If any of the three members of the Committee are unable to fulfill the position, the Speaker of the House of Delegates shall be elevated to a full member of the Committee.

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

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”.

Resolution 25—Amendment o the ADA Member Conduct Policy (Worksheet:5032). The Board voted to transmit Resolution 25 to the House of Delegates with the recommendation to vote yes. (Vote: 16 Yes—Drs. Calnon, Engel, Faiella, Feinberg, Gounardes, Kiesling, Long, Low, Norman, Rich, Seago, Smith, Thompson, Versman, Vigna, Weber; 4 No—Drs. Blanton, Hagenbruch, Steffel, Summerhays)

Resolution 26—Amendment of the ADA Bylaws Member Conduct Policy Enforcement Procedures (Worksheet:5034). The Board voted to transmit Resolution 26 to the House of Delegates with the recommendation to vote yes. (Vote: 14 Yes—Drs. Calnon, Engel, Faiella, Feinberg, Gounardes, Kiesling, Long, Low, Seago, Smith, Thompson, Versman, Vigna, Weber; 6 No—Drs. Blanton, Hagenbruch, Norman, Rich, Steffel, Summerhays)

Resolution 27—Editorial Revision to the ADA Bylaws (Worksheet:5040). The Board voted to transmit Resolution 27 to the House of Delegates with the recommendation to vote yes. (Vote: 19 Yes—Drs. Calnon, Engel, Faiella, Feinberg, Gounardes, Hagenbruch, Kiesling, Long, Low, Norman, Rich, Seago, Smith, Steffel, Summerhays, Thompson, Versman, Vigna, Weber; 1 No—Dr. Blanton)

Resolution 28—Amendment of the ADA Bylaws Revising CEBJA Duties (Worksheet:5041). The Board voted to transmit Resolution 28 to the House of Delegates with the recommendation to vote yes. (Vote: 16 Yes—Drs. Calnon, Engel, Faiella, Feinberg, Gounardes, Kiesling, Long, Low, Norman, Rich, Seago, Smith, Thompson, Versman, Vigna, Weber; 4 No—Drs. Blanton, Hagenbruch, Steffel, Summerhays)

Resolution 29—Amendment of the ADA Bylaws Revising House Duties (Worksheet:5043): The Board voted to transmit Resolution 29 to the House of Delegates with the recommendation to vote yes. (Vote: Unanimous)

Board of Trustees Resolution 30: Delegate Allocation—2012-2014 (Worksheet:5044): The Board voted to transmit Resolution 30 to the House of Delegates with the following comment and recommendation to vote yes on Substitute Resolution 30B. (Vote: Unanimous)

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

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

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

DISTRICT 1

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

Maine Dental Association, ~~3~~ 2 delegates

Massachusetts Dental Society, ~~13~~ 15 delegates

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

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

Vermont State Dental Society, 2 delegates

District Total: 31 delegates

DISTRICT 2

New York State Dental Association, ~~41~~ 39 delegates

District Total: ~~41~~ 39 delegates

DISTRICT 3

Pennsylvania Dental Association, ~~48~~ 17 delegates

District Total: ~~48~~ 17 delegates

DISTRICT 4

Air Force Dental Corps, 2 delegates

Army Dental Corps, 2 delegates

Delaware State Dental Society, 2 delegates

District of Columbia Dental Society, The, 2 delegates

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

Navy Dental Corps, 2 delegates

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

Public Health Service, ~~2~~ 1 delegates

Puerto Rico, Colegio de Cirujanos Dentistas de, 2 delegates

Veterans Affairs, 2 delegates

Virgin Islands Dental Association, 1 delegate

District Total: ~~36~~ 38 delegates

DISTRICT 5

Alabama Dental Association, 5 delegates

Georgia Dental Association, 10 delegates

Mississippi Dental Association, The, 3 delegates

District Total: 18 delegates

DISTRICT 6

Kentucky Dental Association, ~~6~~ 5 delegates

Missouri Dental Association, 7 delegates

Tennessee Dental Association, 7 delegates

West Virginia Dental Association, ~~3~~ 2 delegates
 District Total: ~~23~~ 21 delegates

DISTRICT 7

Indiana Dental Association, 9 delegates
 Ohio Dental Association, ~~46~~ 17 delegates
 District Total: ~~25~~ 26 delegates

DISTRICT 8

Illinois State Dental Society, 20 delegates
 District Total: 20 delegates

DISTRICT 9

Michigan Dental Association, 17 delegates
 Wisconsin Dental Association, 9 delegates
 District Total: 26 delegates

DISTRICT 10

Iowa Dental Association, 5 delegates
 Minnesota Dental Association, 9 delegates
 Nebraska Dental Association, The, 3 delegates
 North Dakota Dental Association, 2 delegates
 South Dakota Dental Association, 2 delegates
 District Total: 21 delegates

DISTRICT 11

Alaska Dental Society, 2 delegates
 Idaho State Dental Association, 3 delegates
 Montana Dental Association, 2 delegates
 Oregon Dental Association, ~~6~~ 7 delegates
 Washington State Dental Association, ~~44~~ 13 delegates
 District Total: ~~24~~ 27 delegates

DISTRICT 12

Arkansas State Dental Association, ~~4~~ 3 delegates
 Kansas Dental Association, 4 delegates
 Louisiana Dental Association, The, 6 delegates
 Oklahoma Dental Association, 5 delegates
 District Total: ~~49~~ 18 delegates

DISTRICT 13

California Dental Association, ~~67~~ 69 delegates
 District Total: ~~67~~ 69 delegates

DISTRICT 14

Arizona Dental Association, 7 delegates
 Colorado Dental Association, ~~8~~ 10 delegates
 Hawaii Dental Association, 3 delegates
 Nevada Dental Association, 3 delegates
 New Mexico Dental Association, ~~3~~ 2 delegates
 Utah Dental Association, ~~4~~ 5 delegates
 Wyoming Dental Association, 2 delegates
 District Total: ~~30~~ 32 delegates

DISTRICT 15

Texas Dental Association, ~~23~~ 26 delegates

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 change in the delegate allocation become effective January 1, 2012.

Second Trustee District Resolution 31—Evaluation of American Dental Association's Current Governance Structure (*Worksheet:5062*):

The Board voted to transmit Resolution 31 to the House of Delegates with the following comment and recommendation to vote no. (*Vote: 1 Yes—Dr. Gounardes; 19 No—Drs. Blanton, Calnon, Engel, Faiella, Feinberg, Hagenbruch, Kiesling, Long, Low, Norman, Rich, Seago, Smith, Steffel, Summerhays, Thompson, Versman, Vigna, Weber*)

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.

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

Council on Membership Supplemental Report 1 to the House of Delegates: Report on Recent Council Activities (*Worksheet:6000*):

The Board voted to transmit the supplemental report and appended Resolutions 16, 17 and 20 to the House of Delegates.

Resolution 16—Amendment of ADA Bylaws Regarding Humanitarian Membership Category (*Worksheet:6028*). The Board voted to transmit Resolution 16 to the House of Delegates with the recommendation to vote yes (*Board of Trustees consent calendar action—no Board discussion*). (*Vote: Unanimous*)

Resolution 17—Amendment of ADA Bylaws Regarding Creation of a 25% Dues Waiver (*Worksheet:6029*). The Board voted to transmit Resolution 17 to the House of Delegates with the recommendation to vote yes (*Board of Trustees consent calendar action—no Board discussion*). (*Vote: Unanimous*)

Resolution 20—Funding of Student Block Grant Program (*Worksheet:6030*). The Board voted to transmit Resolution 20 to the House of Delegates with the following comment and recommendation to vote no. (*Vote: 1 Yes—Dr. Rich; 19 No—Drs. Blanton, Calnon, Engel, Faiella, Feinberg, Gounardes, Hagenbruch, Kiesling, Long, Low, Norman, Seago, Smith, Steffel, Summerhays, Thompson, Versman, Vigna, Weber*)

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. However, while the Board of Trustees supports the notion

of reinstating the Student Block Grant at the reduced amount of \$126,750 as specified in this resolution, it decided that the appropriate handling of such an issue was to defeat the resolution while taking action to place that same amount (\$126,750) back into the ADA 2012 budget before final consideration of the budget.

Report 6 of the Board of Trustees to the House of Delegates—Annual Report of the Standing New Dentist Committee (*Worksheet:6031*): The Board voted to transmit Report 6 to the House of Delegates (*Board of Trustees consent calendar action—no Board discussion*). (*Vote: Unanimous*)

Miscellaneous House Matters

Nominations to Councils, Commissions and the New Dentist Committee: The Board of Trustees annually submits to the House of Delegates nominations for membership on ADA councils, commissions and the New Dentist Committee. The Board reviewed the list of nominees along with their respective qualifications. When necessary, the Board balloted on the council positions open to any trustee district. The Board voted to transmit the following Resolution 21 to the House of Delegates with the recommendation to vote yes. (*Vote: Unanimous*)

21. Resolved, that the nominees for membership on ADA Councils, Commissions, and New Dentist Committee submitted by the Board of Trustees in accordance with Chapter VII, Section 100(H) of the Bylaws be elected.

(*Note.* The list of nominees appears in Board Report 1, *Worksheet: 1003*)

Report 1 of the Board of Trustees to the House of Delegates: Association Affairs and Resolutions (*Worksheet:1000*): The Board voted to transmit Report 1 to the House of Delegates (*Board of Trustees consent calendar action—no Board discussion*). (*Vote: Unanimous*)

Annual Reports

The following annual reports were provided to the Board of Trustees. Any action items contained in the reports appeared as separate items on the Board's agenda. (Consent Calendar items)

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

Communications and Marketing

Report of the Senior Vice President, Communications and Marketing: Annual Review of ADA

Spokespersons: In accordance with the protocol established by the Board of Trustees, all ADA spokespersons are evaluated annually by the Division of Communications and Marketing in consultation with the Council on Communications and the Executive Director. All candidates are ADA members except where special expertise or qualifications are needed or appropriate to the specific media (i.e., a Ph.D. or other expertise). The Board was presented with a list of proposed dental spokesperson candidates; the Board adopted the following resolution. (Consent Calendar Item)

B-95-2011. Resolved, that the following ADA National Spokespersons be invited to serve as dental spokespersons through the 2012 annual session.

Consumer Advisors

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

Technical Experts

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

Report of the Senior Vice President, Communications and Marketing: Report of Progress on the Ad Council Public Service Campaign and Participation in the Partnership for Healthy Mouths, Healthy Lives: This report updates activities since the acceptance campaign application by the Ad Council. The report identified: the composition of the coalition as of July 5; the amount of to-date funding pledged by coalition members (\$3.9 million) for this multi-year effort; the establishment of an Executive Management Committee to manage the coalition and develop specifics of the Partnership governance structure; and an anticipated timeline for the campaign. The report acknowledged volunteer oversight through the Council on Communications, and content expertise, resources and research through the Council on Access, Prevention and Interprofessional Relations. Staff participation includes the Executive Director, the Senior Vice President of Communications and Marketing and the Managing Vice President of Administrative Services. (Consent Calendar Item)

Corporate Relations/Strategic Marketing Alliances

Report of the Smile Healthy Advisory Panel: Recommendations on Future of the Smile Healthy Program: This report was submitted in response to Resolution B-72-2010 that suspended for one year the Smile Healthy Program and directed that the future of the program be discussed by representatives of the Council on Scientific Affairs, the Council on Communications and the Smile Health Advisory Panel. For several reasons, including financial costs; outdated research; lack of interest by standard-setting entities to set standards for food and beverage categories; and consumer reliance on internet and social media to access health and product safety information, the Panel recommended terminating the program in its current form. The Board adopted the following resolution. (Consent Calendar Item)

B-96-2011. Resolved, that the ADA terminate the Smile Healthy Program, and be it further **Resolved,** that all program research and documentation be provided to the Council on Scientific Affairs for possible use in adding a consumer education program about the oral health implications of consumable products to the Seal of Acceptance or another program.

Report of the Managing Vice President, Corporate Relations and Strategic Marketing: Corporate Relations Guidelines Revisions: In an effort to simplify operational procedures, a senior staff team from the divisions of Communications, Corporate Relations, Legal, and Membership, compiled recommended revisions to the guidelines with an eye toward shortening the document and making it more appropriate for sharing with interested parties outside the ADA. It was reported that the proposed revisions attempt to preserve all the necessary protections and risk management principles in the original guidelines while making two important changes:

- The Corporate Relations Workgroup, originally consisting of two trustees appointed by the President, would be expanded by adding the trustee liaison to the Council on Communications.
- Establishment of a new Corporate Relations Team, chaired by the Managing Vice President, Corporate Relations and comprising representatives from Communications, Legal, Practice and Science. This team would review all opportunities before presentation to the Corporate Relations Work Group and, if approved, would monitor implementation.

The Board of Trustees adopted the following resolution. (Consent Calendar Item)

B-99-2011. Resolved, that the revised Guidelines Governing the ADA's Corporate Relationships be approved, and be it further **Resolved,** that the revised Guidelines be transmitted to all ADA agencies and Councils.

(Note. The approved Guidelines Governing the American Dental Association's Corporate Relationships appears as Appendix 2 of these minutes.)

Government and Public Affairs

Report of the Senior Vice President, Government and Public Affairs: Federal and State Legislative and Regulatory Update: In addition to the written report submitted for this meeting, Mr. Graham provided additional comments on the potential effect to dentistry of the budget impasse occurring in Washington. He also reported on significant activities of the DC office regarding the implementation of health care reform. He also spoke on funding of both alternative dental health care demonstration projects and dental research projects. Mr. Graham responded to questions regarding Washington Office activities on medical savings plans, ERISA, and repeal of the McCarran-Ferguson Act.

Policy

Report of the Chief Policy Advisor: Update on Pay-For-Performance (P4P): Dr. Guay presented an update on Pay-for-Performance. The report summarized information discussed at the 2011 Pay-for-Performance Summit. The topics that precipitated significant discussion at the Board meeting were the development of Accountable Care Organizations (ACO) and the assumption of a leadership role in health care reform in the public and private sectors by the federal Centers for Medicare and Medicaid Services (CMS). The potential implications for dentistry were discussed, particularly in view of the current changes taking place within the profession. In response to the Board discussion, a workgroup was assigned to follow up on the information provided in the report and bring back a report in September with direction to inform the membership and/or initiate appropriate action in this area. Assigned to this Workgroup were Dr. Rich, chair, Dr. Low, Dr. Kiesling, Dr. Feinberg and Dr. Blanton.

Dental Education/Professional Affairs

Report of the Joint Commission on National Dental Examinations: Appointment of Consultants: The Board adopted the following resolution. (Consent Calendar Item)

B-102-2011. Resolved, that the consultants to the Joint Commission on National Dental Examinations be approved for terms ending with the 2012 ADA annual session.

Cizek, Gregory J., Ph.D., Chapel Hill, NC
Downing, Steven M., Ph.D., Chicago, IL
Gerrow, Jack, D.D.S., Ottawa, Canada
Haladyna, Thomas, Ph.D., Phoenix, AZ
Kane, Michael T., Ph.D., Princeton, NJ
Littlefield, John H., Ph.D., San Antonio, TX

Center for Continuing Education and Lifelong Learning (CELL) Annual Report: This annual report provided an update on the Center's activities. CELL staff consults on the Association's continuing education activities including ADA CERP recognition compliance, conducts market research on CE, and manages two continuing education programs: ADA CE Online and the CELL Seminar Services. (Consent Calendar Item)

Progress Report of the Workgroup on Resolution 42H-2010 (RFP Process for Portfolio-Style Clinical Examination): This report was submitted by the Workgroup to provide an update on the development of a Request for Proposals calling for a portfolio-style clinical examination process as requested by the House. The report also provided a proposed timeline to continue this activity in 2011 and 2012 including progress reports, findings and reports to the House of Delegates in 2011 and 2012.

Dr. Low responded to questions regarding the project. Areas of discussion included whether involvement in a portfolio-style clinical examination is appropriate for the Association; foreseeable challenges of managing the examination and obtaining acceptance of it from the schools and examining boards; and advisability of requesting the House to stop the RFP process at this point. The Speaker advised that a report to the

2011 House regarding the Workgroup's activities, including the development of the RFP and the anticipated challenges of the project, could be transmitted to the House with a resolution asking the House to reaffirm the project. Dr. Low indicated that the Board will be provided with a report at its September session.

Report of Dr. Roger Kiesling, Liaison to the ADEA Oversight Committee on Change and Innovation

(CCI): Dr. Kiesling reported on his attendance at two ADEA CCI meetings in 2011 and gave a brief overview of both meetings. Dr. Kiesling commented "that exchange of information by informed participants is productive" and suggested that "collaborative efforts in areas of common interest to the ADA and AADE should continue." (Consent Calendar Item)

Dental Practice/Professional Affairs

Annual Report of the Department of Dental Informatics: This annual report provided information on the Department's role in encouraging electronic data interchange; maintaining a leadership role in the implementation of the Health Insurance Portability and Accountability Act of 1996 Administrative Simplification rules; supporting dentists' use of practice management systems; and promoting the interests of organized dentistry in health information technology initiatives and standards development organizations. (Consent Calendar Item)

Report of the Council on Dental Benefit Programs: Approval of Consultants: The Board adopted the following resolution. (Consent Calendar Item)

B-100-2011. Resolved, that the consultants to the Council on Dental Benefit Programs be approved for terms ending with the 2012 ADA annual session.

Cooley, Ralph A., D.D.S., Conroe, TX
Cuttino, Charles, D.D.S., Richmond, VA
Eversman, Philip J., D.D.S., Avon IN
Friedel, Alan E., D.D.S., Hollywood, FL
Futrell, Harry C., D.M.D., Panama City, FL
Hansen, Henrik E., D.D.S., Fairfield, CA
Klemmedson, Daniel J., D.D.S., Tucson, AZ
Oettmeier, Jr., Bert W., D.D.S., Leawood, KS
Seiver, Jeffrey, D.D.S., Islip, NY
Simpson, Stephen P., D.D.S., Hudson, OH
Smiley, Christopher J., D.D.S., Grand Rapids, MI

Report of the Council on Dental Practice: Approval of Consultants: The Board adopted the following resolution. (Consent Calendar Item)

B-101-2011. Resolved, that the consultants to the Council on Dental Practice be approved for terms ending with the 2012 ADA annual session.

Ahearn, David J., D.D.S., Westport, MA
Ahlstrom, Robert, D.D.S., M.S., Reno, NV
Andrews, Nancy A., R.D.H., B.S., Costa Mesa, CA
Baer, Russell A., D.D.S., Chicago
Bavitz, J. Bruce, D.M.D., F.A.C.D., Lincoln, NE
Bernstein, Benjamin, Ph.D., Oakland, CA
Blaes, Joseph A., D.D.S., F.A.C.D., Fenton, MO
Brawley, Vicki, R.D.A., Eden Prairie, MN
Budenz, Alan, D.D.S., M.B.A., M.S., San Francisco
Calderbank, Susan (Olson), D.M.D., Greenville, PA
Cardoza, Anthony, D.D.S., El Cajon, CA

Carney, Kerry K., D.D.S., Benicia, CA
Caruso, Timothy, J., P.T., M.B.A., M.S., CERT, M.D.T., Addison, IL
Coluzzi, Donald J., D.D.S., Portola Valley, CA
Colvard, Michael, D.D.S., M.T.S., M.S., M.O. Med RCSE.d, Chicago
Couture, Donna, R.D.A., Vacaville, CA
Creamer, Sandra, St. Peters, MO
Di Angelis, Anthony, D.M.D., M.P.H., Minneapolis
Donley, Timothy G., D.D.S., M.S.D., Bowling Green, KY
Donovan, Terry, D.D.S., Hillsborough, NC
Fazio, Robert, D.M.D., New Haven, CT
Fetner, Alan E., D.M.D., Jacksonville, FL
Feuerstein, Paul, D.M.D., North Billerica, MA
Folse, Gregory J., D.D.S., Lafayette, LA
Fong, Cynthia, R.D.H., M.S., Jacksonville, FL
Fung, Eric Y.K., Ph.D., Lincoln, NE
Glenn, Armella, Tulsa, OK
Glotzer, David L., D.D.S., New York
Golan, Howard, D.D.S., New Hyde Park, NY
Goodis, Charles, D.D.S., Albuquerque, NM
Govoni, Mary M., C.D.A., R.D.H., R.D.A., M.B.A., Okemos, MI
Greene, Charles S., D.D.S., Skokie, IL
Gremillion, Henry A., D.D.S., M.A.G.D., New Orleans
Gropper, Jerome M., D.D.S., St. Augustine, FL
Hamilton, James C., D.D.S., Ann Arbor, MI
Hollander, Craig S., D.D.S., M.S., St. Louis
Ignelzi, Jr., Michael A., D.D.S., Ph.D., Jamestown, NC
James, Tamara M., M.A., C.P.E., Durham, NC
Kane, William T., D.D.S., M.B.A., Dexter, MO
Kay, Laney, J.D., Marietta, GA
Kelsch, Robert, D.M.D., Rockville Centre, NY
Kessler, Brett H., D.D.S., Denver
Klasser, Gary D., D.M.D., Chicago
Kracht, Curtis, A., D.D.S., Marshfield, WI
Lamster, Ira B., D.D.S., M.M.Sc., New York
LeSage, Brian P., D.D.S., F.A.A.C.D., Beverly Hills, CA
Lott, Kaneta R., D.D.S., Atlanta
Low Dog, Tieraona, M.D., Santa Fe, NM
Low, Samuel B., D.D.S., M.S., M.Ed., Gainesville, FL
Lynch, Denis P., D.D.S., Ph.D., Milwaukee
Malamed, Stanley F., D.D.S., West Hills, CA
McClellan, Mart G., D.D.S., M.S., B.A., Peoria, IL
Molinari, John A., Ph.D., Northville, MI
Morton, Bill, M.A., C.G., Bellevue, WA
Niederman, Richard, D.M.D., Boston
Obucina, Lillian, D.D.S., J.D., Chicago
Oreskovich, Michael (Mick), M.D., F.A.C.S., Seattle
Osuna, Tricia, R.D.H., B.S., F.A.A.D.H., Redondo Beach, CA
Otomo-Corgel, Joan, D.D.S., M.P.H., Manhattan Beach, CA
Pace, Jr., T. Kim, D.D.S., Clarksville, TN
Parker, Jonathan A., D.D.S., Plymouth, MN
Pavlik, Edward, D.D.S., M.S., Olympia Fields, IL
Reed, Kenneth, D.M.D., Tucson, AZ
Romer, Maureen, D.D.S., M.P.A., Mesa, AZ
Ruiz, Jose-Luis, D.D.S., F.A.G.D., Burbank, CA

Ryan, Maria Emanuel, D.D.S. Ph.D., Stony Brook, NY
 Sammon, Patrick, Ph.D., Lexington, KY
 Sangrik, Larry J., D.D.S., Chardon, OH
 Scofield, JoAnn, M.S., R.D.H., Dallas
 Setterberg, Sherrie, R.D.H., C.D.A., Glenwood Springs, CO
 Sherman, Donald S., D.M.D., Sudbury, MA
 Shirley, Jack, D.D.S., San Antonio
 Shoup, Randolph K., D.D.S., Noblesville, IN
 Small, Bruce W., D.M.D., M.A.G.D., Lawrenceville, NJ
 Smith, Brian K., D.D.S., M.D., Lakewood, OH
 Smyth, Thomas W., D.D.S., Mankato, MN
 Sorenson, Dale A., D.D.S., Newburgh, IN
 Steinberg, Barbara J., D.D.S., Margate, NJ
 Steinberg, Steven C., D.D.S., Skokie, IL
 Stone, Angie, RDH, BS, Edgerton, WI
 Streid, Timothy, B.S., C.P.A., Peoria, IL
 Suzuki, Jon B., D.D.S., Ph.D., M.B.A., Philadelphia
 Svirsky, John A., D.D.S., M.Ed., Richmond, VA
 Swanson, Kelli Jaecks, R.D.H., M.A., Salem, OR
 Tagliarino, Charles, C.D.T., Martinez, GA
 Tarantola, Gregory, J., D.D.S., Miami
 Tecca, John, Livingston, MT
 Tekavec, Carol D., C.D.A., R.D.H., Pueblo, CO
 Termechi, Omid D., D.D.S., Cedarhurst, NY
 Trushkowsky, Richard D., D.D.S., F.A.G.D., F.I.C.D., Staten Island, NY
 van Dyk, William, D.D.S., San Pablo, CA
 Vence, Brian S., D.D.S., St. Charles, IL
 von Heimburg, Petra, D.D.S., J.D., Barrington, IL
 Wahl, Nancy Conlin, R.D.H., Maple Grove, MN
 Weaver, Joel M., II, D.D.S., Ph.D., Westerville, OH
 Werner, Robert A., M.D., M.S., Ann Arbor, MI
 West, John D., D.D.S., M.S.D., P.S., Tacoma, WA
 Williamson, Richard A., B.S., D.D.S., M.S., Iowa City, IA
 Winker, Wade G., D.D.S., Eustis, FL
 Wright, Robin, Ph.D., Evanston, IL
 Yellowitz, Janet A., D.M.D., M.P.H., F.A.S.G.D., D.A.B.S.C.D., Baltimore
 Zablotsky, Nevin, D.M.D., South Hero, VT
 Zak, Michael, D.D.S., Chicago

Annual Report of the Health Policy Resources Center (HPRC): This annual report was submitted to update the Board on activities of the HPRC and summarizes products and services delivered during the reporting period (July 2010-June 2011), activities in response to Board actions, activities of the Dental Economic Advisory Group and key performance indicators for the unit. (Consent Calendar Item)

As a supplement to the HPRC annual report, Dr. Vujicic gave an oral presentation about the Health Policy Resources Center, its strategic mission and vision, and identified strategic priorities. Dr. Vujicic indicated an interest to seek feedback on the value of products provided by the HPRC; suggested priority actions that would establish world renowned expertise; establish a clear policy research agenda owned by ADA; develop a strategy to target the external customer market; revise products to increase value to different target audiences; and rebalance volume of services provided to internal clients.

Report of the Council on Access, Prevention and Interprofessional Relations: Alabama Dental Association Draft Resolution on Nutrition Issues: At its June 2011 session, the Board of Trustees referred a resolution on nutrition issues, submitted by the Alabama Dental Association, to the Council and

other appropriate agencies for further study and report at this session. The Council reported on its review of current ADA policies that address many of the issues contained within the Alabama draft resolution. CAPIR also reviewed ADA's recent letter to the Federal Interagency Working Group on Food Marketed to Children specific to addressing the nutritional quality of foods that are most heavily marketed to children. Additionally, CAPIR reported that it has formed a multi-internal agency and expert oral health and nutrition ad hoc advisory committee to formulate a strategic approach for addressing the complex emerging issues related to oral health and nutrition. Based on these activities, CAPIR reported that the issues raised in the draft resolution will be addressed in the Council's report to the 2012 House and recommends no further action by the Board at this time. (Consent Calendar Item)

Report of the Council on Access, Prevention and Interprofessional Relations: Post 2009 Access to Dental Care Summit Update: The Council reported on the final meeting of the Coordination and Communication Workgroup during which a motion was made to disband the Workgroup since it had fulfilled its purpose. The report also described the creation, framework and purpose of the U.S. National Oral Health Alliance and noted that the Alliance represents a demonstrable outcome and continued progress of the aims and spirit of the 2009 Access to Dental Care Summit. (Consent Calendar Item)

Report of the Council on Access, Prevention and Interprofessional Relations: Approval of Consultants: The Board of Trustees adopted the following resolution. (Consent Calendar Item)

B-111-2011. Resolved, that the consultants to the Council on Access, Prevention and Interprofessional Relations be approved for terms ending with the 2012 annual session.

Allweiss, Pamela, M.D., M.P.H., Atlanta, GA
 Arola, Patricia E., D.D.S., F.A.G.D., M.H.A., C.H.E., Washington, DC
 Barbell, Phillip, D.D.S., Coral Springs, FL
 Bass III, Pat F., M.D., M.S., M.P.H., Shreveport, LA
 Baur, Cynthia, Ph.D., Atlanta, GA
 Beemsterboer, Phyllis L., M.S., Ed.D., Portland, OR
 Berkey, Douglas B., DM.D., M.P.H., M.S., Aurora, CO
 Boseman, J. Jerald, D.D.S., Salt Lake City, UT
 Coffee, Larry, D.D.S., Denver, CO
 Crall, James J., D.D.S., Sc.D., Los Angeles, CA
 DeHaas, Molly, BSM, D.D.S., F.A.A.H.D., D.S.C.D., Framingham, MA
 Dolan, Teresa A., Gainesville, FL
 Farrell, Christine, R.D.H., M.P.A., Lansing, MI
 Fieldus, Pamela, D.D.S., Harlingen, TX
 Fitzler, Sandra, R.N., B.S.N., Washington, DC
 Folse, Gregory J., D.D.S., Lafayette, LA
 Gibson, Gretchen, D.D.S., M.P.H., Fayetteville, AR
 Glassman, Paul, D.D.S., M.A., M.B.A., San Francisco, CA
 Glick, Michael, D.M.D., M.S., Mesa, AZ
 Goldblatt, Ruth, D.M.D., F.A.G.D., Simsbury, CT
 Griffiths, Jill, B.A., Hartford, CT
 Helgeson, Michael, D.D.S., Minneapolis, MN
 Henry, Robert G., D.M.D., M.P.H., Lexington, KY
 Horowitz, Alice, Ph.D., College Park, MD
 Hyde, James N., M.A., S.M., Boston, MA
 Itzkoff, David G., Chicago, IL
 Johnson, Barton Scott, D.D.S., M.S., F.A.A.H.D., D.A.B.S.C.D., Seattle, WA
 Jones, Judith Ann, D.D.S., M.P.H., D.Sc.D., Boston, MA
 Kleponis, Jerome, D.M.D., Bloomsburg, PA
 Krol, David M., M.D., F.A.A.P., Princeton, NJ
 Kuthy, Raymond, D.D.S., M.P.H., Iowa City, IA

Lamster, Ira B., D.D.S., M.M.Sc., New York, NY
 Lester, CAPT Arlene M., D.D.S., M.P.H., Lithonia, GA
 Lockhart, Peter B., Charlotte, NC
 Louie, Reginald, D.D.S., M.P.H., Castro Valley, California
 Makrides, Nicholas S., D.M.D., M.A., M.P.H., Washington, DC
 Mangskau, Kathleen A., R.D.H., M.P.A., Bismarck, ND
 Marianos, Donald Wayne, D.D.S., M.P.H., Pinetop, AZ
 Moore, Peter, D.D.S., Bellevue, WA
 Mouden, Lynn Douglas, D.D.S., M.P.H., Little Rock, AK
 Moyer, David J., D.D.S., M.D., South Portland, ME
 Mulhausen, Paul, M.D., Iowa City, IA
 Nehring, Mark, D.D.S., Rockville, MD
 Neuhauser, Linda, P.H., Berkeley, CA
 Patton, Lauren, D.D.S., Chapel Hill, NC
 Robinson, Lindsey A., D.D.S., Grass Valley, CA
 Rozier, Gary R., D.D.S., M.P.H., Chapel Hill, NC
 Rudd, Rima, Sc.d., Boston, MA
 Scannapieco, Frank A., D.M.D., PhD, Buffalo, NY
 Schwartzberg, Joanne, M.D., Chicago, IL
 Silk, Hugh, M.D., F.A.A.F.P., Worcester, MA
 Smith, William A., Ed.D., Washington, DC
 Stanislav, Leon E., D.D.S., Clarksville, TN
 Tomar, Scott L., D.M.D., M.P.H., Dr.P.H., Gainesville, FL
 Weyant, Robert J., D.M.D., M.P.H., Dr.P.H., Pittsburgh, PA
 Whiston, David A., D.D.S., Arlington, VA
 Yellowitz, Janet A., D.M.D., M.P.H., R.D.H., Baltimore, MD

Global Affairs

Report of the Committee on International Programs and Development: International Business Development: This report provided an annual update on the ADA's international business activities highlighting the results and metrics from the most significant programs.

Report of the Committee on International Programs and Development—Approval of Consultants: The Board adopted the following resolution. (Consent Calendar Item)

B-103-2011. Resolved, that the below consultants to the Committee on International Programs and Development be approved for the term ending with the 2012 annual session.

CIPD Consultants

Andolino, Frank C., D.D.S., M.S., New York, NY
 Frost, David E., D.D.S., MS., Chapel Hill, NC
 Gallant, Marshall L., D.M.D., Winter Park, FL
 Hewett, Sally, D.D.S., Bainbridge Island, WA
 Hobdell, Martin H., B.D.S., M.A., Ph.D., Norfolk, England
 Jaramillo, Freder, D.D.S., M.P.H., M.H.A., Berlin, Germany
 Levine, Jack M., D.D.S., New Haven, CT
 Schmidt, Hugo, D.D.S., Dulles, VA

General Consultants

Allender, Brian, D.M.D., Eugene, OR
 Baez, Ramon, B.S., D.D.S., Boerne, TX
 Bloomer, Charles, D.D.S., Abilene, TX

Cohen, Lois K., M.S., Ph.D., Bethesda, MD
Farer, James, D.D.S., M.S.D., F.A.C.P., New York, NY
Frick, William G., D.D.S., Temple, TX
Garcia, Isabel, D.D.S., Bronx, NY
Hardwick, Kevin, D.D.S., M.P.H., Frederick, MD
Herbst, Friedrich, B.S., Bensheim, Germany
Mackler, Stephen B., D.D.S., M.S., Greensboro, NC
Price, Gary, B.A., Arlington, VA
Roucka, Toni, D.D.S., Burlington, WI
Seward, Margaret, C.B.E., B.D.S., M.D.S., M.C.C.D., F.D.S.R.C., London, England
Sheer, Stuart, D.D.S., Cockeysville, MD
Siew, Chakwan, B.A., M.S., Ph.D., Wilmette, IL

Legal Affairs

Request for the Sunset of the CEBJA/CDEL/CDP Joint Subcommittee on Ethics and Integrity in Dental Education and Practice: This report provided a summary of accomplishments of the Joint Subcommittee on Ethics and Integrity in Dental Education and Practice in advancing ethics and professionalism in both the academic and practice environments. The members of the Joint Subcommittee and the three ADA Councils involved recommended to the Board that the Joint Subcommittee be sunset and the remaining four initiatives be completed by the Council on Ethics, Bylaws and Judicial Affairs or that CEBJA collaborate with the other agencies working on them. The Board adopted the following resolution. (Consent Calendar Item)

B-113-2011. Resolved, that the CEBJA/CDEL/CDP Joint Subcommittee for Ethics and Integrity in Dental Education and Practice (Joint Subcommittee) be sunset, and be it further
Resolved, that the Council on Ethics, Bylaws and Judicial Affairs (the Council) be charged with the responsibility of completing or collaborating with agencies that are completing unfinished projects of the Joint Subcommittee, and be it further
Resolved, that the Council prepare letters of appreciation to be sent by the President to all those who served on the subcommittee as Association or stakeholder representatives.

Report of the Division of Legal Affairs: Litigation and Other Matters Executive Summary: This report was submitted by Craig Busey, chief legal counsel, on behalf of the Legal Division. (Consent Calendar Item)

Report of the Division of Legal Affairs: Revised Conflict of Interest Disclosure Form: This report discussed the revision of the currently used Conflict of Interest Disclosure form. Last revised in 1996, the form was viewed to be more cumbersome and less effective than is necessary or appropriate. In the interest of simplification, revisions were proposed. The Conflict of Interest Disclosure Form, as revised:

- Requires disclosure of compensation arrangements such as salary, fees, commissions, and honoraria;
- Is more consistent with the sample form published by the Internal Revenue Service
- Includes positions of leadership ("Position of Substantial Participation") such as owner, managing partner, director, trustee, officer, and committee member of potentially conflicting organizations;
- Defines family relationships that might give rise to conflicts;
- Expands the kinds of material financial interest that might result in a conflict;
- Requests attachment of a curriculum vitae or biography.

The Board of Trustees adopted the following resolution. (Consent Calendar Item)

B-107-2011. Resolved, that the questionnaire entitled "Conflict of Interest Disclosure Statement" be adopted to obtain information from all candidates and holders of elected, appointed and employed offices and positions with the Association, and be it further

Resolved, that Resolution B-25-1996 (*Trans.*1996:552) adopting the questionnaire entitled “Compliance with Conflict of Interest Policy” and the accompanying “Examples of Conflict of Interest” is rescinded.

(*Note.* The revised Conflict of Interest Disclosure Statement appears as Appendix 3 of these minutes.)

Membership, Tripartite Relations and Marketing

Report of the Office of Student Affairs: American Student Dental Association Consultant Program—Approval of Consultants and Updated Guidelines: This report provides the list of nominees for the ASDA Consultant Program and presents revisions to the ASDA Student Consultant Guidelines for approval. The Board of Trustees adopted the following resolutions. (Consent Calendar Item)

B-109-2011. Resolved, that the nominations for the 2011-2012 ASDA Consultant Program be approved.

- New Dentist Committee (Mr. Mark Hower, UCLA, 2012, served as ASDA guest to CGA in 2010)
- Council on ADA Sessions (Mr. Rick Andolina, SUNY-Buffalo, 2013)
- Council on Access, Prevention and Interprofessional Relations (Mr. Tim Calnon, SUNY-Buffalo, 2013)
- Council on Communications (Ms. Colleen Greene, Harvard, 2012, served as ASDA consultant to CC in 2010-2011)
- Council on Dental Benefit Programs (Mr. Ben Youel, UIC, 2013)
- Council on Dental Education and Licensure (Mr. Jack Huebner, Nebraska, 2012)
- Council on Dental Practice (Mr. Ken Randall, Kentucky, 2012)
- Council on Ethics, Bylaws and Judicial Affairs (Ms. Christine Tiller, Midwestern, 2013)
- Council on Government Affairs (Ms. Veena Vaidyanathan, Pacific, 2012)
- Council on Members Insurance and Retirement Programs (Ms. Stephanie Vlahos, Virginia, 2013)
- Council on Membership (Ms. Alexandra Barton, Virginia, 2013)
- Council on Scientific Affairs (Mr. Trent Lally, Detroit, 2012, served as ASDA guest to CSA in 2011)
- American Dental Political Action Committee (Ms. Aruna Rao, Minnesota, 2012)
- Commission on Dental Accreditation (Mr. Joseph Eliason, UCSF, 2013)
- Joint Commission on National Dental Examinations (Mr. Ian Murray, Western, 2013)

B-110-2011. Resolved, that the updated ASDA Student Consultant Guidelines be approved.

(*Note.* The revised ASDA Student Consultant Guidelines appear in Appendix 4 of these minutes.)

Publishing

Report of the Publishing Division: Open Access Policy for *The Journal of the American Dental Association*: The Publishing Division reported on the impact of a resolution (B-10-2005) adopted by the Board in response to a National Institutes of Health policy that encouraged scientific publishers to submit manuscripts supported by NIH funds to PubMed Central within one year of acceptance. The Board’s 2005 resolution called for full-text access to articles in *The Journal of the American Dental Association* one year after publication. It was further reported that an unintended consequence of this resolution, libraries that had been JADA subscribers elected to not renew their subscriptions as JADA content would be available free of charge within 12 months. As a result of this development, the Publishing Division presented a revision to the JADA Policies Regarding Open Access to Published Content. The Board adopted the following resolution. (Consent Calendar Item).

B-105-2011. Resolved, that the ADA Board of Trustees approves the amended policy as described in Appendix 1.

(Note. The policy—JADA Policies Regarding Open Access to Published Content—appears in Appendix 5 of these minutes.)

Science/Professional Affairs

Report of the Council on Scientific Affairs: Proposed Consultants and Other Information: The Board adopted the following resolution. (Consent Calendar Item)

B-108-2011. Resolved, that the consultants to the Council on Scientific Affairs and Center for Evidence-based Dentistry be approved for terms ending with the 2012 ADA annual session.

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

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

Moore, B. Keith., Ph.D., Indianapolis
Mulreany, Melissa, D.D.S., Burtonsville, MD
Murrah, Valerie, D.M.D., M.S., Chapel Hill, NC
Navazesh, Mahvash, D.D.S., D.M.D., Los Angeles, CA
Neiders, Mirdza E., D.D.S., S.M., Buffalo, NY
Niederman, Richard, D.D.S., Boston
O'Brien, William J., Ph.D., Ann Arbor, MI
Olson, John W., D.M.D. Louisville, KY
Payne, Thomas J., Ph.D., Jackson, MS
Perdigão, Jorge, D.M.D., M.S., Ph.D., Minneapolis
Phero, James C., D.M.D., Ph.D., Cincinnati
Pitts, Nigel B., Ph.D., Dundee, Scotland UK
Powers, John M., Ph.D., Houston
Proskin, Howard M., Ph.D., Rochester, NY
Rankin, Kathleen V., D.D.S., Dallas, TX
Rees, Terry D., D.D.S., M.S., Dallas
Reinhardt, John W., D.D.S., M.S., M.P.H., Lincoln, NE
Rekow, E. Dianne, D.D.S., New York, NY
Rethman, Michael, D.D.S., M.S., Kaneohe, HI
Robinson, Peter J., D.D.S., Ph.D., Farmington, CT
Rose, Louis F., M.D., D.D.S., Ph.D., Philadelphia
Rossmann, Jeffrey A., D.D.S., M.S., Lewisville, TX
Rutkowski, James L. D.M.D., Ph.D., Pittsburg, PA
Sarrett, David, D.M.D., M.S., Richmond, VA
Schallhorn, Robert G., D.D.S., M.S., Aurora, CO
Schenkein, Harvey A., D.D.S., Ph.D., Richmond, VA
Schiff, Thomas, D.M.D., San Francisco
Schifferle, Robert, D.D.S., Ph.D., Buffalo, NY
Shen, Chun-Pyn, D.D.S., Ph.D., Westfield, NJ
Siegel, Michael A., D.D.S., M.S., Davie, FL
Siegel, Sharon C., D.D.S., M.S., Davie, FL
Stamm, John W., D.D.S., D.D.P.H., M.Sc.D., Chapel Hill, NC
Stanford, Clark, D.D.S., Ph.D., Iowa City, IA
Steinberg, Barbara, D.D.S. Philadelphia
Stookey, George K., Ph.D., Indianapolis
Stosser, Lutz, DMH, DRN., Erfurt, Germany
Suzuki, Jon B., D.D.S., Ph.D., Pittsburgh
Swift, Edward J., D.M.D., M.S., Chapel Hill, NC
Taubert, Kathryn A., Ph.D., Dallas
Taylor, Thomas D., D.D.S., Farmington, CT
Thomas, John, Ph.D., Morgantown, WV
Thyvalikakath, Thankam Paul, M.D.S., M.S., Pittsburgh, PA
Tibbetts, Leonard, D.D.S., Arlington, TX
Toljanic, Joseph A., D.D.S., Chicago
Tomar, Scott, D.M.D., Dr.P.H., Gainesville, FL
Triplett, Robert G., D.D.S., Ph.D., Dallas
Trummel, Clarence L., D.D.S., Ph.D., Farmington, CT
Verhagen, Connie, D.D.S., Muskegon, MI
Vig, Katherine W., D.D.S., Powell, OH
Watson II, Gene, D.D.S., M.S., Ph.D., B.S., Rochester, NY
Weaver, Joel M., D.D.S., Ph.D., Columbus, OH
Wefel, James S., Ph.D., Iowa City, IA
Weyant, Bob, D.M.D., Dr.PH, Pittsburgh, PA
White, Joel, D.D.S., M.S., San Francisco

Wigdor, Harvey A., D.D.S., M.S., Chicago
Wong, David T. D.M.D., D.M.Sc., Los Angeles, CA
Wu, Christine D., M.S., Ph.D., Chicago
Yaegaki, Ken, D.D.S., Ph.D., Tokyo, Japan
Yagiela, John A., D.D.S., Ph.D., Los Angeles
Zambon, Joseph, D.D.S., Ph.D., Buffalo, NY
Zero, Domenick, D.D.S., M.S., Indianapolis, IN

Proposed Revision of the Scope of the ADA Standards Committee on Dental Informatics: The ADA Standards Committee on Dental Informatics proposed a revision of its scope. The request was reviewed and recommended for approval by the Council on Dental Practice. The Approved Operating Procedures of the ADA Standards Program assigns the ADA Board of Trustees the responsibility to approve changes in the scope of an ADA standards committee. The Board of Trustees adopted the following resolution. (Consent Calendar Item)

B-112-2011. Resolved, that the ADA Board of Trustees approves the following revision of the scope of the ADA Standards Committee on Dental Informatics as set forth in the *Operating Procedures of the ADA Standards Program*:

The ADA Standards Committee on Dental Informatics shall develop informatics standards, specifications, technical reports, and guidelines and interact with other entities involved in the development of health informatics standards aimed at implementation across the dental profession.

Organizational/Other

Report of the ADA Foundation: The ADA Foundation submitted a status report of its activities to the ADA Board of Trustees. Topics addressed included: ADAF Board actions regarding fundraising; selection of Gene Wurth as the new ADAF Executive Director; search for a Senior Director for the Paffenbarger Research Center; grants awarded to the ADA since the Foundation's last report; and governance matters. (Consent Calendar Item)

Report of the President-Elect: Dr. Calnon commented on his activities since the June Board session.

Nominations to the Board of Directors of the American Dental Political Action Committee: the Board of Trustees adopted the following resolution. (Consent Calendar Item)

B-120-2011. Resolved, that the following nominees to the American Dental Political Action Committee Board of Directors be approved:

Dr. John L. Carter, III, Michigan (9)
 Dr. Bruce R. Hutchison, Virginia (16)
 Dr. William A. MacDonnell, Connecticut (1)
 Dr. Brett A. Roufs, Kansas (12)

Nomination for Honorary Membership: Dr. Faiella moved that the Board suspend its *Rules* regarding the deadline for nominations for Honorary Membership in order to allow consideration of an additional nominee. The Board adopted the motion. The Board reviewed the nomination of Ms. Frances Miliano, including letters of recommendation, and adopted the following resolution.

B-121-2011. Resolved, that in accordance with ADA Bylaws, Chapter VII, Section 90(G), the following individual be elected to Honorary Membership of the American Dental Association.

Francis C. Miliano

Report of the President: Dr. Gist reported on his activities since the June Board session.

Informational

IOM Report—Access to Essential Oral Health Care: For informational use only, the Board was provided with a copy of the IOM Report.

Special Orders of Business

Membership Map Session: An comprehensive presentation was conducted for the Board of Trustees for the purpose of increasing its understanding of the data and research related to key membership metrics and target markets; gaining insight from informal feedback from various segments of the profession; and learn more about the activities currently being implemented to affect recruitment and retention. An additional purpose of this session was to identify barriers to membership at all three levels of the tripartite, learn about the needs of membership that are unfulfilled, and identify ways the ADA can support state and local efforts, as well as develop new opportunities to create member value. An overview of the membership data was presented by Dr. Edward Vigna, chair, Board of Trustees Membership Workgroup, and Ms. Wendy-Jo Toyama.

Panelists who participated in the session were: Dr. Gordon Christensen, Dr. Ruchi Sahota, Dr. Cesar Sabates and Dr. April Hearn. Ms. Karen Burgess, director, Membership Marketing and the New Dentist Committee, and Mr. Steve Horne, senior manager, Marketing Research, provided quantitative and qualitative research reflecting the “voice of the ADA member.”

Dr. Virginia Hughson-Otte, chair, and Mr. Steven Rauchenecker, director, Council on Membership, provided a comprehensive review of strategies and tactics currently being implemented through Membership Contact and Connections, the Membership Program for Growth, and other collaborative and direct marketing efforts, and provided a detailed look at what is known about the value proposition for tripartite members.

Presentations

Business Development: Dr. O’Loughlin gave a presentation focusing on the state of the Association’s finances, addressing the need to grow non-dues revenue and the need for a comprehensive review of the current revenue sources; and introducing a process for building a business development structure. Dr. O’Loughlin provided a timeline for business development activities that would begin with Board consideration of guiding principles at its September 2011 session. Board members provided comments on the issues raised by Dr. O’Loughlin, stressing the importance of maintaining a focus on members and their needs and emphasizing the need for volunteer oversight throughout the process and use of volunteers as a resource in development of products. Other comments urged investigating potential opportunities with ADABEI as well as with ADA councils and agencies.

Demonstration of the Strategic Dashboard: Dr. O’Loughlin commented on the Strategic Plan Dashboard that measures the success of the ADA on key indicators and highlighted a few measurers such as dues and non-dues revenue, total operating expenses, operating cost per member, total operating net assets, budgeted net for annual session, and traffic on ADA.org. The dashboard also included measures of ADA agencies. The dashboard had been reviewed by the Strategic Planning Committee and will be posted on ADA.org for the House of Delegates. The dashboard will be updated quarterly through 2014, the last year of the current Strategic Plan.

Outreach to Consumer Audiences: Mr. Ohr provided a detailed presentation on a strategic approach to public communications. Identified were existing and emerging outreach opportunities to the public and the concern that currently there is no tracking or evaluation of the effectiveness of these outreach opportunities.

Mr. Ohr reviewed a communications development process and the work being done to develop and test new concepts. He further commented on the need for a consumer oriented site separate from the professional site on ADA.org. After the presentation, Board offered comments and questions regarding information provided.

ADA Connect Demonstration and Training: Mr. Toni Mark reviewed the various features and provided training on the use of the new House of Delegates tool, ADA Connect, with the Board of Trustees.

Diversity and Inclusion: Key Leadership Skills: The Board of Trustee participated in a diversity training program led by Dr. Ashleigh Rosette, associate professor, Fuqua School of Business, Duke University. Dr. Rosette has taught in ADA's Institute for Diversity in Leadership since its beginning and also facilitated the planning of the National Summit on Diversity in Dentistry and the Summit itself. Through group discussions, Dr. Rosette guided the Board through the Path of Diversity Learning, with special focus on the value of diversity, skills needed to understand the perspectives of individuals from diverse backgrounds, dealing with unconscious biases, and finding common ground.

Adjournment

The sixth regular meeting of the ADA Board of Trustees adjourned *sine die* at approximately 12:00 p.m. on Wednesday, August 3, 2011.

Appendix 1

Governance Committee Charter

Purpose

- Keeping the Board of Trustees informed of current best practices in professional association (501(c)(6)) governance;
- Reviewing professional association governance trends for their applicability to the American Dental Association
- Updating the ADA's governance principles, including Organization and Rules of the Board and governance practices and procedures on a regular interval; and
- Advising the ADA House of Delegates responsible for seating nominees to the ADA Board of Trustees on the skills, qualities and professional or educational experiences necessary to be an effective ADA Board member, including providing an assessment of the effectiveness of the ADA Board of Trustees to the House of Delegates on a periodic basis.

Powers of the Governance Committee

The Board of Trustees has delegated to the governance committee the power and authority necessary to discharge its duties, including the right to:

- Meet with and obtain any information it may require from ADA staff.
- Obtain advice and assistance from outside governance consultants, in-house or outside counsel, accounting and other advisors as the committee deems necessary.
- Solicit, at the ADA's expense and pursuant to ADA policy, persons having special competencies, including legal, accounting or other advisors or consultants as the committee deems necessary to fulfill its responsibilities. The governance committee shall have the authority, with the assistance of ADA legal counsel, to negotiate the terms and conditions of any contractual relationship subject to the advice and recommendation of the Budget and Finance Committee of the Board and approval of the Board.
- Appoint the chair of the Board Rules Subcommittee from among its members.

Composition and Selection

The governance committee shall be comprised of 8 members of the Board of Trustees with one member from each Trustee class and a vice president selected by the President on an annual basis, the President (ex officio without vote), the President Elect (with vote) and the Executive Director (ex officio without vote). Governance committee members serve at the discretion of the President. The committee member from the senior trustee class shall serve as chair. The members shall serve one year terms, renewable for four years. When feasible, the immediate past ADA president will serve as a consultant to the Committee for one year to ensure orderly transitions.

Meetings

The governance committee will meet a minimum of twice a year, with the expectation that additional meetings may be required to adequately fulfill all the obligations and duties outlined in the charter. All committee members are expected to attend each meeting, in person or via telephone or videoconference.

Meeting agendas will be prepared for every meeting and provided to the governance committee members at least five days in advance of the scheduled meeting, along with the appropriate materials needed to make

informed decisions. The governance committee shall act only on the affirmative vote of a majority of the members at a meeting or by unanimous consent. Minutes of these meetings are to be maintained in the Office of the Executive Director.

Reports

The governance committee shall:

- Report its actions and recommendations to the ADA Board of Trustees at the next regular meeting of the Board.
- Report to the Board and the House of Delegates, at least annually, regarding any proposed changes to the governance structure or processes for the ADA.
- Provide a self-evaluation of the governance committee's functions on an annual basis.

Responsibilities

The ADA Board of Trustees has delegated to the governance committee the responsibility to review, develop, draft, recommend or oversee policies and practices for which the governance committee has specific responsibility, as follows:

- Develop ADA Board of Trustee governance practices. These practices should address transparency, independence, accountability, fiduciary responsibilities, and management oversight.
- Develop the competencies and personal attributes required of trustees to assist the House of Delegates and the ADA Trustee Districts in the selection of qualified nominees to serve as members of the ADA Board of Trustees.

In addition, the governance committee shall:

- Develop appropriate self-assessment procedures for the Board of Trustees and maintain performance measures and goals regarding the efficiency and effectiveness of Board members and Board meetings.
- Develop and provide recommendations to the House of Delegates and/or the ADA Board regarding Board member education, including new member orientation and regularly scheduled board and committee member training in best practices.
- Develop and provide recommendations to the House of Delegates and the ADA Board on performance evaluations, including coordination and oversight of such evaluations of the board, its committees and senior management in the ADA's governance process.

Appendix 2

Guidelines Governing the American Dental Association's Corporate Relationships

As the premier professional organization representing dentistry, as well as the nation's leading advocate for the public's oral health, the American Dental Association (ADA) has frequent opportunities for collaboration with for-profit corporations on oral health-related programs, including public awareness and fund-raising campaigns. In many instances the ADA is approached by outside entities proposing such relationships, and in other cases the ADA itself actively seeks corporate sponsors.

Such collaborative relationships can result in synergies that greatly benefit the public while at the same time enhance and advance the ADA's longstanding reputation for science-based objectivity and professional integrity. The overarching consideration when evaluating potential involvement with a for-profit corporation is that any such involvement must reinforce the ADA's foundational precepts.

While additional guidance on the ADA's corporate relations policies and procedures is available in other ADA documents, such as the documents of Agreement that formalize the various types of corporate relationships that the ADA enters, these Guidelines set the principles for evaluating potential corporate relationship opportunities.

Guiding Principles

1. Any relationship the ADA enters with a for-profit corporation must be consistent with the ADA's Mission and Vision Statements:

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 Vision Statement

The American Dental Association: To be the recognized leader on oral health.

2. The ADA will participate only in corporate relationships that preserve and promote the public's trust in the ADA and the dental profession.
3. Any corporate relationship in which the ADA participates must maintain the ADA's objectivity with respect to oral health issues.
4. No corporate entity or sponsor shall be permitted to exercise influence over the ADA's policies, practices and priorities.
5. Any sponsored programs accepted by the ADA must benefit the public's health, patient care or the practice of dentistry.
6. The ADA does not endorse commercial products or services but may with the approval of the Board of Trustees lend its endorsement and support to causes, proposals or programs consistent with the interests of the ADA's members and/or the public. Unless there has been a formal endorsement, the term should not be used in connection with ADA corporate relations activities.
7. Corporate relationships that conflict with ADA core values, such as alliances with companies whose products or services are harmful to the public's health, are unacceptable.
8. Funds from corporate relations shall not be used to finance or support political advocacy activities.

Operational Principles

1. Corporate relationship opportunities must be approved by the Corporate Relations Work Group comprising three Board members appointed by the ADA President, one of whom shall be the liaison to the Council on Communications. A Corporate Relations Team chaired by the managing vice president, Corporate Relations, and comprising representatives from Communications, Legal, Practice and Science will review all opportunities before presentation to the Corporate Relations Work Group and, if approved, monitor implementation.
2. All solicitations or proposals for corporate relationships or sponsorships should be submitted to the Division of Corporate Relations & Strategic Marketing Alliances (CRSMA).
3. All assessments of corporate relation opportunities will include compliance with the ADA's guidelines, program purpose, funding, company background, editorial control, risk of undue influence by sponsors, possible conflicts of interest, implied endorsement, logo usage and sponsor recognition.
4. Listings of current sponsorships will be provided to the Board of Trustees and senior management monthly. Reports to the Board of Trustees on significant existing sponsorships and those under development are required at least annually.
5. All corporate sponsorships must be governed by a written agreement. Staff cannot make verbal agreements to conduct a corporate sponsorship.
6. The ADA shall in all corporate relations retain (a) sole discretion over use of its name, trademarks and issued statements; (b) the absolute right to review all materials containing such ADA property prior to publication in connection with the corporate relationship; and (c) the final authority with respect to all such matters.
7. The term "partner" may be used only when authorized by the Board of Trustees. Terms that may be appropriate to describe the ADA's involvement with third-party, for-profit entities include: working with, sponsor, co-sponsor, collaborative, cooperative, aligned, participate with and joint effort.

Seal of Acceptance Principles

The Seal of Acceptance Program will operate independently from the corporate relations function and will be premised at all times on the preservation of professional integrity and objectivity. Inquiries about the Seal of Acceptance program are to be directed to the Division of Science. The decision of the Council on Scientific Affairs whether to award the Seal to a particular product will always be made solely on the basis of the Council's scientific evaluation.

Advertising Principles

1. Advertising in ADA publications is subject to ADA Advertising Standards.
2. Claims or representations in advertisements submitted to an ADA publication must in all cases be supportable and subject to substantiation by credible scientific or technical information. Advertisers may be asked to confirm certain advertising claims in writing, including supporting technical references and details.
3. All advertising submitted to an ADA publication will be subject to review prior to publication, which may include content experts from Science, Practice, Communications and Legal. Such review will help to ensure that no statements or claims are made that are contrary to ADA policies or positions, or that are without scientific or technical support.
4. The fact that a company contributes financially to the ADA has no bearing on whether an advertisement is acceptable.
5. In connection with financial offerings or sweepstakes, advertisers may be asked to confirm in writing that they have complied with all federal and state statutes and regulations governing such offerings.

6. Advertisements for products bearing the Seal must be reviewed by Science staff and may require consultation with other expert areas in the ADA. Companies whose products have been awarded the Seal are given explicit instructions on how the Seal may be used in product advertising and on labels.

August 2011

Appendix 3

American Dental Association Conflict of Interest Statement

Individuals who serve in elective, appointive or employed offices or positions for the American Dental Association (ADA) do so in a representative or fiduciary capacity that requires undivided loyalty to the Association. At all times while serving in such offices or positions, all such individuals must act in the interests of the Association and must avoid situations in which personal or professional interests may conflict with their ability to do so. It is important that such individuals never use their office or position for financial or other personal gain or advantage, and that they promptly disclose any potential conflict that would adversely affect their ability to exercise their judgment in favor of the ADA.

While serving in any elective, appointive or employed office or position, the individual shall comply with the conflict of interest policy applicable to his or her office or position, shall complete and file a conflict of interest statement for each year of service, and shall promptly report any situation in which a potential conflict of interest may arise.

Instructions: Please complete the questions below to best of your knowledge.

Definitions. As used in this form:

“ADA” means the American Dental Association and its subsidiaries and affiliates.

“Material Financial Interest” means : (i) an ownership interest of 5% or more in any corporation, partnership, limited liability company, or similar entity; (ii) a compensation arrangement (including direct and indirect remuneration) such as salary, fees, commissions, honoraria, royalties, gifts or other financial remuneration or benefits; and (iii) any other financial interest which contributes materially to the individual’s income.

“Position of Substantial Participation” means a position as (i) owner, managing partner, director, trustee, officer, committee member or similar office of leadership; or (ii) a key employee, consultant, or agent.

“Family” means spouse, domestic partner, parents, children (including adopted children), siblings, or any other relation whose financial status might impact the individual.

Questions:

1. Do you or any member of your Family hold, or anticipate holding within the next 12 months, a Material Financial Interest in a business, activity or organization which engages or intends to engage in any transactions or arrangements with ADA, or which competes or may compete with ADA’s business, relationships or activities (including competition for grants or donations)?

☐ Yes ☐ No

2. Do you or any member of your Family serve in a Position of Substantial Participation in any organization that (i) may have conflicting views, or take contrary positions, to those held by ADA; or (ii) may compromise your ability to make unbiased and impartial decisions on behalf of the ADA, may restrict your independent judgment, or may impair your objectivity when evaluating ADA policies, issues, programs, activities, or other matters?

☐ Yes ☐ No

3. Do you currently hold, or do you anticipate holding within the next 12 months, any faculty appointments?

☐ Yes ☐ No

4. Is there any other relationship, activity or interest not disclosed above that ADA should be aware of?

☐ Yes ☐ No

If you answered "yes", to any of the above, please explain below or attach a separate sheet. _____

Please attach a copy of your curriculum vitae or biography.

I have read the ADA Conflict of Interest Policy contained in Chapter VI of the ADA Bylaws and understand that I have a continuing responsibility to comply with such policy. I further understand that I am required to promptly disclose any conflict of interest that might arise, as well as any material changes to the answers I have provided in this Conflict of Interest Statement. The facts set forth herein are true and accurate to the best of my knowledge. I am currently unaware of any conflicts of interest that would preclude me from serving in the capacity for ADA for which I have been selected.

Signature: _____

Name (Please Type or Print): _____

Date: _____

Appendix 4

ASDA Consultant Guidelines

Purpose

Through the ASDA Consultant Program, one student participates as a consultant to all American Dental Association (ADA) Councils and select Commissions for a one-year term, expiring annually at the adjournment of the ADA House of Delegates, unless otherwise noted. Through collaboration with the American Student Dental Association (ASDA), the ADA Office of Student Affairs supports and coordinates the program.

The ASDA Consultant Program offers the opportunity to accomplish three important goals:

- To facilitate the development of future leadership in organized dentistry
- To provide the student perspective in Council discussions
- To enhance the relationship between the ADA and ASDA.

Participating Councils

Every ADA Council and the ADA New Dentist Committee shall receive one ASDA consultant:

- New Dentist Committee
- Council on ADA Sessions
- Council on Access, Prevention, and Interprofessional Relations
- Council on Communications
- Council on Dental Benefit Programs
- Council on Dental Education and Licensure
- Council on Dental Practice
- Council on Ethics, Bylaws, and Judicial Affairs
- Council on Government Affairs
- Council on Members Insurance and Retirement Programs
- Council on Membership
- Council on Scientific Affairs

Consultant Selection

The American Student Dental Association (ASDA) shall nominate the consultants by forwarding a list of the students, and their associated agencies, to the ADA Office of Student Affairs by May 20 annually. The OSA will submit the nominations to the ADA Board of Trustees for consideration by the established deadline. ASDA Consultant terms begin following the close of the ADA House of Delegates and extend through the following ADA House of Delegates.

Students nominated to these consultant positions should have experience or interest in the topical area addressed by the Council and should be available to attend meetings as scheduled. It is recommended that students not be nominated to serve on more than one agency per year.

Meeting Attendance

The ASDA consultant shall attend all days of all meetings of the Council to which s/he is appointed, except portions of meetings held in confidential, executive or attorney-client sessions. In addition, the ASDA

consultant will also participate in any orientation program for new Council members. The exception is the Council on Members Insurance and Retirement Programs, where the ASDA consultant will attend only one Council meeting, and not orientation.

Consultant Substitution

As noted above, all ADA consultants, including the ASDA consultants, are appointed by the ADA Board of Trustees. Therefore, it is not appropriate to simply substitute an alternate ASDA volunteer leader. Upon the request of the American Student Dental Association and the Council, a new ASDA consultant may be approved by the ADA president to attend the meeting and fulfill the requirements of the consultant position. In the rare case that this occurs, the consultant is requested to contact the ADA Office of Student Affairs as soon as possible prior to the Council meeting.

Council Participation

Except with respect to confidential, executive or attorney-client matters, the ASDA consultant will receive the Agenda Book and all meeting materials, and will participate on the Council listserv or any other Council-wide communication. While not allowed to vote, ASDA consultants may participate in Council discussions. Exceptions include the Council on Members Insurance and Retirement Programs (CMIRP) and the Council on Scientific Affairs (CSA). In CMIRP, the ASDA consultant will be provided with an Agenda Book to use at the meeting only, and may not be included in Council electronic communications. In CSA, the ASDA consultant will not receive Agenda Book material or other communications marked "confidential" because of the proprietary content. Similar limitations may be imposed by other Councils as appropriate.

Confidentiality

The purpose of council reports and communications are to facilitate the work of the Council. They may not be disseminated outside the Council, nor is it appropriate to recount Council discussions or disseminate Council minutes. Every Council prepares a Summary of Major Actions shortly after the close of each Council meeting. The ASDA Consultant may distribute the Summary of Major Actions.

Required Reports

In collaboration with the ASDA consultant, the ASDA executive director or other assigned individual shall forward a written report to the ADA Office of Student Affairs no less than quarterly, which will be shared with the Councils in advance of the meeting date. The ASDA consultant report will provide an overall summary of ASDA activities and positions, as well as any information from the student perspective that bears upon the Council's purview and agenda. Within this report, the ASDA consultant shall address any topic that ASDA wishes the Council to consider. The Council chair or director may include oral remarks from the ASDA consultant in the agenda, as well. Within two weeks following each Council meeting, the ASDA consultant shall provide a summary to the ASDA executive director for distribution to the ASDA Board of Trustees. The summary outlines the ASDA consultant's role in the meeting and highlights any topics that may impact students and if further discussion is requested with the ASDA Executive Committee.

Expense Reimbursement

The ADA Office of Student Affairs will budget funds to reimburse ASDA consultants to ADA Councils and the ADA New Dentist Committee for expenses in accordance with the ADA Volunteer Travel Policy. ASDA consultants will make their air travel arrangements through Best Travel (the ADA travel service) unless instructed otherwise by the Council director; these charges will be billed to the American Dental Association.

ASDA consultants shall pay all other expenses and submit an expense reimbursement form to the ADA Office of Student Affairs for repayment Lodging (room and tax only) and necessary ground transportation will be reimbursed, and a per diem for each meeting day will be provided to cover meals and any incidental expenses consistent with ADA's reimbursement policies. Students also have the option to bill their lodging expenses directly to the ADA rather than be reimbursed, and they may work with Council or Commission staff to do so. If the ASDA consultant participates in any Council dinner or social activity, the cost of this function will be deducted from the per diem expenses.

Student Representation on Other Agencies

In addition, there are three other agencies that include and budget for a student representative:

- Board of the American Dental Political Action Committee (ADPAC),
- Commission on Dental Accreditation (CODA)
- Joint Commission on National Dental Examinations (JCNDE)

The provisions of the ASDA Consultant Program apply to these agencies as allowable within agency rules. A few exceptions apply:

- ADPAC – the student representative is a full, voting member of the ADPAC Board.
- CODA – the student commissioner is jointly appointed by ASDA and the American Dental Education Association (ADEA) to represent all students including those studying dentistry, hygiene, and dental laboratory technology, and is considered a full, voting member of the Commission. The CODA representative serves a two-year term.
- JCNDE – there is one student commissioner and one student observer. The current student commissioner serves one year and is a voting member. The student observer is not a voting member and will serve as commissioner the following year.

ASDA representatives to these councils should submit expense reimbursement as instructed by the agencies.

Coordinator

The manager of the ADA Office of Student Affairs coordinates the ASDA Consultant Program and can be reached at 800.621.8099, ext. 7470 or studentaffairs@ada.org.

Appendix 5

JADA Policies Regarding Open Access to Published Content

The *Journal of the American Dental Association* (JADA) has long-standing policies that support widest possible dissemination of the content it publishes to dentists - and others engaged in providing dental care and education - around the world. JADA is provided - both in print and online - to over 130,000 members of the ADA at no additional charge. For those who do not receive JADA by virtue of membership, JADA is available through individual and institutional subscriptions at some of the most affordable prices - for one of the best scholarly journals in medical sciences - in the world.

JADA recently undertook an exhaustive review of its access policies, guided by principles embodied in its mission and those of the ADA, and abiding by access mandates of the various government and other funding agencies for the research they underwrite. The following revised JADA access policies are proposed for full-text of the content published.

New Content

- JADA will continue to abide by the mandates of various government and non-government funding agencies that apply to published research funded by such agencies, making such articles available free-of-charge 12 months after publication.
- Articles that are not supported by funding agencies and, therefore, are not subject to “open access” mandates will, henceforth, be accessible to subscribers and ADA members (and non-subscribers for a modest per article fee). Similarly, content such as Commentary, Editorials, Perspectives, Letters, and JournalScan will be accessible to subscribers and ADA members; non-subscribers may access them for a modest fee.
- To assure broader access to all, Critical Summaries, For the Dental Patient, Ethical Moment and News sections of JADA will be made available free-of-charge immediately upon publication.
- Tables of Content and Abstracts (where available) will remain available free-of-charge.

Back Content

- Articles funded by government and non-government agencies subject to open access requirements will remain available free-of-charge starting with Volume 131 (2000); volumes 130 and prior will be accessible to ADA members and others who have acquired rights to access back content.
- Content that is not subject to open access, or is otherwise not made available free-of-charge upon publication, will be accessible only to ADA members and others who have acquired rights to access back content.
- All content published online covering Critical Summaries, For the Dental Patient, Ethical Moment, News, Table of Contents, and Abstracts will be available free-of-charge to everyone.

Minutes of the Board of Trustees

September 19–21, 2011

Headquarters Building, Chicago

Call to Order: The seventh regular session of the Board of Trustees of the American Dental Association was called to order by Raymond F. Gist, president, on Monday, September 19, 2011, at 8:03 a.m., in the Board Room of the ADA Headquarters Building, Chicago.

Roll Call: Officers and members of the Board of Trustees in attendance were: Raymond F. Gist, William R. Calnon, Patricia L. Blanton, A.J. Smith, J. Thomas Soliday, Edward Leone, Jr., Kathleen O'Loughlin, Dennis W. Engel, Robert A. Faiella, Maxine Feinberg, Steven Gounardes, Joseph F. Hagenbruch, Roger L. Kiesling, S. Jerry Long, Samuel B. Low, Charles H. Norman, W. Ken Rich, Donald L. Seago, Charles L. Steffel, Carol Gomez Summerhays, R. Wayne Thompson, Kenneth J. Versman, Edward J. Vigna, and Charles R. Weber.

The Speaker, Dr. Soliday, announced that a quorum was present.

Dr. O. Andy Elliott, a candidate for ADA president-elect, was in attendance at open meetings of the Board.

The following ADA staff members were in attendance for all or portions of the meeting at the invitation of the President: Jerome K. Bowman, managing vice president, Administrative Services; J. Craig Busey, Esq., chief legal officer; Michael Graham, senior vice president, Government and Public Affairs; Albert H. Guay, chief policy advisor; Sabrina King, managing vice president, Human Resources and Organizational Development; Joseph M. McManus, senior vice president, Dental Practice/Professional Affairs; Toni Mark, chief technology officer; Daniel M. Meyer, senior vice president, Science/Professional Affairs; Clayton B. Mickel, managing vice president, Corporate Relations; Tony Ziebert, interim vice president, Education/Professional Affairs; Kenneth Ohr, senior vice president, Communications and Marketing; Paul Sholtz, chief financial officer; Michael D. Springer, publisher and managing vice president, Publishing; Wendy-Jo Toyama, senior vice president, Membership, Tripartite Relations and Marketing; and Marko Vujicic, managing vice president, Health Policy Resources Center.

Also in attendance were: Judith Jakush, editor, *ADA News*; Tomisena Cole, senior manager, Board and House Matters; Thomas C. Elliott, Jr., Esq., deputy chief legal officer, Legal Affairs; Linda Hastings, senior director, Administrative Services; Alynna Johnson, coordinator, Publications and Projects; Elizabeth Shapiro, ADA Hillenbrand Fellow; and Wendy J. Wils, Esq., senior associate general counsel, Legal Affairs. Other various staff were in attendance for specific agenda items of interest.

Before consideration of business, Dr. Gist read the ADA Disclosure Statement in compliance with Resolution 99H-2010; no interests were identified.

Preliminary

Approval of Agenda and Consent Items: A combined agenda and consent calendar was presented for the Board's consideration. Dr. Soliday indicated that reports and resolutions that remained on the consent calendar intended for the House of Delegates would be transmitted with the draft comments and recommendations. However, he stated that during the course of the Board meeting, anyone could still request the removal of an item from the consent calendar. In addition to reports and resolutions originally identified for discussion, Board members removed additional reports and resolutions for consideration. The following items of business were also added to the agenda: Report of the Board Rules Workgroup; Special Committee on Financial Affairs Report 1 and 2; and approval of the quarterly financial statements. Dr. Gounardes also requested an informal briefing for the first year officers and trustees on the roles and responsibilities of the Board during annual session and the House of Delegates.

The following resolution was adopted by the Board.

B-133-2011. Resolved, that the agenda be approved as the official order of business for the current session of the Board of Trustees except that the President may alter the order of the agenda when necessary to expedite business, and be it further

Resolved, that the recommendations on House of Delegates reports and resolutions identified as consent items be approved, and be it further

Resolved, that Board reports identified as consent items be filed and resolutions adopted.

Report on Mail Ballot Actions: The following action was taken by mail ballot by the Board of Trustees following its July/August session. In accordance with the Board *Rules*, this action is recorded in the minutes of the next regular session of the Board of Trustees. Mail Ballot No. 11 requesting approval of the minutes of the July 31–August 3, 2011, session of the Board of Trustees was circulated via e-mail on September 9, 2011. The following mail ballot resolution was adopted unanimously (consent calendar item).

B-153-2011. Resolved, that the minutes of the July 31 – August 3, 2011, session of the Board of Trustees be approved.

Closed Session

Closed sessions of the Board of Trustees were held to consider confidential and sensitive information. No actions were taken during these sessions; any actions taken regarding the topics discussed occurred during open session and are reported in these minutes.

Open Session

Report of the Pension and Compensation Committees of the Board of Trustees: Recommended Changes to the ADA Employees Retirement Plans: After a closed session presentation given by Ms. King regarding the substantive changes to the employees' retirement plans, the Board adopted the following resolutions en bloc in open session.

B-154-2011. Resolved, that the Board of Trustees directs that Section 2.7 of the ADA Employees' Retirement Plan be amended effective as of January 1, 2012 to define Average Monthly Compensation for benefits accrued as Career Average Monthly Compensation, and be it further **Resolved**, that such other amendments to the ADA Employees' Retirement Plan necessary to implement the foregoing amendment to Section 2.7 be made.

B-155-2011. Resolved, that the Board of Trustees directs that Article IV of the ADA Employees' Retirement Plan be amended effective as of January 1, 2012 to require calculation of the Normal Retirement Benefit for all benefits earned as the sum of (1) the amount accrued by the participant in the Plan as of December 31, 2011 and (2) 1% of Career Average Monthly Compensation multiplied by total Years of Benefit Service at normal retirement date to a maximum of 30 such years on or after January 1, 2012, and be it further

Resolved, that such other amendments to the ADA Employees' Retirement Plan necessary to implement the foregoing amendment to Article IV be made.

B-156-2011. Resolved, that the Board of Trustees directs that Article V of the ADA Employees' Retirement Plan be amended effective as of January 1, 2012 to define Normal Retirement Date for retirements to be the date on which a participant attains the age of 65 and meets the vesting requirements, and be it further

Resolved, that such other amendments to the ADA Employees' Retirement Plan necessary to implement the foregoing amendment to Article V be made.

B-157-2011. Resolved, that the Board of Trustees directs that Article VI of the Employees' Retirement Plan be amended effective as of January 1, 2012 to eliminate the early retirement calculation based on attaining age 62 and at least 25 years of vesting service, and be it further
Resolved, that such other amendments to the ADA Employees' Retirement Plan necessary to implement the foregoing amendment to Article VI be made.

B-158-2011. Resolved, that the Board of Trustees directs that the ADA Employees' Savings and Thrift Plan be amended effective January 1, 2012 to eliminate the \$500 match currently in the Plan and to provide for an employer-paid annual contribution of 4% of covered compensation to the account of each eligible participant, with such employer-paid contributions being subject to a required minimum service of three years with the ADA or an affiliate in order to vest with the employee, and be it further

Resolved, that such other amendments to the ADA Employees' Savings and Thrift Plan necessary to implement the foregoing amendment be made.

(On Wednesday, September 21, during consideration of the revised 2012 proposed budget, the Board voted to reconsider Resolution B-158, and adopted the following substitute resolution.)

B-158-2011. Resolved, that the Board of Trustees directs that the ADA Employees Savings and Thrift Plan be amended effective January 1, 2012 to eliminate the \$500 match currently in the Plan for one year only and replace it with a \$1,000 contribution to the ADA Employees' Savings and Thrift Plan and to develop a plan in 2012 to achieve a 4% contribution of annual salary to the 401k ADA Employees' Savings and Thrift Plan as part of the amended ADA Pension Program, dependent on the relevant yearly financial position of the ADA and its ability to fund an annual 4% contribution of covered compensation to the account of each eligible participant contribution level, and be it further
Resolved, that such other amendments to the ADA Employees' Savings and Thrift Plan necessary to implement the foregoing amendment be made.

B-159-2011. Resolved, that the Board of Trustees directs that the definition of "Who Is Eligible" under the ADA Medical Benefits Plan be amended effective January 1, 2014 to remove from eligibility any person who is a retiree of the American Dental Association, and be it further
Resolved, that the ADA directs that a Medical Benefits Reimbursement Plan for ADA Retirees be adopted effective January 1, 2014 to reimburse each eligible ADA retiree who has attained the minimum age of 65 and who submits the appropriate documentation for qualified medical amounts, including annual premium costs for publicly available medical insurance. Initial amount of annual reimbursement beginning 1/1/2014 not to exceed \$1500–1800, as determined by age of eligible retiree at time of reimbursement.

B-160-2011. Resolved, that the Board of Trustees directs that the definition of "Who Is Eligible" under the ADA Direct Reimbursement Employees' Dental Care Plan be amended effective January 1, 2014 to reimburse each ADA retiree who has attained the minimum age of 65 and who submits the appropriate documentation for qualified dental expenses. Such reimbursement amount to be equal to the amount provided at time of reimbursement to an active employee.

House of Delegates

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

Special Committee on Financial Affairs Resolution 114-2010: Amendment of the ADA Constitution Regarding Audit Responsibilities (Worksheet:2068 Revised): The Board transmitted Resolution 114-2010 to the House of Delegates with the following comment and recommendation to vote no. (*Vote: Unanimous*)

Based on the advice of Chief Legal Counsel and the Special Committee on Financial Affairs as explained in its Annual Report to the House (Worksheet:2166), the Board agrees with the Special Committee that this resolution should not be adopted.

Revised Report 2 of the Board of Trustees to the House of Delegates: ADA Operating Account Financial Affairs and Recommended Budget Fiscal Year 2012 (Worksheet:2072): In light of the actions taken by the Board related to the employees' retirement program and changes to the retiree medical program, the Board discussed the status of the 2012 proposed budget, including the anticipated budget deficit, and approved the following changes to the proposed 2012 budget based on recommendations of the Budget and Finance Committee:

- Increase ADA Pension Expense based on final actuarial calculations (plan savings were incorporated in August version of Board Report 2 = (\$496,594)
- Reduce ADA Retiree Medical Expense = \$2,736,717
- Increase in ADA 401k Expense based on \$1,000 Contribution per person (\$226,934)
- Net Reduction in ADA Foundation Grant Based on Changes in Pension, Retiree Medical and 401k Plans = \$159,870
- Reduce grant to the Foundation by \$900,000 = \$900,000
- Reduce student block grant by \$100,000 and revise program to make it an application program for the constituents = \$100,000
- Reduce Target for Sun-setting Programs = (\$600,000)

These actions resulted in a net positive impact on the proposed 2012 budget of \$2,573,059. The Board designated that the surplus of \$1,433,967 should be contributed to reserves.

The Board transmitted the revised Report 2 and appended Resolution 14B to the House of Delegates with the recommendation to vote yes on the substitute. (*Vote: 19 Yes—Drs. Blanton, Calnon, Engel, Faiella, Feinberg, Gounardes, Hagenbruch, Kiesling, Long, Norman, Rich, Seago, Smith, Steffel, Summerhays, Thompson, Versman, Vigna, Weber; 1 No—Dr. Low*)

Special Committee on Financial Affairs Resolution 42: Appointment of Chair of the Board of Trustees' Audit Committee (Worksheet:2138): The Board transmitted Resolution 42 to the House of Delegates with the following comment and recommendation to vote no. (*5 Yes—Drs. Faiella, Low, Steffel, Versman, Vigna; 15 No—Drs. Blanton, Calnon, Engel, Feinberg, Gounardes, Hagenbruch, Kiesling, Long, Norman, Rich, Seago, Smith, Summerhays, Thompson, Weber*)

The Board thanks the Special Committee for its hard work and thoughtful suggestion. Board *Rules* currently call for the most senior trustee on the Audit Committee to act as chair. The Board does not support changing this practice. Having the most senior trustee act as chair assures that the chair will possess important institutional memory and provide continuity in the work of the Audit Committee. Both institutional memory and continuity of experience are important to the efficient operation of the Committee. In addition, the Board believes that because the Audit Committee is such an important committee of the Board, the chair should be a Board member. For these reasons, the Board recommends that the House vote no on Resolution 42.

Special Committee on Financial Affairs Resolution 43: Creation of a Standing Committee on Financial Matters (Worksheet:2140): The Board transmitted Resolution 43 to the House of Delegates with the following comment and recommendation to vote yes on the substitute. (*Vote: 14 Yes—Drs. Blanton, Calnon, Engel, Gounardes, Hagenbruch, Kiesling, Long, Low, Seago, Smith, Summerhays, Versman, Vigna, Weber; 6 No—Drs. Faiella, Feinberg, Norman, Rich, Steffel, Thompson*)

The Board thanks the Special Committee on Financial Affairs for its hard work throughout the year. The Board is convinced of the value of having members of the House of Delegates as full members of its existing committees. These members already provide to the Board the perspective of the House on many important issues. For this reason, the Board has amended its *Rules* to include House members on these committees.

The Board cannot, however, support creation of a new committee on financial matters. Most of the key duties proposed for this new committee are already the responsibility of other committees and the Board will certainly consider expanding the duties of existing Board Committees or officers to ensure that the communication and educational roles will be assumed by them. Moreover, the Board is especially aware of the need to spend resources wisely and does not believe another layer of governance is in the best interests of the Association. Although the Board recognizes that the proposed committee would cost, in hard money, \$20,000, that figure does not account for the significant staff resources. Based on experience with other Board committees, the Board estimates a cost in staff resources of \$126,000 which would need to be devoted to the committee. The nature of the responsibilities proposed for this committee would require senior staff assistance, along with legal and administrative support.

The Board supports the first resolving clause of the resolution and therefore recommends that the following substitute resolution be adopted in lieu of Resolution 43.

43B. Resolved, that the House urges the Board to continue to appoint up to eight members representing the House to serve on the following Board committees, in the numbers indicated: two (2) members on the Audit Committee, two (2) on the Budget and Finance Committee (and therefore the Administrative Review Committee of the Board), two (2) on the Pension Committee, and two (2) on the Strategic Planning Committee.

Fifteenth District Resolution: Amendment of ADA Bylaws, Chapter VII, Board of Trustees, Section 140.

Committees: Dr. Long commented on a Fifteenth District resolution that proposes an amendment to the *Bylaws* that would require the Board to include past or present members of the House on Board committees relating to audit, budget, finance, pension and strategic planning. The Speaker indicated that in his opinion this resolution is out of order since it infringes on the Board's right to appoint its own committees. The Speaker also indicated that the Board had already amended its *Rules* to include House members on these committees. Dr. Long stated that the intent was to codify that these members would continue to serve on the Board committees. Mr. Busey reported that there were no legal restrictions to amending the *Bylaws* to require House members on Board committees. Dr. Gounardes, speaking as a parliamentarian, acknowledged the validity of both opinions, but supported the ruling of the Speaker. Dr. Long, on behalf of the Fifteenth District, withdrew the proposed resolution.

Report of the Special Committee on Financial Affairs in Response to Resolution 124-2010 (House of Delegates Approval of Decision Packages) (Worksheet:2144): The Board transmitted Resolution 44 to the House of Delegates with the recommendation to vote yes. (Vote: *Unanimous*).

Board of Trustees Resolution 52: Long-Term Financial Strategy (Worksheet:2145): The Board considered a proposed resolution that addressed the lack of an established long term financial strategy or policy for the ADA and the lack of agreement among volunteer leadership regarding the interpretation of the Dues Stabilization policy set by the House in 2008. The Board transmitted Resolution 52 to the House of Delegates with the recommendation to vote yes. (Vote: *Unanimous*)

Report 5 of the Board of Trustees to the House of Delegates: Information Technology Initiatives, Expenditures and Estimated Costs, and Anticipated Future Projects (Worksheet:2147): Dr. Hagenbruch raised a question regarding the use of consultants to support discontinued software or programs. Ms. Mark responded that it's not uncommon to use consultants to extend the life of software or programs when vendor support for the product is sunset. She also noted that the transition to products such as Microsoft SharePoint may in the future reduce the need for outside consultants with support provided internally by ADA staff.

The Board transmitted Report 5 to the House of Delegates. (Vote: *Unanimous*)

Report 13 of the Board of Trustees to the House of Delegates: Response to Resolution 123H-2010: Study of ADA Employees' Retirement Plans (Worksheet:2162): The Board transmitted a comprehensive report with appended supplemental documentation to the House of Delegates in response to the 2010 House adoption of Resolution 134H calling for further study and evaluation of the employees retirement plans. This

report identifies the actions taken by the Board of Trustees, and outlines the impact of these actions on future year's budget.

The Board voted to transmit Report 13 to the House of Delegates. (*Vote: 12 Yes—Drs. Calnon, Engel, Gounardes, Hagenbruch, Long, Rich, Seago, Steffel, Summerhays, Thompson, Versman, Weber; 8 Absent: Drs. Blanton, Faiella, Feinberg, Kiesling, Low, Norman, Smith, Vigna*)

Special Committee on Financial Affairs Annual Report (Worksheet:2166): The Board voted to transmit the Committee's annual report to the House of Delegates. (*Board of Trustees consent calendar action—no Board discussion*). (*Vote: Unanimous*)

Reports and Resolution Relating to the Reference Committee on Dental Benefits, Practice and Health

Council on Access, Prevention and Interprofessional Relations Supplemental Report 2 to the House of Delegates: Update on Council Activities (Worksheet:3015): The Board transmitted the supplemental report and appended Resolution 35 (The American Dental Association Dental Health Program for Children) to the House of Delegates with the recommendation to vote yes (*Board of Trustees consent calendar action—no Board discussion*). (*Vote: Unanimous*)

Council on Dental Practice Supplemental Report 2 to the House of Delegates: (Development of a Policy Statement on Comparative Effectiveness Research—Worksheet:3029): The Board transmitted the Council's supplemental report and appended Resolution 36 to the House of Delegates with the recommendation to vote yes (*Board of Trustees consent calendar action—no Board discussion*). (*Vote: Unanimous*)

Eighth Trustee District Resolution 41: ADA Scientific Review of Alternative Dental Workforce Models (Worksheet:3040): Following an extensive discussion of Resolution 41, the Board transmitted the resolution to the House of Delegates with the following comment and recommendation to vote yes on the substitute (*Vote: Unanimous*)

The Board agrees that concrete and verifiable information on many aspects of new dental workforce models, both in the United States and in other countries, would be beneficial. The Board believes that a more focused review of non-dentists in countries similar to the United States, answering specific research questions as indicated by systematic review protocols would be the most appropriate manner in which to proceed. The Board, therefore, recommends adoption of the following substitute resolution.

41B. Resolved, that the American Dental Association, through the appropriate ADA agencies, conduct a systematic scientific review of the literature (excluding other studies authorized by the House of Delegates) on workforce models where non-dentists diagnose patients, formulate treatment plans and or provide irreversible or surgical dental procedures, which are in development or are already developed in this country or similarly developed countries worldwide and issue a report evaluating the information, and be it further

Resolved, that the information from this research be reported to the 2012 ADA House of Delegates.

Fourteenth Trustee District Resolution 50: Developing the Native American Dental Workforce (Worksheet:3042): The Board transmitted Resolution 50 to the House of Delegates with the following comment and recommendation to vote yes. (*Vote: Unanimous*)

The Board fully supports the aims of the resolution and believes that it can be achieved within existing resources.

Fourteenth Trustee District Resolution 51: Policy on Native American Workforce (Worksheet:3044): The Board transmitted Resolution 51 to the House of Delegates with the recommendation to vote yes. (*Vote: Unanimous*)

Council on Access, Prevention and Interprofessional Relations Supplemental Report 3 to the House of Delegates: Update on the Community Dental Health Coordinator Pilot Program (Worksheet:3046): Dr. McManus gave an overview on the CDHC pilot programs and highlighted some of the progress made with the transitional plan for the program. The Board asked several follow up questions about the program, relative to accreditation, setting of licensing fees, and dropout rate. Dr. McManus indicated that the question regarding accreditation would be addressed with the Workgroup at its next conference call.

Subsequently, the Board transmitted the Council's supplemental report to the House of Delegates. (Vote: *Unanimous*)

Council on Dental Practice Supplemental Report 1 to the House of Delegates: Response to Resolution 110H-2010—Advocating for Victims of Addictive Disease (Worksheet:3057): The Board transmitted the Council's supplemental report to the House of Delegates. (*Board of Trustees consent calendar action—no Board discussion*). (Vote: *Unanimous*)

Report 8 of the Board of Trustees to the House of Delegates: Dental Workforce Model: 2009-2030 (Worksheet:3062): The Board transmitted Report 8 to the House of Delegates. (*Board of Trustees consent calendar action—no Board discussion*). (Vote: *Unanimous*)

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

Report of the CODA Monitoring Committee to the 2011 House of Delegates: Activities Update (Worksheet:4006): The Board transmitted the report and the appended Resolution 39 (Monitoring of Accreditation Matters on Behalf of the ADA) to the House of Delegates with the recommendation to vote yes. (Vote: 17 Yes—*Drs. Blanton, Calnon, Engel, Faiella, Gounardes, Hagenbruch, Kiesling, Long, Low, Norman, Seago, Smith, Summerhays, Thompson, Versman, Vigna, Weber*; 3 No—*Drs. Feinberg, Rich, Steffel*)

Workgroup to Review Current ADA and CODA Relationships. As a follow up to the discussion on Resolution 39, Dr. Low offered the following resolution which was adopted by the Board of Trustees.

B-175-2011. Resolved, that the Board of Trustees create a BOT Workgroup to review current ADA and CODA relationships as to accreditation and recognition responsibilities as related to all present and new dental education programs with a report back to the December 2011 Board of Trustees meeting.

Dr. Steffel moved that the President appoint a Board workgroup to develop resolutions addressing CODA's intended actions to accredit dental therapy programs, and that this workgroup present these resolutions to the Board prior to the end of this Board session, for consideration and possible transmittal to the 2011 HOD. The motion was adopted; Dr. Gist appointed Drs. Steffel, Seago, Feinberg and Vigna to the workgroup. (See Board Report 12 and Resolution 53.)

Commission on Dental Accreditation Supplemental Report 1 to the House of Delegates: Progress on Implementation of Recommendations in the 2008 Report of the Task Force on the Commission on Dental Accreditation (Worksheet:4010): The Board transmitted the Commission's supplemental report and appended Resolution 40 to the House of Delegates with the recommendation to vote yes. (Vote: *Unanimous*)

Council on ADA Sessions Resolution 47: Request for Postponement of the Proposed CERP Eligibility Criteria (Worksheet:4025): The Board transmitted Resolution 47 to the House of Delegates with the recommendation to vote yes. (Vote: 19 Yes—*Drs. Blanton, Calnon, Engel, Faiella, Feinberg, Gounardes, Hagenbruch, Kiesling, Long, Low, Norman, Rich, Seago, Smith, Steffel, Summerhays, Versman, Vigna, Weber*; 1 No—*Dr. Thompson*)

Eighth District Resolution 48: Recognition of Specialty Groups (Worksheet:4027): The Board transmitted Resolution 48 to the House of Delegates with the following comment and recommendation to vote yes on the substitute. (Vote: *Unanimous*)

The Board agrees with the Eighth Trustee District that the Council on Dental Education and Licensure should be requested to review the process for recognizing the dental specialty sponsoring organizations as related to Requirement 1(a) of the *Requirements for Recognition of Dental Specialties and National Certifying Boards for Dental Specialists* which states that a sponsoring organization's membership must be "reflective" of the special area of dental practice. The Board believes that CDEL should study this Requirement carefully and consider ways to clarify its intent. For example, the Council may consider if the Requirement would be more clearly understood if it included a statement that the sponsoring organization should provide only specialist dentist members the privileges of voting and holding office. The Board also believes that CDEL should explore any additional changes to Requirement 1(a) and report its recommendations to the House of Delegates in 2012. Accordingly, the Board recommends adoption of substitute Resolution 48B.

48B. Resolved, that the Council on Dental Education and Licensure (CDEL) review the criteria and process for the recognition of specialty sponsoring organizations, and be it further
Resolved, that this review consider Requirement 1(a) in the *Requirements for Recognition of Dental Specialties and National Certifying Boards for Dental Specialists* which states that a recognized specialty sponsoring organization's membership should be reflective of the special area of dental practice (as defined by the ADA Code of Ethics, Section 55.H., General Standards, for announcing specialization or limitation of practice), and be it further
Resolved, that CDEL consider interpreting "reflective" to mean that only specialist dentist members be able to vote and to hold office, and be it further
Resolved, that any additional recommendations for change be reported to the 2012 House of Delegates.

Commission on Dental Accreditation Supplemental Report 3 to the House of Delegates: Informational Report on Developing Accreditation Standards for Dental Therapy Programs (Worksheet:4031): The Board transmitted the Commission's supplemental report to the House of Delegates with the following comment. (Vote: *Unanimous*)

The Board believes that the Commission may not have performed a complete and thorough review and analysis of the documentation submitted by the University of Minnesota. In addition, it was noted in the supplemental report summary of the August 5, 2011, Commission meeting, that the state of Illinois was included on a list of states that may be considering a dental therapy model of care. The Trustee from the Eighth District informed the Board that Illinois is not currently considering this model of care, so the broad interest from other states cited at the Commission meeting is not an accurate portrayal.

Report 12 of the Board of Trustees to the House of Delegates: Accreditation Standards for Dental Therapy Programs (Worksheet:4029): The Board transmitted Report 12 and the following Resolution 53 to the House of Delegates with the recommendation to vote yes. (Vote: 18 Yes—Drs. Blanton, Calnon, Engel, Faiella, Feinberg, Gounardes, Hagenbruch, Kiesling, Long, Low, Norman, Rich, Seago, Smith, Steffel, Thompson, Versman, Weber; 2 No—Drs. Summerhays, Vigna)

53. Resolved, that the Commission on Dental Accreditation be strongly urged to delay the process of developing accreditation standards for dental therapy programs for the purpose of further review of compliance with CODA's Principles and Criteria Eligibility of Allied Dental Programs.

Council on Scientific Affairs Supplemental Report 1 to the House of Delegates: Update on Response to Assignments from the 2010 House of Delegates and Other Matters (Worksheet:4037): The Board transmitted the Council's supplemental report to the House of Delegates. (Board of Trustees consent calendar action—no Board discussion). (Vote: *Unanimous*)

Commission on Dental Accreditation Supplemental Report 2 to the House of Delegates: Update on International Accreditation (Worksheet:4040): Dr. Hagenbruch asked Dr. Ziebert to comment on the challenges of accrediting international education programs listed in the report, and asked how these challenges are being addressed. Dr. Ziebert identified several examples on how these challenges are being managed. Dr. Seago also questioned cultural differences in countries related to gender and how programs in these countries can meet the criteria.

The Board transmitted the Commission's supplemental report to the House of Delegates. (Vote: *Unanimous*)

Report 10 of the Board of Trustees to the House of Delegates: Status of Resolution 51H-2009: ADA Library on the Web (Worksheet:4052): The Board voted to transmit Report 10 to the House of Delegates (*Board of Trustees consent calendar action—no Board discussion*). (Vote: *Unanimous*)

Report of the Workgroup on Resolution 42H-2010 to the House of Delegates: RFP Process for Portfolio-Style Clinical Examination (Worksheet:4056): The Board voted to transmit the Report of the Workgroup along with the Request for Proposal to the House of Delegates. (Vote: *Unanimous*)

Consideration of CDEL's Response to Resolution 112-2010—A Viable Mid-Level Solution: Improving Access by Reinventing Dentists Education: Dr. Versman expressed concerns with the Council's response that it presented in its 2011 Annual Report. Dr. Versman proposed the following resolution for the Board's consideration:

B-176. Resolved, that the Board of Trustees have a study conducted to quantify the current and future cost of dental education, the growth of student debt and the effects of that debt on the dental practice of new dentists, and be it further

Resolved, that the Board explore the expansion of the role educational institutions, students, residents and new graduates have played in the dental "safety net," and develop innovative ideas to expand that function while leading to the expansion of dental care to the underserved and the reduction of student debt, and be it further

Resolved, that the Board of Trustees present a report with recommendations to the 2012 House of Delegates.

Board members discussed the proposed resolution, and offered comments suggesting that the ADA doesn't have the internal resources to implement the scope of this resolution and that it may require collaboration with other organizations such as ADEA and ASDA. It was also suggested that the resolution be divided between the first and second resolving clauses since it addresses two distinct ideas. A motion was made to postpone definitely consideration until the December Board session. On vote, the resolution, as divided, was postponed to the December 2011 Board session.

B-176. Resolved, that the Board of Trustees have a study conducted to quantify the current and future cost of dental education, the growth of student debt and the effects of that debt on the dental practice of new dentists, and be it further

Resolved, that the Board of Trustees present a report with recommendations to the 2012 House of Delegates.

B-177. Resolved, that the Board explore the expansion of the role education institutions, students, residents and new graduates have played in the dental "safety net," and develop innovative ideas to expand that function while leading to the expansion of dental care to the underserved and the reduction of student debt, and be it further

Resolved, that the Board of Trustees present a report with recommendations to the 2012 House of Delegates.

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

Sixteenth District Substitute Resolution 9S-1: Amendment of the ADA Bylaws Regarding Nominations of Elective Officers (Speaker of the House of Delegates) (Worksheet:5001a): The Board transmitted Resolution 9S-1 to the House of Delegates with the recommendation to vote yes on the substitute. (Vote: *Unanimous*)

First District Substitute Resolution 12S-1: Ensure Adequate Funding Under Medicaid Block Grants (Worksheet:5005a): The Board transmitted Resolution 12S-1 to the House of Delegates with the recommendation to vote yes on the substitute. (Vote: *Unanimous*)

Eighth District Resolution 37—State Public Affairs (SPA) Grant Funding (Worksheet:5064): The Board transmitted Resolution 37 to the House of Delegates with the following comment and recommendation to vote yes on the substitute. (Vote: *Unanimous*)

The Board recognizes the value brought to the profession by the cooperative efforts and advocacy fostered by the State Public Affairs program. It is in recognition of the difficult economic times that the budget for the SPA program has declined over the last two years. However, to achieve our strategic goal to “Provide support to dentists so they may succeed and excel throughout their careers,” by working to ensure the dentist remains the head of the integrated dental team, the Board recommends increasing the 2012 amount budgeted to SPA from \$2.62 million to \$3.5 million. In anticipation of the challenges we expect in 2012, we believe this to be an appropriate amount to provide SPA with the resources necessary to achieve our objectives.

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

Reserve Account for Advocacy Issues. In a related action, the Board discussed annual funding of the SPA Program and questioned if there is a mechanism to carry over unused funds from one year to the next. A motion was made requesting the Budget and Finance Committee to study the development of a reserve account for advocacy issues. The motion was adopted by the Board.

Report 11 of the Board of Trustees to the House of Delegates: Proposal for ADA Governance Study (Worksheet:5066): The Board of Trustees discussed issues relative to a governance study being proposed to take place in 2012. Dr. Gounardes expressed the concerns of the Second District with the current size of the House of Delegates and the method for delegate allocation and asked for assurance that these issues will be clearly stated in the RFP. Mr. Bowman indicated that the RFP has been modified to include an assessment and recommendation on the size of the House and the appropriate allocation of delegates. Dr. Long also commented that the Audit Committee was conducting an internal audit of governance of the ADA and suggested that the results, which would be available in a few weeks, be looked at before the RFP is circulated. The Board voted to transmit Report 11 and the appended Resolution 38 to the House with the recommendation to vote yes. (Vote: *Unanimous*)

Report of the Council on Communications: ADA Strategic Communications Plan: The Council reported that it had formed a workgroup to create an ADA Strategic Communications Plan that will serve as the framework to safeguard the reputation and enhance the brand of the ADA. The Plan is also designed to make strategic communications an integral part of ADA activities. The Board adopted the following resolution (consent calendar item).

B-150-2011. Resolved, that the Board of Trustees adopt the 2011-2014 Strategic Communications Plan developed by the Council on Communications in accordance with the Council *Bylaws* duties.

Council on Government Affairs Supplemental Report 1 to the House of Delegates: Recent Council Activities (Worksheet:5078): The Board voted to transmit the Council's supplemental report to the House of Delegates (*Board of Trustees consent calendar action—no Board discussion*). (Vote: *Unanimous*)

Council on Communications Supplemental Report 1 to the House of Delegates: Recent Council Activities (Worksheet:5081): The Board voted to transmit the Council's supplemental report to the House of Delegates. (*Board of Trustees consent calendar action—no Board discussion*). (Vote: *Unanimous*)

Report 7 of the Board of Trustees to the House of Delegates: Annual Report of the State Public Affairs Program (Worksheet:5088): The Board transmitted Report 7 to the House of Delegates. (Vote: *Unanimous*)

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

Report of the Strategic Planning Committee: The Board received a report from the Strategic Planning Committee outlining proposed changes to the Strategic Plan, the Strategic Planning Committee meeting scheduled for 2012 (opting for a series of conference calls to replace its summer meeting), and changes to the Board's *Rules* to allow the Committee chair to call meetings of the committee (consent calendar item).

B-139-2011. Resolved, that the *2011-2014 ADA Strategic Plan* as amended be approved, and be it further

Resolved, that upon approval, the *2011-2014 ADA Strategic Plan* be shared with the House of Delegates and ADA membership via appropriate means.

B-140-2011. Resolved, that the *Organization and Rules of the Board* pertaining to the scheduled meetings of the Strategic Planning Committee be amended by the addition of the words "Committee Chair or" to the following paragraph:

Meetings. The Committee shall meet at least twice annually. Additional meetings may be called at the discretion of the Committee Chair or Board of Trustees.

Report 9 of the Board of Trustees to the House of Delegates: Annual Report of Strategic Planning Activities (Worksheet:6049): The Board voted to transmit Report 9 to the House of Delegates. (*Board of Trustees consent calendar action—no Board discussion*). (Vote: *Unanimous*)

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; and American College of Prosthodontists Resolution 46: Revision of ADA Specialty Logo (Worksheet:6042): The Board transmitted Resolution 46 to the House of Delegates with the following comment and recommendation to vote yes on the substitute. (Vote: *Unanimous*)

The Board of Trustees appreciates the intent of the eight dental organizations that have brought this resolution forward. Their goal is the same as the ADA's, to reinforce the value of membership for the 30,008 active, licensed dental specialist members of the ADA who represent 74.1 percent of all dental specialists. This compares to the overall group of ADA active, licensed members who represent 68.2 percent of all dentists.

As the intellectual property of the ADA, the existing logo available to the ADA members who are specialists serves to highlight the educational background of specialists and underscore the importance of seeking dentists who have received additional specific education from a recognized specialty credentialing body. Removing the membership year from the logo could expand its use among specialists.

While the Board appreciates the efforts of the Council on Membership to ensure that the logo indicates that a member is current, it cannot ignore the desires of the specialist members for whom the logo is

intended. Removing the membership year from the specialty logo will allow greater use and, therefore, greater distribution of the value of ADA membership to specialist members and their patients.

Concurrently, the ADA's member logo also includes the membership year within its design. The Board would suggest that removing the year from the member logo for those individuals whose membership is considered to be fully privileged, i.e. active, active life, retired or retired life members should have access to a member logo without the membership year as well. Individuals from other member classifications considered not to be fully privileged, including honorary, associate, affiliate, graduate student (not active), undergraduate student, international student and non-practicing could still access the member logo that would include the membership year. This could continue to be available and monitored through the members-only section of ADA.org and done so by existing ADA staff without additional expense.

In order to create consistency in purpose and approach, the Board recommends that the resolution as submitted be substituted.

46B. Resolved, that the date be removed from the ADA member and specialty logos for active, retired and life members.

Pennsylvania Dental Association Resolution 49: Revising ADA's Timeframe for Termination of Membership Benefits (Worksheet:6044): The Board transmitted Resolution 49 to the House of Delegates with the following comment and recommendation to vote no. (*Vote: Unanimous*)

The Board of Trustees appreciates the need to reinforce member value, however, in reviewing this resolution it is concerned that the proposed action would disenfranchise loyal members and create unnecessary administrative burdens. Further, the Board understands that the Council on Membership reviewed a similar request put forward by the Pennsylvania Dental Association at the June 2011 Council on Membership meeting. The Council chose to vote down that request.

The American Dental Association membership year begins January 1 and ends on December 31. Chapter I, Section 40, paragraph A of ADA's *Bylaws* states that "Any member whose dues and special assessments have not been paid by March 31 of the current year shall cease to be a member of the Association."

There are many factors that impact the timing and operational efficiency of the dues remittance and membership termination processes. The greatest dependency is the well-orchestrated execution of 53 individual constituent dental societies, that administer their dues collection and remittance processes under their own authority in compliance with the ADA *Bylaws*. Additionally, the processes that are put in place often are dependent on their component dental societies and cash flow considerations. As a result, and in order for the ADA to provide the best service to its members, benefits are continued for the three month period in order to allow for all vested parties to complete their portion of the collection and remittance process.

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 Reinstatement</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 of Trustees Resolution 54: Definition of ADA Diversity (Worksheet:6048): The Board voted to transmit the following Resolution 54 to the House of Delegates with the recommendation to vote yes. (Vote: *Unanimous*)

54. Resolved, that the "Definition of membership Diversity (*Trans.2001:421*) be amended by striking the word "membership" in the title and body of the definition and by adding "ADA to the descriptive title, so the amended policy reads as follows (deletions ~~stricken through~~, new language underscored):

Definition of Membership ADA Diversity

Resolved, that ADA ~~membership~~ diversity is defined as differences related to personal characteristics, demographics, and professional choices.

Reconsideration of Council on Membership Resolution 20: Funding for Student Block Grant Program (Worksheet:6030 Revised): Based on financial considerations and the status of the 2012 proposed annual budget, the Board reconsidered its action on the funding for the Student Block Grant Program and recommended that funding for the program be \$26,750 for 2012. The Board transmitted for the following revised comment to the House of Delegates. (Vote: 1 Yes—Dr. Rich; 19 No—Drs. Blanton, Calnon, Engel, Faiella, Feinberg, Gounardes, Hagenbruch, Kiesling, Long, Low, Norman, Seago, Smith, Steffel, Summerhays, Thompson, Versman, Vigna, Weber)

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. The Board transmitted the supplemental report and Appended Resolution 20 to the House of Delegates with the recommendation to vote no.

Miscellaneous House Matters

Addendum to Board Report 1: Additional Responses to Resolutions from the 2010 House of Delegates: The Board transmitted information on the implementation of the following resolutions:

Resolution 116-2010—International Service Inspired by Dr. Thomas Grams
Resolution 90H-2010—Treasurer Nomination Process

Information was also noted regarding the death of former ADA officials, Dr. Leo R. Finley, Jr., ADA Trustee (1998-2002) and Dr. Charles D. Krouse, ADA Vice President (1974-1975). (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Oral Report of the Speaker of the House of Delegates: Implementation of Resolution 99H-2010—Disclosure Policy: Dr. Soliday reported on the challenges experienced with implementing the portion of 99H-2010 that requires all members of the House of Delegates to complete a disclosure statement. The Board discussed the benefits of requiring members of the House to disclose personal or business interests they may have when speaking on issues before the House for action. Mr. Busey noted that the portion of Resolution 99H-2010 that requires individuals with relevant interests to disclose them orally during debate is a more timely process.

The Board subsequently forwarded to the House of Delegates Resolution 55 that amends the Disclosure Policy to remove the requirement of House members completing written disclosure forms.

Board of Trustees Resolution 55: Implementation of Resolution 99H-2010: Disclosure Policy: The Board voted to transmit the following resolution to the House of Delegates with a recommendation to vote yes. (Vote: 16 Yes—Drs. Calnon, Faiella, Feinberg, Gounardes, Hagenbruch, Kiesling, Long, Low, Norman, Rich, Smith, Steffel, Summerhays, Thompson, Versman, Vigna; 4 No—Drs. Blanton, Engel, Seago, Weber)

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.

Communications and Marketing

Report of the Council on Communications: De Minimis Intellectual Property Resolution and

Application of Resolution 48H-2008: The Council presented a resolution that would permit the granting of de minimis requests for the ADA logo. The Board of Trustees adopted the following resolution (consent calendar item).

B-151-2011. Resolved, that the ADA Board of Trustees adopt the following operations as de minimis and allow appropriate ADA staff to administratively handle these ADA logo requests that fall within the limited operating parameters without further Council review and approval.

- ADA Constituent and component societies' and ASDA's use of the ADA logo for recruitment and retention materials, jointly sponsored programs or events and/or their Web sites.
- The nine ADA recognized specialty societies' use of the ADA logo to promote their affiliation with the ADA and/or jointly sponsored programs or events.

Report of the Senior Vice President, Communications and Marketing: Progress of ADA/Sharecare

Collaboration: This report described the progress made to date with the three phase approach to implement the ADA-Sharecare collaboration. This report was informational and no action required (consent calendar item).

Report of the Senior Vice President, Communications and Marketing: Ad Council Update and Review of Budget and Funding Commitment:

Mr. Ohr submitted information summarizing the ADA's financial commitment for its participation with members of the National Roundtable for Dental Collaboration in a national public awareness children's oral health campaign conducted by the Ad Council. Presented along with the report was a resolution authorizing the funding for the first installment of \$350,000 for 2011 from the reserve fund. Dr. Hagenbruch questioned the second year funding source. Mr. Ohr confirmed that it would most likely be requested from reserves and the third year commitment would be included in the 2013 proposed budget. Dr. Weber moved that the second year funding be addressed in a new second resolving clause. On vote, the motion to amend was not adopted. On vote, the following resolution was adopted.

B-148-2011. Resolved, that the Association's annual 2011 installment of \$350,000 for year 1 of its three year pledge in support of the Ad Council's Children's Oral Health Campaign be funded from the Reserves of the Association.

Conference and Meeting Services

Report of the Council on ADA Sessions: Approval of 2021 Annual Session Site Recommendation

(Confidential): Due to the confidential nature of this action, Resolution B-146-2011 is embargoed at this time and will be reported at a later date.

Report of the Council on ADA Sessions: Nominations of the 2011 CLA Honorary Officers: The Board adopted the following resolution (consent calendar item).

B-145-2011. Resolved, that the following nominations for honorary officers of the 2011 Committee on Local Arrangements be approved.

Peter S. Balle, DDS
 Michael P. Banks, DDS
 Marshall P. Brownstein, DDS
 William J. Busch, DDS
 Joel A. Casar, DMD
 Evangeline Y. Chen, DMD
 John C. DiGrazia, DDS
 Quincy Gibbs, DDS
 Mario Gildone, DDS
 Mark J. Handelin, DDS
 Gerald C. Jackson, DMD
 James M. Jones, DDS
 Jade A. Miller, DDS
 Jamie L. Rudolf, DDS
 Billy G. Smith, DDS
 Robert H. Talley, DDS
 Karen P. West, DMD
 David M. White, DDS
 Todd Wilkin, DDS

Finance and Operations

Report of the Compensation Committee: Dr. Faiella, Committee chair, provided a written report of the Committee's recent meeting, summarizing the major topics discussed and reports received.

Report of the Audit Committee: On behalf of the Audit Committee, Dr. Long, chair, provided a written summary of the Committee's most recent meeting and presented a resolution regarding the establishment of separate audit committees by the ADABEI and the ADA Foundation Boards. Dr. Steffel commented that the Audit Committee is seeking a report from the executive director and ADA legal and finance staff that gives a consensus opinion on best practices regarding audit committees of the subsidiaries—whether there should be a single audit committee or separate committees—with a report to be presented to the Board in December. The Board of Trustees discussed and subsequently adopted the following resolution.

B-169-2011. Resolved, that the ADA urge that ADABEI and the ADA Foundation Boards defer any action on forming separate audit committees until the report as to the best structure for the audit function for ADA, ADA Foundation and ADABEI that has been requested is received.

Report of the Budget and Finance Committee—Creation of a Capital Replacement Reserve Account: Dr. Thompson, as Committee chair, reported on the recent Committee meeting, including review of requests for supplemental funding. The Committee also submitted for the Board's consideration a resolution to create a capital replacement reserve account that would be funded over time and that would allow routine capital needs to be addressed without an extraordinary special assessment. Following discussion, the Board adopted the following resolution.

B-171-2011. Resolved, that a capital replacement reserve account be created and funded through the annual budget, in which funds may be accrued to allow for periodic predictable infrastructure investments.

The Budget and Finance Committee also presented a resolution for the Board's consideration regarding a long-term financial strategy. The Board discussed the proposed resolution and transmitted Resolution 52 to the House of Delegates (see page 5).

Later in the session, Dr. Thompson moved the following amendments to the 2012 proposed budget: reduce by \$900,000 the grant to the ADA Foundation, and reduce the student block by \$100,000. On vote, the Board adopted the budget reductions. The Board also discussed reducing the targeted savings for sun-setting programs and head count to more accurately reflect expected savings. The Board adopted a motion to reduce by \$600,000 the budgetary item for sun-setting programs/resource reductions.

Report on the Status of the 2011 Operating Contingency Fund and Approval of Supplemental

Appropriation Requests: Based on the favorable recommendation of the Budget and Finance Committee, the Board adopted the following resolution.

B-144-2011. Resolved, that the following appropriation be made from the 2011 Contingency Fund and be allocated to line items in separately listed cost centers and project id's, with the exception of capital funding, in accordance with the terms of the supplemental appropriation requests.

Division of Finance and Operations

(Cost Center 090-1400-000)

Additional Support for the Division of Finance - \$92,250

It was noted that the supplemental request for the FDA-Proposed Workgroup on Clinical Development of Sedation Products had been withdrawn.

B-143. Resolved, that the following appropriation be made from the 2011 Contingency Fund and be allocated to line items in separately listed cost centers and project id's, with the exception of capital funding, in accordance with the terms of the supplemental appropriation requests.

Division of Science/Professional Affairs--Withdrawn

(Cost Center 090-1650-000)

FDA-Proposed Workgroup on Clinical Development of Sedation Products - \$18,800

The following resolution was also withdrawn at this time and will be submitted for funding as a 2012 contingency request:

B-170. Resolved, that funding in the amount of \$4,900 be included in the 2012 budget to support travel for five at-large members of the Strategic Planning Committee to attend a 1-day meeting with the Board of Trustees in December 2012.

Approval of Quarterly Financial Statements: The Board adopted the following resolution.

B-165-2011. Resolved, that the ADA quarterly financial statements as of June 30, 2011, be filed and posted in the delegates section of ADA.org.

Reports of the Special Committee on Financial Affairs: The Board received reports from the SCFA regarding its meetings of August 31 and September 18, 2011. The Board acknowledged the first resolution adopted by the Committee that urges the Board to release all background documents relating to the pension to the House of Delegates unless the Board determines that certain documents need to be redacted to remove information too sensitive for general release. The Board also acknowledged the second resolution adopted by the Committee that urges the Board to fully investigate all assumptions underlying the parity plan and consider future changes to the plan as deemed necessary.

Government and Public Affairs

Report of the Senior Vice President, Government and Public Affairs: Federal and State Legislative, Regulatory and Public Affairs Update: Mr. Graham submitted a written report that addressed the following topics: Patient's Freedom to Choose Act; Dental Emergency Responder bill; Special Care Dentistry Act; Breaking Barrier to Oral Health Act; antitrust law reform; Healthy People 2020; United Nations Non-Communicable Diseases high-level meeting; substance use disorders; EPA fluoride contaminant levels; prescription drug labeling and prescription drug shortages; and development of a comprehensive infection control standard. Additionally Mr. Graham commented that in the short-term appropriations process the workforce demonstration projects have not been funded, and reported on options for funding these projects for the longer term. He also provided comments on Washington office activities relative to health care reform and the issues surrounding the creation of state exchanges; and the status of the ERISA bill and strategies to move it forward, and finally, he commented on activities to lobby and overturn the McCarran-Ferguson Act.

Dental Education/Professional Affairs

Report of the Commission on Dental Accreditation: Appointment of Consultants: The Commission submitted the following resolution which was adopted by the Board of Trustees (consent calendar item).

B-142-2011. Resolved, that the consultants to the Commission on Dental Accreditation be approved for terms ending with the 2012 ADA annual session.

Gann, Gary, New Port Richey, FL

Nissen, Larry, D.D.S., Merritt Island, FL

Report of the Council on Dental Education and Licensure: Appointment of Consultants: The Council submitted the following resolution which was adopted by the Board of Trustees (consent calendar item).

B-134-2011. Resolved, that the consultants to the Council on Dental Education and Licensure be approved for terms ending with the 2012 ADA annual session.

Ackley, Eva F., D.M.D., New Port Richie, FL (CERP)

Alves, Loren, D.M.D., San Antonio (Career Guidance)

Amato, Robert B., D.M.D., Boston (CERP)

Amirsoltani, Shafa, D.D.S., Oak Park, IL (Continuing Education)

Andrews, Nancy, B.S., Costa Mesa, CA (Continuing Education)

Barna, Julie Ann, D.M.D., Lewisburg, PA (CERP)

Bauer, Danielle, B.S., Chicago (Career Guidance)

Becker, Daniel E., D.D.S., Dayton, OH (Anesthesiology)

Beemsterboer, Phyllis, R.D.H., M.S., Ed.D., Portland, OR (Continuing Education)

Berg, Joel H., D.D.S., M.S., Seattle (Recognition/Specialties and Interest Areas in General Dentistry)

Brawley, Vicky, R.D.A., Eden Prairie, MN (Continuing Education)

Brown, David T., D.D.S., Indianapolis (CERP)

Budenz, Alan W., D.D.S., San Francisco (Continuing Education)

Calderbank, Susan E., D.M.D., Greenville, PA (Continuing Education)

Carter, Laurie, C., D.D.S., Richmond, VA (CERP)

Chaffin, Jeffrey, D.D.S., Falls Church, VA (CERP)

Christensen, Russell, D.D.S., Las Vegas (Continuing Education)

Coluzzi, Donald J., D.D.S., Portola Valley, CA (Continuing Education)

Couture, Donna, C.D.A., Vacaville, CA (Continuing Education)

Creamer, Sandra, St. Peters, MO (Continuing Education)

Crews, Karen M., D.M.D., Jackson, MS (Continuing Education)

Crowley, Karen E., D.D.S., Londonderry, NH (Anesthesiology)

Dingeldey, Carol, J., C.A.E., Southington, CT (CERP)
Donley, Timothy, G., D.D.S., Bowling Green, KY (Continuing Education)
Drelich, Elaine, D.D.S., Binghamton, NY (Continuing Education)
Drury-Klein, LaDonna, B.S., El Dorado Hills, CA (Continuing Education)
Ellis, Michael L., D.D.S., Dallas, TX (Anesthesiology)
Farman, Allan, D.D.S., Ph.D., M.S., Louisville, KY (Continuing Education)
Felton, David A., D.D.S., Chapel Hill, NC (CERP)
Fetner, Alan E., D.M.D., Jacksonville, FL (Continuing Education)
Feurstein, Paul N., D.M.D., Billerica, MA (Continuing Education)
Fields, Henry, D.D.S., Columbus, OH (Continuing Education)
Filler, Steven, J., D.D.S., Birmingham, AL (Educational Measurements and Testing)
Godwin-Pucket, Kimberly, Rocky Mound, NC (Continuing Education)
Goodis, George T., D.D.S., M.S., Grosse Pointe Woods, MI (Recognition/Specialties and Interest Areas in General Dentistry)
Govoni, Mary, R.D.H., Okemos, MI (Continuing Education)
Greco, Sonya, M.B.A., Pittsburgh (Career Guidance)
Hamilton, James, C., D.D.S., Ann Arbor, MI (Continuing Education)
Herlich, Andrew, D.M.D., M.D., Pittsburgh (Anesthesiology)
Hershey, Jr., H. Garland, D.D.S., Chapel Hill, NC (Continuing Education and CERP)
Houfek, Scott, D.D.S., Big Piney, WY (Recognition/Specialties and Interest Areas in General Dentistry)
Howard, Cindy, R.D.H., Harlan, KY (Continuing Education)
Howard, H. Fred., D.M.D., Harlan, KY (Continuing Education)
Howe, Brian, D.M.D., Madison, WI (Continuing Education)
Howell, Jr., Ralph, D.D.S., Suffolk, VA (CERP)
Kelsch, Robert, D.M.D., Rockville Centre, NY (Continuing Education)
Kenworthy, Paul, D.M.D., Essex Junction, VT (Continuing Education)
Kennedy, Brian T., D.D.S., Troy, NY (Education/Licensure)
Kosel, Eric, B., D.M.D., Tinley Park, IL (Continuing Education)
Kosinski, Ronald W., D.M.D., New Hyde Park, NY (Anesthesiology)
Krebs, Kenneth, D.M.D., Wilmette, IL (CERP)
Lamster, Ira, D.D.S., New York, NY (Continuing Education)
Le, Thimby D., D.M.D., Westminster, CA (Continuing Education)
Lott, James, D.M.D., Madison, MS (Continuing Education)
Low, Samuel, D.D.S., Gainesville, FL (Continuing Education)
Lugo, Ricardo, B.S., Ann Arbor, MI (Career Guidance)
MacDonnell, William, D.D.S., West Hartford, CT (Anesthesiology)
Mascarenhas, Ana Karina, B.D.S., M.P.H., Boston (CERP)
Mattson, Cynthia, C.P.A., Roy, UT (Continuing Education)
McClellan, Mart G., D.D.S., Lake Forest, IL (Continuing Education)
Melrod, David., D.D.S., Washington, DC (Continuing Education)
Merin, Robert L., D.D.S., Woodland Hills, CA (Anesthesiology)
Meyerowitz, Cyril, D.D.S., Rochester, NY (Education/Licensure)
Miller, Chris H., Ph.D., Indianapolis (Continuing Education)
Newell, Adele, B.S., New York (Career Guidance)
Nix, Ned L., D.D.S., San Jose, CA (CERP)
Obucina, Lillian, D.D.S., Chicago (Continuing Education)
Palmer, Lawrence, D.D.S., Rochester Hills, MI (Anesthesiology)
Parikh, Purvak, D.D.S., Olympia Fields, IL (Continuing Education)
Patino, Jr., Jesus Isaac, B.S., San Lorenzo, CA (Career Guidance)
Pavlik, Edward, J., D.D.S., Olympia Fields, IL (Continuing Education)
Penrod, Valerie, Sacramento, CA (Continuing Education)
Perkins, David, D.D.S., Bristol, CT (Education/Licensure)
Perry, Stephanie, M. Ed., Augusta, GA (Educational Measurements and Testing)

Peskin, Robert M., D.D.S., Garden City, NY (Anesthesiology)
Phero, James C., D.M.D., Cincinnati, OH (Anesthesiology)
Pierpont, H. Phillip, D.D.S., Houston (Educational Measurements and Testing)
Pope, Theodore, D.D.S., Englewood, OH (Continuing Education)
Ramos, Mario E., D.M.D., Midland Park, NJ (CERP)
Ramos-Gomez, Francisco, D.D.S., Los Angeles (Career Guidance)
Reed, Kenneth, L. D.M.D., Tucson, AZ (Anesthesiology and Continuing Education)
Remes, Michael C., D.D.S., Northfield, MN (Continuing Education)
Rhim, Chang, D.D.S., Chicago (Continuing Education)
Rich, Jonathan, W., D.M.D., Dry Ridge, KY (Continuing Education)
Romer, Maureen E., D.D.S., Mesa, AZ (Continuing Education)
Rosenberg, Morton B., D.M.D., Boston (Anesthesiology)
Rosenthal, Nancy, R., D.M.D., Jenkintown, PA (Continuing Education)
Sahota, Deepinder (Ruchi), D.D.S., Fremont, CA (Continuing Education)
Sameroff, Jeffrey, D.M.D., Pottstown, PA (Continuing Education)
Sanchez, Natalia, J., B.A., Farmington, CT (Career Guidance)
Schimmele, Steven R., D.D.S., Fort Wayne, IN (Anesthesiology)
Schmidt, James L., D.M.D., Readfield, ME (Education/Licensure)
Schwartz, Paul J., D.M.D., Dunkirk, MD (Anesthesiology)
Shirley, Jack I., D.D.S., San Antonio, TX (Continuing Education)
Shoup, Randolph, K., D.D.S., Noblesville, IN (Continuing Education)
Simonian, Roger J., D.D.S., Fresno, CA (CERP)
Sinkford, Jeanne, D.D.S., Washington, D.C. (Career Guidance)
Skowron John, D.D.S., Winnetka, IL (Continuing Education)
Sledd, Jamie, L., D.D.S., Maple Grove, MN (Continuing Education)
Sobieralski, Mary, D.D.S., Sacramento (Continuing Education)
Sorenson, Dale, D.D.S., Newburgh, IN (Continuing Education)
Stewart, Jeffrey C.B., D.D.S., M.S., Portland, OR (Recognition/Specialties and Interest Areas in General Dentistry)
Story, Michelle E., D.D.S., Ft. Thomas, KY (Continuing Education)
Stoute, Gregory Allen, D.M.D., M.P.H., Lubbock, TX (Educational Measurements and Testing)
Sullivan, C. Larry, D.D.S., Kansas City, MO (Career Guidance)
Szarejko, Mark, D.D.S., Palm Harbor, FL (Continuing Education)
Tan, Peter M., D.D.S., Frederick, MD (Anesthesiology)
Tarantola, Gregory, D.D.S., Miami, FL (Continuing Education)
Tom, James W, D.D.S., Los Angeles, CA (Anesthesiology)
Trocheset, Denise A., D.D.S., Stony Brook, NY (CERP)
Trushkowsky, Richard, D.D.S., Staten Island, NY (Continuing Education)
Van Dyk, William A., D.D.S., San Pedro, CA (Continuing Education)
Vence, Brian S., D.D.S., West Dundee, IL (Continuing Education)
Von Heimbarg Petra, D.D.S., Barrington, IL (Continuing Education)
Wahl, Nancy Conlin, R.D.H., Maple Grove, MN (Continuing Education)
Weaver, Joel, D.D.S., Westerville, OH (Anesthesiology)
Wheeler, Timothy, T., D.M.D., Gainesville, FL (CERP)
Williamson, Richard, D.D.S., Iowa City, IA (Continuing Education)
Wilson, Elizabeth Jean, A.A., Gallipolis, OH (Continuing Education)
Young, W. Lee, D.M.D., Savannah, GA (Anesthesiology)
Zablotsky, Nevin, D.M.D., South Hero, VT (Continuing Education)
Zak, Michael, J., D.D.S., Chicago (Continuing Education)
Zornosa, Ximena, D.M.D., Peachtree City, GA (Continuing Education)

Dental Practice/Professional Affairs

Report of the Council on Dental Benefit Programs: Recommended Revisions to the ADA Dental Claim Form to Reflect New Version of the HIPAA Dental Claim Transaction: The Council provided the Board background on its recent review and acceptance of 13 changes to the ADA Dental Claim Form. These changes will enable the ADA form to coincide with a new version of the HIPAA standard electronic dental claim transaction that will become effective January 1, 2012. The Board adopted the following resolution (consent calendar item).

B-163-2011. Resolved, that the Board of Trustees accepts the Council on Dental Benefit Programs' recommended revisions to the ADA Dental Claim Form to maintain consistency with the new version, 837D v5010 of the HIPAA standard electronic dental claim transaction, and be it further

Resolved, that the effective date for the new version of the ADA Dental Claim Form is no later than May 1, 2012, and be it further

Resolved, that information about the revised form and completion instructions be posted on the *CDT* manual "errata" page on ADA.org in conjunction with the form's effective date, and be it further

Resolved, that the revised form and completion instructions be incorporated into the next edition of the *CDT* manual.

Report of the Council on Dental Benefit Programs: SNODENT—Distribution and Derivative Works:

The Council submitted a proposal regarding the distribution of SNODENT through the National Library of Medicine, and development of a revenue-producing derivative and educational products related to SNODENT. The Board adopted the following resolution (consent calendar item):

B-149-2011. Resolved, that the distribution of SNODENT through the existing National Library of Medicine (NLM) mechanism (which would make SNODENT available as the NLM does for SNOMED-CT ® in multiple formats, free-of-charge to U.S. and international users under the terms of their own affiliate license agreement), be approved, and be it further

Resolved, that the Council on Dental Benefit Programs begin the development of derivative and educational works related to SNODENT as an alternative revenue source.

Report of the Chair of the Dental Quality Alliance: Update on Activities: An informational report on the current activities and key issues of the Dental Quality Alliance was submitted. Specific items reported were:

- The DQA has recently been accepted as a member of the National Quality Forum, a nonprofit organization that is engage in building consensus on national priorities and goals for performance improvement and endorses national consensus standards for measuring and publicly reporting on performance.
- The Research and Development Advisory Committee of the DQA is engage in evaluating existing pediatric oral health care measures to determine if they meet the NQF criteria for endorsement.
- Two important governance and finance issues that the DQA is currently considering are the proposal for the DQA to become its own legal entity and funding for 2012 through a tiered dues structure to ensure that this remains a revenue neutral effort for the ADA's 2012 budget.

(consent calendar item).

Report of the Council on Dental Practice: Review of Proposals to Explore the Economic Aspects of Mid-Level Providers of Oral Health Services: In response to a Board of Trustees' directive at its December 2010 session that called for the engagement of an external independent expert in health economics to undertake a study of mid-level dental providers, this report presented the RFP, the proposals received in response to the RFP and the Council's review of the responses. Based on its guidance, the Council noted that the Board will need to determine whether to proceed with the study, who negotiates the final project deliverables, executes an acceptable agreement with a vendor and oversees the project to completion.

The Board postponed consideration until the December 2011 Board session.

Legal Affairs

Report of the Division of Legal Affairs: Litigation and Other Matters: This report summarized the status of litigation, provided information regarding some of the division's efforts to protect the ADA's intellectual property; and provided a current analysis of the Contract Analysis Services (consent calendar item).

Report of the Council on Ethics, Bylaws and Judicial Affairs: Approval of Council Consultant: The Council submitted the following resolution which was adopted by the Board of Trustees (consent calendar item).

B-136-2011. Resolved, that Dr. Kenneth, Jones, Jr., of Mansfield, Ohio, be appointed as a consultant to the Council on Ethics, Bylaws and Judicial Affairs for terms ending with the 2012 ADA annual session.

Support for Dental Board of Alabama: The Board adopted the following resolution.

B-178-2011. Resolved, that the ADA legal staff is authorized, through the use of outside counsel, to file an amicus curiae brief in the Alabama Supreme Court in the case of Wilkinson v. Dental Board of Alabama, specifically in support of the notion that the Dental Board of Alabama should be held to be an agency of the State of Alabama and such other issues as may be in the interests of the ADA.

Mr. Busey reported that no additional funding is required to support this action, that it can be accomplished through the Legal Division's existing budget.

Membership, Tripartite Relations and Marketing

Report of New Dentist Committee: Approval of 2011-2012 Consultants to New Dentist Committee: The Board adopted the following resolution (consent calendar item).

B-135-2011. Resolved, that the Federal Dental Service and Local Arrangements Committee nominations for the 2011-2012 New Dentist Committee consultants be approved.

Report of the New Dentist Committee: Proposed Award: The Board adopted the following resolution (consent calendar item).

B-138-2011. Resolved, that the Board of Trustees approves the addition of the new award category titled "Outstanding New Dentist Committee Award" as presented in the New Dentist Committee's September 2011 report for implementation in the fall of 2011.

Report of the Diversity Committee: On behalf of the Diversity Committee, Dr. Versman, chair, presented several resolutions for the Board's consideration. The first, Resolution B-172, proposes a resolution that would update the definition on diversity. The resolution was moved by Dr. Versman and adopted by the Board of Trustees. (See page 379 for transmittal of Resolution 54 to the House of Delegates.)

B-172-2011. Resolved, that the following resolution be submitted to the 2011 House of Delegates:

Resolved, that the current definition on diversity (4H-2001), which reads "ADA membership diversity is defined as differences related to personal characteristics, demographics, and professional choices" be amended to eliminate the word membership that immediately proceeds the word diversity, so the definition reads as follows: "ADA diversity is defined as differences related to personal characteristics, demographics, and professional choices."

The second resolution establishes a new Golden Apple Award on the Outstanding Achievement in the Promotion of Diversity and Inclusion. Dr. Versman moved the adoption of Resolution B-173. On vote, the Board adopted the following resolution.

B-173-2011. Resolved, that the “Outstanding Achievement in the Promotion of Diversity and Inclusion” description and guidelines presented by the ADA Diversity Committee be approved as a new category in the Gold Apple Awards Program and that representatives from CAPIR (Council on Access, Prevention and Interprofessional Relations), CDEL (Council on Dental Education and Licensure), and CM (Council on Membership) serve as representatives of the judging committee.

The third resolution allows the Diversity Committee chair to select consultants from the Institute for Diversity in Leadership to participate in that Committee’s December meeting. It was reported that additional funding would not be required, since the Institute participants are already funded to be in Chicago in December. The Board adopted the following resolution.

B-174-2011. Resolved, that select participants, identified through the Diversity Committee chair, from the Institute for Diversity in Leadership be invited as consultants to participate in the Diversity Committee’s December meeting to gather their perspectives on best methods and approaches for embracing diversity and inclusion.

After a discussion in closed session, in response to a request from the National Dental Association, the Board approved a letter of apology to be sent to the members of the National Dental Association.

Science/Professional Affairs

Report of the Council on Scientific Affairs: Recent Activities: The Council submitted a report on recent activities that included an update on the Professional Product Review, the current ADA Acceptance Program guidelines with respect to the ADA Seal Program revitalization, an update on Evidence-Based Dentistry Center Activities, guidance development for Cone Beam CT and dental radiography, and ADA publications and editorial independence. The Council submitted the following resolution which was declared out of order by the Speaker since the Board does not have authority to amend the *Bylaws*.

B-161. Resolved, that in order to allow and facilitate implementation of editorial independence with respect to ADA scientific publications, appropriate ADA agencies propose new ADA policy based on the principles supported by the World Association of Medical Editors, on the relationship between, and the responsibilities of, the House, the Board of Trustees, and the editors of ADA scientific publications, and be it further

Resolved, that the ADA *Bylaws* be amended in Chapter VII. Board of Trustees, Section 90. Powers, paragraph D as follows:

D. Cause to be published in, or to be omitted from, any ~~official~~ non-scientific publication of the Association any article in whole or in part.

The Speaker indicated that the first resolving clause could be acted on by the Board, and that a district could submit to the House a resolution amending the bylaws duties of the Board as reflected in B-161. A motion was made to adopt the first resolving clause of Resolution B-161.

Following an extensive discussion, the following resolution was adopted.

B-161-2011. Resolved, that in order to allow and facilitate implementation of editorial independence with respect to ADA scientific publications, appropriate ADA agencies propose new ADA policy based on the principles supported by the World Association of Medical Editors, on the relationship between, and the responsibilities of, the House, the Board of Trustees, and the editors of ADA scientific publications.

Organizational/Other

Report of the Interim Governance Committee: A Standing Committee of the Board of Trustees: The Board adopted the following resolution (consent calendar item).

B-137-2011. Resolved, that the Interim Governance Committee become a standing committee of the Board, named "Governance Committee," and that the Board *Rules* be amended to reflect this change.

Report of the Board Rules Workgroup: On behalf of the Workgroup, Dr. Smith, chair, presented additional revisions to the *Organization and Rules of the Board of Trustees*. The Board adopted the following resolutions.

B-166-2011. Resolved, that the section of the *Organization and Rules of the Board of Trustees*, on pages 2-3 relating to the nomination and credentials of candidates for the office of Treasurer be revised as shown in Appendix 1.

B-167-2011. Resolved, that the *Organization and Rules of the Board of Trustees* be revised as shown in Appendix 1 to reflect the term definition of the House of Delegates members to the Audit, Budget and Finance, Pension and Strategic Planning committees of the Board of Trustees previously adopted by the Board.

B-168-2011. Resolved, that the *Organization and Rules of the Board of Trustees* be revised as shown on pages 20-22 of the attachment to implement the Board's previous adoption of the Interim Governance Committee Charter and to reflect the decision to make the committee a standing committee of the Board of Trustees.

Nominee to the Council on Access, Prevention and Interprofessional Relations: One member of the Council on Access, Prevention and Interprofessional Relations, appointed annually, is a health care facility administrator. Nominations are requested from the American Hospital Association for the Board's consideration and transmittal to the House of Delegates. Accordingly, the Board adopted the following resolution (consent calendar item).

B-141-2011. Resolved, that the nomination of Gregory L. Baber to the Council on Access, Prevention and Interprofessional Relations be approved for transmittal to the 2011 House of Delegates.

(Note: The list of council nominees presented to the House of Delegates in Board Report 1 was amended to include the information regarding Dr. Baber.)

Report of the ADA Foundation: Mr. Gene Wurth, executive director, ADA Foundation, appeared before the Board for the purpose of presenting the Foundation's quarterly report to the ADA Board of Trustees. Notable items in the report included an update on the search for a new Director of the Paffenbarger Research Center; list of grants approved by the ADAF Programs Committee since June 2011, ongoing activities regarding the Relief Grant Program; and status of the 2010 audit of the ADAF.

Appointment of ADA Council Chairs, 2011-2012: The following resolution was adopted by the Board of Trustees (consent calendar item).

B-152-2011. Resolved, that the following individuals be appointed to serve as chairs for the 2011-12 term.

Dr. David R. Holwager, **Council on Access, Prevention and Interprofessional Relations**
 Dr. W. Carter Brown, **Council on Communications**
 Dr. James G. Richeson, **Council on Dental Benefits**
 Dr. George J. Kinney, Jr., **Council on Dental Education and Licensure**
 Dr. Mark R. Zust, **Council on Dental Practice**

Dr. Marilyn S. Lantz, **Council on Ethics, Bylaws and Judicial Affairs**
 Dr. Richard A. Weinman, **Council on Government Affairs**
 Dr. Nancy Rosenthal, **Council on Membership**
 Dr. Steven R. Fink, **Council on Members Insurance and Retirement Programs**
 Dr. J. Timothy Wright, **Council on Scientific Affairs**
 Dr. Danielle R. Ruskin, **New Dentist Committee**

Revised 2012 Board of Trustees Meeting Dates: The following resolution was adopted (consent calendar item).

B-162-2011. Resolved, that the following amended Board of Trustees amended meeting dates for the year 2012 be approved.

February 4-5, 2012—Board Retreat (Saturday-Sunday)
 March 4-7, 2012 (Sunday-Wednesday)
 June 10-12, 2012 (Sunday-Tuesday)
 July 29-31, 2012 (Sunday-Tuesday)
 September 23-25, 2012 (Sunday-Tuesday)
 October 23, 2012 (New Board of Trustees—San Francisco)
 December 9-12, 2012 (Sunday-Wednesday)

and be it further

Resolved, that Resolution B-138-2009 approving the previous 2012 Board meeting dates, be rescinded.

Report of the President: Dr. Gist submitted a written report on his activities since the August session of the Board, which included attendance at a variety of meetings, conference calls, seminars and symposium, and the FDI World Dental Congress.

Report of the President-elect: Dr. Calnon submitted a written report on his activities since the August board session, which included attendance at a variety of meetings, conference calls, workshop, and the FDI World Dental Congress.

Report of the Executive Director on Business Development: Dr. O'Loughlin gave a presentation and submitted a report that addressed the ADA's current situation and ability to generate non-dues revenue. The report noted that "currently, the ADA lacks the internal infrastructure to support business development in a meaningful way." Dr. O'Loughlin's report outlined a proposal to create a business development structure and process for the ADA and provided a set of draft guiding principles that would define the parameters within which business development takes place. Due to the significance of this topic, the Board voted to postpone the following resolution to its December 2011 session.

B-147. Resolved, that the appended 2011 ADA Business Development Guiding Principles be approved by the Board of Trustees and provided to the Senior Management Team for distribution to ADA business development staff.

Report of Dr. Kenneth J. Versman, Liaison to the American Dental Political Action Committee:

Dr. Versman submitted a report on the July 15-18, 2011, meeting of the American Dental Political Action Committee (consent calendar item).

Report of Dr. Roger L. Kiesling, Liaison to the Commission on Dental Accreditation: Dr. Kiesling reported on the August 4-5, 2011, meeting of the Commission (consent calendar item).

Report of Dr. W. Ken Rich, Liaison to the Committee on International Programs and Development:

Dr. Rich submitted a report on the August 8, 2011, meeting on the Board's Standing Committee on International Programs and Development, and provided comments regarding the FDI Dental Congress.

Report of Dr. R. Wayne Thompson, Liaison to the Council on Dental Practice: Dr. Thompson submitted a report on the Council's May 12-14, 2011, meeting (consent calendar item).

Report of Dr. Patricia Blanton, Liaison to the Alliance of the American Dental Association: Dr. Blanton reported on the August 18, 2011, meeting of the Alliance of the American Dental Association (consent calendar item).

Report of Dr. Patricia Blanton, Liaison to the American Student Dental Association: Dr. Blanton reported on activities of the American Student Dental Association during 2011 (consent calendar item).

Report of Dr. Kenneth J. Versman, Chair of the Joint Advisory Committee on International Accreditation: Dr. Versman reported on the Joint Advisory Committee's conference call meeting held on July 28, 2011 (consent calendar item).

Report of Dr. S. Jerry Long, Liaison to the Council on Members Insurance and Retirement Programs: Dr. Long submitted a report on the August 26, 2011 meeting of the Council on Members Insurance and Retirement Programs (consent calendar item).

Presentations

Prioritizing Major Issues: Dr. Rich gave a presentation entitled "A Profession Facing Transitional Forces." Dr. Rich reported on activities of a workgroup that looked at outside forces that are impacting dental practices. These forces include: the economy, large corporate practices, the health care reform act, regulatory compliance issues, midlevel providers, high cost of education and student debt, new dental schools and third party intervention. Dr. Rich suggested that this presentation is a starting point to identify the most significant forces and the scope of their impact on dental practice. In December the Board could have a more in depth discussion on some of these issues and begin to identify activities that will make the ADA better prepared to proactively manage and get ahead of some of the issues.

Dr. Calnon asked the Board to prioritize the list presented in Dr. Rich's presentation in order to identify what issues should be considered first at next year's Board meetings.

Report of the Practice Management Initiative Advisory Group: Dr. Gounardes, Advisory Group chair, presented a report and a proposal for two new initiatives that would provide practice management resources and education to ADA members: 1) Dedicated Practice Management Web Resource, and 2) Dental Practice Certificate Program. Dr. Gounardes indicated that these activities support Strategic Plan Goal 1—to provide support to dentists so they may succeed and excel throughout their careers, while increasing member value and generating a potential revenue stream. The report and presentation emphasized the following information:

- recommendations presented are data-driven and fully supported by qualitative and quantitative research
- primary cost associated with this resource is staffing; implementation will require finding FTEs throughout the organization that may be realigned
- revenue figures are conservative—if executed well, the business certificate could potentially generate \$250,000 or more in revenue
- the development of a business plan will provide greater information to the Board

Dr. Gounardes reviewed the key components of each initiative, and also commented on costs relative to staffing, start up, marketing and technology. Because of the financial costs associated with implementation, if the Board wanted to forward a recommendation to the House, six possible options were provided for implementation of both initiatives; the dedicated web resource only; or the business certificate only.

There was general agreement that these activities fill a void and that there appears to be a need that should be filled by the ADA. Questions were raised about the need to prioritize ADA programs and activities in order to determine which should be continued or sunset in order to redirect staff to support newer programs.

Questions were asked about the faculty for the dental practice business certificate program; whether these initiatives are more applicable to new or seasoned members; the level of confidence in the accuracy of survey results; if similar programs offered by other organizations been examined; and how and when to begin implementation. Some Board members also indicated that they were concerned with taking any action without first seeing the business development plan. Comments were made regarding the risk to the ADA versus the cost of the program and asked if the risk is manageable.

Dr. Gounardes responded to all questions and indicated that a business plan would be developed for presentation to the Board in December.

Dr. Gounardes moved Resolution B-164.

B-164. Resolved, that a business plan be developed for the Dedicated Web Resource and the Dental Practice Business Certificate program for review at the December Board of Trustees meeting, and be it further

Resolved, that up to \$768,052 be included in the 2012 budget to support the development of these resources, and be it further

Resolved, that this be approved with the understanding that this initiative cannot proceed without the recommended staffing for a dedicated team of five, currently estimated to have a financial impact of \$472,702 in 2012 and \$630,270 annually on an ongoing basis, and be it further

Resolved, that the feasibility and impact of the reallocation of staff to support this effort be studied and reported to the Board of Trustees by March 31, 2012, to finalize the staff cost estimates.

A motion was made to delete the second and third resolving clauses to ensure that all facts regarding these initiatives are known by the Board before making any commitment. The Board thoroughly debated the amendment and Dr. Gounardes made an editorial change to the first resolving clause so the business plan would be submitted in March with the study on the feasibility and impact of staff reallocation to support these initiatives. On vote, the Board amended Resolution B-164; on vote the amended Resolution B-164 was adopted.

B-164-2011. Resolved, that a business plan be developed for the Dedicated Web Resource and the Dental Practice Business Certificate program for review at the March Board of Trustees meeting, and be it further

Resolved, that the feasibility and impact of the reallocation of staff to support this effort be studied and reported to the Board of Trustees by March 31, 2012, to finalize the staff cost estimates.

Acknowledgement of Dr. Gist: On behalf of the Board of Trustees, Dr. Calnon expressed appreciation to Dr. Gist for his hard work and dedication during the year.

Adjournment

On Wednesday, September 21, 2011, the Board of Trustees adjourned *sine die* at 2:17 p.m.

Notes

Minutes of the Board of Trustees

October 6, 2011

Special Telephonic Meeting of the Board of Trustees

Call to Order: A special session of the ADA Board of Trustees held via conference call was called to order on Thursday, October 6, 2011, by Dr. Raymond Gist, president, at 5:32 p.m. Central Standard Time. The meeting was called in accordance with the *Organization and Rules of the Board of Trustees*.

Roll Call: The following officers and trustees were present: Drs. Raymond F. Gist, William R. Calnon, A.J. Smith, J. Thomas Soliday, Edward Leone, Jr., Kathleen T. O'Loughlin, Robert A. Faiella, Joseph F. Hagenbruch, Roger L. Kiesling, S. Jerry Long, Samuel B. Low, W. Ken Rich, Donald L. Seago, Charles L. Steffel, Carol Gomez Summerhays, R. Wayne Thompson, Kenneth J. Versman, Edward J. Vigna and Charles R. Weber.

Drs. Dennis Engel, Maxine Feinberg, Steven Gounardes and Charles Norman were not present. Dr. Soliday announced the presence of a quorum.

Staff in attendance included Paul Sholty, chief financial officer; Craig Busey, chief legal counsel; and Thomas Elliott, deputy chief legal counsel. Gene Wurth, executive director, ADA Foundation, and Nancy Livingston, senior associate general counsel were present for a portion of the meeting.

Dr. Gist called the meeting to order and read the conflict of interest disclosure statement; no conflicts were reported.

2010 Consolidated Audited Financial Statements and Report of Audit Committee: Dr. Long, chair of the Audit Committee, moved the following resolution:

B-181. Resolved, that the Board accept the 2010 Consolidated Audited Financial Statements and Report of the Audit Committee.

Mr. Sholty gave an overview of the consolidated statements of financial position, specifically focusing the pension liability and post retirement benefit obligation and noted that the changes made by the Board in September to the pension program and retirement benefits will reduce these future liabilities.

A question was raised regarding the value of the ADA Building. Dr. Leone noted that the 2011 Board Report 2 (Worksheet:2062) reports that depending on the intended purpose, the estimated market values remain approximately \$41.5 million for sale to a residential developer and \$33 to \$39 million for office use.

Dr. Steffel suggested that the Board may be receiving questions from the delegates regarding the late release of the 2010 Audit Reports. He stated that the reason for the delay relates to not being able to start the 2010 Audit until the 2009 Audit was completed. Looking forward, the 2011 Audit is anticipated to be done by June or July 2012.

On vote, Resolution B-181 was adopted.

B-181-2011. Resolved, that the Board accept the 2010 Consolidated Audited Financial Statements and Report of the Audit Committee.

Give Kids A Smile Logo: Dr. O'Loughlin gave a brief background on the request to approve a template agreement governing the use of the Give Kids A Smile logo or word mark for the promotion of GKAS events.

The following resolution was moved and adopted:

B-180-2011. Resolved, that the attached "Give Kids A Smile Logo or Word Mark Request", having been approved by the Chair of the Council on Access, Prevention and Interprofessional Relations, be and hereby is approved as a template agreement governing the use of acceptable third parties of the Give Kids A Smile (GKAS) Logo or Word Mark for the promotion of GKAS events.

Adjournment

Following consideration of all agenda items, the meeting adjourned *sine die* at 5:56 p.m.

Minutes of the Board of Trustees

October 14, 2011

Las Vegas, Nevada

Call to Order: The first session of the new Board of Trustees was called to order by President William Calnon on Friday, October 14, 2011, at 12:11 p.m., at the MGM Grand Hotel, Room 101-102, Las Vegas, Nevada.

Roll Call: The following officers and trustees were present: Drs. William R. Calnon, Robert A. Faiella, Patricia L. Blanton, Kenneth J. Versman, J. Thomas Soliday, Edward Leone, Jr., Kathleen T. O'Loughlin, Jeffrey D. Dow, Dennis Engel, Maxine Feinberg, Steven Gounardes, Joseph F. Hagenbruch, Hilton Israelson, Roger L. Kiesling, Samuel B. Low, Charles H. Norman, W. Ken Rich, Gary L. Roberts, Donald L. Seago, Charles L. Steffel, Carol Gomez Summerhays, Edward J. Vigna, Charles R. Weber, and Gary S. Yonemoto.

Staff members present at the invitation of the President were: Jerry K. Bowman, managing vice president, Administrative services; J. Craig Busey, chief legal counsel; Helen Cherrett, senior director, Global Affairs; Thomas C. Elliott, Jr., deputy chief legal counsel; James S. Goodman, managing vice president, Conference and Meeting Services; Michael Graham, senior vice president, Government and Public Affairs; Albert H. Guay, chief policy advisor; Sabrina A. King, managing vice president, Human Resources and Organizational Development; Toni Mark, chief technology officer; Joseph McManus, senior vice president, Dental Practice/Professional Affairs; Daniel M. Meyer, senior vice president, Science/Professional Affairs; Kenneth Ohr, senior vice president, Communications and Marketing; Paul Sholty, chief financial officer; Michael D. Springer, managing vice president, Publishing; Wendy-Jo Toyama, senior vice president, Membership, Tripartite Relations and Marketing; Marko Vujicic, managing vice president, Health Policy Resources Center; Wendy Wils, senior associate general counsel, Legal Affairs; and Anthony Ziebert, interim senior vice president, Education/Professional Affairs.

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

B-182-2011. Resolved, that the agenda on page 1 of the Board Manual be approved as the official order of business for the current session.

Structure and Operation of the 2011-12 Board of Trustees

Amendments to the *Organization and Rules of the Board of Trustees*: It was noted that the *Organization and Rules of the Board of Trustees* is customarily presented for the Board's approval at the New Board session. However, it was pointed out particularly for the benefit of the New Board members that the Board, at its September session, had adopted significant modifications to the *Rules* as recommended by the Board Rules Work Group, chair by Dr. A. J. Smith. The *Organization and Rules of the Board of Trustees* was presented for the Board's review.

Council/Commission Liaison Assignments: In accordance with a long standing provision of the *Organization and Rules of the Board of Trustees*, the President assigns members of the Board to serve as council liaisons, with the responsibility of reviewing the programs and activities of a specified Association council/commission. Accordingly, President Calnon made the following liaison assignments to ADA councils and commissions.

Access, Prevention and Interprofessional Relations
ADA Sessions
Communications
Dental Accreditation

Dr. Ken Rich
Dr. Joseph Hagenbruch
Dr. Charles Steffel
Dr. Maxine Feinberg

Dental Benefit Programs	Dr. Charles Norman
Dental Education and Licensure	Dr. Charles Weber
Dental Practice	Dr. Donald Seago
Ethics, Bylaws and Judicial Affairs	Dr. Dennis Engel
Government Affairs	Dr. Edward Vigna
Membership	Dr. Samuel Low
Members Insurance and Retirement Programs	Dr. Gary Roberts
National Dental Examinations	Dr. Patricia Blanton
Scientific Affairs	Dr. Roger Kiesling
New Dentist Committee	Dr. Carol Gomez Summerhays

Delegation to the FDI World Dental Congress: The following individuals were appointed by President Calnon to serve as the delegation to the 2012 World Dental Congress to be held in Hong Kong.

Delegates

Dr. Kathleen Roth, chair
 Dr. William Calnon
 Dr. Robert Faiella
 Dr. Raymond Gist
 Dr. Ronald Tankersley
 Dr. W. Ken Rich
 Dr. Maxine Feinberg
 Dr. Carol Gomez Summerhays
 Dr. Gary Yonemoto
 Dr. Kathleen O'Loughlin

Due to budget constraints no Alternate Delegates were selected for the 2012 delegation.

Appointment to the FDI Advisory Committee:

Dr. William Calnon, president
 Dr. Raymond Gist, immediate past president
 Dr. Maxine Feinberg, member of the Board and ADA/FDI Delegation
 Dr. Kathryn Kell, ADA/FDI Council Member
 Dr. Kathleen Roth, USA National Liaison Officer
 Dr. Robert Faiella, president-elect, *ex officio*
 Dr. Kathleen O'Loughlin, executive director, *ex officio*

Appointment of Standing Committees: The Board of Trustees has ten standing committees: Audit, Compensation, Diversity, Budget and Finance, Governance, Information Technology, International Programs and Development, New Dentist, Pension, and Strategic Planning. New Dentist members are selected by the Board of Trustees and confirmed by the House of Delegates.

Accordingly, President Calnon made the following appointments to the standing committees of the Board of Trustees for 2011-12.

Audit Committee

Dr. Charles Steffel, chair*
 Dr. Maxine Feinberg
 Dr. Roger Kiesling
 Dr. Hilton Israelson
 Dr. Ron Lemmo
 Dr. Richard Andolina
 Dr. Robert Faiella
 Dr. William Calnon, *ex officio*

Budget and Finance

Dr. Charles Norman, chair
 Dr. Edward Leone, Jr.
 Dr. Patricia Blanton
 Dr. Dennis Engel
 Dr. Steven Gounardes
 Dr. Gary Roberts
 Dr. J. Ted Sherwin
 Dr. Bryan Marshall

Compensation

Dr. W. Ken Rich, chair
 Dr. Robert Faiella
 Dr. Donald Seago
 Dr. Carol Gomez Summerhays
 Dr. Jeffrey Dow
 Dr. Edward Leone
 Dr. William Calnon, *ex officio*

Diversity

Dr. Samuel Low, chair
 Dr. Charles Weber
 Dr. Steven Gounardes
 Dr. Gary Yonemoto

Governance

Dr. Samuel Low, chair
 Dr. Dennis Engel
 Dr. Donald Seago
 Dr. Charles Weber
 Dr. Carol Gomez Summerhays
 Dr. Jeffrey Dow
 Dr. Kenneth Versman
 Dr. William Calnon, *ex officio*
 Dr. Robert Faiella, *ex officio*
 Dr. Kathleen O'Loughlin, *ex officio*

International Programs and Development

Dr. Kathryn Kell, chair
 Dr. David Frost
 Dr. Gary Leff
 Dr. Christopher Fox
 Dr. Martin Hobdell
 Dr. Madeline Monaco
 Dr. Jamie Just
 Dr. W. Ken Rich
 Dr. Edward Brown
 Dr. Al Guay
 Dr. William Calnon, *ex officio*
 Dr. Robert Faiella, *ex officio*

Information Technology

Dr. Edward Vigna, chair
 Dr. Charles Weber
 Dr. Joseph Hagenbruch
 Dr. Hilton Israelson
 Dr. William Calnon
 Dr. Robert Faiella

Pension

Dr. Edward Leone, Jr., chair
 Dr. Charles Norman
 Dr. Carol Gomez Summerhays
 Dr. Wendy Brown
 Dr. Jeffrey Hurst
 Dr. Kathleen O'Loughlin
 Mr. Paul Sholty
 Ms. Sabrina King
 Mr. J. Craig Busey, legal counsel
 Dr. William Calnon, *ex officio*
 Dr. Robert Faiella, *ex officio*

Strategic Planning Committee

Dr. McKinley Price, chair
 Dr. Charles Norman
 Dr. Dennis Engel
 Dr. Carol Gomez Summerhays
 Dr. Jeffrey Dow
 Dr. Robert Faiella
 Dr. Evis Babo
 Dr. Daniel Klemmedson
 Dr. Todd Cubbon
 Mr. Adam Shisler
 Dr. Danielle Ruskin
 Dr. J. Ted Sherwin
 Dr. Kathleen O'Loughlin
 Mr. Jerry Bowman

*Subject to the Board of Trustees' consideration of 42H-2011, that urges the Board to modify the *Board Rules* to allow the members of the Audit Committee to elect its own chair from among all voting members of the Committee.

The President entertained a motion, which was duly seconded, to suspend the *Organization and Rules of the Board of Trustees* section on Standing Committees to add one additional member to the Strategic Planning Committee and two additional members to the Committee on Governance. Upon adoption of the motion to suspend the *Rules*, the Board of Trustees adopted the following resolutions.

B-183-2011. Resolved, that Dr. McKinley Price be appointed to serve as chair of the Strategic Planning Committee for the 2011-12 term.

B-184-2011. Resolved, that the appointments to the standing committees of the Board of Trustees as made by the President be approved.

New Dentist Ex Officio Appointments to ADA Councils/Commissions: In accordance with the ADA *Bylaws*, Chapter VII, Section 140e, the duties of the Committee include serving as *ex officio* members, without the power to vote, on councils and commissions of the Association on issues affecting new dentists. The following one-year *ex officio* appointments to ADA councils and commissions are presented by the President for the Board's consideration. In addition, a liaison appointment is presented for the American Political Action Committee.

B-185-2011. Resolved, that the members of the New Dentist Committee, as presented by the ADA President, be approved as *ex officio* members of the ADA councils and commissions and the American Dental Political Action Committee, without the power to vote.

New Dentist Ex Officio Appointees to ADA Councils/Commissions

Council on Access, Prevention and Interprofessional Relations	Dr. Jennifer Enos
Council on ADA Sessions	Dr. Matt Niewald
Council on Communications	Dr. Edgar Radjabli
Council on Dental Benefit Programs	Dr. Sarah Poteet
Council on Dental Education and Licensure	Dr. Chris Salierno
Council on Dental Practice	Dr. Eric Unkenholz
Council on Ethics, Bylaws and Judicial Affairs	Dr. Rex Yanase
Council on Government Affairs	Dr. Shamik Vakil
Council on Membership	Dr. Brian Schwab
Council on Members Insurance and Retirement Programs	Dr. Madalyn Davidson
Council on Scientific Affairs	Dr. Dan Bruce
American Dental Political Action Committee	Dr. Keri Miller

Appointment of Representatives to Other Organizations and Activities: The following appointments of representatives and members of other committees were also made by President Calnon.

Official Observer to the American Medical Association House of Delegates	Dr. David Whiston
Official Observer to the American Hospital Association House of Delegates	Dr. David Holwager
Liaison to the American Student Dental Association	Dr. Steven Gounardes
Liaison to the Alliance of the American Dental Association	Dr. Kenneth Versman
Presenter of Board Reports to the House of Delegates	Dr. Charles Steffel
American Dental Political Action Committee Board of Directors	Dr. Steven Gounardes

Appointment of Representatives to Other Organizations and Activities (Continued):

Norton Ross Selection Committee	Dr. Dennis Engel
Liaison to the Dental Economic Advisory Group (DEAG)	Dr. Roger Kiesling Dr. Hilton Israelson
Dental Lifeline Network Board of Directors	Dr. Donald Seago Dr. Edward Vigna
Liaison to the Dental Informatics Standards Committee	Dr. Joseph Hagenbruch
The Dr. Samuel D. Harris National Museum of Dentistry Board of Visitors	Dr. Charles Weber
Dental Content Committee	Dr. Charles Norman, chair Dr. Joseph Hagenbruch, vice chair
Western Regional Examining Board (WREB) Exam Review Committee	Dr. Ron Lemmo
American Board of Dental Examiners (ADEX)	Dr. Samuel Low
Publishing Liaison	Dr. Dennis Engel
Corporate Relations	Dr. Edward Vigna Dr. Carol Gomez Summerhays Dr. Charles Steffel, Council on Communications Board Liaison

Nominee for Board of ADA Not-for-Profit Subsidiary: The following nomination was made by President Calnon.

ADA Foundation Dr. Gary Yonemoto, first-year trustee

Sessions of the Board of Trustees, 2011-12: The *Bylaws* (Chapter VII, Section 110A) requires that “The Board of Trustees shall hold a minimum of three regular sessions each year. The number of actual meetings to be held in excess of the three for the ensuing year shall be determined in advance by the Board of Trustees.”

B-186-2011. Resolved, that the sessions of the 2011-12 Board of Trustees be as follows:

December 11-14, 2011 (Sunday-Wednesday)
 February 4-5, 2012—Board Retreat (Saturday-Sunday)
 March 4-7, 2012 (Sunday-Wednesday)
 June 10-12, 2012 (Sunday-Tuesday)
 July 29-31, 2012 (Sunday-Tuesday)
 *September 22-24, 2012 (Saturday-Monday)
 October 23, 2012 (New Board of Trustees—San Francisco)
 December 9-12, 2012 (Sunday-Wednesday)

*Subsequent to the adoption of B-186-2011, the September Board meeting dates were modified in recognition of Yom Kippur as reflected above.

Contracts With the President and President-elect: In accordance with the Board *Rules*, the Association offers one-year contracts to the President and President-elect, with the Board of Trustees reviewing and approving the contracts at its first meeting following the annual session.

B-188-2011. Resolved, that the 2011-2012 President Corporate Officer Agreement, be approved and adopted.

B-189-2011. Resolved, that the 2011-2012 President-elect Corporate Officer Agreement, be approved and adopted.

Report of the Executive Director on ADA Headquarters Office in Chicago: Dr. O'Loughlin briefed the Board of an emerging opportunity regarding tenant space at 211 E. Chicago Avenue.

A motion was approved to allow executive staff to give approval to Jones Lang LaSalle to negotiate lease agreements.

Report of the Chief Financial Officer: Beginning in July 2011, the Council on ADA Sessions outsourced the function of exhibit sales and tradeshow management for the annual session to Corcoran Exposition, Inc. As a best practice, Corcoran has each of their clients open an account at their bank (La Grange Bank) in the client's name. Accordingly, the following resolution was presented.

B-190-2011. Resolved, that the Executive Director and Chief Financial Officer be directed to enter into agreements necessary to open a new bank account at the First National Bank of LaGrange as well as a new credit card merchant account as part of the implementation of outsourcing exhibit sales management to Corcoran Exposition, Inc., and be it further,

Resolved, that the individuals holding the following positions will be the authorized signers of those accounts:

Treasurer
Executive Director
Chief Financial Officer
Director, Accounting & Reporting

New Business: The President opened discussion requesting Board feedback on the House of Delegates meeting. The Board agreed that the House of Delegates meeting was a success. In particular, several trustees expressed the value of the Board's Budget Breakfast. A request was made to schedule the meeting earlier in the week next year. A suggestion was made to consider a Reference Committee on Governance in 2012. The President indicated that increased communication and presentation of easy to understand material resulted in a more informed and better prepared House of Delegates.

Adjournment

The Board adjourned *sine die* at 1:26 p.m.

Minutes of the Board of Trustees

December 11–14, 2011

Headquarters Building, Chicago

Call to Order: The second regular session of the Board of Trustees of the American Dental Association was called to order by Dr. William R. Calnon, president, on Sunday, December 11, 2011, at 8:30 a.m., in the Board Room of the ADA Headquarters Building, Chicago.

Roll Call: Officers and members of the Board of Trustees in attendance were: William R. Calnon, Robert A. Faiella, Patricia L. Blanton, Kenneth J. Versman, J. Thomas Soliday, Edward Leone, Jr., Kathleen O'Loughlin, Jeffrey D. Dow, Dennis Engel, Maxine Feinberg, Steven Gounardes, Joseph F. Hagenbruch, Hilton Israelson, Roger L. Kiesling, Samuel B. Low, Charles H. Norman, W. Ken, Rich, Gary L. Roberts, Donald L. Seago, Charles L. Steffel, Carol Gomez Summerhays, Edward J. Vigna, Charles R. Weber, and Gary S. Yonemoto.

The Speaker, Dr. Soliday, announced that a quorum was present.

The following ADA staff members were in attendance for all or portions of the meeting at the invitation of the president: Jerome K. Bowman, managing vice president, Administrative Services; J. Craig Busey, Esq., chief legal officer; James S. Goodman, managing vice president, Conference and Meeting Services; Michael Graham, senior vice president, Government and Public Affairs; Albert H. Guay, chief policy advisor; Sabrina King, managing vice president, Human Resources and Organizational Development; Joseph M. McManus, senior vice president, Dental Practice/Professional Affairs; Toni Mark, chief technology officer; Daniel M. Meyer, senior vice president, Science/Professional Affairs; Clayton B. Mickel, managing vice president, Corporate Relations; Kenneth Ohr, senior vice president, Communications and Marketing; Paul Sholty, chief financial officer; Michael D. Springer, publisher and managing vice president, Publishing; Wendy-Jo Toyama, senior vice president, Membership, Tripartite Relations and Marketing; Marko Vujicic, managing vice president, Health Policy Resources Center; and Tony Ziebert, senior vice president, Education/Professional Affairs.

Also in attendance were: Michael Glick, editor, *The Journal of the American Dental Association*; Tomisena Cole, senior manager, Board and House Matters; Thomas C. Elliott, Jr., Esq., deputy chief legal officer, Legal Affairs; Linda Hastings, senior director, Administrative Services; Judith Jakush, editor, *ADA News*; Alyn Johnson, coordinator, Publications and Projects, Administrative Services; Elizabeth Shapiro, ADA Hillenbrand Fellow; and Wendy J. Wils, Esq., senior associate general counsel, Legal Affairs. Other ADA staff members were in attendance for specific agenda items of interest.

Before consideration of business, Dr. Calnon read the ADA Disclosure Statement in compliance with Resolution 99H-2010; no conflicts of interest were identified.

Dr. Calnon welcomed the continuing and new members of the Board and conveyed his expectations for how the Board will manage its work during the upcoming year.

Preliminary

Approval of Agenda and Consent Items: A combined agenda and consent calendar was presented for the Board's consideration. Board members were advised that reports remaining on the consent agenda would be filed and the resolutions adopted. Several reports were identified in advance of the meeting as non-consent items and Board members removed additional reports from the consent calendar.

The following item of new business was added to the agenda: Oral Update on the Dental Quality Alliance (DQA) meeting, proposed by Dr. Hagenbruch.

The Board adopted the following resolution:

B-191-2011. Resolved, that the agenda, as amended, be approved as the official order of business for the current session of the Board of Trustees except that the President may alter the order of the agenda when necessary to expedite business, and be it further
Resolved, that Board reports identified as consent items, as amended, be filed and resolutions adopted.

Report on Mail Ballot Actions: A mail ballot seeking approval of the Minutes of the October 6, 2011, Special Session of the Board of Trustees was circulated to the Board via email on September 12, 2011. The following resolution was adopted unanimously by those Board members who participated in the special session of the Board (Consent calendar item).

B-187-2011. Resolved, that the minutes of the October 6, 2011 special session of the Board of Trustees be approved.

Approval of Minutes of Previous Sessions: Draft minutes of the September 19-21 and October 14, 2011, sessions of the Board of Trustees were circulated to the Board for approval. Resolution B-193 was approved through the consent calendar.

B-193-2011. Resolved, that the minutes of September 19-21, 2011, session of the Board of Trustees be approved.

Resolution B-194 was removed from the consent calendar by Dr. Hagenbruch for clarification regarding one section of the minutes. Dr. Hagenbruch indicated that based on subsequent information obtained he no longer had a concern with the minutes as presented. On vote, Resolution B-194 was adopted.

B-194-2011. Resolved, that the minutes of October 14, 2011, session of the New Board of Trustees be approved.

Communications and Marketing

Report of the Division of Communications and Marketing: Consumer Website Business Plan: Along with a written report, the senior vice president, Communications and Marketing, gave a presentation entitled "Transferring Knowledge to the Public: A Consumer Website Business Plan." The focus of the presentation was on the opportunity the proposed consumer website would have for the ADA to be recognized by the public as the trusted resource for consumer oral health information. Information regarding the business potential for such a website along with a financial summary of anticipated revenue and expenses for the first five years of operation, and anticipated risk and benefit to the Association was outlined in the presentation.

The Division's report provided extensive details of the business plan which proposes unifying consumer messaging under a single-minded position, creating the website dedicated to consumer oral health, and leveraging that website and ADA intellectual property to create non-dues revenue.

The Board questioned the revenue projections and the potential of current advertising revenue shifting from current programs to this new website; the types of advertising that could be placed on the new website; future staffing needs and costs; and the branding of the new Mouth Healthy site with the ADA logo. The Chief Technology Officer was asked if IT had the capacity to support this new endeavor over the five year time frame; she responded that based on the improved infrastructure, and staff efficiencies, IT can provide the necessary support. Resolution B-203 was moved for consideration.

B-203. Resolved, that the Board of Trustees support the development and launch of a website specifically dedicated to providing oral health prevention, care and treatment information and tools for public audiences, and be it further

Resolved, that the website be developed to provide revenue to the Association through commercial sponsorships and consumer advertising, and be it further

Resolved, that the Council on Communications, through its workgroup on brand management, provide the on-going oversight of this public outreach effort and the use of ADA intellectual property on the new website.

A motion was made to amend Resolution B-203 by deleting the words “and launch” in the first resolving clause, and adding a new fourth resolving clause requiring Board review and approval of advertising guidelines prior to the launch of the consumer website. The Board adopted the proposed amendments. Following additional discussion, the Board adopted the amended resolution.

B-203-2011. Resolved, that the Board of Trustees supports the development of a website specifically dedicated to providing oral health prevention, care and treatment information and tools for public audiences, and be it further

Resolved, that the website be developed to provide revenue to the Association through commercial sponsorships and consumer advertising, and be it further

Resolved, that the Council on Communications, through its workgroup on brand management, provide the on-going oversight of this public outreach effort and the use of ADA intellectual property on the new website, and be it further

Resolved, that the Board of Trustees will review and approve the advertising guidelines before the site is launched.

Report of the Senior Vice President, Communications and Marketing: Sharecare Collaboration Status

Update: A progress report on the ADA's ongoing collaboration with Sharecare was submitted for the Board's information. The report provided information on potential non-dues revenue as a result of the collaboration, and identified key issues related to engaging member dentists to participate as Sharecare contributors and increasing traffic to ADA provided answers on Sharecare (consent calendar item).

Finance and Operations

Report of the Committee on Budget and Finance: The Committee submitted a report on its December 10, 2011 meeting, identifying major topics the Committee discussed and reports it received. The Committee forwarded to the Board its comments and recommendations on several resolutions that it considered (consent calendar item).

Third Quarter 2011 Financial Statements. The Budget and Finance Committee reviewed and approved the Quarterly Financial Statements for the Quarter ending September 30, 2011; the Committee forwarded the information and resolution to the Board of Trustees. The Board adopted the following resolution (consent calendar item).

B-199-2011. Resolved, that the ADA quarterly financial statements as of September 30, 2011 be filed and posted in the delegates section of ada.org.

Authorized Signers on Bank and Investment Accounts. The Committee received, reviewed and discussed the Chief Financial Officer's Report on Authorized Signers for Bank and Investment Accounts; the Committee forwarded the information and resolution to the Board of Trustees. The Board adopted the following resolution (consent calendar item).

B-211-2011. Resolved, that the Executive Director and the Chief Financial Officer be directed to file the necessary documents with the Association's financial institutions in order to identify the authorized signatories of the Association's financial and investment accounts, and be it further

Resolved, that the individuals holding the following noted positions will be the authorized signatories of all bank accounts of the ADA, including its operating accounts:

Treasurer
Executive Director
Chief Financial Officer
Director, Accounting & Reporting

and be it further

Resolved, that in addition to individuals listed above, individuals holding the following noted positions will be the authorized signatories of the Washington DC Operating account:

Senior VP – Government Affairs
Director, Administrative Services (DC)

and be it further

Resolved, that the individuals holding the following noted positions will be the authorized signatories of the Association's building accounts:

Chicago Building
Treasurer
Executive Director
Chief Financial Officer
Director, Accounting & Reporting
Jones Lang LaSalle designees

Washington, D.C. Building
Treasurer
Executive Director
Chief Financial Officer
Director, Accounting & Reporting
Borger Management designees

and be it further

Resolved, that the individuals holding the following noted positions will be the authorized signatories of the ADA Political Action Committee (ADPAC) accounts:

Treasurer
Executive Director
Chief Financial Officer
Director, Accounting & Reporting
Senior VP – Government Affairs
Director, ADPAC

and be it further

Resolved, that the individuals holding the following noted positions will be the authorized signatories of the Association's investment accounts:

Executive Director
Chief Financial Officer
Director, Accounting & Reporting

and be it further

Resolved, that Resolutions B-63-2002 through B-71-2002 be rescinded.

Postponement of Email Forwarding Upgrade Project. The Budget and Finance Committee received a report on the ADAmember.net Email Forwarding System and the funds that had been included in the 2011 Special Assessment to complete a system upgrade. It was reported that before completing the upgrade, system utilization data was collected for a three month period and the data showed the approximately 800 ADA members are registered for this service but less than 170 members showed activity. The Committee reviewed a request to postpone the system upgrade to allow the House of Delegates an opportunity to review volume information on utilization and determine if this service should be continued to be offered prior to spending \$130,300 on an upgrade. In the meantime, the project funds would be moved into restricted reserves. The Board of Trustees adopted the following resolution (consent calendar item).

B-192-2011. Resolved, that the upgrade of the ADA member email forwarding system be postponed pending submission to the House of Delegates of the relevant volume utilization data, based on which the House of Delegates can make an informed decision as to whether to go forward with the needed upgrade.

The Committee also provided recommendations on each Contingent Fund request. The Committee's recommendation and the Board actions are reported in the discussion of those requests (see pages 407-409).

Report of the Compensation Committee: The Board of Trustees adopted the following resolution.

B-215-2011. Resolved, that the Board of Trustees authorizes the Compensation Committee to negotiate the terms of a contract to extend the employment of Dr. Kathleen O'Loughlin as Executive Director/Chief Operating Officer of the ADA and to bring such proposed contract, when substantially finalized and prior to the expiration of the current contract, to the Board of Trustees for approval before execution.

Report of the Audit Committee: Dr. Steffel, Audit Committee chair, presented the Committee's report which noted major topics discussed, reports received and actions taken. The Committee forwarded to the Board several resolutions for its consideration.

ADA Foundation Audit Function. The Audit Committee recommended that the ADA Board strongly urge the ADAF Board to delegate its audit function to the ADA Audit Committee. The Board, after questioning the implications of these actions to the ADA, the Foundation and ADABEI, adopted the following resolution.

B-218-2011. Resolved, the ADA Foundation Board of Directors is strongly urged to delegate its audit function to the ADA Audit Committee, and be it further

Resolved, to facilitate and implement the foregoing delegation of the ADA Foundation Board of Directors' audit function, the ADA and ADA Foundation negotiate and enter into appropriate agreements or memoranda of understandings, and be it further

Resolved, in performing the audit function delegated by the ADA Foundation, the ADA Audit Committee will report on ADA Foundation audit matters directly to the ADA Foundation Board of Directors.

ADABEI Audit Function. The Audit Committee recommended that the ADA Board strongly urge the ADABEI Board of Directors to delegate its audit function to the ADA Audit Committee. The Board adopted the following resolution.

B-219-2011. Resolved, the ADABEI Board of Directors is strongly urged to delegate its audit function to the ADA Audit Committee, and be it further

Resolved, to facilitate and implement the foregoing delegation of the ADABEI Board of Directors' audit function, the ADA and ADABEI negotiate and enter into appropriate agreements or memoranda of understandings, and be it further

Resolved, that in performing the audit function delegated by ADABEI, the ADA Audit Committee will report on ADABEI audit matters directly to the ADABEI Board of Directors.

Competitive Bid Threshold. The Audit Committee recommended to the Board that the competitive bid threshold be raised from \$5,000 to \$25,000 based on information provided by the internal auditors' review of other non-profit entities. The Board adopted the following resolution (consent calendar item).

B-220-2011. Resolved, that the three competitive bid threshold in the ADA contracting policies be raised from \$5,000 to \$25,000.

Report on the Status of the 2012 Operating Contingency Fund and Approval of Appropriation

Requests: A Contingency Fund of \$1 million was authorized in the 2012 budget. Based on the Budget and Finance Committee's review and recommendations on these requests, the Board took the following actions.

Combined Board of Trustees and Strategic Planning Committee Meeting. The Budget and Finance Committee recommended funding this request and the Board adopted the following resolution.

B-196-2011. Resolved, that the following appropriation be made from the 2012 Contingency Fund and be allocated to line items in separately listed cost centers, with the exception of capital funding, in accordance with the terms of the supplemental appropriation requests.

Division of Administrative Services

(Cost Center 090-1050-XXX)

Combined Board of Trustees & Strategic Planning Committee Meeting—\$6,700

Planning for a 2013 National Summit on the Prevention of Oral Disease. The Budget and Finance Committee recommended funding this request up to \$14,000; the Board accepted the recommendation of the Committee and amended the request to fund up to \$14,000 rather than original request of \$27,650. Questions were raised about the anticipated total costs for this summit and the potential for securing outside funding. It was reported that based on the total costs of the 2009 Summit on Access to Care, anticipated the costs for a comparable summit would be \$342,700. This cost estimate assumes ADA would fund all stakeholder participants; it was suggested that in the planning process consideration be given to urging participating stakeholders to fund their own attendance. The Board adopted the following amended resolution and directed that the balance of the funding be sought from other sources.

B-197-2011. Resolved, that the following appropriation be made from the 2012 Contingency Fund and be allocated to line items in separately listed cost centers, with the exception of capital funding, in accordance with the terms of the supplemental appropriation requests.

Division of Dental Practice/Professional Affairs

(Cost Center 090-1500-XXX)

Planning for a 2013 National Summit on the Prevention of Oral Disease—\$14,000

Annual In-Person Dental Team Advisory Panel Meeting. The Budget and Finance Committee recommended that the funding request be denied. The Board did not adopt the following resolution.

B-217. Resolved, that the following appropriation be made from the 2012 Contingency Fund and be allocated to line items in separately listed cost centers and project id's, with the exception of capital funding, in accordance with the terms of the supplemental appropriation requests.

Division of Dental Practice/Professional Affairs

(Cost Center 090-1500-000)

Restore Funding for the Annual Face to Face Dental Team Advisory Panel Meeting—\$8,450

Report on the Status of the 2011 Operating Contingency Fund and Approval of Supplemental Appropriation Requests: A Contingency Fund of \$1 million was authorized in the 2011 budget of which \$121,250 was earmarked for funding of potential additional legal fees and \$878,750 earmarked for use by ADA agencies.

Funding Match for ADA Staff Charity Raffle. The Budget and Finance Committee recommended funding this request; the Board adopted the following resolution.

B-198-2011. Resolved, that the following appropriation be made from the 2011 Contingency Fund and be allocated to line items in separately listed cost centers and project id's, with the exception of capital funding, in accordance with the terms of the supplemental appropriation requests.

Division of Administrative Services

(Cost Center 090-1050-000)

Funding Match for ADA Staff Charity Raffle—\$7,500

Report on Final Status of the 2011 Capital Contingency Fund and Approval of Supplemental

Appropriation Requests: It was reported that a Capital Contingency Fund of \$200,000 was authorized in the 2011 budget, and that capital funding requests were approved in the amount of \$68,075, leaving a favorable balance of \$131,925 (consent calendar item).

Board Review of Technical and Financial Information: Concern was expressed regarding Board Standing Committee reports that are technical and/or financial in nature being placed on the consent calendar, noting that these reports are received the day before the Board meeting which may be insufficient time to review the information.

Information Technology

Report of the IT Division: Status of 2011 IT Initiatives: This informational report provided a status of major projects and the financial performance of these projects as compared to budget. It also articulated the status of major initiatives through October 31, 2011 (consent calendar item).

Policy

Report of the Chief Policy Advisor: Compendium of Selected Writings of the Chief Policy Advisor:

This report identified a listing of writings of the Chief Policy Advisor as a result of research and projections on subjects that will become important to the Association in the future. These documents will serve as reference material for the Board and other Association agencies and will be housed both in the Office of the Executive Director and the ADA Library (consent calendar item).

Dental Education/Professional Affairs

Council on Dental Education and Licensure's Recommendation Regarding Resolution 66H-2011

(Deflating the Dental Education Bubble): The Council reported on its review of Resolution 66H-2011 as well as noting that it revisited its response to the House of Delegates on Resolution 87-2010. The Council acknowledged that the 2011 House allocated \$230,000 to manage Resolution 66H, which will require outside consultant services, committee meetings, data collection and publication. The Council presented the following resolution for the Board's consideration as a first step in addressing the charge of Resolution 66H-2011.

B-204. Resolved, that the Board of Trustees accepts the Council on Dental Education and Licensure's recommendation and establishes a Committee to Study Resolution 66H-2011—Deflating the Dental Education Bubble, composed of representatives of CDEL and other appropriate ADA agencies and expert consultants as appointed by the ADA President, to study the issues raised in Resolution 66H-2011.

The President noted that this resolution would be considered in lieu of Resolutions B-176 and B-177, presented at the September Board session and postponed definitely to the December Board session.

B-176. Resolved, that the Board of Trustees have a study conducted to quantify the current and future cost of dental education, the growth of student debt and the effects of that debt on the dental practice of new dentists, and be it further

Resolved, that the Board of Trustees present a report with recommendations to the 2012 House of Delegates.

B-177. Resolved, that the Board explore the expansion of the role education institutions, students, residents and new graduates have played in the dental "safety net," and develop innovative ideas to expand that function while leading to the expansion of dental care to the underserved and the reduction of student debt, and be it further

Resolved, that the Board of Trustees present a report with recommendations to the 2012 House of Delegates.

The following resolution was presented as a substitute for Resolution B-204.

Resolved, that the ADA President appoint a Task Force made up of three members of the Board of Trustees; two members of the Council on Dental Education and Licensure; one member of the Council on Government Affairs; one member of the Council on Dental Practice; and one member of the Council on Access, Prevention and Interprofessional Relations, and be it further

Resolved, that the Task Force engage an external, independent research agency to study and analyze student debt and its impact on the choices dental school graduates make regarding private practice opportunities and locating practices in underserved communities, and be it further

Resolved, that the Task Force study and analyze the cost of dental education, and the impact recent increases have had on recruitment of low-income and minority students, including potential methods to reduce student debt both pre- and post-graduation, and other related issues, and be it further

Resolved, that the Task Force engage an external consultant or group of consultants with expertise in dental practice economics and dental education economics to carry out the work, with support from the Health Policy Resources Center, and be it further

Resolved, that a progress report be made for consideration at the September 2012 Board of Trustees meeting.

The Board postponed consideration of these issues to later in this session to allow sufficient time for the Board to review all related Board and House resolutions.

On Wednesday, December 14, a second substitute resolution was presented for Resolution B-204. On vote, the Board approved substitution.

Resolved, that per the HOD Directive 66H-2011, the ADA President appoint a task force made up of three members of the Board of Trustees; two members of the Council on Dental Education and Licensure; one member of the Council on Government Affairs; one member of the Council on Dental Practice; and one member of the Council on Access, Prevention and Interprofessional Relations, to engage an external, independent research agency for the study outlined in Resolution 66H and monitor the study's progress.

A motion was made to amend the resolution by addition of a member of the New Dentist Committee to the task force; the addition was accepted as a friendly amendment. Several other amendments to the substitute resolution were proposed and accepted. The following resolution was accepted by the Board as a substitute for Resolution B-204 and subsequently adopted by the Board of Trustees:

B-204-2011. Resolved, that per the HOD directive 66H-2011, the ADA President appoint a task force made up of three members of the Board of Trustees; two members of the Council on Dental Education and Licensure; one member of the New Dentist Committee; and other appropriate councils and expert consultants, which task force may engage external consultants as deemed necessary for the study outlined in Resolution 66H, and monitor the study's progress, and be it further

Resolved, that the Board prepare a detailed reporting including short term and long range action recommendations to reduce dental student debt for consideration at the 2012 House of Delegates.

Report of the Board of Trustees Work Group to Review Current ADA and CODA Relationships in Response to Resolution B-175: At its September 2011 session, the Board adopted the following resolution:

B-175-2011. Resolved, that the Board of Trustees create a BOT Workgroup to review current ADA and CODA relationships as to accreditation and recognition responsibilities as related to all present and new dental education programs with a report back to the December 2011 Board of Trustees meeting.

Following the House of Delegates, the President appointed Dr. Kiesling (chair), Dr. Blanton, Dr. Feinberg and Dr. Steffel as members of the workgroup called for in Resolution B-175. The Workgroup submitted a report that identified key issues regarding the relationship between the ADA and the Commission and presented the following resolutions for the Board's consideration. The Workgroup presented the following resolutions.

B-213. Resolved, that the ADA Board of Trustees reaffirm to the Commission on Dental Accreditation (CODA) Resolution 53H-2011 which states that the Commission on Dental Accreditation be strongly urged to delay the process of developing accreditation standards for dental therapy programs for the purpose of further review of compliance with CODA's Principles and Criteria Eligibility of Allied Dental Programs, and be it further

Resolved, that in order to help facilitate further communication, CODA is urged to address and emphasize two-way communication issues between the ADA and CODA during the process of updating its strategic plan, and be it further

Resolved, that CODA and the ADA be urged to jointly develop a Memorandum of Understanding as part of CODA's strategic planning and conflict of interest process, and be it further

Resolved, that CODA be urged to hold additional open hearings to receive testimony from interested stakeholders on the dental therapy accreditation issue and then revisit the decision to develop accreditation standards for dental therapy education programs, and be it further

Resolved, that CODA be urged to send a representative group of Commissioners to attend CODA Open Hearings at the American Dental Association Annual Session.

B-214. Resolved, that the chair of the Commission on Dental Accreditation and the director of the Commission on Dental Accreditation make a formal, in-person report to the Board of Trustees on an annual basis.

Resolution B-213 was moved for consideration. A motion was made to divide B-213 as follows: the first and fourth resolving clauses as one resolution; the second and third resolving clause as a second resolution; and the last resolving clause as a third resolution. The President accepted the motion to divide the resolution.

On vote, the Board adopted Resolution B-213a.

B-213a-2011. Resolved, that the ADA Board of Trustees reaffirm to the Commission on Dental Accreditation (CODA) Resolution 53H-2011 which states that the Commission on Dental Accreditation be strongly urged to delay the process of developing accreditation standards for dental therapy programs for the purpose of further review of compliance with CODA's Principles and Criteria Eligibility of Allied Dental Programs, and be it further

Resolved, that CODA be urged to hold additional open hearings to receive testimony from interested stakeholders on the dental therapy accreditation issue and then revisit the decision to develop accreditation standards for dental therapy education programs.

On vote, the Board adopted Resolution B-213b.

B-213b-2011. Resolved, that in order to help facilitate further communication, CODA is urged to address and emphasize two-way communication issues between the ADA and CODA during the process of updating its strategic plan, and be it further

Resolved, that CODA and the ADA be urged to jointly develop a Memorandum of Understanding as part of CODA's strategic planning and conflict of interest process.

Prior to acting on Resolution B-213c, a motion was made to insert the word "strongly" between the words "be" and "urged." The amendment was considered a friendly amendment by the Chair of the Workgroup. On vote, the Board adopted Resolution B-213c.

B-213c-2011. Resolved, that CODA be strongly urged to send a representative group of Commissioners to attend CODA Open Hearings at the American Dental Association Annual Session.

On vote, the Board adopted the following resolution.

B-214-2011. Resolved, that the chair of the Commission on Dental Accreditation and the director of the Commission on Dental Accreditation make a formal, in-person report to the Board of Trustees on an annual basis.

Board members expressed concerns with several issues regarding the accreditation process and the need to identify and convey these concerns to CODA.

A motion was made requesting the President to appoint a Board workgroup to assess the CODA Predoctoral Accreditation Standards and to report its findings and preliminary recommendations for revisions that the Board may communicate to CODA. The information will be considered by the Board at its June 2012 meeting. The motion was extensively discussed and subsequently adopted by the Board.

Global Affairs

Report of the ADA Humanitarian Award Nominating Committee: 2012 Award Recipient: The Nominating Committee submitted a report describing the Humanitarian Award, award criteria, and nominee. Following review of the extensive list of humanitarian activities completed by the nominee, the Board adopted the following resolution.

B-200-2011. Resolved, that Dr. Ronald Lamb, Oklahoma, be approved as the 2012 recipient of the ADA Humanitarian Award.

Report on the 2011 FDI Annual World Dental Congress: The Board received a report on the activities of the 2011 FDI Annual World Dental Congress from the members of the ADA delegation and ADA members holding positions on the FDI Council and Committees (consent calendar item).

Report of the Division of Global Affairs: ADA International Engagement: Following a presentation on International Engagement given by Dr. Kathryn Kell and Dr. Gregory Chadwick, the Board of Trustees briefly discussed the information in the report. On vote, the Board adopted the following resolution.

B-210-2011. Resolved, that the ADA Board of Trustees recognizes that international engagement is a strategic priority for the Association and that this engagement is necessary in order to fully accomplish the strategic objectives of the Association, and furthermore that the Division of Global Affairs will coordinate the integration of these activities with the appropriate ADA agencies.

Government/Public Affairs

Report of the Senior Vice President, Government and Public Affairs: Federal and State Legislative, Regulatory and Public Affairs Update: Comments were made by the senior vice president, Government and Public Affairs, on the workforce demonstration projects and the appropriations bill, and the FTC issue affecting state dental and medical boards. It was also reported that the Centers for Disease Control and Prevention has announced that it will retain its Division of Oral Health, which had been scheduled for downgrading to a branch of another division, and that the ADA continues to weigh in on health care reform implementation, including the creation of state insurance exchanges at the state level.

State Public Affairs Update. The director, Department of State Government Affairs, gave an oral report focusing on the vision for the State Public Affairs (SPA) program going forward for 2012, the status of several ongoing and emerging activities relative to dental workforce issues, and commenting on how the additional funds for the SPA program allocated by the 2011 House of Delegates will be used.

The director responded to questions from the Board regarding activities in certain states, and the ability of the Board to be added to the SPA section of ADA Connect in order to be kept informed in a timely manner of SPA activities and information.

Report of the Council on Government Affairs: Legislative and Regulatory Priorities for 2012: Following the special appearance and report given by the Chair of the Council on Government Affairs, the Board of Trustees adopted the following resolution.

B-209-2011. Resolved, that the Board of Trustees approves the Government and Public Affairs Division's Legislative and Regulatory Priorities for 2012.

Dental Practice/Professional Affairs

Report of the Council on Dental Benefit Programs: Update on Activities of the Dental Quality Alliance (DQA): The Council provided an update on the activities of the Alliance and its advisory committees. It was reported that the Centers for Disease Control and Prevention and the National Network for Oral Health Access have been accepted by the DQA as members and that the DQA is now composed of 29 members.

Dr. Hagenbruch provided additional comments regarding the nomination and election of the new chair and vice chair of the DQA, and the tiered dues structure of the DQA.

Report of the Council on Dental Practice: Development of a Charter for the Electronic Health Record Interagency Workgroup: With the adoption of Resolution B-125-2011, the Board in July 2011 directed that the Councils on Dental Practice, Dental Benefit Programs and Government Affairs form an interagency workgroup. Part of the workgroup's charge was to develop and present in December 2011 a charter and strategic plan. The draft charter was vetted by CDP during its November 2011 meeting and will be reviewed by the other councils. Once fully vetted by all interested councils, the charter will be presented to the Board for approval (consent calendar item).

Report of the Council on Access, Prevention and Interprofessional Relations: Update on Council Activities: The key issues identified in this report were:

- A HRSA-hosted workgroup reviewed existing peri-natal oral health guidelines in order to draft a consensus statement to begin to inform both interdisciplinary providers and the public of this area.
- The ADA and the National Association of Community Health Centers leadership are considering a joint letter promoting greater familiarity and collaboration among private practice dentists and those working within health centers.
- The U.S. National Oral Health Alliance held its first Leadership Colloquium on November 7-8, 2011, focusing on finding common ground around medical and dental collaboration.

Report of the Council on Access, Prevention and Interprofessional Relations: Update on the Community Dental Health Coordinator Pilot Program: This report noted the following (consent calendar item):

- Cohort 2 CDHC trainees completed their training.
- Project staff and the Evaluation Committee continue to work on designing and implementing a comprehensive evaluation of the CDHC.
- The project continues to maintain expenses under budget.

Report of the Council on Dental Benefit Programs: Establish the CDBP Code Advisory Committee: The Chair of the Council on Dental Benefit Programs (CDBP), Dr. James Richeson, participating by telephone, reviewed the Council's activities leading to its recommendation to establish a CDBP Code Advisory Committee (CAC) to manage maintenance of the Code on Dental Procedures and Nomenclature following the expiration of the Code Revision Committee. The report identified that the composition of the CAC would include, in

addition to five current or past CDBP members appointed by the Council chair, one representative from each of the recognized dental specialty organizations, the AGD, the ADEA, and the five payer organizations formerly on the Code Revision Committee, including the Centers for Medicare and Medicaid Services.

The Board was provided with the CDT Code Maintenance Process Flow Chart and a summary of the key features of the proposed Code Maintenance Process. The Board also received several letters from dental specialty organizations that conveyed their concerns regarding the proposed Code Revision process. The Board had several questions regarding the process which were answered by Dr. Richeson and Dr. Preble, CDBP director.

Dr. Richeson also commented that the cycle for updating the Code on an annual basis is being considered by the Council. It was suggested by the Board that the Council consider the financial impact to the members of an annual update to the Code. Dr. Richeson acknowledged that the Council has been working with the Salable Materials Department to best manage an annual update with little or no financial impact to the members.

After discussion, the Board adopted the following resolution.

B-202-2011. Resolved, that the Board of Trustees accepts the Council on Dental Benefit Programs' recommendation that CDBP form the CDBP Code Advisory Committee (CAC) to provide advice and comment to the Council concerning suggested changes to the *Code on Dental Procedures and Nomenclature*, and be it further

Resolved, that the CAC be chaired by a current or past member of the Council on Dental Benefit Programs, and be it further

Resolved, that the Council on Dental Benefit Programs ensure that the CAC include broad representation from the dental community, as well as adopt protocols that follow ADA policy and *Bylaws*, and are in accordance with requirements for the maintenance of named HIPAA medical code sets.

Report of the Council on Dental Practice: Review of Proposals to Explore the Economic Aspects of Mid-Level Providers of Oral Health Services: The senior vice president, Dental Practice / Professional Affairs, gave an overview on the current status regarding the RFPs to study the economic aspects of mid-level dental providers of oral health services and the receipt of an RFP significantly after the deadline. He noted that a completed RFP was received just days before the December Board meeting and as a result the full Council did not have an opportunity to review the most recently received RFP. Board input was sought on the direction it wished to take with the RFPs.

A motion was made to postpone definitely any action on the RFPs until the Council on Dental Practice has the opportunity to evaluate the latest information and report back to the Board of Trustees, and that the Council review the California study on workforce. On vote, the motion was adopted.

Following an extensive discussion, which included comments regarding the objective of the study, the group to be studied, anticipated costs of the study, timeframe for review by the Council on Dental Practice, and the advisability of moving forward with an ADA study or utilizing the results of the California study, the Board postponed definitely discussion on this topic until after discussion of the "Report of the Council on Dental Benefit Programs: Establish the CDBP Code Advisory Committee."

Later, the Board continued discussing the focus of the study and the intent of the House. It was suggested that a small Board workgroup be appointed to develop a more precise resolution that would provide the Council on Dental Practice direction regarding the study. The President appointed Dr. Rich, Dr. Seago, Dr. Steffel and Dr. Dow to the workgroup, with direction that the workgroup report back on Wednesday morning.

On Wednesday, December 14, the Board continued discussion and considered the following resolution developed by the workgroup.

Resolved, that the Council on Dental Practice evaluate the November 19, 2011 proposal from EC Management consultants to study alternative dental workforce practitioners [Dental Therapists, Dental Health Aide Therapists (DHAT) and Advanced Dental Hygiene Practitioners (ADHP)], in five selected states, using the model that was developed for the California Dental Association (CDA), and be it further

Resolved, that this study be designed to show any economic advantage/disadvantage and quantify the economic sustainability of these alternative practitioners, if implemented in the existing system of oral health care delivery in the United States, and be it further

Resolved, the CDP report its findings and recommendations to the Board as soon as possible, but no later than January 13, 2012, and be it further

Resolved, should the study be approved by the ADA Board of Trustees, funding up to the amount of \$184,500 shall be provided using surplus funds from the SPA fund budget that will be returned to reserves at the end of 2011.

A motion was made to reorder the resolving clauses, and add the words "should this proposal be approved, the" to the new third resolving clause. The revisions were accepted as a friendly amendment.

After additional discussion, the Board adopted the following resolution.

B-223-2011. Resolved, that the Council on Dental Practice evaluate the November 19, 2011 proposal from ECG Management Consultants to study alternative dental workforce practitioners [Dental Therapists, Dental Health Aide Therapists (DHAT) and Advanced Dental Hygiene Practitioners (ADHP)], in five selected states, using the model that was developed for the California Dental Association (CDA), and be it further

Resolved, the CDP report its findings and recommendations to the Board as soon as possible, but no later than January 13, 2012, and be it further

Resolved, that should this proposal be approved, the study be designed to show any economic advantage/disadvantage and quantify the economic sustainability of the alternative practitioner, if implemented in the existing system or oral health care delivery in the United States, and be it further

Resolved, that should the study be approved by the ADA Board of Trustees, funding up to the amount of \$184,500 shall be provided using surplus funds from the SPA fund budget that will be returned to reserves at the end of 2011.

Report of the Council on Access, Prevention and Interprofessional Relations: GKAS Initiative: With the transfer of the Give Kids A Smile Initiative to the ADA and the GKAS National Advisory Board becoming an advisory committee of CAPIR, the GKAS National Advisory Committee Rules and Structure document was updated to reflect these and other changes. The document was provided to the Board for approval; the Board adopted the following resolution (consent calendar item).

B-195-2011. Resolved, that the Board of Trustees approve the additional rules set forth in the Give Kids A Smile National Advisory Committee document.

Membership, Tripartite Relations and Marketing

Report of the Diversity Committee: The Diversity Committee reported on its December 10 meeting and identified major topics discussed and reports received. The Committee forwarded for the Board's consideration diversity and inclusion goals for 2012-2014; the Board adopted the following resolution.

B-216-2011. Resolved, that the following diversity and inclusion goals for 2012-2014 be adopted:

Overarching Diversity Goal

For ADA's governance, programs, and policies to both be and be widely seen as sensitive to diversity in the dental profession and the nation's population.

New Membership Options**Goal**

By the close of the 2014 membership year, membership trends for women and under-represented minorities have become strongly positive in urban markets in five states (California, Florida, Illinois, New York and Texas).

Information and Education on Diversity**Goal**

By the end of 2014, ADA's knowledge resources on diversity in oral health are routinely sought and enhanced by individuals working across the nation to reduce oral health disparities, improve dental career pathways, and strengthen association diversity.

Leadership Development for Diversity**Goal A**

The new **ADA Leadership Diversity Network** is active and growing in each state, linking 1,000 dentists by the end of 2014 who seek to reduce oral health disparities, improve pathways into dental careers, champion diversity training for leaders, and build leadership diversity.

Goal B

In ways that are visible to members and prospective members, enhance the flow of diverse perspectives considered by the Board in making its decisions and recommendations to the House of Delegates.

Publishing

Report of the Publishing Division: Print Issue Opt-Out for JADA: The Publishing Division submitted a report that discussed a strategy to offer members the flexibility of receiving *JADA* in the format(s) of their choice, including the ability for members to opt out of print delivery. The benefits and drawbacks of *request circulation* were outlined in the report along with a plan for informing members of the new request policy, if approved by the Board. The Board adopted the following resolution (consent calendar item).

B-201-2011. Resolved, that the Board of Trustees approves providing members the option of choosing the format or formats in which they receive *The Journal of the American Dental Association*, with the default continuing to be print format.

Report of the Executive Director: Business Development: At the September 2011 Board session the Executive Director gave a presentation and submitted a report that addressed the ADA's current situation and ability to generate non-dues revenue. Due to the significance of this topic, the Board in September voted to postpone consideration of the following resolution to its December session.

B-147. Resolved, that the appended 2011 ADA Business Development Guiding Principles be approved by the Board of Trustees and provided to the Senior Management Team for distribution to ADA business development staff.

The Executive Director reported that the ADA's short and long term financial stability depends on the organization's ability to generate more non-dues revenue than what is currently achieved. To manage the risk inherent in non-dues revenue generation activities, a robust, disciplined business development structure and process must exist within the ADA. As part of the risk management related to non-dues revenue growth, guiding principles for business development must be provided by the Board to the Senior Management Team. A final draft of the Business Development Guiding Principles was presented for the Board's input and approval. It was suggested that the fifth bullet (We must grow our capacity for measured risk taking, growth and change) should be restated to suggest that risk would be balanced. The rewritten bullet now reads:

- Appropriate risk assessment, including risk benefit must be part of the analysis. Zero risk tolerance is not feasible in the business development process.

On vote, the Board adopted the following amended resolution.

B-147-2011. Resolved, that the appended 2011 ADA Business Development Guiding Principles as amended be approved by the Board of Trustees and provided to the Senior Management Team for distribution to ADA business development staff.

(The Business Development Guiding Principles appear in Appendix 1.)

Report of the Business Development Team: Business Development Structure for the ADA: The Executive Director presented a revised organizational chart of Association agencies that reflects a grouping based on governance, shared services, business support services, advocacy and membership affairs, and professional affairs.

She also noted the establishment of a Business Development Team to assess the business development environment at the ADA and make recommendations for improvement. The managing vice president, Publishing, and managing vice president, Corporate Relations, provided information on the new business development process, and described preliminary activities that include: creating a flow chart of the business process; developing a business brief template; creating an inventory of current ADA products; reviewing ADA pricing policies; and looking into technology that would allow basic financial modeling and proposal generation. The intent of this process is to ensure that all proposals have been thoroughly vetted prior to presentation to the Board of Trustees.

A question was raised regarding the timing of volunteer involvement in the business development process. The Executive Director suggested that most ideas will be generated by the councils and developed with the assistance of the business support services area and brought to the Board. It was also noted that the business process flowchart under development identifies both volunteer and legal participation in the process.

Science/Professional Affairs

Report of the Division of Science/Professional Affairs/Department of Standards Administration: Award Programs and Other Activities: This report provided an update on ANSI/ADA Specification No. 1058 for Forensic Dental Data Set Implementation, which had been approved for distribution for non-commercial use by appropriate entities without licensing fees. Also noted in the report was information on the ISO/TC 106 meeting in Phoenix, September 18-24, 2011 and the ISO 2012 General Assembly, September 17-22, 2012, in San Diego, California. Through this report the Board was asked to consider if the ADA (on behalf of ANSI, the U.S. member) should pursue the Secretariat of Subcommittee 1 (Restorative and Orthodontic Materials) when Canada relinquishes it in 2012. The Council on Scientific Affairs considered this opportunity at its November 2011 meeting and voted to recommend it to the Board. The Board was also requested to approve the establishment of a new investigator award for standards-related research/paper and approve two nominees for the 2011 SCDP and SCDI awards (consent calendar items).

B-205-2011. Resolved, that the Board of Trustees directs the Department of Standards Administration and the Council on Scientific Affairs to seek the Secretariat of ISO/TC 106 Subcommittee 1, Restorative and Orthodontic Materials.

B-206-2011. Resolved, that the Board of Trustees approves creation of an annual John W. Stanford New Investigator Award competition according to the following procedures and criteria:

- The purpose of the award is to encourage dental students and young researchers to participate in standards development work. The award is also intended to highlight the crucial role that standards play in assuring patient health and safety and the efficacy of dental products.

- The annual contest announcement and call for papers will be sent to all dental schools and published in appropriate print and electric media.
- Applications will be accepted from dental students or practitioners who have received their D.D.S. or D.M.D. degree no more than five years prior to the time of selection.
- Applicants must submit a paper of publishable quality that addresses some aspect of the utilization of standards in dental research or clinical application.
- An Awards Committee will be formed to review all applications and propose the winner to the Council on Scientific Affairs, which will make the final selection. The Awards Committee will be comprised of the CSA Chair, CSA Vice Chair, SCDP Chair, SCDP Vice Chair and the ADA Board Liaison to CSA.
- The winner will receive airfare and two nights hotel stay to attend the 2013 SCDP meeting and present his/her paper. The paper may be published on ADA.org or in an appropriate journal.

The Board also adopted the nominees for the 2011 SCDP and SCDI awards; however, the information contained in Resolutions B-207-2011 and B-208-2011 is embargoed until March 2012.

Report of the Council on Scientific Affairs: Recent Activities: The Council reported on its preliminary work implementing Resolution 41H-2011 on the ADA Scientific Review of Alternative Dental Workforce models. Other items included in the report: addressed expertise required of future members of the Council on Scientific Affairs, presented by the CSA chair, Dr. Tim Wright, via telephone conference; implementation of resolutions adopted by the 2011 House of Delegates; status of guidance development for cone beam CT and dental radiography; collaboration with Sjögren's Syndrome Foundation on evidence-based guidelines; development of recommendations for dental care for cancer patients on antiresorptive therapy; update on AAOS-ADA collaborative guideline—Prevention of Orthopedic Implant Infection in Patients Undergoing Dental Procedures; Seal of Acceptance revitalization project; and an update on EBD Center Activities.

Organizational/Other

Report of the President: The President reported on his activities since installation as President at the 2011 ADA House of Delegates, in Las Vegas, Nevada.

Report of the President-elect: The President-elect reported on his activities since installation at the 2011 ADA House of Delegates, in Las Vegas, Nevada.

Report of the Executive Director: Ad Council Update: Information was provided on the increased number of participants in the oral health Ad Council Campaign, an update on the project funding, and activities accomplished to date.

Report of ADA Business Enterprises, Inc.: A report was submitted by the Board liaison to ADABEI on recent activities of the subsidiary, including the election of a new board of directors; actions of the November 1 meeting; and a program revenue update.

Report of the Strategic Planning Committee (SPC): The Strategic Planning Committee met on Sunday, December 11, 2011, with the officers and members of the Board of Trustees and members of senior staff in attendance. In response to Resolution 44H-2011, which called for the development of a universal set of assessment criteria to be used in ranking programs as part of the budget process, a list of universal assessment criteria was developed and the criteria ranked. The following resolution was submitted by the SPC.

B-212. Resolved, that the Board approves the following Universal Assessment Criteria to be used in the budget process, and be it further

Resolved, that the criteria be tested by one or more councils and/or divisions and that feedback be collected and provided to the Budget and Finance Committee of the Board for refinement as necessary prior to the 2013 budget preparation process (March-June), and be it further

Resolved, that the Universal Assessment Criteria, with any refinements from the Budget and Finance Committee, be forwarded to all ADA councils, commissions and committees involved in the budgeting process in advance of the normal budget cycle beginning.

A small Board workgroup met following the Sunday SPC meeting to refine the assessment criteria and revise Resolution B-212. The Board discussed the revised criteria and its application in the budget process and discussed expectations of what will be accomplished during the February Retreat regarding the budget process. The Board adopted the following revised resolution.

B-212-2011. Resolved, that the Board approves the following Universal Assessment Criteria to be used in the budget process, and be it further

Resolved, that the Universal Assessment Criteria be forwarded to all ADA Councils, Commissions and Committees involved in the budgeting process in advance of the normal budget cycle beginning, and be it further

Resolved, that the Board continue to evaluate the Universal Assessment Criteria and modify them as needed based on experience in their implementation.

(The Universal Assessment Criteria appear in Appendix 2.)

Contingent Fund Criteria: The President was asked to consider assigning to the Budget and Finance Committee the development of criteria or guidelines to assist the Board in evaluating contingent fund requests.

Board Liaison Reports

Report of Dr. Edward Vigna, Liaison to the Dental Lifeline Network (DLN): Dr. Vigna submitted a written report and gave a PowerPoint presentation that provided information on the status of the DLN in relation to finances, developmental activities to identify potential donors, and marketing activities to increase awareness of the DLN. Dr. Vigna commented on the support provided by the ADA Washington office in seeking funding for the expansion of the Donated Dental Services program through social work infrastructure enhancement.

Report of Dr. Charles Norman, Liaison to the Council on Dental Benefit Programs: Dr. Norman submitted a report on the November 18-19, 2011, meeting of the Council on Dental Benefit Programs (consent calendar item).

Report of Dr. Steven Gounardes, Liaison to the American Student Dental Association (ASDA): Dr. Gounardes provided an oral report on activities of the American Student Dental Association that he participated in as the liaison to ASDA. Dr. Gounardes suggested that guidance is needed on the level of participation the Board liaison or ADA trustees should be involved with ASDA activities since there are many invitations and opportunities to participate in local and regional activities.

Report of Dr. Samuel Low, Liaison to ADEX: Dr. Low reported on his attendance at the November 6, 2011, meeting of the American Board of Dental Examiners, Inc.

Presentations and Special Appearances

Appearance of Dr. Gregory Chadwick and Dr. Kathryn Kell—International Engagement: Dr. Kathryn Kell, International Programs and Development Committee member and FDI Treasurer; Dr. Greg Chadwick, former FDI World Dental Congress speaker; and Ms. Cherrett, senior director, Global Affairs, gave a presentation on global engagement with a focus on previous Board actions, current international activities of the ADA and other dental organizations, global trends in dentistry, and future global opportunities for the American Dental Association. Following the presentation, a few questions were asked regarding the potential revenue growth for ADA publications in emerging international dental markets and the financial status of the FDI.

Future Scientific Directions Tied Into International Continuum: On behalf of the Division of Science and the Council on Scientific Affairs, Dr. Meyer gave a presentation that included comments on the art of science versus pseudo science, science fiction, junk science and faith; clinical science and perspectives on the focal infection theory and oral-systemic relationships; global oral health precepts; oral health social determinants; and oral health goals and objectives of the ADA and international groups such as the FDI, United Nations and World Health Organization. He also described activities of the Global Oral Health Alliance, the group's task groups and its strategic plan. The presentation also focused on the role of the ADA Council on Scientific Affairs and its priorities; the National Institutes of Health areas of interest and areas identified for advancement. Dr. Meyer asked the Board to consider determining the direction the ADA should be taking in the areas of global oral health, diagnostics and prevention, among other important areas.

The presentation was followed by questions and comments from the Board on ongoing collaborations in the development of guidelines with other organizations; questions regarding oral salivary diagnostic research; risk assessment and disease management; and the role of the ADA as the provider of information on the issues raised in this presentation; and the need for Science to be the provider of guidance and advice on which issues the ADA should own, weigh-in on and hand over to others. Comments were also made regarding the importance for the ADA to continue to participate in global science and research because what happens globally impacts ADA members (i.e., international community position on mercury/amalgam).

U.S. National Oral Health Alliance: Dr. Rich gave a presentation on the U.S. National Oral Health Alliance, its mission, organization, and priority focus areas (developed by a diverse group of oral health stakeholders at the 2009 Summit and adopted by the U.S. National Oral Health Alliance in 2010).

Dr. Rich extended an invitation to the ADA to join the Oral Health Alliance as either a partner or friend, to participate in future Leadership Colloquia to learn about the work and partnership of others and discover collaborative opportunities and be a connector by inviting colleagues and community members to join and participate and share with others about their work and current partnerships.

Participating in the presentation were Dr. Lindsey Robinson, California; Dr. Cesar Sabates, Florida; Dr. Vinny Mayher, New Jersey; and Mr. Doug Bush, Indiana, each contributing their impression of the collaboration and the benefits of belonging to the Oral Health Alliance.

At the end of the presentation, a resolution was presented that the ADA join the U.S. National Oral Health Alliance. A motion was made to amend the resolution to specify that the ADA join at the Partner level with a \$500 contribution. On vote, the amendment was adopted; the Board subsequently adopted the following resolution.

B-221-2011. Resolved, that the ADA join the U.S. National Oral Health Alliance at the Partner Level with a \$500 contribution.

A Profession Facing Transitional Forces: The managing vice president, Health Policy Research Center, gave a presentation that focused on one of the eight forces affecting the practice of dentistry—the cost of dental education. The following five questions were posed in the presentation:

1. What is driving the increase in student debt levels?
2. Is dentistry unique or is it a broader trend?
3. Is increasing student debt leading to less interest in dentistry as a profession?
4. Is the increase in dental study debt leading to fewer low-income students?
5. Does debt level affect career choice of new graduates?

Survey data related to the above questions was provided for the Board's information. In summary, it was noted that primarily the cost of dental education is driving the increase in student debt; that there is a broad trend in the increasing cost of education in all professions, but dental education is rising the fastest; and that more data and research would be needed to address the other questions.

Special Appearance of Dr. Richard Weinman, chair, Council on Government Affairs (CGA):

Dr. Weinman was invited to give a report on the important legislative and regulatory issues in 2012 that will be facing dentistry. Issues that the Council will focus on include ERISA reform with a focus on non-covered services, antitrust reform, community water fluoridation, elder care legislation and support for funding of dental residencies and NIDCR. In light of new health care laws, Dr. Weinman commented that CGA will continue its work with federal agencies and will assist the constituent dental societies with their work with state legislatures. He also commented on the development of a health benefit exchange tool kit to assist the states with insurance exchanges. Dr. Weinman responded to questions regarding student debt, ERISA reform and public health issues.

Diversity Survey Update: Ms. Ashleigh Rosette, as a follow up to the presentation “Diversity and Inclusion: Key Leadership Skills” given at the Board’s July/August session, provided additional information and strategies for addressing diversity.

Appearance of Mr. Gene Wurth, ADA Foundation: In addition to the “Report of the ADA Foundation” submitted for the December ADA Board meeting, Mr. Wurth, executive director, ADA Foundation, commented on other projects and activities of the Foundation. He also gave an update on the Paffenbarger Research Center (PRC), including the search for a PRC director, and observations on how the Center can be revitalized, possibly through a new administrative structure.

ADA Presidential/GKAS Gala. Mr. Wurth presented a proposal to merge the two single events—the ADA Presidential Gala and the Give Kids A Smile Gala—into a single event under the banner of the Foundation and held during the ADA annual session. This merger could lead to a significant fund raising opportunity, allow for recognition of both the volunteers and corporate supporters, and address the shrinking attendance at both events. This would require changing the timeframe for the event to an earlier date during the annual session to ensure attendance of corporate sponsors and more members, with a suggestion for 2012 moving the event to the second day of the annual session. Additional comments were provided by ADA staff regarding the annual session schedule, declining attendance at the Give Kids A Smile Gala, and corporate presence at a combined event at annual session.

After discussion, the following resolution was proposed for the Board’s consideration:

B-222. Resolved, that the ADA Board of Trustees supports the concept of a merger of the Give Kids A Smile (GKAS) Gala, an ADAF fundraising event, and the ADA Presidential Gala at the 2012 Annual Session given the 10th Anniversary of GKAS and the intention to revitalize both separate events for the future, and be it further

Resolved, that the Board urges CAS, CAPIR, to work closely with Administrative Services and the ADAF to come back to the Board by March 2012 with a definitive plan that minimizes the impact to affiliate organizations and maximizes the value to the GKAS and annual session stakeholders.

It was suggested that waiting to March 2012 for a definitive plan would be too late for planning purposes. A motion was made and accepted as a friendly amendment to delete in the second resolving clause the words “come back to the Board by March 2012 with” and insert the word “develop.”

An additional amendment was proposed to second resolving clause to add the words “and affiliate organizations impacted by the proposed changes” after the word “ADAF.” Following extensive debate, the proposed amendment was not adopted.

On vote, the Board did not adopt the following amended resolution.

B-222. Resolved, that the ADA Board of Trustees supports the concept of a merger of the Give Kids A Smile (GKAS) Gala, an ADAF fundraising event, and the ADA Presidential Gala at the 2012 Annual Session given the 10th Anniversary of GKAS and the intention to revitalize both separate events for the future, and be it further

Resolved, that the Board urges CAS, CAPIR, to work closely with Administrative Services and the ADAF to develop a definitive plan that minimizes the impact to affiliate organizations and maximizes the value to the GKAS and annual session stakeholders.

Appearance of Dr. Tim Wright, chair, Council on Scientific Affairs: Dr. Wright described the type of knowledge and expertise that would be desirable in the at-large nominees to the Council on Scientific Affairs. The fields where additional expertise on the Council would be useful include: oral and maxillofacial radiology / imaging; cariology / prevention / fluoride; pharmacology and therapeutics; evidence-based practice / research methodology / epidemiology; and oral and maxillofacial surgery.

Workforce Systematic Review: A presentation on the systematic review of workforce as requested in by Resolution 41H-2011 was given to the Board by the Senior Vice President, Science/Professional Affairs, the Director of the Center for Evidence-Based Dentistry, and the Chair of the Council on Scientific Affairs (participating by telephone).

Resolution 41H-2011 states:

41H-2011. Resolved, that the American Dental Association, through the appropriate ADA agencies, conduct and report on a systematic review of the literature on non-dentist workforce models which exist or are under development in the U.S. and other countries that include diagnosis, treatment plan formulation and/or the performance of irreversible and/or surgical dental procedures, and be it further **Resolved**, that the information from this research be reported to the 2012 ADA House of Delegates.

The presentation focused on the science, integrity and transparency of the literature review process, with the objective of providing the House of Delegates with good, objective and sound science.

The Board had an opportunity to ask questions regarding the process and the clinical question, and expressed concerns regarding the potential for bias to affect the process. The presenters reassured that all efforts are being made to minimize any bias regarding the topic, and ensuring the credibility of the review through participation of a balanced workgroup. It was suggested that consideration be given to having some type of communication prepared for the House of Delegates on the systematic review process.

Adjournment

The Board of Trustees adjourned *sine die* at 1:35 p.m. on Wednesday, December 14.

Appendix 1

Business Development Guiding Principles

- Revenue generation is critical to the Association's short and long term financial stability.
- Profitability should never take priority over ethical standards or ADA brand integrity.
- New business should be developed collaboratively among the Agencies, Divisions and Departments, recognizing that revenue accrues to the ADA as a whole, rather than an individual division, department or person.
- Maintaining a global perspective is essential. New business opportunities should be evaluated for their international potential and return on investment.
- Appropriate risk assessment, including risk benefit must be part of the analysis. Zero risk tolerance is not feasible in the business development process. (revised)
- Be open to new innovative ways of solving chronic problems that present barriers to responsibly growing non dues revenue
- New ventures should always ensure that ADA be "best in class" among professional association's services, products and programs.
- Any business development venture must maintain the ADA's objectivity with respect to oral health issues.
- Agree to disagree. The best ideas are the result of well managed, respectful conflict of ideas and opinions.
- The business development process must be based on fairness, openness and trust.
- During business development, disciplined due diligence is a significant responsibility in the promotion and protection of the ADA service mark, maintaining the appropriate legal firewall, as well as all tax implications to protect the ADA501c(6) status. Technical due diligence will be conducted by the IT Division for any product or service that uses internal or external technologies or services.
- The sharing of information, research and data with appropriate staff and volunteers leads to timely and better decision-making.
- A "no go" business decision is not a sign of failure. Reexamination is a critical part of the business development process.
- We shepherd limited business development resources and share results with transparency.
- We look to our Board of Trustees and our volunteers as a valued resource when making key business development decisions.
- Business development programs/projects should:
 - Be put through a standardized due diligence process
 - Have a measurable benefit and a well defined return on investment through well constructed financial models
 - Generate revenue that covers direct and indirect costs, plus a profit margin, unless high member value dictates otherwise
 - Have long-term growth potential
 - Be timely and competitive with the marketplace
 - Be aligned with the ADA Strategic Plan
 - Preserve the integrity of the reputation and brand of the ADA

Appendix 2

Universal Assessment Criteria

Assessment Criteria	Clarifying Statement
Is the program required by a House of Delegates directive or needed to comply with By-Laws?	Highest priority and must be accomplished and reported back to the House. How will success be measured? How will the House know the outcome of the mandate?
Is the program essential to the function of the organization?	This criteria will apply primarily to shared services-the divisions responsible for the operations of the ADA: Finance, Human Resources, Technology, Legal, Administrative Services, Communications, Business Development
What is the return on investment (ROI) or return on objective (ROO)?	ROI is a financial measure and involves costs (both direct and indirect, start-up and maintenance) including the potential for revenue, expense, or both. ROO applies to programs without a financial return but which advance other (non-financial) objectives, such as increasing membership or advancing the health of the public. (Mission and Margin)
Does the program present an undue risk?	Perform a risk assessment (Risk and Benefit). There are six types of risk: <ul style="list-style-type: none"> • <i>Reputational</i> (one example: programs based on unsound science or which are unethical could pose this risk) • <i>Financial</i> (related to ROI) • <i>Strategic</i> (will this hinder our strategic goals or divert resources from achieving them?) • <i>Operational</i> (will we succeed?) • <i>Legal/Regulatory</i> • <i>Organizational</i> (negative impact on operation of Association)
Is the program sustainable?	Can the program survive and be continued until program goals are met? What are the start up costs? What is the financial resources required to maintain the program, product or service? Is there off setting revenue?
How many members are helped?	What is the impact on membership? What percentage of the membership is touched? What is the impact on increasing membership in target markets?
Does the program solve a business problem of dentists at a lower cost than existing solutions?	Will the program be best in class? Does it meet a significant business need by dentists who are owners? What is the competitive market for the proposed program, product or service?
Does the program avoid duplication and undue competition within the tripartite?	Duplication relates to other programs already in place within the Association or within the Tripartite. Has a competitive analysis been done?

Minutes of the House of Delegates

October 10–14

Notes

Minutes of the 152nd Annual Session of the American Dental Association House of Delegates

October 10–14, 2011
Las Vegas, Nevada

Monday, October 10, 2011

First Meeting of the House of Delegates

Call to Order: The first meeting of the 152nd American Dental Association House of Delegates was called to order by the Speaker of the House of Delegates, Dr. J. Thomas Soliday, Maryland, on Monday, October 10, 2011, at 3:00 p.m., in the Grand Premiere Ballroom of the MGM Grand, Las Vegas, Nevada.

Invocation and Pledge: An invocation was offered by the First Vice President, Dr. A. J. Smith, Utah; the members of the House of Delegates recited the Pledge of Allegiance.

Introduction of Officers: The Speaker introduced the following officers of the Association who were seated on the dais: Dr. Edward Leone, Jr., treasurer; Dr. William R. Calnon, president-elect; Dr. Raymond F. Gist, president; Dr. Kathleen T. O'Loughlin, executive director; Dr. A. J. Smith, first vice president; and Dr. Patricia L. Blanton, second vice president.

Introduction of Former Presidents and Distinguished Guests: The Speaker introduced the former presidents of the American Dental Association who were seated in the House of Delegates. Guests who were introduced included: Dr. Orlando Monterio da Silva, president, FDI World Dental Federation; Dr. Jean-Luc Eisele, executive director, FDI World Dental Federation; Dr. Robert MacGregor, president, Canadian Dental Association; Dr. Conor McAlister, president, Irish Dental Association; Dr. Jaime Edelson, president, Mexican Dental Association; and Dr. Adriano Albano Forghieri, president; Sao Paulo Dental Association.

Introduction of Committee on Local Arrangements Chair: Dr. Gregg C. Hendrickson, Nevada, general chair of the Committee on Local Arrangements, welcomed the delegates and alternates to the state of Nevada.

Ethics Statement: Dr. Rodney B. Wentworth, Washington, chair, Council on Ethics, Bylaws and Judicial Affairs read the following ethics statement:

As members of the legislative and governing body of the American Dental Association, we want to be reminded of our responsibility to act with integrity and exercise our powers and perform our duties relating to professional matters in a manner consistent with the *Principles of Ethics* and *Code of Professional Conduct* of the Association. By acting ethically and with integrity over the course of this annual session, we can be certain that our legislative obligations and decision making authority will be discharged in keeping with the profession's fiduciary obligations. Finally, we must also be mindful of our responsibility for professionalism and respect to each other in our work and deliberations. The ADA's Professional Conduct Policy that appears in the *Manual of the House of Delegates* speaks to the fact that professionalism is the standard for communications throughout this Association.

Remarks of ADPAC CO-Chairs: Dr. Rhett L. Murray, Colorado, and Dr. Dennis J. Zent, Indiana, co-chairs of the American Dental Association Political Action Committee, presented a scrolling video listing of legislation that in the last year ADPAC had been working on or is continuing to work on. They spoke of ADPAC's vision to be the most respected and one of the largest healthcare PACs in Washington, and asked for delegates' financial support.

Report of the Committee on Credentials, Rules and Order: Dr. Thomas Raimann, Wisconsin, chair, presented the Report of the Standing Committee on Credentials, Rules and Order (*Supplement:1021*). The other members of the Committee were: Dr. Robert Bitter, Illinois; Dr. Rolfe C. McCoy, Missouri; Dr. Christine Moleski, Alaska; Dr. Lauri Passeri, Pennsylvania; Dr. Robert Peskin, New York; Dr. Ted Sherwin, Virginia; Dr. Charles Silvius, Massachusetts; and Dr. Debrah Worsham, Texas.

Dr. Raimann reported that the Committee received requests relating to the credentialing of new delegates, alternate delegates, acting secretaries and acting executive directors. The Committee considered these requests to be the result of extenuating circumstances. Accordingly, the Committee recommended that the following individuals be credentialed.

New Delegates

Dr. Edwin del Valle Sepulveda, delegate, Puerto Rico
Dr. Ramon Gonzalez Garcia, delegate, Puerto Rico

New Alternate Delegates

Mr. Timothy Calnon, alternate delegate, ASDA
Dr. Robin S. Reich, alternate delegate, Georgia
Dr. Jeff Esterburg, alternate delegate, Ohio
Dr. Thomas Medina, alternate delegate, Puerto Rico
Dr. Robert Leland, alternate delegate, Massachusetts
Dr. Richard J. Rosato, alternate delegate, New Hampshire
Dr. John Constantine, alternate delegate, New York
Dr. Mercedes Mota-Martinez, alternate delegate, New York
Dr. Maria Maranga, alternate delegate, New York
Dr. Paul Markowitz, alternate delegate, New York
Dr. Eugene Porcelli, alternate delegate, New York

New/Acting Secretaries

Ms. Pam Brockhaus, secretary, Colorado
Dr. Patsy Fujimoto, secretary, Hawaii
Dr. Jeffery Bennett, secretary, Indiana
Ms. Barbara Blough, secretary, Iowa
Ms. Elizabeth Cote, secretary, Vermont

New/Acting Executive Director

Dr. Ali Fassili, executive director, District of Columbia
Mr. David Hemion, executive director, Montana

The Speaker asked if there were any objections to credentialing the above mentioned individuals; hearing none, the Speaker declared the credentials granted.

Dr. Raimann reported the presence of a quorum and continued with the presentation of the Committee's report.

Disclosure Policy: Dr. Raimann read the following disclosure policy:

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.

Approval of the Minutes of the 2010 Session of the House of Delegates (Standing Committee on Credentials, Rules and Order Resolution 32): Dr. Raimann moved the adoption of Resolution 32 (*Supplement:1028*).

On vote, Resolution 32 was adopted.

32H-2011. Resolved, that the minutes of the 2010 session of the House of Delegates, as published in *Transactions, 2010* (pages 479-644), be approved.

Adoption of Agenda and Order of Agenda Items (Standing Committee on Credentials, Rules and Order Resolution 33): Dr. Raimann moved the adoption of Resolution 33 (*Supplement:1029*). On vote, Resolution 33 was adopted.

33H-2011. Resolved, that the agenda as printed in the *2011 Manual of the House of Delegates and Supplemental Information* be adopted as the official order of business for this session, and be it further

Resolved, that with the consent of the House of Delegates, the Speaker be authorized to alter the order of the agenda as deemed necessary in order to expedite the business of the House.

Referral of Reports and Resolutions (Standing Committee on Credentials, Rules and Order Resolution 34): Dr. Raimann moved the adopted of Resolution 34 (*Supplement:1030*).

The Speaker noted the following changes to the list of referrals.

Reassigned Resolutions

Resolution 41—Eighth Trustee District, ADA Scientific Review of Alternative Dental Workforce Models, reassigned to the Reference Committee on Dental Education, Science and Related Matters from the Reference Committee on Dental Benefits, Practice and Health (*Supplement:3041*)

Resolution 50—Fourteenth Trustee District, Developing the Native American Workforce, reassigned to the Reference Committee on Legal, Legislative and Public Affairs Matters from the Reference Committee on Dental Benefits, Practice and Health (*Supplement:3042*)

Resolution 51—Fourteenth Trustee District, Policy on Native American Workforce reassigned to the Reference Committee on Legal, Legislative and Public Affairs Matters from the Reference Committee on Dental Benefits, Practice and Health (*Supplement:3044*)

Withdrawn Resolutions

Resolution 1—Council on Dental Benefit Programs, Claim Adjudication and Reimbursement for Dental Procedures (*Supplement:3000*)

Resolution 47—Council on ADA Sessions, Request for Postponement of the Proposed CERP Eligibility Criteria (*Supplement:4026*)

Resolution 31—Second Trustee District, Evaluation of the American Dental Association's Current Governance Structure (*Supplement:5062*)

On vote, Resolution 34, as amended, was adopted.

34H-2011. Resolved, that the preliminary and supplemental list of referrals submitted by the Speaker of the House of Delegates be approved.

Prior to concluding the Committee's report, Dr. Raimann called the House's attention to the times and locations for reference committee hearings, reviewed the rules regarding the introduction of new business, and reminded everyone that proxy voting is not permitted in the House of Delegates. In addition, he noted the importance of completing Delegate Substitution Forms to ensure an accurate attendance record.

Reports of the Board of Trustees to the House of Delegates

Report 1 of the Board of Trustees to the House of Delegates: Association Affairs and Resolutions (*Supplement:1000*): Dr. S. Jerry Long, trustee, Fifteenth District, presented Report 1, which included recognition of the Council on ADA Sessions and the Committee on Local Arrangements for their efforts in organizing the annual meeting. A moment of silence was observed in memory of former ADA officials and colleagues who passed away since the last meeting of the House.

Nominations to ADA Councils and Commissions (Board of Trustees Resolution 21): Dr. Long presented the nominations of the Board of Trustees to ADA councils and commissions. The Speaker called for additional nominations; there were none. On vote, Resolution 21 (*Supplement:1019*) was adopted.

21H-2011. Resolved, that the nominees for membership on ADA Councils, Commissions, and New Dentist Committee submitted by the Board of Trustees in accordance with Chapter VII, Section 100(H) of the *Bylaws* be elected.

The members of the House of Delegates recognized the retiring members of councils and commissions who were seated in the House.

Continuing, Dr. Long noted that Reports 2 through 13 of the Board of Trustees had been referred by the Speaker to the appropriate reference committees as indicated on the Updated General Index to the resolution worksheets.

Report of the President

The Speaker introduced Dr. Raymond F. Gist for the purpose of presenting his report to the House of Delegates. The Speaker referred the report (*Supplement:6061*) to the Reference Committee on Membership and Planning.

Special Order of Business

Presentation of the Distinguished Service Award: President Gist presented the 2011 Distinguished Service Award to Dr. L. Jackson Brown, Maryland. The Distinguished Service Award is the highest honor the ADA Board of Trustees confers on any individual in any given year. A brief acceptance speech was given by Dr. Brown.

Nomination of Officers and Trustees

President-elect: The Speaker called for nominations for the office of president-elect. Dr. O. Andy Elliott, II, Kentucky, was nominated by Dr. Mark R. Zust, Missouri. Dr. Robert A. Faiella, Massachusetts, was nominated by Dr. Robert Leland, Massachusetts. The Speaker called for additional nominations; there were none. Acceptance speeches were subsequently given by the candidates. The Speaker announced that the names of the candidates would be placed on the ballot for election on Thursday, October 13.

Second Vice President: The Speaker called for nominations for the office of second vice president. Dr. Morris Antonelli, Maryland, was nominated by Dr. Myron J. Bromberg, California. Dr. Kenneth J. Versman, Colorado, was nominated by Dr. Frank A. Maggio, Illinois. Acceptance speeches were given by the candidates. The Speaker announced that the names of the candidates would be placed on the ballot for election on Thursday, October 13.

Speaker of the House of Delegates: President Gist assumed the chair for the purpose of calling for nominations for the office of the Speaker of the House of Delegates. Dr. David C. Anderson, Virginia, was nominated by Dr. Rodney J. Klima, Virginia. Dr. J. Thomas Soliday, Maryland, was nominated by Dr. Wendy A.

Brown, Maryland. Acceptance speeches were given by the candidates. The President announced that the names of the candidates would be placed on the ballot for election on Thursday, October 13.

Dr. Soliday resumed the chair.

District Trustees: The Speaker announced the following caucus results for district trustee:

First District: Dr. Jeffrey D. Dow, Maine
Twelfth District: Dr. Gary L. Roberts, Louisiana
Fourteenth District: Dr. Gary S. Yonemoto, Hawaii
Fifteenth District: Dr. Hilton Israelson, Texas

The Speaker declared Dr. Jeffrey D. Dow, Dr. Gary L. Roberts, Dr. Gary S. Yonemoto, and Dr. Hilton Israelson duly elected as trustees of their respective districts.

Newly Submitted Resolutions

Resolution 81 (*Supplement:4088*)—Professional Products Review Study—submitted by the Sixteenth Trustee District and referred to the Reference Committee on Dental Education, Science and Related Matters.

Resolution 82 (*Supplement:2177*)—Defined Benefits Plan—submitted by the Twelfth Trustee District and referred to the Reference Committee on Budget, Business and Administrative Matters.

Resolutions 83 (*Supplement:5119*)—Implications of the Affordable Care Act—submitted by the Thirteenth Trustee District and referred to the Reference Committee on Legal, Legislative and Public Affairs Matters.

Remarks by ADA Foundation President, Dr. David A. Whiston: Dr. Whiston reported that the Foundation continues to pursue its mission focusing on charity, access, research, and education in such a manner that in 2010 more than \$890,000 was awarded in grants. So far, in 2011, the Foundation has awarded in excess of \$900,000 in grants.

Recess

The first meeting of the House was recessed in preparation for a closed session.

Closed Session

A closed session was convened at 4:43 p.m., by the Speaker of the House of Delegates. Prior to this session, guests who were in attendance were requested to leave the meeting room. Mr. J. Craig Busey, ADA Chief Legal Counsel addressed the House of Delegates. The closed session adjourned at 5:03 p.m. and the regular session of the House of Delegates was resumed.

First Meeting (Continued)

The Speaker announced that voting for elective officers would take place Thursday, October 13, from 6:30 a.m. to 8:00 a.m., and the second meeting of the House would start promptly at 8:00 a.m.

Adjournment of the First Meeting

Dr. Mark Zust, Missouri, moved to adjourn the first meeting of the House of Delegates. Hearing no objections, the Speaker declared the meeting adjourned at 5:04 p.m.

Notes

Thursday, October 13, 2011

Second Meeting of the House of Delegates

Call to Order: The second meeting of the House of Delegates was called to order at 8:00 a.m. by the Speaker of the House of Delegates, Dr. J. Thomas Soliday.

Introduction of Trustees: The Speaker introduced the 17 trustees of the American Dental Association who were seated with their delegations.

Special Order of Business

Presentation of Honorary Membership: The Speaker recognized Dr. Raymond Gist for the presentation of Honorary Membership to the following individuals:

Ms. Frances C. Miliano, Maine
 Ms. Jeanne Rude, Wisconsin
 Ms. Jocelyn Lance, Virginia
 Dr. Choo Teck Chuan, Singapore

Announcements: The Speaker announced that the following resolutions were new business, newly submitted or had been withdrawn.

New Business

Resolution 91 (*Supplement:8000*)—Student Loan Reduction Program—submitted by the Eighth, Eleventh and Thirteenth Trustee Districts

Resolution 93 (*Supplement:8002*)—Continuation of Mega Topic Session—submitted by the Third Trustee District

Newly Submitted Bylaws Resolution

Resolution 89—(Reference Committee on Budget, Business and Administrative Matters Resolution 89) *Bylaws* Amendment Regarding Resolutions with Financial Implications

Withdrawn Resolutions

Resolution 65 (*Supplement:3089*)—Developing CDHC Practice Models—withdrawn by the Fourteenth Trustee District

Resolution 77 (*Supplement:2175*)—ADA Pension Plans—withdrawn by the Eighth, Fifth and Seventeenth Trustee Districts

The Speaker asked if there were any objections to withdrawing Resolutions 65 and 77. Hearing none, Resolutions 65 and 77 were withdrawn.

Election Results: The Speaker announced that Dr. Robert A. Faiella, Massachusetts, had been elected to the office of ADA president-elect and Dr. Kenneth J. Versman, Colorado, had been elected to the office of ADA second vice president. Dr. Faiella and Dr. O. Andy Elliott, II, briefly addressed the House of Delegates. Dr. Versman and Dr. Morris Antonelli, Maryland, also briefly addressed the House of Delegates.

President Gist assumed the chair to announce that Dr. J. Thomas Soliday, Maryland, had been elected to the office of ADA Speaker of the House of Delegates. Dr. Soliday and Dr. David C. Anderson, Virginia, briefly addressed the House of Delegates.

Dr. Soliday resumed the chair.

Report of the Standing Committee on Credentials, Rules and Order: Dr. Thomas Raimann, Wisconsin, chair, reported that the Committee received requests relating to the credentialing of new delegates, alternate delegates and acting secretaries. The Committee considered these requests to be the result of extenuating circumstances. Accordingly, the Committee recommended that the following individuals be credentialed.

Delegate

Dr. Morris Antonelli, Maryland

Alternate Delegate

Dr. Michael R. Breault, New York

New/Acting Secretaries

Dr. Robert A. Neill, Montana

Dr. David M. Minahan, Washington

Dr. Gregory M. Pafford, Arizona

The Speaker asked if there were any objections to credentialing the above mentioned individuals; hearing none, the Speaker declared credentials granted.

Dr. Raimann reported the presence of a quorum.

Before consideration of business, Dr. Raimann read the ADA Disclosure Statement in compliance with Resolution 99H-2010.

Presentation of the Executive Director: Dr. Kathleen T. O'Loughlin presented her annual report to the House of Delegates. She spoke about the economic environment and her continued commitment to strengthen member value, grow revenue, contain expenses and operate efficiently and effectively.

Presentation of the Treasurer: Dr. Edward Leone, Jr., presented his annual report to the House of Delegates. He spoke about the ADA's economic environment, past, present and future, and encouraged the House to be strategic by tying the budget to the four stated goals in the ADA Strategic Plan.

Priority Agenda Items

Report of the Reference Committee on Budget, Business and Administrative Matters—Priority Items

The priority items contained in the Report of Reference Committee on Budget, Business and Administrative Matters were presented by the chair, Dr. Kevin Keating, California. The other members of the Committee were: Dr. Chris Connell, Ohio; Dr. Ian Elliott, Illinois; Dr. Don Hoffman, Pennsylvania; Dr. Mark Johnston, Michigan; Dr. Marshall H. Mann, Georgia; Dr. Tim Marshall, Florida; Dr. Mary Krempasky Smith, Washington; and Dr. Joseph Sokoloski, Missouri.

Approval of 2012 Budget (Board of Trustees Resolutions 14 and 14B): The Reference Committee reported as follows.

The Reference Committee heard limited testimony on the amended 2012 budget. There were, however, a few comments and questions that the Committee would like to clarify. The amended budget reduced the target for sunseting activities by \$600,000 to \$1,000,000. Although the

Association is planning to continue efforts to reduce costs, the target for sunseting programs and resource reductions was adjusted to cover only anticipated costs savings at the time. In addition, this was also intended to allow a cushion for potential revenue shortfalls in 2012. Therefore, the Board reduced the target for sunseting activities.

There was also a question on grant funding from the Association to the ADA Foundation (Foundation) which is currently at a level of \$1,891,708 after being reduced by approximately \$1 million. The Reference Committee recognizes that the ADA has a Bylaws responsibility, under Chapter XIII, to support the Foundation, and is satisfied with the proposed level of funding.

14B. Resolved, that the 2012 Annual Budget as revised in Appendix 1 be approved.

Dr. Keating moved the adoption of Resolution 14B (*Supplement:2137*), as revised in Appendix 1, in lieu of Resolution 14 (*Supplement:2064*).

On vote, Resolution 14B, as revised in Appendix 1, was adopted.

The Speaker noted that the House had adopted the preliminary annual budget. The final budget would be presented before consideration of the dues resolution (see page 556).

Amendment of the ADA Bylaws: Setting the Dues of Active Members (Seventh Trustee District Resolution 105-2010 and Tenth Trustee District Resolution 105-2010S-1): The Reference Committee reported as follows.

The Reference Committee heard limited testimony and agreed with the original Resolution 105-2010 and believes that the *Bylaws* should be amended to require a super-majority vote (60%) in establishing dues. The Committee also supports a super-majority vote (60%) with respect to any future resolutions having financial implications and will be presenting separately a resolution to address this.

105-2010. Resolved, that Chapter V, Section 130A.d of the ADA *Bylaws* be amended as follows:

APPROVAL OF THE DUES OF ACTIVE MEMBERS. The dues of active members of this Association shall be established by the House of Delegates as the last item of business at each annual session. The resolution to establish the dues of active members for the following year shall be proposed at each annual session by the Board of Trustees in conformity with Chapter VII, Section 100F of these *Bylaws*, may be amended to any amount and/or reconsidered by the House of Delegates until a resolution establishing the dues of active members is adopted by a sixty percent (60%) ~~three-fifths (3/5)~~ ~~two-thirds (2/3)~~ affirmative vote of the delegates present and voting.

Dr. Keating moved the adoption of Resolution 105-2010 (*Supplement:2067*) in lieu of Resolution 105-2010S-1 (*Supplement:2067a*)

Dr. Mark J. Weinberger, New York, moved to substitute Resolution 105-2010S-1 for 105-2010. Speaking to the substitution, Dr. Weinberger said, "... this House has always been governed by majority, particularly when it comes to financial matters at this point. I think the majority should have a rule. It's just general fairness."

Dr. Thomas W. Gamba, Pennsylvania, spoke in support of 105-2010S-1, saying, "Our parliamentary authority clearly and unequivocally states that the business of the governing body should be ruled by a simple majority. If you allow even a 60% vote on anything, you are allowing the minority to set the policy and rule the business of this House. ..."

Seeing no one else at the microphones, the Speaker called for a vote. On vote, the motion to substitute 105-2010S-1 for 105-2010 was not adopted.

On vote, Resolution 105-2010 was adopted in lieu of Resolution 105S-1 by a two-thirds (2/3) affirmative vote.

105-2010H. Resolved, that Chapter V, Section 130A.d of the ADA *Bylaws* be amended as follows:

APPROVAL OF THE DUES OF ACTIVE MEMBERS. The dues of active members of this Association shall be established by the House of Delegates as the last item of business at each annual session. The resolution to establish the dues of active members for the following year shall be proposed at each annual session by the Board of Trustees in conformity with Chapter VII, Section 100F of these *Bylaws*, may be amended to any amount and/or reconsidered by the House of Delegates until a resolution establishing the dues of active members is adopted by a sixty percent (60%) ~~three-fifths (3/5)~~ ~~two-thirds (2/3)~~ affirmative vote of the delegates present and voting.

Creation of a Standing Committee on Financial Matters (Special Committee on Financial Affairs Resolution 43, Board of Trustees Resolution 43B, Seventeenth Trustee District Resolution 43BS-1, Seventeenth Trustee District Resolution 78, Seventeenth Trustee District Resolution 79, and Reference Committee on Budget, Business and Administrative Matters Resolution 43RC): The Reference Committee reported as follows.

The Reference Committee heard extensive testimony on the various resolutions relating to the continuation, in one form or another, of the work of the Special Committee on Financial Affairs. The Committee agrees with the testimony about the value of House of Delegates members sitting on various Board committees. The Reference Committee is also cognizant of the risk of confusing the roles and authorities of the Board of Trustees and the House of Delegates. Accordingly, the Reference Committee is proposing that the House urge the Board of Trustees to create a new Board committee instead of the creation of a new House committee.

The Reference Committee proposes a number of changes to Resolution 43 for purposes of clarification and to make the possible terms of membership on the new committee limited to a maximum of four years.

Finally, the Reference Committee notes that the financial implication for the new committee is \$20,000 which covers minimal added travel and lodging (because the members of the new committee already attend board committee meetings). The Committee further notes that the \$126,000 in potential staff costs noted on the original Resolution 43 has been corrected by staff to 0.25 Full-Time Employees (FTE). While the exact dollars equivalent for this impact is not known, for information purposes only, the Reference Committee estimates this FTE impact to equal approximately \$30,000-\$40,000 using a blended compensation rate.

43RC. Resolved, that the House of Delegates urges the President to continue to appoint up to eight members representing the House to serve on the following Board committees, in the numbers indicated: two (2) members on the Audit Committee, two (2) on the Budget and Finance Committee (and therefore the Administrative Review Committee of the Board), two (2) on the Pension Committee, and two (2) on the Strategic Planning Committee, and be it further

Resolved, that the House of Delegates urges the Board to create a standing advisory committee of the Board, the Committee on Financial Matters, consisting of the members representing the House sitting on the Audit, Budget and Finance, Pension and Strategic Planning Committees of the Board. In addition, the ADA Treasurer and one Board member shall serve as liaisons to the Committee on Financial Matters, without the right to vote. The chair shall be selected by the committee from among the voting committee members, and be it further

Resolved, that the House of Delegates urges the President to appoint members to the Committee on Financial Matters, for up to two, two-year staggered terms, with the following criteria:

- a. Knowledge, skills or abilities in finance, audit and/or accounting as evidenced by prior training, degree, certification or experience, such as service at the constituent or specialty organization level in financial positions, including treasurer, audit committee member, financial affairs committee member, or delegation budget group member; and,
- b. Experience as a delegate or alternate of the House of Delegates, past or present;

and be it further

Resolved, that the responsibilities of the Committee on Financial Matters should include:

- a. To coordinate financial communications to the House of Delegates, in consultation with the Treasurer, at least quarterly;
- b. To advise the Board of Trustees with a House of Delegates perspective on financial issues and aid in the development of long-range financial objectives of the Association;
- c. To advise the Board of Trustees on education to members of the Board, the standing committees of the Board, the House of Delegates, and the councils on fiduciary and financial obligations; and
- d. To advise the Board of Trustees on the method of evaluating the relationship between the cost of programs and their value to membership, and make recommendations to the Board towards achieving greater program alignment with the strategic plan and successful compliance with a system of metrics.

Dr. Keating moved the adoption of Resolution 43RC in lieu of Resolutions 43 (*Supplement:2141*), 43B (*Supplement:2142*), 43BS-1 (*Supplement:2141a*), 78 (*Supplement:2172*) and 79 (*Supplement:2174*).

Dr. Mark M. Johnston, Michigan, moved to substitute Resolution 43B for 43RC.

43B. Resolved, that the House urges the Board to continue to appoint up to eight members representing the House to serve on the following Board committees, in the numbers indicated: two (2) members on the Audit Committee, two (2) on the Budget and Finance Committee (and therefore the Administrative Review Committee of the Board), two (2) on the Pension Committee, and two (2) on the Strategic Planning Committee.

In speaking to the substitute, Dr. Johnston said, “43B lets the Board do what they are assigned to do. It’s simple. The Board is responsible for their actions. It is a factor of trust. I commend the Special Committee on Financial Affairs for the work they’ve done in the last two years. They have done a fantastic job. Let’s move forward.”

Dr. Richard Andolina, New York, spoke in support of the substitution.

Seeing no one else at the microphones, the Speaker called for a vote on the substitution. On vote, Resolutions 43B was substituted for Resolution 43RC.

Dr. D. D. Cassat, California, moved to substitute Resolution 43RCS-1 for 43B.

43RCS-1. Resolved, that the House of Delegates urges the President to continue to appoint up to eight members representing the House to serve on the following Board committees, in the numbers indicated: two (2) members on the Audit Committee, two (2) on the Budget and Finance Committee (and therefore the Administrative Review Committee of the Board), two (2) on the Pension Committee, and two (2) on the Strategic Planning Committee, and be it further **Resolved**, that the House of Delegates urges the Board to create a standing advisory committee of the Board, the Committee on Financial Matters, consisting of the members representing the House sitting on the Audit, Budget and Finance, Pension and Strategic Planning Committees of the Board. In addition, the ADA Treasurer and one Board member shall serve as liaisons to the Committee on Financial Matters, without the right to vote. The chair shall be selected by the committee from among the voting committee members, and be it further

Resolved, that the House of Delegates urges the President to appoint members to the Committee on Financial Matters, for up to two, two-year staggered terms, with the following criteria:

- a. Knowledge, skills or abilities in finance, audit and/or accounting as evidenced by prior training, degree, certification or experience, such as service at the constituent or specialty organization level in financial positions, including treasurer, audit committee member, financial affairs committee member, or delegation budget group member; and,
- b. Experience as a delegate or alternate of the House of Delegates, past or present;

and be it further

Resolved, that the responsibilities of the Committee on Financial Matters should include:

- ~~a. To coordinate financial communications to the House of Delegates, in consultation with the Treasurer, at least quarterly;~~
- ~~b. To advise the Board of Trustees with a House of Delegates perspective on financial issues and aid in the development of long-range financial objectives of the Association;~~
- ~~c. To advise the Board of Trustees on education to members of the Board, the standing committees of the Board, the House of Delegates, and the councils on fiduciary and financial obligations; and~~
- ~~d. To advise the Board of Trustees on the method of evaluating the relationship between the cost of programs and their value to membership, and make recommendations to the Board towards achieving greater program alignment with the strategic plan and successful compliance with a system of metrics.~~
- a. To assist the treasurer in communicating with the House of Delegates on the Association's financial affairs;
- b. To aid in the development of long-range financial objectives of the Association including the relationship between the programmatic costs and ADA member value;
- c. To assist in providing the House with a strategic budgeting perspective; and
- d. To report to the House at least twenty (20) days prior to the convening of the first session of the House of Delegates.

and be it further

Resolved, that the Board of Trustees be urged to incorporate these provisions into the Board Rules.

Dr. Cassat said, "... I would like to make a very slight correction to number 'd' to read after the approval of the Board of Trustees, 'to report to the House at least 45 days to the convening of the First Session of the House of Delegates.'"

The Speaker responded by saying, "That's a significant change, so I am going to say, if the House decides to substitute this, then I will allow you to make that as an amendment, all right, sir."

In speaking to the substitution, Dr. Cassat said, "We have kind of massaged the duties of the Committee to assist the Treasurer in communicating to the House and to aid in the development of long-range financial objectives and, of course, being a subcommittee of the Board, to report to the Board. We have also put a last resolving clause in that urges the Board to incorporate these provisions in the *Board Rules* to allow for both present and past delegates and alternate delegates to be eligible to serve on this Committee."

Dr. James Stephens, California, spoke in support of Resolution 43RCS-1, saying, "The Special Committee on Financial Affairs has effectively assisted the Board of Trustees for the last two years. We are indeed better off now than we were two years ago in Hawaii. Our trustees carry a heavy burden across our organization. The Standing Committee on Financial Affairs would bring the necessary skill-sets to assist the Board in managing the increasingly complex financial situation of our Association. ..."

The Speaker noted that Resolution 43RCS-1 was very similar to Resolution 43RC, saying, "The only difference I can see is the responsibilities have been changed. ... You're asking us to vote for the same thing that we've already decided that we don't want to substitute, so keep that in mind."

As a point of information, a delegate from the floor requested the financial implication.

With the Speaker's permission, Dr. O'Loughlin responded to the request for information, saying, "This is difficult to estimate because of the description of the duties of this Committee. It's very different than the other Board standing committees. ... I have informed many of you that I think it would come in at around \$20,000 in fixed costs, up to about \$60,000 total additional costs. But, again, it's dependent on the actual duties and responsibilities of the Committee."

Dr. Darrell T. Teruya, Hawaii, spoke in opposition of Resolution 43RCS-1 and in support of Resolution 43B, saying, "... 43RCS-1 pushes forth a standing committee, and right now we have an *ad hoc* committee. So it just kind of obviated the vote we just took."

Dr. G. Lewis Mitchell, Jr., Alabama, spoke in support of substituting Resolution 43RCS-1 for 43B, saying, "... The main difference is the difference in duties of the Special Committee. And there are significant differences, and so I hope this House will honor that. It is no doubt that this Committee made a major impact, and we need to continue them. They bring a special skill-set that just adds to the value of our Association. The Board has been kind to incorporate them in their committees and this committee needs to have the opportunity to meet as well to represent our needs and issues and to communicate with us."

Dr. Christopher M. Connell, Ohio, spoke in support of the substitution, saying, "We heard testimony in the Reference Committee that supported the efforts of the Special Committee. It was clear it was an obvious advantage to the Board to maintain its presence. ..."

Dr. Paul R. Miller, Florida, moved to vote immediately.

Dr. Timothy B. Durtsche, Wisconsin, requested a point of information, saying, "This substitute amendment is, in fact, I think, very similar to the amendment that we just voted down. It is forming a separate committee, whereas 43B did not."

In response, the Speaker said, "We didn't really vote that one down. We just substituted 43B to it and they are coming in with one that's kind of similar to the first one as I already said. But there is a difference, so I'm going to have to allow that, and you can make a decision whether you want it or not want it."

The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, the motion to substitute Resolution 43RCS-1 for 43B was not adopted.

Dr. Mary Krempasky Smith, Washington, speaking in support of Resolution 43B, said, "I think this Board did an excellent job putting forth why they thought this was necessary to continue the members on the Committee, and I believe that is a great representation of this House."

Dr. Mark M. Johnston, Michigan, spoke in support of Resolution 43B, saying, "... I know we had a \$50,000, \$60,000 figure. I really believe it will be much higher than that. At this point in time, I don't think our Association can afford it."

Dr. Bryan C. Edgar, Washington, spoke in support of Resolution 43B, saying, "... I'm pleased that the House has made the decision not to substitute, because this is a resolution that gets what we want without the additional cost of a subcommittee."

Dr. Bruce Tandy, Connecticut, moved to vote immediately. The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, Resolution 43B was adopted in lieu of Resolutions 43, 43BS-1, 43RC, 78 and 79.

43H-2010. Resolved, that the House urges the Board to continue to appoint up to eight members representing the House to serve on the following Board committees, in the numbers indicated: two (2) members on the Audit Committee, two (2) on the Budget and Finance Committee (and therefore the Administrative Review Committee of the Board), two (2) on the Pension Committee, and two (2) on the Strategic Planning Committee.

Report of the Reference Committee on Membership and Planning—Priority Items

The priority item contained in the Report of the Reference Committee on Membership and Planning was presented by Dr. Teri Barichello, Oregon, chair. The other members of the Committee were: Dr. Michael Griffiths, Washington, D.C.; Dr. Betsy Jabbour, South Carolina; Dr. Kenneth Weinand, Missouri; Dr. Thomas Metanzo, Ohio; Dr. Julio Rodriguez, Wisconsin; Dr. Bob Skinner, Arkansas; Dr. Michael Stuart, Texas; and Dr. Scott Szotko, California.

Funding of Student Block Grant Program (Council on Membership Resolution 20 and Reference Committee on Membership and Planning Resolution 20RC): The Reference Committee reported as follows.

The Reference Committee heard overwhelming and compelling testimony in support of the Student Block Grant program. The Reference Committee considered funding at the 2010 level, but agrees with the Council on Membership's decision to fund at 75% of the 2010 level (\$126,750). The Reference Committee believes this is a viable level to maintain the program and yet is fiscally responsible. Finally, the Reference Committee took into consideration testimony on the application process and offers the following amended resolution.

20RC. 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 by the Council on Membership beginning with the 2012 Student Block Grant program, and be it further

Resolved, that findings derived from these metrics be made available to ADA and tripartite agencies with yearly reports to the ADA House of Delegates for sunset review.

Dr. Barichello moved the adoption of Resolution 20RC in lieu of Resolution 20 (*Supplement:6030*).

Dr. John Gerding, Illinois, moved to amend Resolution 20RC by increasing the amount of funding from \$126,750 to \$186,000, saying, "The rationale behind the \$186,000 figure is that we will have 162 dental schools in operation in 2012. This is four more than when the 2010 budget for Student Block Grants was set. At \$3,000 allotment per school, we thus come up with the \$186,000. While keeping in mind our budgetary constraints, we do not feel that Student Block Grants are an area to cut back. The students are our lifeblood and our future. Membership outreach was discussed at length in the Council on Membership Supplemental Report 1, and special emphasis was placed on this Student Block Grant Program. We need to keep our ADA lifeline going to the next generation of organized dentistry through raising awareness of organized dentistry among the students and encouraging a lifeline commitment to ADA membership. ..."

Dr. Jay C. Adkins, Texas, spoke against the amendment, saying, "... There have been real strides made with the Student Grant Program for conversion from ASDA membership to ADA membership. But I believe the \$126,750 amount will essentially do that, because we have made really good progress, and I think the Board was trying to control costs by reducing it. They have seen the value of increasing that conversion, but I don't think we need to go up to the higher amount."

Speaking in support of the amendment, Dr. Jeffrey M. Cole, Delaware, said, "We just saw our Executive Director put up slides that said we do not have enough younger members and that our membership is

decreasing. While we're cutting expenditures, we can't cut those expenditures that are going to help us in that area."

Dr. Bradley W. Barnes, Illinois, spoke in support of the amendment, saying, "Our experience in Illinois with the use of student block grants has been very instrumental and very effective in recruiting and retaining student members. In 2012, we will have three dental schools and 831 dental students. We have contact with each student and give them the opportunity to visit the ADA headquarters, as well as our state capitol to talk to legislators. We enjoyed an 88% conversion rate of the students over the past nine years. ... An increase in student block grants has been shown to equal an increase in membership, which in turn equals an increase in membership dues income. We understand that we want to be fiscally responsible. In the grand scheme of the budget, this is an amount which can actually increase membership and increase income for the ADA."

Dr. Kevin M. Cassidy, Kansas, speaking in opposition to the amendment, said, "... We are very comfortable on the Council [on Membership] with the \$126,000. With the metrics that we are going to apply for, and include for next year, that's plenty of money for us to see if this program is going to continue to work or not. ..."

Dr. Kevin J. Klatte, Pennsylvania, spoke in support of the amendment, saying, "... I have been on the New Dentist Committee for many years. I am finally now in my 12th year of practice, so I am no longer a new dentist. I stand here also as chairman on the Membership Committee in Pennsylvania. At our last meeting we talked about the reduced funding level, what impact would that have for the student events we're trying to arrange over the next year. The ADA's Council on Membership was going to be targeting the fourth years. I feel this is a long-term relationship we are trying to build with the students. I want to target the first, second, third and fourth years in our student outreach events. With these increased funds, I think we're sending a message back to all of us that we want to support students, we want to support membership, and we want to support our future. ..."

Dr. Alan B. Moore, Texas, and Dr. Alvin W. Stevens, Jr., Alabama, spoke in opposition to the amendment.

Dr. Joseph E. Ross, Pennsylvania, and Dr. Jade A. Miller, Nevada, spoke in support of the amendment.

Dr. Zacharias J. Kalarickal, Florida, moved to vote immediately. On vote, the motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, the motion to amend Resolution 20RC by increasing the amount of \$126,750 to \$186,000 was not adopted.

Dr. Virginia A. Hughson-Otte, chair, ADA Council on Membership, California, spoke in support of Resolution 20RC, saying, "I commend the House on its fiduciary responsibility. I beg to differ with my Council member respectfully. The \$126,750 is not more than enough, it is an accurate amount. Though \$186,000 would have been welcomed, this \$126,750 was a well thought-out and hard won battle at the Council. ... If we are going to take a risk, as we heard Dr. O'Loughlin say this morning, this is where you need to take your risk, and next year you're going to see the metrics, the return on investment that you have been requesting for the last four years. And I know you will be proud."

Dr. John R. Jordan, Jr., Florida, moved to vote immediately. On vote, the motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, Resolution 20RC was adopted.

20H-2011. 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 by the Council on Membership beginning with the 2012 Student Block Grant program, and be it further

Resolved, that findings derived from these metrics be made available to ADA and tripartite agencies with yearly reports to the ADA House of Delegates for sunset review.

Dr. Thomas W. Gamba, Pennsylvania, moved that the House reconsider Resolution 105-2010. Speaking to the motion, Dr. Gamba said, "My reasoning is, there were 60 votes that weren't cast and the difference in the vote was very slim. I believe it was ten votes. And that's why I'd like to reconsider. ..."

The Speaker said, "You know, everybody has the right to abstain and not vote. So I can't really say because there was a difference in the vote. I can ask the House if their rights were deprived by not having the chance to vote on that."

A chorus of "no's" was heard from the floor.

A delegate from the floor requested a point of information, saying, "Those voting machines, we did not get a chance to check those this morning as we normally do."

The Speaker responded that the voting machines had been tested.

A delegate from the floor requested the reconsideration of Resolution 105-2010.

The Speaker said that a good reason other than voting machines would need to be presented before he would reconsider Resolution 105-2010.

Dr. Thomas Nordone, Pennsylvania, requested a point of point of information, asking the Speaker if he might consider modifying delegate voting machines in the future to include a button for abstentions.

The Speaker responded that abstentions were not counted and that it was a right of delegates not to vote.

Report of the Reference Committee on Budget, Business and Administrative Matters (Continued)

The balance of the Report of the Reference Committee on Budget, Business and Administrative Matters was presented by Dr. Kevin Keating, California, chair.

Consent Calendar (Reference Committee on Budget, Business and Administrative Matters Resolution 88): The Reference Committee reported as follows.

The Reference Committee on Budget, Business and Administrative Matters presents the following consent calendar for consideration of the House of Delegates. The appended Resolution 88 lists all resolutions referred and considered by the Reference Committee along with the Committee's recommendation (adopt, adopt in lieu of, not adopt or refer) on each item. By adopting Resolution 88, the recommendations of the Reference Committee will become the action of the House of Delegates. However, before voting on the consent calendar, any delegate wishing to discuss an item on the consent calendar has the right to request that a resolution be removed and considered separately.

The Standing Committee on Constitution and Bylaws approves the wording of Resolutions 105-2010, 105-2010S-1 and 114-2010 as submitted. The wording of Resolution 79 and 89 has been approved by the Speaker of the House of Delegates and Chair of the Council on Ethics, Bylaws and Judicial Affairs.

Resolutions 14B, 15RC, 105-2010 and 43RC have been identified as Priority items. These resolutions will be considered separately from the Consent Calendar resolutions.

88. Resolved, that the recommendations of the Reference Committee on Budget, Business and Administrative Matters on the following resolutions be accepted by the House of Delegates.

Resolution 14B—ADOPT in lieu of Resolution 14 (*Amendment to 2012 Budget, Supplement:2137*) \$119,831,124 Revenue; \$118,397,157 Ongoing Expense; Net Dues Impact: \$: None; FTE: 0 (**Priority Item**)

Resolution 15RC—ADOPT in lieu of Resolution 15 (*Establishment of Dues Effective January 1, 2012, Supplement:2065*) \$: None; FTE: 0 (**Priority Item**)

Resolution 105-2010—ADOPT in lieu of Resolution 105-2010S-1 (*Amendment of the ADA Bylaws: Setting the Dues of Active Members, Supplement:2067*) \$: None; FTE: 0 (**Priority Item**)

Resolution 114-2010—NOT ADOPT (*Amendment of the ADA Constitution Regarding Audit Responsibilities, Supplement:2068*) \$: None; FTE: 0

Resolution 42RC—ADOPT in lieu of Resolution 42 (*Appointment of Chair of the Board of Trustees' Audit Committee, Supplement:2138*) \$: None; FTE: 0

Resolution 43RC—ADOPT in lieu of Resolutions 43, 43B, 43BS-1, 78 and 79 (*Creation of a Standing Committee on Financial Matters, Supplement:2140*) \$20,000 Ongoing Expense; Net Dues Impact: 0.19; FTE: 0.25 (**Priority Item**)

Resolution 44—ADOPT (*Report of the Special Committee on Financial Affairs in Response to Resolution 124-2010, Supplement:2144*) \$: None; FTE: 0

Resolution 52RC—ADOPT in lieu of Resolution 52 (*Long-Term Financial Strategy, Supplement:2145*) \$: None; FTE: 0

Resolution 68RC—ADOPT in lieu of Resolution 68 (*Parity Plan Explanation, Evaluation and Future Status, Supplement:2171*) \$: None; FTE: 0

Resolution 77RC—ADOPT in lieu of Resolution 82 (*ADA Pension Plans, Supplement:2175; 2177*) \$: None; FTE: 0

Resolution 80—NOT ADOPT (*Preliminary Budget Presentation, Supplement:2176*) \$: None; FTE: 0

Resolution 89—ADOPT (*Bylaws Amendment Regarding Resolutions with Financial Implications*) \$: None; FTE: 0

Dr. Soliday stated that Resolution 89 would be considered at the third meeting of the House.

Dr. Keating moved the adoption of Resolution 88.

Dr. Idalia Lastra, Florida, requested the removal of Resolution 52RC from the consent calendar.

Dr. Paul S. Zimmerman, Maine, requested the removal of Resolution 68RC from the consent calendar.

Seeing no one else at the microphones, the Speaker called for a vote. On vote, Resolution 88, as amended, was adopted by unanimous consent.

88H-2011. Resolved, that the recommendations of the Reference Committee on Budget, Business and Administrative Matters on the following resolutions be accepted by the House of Delegates.

Resolution 114-2010—NOT ADOPT (*Amendment of the ADA Constitution Regarding Audit Responsibilities, Supplement:2068*) \$: None; FTE: 0

Resolution 42RC—ADOPT in lieu of Resolution 42 (*Appointment of Chair of the Board of Trustees' Audit Committee, Supplement:2138*) \$: None; FTE: 0

Resolution 44—ADOPT (*Report of the Special Committee on Financial Affairs in Response to Resolution 124-2010, Supplement:2144*) \$: None; FTE: 0

Resolution 77RC—ADOPT in lieu of Resolution 82 (*ADA Pension Plans, Supplement:2175; 2177*) \$: None; FTE: 0

Resolution 80—NOT ADOPT (*Preliminary Budget Presentation, Supplement:2176*) \$: None; FTE: 0

Note: For the purpose of a fully documented record, the complete text of the resolutions presented in Resolution 88 follows:

ADOPTED

42H-2011. Resolved, that the House of Delegates urges the Board of Trustees to modify the Board *Rules* to allow the members of the Board's Audit Committee to elect its own chair from among all voting members of the Committee.

44H-2011. Resolved, that all councils receive annual training on their fiduciary responsibilities to the Association, and be it further

Resolved, that the appropriate agency of the Association develop a *universal set of assessment criteria* to be applied by each council (and the Administrative Review Committee) in ranking programs as part of the budget process. Criteria could include the following:

- How closely the program is aligned with the Strategic Plan,
- An assessment of the comparative value of the program in relation to other existing and proposed programs,
- The effectiveness of the program in meeting its goals and its efficiency in doing so, and
- Consideration of budget offsets and alternative sources of funding

and be it further

Resolved, that each council shall utilize the universal set of assessment criteria in evaluating its programs and reporting to the Administrative Review Committee, and be it further

Resolved, that councils (or, where appropriate, the Board) shall review all resolutions having cost implications for the Association which have been submitted prior to the first mailing of resolutions to delegates and shall provide a written report to the House that includes the council's (or Board's) recommendation and assessment in light of the universal set of assessment criteria.

77H-2011. Resolved, that the Board of Trustees provide to the House of Delegates an annual executive summary on the status of the Pension Plan as reflected in the annual ADA audit reports and the annual actuarial certification of the pension plan funding status.

NOT ADOPTED

114-2010. Resolved, that ARTICLE IV, *Section 20*, of the *ADA Constitution* be amended as follows (new language underscored):

Section 20. ADMINISTRATIVE BODY: The administrative body of this Association with the exception of audit responsibilities shall be a Board of Trustees, which may be referred to as "the Board" or "this Board" as provided in Chapter VII of the *Bylaws*.

80. Resolved, that all of the budget surplus in the proposed budget, not used to fund resolutions with financial implication passed that year by the House, be placed in reserves, and be it further

Resolved, that at the time the budget is presented, the Board shall include a list of programs or line items in the amount of at least \$1,000,000 that would most likely be cut if the House amended budget ends in deficit. The House as it attempts to provide a balanced budget could then determine whether

to urge the Board to cut some items from the list provided or fund from reserves, or the House of Delegates can decide to raise dues or reconsider resolutions previously adopted at a previous meeting of that session.

Long-Term Financial Strategy (Board of Trustees Resolution 52 and Reference Committee on Budget, Business and Administrative Matters Resolution 52RC): The Reference Committee reported as follows.

The Reference Committee heard testimony for and against the original resolution. The Committee agreed with the intent of the original resolution but wanted to expand upon it with the following substitute resolution.

52RC. Resolved, that the Board develop and follow a set of short and long-term financial strategies that:

- provide funding mechanisms for new programs/services and products through various methods including dues increases when necessary;
- identify existing programs/services and products to be sunset so that existing finite human and financial resources may be redeployed for new initiatives that align with the Strategic Plan of the ADA and that deliver greater member value or public health impact;
- develop and follow plans to manage excess financial resources to balance the needs for investment returns, risks, and costs,

and be it further

Resolved, that the Long-Term Financial Strategy of Dues Stabilization Policy (Resolution 17H-2008, *Trans.*2008:421), be rescinded.

Dr. Keating moved the adoption of Resolution 52RC in lieu of Resolution 52 (*Supplement*:2146).

Dr. Idalia Lastra, Florida, moved to amend Resolution 52RC by deleting the second resolving clause. In speaking to the amendment, Dr. Lastra said, "Although we are highly in favor of the first resolving clause in Resolution 52RC, we believe that the long-term financial strategy of dues stabilization should continue to exist, because it uses the average of the three past years' CPI in developing a strategy of raising dues that is small for our members, but it also has a strategy that does not call for an automatic dues increase."

At the Speaker's request, Dr. O'Loughlin provided the House with the financial implications of the amendment. Dr. O'Loughlin said, "If this resolving clause is to rescind the long-term strategy, there seems to be confusion as to the interpretation of the CPI, three-year Chicago cap. Some members of the Board and the Special Committee think it is a cap on how much dues can increase on a yearly basis, and others think that, no; it is simply kind of a guideline. It would be important for us to hear some clarification of what the interpretation is. We don't think that these are in conflict, but we do see them as redundant."

Dr. Marshall H. Mann, Georgia, spoke in support of the amendment, saying, "While in the Reference Committee, we did not consider the fact that we were removing an ADA standing policy before a new policy was formulated."

A delegate from the floor requested a point of information, saying, "Would it be possible to put up on the other screen the actual long-term financial strategy of dues stabilization?"

With permission from the Chair, Dr. Lastra read the wording for long-term financial strategy of dues stabilization as follows.

Resolved, that the Board develop annual budgets and manage the Association's finances and reserves in accordance with the long-term financial strategy of dues stabilization. The dues stabilization strategy seeks to achieve long-term dues stability by keeping annual dues increases at

or below the level of inflation, based upon the Chicago Consumer Price Index (CPI) average for the prior three years. The strategy does not call for automatic inflationary dues increases.

Dr. Ronald P. Lemmo, Ohio, spoke in support of the amendment, saying I rise to speak in favor of the amendment by deletion of the last resolving clause. I think when we consider our long-term fiscal stability you must think about multiple variables. Dues and the future needs of our Association as it relates to stabilizing dues over a long period of time is key in that component. I'm concerned that if this is rescinded, we lose the opportunity to keep that constantly in front of the Board's and the House's eyes."

Dr. Thomas S. Kelly, Ohio, and Dr. Sidney R. Tourial, Georgia, also spoke in support of the amendment.

Dr. Paul R. Miller, Florida, moved to vote immediately.

The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, the motion to amend Resolution 52RC by deletion of the second resolving clause was adopted.

Seeing no one else at the microphones, the Speaker called for a vote. On vote, Resolution 52RC, as amended, was adopted in lieu of Resolution 52.

52H-2011. Resolved, that the Board develop and follow a set of short and long-term financial strategies that:

- provide funding mechanisms for new programs/services and products through various methods including dues increases when necessary;
- identify existing programs/services and products to be sunset so that existing finite human and financial resources may be redeployed for new initiatives that align with the Strategic Plan of the ADA and that deliver greater member value or public health impact;
- develop and follow plans to manage excess financial resources to balance the needs for investment returns, risks, and costs.

Parity Plan Explanation, Evaluation and Future Status (Sixth Trustee District Resolution 68 and Reference Committee on Budget, Business and Administrative Matters Resolution 68RC): The Reference Committee reported as follows.

The Reference Committee heard testimony regarding the Parity Plan and agrees that additional information is needed. The Committee offers its own resolution only to clarify the roles and authority of the Board of Trustees and House of Delegates.

68RC. Resolved, that the House of Delegates urges the Board of Trustees to evaluate the parity plan, take such action as is appropriate, and report back to the 2012 House of Delegates.

Dr. Keating moved the adoption of Resolution 68RC in lieu of Resolution 68 (*Supplement:2171*).

Dr. Paul S. Zimmerman, Maine, moved to amend Resolution 68RC as follows (proposed additions are underlined).

Resolved, that the House of Delegates urges the Board of Trustees to evaluate the parity plan, as it applies to executive staff, take such action as is appropriate, and report back to the 2012 House of Delegates, and be it further

Resolved, that the House urges the Board to terminate the current parity plan for elected officers as soon as possible, if legally possible.

Speaking to the amendment, Dr. Zimmerman said, "We understand that the Board will review this parity plan in December, but we really want to establish what we think the will of the House is so that there is no

confusion. Many of us were surprised to learn that certain elected officers were covered by the parity plan. The plan was amended in 2001 to include officers. Based on the information we have available, it appears that the ADA has paid \$1.4 million in parity plan benefits to officers since they were added to the plan. And based on the 2012 budget assumptions, it looks like that would save us \$300,000 by eliminating the officer benefits."

Dr. Michel A. Jusseaume, Massachusetts, spoke in support of the amendment, saying, "It's very important that the House and the Board of Trustees understand that this parity plan, which is over and above their salary, was originally intended for ADA staff, employees, and not until 2001 were these officers amended into the plan and without much, if any, open reporting to the House. This enables all these officers when they leave office to have, in effect, a golden parachute."

Dr. Edward J. Weisberg, Virginia, requested a point of information, saying, "The phrase, as it applies, does that limit the evaluation of the parity plan only to the executive staff or is that all inclusive that it is a full review of the parity plan."

The Speaker responded that the wording applied to the executive staff and officers; the president, president-elect and the treasurer.

Dr. Christopher M. Connell, Ohio, spoke in opposition to the amendment, saying, "In the first resolving clause, it's our understanding that the parity plan had specific definitions that involved who was able to participate in that. As this amendment applies only to executive staff, it might not include others that by compensation levels are not included. Second resolving clause, after complete study of the parity plan, it may be unfavorable to terminate the parity plan. We don't know that yet. This language dictates that that plan is terminated as soon as possible. ..."

To clarify, the Speaker asked ADA Chief Legal Counsel, Mr. J. Craig Busey, to provide the definition of "executive staff."

Mr. Busey responded by saying, "... I read this resolution as being that the first resolved clause applies to the evaluation of the plan as it applies to executive staff, which would be your senior vice presidents or divisional leaders who are paid employees of the organization. The second resolved clause urges the Board to terminate the parity plan as to elected officers who would be the president, president-elect, and the treasurer, who are not members of the executive staff."

Dr. Ronald G. Testa, Illinois, asked for an explanation of what is "legally possible."

With permission from the Chair, Mr. Busey responded, "I think the provision was put in simply for the purpose of making sure that what is done is legally appropriate in the context of federal law. The parity plan and the pension plan are a difficult, complex issue. We don't see any legal impediments to this. We think it can probably be done, but the issue would be, we want to make sure that we don't commit the Association to something which is precluded by government regulation or legislation."

Dr. Thomas S. Kelly, Ohio, requested a secondary amendment by striking the words "as it applies to executive staff" after the words "and report back to the 2012 House of Delegates" in the first resolving clause. In speaking to the amendment, Dr. Kelly said, "I think it's important that the Board of Trustees evaluate the parity plan in its entirety. The second resolving clause calls for it to terminate the current parity plan for elected officers as soon as possible. As soon as possible would be part of that evaluation of the entire parity plan. ..."

Seeing no one else at the microphones, the Speaker called for a vote on the secondary amendment. On vote, the secondary amendment to strike the words "as it applies to executive staff" after the words "and report back to the 2012 House of Delegates," was adopted.

Dr. Alan B. Moore, Texas, spoke in opposition to the amendment, saying, "The original 68RC requests the Board to evaluate the parity plan ... Much of this I do not have knowledge about. I don't know if many of

this House has knowledge about to go ahead and just terminate the plan. It might be a good idea. I just don't have enough information ..."

A delegate from the floor requested a point of information, saying, "Can you tell me how many of the elected offices currently receive any monetary benefit from the current parity plan."

With permission from the Chair, Dr. Leone responded by saying, "Yes, the elected offices, president, president-elect and treasurer are employees of the American Dental Association and do participate in the parity plan and do, upon the termination of their time in office, receive a payment."

As a point of information, a delegate from the floor requested an explanation of the parity plan.

With permission from the Chair, Dr. O'Loughlin responded, "The parity plan was instituted in 1994. It's a fairly common device in organizations to help cover employees, that provide a benefit to employees, whose annual compensation exceeds the annual IRS limit for pension eligibility pay. So for highly compensated individuals, it's a way to make the system fair for those people so that the pension plan is non-discriminatory. The government requires us to have a non-discriminatory plan, but the IRS, a separate regulatory body, has said there's a limit as to how high that compensation can be. So this is a gap program. ... I can't go back in time and tell you who made the decision, but there was a legal opinion that Paul [Sholty] and I reviewed and Craig Busey reviewed, that appears that the officers were added to the parity plan back then to compensate them for the loss of their ability to contribute to their own retirement plans based on earnings from their own practices because of the significant time spent on their ADA duties as officers and that this plan was meant to literally make them whole. ... Because the officers don't vest in the ADA pension plan, they don't work there long enough. It's a five-year vesting schedule. ... and based on past history, I think the House was provided with a chart of what payments have been made in the pension study report. And I'll have to rely on Sabrina King for lapses in my memory. Since the inception of this plan, in total the ADA has paid out about \$1.4 million since 2001. Most of it went to former employees upon their departure. ..."

Dr. Robert E. Butler, Missouri, requested a point of information, saying, "Back to your point about 1994 when the plan was implemented, was the plan implemented as an action of the House of Delegates or was it implemented as a Board of Trustees' action?"

Dr. O'Loughlin responded by saying, "I assume it was considered part of the managing responsibilities of the Board around staff compensation. So I imagine the Compensation Committee and the Board made the decision."

Dr. Richard A. Huot, Florida, asked what the current compensation cap was according to the IRS.

Dr. O'Loughlin said, "At \$245,000 as of this year."

Dr. Huot responded by asking, "And is that indexed, the inflation per year? Does the IRS adjust that?"

Dr. O'Loughlin indicated that the treasurer said yes. Upon further discussion, Dr. O'Loughlin said that information regarding whether compensation was indexed to CPI would be provided.

As a point of information, Dr. Robert A. Gandola, California, requested the current compensation for officers.

Dr. O'Loughlin provided the following information regarding annual salary for the president, \$250,830; president-elect, \$198,890; and treasurer, \$82,000.

As a point of information, Dr. Samuel E. Selcher, Pennsylvania, requested the financial implication for the proposed amendment, saying, "To make a decision, it helps to know what the fiscal implication is. We had a number of \$300,000 thrown from the floor. ..."

In response, Dr. O'Loughlin stated, "If you eliminate the parity plan for the officers, we estimate it will be \$300,000 savings in total."

Dr. Ronald G. Testa, Illinois, requested a point of information, saying, "My question is from last year's resolution that related to this, Board Report 13. Proposals were sent out to the companies, such as Towers Watson, and specifically in that, the study of the parity plan was eliminated. They were told not to study that. Can somebody tell me why?"

The Speaker indicated that the question was not directly related to the primary amendment, but that he would allow it.

Dr. O'Loughlin responded by saying, "No, they did take a look at it. Because it's *de minimus* compared to the pension plan, I don't think the Compensation Committee chose to take an action with it, and they have indicated that they will study it this year in great detail. But the amounts of money, when you compare to a \$22 million dollar accrual and a \$200,000 expense, I think the Compensation Committee just delayed taking action until they could study it further."

Dr. Douglas J. Gordon, California, requested a point of information, saying, "I would like to hear from one of the current officers or past officers as to, if we're going to terminate the parity plan, would that impact their willingness to serve or their ability to serve significantly as it affects future officers."

The Speaker indicated that he would not allow the question.

As a point of information, Dr. Alan E. Friedel, Florida, said, "The original resolution speaks to an evaluation. The second portion, the proposed amendment, is urging termination of the parity plan. I'm not certain that that's germane to the concept of the first resolving clause. I would like to see this House vote on something like this, but I do not believe that this is the resolution to add this to. And I would like you to rule. Second, editorially, I believe it would read better if at the end it said, 'as soon as legally possible' instead of saying 'as soon as possible if legally possible.'"

The Speaker indicated the language would be editorially amended to reflect Dr. Friedel's suggestion. Further, the Speaker said, "... I think that you're right, that this is a primary amendment that's probably not germane to the main motion that's before you. So I am going to support your supposition and I am going to, after all this time and discussion, I am going to rule it out of order."

Dr. Richard M. Lofthouse, Wisconsin, requested a point of information, saying, "I am guessing it's because I'm from a little town in Wisconsin and I don't understand the parity plan, but as I listened to the numbers from Dr. O'Loughlin, I heard approximate numbers ... I only come up with \$2,000 a year and somewhere there's \$300,000. ... I would like to know what the differences are."

In response, Dr. O'Loughlin said, "The issue with the parity plan is it's an accrual, and it's paid upon the departure of either an officer or someone who is qualified for the plan. So the estimates are accrued. And I can tell you what the parity plan payment has been historically, but it changes because of two things. There is an annual inflationary increase baked into the president and president-elect's salaries. So that increases. There has also been a significant adjustment of the calculation because of the changes to the pension plan. The parity plan follows that calculation in terms of accrual of what the value of those future retirement invested dollars would have been should they have had the ability to invest in the plan. So it's an accrual. So if this is helpful, the actual payment out for the president in 2010 was \$169,000 in parity plan payment. Their salary was \$252,000. So remember they're considered eligible from the minute they start their two years. It's a two-year service. And I can go back and give you the history of this and going back to 2001. So it's what the value of an invested asset would have been if the officers had had the ability to participate in the retirement program."

A delegate from the floor requested a point of information, saying, "Every non-profit files federal form 990's, which are publically available. The 2010 990 for the then president, Dr. Findley, outgoing president, lists reportable 1099 compensation at \$559,605."

The Speaker responded by saying, "You have to remember, though. He was acting as executive director and the president at that time, and I think there was a difference there. We can try to get you that information."

Upon further discussion, the Dr. O'Loughlin said, "The 990 does disclose parity payments. It may not be in the same Section 990 for base compensation."

A delegate from the floor requested a friendly amendment that the 990's be reported as part of the annual budget report.

The Speaker ruled the request out of order.

Dr. Christopher M. Connell, Ohio, requested a point of information, saying, "For those individuals in the House that are looking for information that we considered, as well as option to review, Appendix C of Board Report 13 should clear up a lot of these informational questions and put something in front of a House member that has specific questions."

As a point of information, Dr. Michael H. Halasz, Ohio, said, "I am a little frustrated with the process right now insofar as all these points of information have really limited our ability to debate... If you will look at the resolution, it's asking for an evaluation, and I'm sure that you will get your answers once said evaluation is done. I would really like to continue the debate on this resolution, please."

Dr. Alvin W. Stevens, Jr., Alabama, moved to vote immediately.

The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

As a point of information, Dr. Bryan C. Edgar, Washington, said, "Mr. Speaker, was there any debate on this resolution? I noticed the question was called right off the bat. And this has been a painful experience to watch these points of order up here. I came up here because I had a question about the parity plan, but then as I read the resolution, it says evaluate the parity plan. I'm assuming in 2012 we will get a report back. ..."

The Speaker responded by saying, "You're absolutely right. We had some debate open first on this, and then we had a primary amendment, and then we had a secondary amendment ... I let it flow over a little bit into the original resolution so the people could understand why they were trying to make these amendments. So I think the House says they are ready to vote on this, and I am going to go ahead and do it, immediate vote, but I will keep that in mind in the future. ..."

On vote, Resolution 68RC was adopted in lieu of Resolution 68.

68H-2011. Resolved, that the House of Delegates urges the Board of Trustees to evaluate the parity plan, take such action as is appropriate, and report back to the 2012 House of Delegates.

Report of the Reference Committee on Dental Benefits, Practice and Health

The Report of the Reference Committee on Dental Benefits, Practice and Health was presented by Dr. Bert Oettmeier, Kansas, chair. The other members of the Committee were: Dr. J. Jerald Boseman, Utah; Dr. Mark E. Bronson, Ohio; Dr. Gary L. Dougan, California; Dr. Steven J. Holm, Indiana; Dr. Michelle Mazur-Kary, Maine; Dr. Donna T. Moses, Georgia; Dr. Jeffrey H. Rempell, New Jersey; and Dr. Connie Verhagen, Michigan.

Consent Calendar (Reference Committee on Dental Benefits, Practice and Health Resolution 84): The Reference Committee reported as follows.

The Reference Committee on Dental Benefits, Practice and Health presents the following consent calendar for consideration by the House of Delegates. The appended Resolution 84 lists all

resolutions referred and considered by the Reference Committee along with the Committee's recommendation (adopt, adopt in lieu of, not adopt or refer) on each item. By adopting Resolution 84, the recommendations of the Reference Committee will become the action of the House of Delegates. However, before voting on the consent calendar, any delegate wishing to discuss an item on the consent calendar has the right to request that resolution be removed and considered separately.

84. Resolved, that the recommendations of the Reference Committee on Dental Benefits, Practice and Health on the following resolutions be accepted by the House of Delegates.

Resolution 2RC—ADOPT in lieu of Resolution 2 (*Definitions of Usual and Customary Fees, Supplement:3001*) \$: None; FTE: 0

Resolution 3RC—ADOPT in lieu of Resolution 3 (*Statement on Determination of Customary Fees by Third Parties, Supplement:3003*) \$: None; FTE: 0

Resolution 4—ADOPT (*Limitations in Benefits by Dental Insurance Companies, Supplement:3005*) \$: None; FTE: 0

Resolution 5—ADOPT (*Definitions of Fraudulent and Abusive Practices in Dental Benefit Plans and Claims, Supplement:3007*) \$: None; FTE: 0

Resolution 18—ADOPT (*Leading Community Efforts to Improve Oral Health, Supplement:3012*) \$: None; FTE: 0

Resolution 19—NOT ADOPT (*Rescission of Policy, "Availability of Survey Results," Supplement:3014*) \$67,000 Revenue; FTE: 0

Resolution 35—REFER (*Rescission of Policy, "American Dental Association Dental Health Program for Children," Supplement:3020*) \$: None; FTE: 0

Resolution 36RC—ADOPT in lieu of Resolution 36 (*Development of a Policy Statement on Comparative Effectiveness Research, Supplement:3029*) \$: None; FTE: 0.25

Resolution 60—NOT ADOPT (*Learning the Lessons of Contract Analysis, Supplement:3086*) \$: None; FTE: 0

Resolution 61RC—ADOPT in lieu of Resolution 61 (*Practical Development of Teledentistry, Supplement:3087*) \$: None; FTE: 0.25

Resolution 76—NOT ADOPT (*ADA Alternate Proposal to the Midlevel Provider Pilot Project, Supplement:3090*) \$: None; FTE: 0

Dr. Oettmeier moved the adoption of Resolution 84.

Dr. Judee Tippet-Whyte, California, requested the removal of Resolution 36RC from the consent calendar.

Dr. Jeffrey Seiver, New York, requested the removal of Resolution 5 from the consent calendar.

Dr. Kevin D. Sessa, Colorado, requested the removal of Resolution 61RC from the consent calendar.

Dr. Lawrence R. Lawton, Washington, requested the removal of Resolution 76 from the consent calendar.

Dr. Thomas J. Schripsema, New Mexico, requested the removal of Resolution 60 from the consent calendar.

Seeing no one else at the microphones, Dr. Soliday called for a vote. On vote, Resolution 84, as amended, was adopted by unanimous consent.

84H-2011. Resolved, that the recommendations of the Reference Committee on Dental Benefits, Practice and Health on the following resolutions be accepted by the House of Delegates.

Resolution 2RC—ADOPT in lieu of Resolution 2 (*Definitions of Usual and Customary Fees, Supplement:3001*) \$: None; FTE: 0

Resolution 3RC—ADOPT in lieu of Resolution 3 (*Statement on Determination of Customary Fees by Third Parties, Supplement:3003*) \$: None; FTE: 0

Resolution 4—ADOPT (*Limitations in Benefits by Dental Insurance Companies, Supplement:3005*) \$: None; FTE: 0

Resolution 18—ADOPT (*Leading Community Efforts to Improve Oral Health, Supplement:3012*) \$: None; FTE: 0

Resolution 19—NOT ADOPT (*Rescission of Policy, "Availability of Survey Results," Supplement:3014*) \$67,000 Revenue; FTE: 0

Resolution 35—REFER (*Rescission of Policy, "American Dental Association Dental Health Program for Children," Supplement:3020*) \$: None; FTE: 0

Note: For the purpose of a fully documented record, the complete text of the resolutions presented in Resolution 84H follows:

ADOPTED

2H-2011. Resolved, that the ADA policy, Definitions of Usual and Customary Fees (*Trans.2010:545*), be amended as follows (additions are shown by double underscoring; deletions are shown by double strikethroughs):

Definitions of "Usual Fee" and "Maximum Plan Benefit Customary" Fees

Resolved, that the following definitions of "usual fee" and "maximum plan benefit customary" fees be adopted:

Usual fee is the fee which an individual dentist most frequently charges for a specific dental procedure independent of any contractual agreement.

It is always appropriate to modify this fee based on the nature and severity of the condition being treated and by any medical or dental complications or unusual circumstances.

Maximum plan benefit Customary fee is the ~~fee~~ reimbursement level determined by the administrator of a dental benefit plan for a specific dental procedure. This may vary widely by geographic region or by benefit plans within a region.

and be it further

Resolved, that the use of the terms "customary" or "UCR" to justify denial of a claim or communicate with patients or dental benefit plan purchasers is inappropriate due to the arbitrary and prejudicial manner in which it can be designated, and be it further

Resolved, that the ADA should communicate these definitions to insurance regulators, consumer advocacy groups, and dental benefits administrators to encourage the proper use of these terms, ~~and be it further~~

Resolved, that the Definitions of Usual, Customary and Reasonable Fees (*Trans.*1987:501) be rescinded.

3H-2011. Resolved, that the Statement on Determination of Customary Fees by Third Parties (*Trans.*1991:633; 2010:545) be amended by deleting the word “customary” (except in the title of the Statement where the word “formerly” was added to facilitate search capabilities; and the word “Fees” was placed inside the parentheses) and adding the words “Maximum Plan Benefit”; and removing the word “Fee” in the fifth and sixth bullet points (additions are shown by double underscoring; deletions are shown by double strikethroughs), and be it further

Resolved, that appropriate agencies of the ADA take action to encourage the adoption of these guidelines at both the state and federal level.

Statement on Determination of Maximum Plan Benefit (formerly “Customary Fees”) Fees by Third Parties

The legitimate interests of insured patients are best served by use of precise, accurate and publicly announced methodologies for determining ranges of fees for all dental services.

Therefore, policy-makers should develop guidelines for regulations which:

- Establish standard terminology for identifying benefits in policies, Explanation of Benefits and other descriptive materials
- Establish a standard screen setting method (such as percentile) and/or require a policy statement, which describes the overall percentage of services (percentile) the policy should allow in full
- Require disclosure regarding the average percentage of claim dollars submitted anticipated to be allowed
- Require disclosure describing the frequency of updates and/or the basis for screen development
- Require disclosure describing how region and specialty were considered in setting the Maximum Plan Benefit ~~Customary Fee~~ Screens
- Require carriers to use sufficient data when determining Maximum Plan Benefit ~~Customary Fee~~ Screens (whether from claims experience or other sources)
- Require carriers to demonstrate how they have set their screens and how they have determined if sufficient data were employed

4H-2011. Resolved, that the policy, Limitations in Benefits by Dental Insurance Companies (*Trans.*1997:680), be amended in the first resolving clause by replacing the term “maximum plan allowance” with the term “maximum plan benefit” (additions are shown by underscoring; deletions are shown by strikethroughs):

Resolved, that since the term “usual, customary and reasonable” is often misunderstood by patients and tends to raise distrust of the dentist in the patient’s mind by suggesting the dentist’s fees are excessive, the American Dental Association urges all third-party payers employing this terminology to substitute the term “maximum plan benefit” ~~“maximum plan allowance”~~ in all patient communications and explanations of benefits, and be it further

18H-2011. Resolved, that the American Dental Association encourages active participation by member dentists as leaders in grassroots community efforts that impact the oral health of the public.

NOT ADOPTED

19. Resolved, that Resolution 80H-2008 (*Trans.*2008:471), Availability of Survey Results, be rescinded, and be it further

Resolved, that executive summaries of survey reports be made available at no cost as a member benefit.

REFERRED

35. Resolved, that the policy, "American Dental Association Dental Health Program for Children," (*Trans.*1966:179, 306; 1967:336; 2010:552) be rescinded.
(*Resolution 35 was referred to the appropriate ADA agency for review and report to the 2012 House of Delegates.*)

Definitions of Fraudulent and Abusive Practices in Dental Benefit Plans and Claims (Council on Dental Benefit Programs Resolution 5): The Reference Committee reported as follows.

The Reference Committee agrees with the Council and Board of Trustees (*Supplement*:3008) and, therefore, recommends the adoption of Resolution 5. This Resolution supports the ADA Strategic Plan Goal: Members.

5. Resolved, that the Definitions of Fraudulent and Abusive Practices in Dental Benefit Plans and Claims (*Trans.*1998:701; 2001:428; 2010:548) be amended in the second paragraph under the definition of "Inappropriate Fee Discounting Practices" by deleting the word "customary" and inserting in its place the words "maximum plan benefit" (additions are shown by underscoring; deletions are shown by strikethroughs):

Inappropriate Fee Discounting Practices:

Intentionally engaging in practices which would force a dentist, who does not have a participating provider agreement, to accept discounted fees or be bound by the terms and conditions set forth in the participating provider contract.

Some examples of inappropriate fee discounting practices include, but are not limited to: issuing reimbursement checks which, upon signing, result in the dentist accepting the amount as payment in full; using claim forms which, upon signing, require the dentist to accept the terms of the plan's contract; issuing insurance cards which state that the submittal of a claim by a dentist means that he or she accepts all terms and conditions set forth in the participating provider contract; and sending communications to patients of nonparticipating dentists which state that he or she is not responsible for any amount above maximum plan benefit ~~customary~~ fees as established by the plan.

Dr. Oettmeier moved the adoption of Resolution 5 (*Supplement*:3007).

Dr. Jeffrey Seiver, New York, moved to amend the last paragraph by addition of the word "the" after the word "above" and deletion of the word "fees" after the words "maximum plan benefit," so the new language would read as follows:

Some examples of inappropriate fee discounting practices include, but are not limited to: issuing reimbursement checks which, upon signing, result in the dentist accepting the amount as payment in full; using claim forms which, upon signing, require the dentist to accept the terms of the plan's contract; issuing insurance cards which state that the submittal of a claim by a dentist means that he or she accepts all terms and conditions set forth in the participating provider contract; and sending communications to patients of nonparticipating dentists which state that he or she is not responsible for any amount above the maximum plan benefit ~~customary fees~~ as established by the plan.

In speaking to the amendment, Dr. Seiver said, "I would just like to offer a friendly amendment. ... In 2RC and 3RC, a maximum benefit, allowable benefit is not a fee, but it's a reimbursement, and we would like to be consistent."

Dr. Christopher J. Smiley, Michigan, and maker of the amendment spoke in support of the friendly amendment.

Seeing no one else at the microphones, the Speaker called for a vote. On vote, the amendment to Resolution 5 was adopted.

On vote, Resolution 5, as amended, was adopted.

5H-2011. Resolved, that the Definitions of Fraudulent and Abusive Practices in Dental Benefit Plans and Claims (*Trans.*1998:701; 2001:428; 2010:548) be amended in the second paragraph under the definition of “Inappropriate Fee Discounting Practices” by deleting the word “customary” and inserting in its place the words “maximum plan benefit” (additions are shown by underscoring; deletions are shown by strikethroughs):

Inappropriate Fee Discounting Practices:

Intentionally engaging in practices which would force a dentist, who does not have a participating provider agreement, to accept discounted fees or be bound by the terms and conditions set forth in the participating provider contract.

Some examples of inappropriate fee discounting practices include, but are not limited to: issuing reimbursement checks which, upon signing, result in the dentist accepting the amount as payment in full; using claim forms which, upon signing, require the dentist to accept the terms of the plan’s contract; issuing insurance cards which state that the submittal of a claim by a dentist means that he or she accepts all terms and conditions set forth in the participating provider contract; and sending communications to patients of nonparticipating dentists which state that he or she is not responsible for any amount above the maximum plan benefit ~~customary fees~~ as established by the plan.

Development of a Policy Statement on Comparative Effectiveness Research (Council on Dental Practice Resolution 36 and Reference Committee on Dental Benefits, Practice and Health Resolution 36RC): The Reference Committee reported as follows.

The Reference Committee heard limited testimony on Resolution 36. Testimony centered on suggested changes to the third principle in the policy statement. The Reference Committee agrees with the proposed changes and, therefore, recommends the adoption of Resolution 36RC in lieu of Resolution 36. The Reference Committee recommends that Resolution 36RC be adopted. These resolutions support the ADA Strategic Plan Goal: Members.

36RC. Resolved, that the Policy Statement on Comparative Effectiveness Research (Patient-Centered Outcomes Research) be adopted (additions are shown by double underscoring).

**POLICY STATEMENT ON COMPARATIVE EFFECTIVENESS RESEARCH
(PATIENT-CENTERED OUTCOMES RESEARCH)**

The American Dental Association (ADA) has a long history of identifying and supporting scientific advances in dentistry. Through rigorous scientific enquiry and knowledge sharing, the ADA supports advancements in dental research that improve the health of all Americans.

As an organization with a strong belief in evidence-based dentistry and improving patient outcomes, the ADA supports comparative effectiveness research and patient-centered outcomes research (CER and PCOR) as methodologies that can lead to improved clinical outcomes, higher quality and increased patient satisfaction. Concurrently, such research should be designed to address important variables that may impact outcomes, such as patient subpopulations, to help address biological variability and individual patient needs.

Through the 2010 Patient Protection and Affordable Care Act, Congress has established an independent, non-profit organization to conduct this research. This organization, the Patient-Centered Outcomes Research Institute (PCORI), is in the process of obtaining public input

and feedback prior to adoption of priorities, agendas, methodological standards, peer review processes or dissemination strategies.

Therefore, the ADA urges PCORI or other CER/PCOR entities to incorporate the following principles when evaluating diagnostic or treatment modalities pertaining to the provision of oral health care.

1. CER/PCOR Must be Well Designed.

Objective, independent researchers should conduct thorough, rigorous and scientifically valid research with specific outcome measures. Actual, potential and perceived conflicts of interest must be disclosed.

Protocols must be developed to ensure sound, reliable and reproducible research. Additionally, all efforts must be made to eliminate the introduction of bias into research protocols, literature reviews and clinical summaries.

Patient safety, confidentiality of personal health information and data security must be assured. Institutional review boards (IRBs) must be used to consider whether any risk to patients is balanced by potential research gains. It is essential to obtain informed consent from patients participating in CER and PCOR studies.

CER and PCOR must stratify studies to specific populations by race, gender, ethnicity, age, economic status, geography or any other relevant variable to assure the applicability of the study.

Long-term and short-term studies should be performed and adequately funded. Periodic reevaluation must be done to determine the efficacy of oral health related to CER/PCOR.

2. CER AND PCOR Process Must be Open and Transparent.

Setting research priorities, developing research techniques and selecting investigators must be accomplished using an open, transparent process. As the experts in oral health delivery, dentists and/or dental researchers must have central roles in these processes.

3. CER/PCOR Should Not Limit Innovative Treatments or Diagnostics.

CER/PCOR should not act to limit the continued development of innovative therapeutic or diagnostic modalities provided by a licensed dentist acting in accordance with ADA policy, which may not initially produce marked clinical superiority but which demonstrate the potential for improved outcomes.

4. The Doctor/Patient Relationship Must be Maintained.

The unique dentist/patient relationship and patient autonomy are overriding principles that must be included when assessing CER/PCOR information. CER/PCOR should not be used to mandate or predetermine a course of treatment for an individual patient, nor should it be used to determine a standard of care.

5. CER/PCOR Should be Widely Disseminated.

Balanced, clear, accurate, effective and timely communication of results, written with the audience in mind, should be made. Study results should include any limitations of the study. PCORI or other CER/ PCOR research entities should work with the ADA to disseminate results to the profession.

6. CER/PCOR Should not be Payment Driven.

PCORI or other CER/PCOR entities should not make recommendations on payment or coverage decisions. The primary purpose and focus of research designed and/or supported by PCORI or other CER and PCOR entities should be the improvement of patient outcomes, quality of care and/or quality of life.

Dr. Oettmeier moved the adoption of Resolution 36RC in lieu of Resolution 36 (*Supplement:3030*).

Dr. Brian E. Scott, California, moved to amend principle number three, by deleting the words “by a licensed dentist acting” between the words “provided” and “in accordance” and replacing them with the words “they are.”

In speaking to the amendment, Dr. Scott said, “It will now read, ‘development of innovative therapeutic or diagnostic modalities provided they are in accordance with ADA policy,’ which is really what the intent, I believe, of the maker of the RC meant. If we specify ‘by a licensed dentist,’ then we are denying advances in dental hygiene technology that could be utilized by an RDH. We are ignoring, say, changes in radiography that would be utilized by an RDH or some other licensed individual. ...”

Seeing no one else at the microphones, the Speaker called for a vote on the proposed amendment. On vote, the amendment to delete the words “by a licensed dentist acting” between the words “provided” and “in accordance” and replacing them with the words “they are” was adopted.

On vote, Resolution 36RC, as amended, was adopted in lieu of Resolution 36.

36H-2011. Resolved, that the Policy Statement on Comparative Effectiveness Research (Patient-Centered Outcomes Research) be adopted.

**POLICY STATEMENT ON COMPARATIVE EFFECTIVENESS RESEARCH
(PATIENT-CENTERED OUTCOMES RESEARCH)**

The American Dental Association (ADA) has a long history of identifying and supporting scientific advances in dentistry. Through rigorous scientific enquiry and knowledge sharing, the ADA supports advancements in dental research that improve the health of all Americans.

As an organization with a strong belief in evidence-based dentistry and improving patient outcomes, the ADA supports comparative effectiveness research and patient-centered outcomes research (CER and PCOR) as methodologies that can lead to improved clinical outcomes, higher quality and increased patient satisfaction. Concurrently, such research should be designed to address important variables that may impact outcomes, such as patient subpopulations, to help address biological variability and individual patient needs.

Through the 2010 Patient Protection and Affordable Care Act, Congress has established an independent, non-profit organization to conduct this research. This organization, the Patient-Centered Outcomes Research Institute (PCORI), is in the process of obtaining public input and feedback prior to adoption of priorities, agendas, methodological standards, peer review processes or dissemination strategies.

Therefore, the ADA urges PCORI or other CER/PCOR entities to incorporate the following principles when evaluating diagnostic or treatment modalities pertaining to the provision of oral health care.

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Patient safety, confidentiality of personal health information and data security must be assured. Institutional review boards (IRBs) must be used to consider whether any risk to patients is balanced by potential research gains. It is essential to obtain informed consent from patients participating in CER and PCOR studies.

CER and PCOR must stratify studies to specific populations by race, gender, ethnicity, age, economic status, geography or any other relevant variable to assure the applicability of the study.

Long-term and short-term studies should be performed and adequately funded. Periodic reevaluation must be done to determine the efficacy of oral health related to CER/PCOR.

2. CER AND PCOR Process Must be Open and Transparent.

Setting research priorities, developing research techniques and selecting investigators must be accomplished using an open, transparent process. As the experts in oral health delivery, dentists and/or dental researchers must have central roles in these processes.

3. CER/PCOR Should Not Limit Innovative Treatments or Diagnostics.

CER/PCOR should not act to limit the continued development of innovative therapeutic or diagnostic modalities provided they are in accordance with ADA policy, which may not initially produce marked clinical superiority but which demonstrate the potential for improved outcomes.

4. The Doctor/Patient Relationship Must be Maintained.

The unique dentist/patient relationship and patient autonomy are overriding principles that must be included when assessing CER/PCOR information. CER/PCOR should not be used to mandate or predetermine a course of treatment for an individual patient, nor should it be used to determine a standard of care.

5. CER/PCOR Should be Widely Disseminated.

Balanced, clear, accurate, effective and timely communication of results, written with the audience in mind, should be made. Study results should include any limitations of the study. PCORI or other CER/ PCOR research entities should work with the ADA to disseminate results to the profession.

6. CER/PCOR Should not be Payment Driven.

PCORI or other CER/PCOR entities should not make recommendations on payment or coverage decisions. The primary purpose and focus of research designed and/or supported by PCORI or other CER and PCOR entities should be the improvement of patient outcomes, quality of care and/or quality of life.

Learning the Lessons of Contract Analysis (Fourteenth Trustee District Resolution 60): The Reference Committee reported as follows.

The Reference Committee heard testimony on this resolution and agrees wholeheartedly with the sentiment expressed by the Fourteenth District that information on the Contract Analysis Service should be available and promoted. Testimony was heard in support of the resolution that dental students need more of this information. There was additional testimony that there already exists,

on ADA.org, information on the Contract Analysis Service. The Reference Committee is aware of previous *ADA News* articles and other resources on the Contract Analysis Service available on ADA.org. Additional testimony was heard that a district could easily bring a recommendation to the Council through their representative. The Council is aware of this request and is currently working on it. Therefore, the Reference Committee recommends that Resolution 60 not be adopted. This Resolution supports the ADA Strategic Plan Goal: Members.

60. Resolved, that the Council on Dental Benefit Programs in consultation with the Contract Analysis Service and the Council on Communications, prepare a series of articles suitable for publication that document and explain commonly encountered areas of concern in third party contracts, and be it further

Resolved, that content from the articles be used to prepare a brochure for distribution to new dentists and others with questions about managed care contracts, and made available on the Association website.

Dr. Jonathan R. Gellert, New York, moved to amend the first resolving clause by substituting the words "Division of Communications" for "Council on Communications."

In speaking to the amendment, Dr. Gellert said, "The Council's purpose is more of a strategic nature where we have designed the Division of Communications in the ADA to tactically create such a project."

Seeing no one else at the microphones, the Speaker called for a vote. On vote, the amendment was adopted.

Dr. Thomas J. Schripsema, New Mexico, spoke in support of Resolution 60, saying, "All of the testimony was positive. Even the Reference Committee found it to be a positive thing that worked not only for our members but for students as they're entering the profession. By voting against this or not approving this, the House doesn't really have any assurance that it's going to be done, although I appreciate the fact that the Council is working on it and that we may get positive kinds of things. But putting this in place as a policy assures us that we are going to have this action fulfilled and that we will be able to see results from it."

Dr. Christopher J. Smiley, Michigan, moved to refer Resolution 60, saying, "I, too, wholeheartedly agree with the intent of this resolution. I would request that rather than defeat, that this would be referred back to the Council on Dental Benefit Programs."

Seeing no one else at the microphones, the Speaker called for a vote to refer Resolution 60 to the Council on Dental Benefit Programs.

On vote, Resolution 60, as amended, was referred to the Council on Dental Benefit Programs.

60. Resolved, that the Council on Dental Benefit Programs in consultation with the Contract Analysis Service and the ~~Council on~~ Division of Communications, prepare a series of articles suitable for publication that document and explain commonly encountered areas of concern in third party contracts, and be it further

Resolved, that content from the articles be used to prepare a brochure for distribution to new dentists and others with questions about managed care contracts, and made available on the Association website.

Practical Development of Teledentistry (Fourteenth Trustee District Resolution 61 and Reference Committee on Dental Benefits, Practice and Health Resolution 61RC): The Reference Committee reported as follows.

The Reference Committee agrees with the Fourteenth District that the issue of teledentistry is an important emerging issue. The Reference Committee heard testimony that the Council on Dental Practice (CDP) is the lead agency for teledentistry. The CDP Chair testified that the Council is willing

to accept teledentistry as a priority project for the coming year. The Committee also heard testimony that the formation of an interagency workgroup to address an issue that has already been assigned may not be the most effective way to proceed. The Reference Committee supports the concept of giving the CDP additional time to complete the work previously assigned to them and, therefore, recommends the adoption of Resolution 61RC in lieu of Resolution 61. These resolutions support the ADA Strategic Plan Goal: Members.

61RC. Resolved, that the Council on Dental Practice, in collaboration with other appropriate ADA agencies, investigate the emerging issue of teledentistry as it relates to dental practice and report to the 2012 House of Delegates.

Dr. Oettmeier moved the adoption of Resolution 61RC in lieu of Resolution 61 (*Supplement:3087*).

Dr. Kevin D. Sessa, Colorado, moved to amend by adding a second resolving clause to read as follows.

Resolved, that a representative of the ADA Division of Dental Practice attend the 2012 American Telemedicine Association Meeting.

The Speaker asked if Dr. Sessa wanted to add the words “with a report to the 2012 House” to the end of the proposed amended language.

Dr. Sessa responded in the affirmative and the Speaker said the proposed amendment would be editorially changed to include the words “with a report to the 2012 House of Delegates” after the words “Telemedicine Association Meeting.”

The Speaker inquired what the financial impact would be and Dr. Sessa stated that according to ADA staff the financial impact of the amendment was \$1,500.

Dr. Sessa, in speaking to the amendment, said, “This, as the Reference Committee indicates, is going to become a priority issue for the Council on Dental Practice. As such, it’s important for a member of Dental Practice to intertwine with what’s going on with telemedicine around the country with our colleagues from medicine and any other professional association that’s going to have to deal with telemedicine in the future. In the past, we’ve had this in the budget to do this, and because of budgetary limitations, it’s been removed. We feel that if the Council on Dental Practice is going to become the lead agency and report back to this House next year with appropriate and necessary information as per this resolution, then I believe we need to be part of that Telemedicine Association meeting to ascertain all the information we need to make an appropriate report.”

Speaking in support of the amendment, Dr. Mark R. Zust, Missouri, said, “... Teledentistry is going to have major impact on the House and I encourage the House to pass this to allow us to better address the situation.”

Dr. Jeffrey M. Cole, Delaware, also spoke in support of the amendment.

Seeing no one else at the microphones, the Speaker called for a vote on the amendment to add a second resolving clause. On vote, the amendment was adopted.

On vote, Resolution 61RC, as amended, was adopted in lieu of Resolution 61.

61H-2011. Resolved, that the Council on Dental Practice, in collaboration with other appropriate ADA agencies, investigate the emerging issue of teledentistry as it relates to dental practice and report to the 2012 House of Delegates, and be it further

Resolved, that a representative of the ADA Division of Dental Practice attend the 2012 American Telemedicine Association Meeting with a report to the 2012 House of Delegates.

ADA Alternate Proposal to the Midlevel Provider Pilot Project (Eleventh Trustee District Resolution 76):
The Reference Committee reported as follows.

The Reference Committee heard significant testimony both in support of and in opposition to Resolution 76. The Reference Committee applauds the intent of the authors of the resolution to address access to care issues. However, the Committee believes the development of this type of grant program would require significant financial and other investment by the ADA Foundation and by constituent dental society foundations. Therefore, before bringing such a proposal forward, a detailed plan specific to program development, administrative oversight, program evaluation, costs associated with fundraising, implications surrounding the establishment of an endowment, and return on investment should be developed. The Reference Committee, therefore, recommends that Resolution 76 not be adopted. This resolution supports the ADA Strategic Plan Goal: Members.

76. Resolved, that the ADA urge the American Dental Association Foundation to form an \$8 million endowment whose interest is used to fund individual dentists to serve in underserved non-profit community clinics at the rate of one day per month per individual dentist, and be it further **Resolved**, that the ADA Foundation be urged to make this funding in the form of grants to up to 32 state constituent dental society foundations who shall oversee the operation of this pilot in their states, and be it further

Resolved, that funding for this pilot project shall come from the ADA Foundation or any other foundation that wishes to help the underserved and poor in our country that cannot afford dental work and not from an increase in dues, and be it further

Resolved, that the ADA Foundation be urged to assess the results of these pilot projects for amount of production produced at the end of three years as to its impact as one possible solution for the care for underserved patients as well as the number of dentists it has helped who are not fully employed and to report to the 2014 House of Delegates.

Dr. Oettmeier moved Resolution 76 (*Supplement:3090*).

Dr. Linda J. Edgar, Washington, moved to refer Resolution 76, saying, "My intent in bringing this forward this idea was to help some of the states that are dealing with midlevel legislation to have an answer to the legislators when they say, 'what are you doing about the problem.' It would be really helpful if the ADA could back a conversation about bringing positive solutions to the problem of access. My intent in the resolution was to urge the Foundation to look at a potential grant program to fund some treatment in underserved clinics and also help the new dentist with debt repayment. I just don't want this to die. So, I am asking for referral to the appropriate councils or agencies to continue this discussion with a report to the 2012 House of Delegates."

Dr. Susan Bordenave Bishop, Illinois, spoke in support of referral.

Speaking against referral, Dr. Gary S. Davis, Pennsylvania, said, "I have grave concerns about how this type of grant program would look to the public. The establishment of this type of program from either our Foundation or other foundations would make us appear to be more sensitive to dollars rather than the needs of the poor and the underserved. I'm also concerned about unintended consequences if the federal government were to assume that foundations were now taking a larger role in financing care."

Dr. W. Mark Donald, Mississippi, spoke in support of referral, saying, "This is a proactive chance to help some of our constituents that are the targeted states of Kellogg. It keeps the idea alive and the conversation going, and it is a proactive means of addressing the access to care issue."

Dr. Douglas W. Bogan, Texas, spoke in support of referral, saying, "I would hope that we'd be able to see the long-term potential for the concept that's described in this resolution. This is an opportunity to demonstrate that we, as the dental profession, are able to meet the need that's out there and that this care can be provided by dentists. Instead of attracting funding for non-professionals to provide a lesser level of care, we can attract funding for dentists to provide the care."

Dr. Bryan C. Edgar, Washington, Dr. Jeffrey M. Cole, Delaware, and Dr. Christine Moleski, Alaska, spoke in support of referral.

Dr. Jeffrey H. Rempell, New Jersey, spoke against referral, saying, "It was the thought of the Reference Committee when we said to vote 'no,' that this was such a poorly drawn item. We interviewed people from the Foundation, and the use of the word 'endowment' was a big handicap and other things within the resolution as stated, that we just felt that there was nothing that we could do in passing it that would further this. We also looked at the economics of it, and the amount that would be provided per state, per person who worked because under this, you would be paying the salary of the dentist to work."

Dr. David L. Hamel, Kansas, spoke in support of referral, saying, "Hopefully some of those issues that were just brought up can be addressed upon referral and further developing the resolution. I can tell you that I believe this is a leadership issue for the ADA. We need to have one more building block towards addressing some of the barriers to care."

Dr. Bryan C. Edgar, Washington, requested a point of order, saying, "My point is to be mindful of what *Sturgis* says about disparaging a member for the work of a resolution."

The Speaker said he didn't think the previous speaker had any remarks to the maker of the resolution, and that he would be watchful of that.

Speaking in opposition to referral, Dr. Samuel E. Selcher, Pennsylvania, said, "\$8 million, if we have 3% proceeds from it that were usable, it's \$240,000. Fifty states share it. It's \$4,800 per state, which at a hundred dollars an hour will give you 48 hours of use."

Dr. George R. Zehak, Illinois, spoke in support of referral.

As a point of information, Dr. Philip H. Hunke, Texas, asked where Resolution 76 would be referred to.

The Speaker responded that the maker of the motion said to the appropriate agency and so staff would decide.

A delegate from the floor spoke in support of referral saying, "I am the maker of the resolution and, again, I do understand the problems with what's written. The reason for asking for referral is I want all of you on the Dental Practice and CAPIR and all those kinds of councils and maybe even the Foundation to come up with a better plan. ... I'm asking you to look at a solution for access to care, so that when we go to this legislature, we can say this is what we're going to help. We can say, this is what we're doing maybe to help our new dentists get a little bit more money to pay back their loans."

Dr. Andrew G. Vorrasi, New York, spoke against referral, saying, "I sympathize with the makers of the resolution, but I speak against referral. If you want something to be referred, then ask for what you want it for. If you don't want this, then don't refer this. And the previous speaker said, we don't want necessarily this passed, but we'd like it talked about. If you want to have something discussed, then write down what you want discussed and then we can refer it."

Dr. Brian E. Scott, California, spoke in support of referral, saying, "I think there are better ways to do this, and at the end of business, we will be bringing new business forward, Resolution 91, which we initially wanted to use as a substitute. That was denied because our resolution is so different, but we are going to address this issue. I would urge you to vote for referral, and then I would urge you to consider 91 tomorrow when we take up new business."

Speaking in support of referral, Dr. Daniel J. Klemmedson, Arizona, said, "I ask that the task be expanded so that it's not limited to a national level. I think local is better. I think we need to maximize the ability for these types of services to be done on a local level and a state level like we already do. But I think those

efforts need to be recognized because the intent of this is to show legislatures and local governmental agencies that we're doing our part, it's done at a local level, but we're failing to recognize that."

Dr. Oettmeier offered an apology to the maker of the resolution for his previous comments, saying, "We did not think the resolution was poorly written. ... What we felt was it wasn't detailed enough. We just really didn't have enough information, not that it was poorly written."

Seeing no one else at the microphones, the Speaker called for a vote on referral.

On vote, Resolution 76 was referred to the appropriate agency.

Report of the Reference Committee on Dental Education, Science and Related Matters

The Report of the Reference Committee on Dental Education, Science and Related Matters was presented by Dr. Ron Seeley, North Dakota, chair. The other members of the Committee were: Dr. Eva Ackley, Florida; Dr. Jay Asdell, Indiana; Dr. Barbara Mousel, Illinois; Dr. Gary Jeffers, Michigan; Dr. Craig Ratner, New York; Dr. Kenneth May, North Carolina; Dr. David Moore, New Mexico; and Dr. Jill Price, Oregon.

Consent Calendar (Reference Committee on Dental Education, Science and Related Matters Resolution 86): The Reference Committee reported as follows.

The Reference Committee on Dental Education, Science and Related Matters presents the following consent calendar for consideration by the House of Delegates. The appended Resolution 86 lists all resolutions referred and considered by the Reference Committee along with the Committee's recommendation (adopt, adopt in lieu of, not adopt or refer) on each item. By adopting Resolution 86, the recommendations of the Reference Committee will become the action of the House of Delegates. However, before voting on the consent calendar, any delegate wishing to discuss an item on the consent calendar has the right to request that resolution be removed and considered separately.

86. Resolved, that the recommendations of the Reference Committee on Dental Education, Science and Related Matters on the following resolutions be accepted by the House of Delegates.

Resolution 6—ADOPT (*Amendment of the Policy, Comprehensive Study of Dental Specialty Education and Practice, Supplement:4000*); \$: None; FTE: 0

Resolution 7—ADOPT (*Rescission of the Policy, Periodic Review of Specialty Education and Practice, Supplement:4001*) \$: None; FTE: 0

Resolution 8—ADOPT (*Amendment of the Policy Statement on Continuing Dental Education, Supplement:4003*) \$: None; FTE: 0

Resolution 13—ADOPT (*Rescission of Policy on Use of Approved Materials in New Techniques and Products, Supplement:4005*) \$: None; FTE: 0

Resolution 39RC—ADOPT in lieu of Resolution 39 (*Monitoring of Accreditation Matters on Behalf of the ADA, Supplement:4009*) \$: None; FTE: 0

Resolution 40—ADOPT (*Funding Support for CODA Strategic Planning Efforts, Supplement:4024*) \$23,750; Net Dues Impact: \$0.22; FTE: 0

Resolution 41RC—ADOPT in lieu of Resolutions 41, 41B and 41BS-1 (*ADA Scientific Review of Alternative Dental Workforce Models, Supplement:3040*) \$40,000; Net Dues Impact: \$0.37; FTE: 1.25 (**Resolution of Special Interest**)

Resolution 48B—ADOPT in lieu of Resolution 48 (*Recognition of Specialty Groups, Supplement:4028*) \$: None; FTE: 0.25 (**Resolution of Special Interest**)

Resolution 53—ADOPT (*Accreditation Standards for Dental Therapy Programs, Supplement:4030*) \$: None; FTE: 0

Resolutions 58RCa, 58RCb, 58RCc, 58RCd—NOT ADOPT (*Reassessing Standards for Accreditation, Supplement:4096*) \$226,100; Net Dues Impact: \$2.12; FTE: 0.25

Resolution 59—NOT ADOPT (*Investigation of Expanding the Scope of Dentistry, Supplement:4080*) \$: None; FTE: 0.25

Resolution 66—ADOPT (*Deflating the Dental Education Bubble, Supplement:4076*) \$230,000; Net Dues Impact: \$2.15 with FTE: 0 if outsourced; or \$50,000; Net Dues Impact: \$0.47 with FTE: 3.5 if in-house (**Resolution of Special Interest**)

Resolution 67—ADOPT (*Proposal to Realign Oversight of the Association's Evidence-Based Dentistry Activities, Supplement:4081*) \$: None; FTE: 0

Resolution 69—ADOPT (*Reinstitution of the Subscription to the Cochrane Library, Supplement:4085*) \$18,000; Net Dues Impact: \$0.17; FTE: 0

Resolution 72—ADOPT (*Autonomy of the ADA Editor, Supplement:4086*) \$: None; FTE: 0

Resolution 81—ADOPT (*Professional Product Review Study, Supplement:4088*) \$20,000; Net Dues Impact: \$0.19; FTE: 0.25

Dr. Seeley moved the adoption of Resolution 86.

The Reference Committee identified Resolutions 41RC, 48B and 66 as items of special interest, as such, they were automatically removed from the consent calendar.

Dr. R. Blake Nielsen, Utah, requested the removal of Resolutions 58RCb, 58RCc and 59 from the consent calendar.

Dr. Denise L. Hering, Ohio, requested the removal of Resolution 81 from the consent calendar.

Dr. Prabu Raman, Missouri, requested the removal of Resolution 72 from the consent calendar.

Dr. James M. Boyle, Pennsylvania, requested the removal of Resolution 66 from the consent calendar.

Dr. Deborah S. Bishop, Alabama, requested the removal of Resolution 67 from the consent calendar.

On vote, Resolution 86, as amended, was adopted by unanimous consent.

86H-2011. Resolved, that the recommendations of the Reference Committee on Dental Education, Science and Related Matters on the following resolutions be accepted by the House of Delegates.

Resolution 6—ADOPT (*Amendment of the Policy, Comprehensive Study of Dental Specialty Education and Practice, Supplement:4000*); \$: None; FTE: 0

Resolution 7—ADOPT (*Rescission of the Policy, Periodic Review of Specialty Education and Practice, Supplement:4001*) \$: None; FTE: 0

Resolution 8—ADOPT (*Amendment of the Policy Statement on Continuing Dental Education, Supplement:4003*) \$: None; FTE: 0

Resolution 13—ADOPT (*Rescission of Policy on Use of Approved Materials in New Techniques and Products, Supplement:4005*) \$: None; FTE: 0

Resolution 39RC—ADOPT in lieu of Resolution 39 (*Monitoring of Accreditation Matters on Behalf of the ADA, Supplement:4009*) \$: None; FTE: 0

Resolution 40—ADOPT (*Funding Support for CODA Strategic Planning Efforts, Supplement:4024*) \$23,750; Net Dues Impact: \$0.22; FTE: 0

Resolution 53—ADOPT (*Accreditation Standards for Dental Therapy Programs, Supplement:4030*) \$: None; FTE: 0

Resolutions 58RCa, and 58RCd—NOT ADOPT (*Reassessing Standards for Accreditation, Supplement:4096*) \$226,100; Net Dues Impact: \$2.12; FTE: 0.25

Resolution 69—ADOPT (*Reinstitution of the Subscription to the Cochrane Library, Supplement:4085*) \$18,000; Net Dues Impact: \$0.17; FTE: 0

Note: For the purpose of a fully documented record, the complete text of the resolutions presented in Resolution 86H follows:

ADOPTED

6H-2011. Resolved, that the policy, Comprehensive Study of Dental Specialty Education and Practice (*Trans.2001:468*), be amended as follows (proposed deletions are ~~stricken~~; proposed additions are underlined):

~~Comprehensive Study~~ Periodic Review of Dental Specialty Education and Practice

Resolved, that the Council on Dental Education and Licensure, on behalf of the appropriate Association, ~~agency continue to~~ conduct a periodic reviews of dental specialty education and practice at ten-year intervals, and be it further

Resolved, that the Council report the results of the reviews ~~next periodic review of dental specialty education and practice be presented to the 2011 ADA House of Delegates.~~

7H-2011. Resolved, that the following policy, Periodic Review of Specialty Education and Practice (*Trans.1992:620*), be rescinded:

Resolved, that the concept of the Association maintaining a mechanism for the periodic review of specialty education and practice be endorsed, and be it further

Resolved, that beginning in 2001, the Council on Dental Education and Licensure forward recommendations from this review to the House of Delegates for its consideration.

8H-2011. Resolved, that the Association's Policy Statement on Continuing Dental Education (*Trans.2006:331*) be amended as follows (proposed additions are underlined; proposed deletions are ~~stricken~~):

Policy Statement on Continuing Dental Education

Definition of Continuing Dental Education: Continuing dental education consists of educational activities designed to review existing concepts and techniques, to convey information beyond the basic dental education and to update knowledge on advances in scientific, clinical, and non-clinical ~~practice~~ related subject matter, including evidence-based dentistry and ethics. The objective is to improve the knowledge, skills and ability of the individual to provide the highest quality of service to the public and the profession. All continuing dental education

should strengthen the habits of critical inquiry, ~~and~~ balanced judgment and ethics that denote the truly professional and scientific person and should make it possible for new knowledge to be incorporated into the practice of dentistry as it becomes available.

Continuing education programs are designed for part-time enrollment and are usually of short duration, although longer programs with structured, sequential curricula may also be included within this definition. In contrast to accredited advanced dental education programs, continuing dental education programs do not lead to eligibility for ethical announcements or certification in a specialty recognized by the American Dental Association. Continuing dental education should be a part of a lifelong continuum of learning.

Acceptable Subject Matter: In order for specific course subject material to be acceptable for credit, the stated course objectives, overall curriculum design or topical outlines should be clearly stated. The information presented should enable the dental professional to enhance the dental health of the public, either directly or through improved effectiveness of operations in dental practice, or through expansion of present knowledge through research. The dental professional should be able to apply the knowledge gained within his or her professional capacity.

Acceptable Activities: Continuing education activities are conducted in a wide variety of forms using many methods and techniques which are sponsored by a diverse group of institutions and organizations. State boards and/or legislatures may specify acceptable activities or content. The Association urges the state boards to allow maximum flexibility for an individual to choose content and learning activities based on individual preferences, needs, interests and resources. Additionally, clinical credit should be awarded for all activities related to the delivery of dental procedures including those with ethical components and self study activities.

Acceptable forms might include but are not limited to:

- attendance at and/or delivery of a formal continuing education course (a didactic and/or participatory presentation to review or update knowledge of new or existing concepts and techniques)
- general attendance at a multi-day convention type meeting (a meeting held at the national, state or regional level which involves a variety of concurrent educational experiences)
- authorship of publications (e.g., a book, a chapter of a book or an article or paper published in a professional journal)
- completion of self study activities individualized continuing education instruction such as online courses and research, webinars, journal articles and downloadable books (a individualized course of study which is structured and organized, but is available on an unscheduled and unsupervised basis; a method of providing feedback to the learner on performance or comprehension must be incorporated into the self-study activity)
- enrollment in a preceptor program (an independent course of study with a formally structured, preplanned and prescheduled curriculum where the participant observes and provides patient treatment using criteria and guidelines provided by the instructors; this type of study does not lead to an academic degree)
- academic service (e.g., instruction, administration or research related to undergraduate, postgraduate or graduate dental or allied dental training programs)
- presenting posters or table clinic
- participation on a state dental board, a board complaint investigation, peer review or quality care review procedures
- successful completion of Part II of the National Board Dental Examination, a recognized dental specialty examination or the National Board Dental Hygiene Examination if taken after initial licensure
- test development for written and clinical dental, dental hygiene and dental specialty examinations

- volunteering pro bono dental services or community oral health ~~activities through instruction~~ at a public health facility
- participation in dental research as a principal investigator or research assistant

13H-2011. Resolved, that the ADA policy statement entitled *Use of Approved Materials in New Techniques and Products* (Trans.1977:939) be rescinded.

39H-2011. Resolved, that the Council on Dental Education and Licensure as well as the ADA Trustee Liaisons to CODA and CDEL serve as the ongoing mechanism for monitoring and communicating accreditation matters among ADA agencies and the Commission, and be it further

Resolved, that one ADA-appointed member of the Council on Dental Education and Licensure attend the Commission on Dental Accreditation's two meetings each year and report observations and findings to the Council and other appropriate agencies of the ADA, and be it further

Resolved, that as the charge set forth by Resolution 78H-2010 has been completed, the ADA CODA Monitoring Committee be sunset.

40H-2011. Resolved, that the ADA allocate funding up to \$23,750 for the Commission on Dental Accreditation to engage an outside facilitator to design and support its strategic planning efforts as directed by the 2008 ADA Task Force on CODA Report and Recommendations.

53H-2011. Resolved, that the Commission on Dental Accreditation be strongly urged to delay the process of developing accreditation standards for dental therapy programs for the purpose of further review of compliance with CODA's Principles and Criteria Eligibility of Allied Dental Programs.

69H-2011. Resolved, that the American Dental Association House of Delegates reinstate funding of the Association's subscription to the Cochrane Library.

NOT ADOPTED

58RCa. Resolved, that the Board in consultation with counsel reevaluate the relationship of the Association and the Commission on Dental Accreditation and propose any necessary governance revisions, and be it further

Resolved, that the Board provide a report to the 2012 House of Delegates on these activities.

58RCd. Resolved, that CODA be urged to take no final actions on the accreditation of programs for new dental team members until thorough consideration of standards by the profession, and be it further

Resolved, that the Board provide a report to the 2012 House of Delegates on these activities.

ADA Scientific Review of Alternative Dental Workforce Models (Eighth Trustee District Resolution 41, Board of Trustees Resolution 41B, Eleventh Trustee District Resolution 41BS-1 and Reference Committee on Dental Education, Science and Related Matters Resolution 41RC): The Reference Committee reported as follows.

The Reference Committee heard diverse testimony both for and against Resolutions 41, 41B and 41BS-1. The Committee felt it was important for the ADA to continue to be the nation's leader in advocating for the patient's oral health and that many studies currently being used by other entities are biased and not scientific in nature. The Committee felt it was important for the ADA to move forward on this issue and, therefore, puts forward the following resolution.

This resolution supports the ADA Strategic Plan Goal: Members.

41RC. Resolved, that the American Dental Association, through the appropriate ADA agencies, conduct and report on a systematic review of the literature on non-dentist workforce models which

exist or are under development in the U.S. and other countries that include diagnosis, treatment plan formulation and/or the performance of irreversible and/or surgical dental procedures, and be it further **Resolved**, that the information from this research be reported to the 2012 ADA House of Delegates.

Dr. Seeley moved the adoption of Resolution 41RC in lieu of Resolutions 41 (*Supplement:3041*), 41B (*Supplement:3041*) and 41BS-1 (*Supplement:4087*).

Dr. W. Mark Donald, Mississippi, moved to substitute Resolution 41RCS-1 (*Supplement:4095a*) for Resolution 41RC.

41RCS-1. Resolved, that the Board of Trustees appoint a Task Force with representatives from the appropriate ADA agencies to develop a set of specific research questions that could be used for a systematic review of the literature on non-dentist workforce models which exist or are under development in the U.S. and other countries that include diagnosis, treatment plan formulation and/or the performance of irreversible and/or surgical dental procedures, and be it further **Resolved**, that this set of questions be reported to the Board of Trustees for selection of the appropriate question(s) to be used for the systematic review, and be it further **Resolved**, that the results of the systematic review be reported to the 2012 ADA House of Delegates.

In speaking to the substitution, Dr. Donald said, "We support the intent of this resolution and being an in-house systematic review to propose scientifically valid information on non-dentist midlevel providers and the models. When we do a scientific review of literature, we must start with a specific, well-designed question and not be a broad research. [Resolution] 41RC as presented does not specify these questions and, therefore, provides a very limited guidance on the parameters of such a systematic review. [Resolution] 41RCS-1 helps to set these parameters.

Dr. Ronald D. Venezie, North Carolina, spoke in support of the substitution, saying, "Our district unanimously supports this resolution for substitution. This study needs to move forward. It really needed to move forward three years ago to provide the ADA with some truly valid scientific information to be able to refute claims that are not scientifically supported. But it needs to move forward in a way such that the research questions are carefully specified by the experts in how to do systematic review. The proposed questions ought to be developed by this task force that we are recommending, but the Board of Trustees acting on behalf of this House ought to also have an opportunity to choose the ultimate research question or questions that get to be the subject of the systematic review. They need to be relevant to the needs of this Association. That does not make this review invalid. It does not stack the deck. It just says that we want the scientists to go to all the appropriate valid evidence to answer questions that are of interest to this House. This substitution moves the process forward in a very appropriate way."

Requesting a point of information, a delegate from the floor asked the Speaker to provide a definition for systematic review.

At the Speaker's request, Dr. Daniel M. Meyer, senior vice president, Division of Science and Professional Affairs, responded to the point of information, saying, "If you go to the EBD website, the ADA's website that actually was supported by a National Library of Medicine grant, the definition is as follows, 'A systematic review is a comprehensive and unbiased review process that locates, appraises and synthesizes evidence from the scientific studies to obtain a reliable overview.'"

A delegate from the floor, speaking in support of substitution, said, "I believe in this organization, I believe in this organization's ability to lead by courage and not by fear, and I believe that leading by fear is not really a value that we have within this organization. I think that we should support this amendment, that it does broaden our ability to answer this question.

Requesting a point of information, Dr. Joseph F. Hagenbruch, Eighth District Trustee, Illinois, said, "Relative to this first resolved clause, it says 'Resolved, that the Board of Trustee's appoint.' Mr. Speaker, could you make a clarification on that. Can the Board of Trustees appoint or does the President do that?"

The Speaker responded that the Board does have authority to appoint a task force, saying, "...they usually make recommendations to the President whoever they would like to have. But they do have the authority. This House has the authority to appoint a task force also."

Dr. Jeffrey M. Cole, Delaware, spoke in support of substitution, saying, "There was a lot of testimony heard with concerns with the other renditions of 41 because they were too open-handed. I think what this allows is for the question to be asked and the Board to approve that before the study goes on."

Speaking in opposition to 41RCS-1, Dr. Paul R. Leary, New York, said, "As the professional body, as a professional organization, I believe it's incumbent upon us to study all the information that is available to us. And as soon as we begin to narrow the ability of researchers who will look at this, we may be equally as dismissed as we did to Kellogg and Pew when they came up with information that was not also a real review of literature. So I think it's incumbent upon us as a professional organization to take all the information available to use and deal with the truth that comes out of studying all of them."

Dr. W. Carter Brown, South Carolina, incoming chair, Council on Communications, spoke in support of substitution, saying, "I am the chair of the Access to Care Work Group for Communications for the ADA. And I'm also a contributor to barriers papers. I'm sure we all realize the impact the barriers papers have had in such a positive manner throughout our community and the public in general. We have some good momentum. I think the intent of this original resolution was excellent; however, I have some problems with the original. ... Definition of systematic review, according to the Department of Health and Human Services, specifies that you have to have a set topic with set criteria before you start doing a literature review for a systematic review. We do not have a set topic or a set criteria. That is all that this resolution is trying to say from the Sixteenth. Let's decide what we want to look at, because if you look at the information that is out there now, and from the Communications side we have looked at a lot of this, it's extremely skewed in one direction. If you don't specify what you're actually looking at, you could come up with an incorrect conclusion that is not going to be really a reflection of what the truth is. So I think that if we go back and do this in-house, do not have an external group working with it the way it is specified in here, I think this is going to get us where we need to be."

Dr. J. Barry Howell, Illinois, spoke in opposition to substitution, saying, "The first resolving clause that the substitution offers essentially only changes the Board of Trustees appointed task force. Well, in the original reference committee resolution, it assigns the American Dental Association, which is the Board of Trustees outside of this House. So essentially there is no change there. The issue that I have concerns the second resolved, which basically turns the Board of Trustees now into a subcommittee. It's going to go back and it's going to select the specific questions that are going to be reviewed from the handpicked committee that they appoint. It seems ridiculous. The Board of Trustees has a tremendous responsibility. They shouldn't be relegated to doing committee work. While I appreciate the intent here to try to hone this down, it should be that the committee comes up with the questions that need to be asked. The last thing I would like to say is that the world is moving very, very fast. If you haven't seen it, here it is. This is the October issue of the *Journal of the American Public Health*, which is their association's magazine. We are on the cover. It's dentistry. This whole thing is about dentistry. A lot of things are coming out, moving very quickly. If we don't move this forward, we've got serious issues and things to repair in the public's eye."

Dr. Gary N. Herman, California, spoke in opposition to substitution, saying, "The critical issue here is the term 'systematic review.' A systematic review is a scientific, a critical scientific, evaluation. Putting pre-conditions in by giving the researchers specific topics to look at or specific questions to ask is going to flaw the research and provide an immediate ability for outside forces to say that we are not being scientific."

Dr. Ronald L. Rhea, Texas, requested an editorial change, saying, "I am going to try and make an editorial change with permission of the maker of this resolution."

Dr. Kerry K. Carney, California, requested a point of order, saying, "I believe debate is limited to substitution only, not to editorial or amendments."

The Speaker agreed and did not allow the request for an editorial change.

Dr. Rhea spoke in support of substitution, saying, "Any study that you are going to do, you first need to define the criteria that you wish to study. And to not do that leaves it open to total misdirection."

Dr. Carney spoke in opposition of substitution, saying, "I also agree with the previous speaker who said that we cannot operate on fear. This is a group of very smart people. Everybody here has been through a lot of school. We all know how to do analytical thinking. What we need is the access to the information to analyze that information. The substitution would put several layers of, I have to use the word 'editing' because, of course, I'm an editor, but we put several layers of other people's interpretations on the information that we're asking for. So, in fact, I speak against substitution because what we need is a systematic review as stated in the other resolution."

A delegate from the floor spoke in support of substitution, saying, "I think there has been a little bit of misinformation. Anybody that has read a systematic review has been involved in a systematic review, should really be able to understand that defining the question that you want to have answered from the literature is perfectly appropriate and, in fact, a necessary first step to conducting a systematic review. So there's nothing in this resolution that is based on fear of the evidence. There's nothing in this resolution that is based on trying to predetermine the answer to the question. We don't need to do that. All this resolution does is allow multi-disciplinary input in deciding what questions are out there that could be studied. That's why it is a task force. It's not just sent to one council, because there are other councils that have expertise in this area. So a multi-disciplinary task force really seems to be appropriate, and it does not add other layers to the process. It doesn't delay the resolution of this issue. It simply gives the Board, and actually it gives this House, through our representatives on the Board, the ability to say, yeah, these are the questions that we really want answered now with our limited resources. We can't cover the gamut of every scientific issue and every scientific paper. And when you do a systematic review, it's the only way that you can then have valid and legitimate reasons to include studies and exclude studies based on their scientific validity, not based on your pre-conceptions."

Dr. Robert S. Roda, Arizona, spoke in opposition, saying, "I am also one of the associate editors of the *Journal of Endodontics*, and I'm the editor of the state journal of *Arizona Inscriptions*. I think that the first resolution accomplishes all of this. All I am seeing out of this is that we do create an extra layer, a task force. We already have in the resolution a call for creating a systematic review where they will develop questions. What this does is it created the extra layer of a task force, and also in the second resolving clause, it asks a political non-scientific body, our Board of Trustees, no offense, people, I know you all are, but it asks the non-scientific body to formulate and decide on the questions that are needed for a scientific review. And I really think that that provides a complete inherent bias, and if this substitution passed like this and we end up voting on it, then every Kellogg and Pew Foundation in the world can say, 'Well, yeah, their political body decided on the question.' Come on people. Let's just go for science."

Dr. Michael C. Griffiths, District of Columbia, spoke in support of substitution, saying, "I am a former professor of biostatistics and epidemiology and one of the cardinal rules is that you have to ask and answer the right question. The Board is the place to understand what this House meant and this House wanted to look at. A group of people that are going to sort of formulate the question, they may or may not have the input or the insight that you have as a clinician, largely clinical group. So we need to have this collaboration so that we make sure that when we get down the path, we don't have a bunch of garbage, or, worse yet, we have a Pew or Kellogg, Jr., report out. We want to have something that's going to be beneficial to us and helpful to the states that have to deal with this issue. And it's my opinion that you have to ask the right question, which are outcome based, which none of the Pew or the Kellogg Foundations has ever put up. ..."

Dr. Martin J. Rutt, Connecticut, requested a point of order, saying, "Is there a way to split these resolutions in order to minimize the debate? Because I think we are going to have an issue where some people are in favor of the first resolution, but against the second one, et cetera."

The Speaker responded that debate was on substitution.

Speaking in support of substitution, Dr. W. Carter Brown, South Carolina, said, "... A first year public health student knows that a systematic review starts with a topic, a specific topic with criteria; you have to have it limited. And if you read the resolution from 41RCS-1, it does not say that the Board of Trustees develop the questions. They select the questions that are coming from Dental Practice, that are coming from Council on Scientific Affairs, from the financial experts at the ADA who know the appropriate questions to ask to find out if, indeed, what they're looking at affects the overall health of the population. You can look at studies to whether a filling is going to stay in if X, Y and Z model has them doing it. That's not necessarily what we want to look at. You can waste time doing that. The results-based literature review the last speaker spoke about is exactly where we need to go, but we need weigh-in from multiple councils so that we don't waste our time and we have a target and we know where we're going."

Dr. Rodney J. Klima, Virginia, also spoke in support of substitution.

Dr. Ronald L. Rhea, Texas, moved to amend Resolution 41RCS-1, saying, "I am absolutely for this substitute resolution, except it never directs the ADA to perform the study. If you read it very carefully ... in the second resolving clause, if we take out the third line of that resolving clause, the two words "to be," and instead place in there, "which will then be used for the systematic review," it actually gives direction to the Board to do this from the House."

The Speaker asked if there was any objection to accept the amendment as an editorial change. Hearing none, the second resolving clause was editorially amended to read as follows.

Resolved, that this set of questions be reported to the Board of Trustees for selection of the appropriate question(s) ~~to be~~ which will then be used for the systematic review, and be it further

Dr. Kerry K. Carney, California, requested a point of order, saying, "Since we've already decided on this, it's a little irrelevant. For the future, I had assumed that if we are debating on substitution that we save any editorial or changes to the proposal until after it has either been accepted or rejected."

The Speaker responded, saying, "No, it's a primary amendment. The primary amendment can have a secondary amendment to it. He was talking about doing a secondary amendment to this, and I said since it was just a couple little words, it was more editorial. We would accept it and the House agreed to that, and so that was in order."

Seeing no one else at the microphones, the Speaker called for a vote on the substitution. On vote, the motion to substitute Resolution 41RCS-1 for 41RC was not adopted.

Dr. Glenda C. Reynolds, New Hampshire, moved to amend the first resolving clause of Resolution 41RC as follows (proposed deletions are stricken; proposed additions are underlined).

41RC. Resolved, that the American Dental Association, through the appropriate ADA agencies, conduct and report on a systematic review of the literature on non-dentist workforce models which exist or are under development in the U.S. and other countries that include ~~diagnosis, treatment plan formulation and/or~~ the performance of irreversible and/or surgical dental procedures, and determine the extent to which, if any, these workforce models impact the incidence of caries experience on a population level, and be it further

In speaking to the amendment, Dr. Reynolds said, "We feel that it is imperative that any studies that measure the value of impact of non-dentists administering irreversible dental procedures measure their value on a population and not on an individual. Well-intentioned as some public health experts may be in increasing restorative dental services on a population level as the primary health means of attenuating dental disease may impact result in a greater caries experience which is the level of untreated versus treated dental decay and, subsequently, result in a poor health outcome for our population."

Speaking against the amendment, a delegate from the floor said, "This is exactly the reason why we wanted the experts to be able to determine what the possible questions are. We have now tried to turn this House into a scientific review grant writing committee, and that's the last thing we want to do. ... First and foremost, the incidence of caries experience means that development of new carious lesions over a period of time. It can also be affected by access to treatment so that lesions that might never have shown up in a research study now become readily apparent because they have been filled. So it is very possible that access to additional dental care, whether you like it or not, is likely to increase what you look at as caries experience. So you may get the wrong answer. ... and this is not what these midlevel providers programs are intended to address. So not only do we have a question that you may get an inaccurate answer to, it's the wrong question. We shouldn't be trying to do this on the House floor."

Dr. Stephen J. Shea, Massachusetts, spoke in support of the amendment, saying, "I feel that if the dentist is going to be the head of the dental team, then we can't even infer that other individuals who would make a diagnosis, treatment plan, and I just don't feel comfortable with that wording at all in being there."

Dr. Christopher M. Connell, Ohio, spoke in opposition to the amendment, saying, "We just had a very lengthy discussion about defining the questions and who should do that. It seems that this language and the incidence of caries experience, I can envision other impacts. And I think this is absolutely the wrong place to limit these questions."

Dr. Robert S. Roda, Arizona, moved to vote immediately. The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, the proposed amendment to Resolution 41RC was not adopted.

Dr. Stephen O. Glenn, Oklahoma, speaking to Resolution 41RC, said, "I also serve as chair of the Council on Dental Practice. I think there's some things this House needs to know. We greatly support the earnest and sincere efforts of this House and the districts that have brought these motions forward, all of them, in trying to arrive at the scientific basis, making a determination. The statements about the value of systematic reviews and all that, we have absolutely no problems with. But there are issues here, and this House is running around a bush, and I think you need some information before you keep trying to refine this motion. First, there is an existing systematic review. It was done at the Cochrane, Medline, and PubMed. It was a study that was undertaken partially by a funding from the California Dental Association. And this systematic review came to this conclusion, or at least this is part of its conclusion, available data is insufficient to make the definitive conclusions regarding safety and effectiveness of the procedures performed by midlevel providers. Secondly, CDP already has a database, dozens, if not hundreds, of articles from around the world. And we know the evidence does not currently exist, but that does not prevent authors from extrapolating conclusions based on little or no evidence at all. If you don't want to believe what I am saying from CDP and from the California Dental Association, I'll give you another level of proof that you're looking for something that doesn't exist here. That is, the Board of Trustees sent out 17 RFPs to study midlevel providers and the economic sustainability of multiple midlevel provider models. They only received three proposals in return. All of those proposals contained different methodologies for answering the question, but they all agreed on one thing. There was no evidence out there for them to utilize in doing their studies, so they were going to have to conduct original research to answer these questions. Therefore, the cost of these studies was very expensive, and I think that's partially why the Board and I can't speak for the Board, but I am just surmising part of the reason they did not bring a proposal to this House was because of the expense of these studies. I also want to confirm my opinion that the research questions that need to be developed will be developed based on the evidence and the science, not on the policy of this House, and not on the wisdom of the Board of Trustees. Any action that CDP or Council on Scientific Affairs or anyone else in this House is going to take is going to be based on and constrained by the policies. But you're chasing something here that I told my caucus is the equivalent of trying to do a systematic review to determine if unicorns dream in Technicolor. This is not a question you are going to find answers to currently."

Dr. Kirk W. Noraian, Illinois, spoke in support of Resolution 41RC, saying, "I am also a member of the Council on Scientific Affairs. I speak in favor of 41RC. I was one of the authors of the original, and I'm happy with what the Reference Committee has come up with. What I would say is, I would like to thank the pediatric dentists, public health dentists, the Academy of General Dentistry for assistance in building the coalition to keep an eye on the future of dentistry, and I think our districts, as well. As a scientific organization, we are the experts in science. We need to provide our leadership with the science to fend off the opponents of dentistry and plan for this future. Our opposition has chosen to play in the sandbox with faulty reports. Let's show them, this is our sandbox. A critical systematic review will provide us with the strength of our position or the weakness, and, more importantly, give us tools to make us stronger and prepare us for the future. Science is not our enemy. Science is our opportunity."

A delegate from the floor requested a point of information, saying, "I would like to ask Dr. Meyer to give some sense of how the staff would conduct this study based on this resolution without a question being defined."

With permission from the chair, Dr. Daniel M. Meyer, senior vice president, Division of Science and Professional Affairs, said, "The important thing is the question and to get a focused question. There have been other systematic reviews that have been done on this topic, but the questions have all been slightly different. I know the debate has been amongst the House as to who should be asking the question. I think it's important that whoever asks the question, whether or not it's the Board of Trustees, the House or the Council on Scientific Affairs, Council on Dental Benefits, that it is a focused question. The important thing is the scientific review, the scientific validation. As you know, in science it is always good to have validation, and it's always good to have a scientific evaluation at the highest level. I think the Council on Scientific Affairs, working together with other agencies here at the American Dental Association, within the ADA and with groups that have like interests; I think we can bring you the best science possible."

A delegate from the floor requested a point of information, saying, "The [previous] speaker insinuated or stated that the Academy of General Dentistry and the Public Health were in favor of 41RC. And dealing with both of those organizations, being from District 4, I can assure you that was not the case."

Dr. Norman V. Palm, Michigan, moved to amend 41RC.

The Speaker stated that it was past the hour of noon and that debate on 41RC would continue after lunch.

Recess: Dr. Allison House, Arizona, moved to recess the House of Delegates until 1:30 p.m.

On vote, the motion to recess was adopted and the second meeting of the House was recessed at 12:14 p.m.

Notes

Thursday, October 13, 2011

Third Meeting of the House of Delegates

Call to Order: The third meeting of the ADA House of Delegates was called to order at 1:30 p.m. by the Speaker of the House of Delegates, Dr. J. Thomas Soliday, Maryland.

Report of the Reference Committee on Dental Education, Science and Related Matters

ADA Scientific Review of Alternate Dental Workforce Models (Eighth Trustee District Resolution 41, Board of Trustees Resolution 41B, Eleventh Trustee District Resolution 41BS-1 and Reference Committee on Dental Education, Science and Related Matters Resolution 41RC) (Continued)

Debate on Resolution 41RC continued.

41RC. Resolved, that the American Dental Association, through the appropriate ADA agencies, conduct and report on a systematic review of the literature on non-dentist workforce models which exist or are under development in the U.S. and other countries that include diagnosis, treatment plan formulation and/or the performance of irreversible and/or surgical dental procedures, and be it further **Resolved**, that the information from this research be reported to the 2012 ADA House of Delegates.

Dr. Norman V. Palm, Michigan, moved to amend the first resolving clause by addition after the words “dental procedures” the words, “based on their safety, efficacy and economic sustainability.”

In speaking to the amendment, Dr. Palm said, “As we learned from Dr. Meyer before lunch, when doing a systematic review, it would be helpful to have some focus to the parameters that we would like to see investigated. We all are clinicians, and we are all practicing dentists and ... have a great interest in determining when studies done outside of this country, many of which can be called into question ... [about] the results from another provider would allow for us in the United States to see that the treatment that they would provide is safe, efficacious, and any model would maintain economic sustainability. I think we need to have confidence that much [of] what was considered dogma really will not pass these tests, and I urge this House to accept this friendly amendment.”

Dr. E. Jane Gillette, Montana, spoke against the amendment, saying, “I do not see this as a friendly amendment. I don’t think that you want to have it to be that much more defined. I say that we just leave it to CSA, Dental Practice, and anybody else who the trustees see fit and let them focus the question, but narrowing that in I think really limits their ability to look at that topic broadly and you may not want to necessarily investigate all of those.”

Seeing no one else at the microphones, the Speaker called for a vote on the amendment. On vote, the motion to amend Resolution 41RC was not adopted.

A delegate from the floor requested a point of information, saying, “Last year, this House debated workforce issues, and I believe it was Resolution 92 [that] gave the Association permission to do studies on workforce models. And my question is, why are we debating this issue here whether or not this study should be done? I thought that was done in last year’s resolution.”

The Speaker said that staff would look up the information, adding “From what I understand, it was not exactly the same as this, so we are going to allow it unless we can find the resolution and it does confirm what the delegate was saying.”

Dr. Mark A. Bierschbach, South Dakota, moved to amend the first resolving clause of Resolution 41RC by addition of the words "similar to the United States" after the words "other countries," saying, "this would reinsert language that the Board of Trustees had in 41B, which stated "similarly developed countries."

Seeing no one else at the microphones, the Speaker called for a vote on the amendment. On vote, the motion to amend Resolution 41RC was not adopted.

Dr. Louis A. Imburgia, Illinois, moved to vote immediately.

Before accepting the motion, Dr. Soliday asked Dr. O'Loughlin to provide information regarding Resolution 92-2010. Dr. O'Loughlin responded by saying, "It was 92RC, one of the resolved clauses was that, 'Resolved, that the ADA critically review and seek opportunity for input into any pilot program or study that has the potential for significant impact on the dental profession.' I think that's what the member of the House was speaking to."

The Speaker said that Resolution 92 was not the same as Resolution 41RC. Dr. O'Loughlin confirmed that it was not.

The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, Resolution 41RC was adopted in lieu of Resolutions 41, 41B and 41BS-1.

41H-2011. Resolved, that the American Dental Association, through the appropriate ADA agencies, conduct and report on a systematic review of the literature on non-dentist workforce models which exist or are under development in the U.S. and other countries that include diagnosis, treatment plan formulation and/or the performance of irreversible and/or surgical dental procedures, and be it further **Resolved**, that the information from this research be reported to the 2012 ADA House of Delegates.

Report of the Standing Committee on Credentials, Rules and Order: Dr. Thomas Raimann, chair, Wisconsin, reported the presence of a quorum and reminded the House that in accordance with the disclosure policy, delegates were obligated to disclose any conflict of interest related to the issue they were addressing.

Report of the Reference Committee on Budget, Business and Administrative Matters (Continued)

Dr. D. D. Cassat, California, requested that Resolution 89 be the next item of business because, if adopted, would require a 60% vote to approve any resolution having a financial implication."

The Speaker said, "Now what you're doing is you're asking to take this out of order now because it has 60% vote on any financial implications. ... There will be some financial implication resolutions coming up and you may want to know whether they need to be 60% or 50%."

Hearing no objections, the Speaker announced Resolution 89 would be the next item of business.

The Speaker indicated that this was a *Bylaws* change, and, if adopted, would take effect immediately.

Bylaws Amendment Regarding Resolutions with Financial Implications (Reference Committee on Budget, Business and Administrative Matters Resolution 89): The Reference Committee reported as follows.

Resolutions with a financial impact on the Association require a simple majority vote. The Reference Committee has recommended adoption of Resolution 105-2010 providing for a super-majority (60%) vote in the case of setting dues. The Reference Committee believes that the percentage vote required to approve any resolution having a financial implication should similarly be increased to sixty percent (60%).

89. Resolved, that the *Bylaws* Chapter V, House of Delegates, Section 130. Rules of Order, Subsection A. Standing Rules and Reports be amended by adding a new Section g as follows:

g. RESOLUTIONS WITH A FINANCIAL IMPLICATION. Any resolution having a financial implication shall require the affirmative vote of sixty percent (60%) of the delegates present and voting.

Dr. Keating moved the adoption of Resolution 89.

Dr. Bryan C. Edgar, Washington, spoke in opposition to Resolution 89, saying, "... I think it was a good idea to lower the super majority for a dues increase. I think it was probably a good idea to raise the majority to a super majority of 60% for the budget that was proposed, but this just goes way too far. Every resolution that you look at potentially could have financial implications or not. And I was working with a resolution from our district this year where there was the question of financial implication and to change the resolution by removing the financial implication, I think there's too much room for unintended consequences in how we do our business going forward and having the freedom to create resolutions without thinking of that financial implications being an impediment. And I also feel strongly that the minority should not be given the control to not pass a resolution when we already have that built in to the budget resolution and the dues increase."

Dr. Paul F. Kattner, Illinois, spoke in opposition to Resolution 89, saying, "I rise to speak in opposition to this resolution. One of the basic tenets of parliamentary procedure is that the majority should prevail. The reason for having a super majority vote on certain matters is to protect those members who are not in attendance at the House of Delegates. That might be appropriate at the dues level, but it's certainly not appropriate at the resolution level."

Dr. Samuel E. Selcher, Pennsylvania; Dr. Alan B. Moore, Texas; Dr. Mert N. Aksu, Michigan; and Dr. Joseph F. Piecuch, Connecticut; also spoke in opposition to Resolution 89.

Dr. Sean M. Rockwell, California, spoke in support of Resolution 89, saying, "Earlier today, we discussed dues. I'm speaking in favor of this resolution. We spoke about dues increases. We passed that resolution regarding a 60% requirement there. This resolution kind of ties those two things together. Every time we get a resolution, it indicates to us that there is a financial implication or not. If we're concerned about pennies here or something, I mean, that's different, but when there's a large financial implication involved with some of the resolutions, and especially some of the things that we will see this afternoon, we need to be very specific and very concise about what we are going to do. And by having this 60%, it tells us that there is more than half of us in the room that are interested in doing this. The Reference Committee also spent a great deal of time tossing this around, and I know that they did their due diligence to make sure that they put forth what they thought was best for the Association. I think we should stick with that."

Dr. Christopher M. Connell, Ohio, said, "It was our feeling, and it's my feeling, that we have all heard tales of behind the curtain procedural issues that come down at the end of this House when everybody is trying to get out. It's our feeling that this proves a mechanism each time this House allocates resources; you look at that in context of the resolution individually. You make your decision. If it's 60%, you know you are firmly behind it. It makes the decision at the end of this House to support, not support, make a determination on dues much easier, because you are already firmly behind the money, the potential deficit, the potential surplus that you will have in front of you at the end of this House. This makes the process that much easier."

Dr. Robert S. Roda, Arizona, moved to vote immediately. The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, Resolution 89 was not adopted.

Report of the Reference Committee on Dental Education, Science and Related Matters (Continued)

The balance of the Report of the Reference Committee on Dental Education, Science and Related Matters was presented by Dr. Ron J. Seeley, chair, North Dakota.

Dr. Seeley addressed an inaccuracy in CODA Supplement 3, saying, "I would like to bring to the House's attention... During this consideration of CODA Supplemental Report 3, Informational Report on Developing Accreditation Standards for Dental Therapy Programs (*Supplement:4031*) the Reference Committee heard significant testimony from Illinois members that the statement in CODA Supplemental Report 3, stating that Illinois was looking into the dental therapy models, was inaccurate. The Board of Trustees also commented on this misinformation, and the Reference Committee urges the Commission to amend its report to reflect that the State of Illinois is not considering any of these models at this time.

Recognition of Specialty Groups (Eighth Trustee District Resolution 48 and Board of Trustees Resolution 48B): The Reference Committee reported as follows.

The Reference Committee concurs with the Board of Trustees and supports adoption of Resolution 48B in lieu of Resolution 48.

This resolution supports the ADA Strategic Plan Goal: Members.

48B. Resolved, that the Council on Dental Education and Licensure (CDEL) review the criteria and process for the recognition of specialty sponsoring organizations, and be it further
Resolved, that this review consider Requirement 1(a) in the *Requirements for Recognition of Dental Specialties and National Certifying Boards for Dental Specialists* which states that a recognized specialty sponsoring organization's membership should be reflective of the special area of dental practice (as defined by the ADA Code of Ethics, Section 5.H. General Standards, for announcing specialization or limitation of practice), and be it further
Resolved, that CDEL consider interpreting "reflective" to mean that only specialist dentist members be able to vote and to hold office, and be it further
Resolved, that any additional recommendations for change be reported to the 2012 House of Delegates.

Dr. Seeley moved the adopted of Resolution 48B (*Supplement:4028*) in lieu of Resolution 48 (*Supplement:4028*).

Dr. Kenneth P. Hermesen, Nebraska, moved to amend the third resolving clause by substituting the word "define" for the words "consider interpreting." In speaking to the amendment Dr. Hermesen said, "We feel that the wording would more clearly define specifically what the intent of the motion is of the resolution."

Speaking in opposition to the amendment, Dr. Ronald D. Venezie, North Carolina, said, "CDEL considered very carefully the specialty review. We certainly appreciate the maker of the amendment wanting us to look at the criteria for recognition of specialties. And the Council will do that with all due diligence. But if you're going to have the Council look at it, why do you prescribe in advance what answer we're going to come up with. Let us do our job, and we will consider everything very, very carefully and come back to report to the House. And then you can decide whether we did it appropriately or you want to change it."

Seeing no one else at the microphones, the Speaker called for a vote on the amendment. On vote, the motion to substitute the word "define" for the words "consider interpreting" in the third resolving clause was not adopted.

On vote, Resolution 48B was adopted in lieu of Resolution 48.

48H-2011. Resolved, that the Council on Dental Education and Licensure (CDEL) review the criteria and process for the recognition of specialty sponsoring organizations, and be it further

Resolved, that this review consider Requirement 1(a) in the *Requirements for Recognition of Dental Specialties and National Certifying Boards for Dental Specialists* which states that a recognized specialty sponsoring organization's membership should be reflective of the special area of dental practice (as defined by the ADA Code of Ethics, Section 5.H. General Standards, for announcing specialization or limitation of practice), and be it further

Resolved, that CDEL consider interpreting "reflective" to mean that only specialist dentist members be able to vote and to hold office, and be it further

Resolved, that any additional recommendations for change be reported to the 2012 House of Delegates.

Reassessing Standards for Accreditation (Reference Committee on Dental Education, Science and Related Matters Resolutions 58RCb): The Reference Committee reported as follows.

The Reference Committee heard testimony expressing concern that the Commission will apply equivalency to other accreditation standards besides Standard 1-7. Equivalency for Standard 1-7 was reaffirmed by the 2009 House of Delegates (Resolution 57H-2009). In response to Board of Trustees Resolution B-54-2011 urging the Joint Advisory Committee on International Accreditation (JACIA) not to modify any other standards for the international accreditation program, the JACIA agreed and reaffirmed the position that Standard 1-7 was the only requirement to which equivalency can be granted. The Reference Committee also noted that if the ADA were to return the fees collected from international programs to date, the financial implication would be approximately \$226,000. The Committee also felt that since international accreditation was first brought forward by the House of Delegates, and is self-supporting, that it should not be terminated at this time. Therefore, the Reference Committee does not support Resolution 58RCb and recommends a no vote.

58RCb. Resolved, that CODA be urged to place a moratorium on further efforts to accredit dental programs outside the United States and Canada to allow review of protocols for establishing equivalency and that fees collected to date be returned pending a decision to proceed in the future, and be it further

Resolved, that the Board provide a report to the 2012 House of Delegates on these activities.

Dr. Seeley moved Resolution 58RCb.

Dr. Ronald D. Venezie, North Carolina, spoke in opposition to Resolution 58RCb, saying, "We support the Reference Committee's advice on this. CODA is simply following the will of the House in terms of international accreditation. This resolution seemed to indicate that there were some other equivalency issues. There really isn't, and the Reference Committee very clearly elucidated that."

Dr. Steven M. Bruce, Idaho, spoke in opposition to Resolution 58RCb, saying, "Also a member of the International Accreditation Committee since its inception six years ago. And I also speak against this resolution. ... We have worked through this process for six years. We followed the direction the House has given us. We've only asked for one equivalency and that had to do with 1.7. And we came to this House and got that okayed two years ago. It's very clear that the Board has spoken and it told us that there would be no other deviation from the equivalency, and we understand that. I guess the greatest reason I don't want to see us pass this is because we have started this process. We have schools that have been working for two, three, four years. I don't know that they will ever get to the point where they're accredited, but if we pull the rug on it now, I think it will give us an incredible black eye from the international dental education community and also our FDI group ..."

Dr. Mert N. Aksu, Michigan, spoke in opposition to Resolution 58RCb, saying, "I believe that you are far underestimating the financial implication of this resolution. Returning the fees to the schools who have started the application process is only part of the cost that they have incurred. Many schools have begun the process toward international recognition through CODA standards, and the fact that you're willing to return the

fees is a great idea, but many of these schools have already incurred costs. I would expect that passage of this would bring further litigation to the ADA, which is something we all don't need right now."

Dr. Bryan C. Edgar, Washington, also spoke in opposition to Resolution 58RCb.

Dr. Martin J. Rutt, Connecticut, moved to vote immediately.

Seeing no one else at the microphones, the Speaker called for a vote on Resolution 58RCb. On vote, Resolution 58RCb was not adopted.

Reassessing Standards for Accreditation (Reference Committee on Dental Education, Science and Related Matters Resolutions 58RCc): The Reference Committee reported as follows.

The Reference Committee noted that the Commission has well-established policies and procedures in place for establishing new accreditation standards, or revising existing standards. In particular, this includes soliciting input from ADA members at the CODA Open Hearings scheduled each year at the ADA Annual Session. In addition to the Open Hearings, the Commission will consider written requests for accreditation standard revisions from any interested party, education program representative, and/or organizations. The Reference Committee noted that the Commission recently completed a three-year, comprehensive review and revision of the Predoctoral Accreditation Standards. The Council on Dental Education and Licensure provided input to the Commission during the process.

Programs must demonstrate compliance with the standards whether the program is a "traditional model" or a "non-traditional" model. Therefore, the Reference Committee does not support Resolution 58RCc and recommends a no vote.

58RCc. Resolved, that a dialog between the Association and CODA be established regarding non-traditional education models and that protocols for establishing standards be developed, and be it further

Resolved, that the Board provide a report to the 2012 House of Delegates on these activities.

Dr. Seeley moved Resolution 58RCc.

Seeing no one at the microphones, the Speaker called for a vote on Resolution 58RCc. On vote, Resolution 58RCc was not adopted.

Investigation of Expanding the Scope of Dentistry (Fourteenth Trustee District Resolution 59): The Reference Committee reported as follows.

There was very little testimony regarding this resolution. The Reference Committee believes that this is a states' rights issue and that the ADA already has policy on scope of practice. Still, there were those on the Reference Committee who felt the ADA needs to lead in this area. Nonetheless, the Reference Committee does not recommend adoption of Resolution 59.

This resolution supports the ADA Strategic Plan Goal: Members.

59. Resolved, that the Council on Dental Practice and the Council on Dental Education and Licensure review procedures being performed by dentists that are not part of the traditional scope and identify additional areas that could become part of a dentist's scope and what type of training might be necessary.

Dr. Seeley moved Resolution 59 (Supplement:4080).

Speaking in support of Resolution 59, Dr. Michael R. Thompson, Arizona, said, "I would like us to consider this resolution and recognize that what it does ask is for us to identify and review those procedures which

could expand the scope of dentistry. There is no financial implication here and no request for a formal report. It's simply a request that the House of Delegates send a message to our councils that we want them to review the appropriateness of new diagnostic and therapeutic measures as they come on line and determine the appropriateness of whether to incorporate those in dental practice based on the education of our dentists, and when that answer is yes, to advocate for the expansion of dental practice when it's appropriate and serves our patients. By taking a position proactively, we have the opportunity to be that recognized leader of oral health that we hold ourselves out to be. And as these new things come along and our practices have evolved and we reach 2030, we will see that we are not doing everything the way we did today. But by the ADA having a position when state boards and other entities look to us and say 'what's the opinion of the ADA on these new modalities,' we have something on record. And we have the opportunity here to reach out and achieve that goal. ..."

Dr. Mark R. Zust, Missouri, spoke in opposition to Resolution 59, saying, "While I might not disagree with the intent of the resolution, I would have to point out that when you use words such as 'traditional scope,' those are words that are very easy to say, but they are very, very difficult to define. I would say that if this passes, that it would give my Council and the Council on Dental Education a very arduous task that we don't really need to do."

Speaking in opposition, Dr. James M. Boyle, Pennsylvania, said, "... I believe we have a slide that references the '97 House definition of dentistry. In speaking against this resolution, all I can say is that we would be handicapping all of our members by trying to come up with some type of laundry list of procedures that anybody can do. This particular definition of dentistry has worked throughout each state and it's up to each state to decide what procedures they want to have done using their dental practice act. I have gone through this personally, sitting on a hospital board for credentialing, as well as personally with applying for specific privileges. This definition works well. It allows all of us to explore anything that we wish to do based on our training and experience."

Dr. Allison B. House, Arizona, spoke in support of Resolution 59, saying, "At the mega topic discussion, the millennial dentist told us his visions for 2030 was to be a physician in oral medicine. A new body of scientific literature providing what we, as dentists, have known for a long time, that the mouth and the body are actually connected. We see evidence of systemic disease in the mouth every day, but we have no standing to order a test. Our physician friends are not even considering this connection. There is an unmet need in early detection that we could and should meet to keep our patients healthy. Our education is extensive, so much that we are now first responders for FEMA. We need to explore how we can expand our services to help our patients stay healthy. The ADA can lead us into the 2030 vision and we can do it in a proper and ethical way that would benefit our members and our patients."

Dr. Robert S. Roda, Arizona, spoke in support of Resolution 59, saying, "We are not doing things the same way now that we did in 1997, and if this process would then move us forward to actually try, and to enhance what may be an obsolete definition of dentistry, that would be good. We are doing a lot more diagnostic things, and as the health care system becomes integrated, whether we like it or not, we are going to be required to have a lot of this kind of work done. And I think we need to move forward with it rather than just sit back and not."

A delegate from the floor moved to vote immediately. The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, Resolution 59 was not adopted.

Deflating the Dental Education Bubble (Fourteenth Trustee District Resolution 66): The Reference Committee reported as follows.

The Reference Committee heard testimony on Resolution 66 and understands it will be difficult for the Association to relieve the financial stress that students are under; however, the Reference Committee

felt that this is an important issue for the future of the profession and supports the intent of this resolution. Therefore, the Reference Committee recommends adoption of this resolution.

This resolution supports the ADA Strategic Plan Goal: Members.

66. Resolved, that the Board of Trustees with the assistance of appropriate councils and expert consultants, study, document and analyze the current and future economics of dental education, student debt and the impact on dental practice and access to care, utilizing existing environmental scan and other available data, and be it further

Resolved, that the Board with the assistance of CDEL and consultants with expertise in dental education identify innovations in dental education that reduce costs without diminishing quality and recognize barriers to broader implementation, and be it further

Resolved, that the Board, with the assistance of consultants with expertise in practice economics and subsidized care, consider the role educational institutions, students, residents and new graduates have played in the dental "safety net," and innovative ideas to improve that function while reducing student debt, and be it further

Resolved, that the Board prepare a detailed report including short term and long range action recommendations to reduce dental student debt for consideration at the 2012 House of Delegates.

Dr. Seeley moved the adoption of Resolution 66 (*Supplement:4076*)

Dr. Ronald D. Venezie, North Carolina, moved to amend by deletion of the third resolving clause. In speaking to the amendment, Dr. Venezie said, "Our district unanimously supports the resolution if it includes one, two and four. This is a very important issue. Student debt will have enormous implications on our profession, and we really feel like this needs to be addressed, and it should have been addressed years ago. The third resolving clause, in our opinion, doesn't really fit as well with the other three resolving clauses, and we think it would be a cleaner resolution if that was stricken. The other issue is that last year, there was a resolution, Resolution 112, and that was referred to CDEL. And we exhaustively studied the concepts that are included in this resolution, looking at sending dental students in to outlying clinics and using students and residents to 'address access.' And I would refer you to the CDEL report which shows that exhaustive review and the literature cited. I would hate to see CDEL have to reinvent that, redo that entire body of work, because of this third resolving clause."

Dr. Thomas Nordone, Pennsylvania, requested a point of clarification, saying, "There are two fiscal implications. One is outsourced and one is done in-house. How is the budget determined?"

With permission from the Speaker, Dr. O'Loughlin responded, saying, "The in-house estimate was based on an estimate of work by Dr. Vujicic, who is the head of the HPRC. To be conservative, because until the RFP is done, and until we define the scope of the study, for budgeting purposes, we recommend using the higher number."

Speaking in opposition to the proposed amendment, Mr. John W. Huebner, ASDA, said, "I would like you to take note of the word 'bubble' in the title of this resolution. Life of a bubble can only end in one way. It will pop, so with the current trend and the rising cost of dental education and the student debt levels, when might this bubble pop and what will happen if it does. There has been much discussion regarding this issue at this meeting and this is a great step in the right direction. But I urge you to adopt this resolution and immediately start taking action to advocate for the 18,000 students who make up more than 10% of ADA membership. The cost associated with this resolution is not a number unfamiliar to me and my fellow students, because it is well within the range of what we pay to become trained members of this great profession. So we cannot wait another year to address this issue."

Seeing no one else at the microphones, the Speaker called for a vote. On vote, the proposed amendment to delete the third resolving clause was not adopted.

Dr. Denise L. Hering, Ohio, spoke in opposition to Resolution 66, saying, "In Ohio, and perhaps other states, we have already addressed this through innovative programs that seem to be working. Spending \$230,000 to repeat the work that many are already doing is fiscally irresponsible. I would welcome more dialogue between the states to solve these problems, but oppose hiring consultants at this time."

Dr. Robert L. Morrow, Colorado, spoke in support of Resolution 66, saying, "Being a rural dentist with my daughter, living in a town of 700, probably no other place in the world do you have two dentists in a town of 700, but we could cover a large rural area that have no services in three states. We even have a satellite practice in another state. So we know about access to care, and we think that the answer to access to care is these young dentists coming into rural areas. But when they come out with debt loads that are so huge, coming into a rural environment where they're probably not going to make the income that you do in a major metropolitan area, then it is extremely difficult. So this is so important, and this amount that we spend, if it is \$230,000 or whatever thousand it is, oh, my, that's just about what their debt load is when they come out of dental school."

Speaking in support of Resolution 66, Dr. Jeffrey M. Cole, Delaware, said, "We just saw some information earlier that our membership numbers are in trouble. The students are the future of this organization. And just like the previous speaker said, what we are spending as an organization is what they individually come out with in debt. If we don't get a handle on this debt issue, they're going to be stuck with a very hard decision, do I join the ADA or not. And we see that when they go to the full amount of full dues, that's when we're losing those young people."

Seeing no one else at the microphones, the Speaker called for a vote on Resolution 66. On vote, Resolution 66 was adopted.

66H-2011. Resolved, that the Board of Trustees with the assistance of appropriate councils and expert consultants, study, document and analyze the current and future economics of dental education, student debt and the impact on dental practice and access to care, utilizing existing environmental scan and other available data, and be it further

Resolved, that the Board with the assistance of CDEL and consultants with expertise in dental education identify innovations in dental education that reduce costs without diminishing quality and recognize barriers to broader implementation, and be it further

Resolved, that the Board, with the assistance of consultants with expertise in practice economics and subsidized care, consider the role educational institutions, students, residents and new graduates have played in the dental "safety net," and innovative ideas to improve that function while reducing student debt, and be it further

Resolved, that the Board prepare a detailed report including short term and long range action recommendations to reduce dental student debt for consideration at the 2012 House of Delegates.

Proposal to Realign Oversight of the Association's Evidence-Based Dentistry Activities (Board of Trustees Resolution 67): The Reference Committee reported as follows.

The Reference Committee concurs with the Board of Trustees and supports adoption of this resolution. This resolution supports the ADA Strategic Plan Goal: Public Health.

67. Resolved, that the Advisory Committee on Evidence-Based Dentistry be dissolved, and be it further

Resolved, that funding for the Advisory Committee on Evidence-Based Dentistry be transferred to the proposed 2012 budget of the Council on Scientific Affairs to support a new CSA subcommittee with representation of other relevant ADA agencies to obtain interagency input on appropriate science and research topics.

Dr. Seeley moved the adoption of Resolution 67 (Supplement:4081).

Dr. Deborah S. Bishop, Alabama, moved to amend the second resolving clause by adding the words “include the Council on [Dental] Benefit Programs” between the words “relevant ADA agencies to” and “obtain interagency input.”

In speaking to the amendment, Dr. Bishop said, “I was on both of the councils, the Evidence Based Task Force for three years and the Council on Dental Benefit Programs. Unless you sit at that table, you don’t really know what a cross-over there is. And I just think it would be a mistake if we didn’t have Benefits included on almost every issue when it comes to evidence-based dentistry.”

Seeing no one else at the microphones, the Speaker called for a vote on the amendment. On vote, the motion to amend Resolution 67 was adopted.

After further discussion, the Speaker said, “Just to make sure we are fair, when I took the vote on the primary amendment, it was by machine, and there was a number of people that felt that they didn’t get a correct vote. So we are going to take it again on the machine.”

Dr. Cesar R. Sabates, Florida, requested a point of information, saying, “Mr. Speaker. Is there any way that we can do a test vote of the entire House to make sure that these machines are working properly?”

The delegates were asked to test their voting machines by selecting the number one, indicating a ‘yes’ vote. The test vote resulted in 450, 100%, ‘yes’ votes.”

The Speaker confirmed that the voting machines were working, adding, “I have been told that everybody has to look when they push a button that it says ‘received’ on the screen on your computer. If it says ‘received,’ that means you voted.”

The Speaker called for a second vote on the primary amendment. On vote, the primary amendment to add the words “to include the Council on [Dental] Benefit Programs” between the words “relevant ADA agencies to” and “to obtain interagency input” in the second resolving clause was adopted.

Dr. Christopher J. Smiley, Michigan, moved to amend the second resolving clause by addition, saying, “The original Advisory Committee had representatives from CSA, CAPIR, CDEL, CDP, CEBJA, and Dental Benefits. More recently, CGA and Communications were added to the Committee. Now the intent would be to start the new Committee that is formed here with these original councils per the staff at Science. Therefore, I would recommend that if you’re going to include one, you should include all, so as not to be exclusionist.”

The proposed amendment would read as follows (proposed additions are underlined).

Resolved, that funding for the Advisory Committee on Evidence-Based Dentistry be transferred to the proposed 2012 budget of the Council on Scientific Affairs to support a new CSA subcommittee with representation of other relevant ADA agencies to include representation from CDBP, CDP, CSA, CAPIR, CDEL, CEBJA, CGA and CC to obtain interagency input on appropriate science and research topics.

Dr. Cesar R. Sabates, Florida, inquired what the financial implication would be.

The Speaker responded by saying, “Good point. They said there’s no change, because these Councils were going to be included in their plans anyway. ... Does everybody understand? [Staff] said that this is already going to be included in the study, so can we just accept this as an editorial because it’s already going to be in there and not have to vote on this primary amendment.

Hearing no objections, the Speaker stated that Resolution 67 would be editorially amended to include proposed language.

Seeing no one else at the microphones, the Speaker called for a vote on Resolution 67. On vote, Resolution 67, as editorially amended, was adopted.

67H-2011. Resolved, that the Advisory Committee on Evidence-Based Dentistry be dissolved, and be it further

Resolved, that funding for the Advisory Committee on Evidence-Based Dentistry be transferred to the proposed 2012 budget of the Council on Scientific Affairs to support a new CSA subcommittee with representation of other relevant ADA agencies to include representation from CDBP, CDP, CSA, CAPIR, CDEL, CEBJA, CGA and CC to obtain interagency input on appropriate science and research topics.

Autonomy of the ADA Editor (Ninth Trustee District Resolution 72): The Reference Committee reported as follows.

The Reference Committee heard limited testimony, primarily in support of Resolution 72. The Reference Committee supports adoption of this resolution.

72. Resolved, that the appropriate ADA agency review Chapter VII, Board of Trustees, Section 90. Powers, paragraph D of the ADA *Bylaws* to suggest new language for the bylaws consistent with the principles supported by the World Association of Medical Editors, and be it further

Resolved, that the changes be submitted to the 2012 ADA House of Delegates.

Dr. Seeley moved the adopted of Resolution 72 (*Supplement:4086*).

Dr. Virginia A. Merchant, Michigan, spoke in support of Resolution 72, saying, "The ADA editor must have autonomy to determine what is published in the *Journal*. *JADA* must and should be the voice of the profession as determined by the editor, not that of the Board of Trustees or ADA staff."

Dr. Prabu Raman, Missouri, spoke in opposition, saying, "I support the concept of autonomy of the editor in principle. However, this is a solution to a non-existing problem with the potential for adverse outcomes. I respectfully submit that the editor of *JADA* already enjoys tremendous autonomy. If I may, let me offer my evidence. In the September 2010 issue of *JADA*, a brief report on Temporomandibular [Joint] Disorders by Dr. Charles Green was published. It contended his group's view that occlusion does not play a role in TMD, and I quote, 'that these types of pain conditions must be managed within a bio-psychosocial framework and,' still within quotes, 'therefore, the publication of this new TMD statement could be regarded as the closest thing today to a true standard of care in this contentious field.' This was clearly contrary to the ADA policy that only sets parameters of care for TMD, not standard of care, which is a legally meaningful word. It is actually cited in court proceedings as 'ADA Standard of Care.' In my capacity as president of the International Association of Comprehensive Aesthetics, I met with the then ADA President, Dr. Gist, President-elect Calnon, and senior vice president of Scientific Affairs, Dr. Meyer, at ADA Headquarters in February 2011. They told us in no uncertain terms that *JADA* is autonomous. ... As long as the title of the journal is the *Journal of the American Dental Association*, I believe that there should be the ability left to the Board of Trustees to override the editor in egregious circumstances. I assure you that our leaders do respect editors' autonomy. I believe it is unwise to tie their hands with the codified autonomy."

With permission from the Speaker, Dr. O'Loughlin commented on the editor's contract, saying, "Just a point of information. This has been in the past a very contentious issue when it comes time to contracting with editors and has been quite the obstacle to overcome during negotiations. We think this will continue to be a problem since the majority of peer-reviewed medical and journal editors subscribe to this view of the World Association of Medical Editors."

Speaking in support of Resolution 72, Dr. Robert J. Brennan, Wisconsin, said, "Currently, the ADA *Bylaws* give the Board of Trustees the power to add or remove anything from the *Journal of the American Dental Association*. This, in essence gives them complete control over the editorial content of *JADA*. The editor basically should be a bridge between leadership and membership, and it should be autonomous. The editor

should be the one controlling the content. And, as Dr. O'Loughlin said, that is an issue when you try to hire an editor, because it is a contracted position. So that doesn't mean he can do whatever he wants. He can be removed. So there are some limitations. I strongly urge you to change the *Bylaws* to make it autonomous. Even though at this point the Board of Trustees has not exercised its control over *JADA*, you would want to remove any impression that they have editorial control."

The Speaker reminded the House that this was not a *Bylaws* change.

Dr. Brian K. Shue, California, spoke in support of Resolution 72, saying, "Let me give you another quote from the World Association of Medical Editors that is not included in the background information, and I quote, 'owners should not interfere in the evaluation, selection or editing of individual articles, whether directly or by creating an environment in which editorial decisions are strongly influenced.' Finally, these principles of autonomy are also supported. They are also supported by the reference guidelines from the American Association of Dental Editors."

Dr. Kerry K. Carney, California, also spoke in support of Resolution 72.

Dr. Ethan A. Pansick, Florida, moved to vote immediately. The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, Resolution 72 was adopted.

72H-2011. Resolved, that the appropriate ADA agency review Chapter VII, Board of Trustees, Section 90. Powers, paragraph D of the *ADA Bylaws* to suggest new language for the bylaws consistent with the principles supported by the World Association of Medical Editors, and be it further **Resolved**, that the changes be submitted to the 2012 ADA House of Delegates.

Professional Product Review Study (Sixteenth Trustee District Resolution 81): The Reference Committee reported as follows.

The Reference Committee heard one comment on the resolution which supported adoption. The Reference Committee agrees and recommends adoption of Resolution 81.

81. Resolved, that the ADA conduct a study with readers' survey of the effectiveness of the *PPR* utilization as a member benefit as part of *JADA* versus a separate publication, and be it further **Resolved**, that this survey and the cost of separating the *PPR* from *JADA* be reported to the 2012 House of Delegates.

Dr. Seeley moved the adoption of Resolution 81 (*Supplement:4088*).

Dr. Kim L. Gardner, Ohio, speaking in opposition to Resolution 81, said, "I just had a question. I am speaking in opposition to this in the interest of saving \$20,000. Do we really need to survey to find out about this and a study? I think if you did that survey, you would find out that both publications are beneficial to our members. And if you separated them and mailed then separately, I would certainly think it would cost more in postage to do that than to mail them together.

At the request of the Speaker, Dr. O'Loughlin responded, saying, "We will be able to do the survey in-house through *JADA*."

Dr. Gardner responded, "Well I guess the question is it looked like on the second resolving clause that the cost of separating it would be reported to the House. I'm not sure that we need a survey at all to do that. I would just say they're both beneficial publications. Why can't you mail them together if it saves postage rather than mailing them separately?"

In response, Dr. O'Loughlin said, "We have a very good handle on the hard costs. I think the issue here is to find out how the readers would prefer to receive this information."

Dr. Edward J. Weisberg, Virginia, spoke in support of Resolution 81, saying, "To clarify some things ... they are two distinct publications. They have been coming separately. The Professional Product Review is pre-punched. It could be put into a notebook if you wanted to keep your reviews separate. They will be combined early next year. And the Professional Product Review will be within *JADA*, which means you would have to go through *JADA* to find and tear the pages out. We feel we would like to know whether the members prefer it coming as a separate publication versus being inside *JADA*, which is why we asked for a reader's survey, and I am in favor of this study so that we can talk next year about whether we think it should stay the way it is or whether we should separate it out, having some data from the members on which format they prefer to receive it."

Speaking in opposition to Resolution 81, Dr. Sean M. Rockwell, California, said, "I don't think that we need to do this study. This Report is available online. If you want to put it in a notebook, print it, punch it and put it in your notebook. To actually run a study to figure out how people want this delivered I think is [a] waste of \$20,000."

Dr. John B. Nase, Pennsylvania, requested a point of information, saying, "The fiscal implication of \$20,000, is that quoted as having the Survey Center do the survey or is that outsourced?"

Dr. O'Loughlin said, "The Survey [Center] said it would support the *JADA* staff in publications to conduct the survey. There is a financial implication that caused these two separate publications to be joined, and I think it would be information for the House to know that by combining these two, we eliminated duplicative efforts in both Publishing and in *JADA* and Science, because Science was managing the publication of the PPR on its own. And by combining these two in Publishing, we benefited from a \$500,000 savings."

Dr. D. Scott Aldinger, Pennsylvania, spoke in opposition to Resolution 81, saying, "I suggest we save \$20,000 and survey the 500 people in this room right now and get it over and done with."

Dr. Robert J. Brennan, Wisconsin, spoke in opposition to the resolution, saying, "I'm sitting here thinking we are just micromanaging this whole thing. Let them do their job. Try things. If it works, it works. If it doesn't, it doesn't. And they will go back."

Dr. Jolene O. Paramore, Florida, moved to vote immediately. The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, Resolution 81 was not adopted.

Dr. Walter I. Chinoy, New Jersey, requested a point of information, saying, "I just have a procedural question. A lot of these resolutions are interconnected. There are some resolutions here with *Bylaws* changes and other changes, where if the *Bylaws* change does not pass, the subsequent resolutions are actually moot."

The Speaker responded that he understood and would take that into consideration.

Dr. William T. Spruill, Pennsylvania, requested the reconsideration of Resolution 105-2010, citing defective voting machines for the request. Dr. Spruill said, "This was also the first electronic vote that we took in the day. It's possible that folks didn't have the skill-set developed quite yet."

With permission from the Chair, Dr. O'Loughlin responded that the machines were not defective, but signal strength was weak, saying, "So I'm asking you two things. If you've got a wireless hotspot switch on your iPhone, your phone or laptop, please shut it off. That notice was up here. That will weaken the signal. We have moved the antenna closer to the House. We believe that is strong enough now for all of you to have

your signals received, and if you're getting a 'checking' signal on your keypad, it's not a defective keypad. You got to press it until your signal is received."

The Speaker said, "I understand the problem. I am going to allow the House to decide whether they want to reconsider Resolution 105-2010."

A delegate from the floor requested a point of information, saying, "What was the vote on that bill?"

The Speaker responded that the vote on Resolution 105-2010 was 331 in favor, 65 against.

In speaking to reconsideration of Resolution 105-2010, Dr. Michael A. Kurkowski, Minnesota, said, "I believe the delegate from the Third District was intending to get us to reconsider 105-2010S-1, which was the very close vote when we were trying to amend that prior voting on that. That's why the numbers were inconsistent."

The Speaker responded by saying, "Well, what the motion is, the one that was adopted was 105-2010. If you are going to reconsider the vote, you have to reconsider the vote on that."

Dr. Kurkowski asked, "Can we reconsider any votes that we've made as a House?"

The Speaker said, "You have to open that one back up and then you can move to reconsider the amendment if the House wants to do it, but you've got to get a reconsideration of the one that was adopted."

Dr. Kurkowski, speaking in support of reconsideration, said, "... We need to have additional information. Part of the reason for the decision as we were selecting the choices as to what the percentage of votes we needed for dues was the assumption that we might pass the second component of this, which was that it was going to be 60% for resolutions that had financial implications. That was subsequently defeated, which is not new information for the House to address the percentage and consideration of how we pass dues votes."

Dr. William T. Spruill, Pennsylvania, speaking in support of reconsideration of Resolution 105-2010, said, "I appreciate the ruling that we must address the resolution that was passed. But once we open that up, we can then amend it to be 50%, the simple majority, which was the amendment that failed, and the reason why I'm standing here. It wasn't the adoption of the resolutions un-amended that was the concern that was the vote. The failure of the amendment to be adopted was the close vote that I'd like to reconsider. ..."

The Speaker stated that once reopened, the resolution would be open to amendment, but that the House would need to decide whether to reconsider.

On vote, the motion to reconsider Resolution 105-2010 was not adopted.

Report of the Reference Committee on Legal, Legislative and Public Affairs Matters

The Report of the Reference Committee on Legal, Legislative and Public Affairs Matters was presented by Dr. Jonathan B. Knapp, Connecticut, chair. The other members of the Committee were: Dr. Jill Merritt Burns, Indiana; Dr. David Clemens, Wisconsin; Dr. Jean Creasey, California; Dr. C. William D'Aiuto, Florida; Dr. John F. Harrington, Jr., Georgia; Dr. Larry D. Herwig, Texas; Dr. Prabha Krishnan, New York; and Dr. Richard D. Riva, New Jersey.

Consent Calendar (Reference Committee on Legal, Legislative and Public Affairs Matters Resolution 90): The Reference Committee reported as follows.

The Reference Committee on Legal, Legislative and Public Affairs Matters presents the following consent calendar for consideration by the House of Delegates. The appended Resolution 90 lists all resolutions referred and considered by the Reference Committee along with the Committee's

recommendation (adopt, adopt in lieu of, not adopt, or refer) on each item. By adopting Resolution 90, the recommendations of the Reference Committee will become the action of the House of Delegates. However, before voting on the consent calendar, any delegate wishing to discuss an item on the consent calendar has the right to request that a resolution be removed and considered separately. The Standing Committee on Constitution and Bylaws approves the wording of Resolutions 9, 9S-1, 9S-2, 24, 24B, 27, 28, 29, 30, 30B, 56 and 75 as submitted and Resolutions 23, 26 and 64, as modified.

90. Resolved, that the recommendations of the Reference Committee on Legal, Legislative and Public Affairs Matters on the following resolutions be accepted by the House of Delegates.

Resolution 9S-1—ADOPT in lieu of Resolutions 9 and 9S-2 (*Amendment of the ADA Bylaws Regarding Nominations of Elective Officers (Speaker of the House of Delegates) Supplement:5001a*) \$: None; FTE: 0

Resolution 10—ADOPT (*Amendment to ADA Code, Section 2 – Principle: Nonmaleficence, Supplement:5002*) \$: None; FTE: 0

Resolution 11—ADOPT (*Amendment to ADA Code, Section 5.H. Announcement and Limitation of Practice, Supplement:5003*) \$: None; FTE: 0

Resolution 12S-1—ADOPT in lieu of Resolution 12 (*Ensure Adequate Funding Under Medicaid Block Grants, Supplement:5005a*) \$: None; FTE: 0

Resolution 23—ADOPT (*Amendment of the ADA Bylaws Regarding Revision of Disciplinary Sentences, Supplement:5028*) \$: None; FTE: 0

Resolution 24RC—ADOPT in lieu of Resolutions 24 and 24B (*Amendment of the ADA Bylaws Regarding Election Committees, Supplement:5029*) \$: None; FTE: 0

Resolution 25—ADOPT (*Amendment of the ADA Member Conduct Policy, Supplement:5032*) \$: None; FTE: 0

Resolution 26—ADOPT (*Amendment of the ADA Bylaws Member Conduct Policy Enforcement Procedures, Supplement:5034*) \$13,155 On-going; Net Dues Impact: \$0.12; FTE: 0.25

Resolution 27—ADOPT (*Editorial Revision to the ADA Bylaws, Supplement:5040*) \$: None; FTE: 0

Resolution 28—ADOPT (*Amendment of the ADA Bylaws Revising CEBJA Duties, Supplement:5041*) \$: None; FTE: 0

Resolution 29—ADOPT (*Amendment of the ADA Bylaws Revising House Duties, Supplement:5043*) \$: None; FTE: 0

Resolution 37RC—ADOPT in lieu of Resolutions 37, 37B, and 37S-1 (*State Public Affairs (SPA) Grant Funding, Supplement:5064*) \$876,105; Net Dues Impact: \$8.20; FTE: 0.25

Resolution 38—ADOPT in lieu of Resolutions 30, 30B, 64 and 75 (*Proposal for ADA Governance Study, Supplement:5066*) \$300,000; Net Dues Impact: \$2.81; FTE: 0.25

Resolution 50RC—ADOPT in lieu of Resolution 50 (*Developing the Native American Dental Workforce, Supplement:3042*) \$: None; FTE: 0.25

Resolution 51RC—ADOPT in lieu of Resolution 51 (*Policy on Native American Workforce, Supplement:3044*) \$: None; FTE: 0

Resolution 55—ADOPT (*Implementation of Resolution 99H-2010—Disclosure Policy, Supplement:5139*) \$ None; FTE: 0

Resolution 56—ADOPT (*Amendment of ADA Governing Documentation Regarding the Parliamentary Authority, Supplement:5096*) \$: None; FTE: 0

Resolution 57—ADOPT (*ADA President-Elect Campaign Reform, Supplement:5097*) \$93,700; Net Dues Impact: \$0.88 FTE: 0

Resolution 63—ADOPT (*Regulating Non-Dentist Owners of Dental Practices, Supplement:5103*) \$: None; FTE: 0

Resolution 73—ADOPT (*ADA Council Vacant Terms, Supplement:5112*) \$: None; FTE: 0

Resolution 83—ADOPT (*Implications of the Affordable Care Act, Supplement:5120*) \$100,000; FTE: 0.50

Resolution 87—ADOPT in lieu of Resolutions 62, 70 and 74 (*Supporting the Financial Management of Health Centers/Study of FQHC Payment Methodologies*) \$: None; FTE: 0.25

Dr. Knapp moved the adoption of Resolution 90.

A delegate from the floor requested the removal of Resolutions 10 and 37RC from the consent calendar.

Dr. Elizabeth A. Demichelis, California, requested the removal of Resolution 12S-1 from the consent calendar.

Dr. David F. Boden, Florida, requested the removal of Resolutions 25 and 57 from the consent calendar.

Dr. Frank J. Graham, New Jersey, requested the removal of Resolutions 9S-1 and 11 from the consent calendar.

Dr. Howard A. Hamerink, Michigan, requested the removal of Resolution 83 from the consent calendar.

Dr. John R. Roberts, Indiana, requested the removal of Resolution 24RC from the consent calendar.

Dr. Elizabeth A. Jabbour, South Carolina, requested the removal of Resolution 50RC from the consent calendar.

Dr. Santos Cortez, Jr., California, requested the removal of Resolution 55 from the consent calendar.

Dr. Bruce R. Hutchison, Virginia, requested the removal of Resolution 56 from the consent calendar.

Dr. Regina E. Cobb, Arizona, requested the removal of Resolution 38 from the consent calendar.

Dr. Glenn M. Okihiro, Hawaii, requested the removal of Resolution 26 from the consent calendar.

Dr. Knapp requested the removal of Resolutions 23, 28 and 29 from the consent calendar.

On vote, Resolution 90, as amended, was adopted.

90H-2011. Resolved, that the recommendations of the Reference Committee on Legal, Legislative and Public Affairs Matters on the following resolutions be accepted by the House of Delegates.

Resolution 27—ADOPT (*Editorial Revision to the ADA Bylaws, Supplement:5040*) \$: None; FTE: 0

Resolution 51RC—ADOPT in lieu of Resolution 51 (*Policy on Native American Workforce, Supplement:3044*) \$: None; FTE: 0

Resolution 63—ADOPT (*Regulating Non-Dentist Owners of Dental Practices, Supplement:5103*) \$: None; FTE: 0

Resolution 73—ADOPT (*ADA Council Vacant Terms, Supplement:5112*) \$: None; FTE: 0

Resolution 87—ADOPT in lieu of Resolutions 62, 70 and 74 (*Supporting the Financial Management of Health Centers/Study of FQHC Payment Methodologies*) \$: None; FTE: 0.25

Note: For the purpose of a fully documented record, the complete text of the resolutions presented in Resolution 90H-2011 follows:

ADOPTED

27H-2011. 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.

51H-2011. Resolved, that the American Dental Association supports efforts by Native American communities to build capacity and improve the availability of community-based oral health services, and be it further

Resolved, that the ADA nationally advocate for a larger and more diverse Native American dental workforce by promoting awareness of Native American oral health issues, enlisting useful partnerships and being a resource to tribes and organizations that recruit, support and promote dental education for Native Americans, and be it further

Resolved, that Native American communities and populations be urged to build upon existing educational programs that are consistent with ADA policy with local constituent and component dental societies to improve access to dental education resources for Native Americans in their areas and to improve cultural understanding and awareness of need.

63H-2011. 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.

73H-2011. 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.

87H-2011. Resolved, in consultation with the Medicaid/SCHIP Dental Association and other stakeholders the ADA shall determine the feasibility of a study of the payment methodologies of FQHCs, and be it further

Resolved, that the appropriate agency will provide an interim report, if feasible, to the Board of Trustees as soon as possible and report to the 2012 House of Delegates.

Amendment of the ADA Bylaws Regarding Nominations of Elective Officers (Speaker of the House of Delegates) (Council on Ethics, Bylaws and Judicial Affairs Resolution 9, Sixteenth Trustee District Resolution 9S-1 and Eleventh Trustee District Resolution 9S-2): The Reference Committee reported as follows.

The Reference Committee is supportive of the revisions to the nomination procedures for the Speaker of the House of Delegates in Resolution 9, but believes that the protocol for the acceptance speeches by candidates for the office of Speaker of the House should be set by the Election Commission to avoid any possibility of conflict of interest. The Reference Committee was not in favor of Resolution 9S-2 because the Committee believes the House of Delegates should retain the right to consider candidates for the offices of President-elect and Second Vice President nominated from the floor of the House of Delegates.

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.

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

Dr. Knapp moved the adoption of Resolution 9S-1 (*Supplement:5001a*) in lieu of Resolutions 9 (*Supplement:5000*) and 9S-2 (*Supplement:5001c*).

Dr. Frank J. Graham, New Jersey, moved to amend Resolution 9S-1 as identified in Resolution 9S-3.

9S-3. Resolved, on line 5, following the word “House” and before the sentence beginning with the word “Only,” add the following:

If no candidate has applied, or if there is no remaining eligible candidate for election, then the Association shall inform all delegates of this circumstance and the period to apply shall be extended to thirty (30) days prior to the convening of the House of Delegates. If thirty (30) days prior to the convening of the House of Delegates there is no remaining candidate for election then the Association shall inform all delegates of this circumstance and also inform them that nominations shall be permitted from the floor of the House of Delegates.

In speaking to the amendment, Dr. Graham said, “Unfortunately, the wording would not fit on the short amendment form and the wording has ended up as being listed as Resolution 9S-3, but it’s actually an amendment by addition. ... Our concern is what would happen if there were a single candidate for office, we close nominations four months before the House, and then for some unforeseen [circumstance], the individual who is the sole nominee is unable to continue, they wish to withdraw. We now have a position where we have a nomination for Speaker that’s vacant. Under the current situation, there would be no election held at the upcoming House meeting. We would have no candidate that we could vote for. The Speaker’s job would be filled by appointment. I think where there’s an opportunity for the House to select its Speaker we should do that. The wording here is intended just to do that, that if there were a vacancy to occur in the nominees within that 120-day period, up to 30 days before, in fact, it’s a reopening of the nominations for that period. If the incident occurred within 30 days of the House, then it would allow nominations directly from the floor at the first session of the House. So this is a very unique situation that could occur, but I think the House should always have the opportunity of electing its Speaker as long as we’re here and assembled, rather than having him appointed.

Seeing no one else at the microphones, the Speaker called for a vote on the amendment. On vote, the proposed amendment to Resolution 9S-1 was adopted.

On vote, Resolution 9S-1, as amended, was adopted by a two-thirds (2/3) affirmative vote.

9H-2011. 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 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. The Executive Director shall provide all members of the House of Delegates, at least sixty (60) days prior to the convening of the House of Delegates, with each candidate’s curriculum vitae and statement of qualifications for the office of Speaker of the House. If no candidate has applied, or if there is no remaining eligible candidate for election, then the Association shall inform

all delegates of this circumstance and the period to apply shall be extended to thirty (30) days prior to the convening of the House of Delegates. If thirty (30) days prior to the convening of the House of Delegates there is no remaining candidate for election then the Association shall inform all delegates of this circumstance and also inform them that nominations shall be permitted from the floor of the House of Delegates. Only those candidates shall be nominated from the floor of the House of Delegates. The nominations may be followed by an acceptance speech not to exceed four (4) minutes by each candidate from the podium, according to the protocol established by the Speaker of the House of Delegates Election Commission. Seconding a nomination is not permitted. No further nominations for the office of Speaker of the House shall be accepted from the floor of the House of Delegates. If there are no eligible candidates for the office of Speaker of the House when the House of Delegates meets, the office of Speaker of the House shall be filled in the same manner as provided in Chapter VIII, Section 80 of these Bylaws.

Amendment to ADA Code, Section 2 – Principle: Nonmaleficence (Council on Ethics, Bylaws and Judicial Affairs Resolution 10): The Reference Committee reported as follows.

The Reference Committee supports the Resolution as proposed.

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.

Dr. Knapp moved the adoption of Resolution 10 (*Supplement:5002*).

A delegate from the floor spoke in opposition to Resolution 10, saying, “I request that the House defeat this resolution. The addition is redundant and unnecessary. Section 2, Principle: Nonmaleficence is before you in the resolution. It states the dentist’s primary obligation includes keeping knowledge and skills current. This already includes evidence-based dentistry. Further, the *Code*, in Section 2A, Education, states, ‘the privilege to be accorded professional status rests primarily in the knowledge, skill and experience with which they serve their patients and society.’ Again, this includes EBD. The only reason to add EBD to the *Code* is public relations, and I believe modifying the *Code* for PR by adding the word of the day cheapens the *Code*. Preserving the *Code* actually enhances the *Code*. ...”

A delegate from the floor requested a point of information, saying, “Just a point of clarification for some of us that are confused. On the last resolution that we voted on, you labeled it 9S-1. It was labeled 9S-3 up here. We’re a little unclear whether this was a new resolving clause of a new resolution.”

The Speaker responded that 9S-1 was adopted in lieu of Resolutions 9 and 9S-2 and that 9S-3 was the amendment.

Dr. Edward Feinberg, New York, moved to amend Resolution 10 by striking the word “principle” and adding the word “definition” after the words “should incorporate the ADA,” saying, “I would be comfortable with this being defeated, however, if not, I would make an amendment and change the word, ‘principle’ to ‘definition,’ because a principle is a rule or belief that serves as a foundation for a change in reasoning. And principles change as more scientific studies are compiled. And the evidence-based movement in dentistry seeks to base all treatment on statistical data compiled in studies and literature reviews, and I’m very concerned that these principles may become implied mandates for statistically supported treatments

for dental conditions. And statistics and algorithms, they only embody averages and do not really consider special needs and desires of individuals who may not be good candidates for those treatments. So instead of expanding a doctor's thinking, these implied mandates would constrain it, especially when it's critical that a doctor think outside the box for the individual patient. However, the ADA's definition of evidence-based dentistry does take in to account individual needs and preferences, as well as the dentist's clinical expertise."

Seeing no one else at the microphones, the Speaker called for a vote on the amendment. On vote, the motion to strike the word "principle" and add the word "definition" after the words "should incorporate the ADA," was adopted.

Dr. Jeffrey M. Cole, Delaware, moved to amend by striking the word "should" and adding the words "be encouraged to" between the words, "The dentist" and "incorporate," saying, "I, too, would be comfortable with defeating this. And like the previous speaker who made the amendment, I'm concerned that this could box us in. And, again, because we don't want this line to seem as though it is a mandate."

Speaking in opposition to the amendment, Dr. Stanley R. Surabian, California, said, "I think we need a ruling as to whether this is even in order. I have been on a hospital-wide ethics committee for 25 years, and I teach ethics, and I can tell you that line, that phrase has nothing to do with nonmaleficence. In my opinion, it's completely out of order to include it in the definition."

With the Speaker's permission, the Chief Legal Counsel responded by saying, "In consultation with Mr. Elliott [Deputy Chief Legal Counsel], who has been working with the Reference Committee and CEBJA, we see no ethical problems to the resolution the way it's framed. Excuse me, no legal problems with reference to that. ..."

Dr. Surabian responded by saying, "Well, I definitely would like to speak against this amendment."

A delegate from the floor spoke in support of the amendment, saying, "I'm comfortable with that 'encouraged' or 'should.' I would speak in favor of the amendment either way."

Dr. Richard J. Nagy, California, spoke in opposition to the amendment, saying, "The word 'should' gives latitude to either do it or not. Words like 'shall' or 'must' mandate you to do it."

Dr. David R. Holwager, Indiana, moved to vote immediately. The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, the amendment to strike the word "should" and add the words "be encouraged to" between the words, "The dentist" and "incorporate," was not adopted.

Dr. Gary N. Herman, California, spoke in opposition to Resolution 10, saying, "The principle of nonmaleficence is a guiding principle. The beauty of the American Constitution is that it is a document that is open to interpretation, but has broad principles in it. That's the beauty of that, and the beauty of the ADA principle is its basic broad principles. When you start putting in specific information, it changes the value of the Association."

Dr. David F. Boden, Florida, and Dr. Ronald D. Venezie, North Carolina, also spoke in opposition to Resolution 10.

Speaking in support of Resolution 10, Dr. Rodney B. Wentworth, chair, Ethics, Bylaws, and Judicial Affairs, said, "The point of this was to provide aspirational language. Evidence based dentistry does not lock us into one situation. The science is dynamic. We should change as science changes. That's the ethics of it. We want to make sure we're a science-based organization. But by using the ADA's definition or principles as it said, you are including the patients' concerns, as was as your experience and clinical expertise. That's why that's in there. The other addition is that it's put in this portion so it's not an enforceable part of our *Code*. Other sections, including the advisory opinions in specific sections, are enforceable under ethics conduct. ..."

Dr. Joel D. Berick, California, spoke in opposition to Resolution 10.

Dr. Christopher J. Smiley, Michigan, moved to amend by striking the word “definition” and adding the word “concepts” between the words “should incorporate the ADA” and “of evidence based-dentistry.”

In speaking to the amendment, Dr. Smiley said, “I have had the privilege of presenting the ACD curriculum on dilemma resolution to dental students, which is an ethics program. I am also a member of the Champions Program for the evidence based dentistry at the ADA. I believe that this is a very core thing that we should have in our *Code of Ethics*, in that this is something that reflects the care that we provide to our patients. It is also the need of us as professionals for lifelong learning, and that is what evidence-based dentistry is. It’s helping us to find the new and evolving trends in our profession and incorporate them with the patients’ needs and the doctors’ skills. So I certainly would support this, and I would like to change ‘definitions’ to ‘concepts’ to reflect what we’re actually incorporating into our practice.”

Dr. Robert A. Shekitka, New Jersey, spoke in opposition to the amendment, saying, “I am also a Regent in the American College of Dentists. I speak in opposition to this. The *Code*, the *ADA Code*, in my view, has a statement of principle and, secondly, an interpretive statement. And I think what I see here is a confusing attempt to include both of those principles, so I see a principle here, and I see an interpretive statement as one entity, and I think it’s confusing the issue of the *Code* and the presentation and the interpretation of the *Code*.”

Seeing no one else at the microphones, the Speaker called for a vote on the amendment. On vote, the motion to amend Resolution 10 was not adopted.

Dr. Kim U. Jernigan, Florida, moved to vote immediately. The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, Resolution 10 was not adopted.

Amendment to ADA Code, Section 5.H. Announcement and Limitation of Practice (Council on Ethics, Bylaws and Judicial Affairs Resolution 11): The Reference Committee reported as follows.

The Reference Committee supports the Resolution as proposed.

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.

Dr. Knapp moved the adoption of Resolution 11 (*Supplement:5003*).

Dr. Frank J. Graham, New Jersey, moved to amend by deleting the word “approved” and adding the word “recognized” in wear it appears between the words “dental specialties” and “by the American Dental Association” and between the words “have met in each” and “specialty for which.”

In speaking to the amendment, Dr. Graham said, “I don’t know of any place else where we talk about approved ADA specialties. We should be taking about recognized ones. Perhaps that is even an editorial change. It is up to the Chair which way.”

The Speaker asked if there was any objection to accepting the proposed amendments as editorial. Hearing no objection the Speaker accepted the proposed amendment of deleting the word “approved” and adding the word “recognized” where it appears between the words “dental specialties” and “by the American Dental Association,” and between the words “have met in each” and “specialty for which,” as an editorial change.

Seeing no one else at the microphones, the Speaker called for a vote on Resolution 11. On vote, Resolution 11, as editorially amended, was adopted.

11H-2011. 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~~ recognized 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~~ recognized 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.

Ensure Adequate Funding Under Medicaid Block Grants (Council on Government Affairs Resolution 12 and First Trustee District Resolution 12S-1): The Reference Committee reported as follows.

The Reference Committee supports the substitute Resolution 12S-1 as proposed.

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.

Dr. Knapp moved the adoption of Resolution 12S-1 (*Supplement:5005a*) in lieu of Resolution 12 (*Supplement:5005*).

Dr. Elizabeth A. Demichelis, California, moved to amend by striking the words “ensure for” and adding the words “advocate for” between the words “that the ADA” and “adequate funding.”

In speaking to the amendment, Dr. Demichelis said, “As much as we’d like to think that the ADA can ensure that the federal government will do anything, I don’t quite think we have that power. But we definitely have the power to advocate for.”

Seeing no one else at the microphones, the Speaker called for a vote on the amendment. On vote, the motion to amend Resolution 12S-1 was adopted.

On vote, Resolution, 12S-1, as amended, was adopted.

12H-2011. Resolved, that the ADA ~~ensure that~~ advocate for 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.

Dr. Knapp requested that the next several resolutions be taken together saying, “We have been informed by Legal that they are inextricably linked.”

At the request of the Speaker, Mr. Thomas C. Elliott, Jr., ADA Deputy Chief Legal Counsel, commented, “Resolution 26 deals with the disciplinary procedures that have been proposed to enforce the member conduct policy. The other three resolutions, Resolutions 23, 28 and 29 all have other technical changes to the *Bylaws* that result from the procedures that are set forth in Resolution 26. For that reason, we believe that they should stand or fall together.”

Amendment of the ADA Bylaws Member Conduct Policy Enforcement Procedures (Council on Ethics, Bylaws and Judicial Affairs Resolution 26): The Reference Committee reported as follows.

As indicated in the amendments to Chapter 1, Section 20 of the *Bylaws* set forth in Resolution 23, active, life and retired members of the Association under a disciplinary sentence of probation are to be prohibited from seeking or holding elective or appointive office, a privilege of active, life or retired membership. However, new Chapter XIII as proposed in this Resolution describes the disciplinary sentence of probation as being without loss of privileges. The Standing Committee amended the proposed Chapter XIII, Section 20, Paragraph B.d to correct this inconsistency. The Standing Committee’s amendments are indicated by double underscoring.

The same inconsistency is also found in current Chapter XII Section 20, Paragraph B.d. The Standing Committee has added an additional resolving clause to effect a similar amendment to correct the inconsistency. The Standing Committee’s additional resolving clause is shown in single underscoring, with amendments to *Bylaws* language shown by double underscoring and single strikeouts.

The Standing Committee on Constitution and Bylaws approves the wording of Resolution 26 as modified. The Reference Committee supports Resolution 26 as clarified.

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 with the exception of holding or seeking an elective or appointive office, 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 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 appropriate appellate agency.

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 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 three-member hearing panel; (2) *reverse* the recommended decision of the three-member hearing panel and thereby exonerate the accused; (3) recommend *denying* an appeal which fails to satisfy the requirements of Section 20E 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, except in cases in which the reduced penalty is probation, suspension and/or removal from office, in which case the Council's decision shall be a recommendation. The decision of the Council on Ethics, Bylaws and Judicial Affairs under this Section 20Eh of Chapter XIII shall be final and non-appealable in such cases only if the Council's decision does not result in a recommendation of probation, suspension, expulsion and/or removal from office.

In cases not involving recommended probation, suspension, expulsion and/or removal from office, 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 trustee or elective officer, the Association member or Association staff member preferring charges, the secretary of the component society of which the trustee is a member, if applicable, the secretary of the constituent society of which the trustee or elective officer is a member, if applicable, the Election Committee and the Executive Director of this Association.

In cases involving the recommended probation, suspension, expulsion and/or removal from office of a trustee or elective officer, within thirty (30) days of the date on which a

recommended 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 trustee or elective officer, the Association member or Association staff member preferring charges, the Election Committee, the secretary of the component society of which the trustee or elective officer is a member, if applicable, the secretary of the constituent society of which the trustee or elective officer is a member, if applicable and the Executive Director of this Association. Trustees or elective officers recommended to be sentenced to probation, expulsion, suspension and/or removal from office shall have the right to respond in writing to the recommendation, which response shall be delivered to the chair of the Council on Ethics, Bylaws and Judicial Affairs within thirty (30) days from the date of the recommended decision. The chair of the Council on Ethics, Bylaws and Judicial Affairs shall forward its recommendation, along with any response, to the Speaker of the House of Delegates, the Election Committee and the Association's Executive Director.

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

and be it further

Resolved, that CHAPTER XII, PRINCIPLES OF ETHICS AND CODE OF PROFESSIONAL CONDUCT AND JUDICIAL PROCEDURE, Section 20, DISCIPLINE OF MEMBERS, B. DISCIPLINARY PENALTIES, d. PROBATION, be revised as follows (additions double underscore and deletions stricken):

d. PROBATION. Probation, to be imposed for a specified period and without loss of privileges with the exception of holding or seeking an elective or appointive office, 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 society which preferred charges to have been violated, after a hearing on the probation violation charges in accordance with Chapter XII, 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.

Dr. Knapp moved the adoption of Resolution 26 (*Supplement:5034*).

Dr. Glenn M. Okihiro, Hawaii, spoke in opposition to Resolution 26, saying, "The concern we have is when a person is found guilty of malfeasance or misusing their position, the length of the appeals process can allow them to stay in office until their term is finished. They are not removed from their duties as long as they keep filing appeals."

Dr. Jill Merritt Burns, Indiana, spoke in support of Resolution 26, saying, "If passed, we would like to encourage CEBJA to pursue removal of Chapters 12 and 13 from the *Bylaws* and place them in a policy manual or other suitable vehicle. ..."

The Speaker said, "You have a very good point, and your Speaker has already asked CEBJA to do that or look into that next year. Okay. They felt they couldn't do it this year because there's always a big section of this in the *Bylaws*, and they wanted to get them together and then next year come back and move them into a special booklet, so your point is well taken."

Dr. David H. McCarley, Texas, concurred, saying, "I am chair of the subcommittee that did this resolution. You're exactly right. I mean, this is what we plan on doing as soon as we get back to CEBJA. The reason we have hearing panels and the reason that you cannot remove somebody is until they're proven guilty, they're not guilty. And you can't remove somebody because you have a suspicion that they violated some type of our code of conduct. So what we have to do is go through the procedure, just like in peer review ... You can't remove somebody from office and deny them any kind of privilege until you're proven them guilty and they have due process, which includes the appeals."

Dr. Bryan C. Edgar, Washington, spoke in support of Resolution 26, saying, "There was a situation that arose similar to what the former delegate asked regarding removal for cause from a position within the Association. And in a situation like that, the Board developed some rules called removal for cause, which are located elsewhere in the *Bylaws*. So I don't think personally that this would ever come up as a problem and I think it could be expeditiously handled through the process within CEBJA."

Seeing no one else at the microphones, the Speaker called for a vote.

On vote, Resolution 26 was adopted by a two-thirds (2/3) affirmative vote.

26H-2011. 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:
 - c. **CENSURE.** Censure is a disciplinary sentence expressing in writing severe criticism or disapproval of a particular type of conduct or act.
 - d. **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 with the exception of holding or seeking an elective or appointive office, 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:

e. 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.

f. 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.

g. 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.

h. 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 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 appropriate appellate agency.

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:

g. 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.

h. 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.

i. **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.

j. **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.

k. **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.

l. **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.

i. **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 three-member hearing panel; (2) *reverse* the recommended decision of the three-member hearing panel and thereby exonerate the accused; (3) recommend *denying* an appeal which fails to satisfy the requirements of Section 20E 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, except in cases in which the reduced penalty is probation, suspension and/or removal from office, in which case the Council's decision shall be a recommendation. The decision of the Council on Ethics, Bylaws and Judicial Affairs under this Section 20Eh of Chapter XIII shall be final and non-appealable in such cases only if the Council's decision does not result in a recommendation of probation, suspension, expulsion and/or removal from office.

In cases not involving recommended probation, suspension, expulsion and/or removal from office, 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 trustee or elective officer, the Association member or Association staff member preferring charges, the secretary of the component society of which the trustee is a member, if applicable, the secretary of the constituent society of which the trustee or elective officer is a member, if applicable, the Election Committee and the Executive Director of this Association.

In cases involving the recommended probation, suspension, expulsion and/or removal from office of a trustee or elective officer, within thirty (30) days of the date on which a recommended 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 trustee or elective officer, the Association member or Association staff member preferring charges, the Election Committee, the secretary of the component society of which the trustee or elective officer is a member, if applicable, the secretary of the constituent society of which the trustee or elective officer is a member, if applicable and the Executive Director of this Association. Trustees or elective officers recommended to be sentenced to probation, expulsion, suspension and/or removal from office shall have the right to respond in writing to the recommendation, which response shall be delivered to the chair of the Council on Ethics, Bylaws and Judicial Affairs within thirty (30) days from the date of the recommended decision. The chair of the Council on Ethics, Bylaws and Judicial Affairs shall forward its

recommendation, along with any response, to the Speaker of the House of Delegates, the Election Committee and the Association's Executive Director.

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

and be it further

Resolved, that CHAPTER XII, PRINCIPLES OF ETHICS AND CODE OF PROFESSIONAL CONDUCT AND JUDICIAL PROCEDURE, Section 20, DISCIPLINE OF MEMBERS, B. DISCIPLINARY PENALTIES, d. PROBATION, be revised as follows (additions double underscore and deletions stricken):

d. PROBATION. Probation, to be imposed for a specified period and without loss of privileges with the exception of holding or seeking an elective or appointive office, 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 society which preferred charges to have been violated, after a hearing on the probation violation charges in accordance with Chapter XII, 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.

Amendment of the ADA Bylaws Regarding Revision of Disciplinary Sentences (Council on Ethics, Bylaws and Judicial Affairs Resolution 23): The Reference Committee reported as follows.

From the explanatory material on this resolution found in CEBJA Supplemental Report No. 1, the Council's intent is to have members under a disciplinary sentence of probation be ineligible to seek or hold elective or appointive office. As presently amended, a probationary sentence also would bar the member from voting or otherwise participating in the selection of officials of such member's component and constituent societies and this Association, a consequence not spoken of in the Council's report. The Standing Committee thus amended the resolution to provide for a disciplinary sentence of probation only affecting the member's eligibility to seek or hold appointive or elective office. The amendments made by the Standing Committee to Chapter I, Section 20A, Paragraph b, subparagraph 3 are indicated by double underscoring and single strikeouts.

The Standing Committee also believes it is the intent of the Council to prohibit all members, and not just active members, who are eligible to seek and hold elective office from doing so. Consequently, the Standing Committee added similar amendments to Chapter I, Section 20, Subsections B.b and C.b providing the same restrictions on the privileges of life and retired members, who are also eligible to seek and hold elective and appointive positions. The Standing Committee's additional resolving clauses are shown in single underscoring, with amendments to *Bylaws* language shown in double underscoring and single strikeouts.

The Standing Committee on Constitution and Bylaws approves the wording of Resolution 23 as modified. The Reference Committee supports Resolution 23 as clarified.

23. Resolved, that the *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. A life member under a disciplinary sentence of suspension shall also not be privileged or to vote or otherwise participate in the selection of officials of such member's component and constituent societies and this Association.

and be it further

Resolved, that the *Bylaws* Chapter I, MEMBERSHIP, Section 20, QUALIFICATIONS, PRIVILEGES, DUES AND SPECIAL ASSESSMENTS, Subsection B., LIFE MEMBER., Paragraph b, PRIVILEGES, be amended as follows (additions double underscored, deletions stricken):

b. PRIVILEGES. A life member in good standing of this Association shall receive annually a membership card. A life member shall be entitled to all the privileges of an active member, except that a retired life member shall not receive *The Journal of the American Dental Association* except by subscription. A life 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. A life member under a disciplinary sentence of suspension shall also not be privileged or to vote or otherwise participate in the selection of officials of such member's component and constituent societies and this Association.

and be it further

Resolved, that the *Bylaws* Chapter I, MEMBERSHIP, Section 20, QUALIFICATIONS, PRIVILEGES, DUES AND SPECIAL ASSESSMENTS, Subsection C., RETIRED MEMBER., Paragraph b, PRIVILEGES, be amended as follows (additions double underscored, deletions stricken):

b. PRIVILEGES. A retired member in good standing shall be entitled to all the privileges of an active member. A retired 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. A life member under a disciplinary sentence of suspension shall also not be privileged or to vote or otherwise participate in the selection of officials of such member's component and constituent societies and this Association.

Dr. Knapp moved the adoption of Resolution 23 (*Supplement:5028*).

Seeing no one at the microphone, the Speaker called for a vote on Resolution 23.

On vote, Resolution 23 was adopted by a two-thirds (2/3) affirmative vote.

23H-2011. Resolved, that the *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. ~~An active member under a disciplinary sentence of suspension shall also not be privileged or~~ to vote or otherwise participate in the selection of officials of such member's component and constituent societies and this Association.

and be it further

Resolved, that the *Bylaws* Chapter I, MEMBERSHIP, Section 20, QUALIFICATIONS, PRIVILEGES, DUES AND SPECIAL ASSESSMENTS, Subsection B., LIFE MEMBER., Paragraph b, PRIVILEGES, be amended as follows (additions double underscored, deletions stricken):

b. PRIVILEGES. A life member in good standing of this Association shall receive annually a membership card. A life member shall be entitled to all the privileges of an active member, except that a retired life member shall not receive *The Journal of the American Dental Association* except by subscription.

A life 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. A retired member under a disciplinary sentence of suspension shall also not be privileged or to vote or otherwise participate in the selection of officials of such member's component and constituent societies and this Association.

and be it further

Resolved, that the *Bylaws* Chapter I, MEMBERSHIP, Section 20, QUALIFICATIONS, PRIVILEGES, DUES AND SPECIAL ASSESSMENTS, Subsection C., RETIRED MEMBER., Paragraph b, PRIVILEGES, be amended as follows (additions double underscored, deletions stricken):

b. PRIVILEGES. A retired member in good standing shall be entitled to all the privileges of an active member.

A retired 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. A life member under a disciplinary sentence of suspension shall also not be privileged or to vote or otherwise participate in the selection of officials of such member's component and constituent societies and this Association.

Amendment of the ADA Bylaws Revising CEBJA Duties (Council on Ethics, Bylaws and Judicial Affairs Resolution 28): The Reference Committee reported as follows.

The Reference Committee noted a typographical error in line 3 on Worksheet 5042. The worksheet stated: "Notwithstanding paragraph i" when it should have stated "Notwithstanding paragraph g." For ease of understanding the Reference Committee made this editorial correction before making a further editorial correction to this line as reflected below. The additional correction reflects a renumbering of subsections after the new subsection e.

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-g h 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.

Dr. Knapp moved the adoption of Resolution 28 (*Supplement:5041*).

Seeing no one at the microphone, the Speaker called for a vote on Resolution 28.

On vote, Resolution 28 was adopted by a two-thirds (2/3) affirmative vote.

28H-2011. 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-g~~ h 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.

Amendment of the ADA *Bylaws* Revising House Duties (Council on Ethics, Bylaws and Judicial Affairs Resolution 29): The Reference Committee reported as follows.

The Reference Committee supports the Resolution as proposed.

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.~~

Dr. Knapp moved the adoption of Resolution 29 (*Supplement:5043*).

Seeing no one at the microphone, the Speaker called for a vote on Resolution 29.

On vote, Resolution 29 was adopted by a two-thirds (2/3) affirmative vote.

29H-2011. 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.~~

Amendment of the ADA *Bylaws* Regarding Election Committees (Council on Ethics, Bylaws and Judicial Affairs Resolution 24, Board of Trustees Resolution 24B and Reference Committee on Legal, Legislative and Public Affairs Matters Resolution 24RC): The Reference Committee reported as follows.

The Reference Committee heard testimony on Resolutions 24 and 24B. It believes, however, that to avoid any possibility of conflict of interest, the Election Committee should be composed of the President-Elect, the President and the Immediate Past President.

24RC. Resolved, that the *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, reference committee additions double 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.~~ President-Elect, the President and the immediate past President. The Second Vice President immediate past President shall be the chair of the Election Committee. In the event the Second Vice President immediate past President is unable to fulfill the position, the ADA President shall replace the Second Vice President immediate past President and serve as chair of the Election Committee. If a third-year Trustee another member of the committee is unable to fulfill one of the positions on the

Election Committee, the President Chair shall choose a replacement member by random drawing from among the remaining third-first-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

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".

Dr. Knapp moved the adoption of Resolution 24RC in lieu of Resolutions 24 (*Supplement:5029*) and 24B (*Supplement:5030*).

Requesting a point of order, a delegate from the floor said, "Resolution 57 has ramifications on whether part of 24 would still be in it or not. So I would ask that you postpone 24RC until after Resolution 57 has been addressed.

The Speaker asked the House if there were any objections to taking Resolution 57 first. Hearing none, the Speaker announced Resolution 57 as the next item of business.

ADA President-Elect Campaign Reform (Fourteenth Trustee District Resolution 57): The Reference Committee reported as follows.

The Reference Committee supports the resolution as proposed.

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.

Dr. Knapp moved the adoption of Resolution 57 (*Supplement:5097*).

As a point of information, Dr. Marshall H. Mann, Georgia, requested an explanation for the \$93,700 financial implication.

With permission from the Chair, Dr. O'Loughlin said, "The assumption is that the candidates forum would require certain amounts of support, room, AV, the like. And the assumption going in by the Reference Committee is that the cost would be borne by the ADA. However, I think we're unclear as to whether or not that cost would be borne by the candidates evenly."

Dr. Mann, speaking in opposition to Resolution 57, said, "Currently these campaign receptions are funded by the candidates, and so I would see it, if this resolution were to pass, then there might be that, that financial implication. To me, I would recommend that we defeat this resolution. The receptions that many of us attended last night serve a valid purpose. I know some people are concerned about the cost, and certainly there is quite a bit of cost involved, but that cost is borne by the individual trustee districts. And it affords

opportunities for the delegates to not only meet the candidates on a one-on-one basis, but also to be able to discuss resolutions that may have come up during Reference Committees. We do have an opportunity to visit with each other, but after the Reference Committee reports come out, we have no real opportunity, because we're in our caucuses, to get together and discuss resolutions. It's my opinion that these do form a very valid function other than just social. I think that by eliminating these receptions, that we're changing the culture of our organization. I know that a lot of people feel that it is just about having a party. And I would argue that the business that gets done in those candidate receptions cannot be done in any other way. I have heard the argument given, Mr. Speaker, that the candidates have the opportunity to visit with the delegates on a one-on-one basis when they make their visits to the various conventions around the United States. But I would point out that those are only allowed if all the candidates agree to go to those visits. And if you lower the cost of candidates to enter into campaigns, then we may have a number of candidates that are involved, which is fine for the process, but then it would require an agreement by all of those candidates to the process of going to the individual states to be able to be heard. I really believe we need to maintain their opportunity to visit with our candidates and with one another, and I would recommend that you vote 'no.'

A delegate from the floor requested a point of information, saying, "Maybe, if you've already made this decision and you don't want to go back on it, I understand. But my question is, if 24RC relates to the *Bylaws*, which would seem to be a higher level controlling document, and then you're now taking up 57, which could now become not consistent if we then now come back and adopt 24RC or some version of it, it seems like we may be backwards. And I wonder why we are doing it that way."

The Speaker responded by saying, "Well, this is what the delegate wanted and the House agreed. If this is adopted, then the areas of conflict in 24 can be amended out, okay, and we can do that."

Dr. Marshall H. Mann, Georgia, requested a point of information saying, "This morning, when we were meeting with the Board of Trustees ... I believe the executive director told us that the \$93,700 would not be borne by the ADA, but be borne by the candidates themselves. Is that correct?"

With permission from the Chair, Dr. O'Loughlin responded by saying, "That is the staff's assumption, but the resolved clauses are not written to be that specific. In other words, you may want to consider amending this to indicate that. If it's your wish to have that cost borne by the ADA, that has financial implication for the budget. If your choice is to make it clear that that cost is borne by candidates, it changes it. Currently, the campaign receptions, costs are borne by the candidates' districts."

Dr. Mark R. Zust, Missouri, speaking in support of Resolution 57, said, "One hundred and sixty-six thousand dollars, two hours. One hundred and sixty-six thousand dollars is what the two campaign receptions cost last night. I venture to say that it would make a whole lot more sense to have a forum where the candidates could debate and the members of the House could come to the debate. ..."

Dr. Alan E. Friedel, Florida, moved to amend Resolution 57 by addition of a third item under guidelines number 6, Candidates Forum, that would read as follows.

c. No function involving delegate attendance shall be scheduled in the evening following delegation caucuses until year 2014.

Speaking to the amendment, Dr. Friedel said, "I believe what we're about to do is engage in what is perhaps a cultural change as was mentioned before. It may very well be that after a few years of having this forum, that we determine that a networking reception is again important. And what I am requesting ... is that if we stop having the function, the candidates reception, that we schedule no other events in that evening, that we do not have other events migrate into that night so that in the future, after a period of a three-year wait, if we determine that we want to go back to the receptions, that we don't have to redo our entire schedule. ... And, again, the purpose for that is just to create a placeholder, give us some time to absorb the new process, and if we determine that we wish to go back to the old way of doing things, we have not created a logjam of meetings that then have to be moved around again."

Requesting a point of information, Dr. Bernard P. Dishler, Pennsylvania, said, "Does that mean that the candidates forum could not be held on that night?"

The Speaker indicated that it would appear so.

Dr. Dishler followed up by saying, "When is the candidates' forum going to be held?"

The Speaker responded by saying, "That's what this House has to decide or leave it open for us to try to find a space."

Speaking to the amendment, Dr. Friedel said, "I was given to understand that there were many that were considering that it was intended to be held immediately following the first session of the House and before lunch that day."

Dr. Samuel E. Selcher, Pennsylvania, spoke in opposition to the amendment, saying, "I think it is ridiculous to tie the hands of planners three years ahead. You make decisions by what's best as they plan the meeting. Why tie our hands?"

Dr. Rhett L. Murray, Colorado, spoke in opposition, saying, "Chair of ADPAC, not to be self-serving, but we sometimes have our reception that night."

Dr. Richard A. Weinman, Georgia, spoke on opposition, saying, "Yes, many states have functions that night as well that they start just immediately after that, and that sounds like we would be restricted from having those, as well."

Requesting a point of information, Dr. Gary O. Jones, Arizona, said, "I think a lot of people are still confused why there's a cost to the ADA of \$93,000 if we cancel the campaign reception. My thought was that the ADA has a block cost of food and drink ... during the conference or the convention session. If we remove a \$150 or \$200,000 reception, then the ADA has to make up that money in food and drink somewhere else, is that correct?"

Dr. O'Loughlin responded by saying, "Currently the cost of the candidates' reception is entirely borne by the candidates. ... The resolution doesn't specify that the candidates would be responsible for the cost of the candidates forum and the staff have to take the conservative approach that then the ADA would bear the cost, unless you amend to resolution."

Dr. Monica Hebl, Wisconsin, requested a point of information, saying, "I would like to refer to the governance study. But we haven't passed that yet. Can I postpone it until after we pass the governance study and then refer this to the governance study? How would I go about making that happen?"

The Speaker responded that the delegate could move to postpone if that is what she wanted to do.

Dr. Robert L. Skinner, Arkansas, spoke in opposition to the amendment, saying, "I believe scheduling of all meetings comes under the purview of CAS, not to be tied up by the hands of this House."

The Speaker responded by saying, "I think you are right."

Dr. Edward H. Segal, Illinois, spoke in opposition to the amendment.

The Speaker responded by saying, "I tell you what I'm going to do. The gentleman made a good point here. This is CAS's duty to do the scheduling. I am going to rule this amendment out of order."

Speaking in support of Resolution 57, a delegate from the floor said, "Resolution 57 as given to us with the endorsement of the Reference Committee is a good resolution. The candidates' forum will be an exciting

new addition to our ability to get to know the candidates for office and it eliminates the wasteful receptions, and I think it deserves our support and we should vote in favor of Resolution 57.”

Dr. Barbara Ann Rich, New Jersey, requested a point of information, saying, “I’d like to know what financial effect this would have on existing signed contracts for future meetings.”

At the request of the Speaker, Dr. O’Loughlin responded by saying, “The actual use of the ballrooms and the food would not impair our ability to contract. In other words, the candidate’s current reception is a *de minimis* event in terms of the contract and the entire annual session.”

Dr. Thomas J. Schripsema, New Mexico, moved to amend guidelines number 6, item “a.” by inserting the words “at the candidates expense” between the words “candidates’ forum” and “for all president-elect candidates.”

In speaking to the amendment, Dr. Schripsema said, “I wanted to point out ... It says there may be a candidates’ forum, which I believe implies that it would be at the candidate’s expense. However, to clarify that so there is no misunderstanding, I would propose an amendment to that line, which states there may be a candidates’ forum at the candidates’ expense for all president-elect candidates. ... Our idea definitely is to save money as we’re going along. However, if there is a cost, and I would question whether there would not be a way to do that at less than \$93,000, however, it shouldn’t be an issue that encumbers the Association itself. ...”

Dr. Thomas C. Harrison, Texas, speaking in opposition to Resolution 57, said, “I would like to point out to the House that this resolution came in late. It came after caucuses in our individual trustee districts and was given to us pretty much as we arrived. And it’s details like this that are unclear and have to be worked out here. I don’t know whether they intended, the makers of this resolution, to make this expense at the expense of the candidates and now they’re cleaning it up, or if they’re just doing that to help their debate. Because if the ADA is having to bear that expense, then it’s not that much of a difference between the expense to the candidates as it is. I would recommend that we not accept this amendment.”

Dr. Regina E. Cobb, Arizona, requesting a point of information, said, “This wasn’t given as a last, eleventh hour, amendment or resolution. We did it immediately after our caucus, which was two weeks ago.”

Dr. Jill Merritt Burns, Indiana, requested a point of information, saying, “There is a significant cost for using AV. I don’t believe the Reference Committee; we took any consideration for food. So it’s more the room rental and the AV for \$93,000.”

Dr. Sidney R. Tourial, Georgia, asked if \$93,000 would cover all expenses.

With permission from the Speaker, Dr. O’Loughlin said, “...the second paragraph, under number one, it enables the candidates to film a five-minute video. The ADA cost for that is \$25,000 each candidate. I think that is considered part of the \$93,000 of total cost. I think we have to break out the costs so you’re clear, and we’ll work on that while you’re discussing. We may need the maker of the resolution to come up on the stage and help us sort through what the components are of the cost if that will be helpful to the House.”

With permission from the Chair, Mr. Busey said, “We are trying to gather the information for you. As we understand it, the costs were compiled as Kathy said, by allocating \$25,000 per video and assuming three candidates. Now, if wish to amend the resolution to have the cost of the video be at the expense of the candidates, that takes that cost away from ADA. The remaining cost, we understand, came from CAS. I don’t want to cast anything at CAS’s door without knowing. But I understand that they came from CAS and that was about a \$20,000 cost of the candidates’ reception, because we’re not quite sure what that’s going to be. We can also place that at the candidates’ expense and that would again that cost component away from the ADA. But that’s what we understand the situation to be.”

Dr. Gary O. Jones, Arizona, said, "Let me explain something that I think will help a lot. Number one, the video, says 'may.' That's a choice. It doesn't have to be done. Number two, I enjoyed my three cranberry juices and steak kabob as much as the rest of you, but I think that the cost of \$200,000 last year, \$75,000 per candidate last night, is just a little excessive. For the forum, my original thought, and it was changed when it came out of the district, was that when the president-elect candidates make their speech to the House of Delegates then we open it up for a short forum where they're asked specific questions in front of the House of Delegates. There is a Committee made up of the Election Commission, of one per district of the districts that don't have somebody running at that point we could take a maximum of one hour of House of Delegates time for the speeches, for the forum. It would be a very clean process. My thought in this whole thing is that we're getting away from costs, not adding to them. We have the AV here in the House of Delegates to accomplish that. I'm just trying to save costs here. I was horrified when I saw a \$93,000 cost in this resolution."

A delegate from the floor requested a point of information, saying, "The wording in here seems to say that the Election Commission will determine the costs negotiating with the candidates. And if I read the second line, they are determining that appropriate time, format and rules of this forum. Wouldn't that include the costs as well?"

The Speaker responded by saying, "Well, the Election Commission normally negotiates with the candidates for the amount of money. So I think that that's what it says,"

Requesting a point of information, a delegate from the floor said, "Mr. Speaker, my question is, is this candidates' forum intended to replace the candidate visits to the caucuses or the visits to the district, because it would seem like any cost would end up being redundant."

The Speaker responded by saying, "My understanding is that it does not replace going to the caucuses."

Requesting a point of information, Dr. Dave Clemens, Wisconsin, said, "I am under the impression that the guidelines, as they exist now, is what we're reading that is not underlined. So the candidates may place a five-minute video is already existing guidelines? So it wouldn't be an increased cost, because it's not underlined and it's not a change."

The Speaker responded that candidates are not allowed to have the five-minute video at this point, saying, "This is something that the Election Commission has on its plate to talk to candidates in the future for, any new candidates, and that can be, when the Election Commission thinks about it with the new technology now, they may have that."

Dr. Clemens responded by saying, "Well, shouldn't it be underlined if it's a change, then?"

The Speaker responded that the delegate was right.

Dr. Bryan C. Edgar, Washington, requested a point of information, saying, "Mr. Speaker, could you describe for me what is a point of information from this mic?"

The Speaker responded, "Point of information is when we're discussing a resolution or an amendment and there is information that needs to be clarified so that they can have a clear vision on what's being discussed and how to handle this. As I said in the opening ceremony, everybody has the right to know what we're discussing and what the effect of that will be. So any time somebody comes up here for a point of information wanting to know what we are discussing or what the effect of that would be, whether it's financial or otherwise, I allow that to happen. Sometimes people will take advantage of that and they will try and debate the issue, and I try to stop them once I know that's happening."

Dr. Edgar responded by saying, "And that was the reason for my question, because I have been standing at mic's in the back waiting to debate, but yet I'm hearing debate coming from this mic, which I think is totally inappropriate."

Dr. Mark Crabtree, Virginia, requesting a point of information, said, "... I would speak in favor of the candidates' expense, but against passing the whole resolution until we've actually had the opportunity to work out all these details. And Dr. Hebl's attempt to move this discussion until the appropriate time to evaluate the governance study, which is a big part of our governance study, is really the way we need to go."

As a point of information, Dr. Richard M. Lofthouse, Wisconsin, said, "I'm not sure what microphone to stand at. I would like to refer this whole thing because even the dais doesn't know what the answers are."

The Speaker indicated that this could be done at the main microphones.

Dr. Monica Hebl, Wisconsin, moved to postpone Resolution 57 definitely until after the House took up Resolution 38.

The Speaker said, "Okay. You want to postpone definitely until after we take 38. So that's not only this Resolution, but 24RC, also. Is that correct?"

Dr. Hebl responded in the affirmative.

On vote, Resolution 57 and 24RC were postponed definitely until after discussion on Resolution 38.

Proposal for ADA Governance Study (Board of Trustees Resolution 30, Board of Trustees Resolution 30B, Board of Trustees Resolutions 38, Fourteenth Trustee District Resolution 64 and Eleventh and Thirteenth Trustee Districts Resolution 75): The Reference Committee reported as follows.

The Reference Committee supports the Board's resolution. During the Reference Committee hearing, substantial testimony was received concerning the various resolutions on delegate reallocations, Resolutions 30, 30B, 64 and 75. There was no consensus expressed concerning any delegate reallocation method. There was sentiment expressed that a reallocation method should reduce the size of the House of Delegates to reduce the cost of governance and make the House more nimble. But there was also testimony received that the size of the House not be reduced, because the present size of the House ensures that all positions are expressed and that the diversity of the profession is represented in the House of Delegates.

The Reference Committee noted that the RFP for the governance study to be funded by Resolution 38 calls for the size of the House of Delegates and the appropriate allocation of delegates to be addressed. In light of the diverse testimony received, the Reference Committee believes that the best course of action is to have the issue of delegate reallocation addressed in the governance study before any revisions are considered by the House.

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

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

Dr. Knapp moved the adoption of Resolution 38 (*Supplement:5066*) in lieu of Resolutions 30 (*Supplement:5045*), 30B (*Supplement:5048*), 64 (*Supplement:5104*) and 75 (*Supplement:5115*).

Dr. Regina E. Cobb, Arizona, requested a point of information, saying, "I was the one that pulled this off of the consent agenda. Although I agree with the governance study, I have a couple of questions. On the background statement it says 'examine the governance study every 12 years.' When was the last time that we had a governance study and what was the price tag on it then?"

The Speaker said that information would need to be looked up and that an answer would be available as soon as possible.

Dr. Gus C. Vlahos, Virginia, requested a point of order, saying, "In the order that you will take these, you will take them as 38, 57, and 24RC, is that correct, sir?"

The Speaker responded in the affirmative and that Resolution 38 was in lieu of Resolutions 30, 30B, 64 and 75.

Dr. Vlahos responded by saying, "If 38 goes down, do we go back to the others and take those first?"

The Speaker said, "If 38 goes down, then somebody can come to one of the microphones and move one of the others in lieu of, okay?"

Dr. David R. Larson, Pennsylvania, spoke in support of Resolution 38, saying, "I think we need to look at the system top to bottom in a comprehensive view. Too often we take a piecemeal look at everything, and you need to look at the whole system, how it integrates, any overlap. And hopefully when they look at the evening event there, they can decide it will be a 'shall be' versus a 'may be.' If you're removing one forum, you need to put the other one in. But that would be part of the governance study. So hopefully this will be something that will bring us forward in terms of the evolution of the health of our organization."

Requesting a point of information, Dr. Terry L. Fiddler, Arkansas, said, "If we're going to have a comprehensive governance study and it says it is going to cost \$300,000, what if the comprehensive study costs more than that? Does that mean that you stop your study or you have to come back for more money?"

With permission from the Chair, Dr. O'Loughlin responded by saying, "I think you scope out the study to accommodate the spending limit. You would prioritize the scope of the study and have them cover the most important elements for you until you reached a bid of \$300,000, and then you would stop expanding the scope of the study."

Dr. Fiddler responded by saying, "That would add to the financial impact. Somewhere along the line, it has to come out from somewhere ... Two days ago we were at 30B, and it says, I quote, 'diverse testimony was received.' Well, there was a lot of people that just didn't like it, okay, 30B. And so if we come here and say we are going to have a governance study, which I don't have a problem with that, but I want to know ... where will the plus \$300,000 come from on this? That's all I want to know."

The Speaker asked Dr. O'Loughlin whether the ADA was going to do RFPs to know exactly what the cost would be.

Dr. O'Loughlin responded in the affirmative.

The Speaker responded to Dr. Fiddler's concern about going over the \$300,000, saying, "If they do RFP's, they'll know what the different options are, and they have to choose something that is under \$300,000 or ask for some incidental money from the Board in their one fund that they have that they can fund something a little bit more, or they'll have to come back to the House. Or take it from the reserves. They can do that, too, if they want to."

A delegate from the floor requested a point of information for Dr. O'Loughlin, saying, "This morning you told us that 18% of the budget was our governance. Can you put that into dollar numbers so we have something to compare to the \$300,000 cost?"

With permission from the Chair, Dr. O'Loughlin responded by saying, "It's a percentage of a partial ADA budget. It is a percentage as compared to what is expensed throughout the agencies. Not included in that were the underlying costs on shared services, which are all of the costs associated with running the operation: finance, legal, HR, IT, business development, corporate relations, communications, so it was just to show that House the proportional investment of governance against the agencies that are identified as dental practice, education and test, membership and science."

The delegate responded by asking, "Would that not be millions and are not those percentages to be looked at in this governance study, as well?"

Dr. O'Loughlin responded by saying, "The direct cost of governance is approximately \$7.7 million or about 6% of our total budget."

Requesting a point of information, Dr. Judd R. Larson, Oregon, said, "We posed that first question that was asked of Dr. Leone yesterday, and we have the information if you wanted that as far as the cost of the study, and then he also averaged it out into today's dollar."

Dr. Santos Cortez, Jr., California, spoke in support of Resolution 38, saying, "This resolution would encompass a number of governance review items that we are going to be looking at. And I think it's time that we get to it. It would include candidates' campaigns and delegate reallocation. So the study, I think, is in order. I think that we should support that."

Speaking in support of Resolution 38, Dr. Carolyn Malon, Connecticut, said, "I currently chair the governance review committee for the state of Connecticut, so we're going through this on our statewide level. I speak in support of this resolution. I think this is a terrific way to address all of the issues that we're looking at changing here with a request for proposal, and that's how the cost is arrived at. You issue a request for proposal, you get those, and your study is limited to that amount of money that you are funding."

Dr. Michel A. Jusseaume, Massachusetts, spoke in opposition to Resolution 38, saying, "I rise in opposition to this because of the timing of it. The idea of it is a good thing. The timing in terms of spending \$300,000, or thereabouts, is not a great time for this Association. This House is maybe not nimble, but it has functioned quite well for many years and deliberates quite well."

Dr. Richard A. Stevenson, Florida, moved to vote immediately. The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, Resolution 38 was adopted in lieu of Resolutions 30, 30B, 64 and 75.

38H-2011. 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

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

ADA President-Elect Campaign Reform (Continued):

The Speaker announced that the House was back to Resolution 57.

Dr. Thomas W. Gamba, Pennsylvania, requested a point of information, saying, "Mr. Speaker, could you explain to me how a campaign reception or a candidates' forum is a governance issue? Because there was some intimation that this might be referred to the governance study, however, I don't see that as a governance function."

The Speaker responded by saying, "Well, the thing of it is that no one has made that motion, okay. And if you don't think it is you can debate against that."

Dr. Sidney R. Tourial, Georgia, moved to refer Resolution 57 back to the appropriate agency for further study.

A delegate from the floor spoke in opposition to referral, saying, "I oppose referral and I confirm the thought that the election campaign issues are not part of our governance and that Resolution 57 should be adopted."

Dr. Bruce R. Hutchison, Virginia, speaking in support of referral, said, "I think there are multiple issues in here that we can't deal with all at once. It's too confusing, and I'll mention some of them. One, we get into social media, and I don't know what that means exactly. I know most of us have been on several kinds of chat rooms on the Internet, and those are so impersonal that the insults start flying and everything else starts flying. I have been involved in several PE campaigns and I have always been proud of the ADA that every campaign I have witnessed in the ADA has been positive. I fear that putting things in social media starts bringing out the possible negatives, because you're not dealing face-to-face anymore. Secondly, if you want to get rid of the party, just get rid of the party. That's simple. I don't know why we have to talk about that and social media and websites and travel. All these other things at one time make it too confusing. I think the issues either need to be separated or it has to be referred and solved all in one piece somewhere else. This is committee work."

Dr. Mark R. Zust, Missouri, spoke against referral, saying, "Everybody in this House knows what this is about. No matter what anybody else is telling you this is about. Are we going to have a party or are we not going to have a party. ... We have been spending too much money too long. It's been putting too much of an imposition on the candidates. People have decided not to run because it just costs too darn much money, and it is time to get rid of it. Don't refer it. Pass this resolution."

Dr. Monica Hebl, Wisconsin, spoke in support of referral, saying, "I speak in favor of referral, but I think it should go to the governance study, because I do think it's a governance issue. We're determining who our leaders are and how they're elected, and that's part of governance. And also, the networking that we do, you might think it's a party, but I work really hard at that. ... And it said appropriate agency. Can I add 'or governance study?'"

The Speaker responded that debate was on referral, saying, "After we debate it, if you want to amend it from the floor up there to exactly where you want it to go, then we can do that. But when they say appropriate agencies, I think that they will look at that, but if you want to be specific that it goes to the governance study, you're welcome to do it."

Dr. Kerry K. Carney, California, spoke in support of referral, saying, "I think we just had an example of how long we can spend on talking about this when we have so many more important questions to deal with. There is a long Latin word that describes studying the navel. I won't give it to you, but that's what it sounds like we have been doing. It's an example of, I think, the dysfunction of the House when we spend this kind of time on this kind of subject. So I speak definitely in support of referral to the appropriate agency."

Dr. Sidney R. Tourial, Georgia, and Dr. Jose L. Cazares, Jr., Texas, also spoke in support of referral.

Dr. Bryan C. Edgar, Washington, speaking in support of referral, said, "As I listened to some of the commentary earlier, there was a disconnect between many of the delegates as to what a candidates' forum is, whether there is entertainment involved with it or whether it is a question/answer period. I read this resolution as it's more of a formal question/answer period. And I'm rather concerned about our Association going that route, and I think our system currently works quite well. So there's a lot of work to do on this particular part of this resolution."

Dr. Allison B. House, Arizona, requesting a point of information, said, "I would just like to ask, who are we referring this to?"

The Speaker responded, "It's to appropriate agencies and one delegate thought it needed to go to the governance study. ... And there is a Governance Committee of the Board and that can go to that, too..."

Dr. Samuel E. Selcher, Pennsylvania, spoke in opposition to referral, saying, "We spoke earlier of sacred cows. This is one of them. In effect, the referral is to try and take the sacred cow off of the altar. If you work down to individual costs, which is about \$350 a person that's [what] we're talking about for the meal last night. Now, personally, I think that number is pretty obscene for a dinner, but no matter what you think on that, the key is, what are we doing for small states? That's real money. It was contributed either by districts, by local,

by people. As we look at going forward, do we want to create barriers to get the best person possible to serve as our leaders? Or do we want to have the best person not by where they live; are they in a small district, a large district? I encourage, let's not take this sacred cow off.

Dr. Thomas W. Gamba, Pennsylvania, spoke in opposition to the motion to refer Resolution 57.

Dr. Alan L. Felsenfeld, California, requested a point of information, saying, "I would ask that you reinforce the fact that the people who are debating up here talk only on the reason to refer or the reason not to refer, but not the main motion. This is taking a lot of time and we have other things to do today."

Dr. Thomas E. Raimann, Wisconsin, speaking in support of referral, said, "Speaking for myself. I think we have enough information to vote on this. We can put an amendment or something in there ... But I think we have the information, and I want to thank the Fourteenth District for bringing this forward."

Dr. Bernard P. Dishler, Pennsylvania, speaking in opposition to referral, said, "Mr. Speaker, I'm concerned about the corruption of our system. This was posted on the Internet. This was spoken to at the Reference Committee. None of these complaints or concerns were raised then. The Reference Committee wholeheartedly agreed with it and asked us to vote 'yes.' And now we're spending all this time. This is like a Reference Committee again."

Dr. Sidney R. Tourial, Georgia, and Dr. Ronald D. Venezie, North Carolina, spoke in support of referral.

Dr. Thomas W. Gamba, Pennsylvania, spoke in opposition to referral, saying, "I have spoken to several trustees, and they have all said they want this reception to go away, and I don't think that we should force them to delay it another year. I agree that we have the information we need, and this is important that we do it."

Seeing no one else at the microphones, the Speaker called for a vote on referral. On vote, the motion to refer Resolution 57 to the appropriate agencies was adopted.

The Speaker reminded the House that before the House adopted the motion to refer Resolution 57, there was a motion to amend the guidelines, number 6, item "a." by adding the words "at the candidates expense" between the words "candidates' forum" and "for all president-elect candidates, saying "that will be referred along with that entire resolution."

Amendment of the ADA Bylaws Regarding Election Committees (Council on Ethics, Bylaws and Judicial Affairs Resolution 24, Board of Trustees Resolution 24B and Reference Committee on Legal, Legislative and Public Affairs Resolution 24RC): The Reference Committee reported as follows.

The Reference Committee heard testimony on Resolutions 24 and 24B. It believes, however, that to avoid any possibility of conflict of interest, the Election Committee should be composed of the President-Elect, the President and the Immediate Past President.

24RC. Resolved, that the *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, reference committee additions double 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. President-Elect, the President and the immediate past President. The Second Vice President immediate past President shall be the chair of the Election Committee. In the event the Second Vice President immediate past President is unable to fulfill the position, the ADA President shall replace the Second Vice President immediate past President and serve as chair of the Election Committee. If a third-year Trustee another member of the committee is unable to fulfill one of the positions on the Election Committee, the President Chair shall choose a replacement member by random drawing from among the remaining third-first-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. E. 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".

Dr. Knapp moved the adopted of Resolution 24RC in lieu of Resolutions 24 (*Supplement:5029*) and 24B (*Supplement:5030*).

Dr. Jill Merritt Burns, Indiana, moved to amend Resolution 24RC in several areas. Under, item "a. Composition," by adding the sentence "The Speaker of the House of Delegates shall be a nonvoting consultant member of the Committee" before the sentence beginning with "In the event the Second Vice President..." and by striking the words "and serve" between the words "past President" and "as chair," and by substitute the word "second" for "first" before the words "year Trustee" in the last sentence.

In addition, Dr. Burns moved to amend Resolution 24RC, item “b. Duties (3),” by adding the words, “as needed” after the words “annual session.”

In speaking to the amendment, Dr. Burns said, “We, the Seventh District, feel that the Speaker, as a non-voting member, we would be able to draw on their expertise, because of the House of Delegates elections. Nobody has the parliamentary expertise to do that except for the Speaker. And they could do it without a conflict of interest without being able to vote. And the second, again, is wordsmithing, it would read ‘Immediate Past President as Chair of the Election Committee.’ The third one, on the second year trustees do not have the experience on the Board of Trustees, but are not eligible for election, we felt in the Seventh District that the first year trustees might not have the experience they need. And down to the fourth place, ‘as needed’ would fix the problem with Resolution 57 would have gone, if there was receptions or not.”

The Speaker said, “Okay, we are going to take these one at a time, because some of these are significant. The last one especially. So the primary amendment is going to be on the first one that she has mentioned on line 23, insert after the word ‘committee.’”

Dr. Daniel K. Cheek, North Carolina, requested a point of information, saying, “I would like the budgetary implications on this, because my understanding is that the past president is not always at these meetings. So if he’s going to chair this committee, will that be an additional cost to have him brought to the meetings.”

At the Speaker’s request, Dr. O’Loughlin responded by saying, “There would be travel cost and hotel stays required. Many of the Committees current meetings are held by phone. I would assume two in person meetings during the course of the year. ... It’s \$1,500 per visit.”

The Speaker said, “... questions come up quite frequently. So a lot of them can be handled over the phone. But some of them have to be handled with all the candidates sitting around and discussing it. So it’s going to be more than one time.”

Responding to Dr. Cheek’s request for a cost, Dr. O’Loughlin said, “I would assume if it’s \$1,500 per meeting and there’s two to four meetings, the maximum cost would be four times \$1,500 at the most, \$6,000. In addition, there are several conference calls that occur routinely that would not be additional cost.”

Dr. Walter I. Chinoy, New Jersey, speaking against the amendment, said, “The Speake’rs are [in office for] a one-year term and always run for re-election several times. The Speaker is a perpetual candidate. And, in my mind, that trumps any expertise that he might have in procedural matters of running an election. So I think perpetual candidacy trumps the expertise.”

Dr. Gus C. Vlahos, Virginia, spoke in opposition to the amendment, saying, “As far as the Speaker, like it was previously stated, there is a possibility he’s always a candidate in the next year for Speaker of the House. I think we do have a parliamentarian for the American Dental Association and also legal counsel and can help the Election Committee with this, problems that could arise during the Election Committee meetings.”

Dr. Paula K. Friedman, Massachusetts, speaking against the amendment, said, “Question, didn’t we just pass a resolution to have a study on governance?”

The Speaker responded in the affirmative.

Dr. Friedman responded saying, “Wouldn’t this fall under that? Isn’t this moot?”

The Speaker responded by saying, “There’s a lot of connection there, too. If this House wants to refer this one, too, that’s in order. It’s up to you.”

Dr. Monica Hebl, Wisconsin, moved to refer Resolution 24RC to the governance study, saying, “We are talking about elections and our governance and our House of Delegates and its size and it’s very appropriate to take what CEBJA did and put that into governance and take it in the big picture.”

Dr. Bernard P. Dishler, Pennsylvania, spoke in opposition to referral, saying, "... The RFP for the governance study to be funded by Resolution 38 calls for the size of the House of Delegates and the appropriate allocation of delegates to be addressed. And it doesn't talk anything about elections."

The Speaker said, "I think we were talking about Resolution 57 that we referred, and it did have some things to do with not only the size of the House, but it has things to do with the Speaker and some of the same things that's in this Election Commission."

Dr. Thomas J. Schripsema, New Mexico, said, "In Resolution 38, one of the items we did was approve an RFP related to governance study. There are seven points in the RFP that relate to various things. And I'm wondering about which of those seven things incorporates our candidate elections, in either of the two items we've talk about."

The Speaker responded by saying, "We don't have to have an exact number. The House has the right, if they think other subjects should be referred to the governance, then they take those subjects up also. They have the right to do that. And I assume that's what they wanted in 57, and I assume that that's what they're asking in this 24RC."

Dr. Schripsema asked whether the adoption of new items would affect the RFP process.

The Speaker said, "Some of that may not have to be in the RFP. It can be done internally in that work group. ... If they think they need to do something in the RFP, then they may have to come back for more funds, but you got a good point. I think it's okay to refer both of them there and the House tell them that they want them to look into this."

A delegate from the floor requested a point of information saying, "I am a little bit confused, because the previous question sort of implied that the RFP has already been approved by the House. But as I read 38, it has got to be a draft that is then approved by the House, provided to the House."

Dr. Paula K. Friedman, Massachusetts, moved to vote immediately. The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, the motion to refer Resolution 24RC to the appropriate agencies was adopted.

The Speaker noted that the primary amendment that was before the House would be referred along with Resolution 24RC to the appropriate agencies.

Amendment of the ADA Member Conduct Policy (Council on Ethics, Bylaws and Judicial Affairs Resolution 25): The Reference Committee reported as follows.

The Reference Committee supports the Resolution as proposed.

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.

Dr. Knapp moved the adoption of Resolution 25 (Supplement:5032).

Dr. Andrew Brown, Florida, moved to amend bullet 4 by striking the word "must" and adding the words "are expected to" between the words "Members" and "comply."

In speaking to the amendment, Dr. Brown said, "We have bullet points 5 through 9, and each of those have identifiable standards both found on the ADA website. We have tried to address this in Reference Committee in reference to federal and state laws in reference number 4 to try to find some informational purposes that can be posted, perhaps on our website. And they hold us, obviously, to a higher standard with 'must' or 'shall' than they would be with 'should' or 'are expected to.' I'm not a lawyer. I hesitate to say most people in this room are not, either. It would be very difficult for me, timely and costly, to try to identify all antitrust laws and regulations, be they federal, state or local. Even though I do not disagree with the intent of this, I would like to make it a little less restrictive."

The Speaker called for a vote the amendment. On vote, the motion to amend Resolution 25 was adopted.

On vote, Resolution 25, as amended, was adopted.

25H-2011. 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~~ are expected to 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.

Adjournment

Dr. Denise L. Hering, Ohio, moved to adjourn the third meeting of the House of Delegates. On vote, the third meeting of the House adjourned at 5:07 p.m.

Notes

Friday, October 14, 2011

Fourth Meeting of the House of Delegates

Call to Order: The fourth meeting of the House of Delegates was called to order at 8:00 a.m., by the Speaker of the House of Delegates, Dr. J. Thomas Soliday.

Report of the Standing Committee on Credentials, Rules and Order: Dr. Thomas Raimann, chair, Wisconsin, announced the presence of a quorum.

Special Order of Business—Installation Ceremony

Recognition of Retiring Officers and Trustees and Continuing Members of the Board of Trustees: The Speaker recognized the following retiring ADA officers and trustees.

Dr. A. J. Smith, first vice president
 Dr. Robert A. Faiella, trustee, First District
 Dr. R. Wayne Thompson, trustee, Twelfth District
 Dr. Kenneth J. Versman, trustee, Fourteenth District
 Dr. S. Jerry Long, trustee, Fifteenth District

The continuing officers and members of the Board of Trustees were introduced:

Dr. Steven Gounardes, trustee, Second District
 Dr. Charles R. Weber, trustee, Third District
 Dr. Maxine Feinberg, trustee, Fourth District
 Dr. Donald L. Seago, trustee, Fifth District
 Dr. W. Ken Rich, trustee, Sixth District
 Dr. Charles L. Steffel, trustee, Seventh District
 Dr. Joseph F. Hagenbruch, trustee, Eighth District
 Dr. Dennis W. Engel, trustee, Ninth District
 Dr. Edward J. Vigna, trustee, Tenth District
 Dr. Roger L. Kiesling, trustee, Eleventh District
 Dr. Carol Gomez Summerhays, trustee, Thirteenth District
 Dr. Charles H. Norman, trustee, Sixteenth District
 Dr. Samuel B. Low, trustee, Seventeenth District
 Dr. Patricia L. Blanton, first vice president
 Dr. Edward Leone, Jr., treasurer
 Dr. J. Thomas Soliday, speaker of the House of Delegates
 Dr. Kathleen T. O'Loughlin, executive director

Introduction of New Officers and Trustees: The following new officers and trustees were introduced.

Dr. Jeffrey D. Dow, trustee, First District
 Dr. Gary L. Roberts, trustee, Twelfth District
 Dr. Gary S. Yonemoto, trustee, Fourteenth District
 Dr. Hilton Israelson, trustee, Fifteenth District
 Dr. Kenneth J. Versman, second vice president

Presentation to Dr. Raymond F. Gist: The Speaker presented Dr. Gist with the insigne of the office of past president and a certificate of appreciation.

Installation of New Officers and Trustees: Dr. Gist installed Dr. Robert A. Faiella, Massachusetts, as president-elect; Dr. William R. Calnon, New York, as president; Dr. Kenneth J. Versman, Colorado, as second vice president; and Dr. J. Thomas Soliday, Maryland, as speaker of the House of Delegates. Dr. Gist installed the four newly elected trustees.

The installation ceremonies then concluded after the members of the House pledged their support by accepting assignments when called upon, by bringing forward the opinions and concerns of the members in their districts, and by engaging in open and honest debate on issues.

Presentation of Dr. William R. Calnon: Following the installation of the officers and trustees, Dr. Calnon addressed the members of the House. Dr. Calnon highlighted the importance of mentoring dental students and young dentists and asked the members of the House to make a difference by their actions. Dr. Calnon also said the Board would be taking an in-depth look at many pressing issues confronting the profession and the Association in the upcoming year, saying, "We will be focusing on items such as dental education, student debt, improving communications with ADEA and reaffirming the relevancy of the ADA in the education process. Third-party payers and all the related issues will prove to be an interesting and very necessary discussion. Securing a sound financial future for this ADA will be a constant theme. ..." He added that improving oral health awareness was a "front burner issue" and that promoting the good things the Association and its individual members do were priorities, stating, "I value action over words. ... We've come a long way, but there's still a lot of hard work ahead."

Remarks of the Co-Chair of the American Dental Political Action Committee (ADPAC): Dr. Rhett L. Murray, co-chair, ADPAC, reported that on-site contributions to ADPAC had reached a record level at \$325,000.

With permission from the Speaker, Dr. O'Loughlin approached the podium to provide previously requested information regarding the governance study. Dr. O'Loughlin said, "Regarding the governance study that was previously done, it was conducted during 1992 to 1993. There was a House report published in 1993. There were many recommendations offered by Coopers & Lybrand, the consultant that was hired to do it. The cost to the Association at that time was \$270,000. That translates into approximately \$420,000 in today's dollar. Out of the multiple resolutions that were proposed as a result of that study, the vast majority of them were not adopted by this House. Point of clarification, the request for proposals will be drafted; it is in the process of being drafted by the Governance Committee of the Board. The Board will approve the final RFP. It will be issued. The Board will select the finalist and conduct the study. The Board's report to the House in 2012 will be the report related to the governance study and will be available to the House for 2012 in San Francisco."

Report of the Reference Committee on Legal, Legislative and Public Affairs Matters (Continued)

State Public Affairs (SPA) Grant Funding (Eighth Trustee District Resolution 37, Board of Trustees Resolution 37B, Eleventh Trustee District 37S-1 and Reference Committee on Legal, Legislative and Public Affairs Matters Resolution 37RC): The Reference Committee reported as follows.

Advocacy efforts through the State Public Affairs (SPA) program are at a critical juncture. So much so that the long-term protection of the profession is at stake. Therefore, the Reference Committee recommends enhancing the funding base for the program as recommended in 37B by the sum of \$876,105 to a total of \$3.5 million and to make available an additional \$5 million from the long-term reserves. This is essential to support the advocacy efforts of SPA and to address emergent needs in the states.

37RC. Resolved, that funding of the State Public Affairs (SPA) program be increased in the amount of \$876,105 to a total of \$3.5 million for the 2012 budget year, and be it further **Resolved**, that up to \$5 million in additional funding be available to the Board of Trustees from the reserves of the Association for the SPA Program.

Dr. Knapp moved the adoption of Resolution 37RC in lieu of Resolution 37 (*Supplement:5064*), 37B (*Supplement:5065*) and 37S-1 (*Supplement:5065a*).

Dr. Dennis J. Charlton, Pennsylvania, requested that Resolution 37RC be considered as two resolutions so that each resolved clause could be debated separately.

Dr. Kerry K. Carney, California, requested a point of information, saying, "Could you have the maker explain to us why they should be divided? Because isn't the reason for division that they are two totally separate and independent ideas, and that if they are, in fact, joined as they appear to be to me, then it's more effective to address them as amendment, substitution, addition?"

The Speaker responded by saying, "Your point's well taken. Let see what the reason for it, and then the House is going to have to decide whether they want to divide this like they requested."

In speaking to the request to divide the question, Dr. Charlton said, "We believe that this resolution should be divided because the Board of Trustees already has the authority to remove \$5 million from reserves for whatever purpose they deem necessary. And we see this as \$5 million looking for a home, rather than a reserve for the SPA program."

The Speaker responded by saying, "I agree with him that the Board of Trustees has the right and they have the authority to take things from the reserves. This, to me, was just kind of like saying to the Board, the House of Delegates won't be upset with you lowering a percentage of the reserves if you take \$5 million from the reserves to help the SPA program. But they already have this. They already have this authority. So I tell you what I'm going to do to solve this problem. I am going to rule the second clause out of order, because they already have the authority to do that. And we are just going to take the first resolve clause in lieu of the rest of them."

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

Dr. Bryan C. Edgar, Washington, asked for clarification saying, "I think the intent of this resolution was to earmark those funds for the SPA program and it seems like it should be out of order to split or divide a resolution that is moving in lieu of. It seems like it would be more appropriate to divide it after the in lieu of passes."

The Speaker responded by saying, "Well, how are you going to divide it if you adopt it in lieu of, the other ones are gone and it's adopted. So because the Board of Trustees' already has the authority to take money out of reserves, they've heard you. They've hear this House say, in essence, we won't be mad if you take \$5 million out for the SPA program. That's what I'm understanding. I'm ruling this out of order, but I will let you talk."

Dr. Richard A. Weinman, Georgia, speaking in opposition to the ruling, said, "I would like you to consider this, because there is a very major reason to have this listed in our resolution. We want this to be publicized to the foundations and to the adversaries that are out there, that the ADA is willing to come to the fight. That we are going to be. And with this money out there, they have their \$16 million they have committed to this. We need to let them know that we are ready to meet them face-to-face in the states that need help. And advertising this doesn't mean we want to use it. It means we have it ready and we are ready to come to the fight, so this is very important. This is just what our President talked about, just what our ADPAC group talked about, and I think it needs to be back in the resolution."

Dr. Josef N. Kolling, Michigan, spoke against ruling the second resolved clause out of order, saying, "I have to agree with that. That's communicating to the rest of the world."

The Speaker responded by saying, "All right. I'll tell you what I'm going to do, then. I am going to rescind the ruling that the second resolving clause is out of order and I'm not going to allow separation. It is going to be what it is, 37RC in lieu of the other ones."

Dr. Henry W. Fields, Jr., Ohio, speaking in support of Resolution 37RC, said, "Recently we had to reduce our activity in SPA because of the lack of funding that we've had in the reductions over the last couple of years. This will allow us to bring these dollars back up to the level they were before and to meet the proposals that we have. This is one thing. It's very simple. It's advocacy. The thing we prize, the thing we do best and the thing that will sustain us."

Dr. Richard A. Weinman, Georgia, speaking in support of Resolution 37RC, said, "The other thing this money would do is, this is an amount that has been determined we are going to need this upcoming year, and this just at our best guesstimate of what we're going to need, but we want to be able to respond to your state when you call, when you put your application on that Committee. And without these funds, the worst position we could be in is to have to tell you that we can't help you, and that's what our whole organization is about, this advocacy."

Dr. Robert S. Roda, Arizona, moved to vote immediately. The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, Resolution 37RC was adopted in lieu of Resolutions 37 and 37B.

37H-2011. Resolved, that funding of the State Public Affairs (SPA) program be increased in the amount of \$876,105 to a total of \$3.5 million for the 2012 budget year, and be it further **Resolved**, that up to \$5 million in additional funding be available to the Board of Trustees from the reserves of the Association for the SPA Program.

Developing the Native American Dental Workforce (Fourteenth Trustee District Resolution 50 and Reference Committee on Legal, Legislative and Public Affairs Matters Resolution 50RC): The Reference Committee reported as follows.

The Reference Committee heard testimony in support of Resolution 50 from a number of individuals. It was suggested that it is important to clarify that initiatives taken are consistent with ADA policy.

50RC. Resolved, that the participants of the Native American Oral Health Care Project, be urged, with the help of the Council on Access, Prevention and Interprofessional Relations, Council on Dental Education and Licensure and the Department of State Government Affairs, to build upon existing educational programs that are consistent with ADA policy, develop coalitions, and be it further **Resolved**, that the American Dental Association, through the Native American Oral Health Care Project, convene a meeting of stakeholders during the spring 2012 *Pathways Into Health* annual conference to recruit participants in the coalition, and be it further **Resolved**, that the coalition be asked to consider at least the following objectives:

- Inform and educate young Native American students about oral health care careers and encourage these students to consider careers in dentistry, dental hygiene, dental assisting, community dental health coordination or dental technology.
- Recruit, support and mentor Native American students to promote access to education, inspire academic excellence, encourage successful completion of necessary academic programs and ensure the attainment of necessary degrees.
- Train and develop a highly skilled and competent Native American oral health workforce that is consistent with ADA policy.
- Develop partnerships to provide financial sustainability for ongoing workforce development activities that are consistent with ADA policy.

and be it further

Resolved, that the Native American Oral Health Care Project be asked to prepare a report on its activities including an action plan with recommendations for consideration at the June 2012 meeting of the Board of Trustees.

Dr. Knapp moved the adoption of Resolution 50RC in lieu of Resolution 50 (*Supplement:3042*).

Dr. Elizabeth A. Jabbour, South Carolina, moved to amend the second bulleted item by deleting the word “ensure” from between the words “academic program and” and “the attainment of.”

In speaking to the amendment, Dr. Jabbour said, “We wish to preserve the academic integrity of any degree or certificate and not imply that they are given and not earned. I think if you take away the word ‘ensure,’ you’re still leaving the word ‘encourage,’ but ‘ensure’ gives an implication that you’re making sure they get this degree, that it isn’t earned.”

Seeing no one else at the microphones, the Speaker called for a vote on the amendment. On vote, the motion to amend Resolution 50RC was adopted.

On vote, Resolution 50RC, as amended, was adopted in lieu of Resolution 50.

50H-2011. Resolved, that the participants of the Native American Oral Health Care Project, be urged, with the help of the Council on Access, Prevention and Interprofessional Relations, Council on Dental Education and Licensure and the Department of State Government Affairs, to build upon existing educational programs that are consistent with ADA policy, develop coalitions, and be it further **Resolved**, that the American Dental Association, through the Native American Oral Health Care Project, convene a meeting of stakeholders during the spring 2012 *Pathways Into Health* annual conference to recruit participants in the coalition, and be it further **Resolved**, that the coalition be asked to consider at least the following objectives:

- Inform and educate young Native American students about oral health care careers and encourage these students to consider careers in dentistry, dental hygiene, dental assisting, community dental health coordination or dental technology.
- Recruit, support and mentor Native American students to promote access to education, inspire academic excellence, encourage successful completion of necessary academic programs and ~~ensure~~ the attainment of necessary degrees.
- Train and develop a highly skilled and competent Native American oral health workforce that is consistent with ADA policy.
- Develop partnerships to provide financial sustainability for ongoing workforce development activities that are consistent with ADA policy.

and be it further

Resolved, that the Native American Oral Health Care Project be asked to prepare a report on its activities including an action plan with recommendations for consideration at the June 2012 meeting of the Board of Trustees.

Implementation of Resolution 99H-2010—Disclosure Policy (Board of Trustees Resolution 55): The Reference Committee reported as follows:

The Reference Committee supports the Board’s 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.

Dr. Knapp moved the adopted of Resolution 55 (*Supplement:5077*).

Dr. Santos Cortez, Jr., California, moved to amend Resolution 55 by reinserting the second resolving clause and adding the words "or electronically" between the words "written" and "disclosure."

In speaking to the amendment, Dr. Cortez said, "our delegation supports the disclosure policy and strongly feels that a written or an electronic document memorializes for each one of us that we may have a conflict of interest and this brings it up, in our mind, about the fact that we have actually signed something that says that there may be conflict of interest. In other words, this brings it up at the time that we are discussing ADA business, so we are asking to reinsert that resolving clause. Additionally, as this House is going green, I think that if we require this to be electronically signed, it would save paper. It would save time and money."

Dr. Robert S. Roda, Arizona, speaking against the amendment, said, "I am the treasurer of the American Association of Endodontists. I write CE courses for several of the dental manufacturers. I do not own any stock in any of the manufacturers. I am declaring all of the conflicts that we're supposed to be declaring every time we stand up, and unless no one in here has any conflicts, it is kind of interesting how that works. The problem I have with the written version is that we got a version from the ADA to do this year. Everyone got that, right? It asks on it whether you have any material financial interest in any company that does business with the ADA, and I don't, because I don't own any stock. On the other hand, there are certain other conflicts that could potentially have been affected that I could have had, and I don't. And I'm a hundred percent loyal to the House. So don't worry about that, but I thought the big problem with it is that they're asking for information on whether we have conflict with a business that does business with the ADA and with the size of ADA budget and how big the ADA is, I'm just not sure that I can even answer that question. And so I don't disagree with the written policy, but if we're going to have it, I think it needs to be really well written and comprehensive, and ultimately could end up being 20 pages long. And so I don't disagree with the idea of a written thing, but I don't think I want to support this right now until we know what form it is in."

Dr. John B. Nase, Pennsylvania, requested information from ADA legal counsel regarding the difference between a signed written statement and an electronic disclosure.

With permission from the Chair, Dr. O'Loughlin responded by saying, "I think what I want to point out as secretary to this House is that the disclosure is part of the responsibility of any fiduciary. We currently have no way to enforce this policy. In other words, you're being asked to disclose, but as secretary of the House, the ADA staff have no mechanism to enforce it if you do disclose a conflict that would prohibit you from participating in a discussion. So that's just an item I wanted to bring to your attention. And Craig will talk about conflict of interest.

With permission from the Chair, Mr. J. Craig Busey, Chief Legal Counsel, said, "Yes, as one of the other speakers pointed out, the essential part of the conflict of interest policy is the oral disclosure when you're speaking to a particular issue for which your judgment may be affected. The fact that you've got the written or the electronic disclosure, you know, may be formally helpful, but it is very difficult, as Kathy said, to administer. It's important to have a conflict of interest policy, but the administrative act of actually providing a written or electronic disclosure is not essential. What is essential is the actual disclosure when you're making your points to the House."

Dr. Mark T. Barsamian, Michigan, spoke in opposition to the amendment, saying, "I don't know when I'm going to have a conflict if I don't know what the topic we are going to be talking about is, and to disclose the conflict in advance, I may be able to do that, but there may be times when I don't know what the conflict is until the topics come up for discussion."

Seeing no one else at the microphones the Speaker called for a vote. On vote the amendment to reinsert the second resolving clause was not adopted.

On vote, Resolution 55 was adopted.

55H-2011. 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.

Amendment of ADA Governing Documentation Regarding the Parliamentary Authority (Second Trustee District Resolution 56): The Reference Committee reported as follows.

The Reference Committee supports the resolution as proposed.

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.

Dr. Knapp moved the adoption of Resolution 56 (*Supplement:5096*).

Dr. Bruce R. Hutchison, Virginia, moved to amend by reinserting "by Alice Sturgis," and immediately following the reinsertion, adding the words, "or its most recent successor."

In speaking to the amendment, Dr. Hutchison said, "Bylaws should by nature be relatively stable. ... Every time they change the title, we wouldn't have to re-amend our Bylaws. ..."

Dr. Mark J. Feldman, former ADA president, New York, requested a point of information, saying, "Mr. Speaker, I can think of no better person to ask this question other than you. When the American Institute of Parliamentarians Standard Code of Parliamentary Procedure is released, will that be considered a successor to the Sturgis Parliamentary Code?"

The Speaker responded by saying, "In the eyes of the American Institute of Parliamentarians, it is a new book, because Alice Sturgis has been dead for 50 years. And, therefore, we feel that we are using her principles, but it's a totally new book. Everything has been modernized, revamped, reworded. So, if you read it and put them side by side, most everything will be different. But it is still going to be the American Institute of Parliamentarians Standard Code. It's the same thing as the other one. It just takes out the name 'by Alice Sturgis.'"

Dr. Feldman said, "So if it's not the successor and we adopt this amendment, there is no automatic moving into the new book since it's a new book. It wouldn't be considered a successor or would it be considered a successor?"

The Speaker said, "It's being considered the successor."

Dr. Mark R. Zust, Missouri, spoke in opposition to the amendment, saying, I wonder if the maker of the motion would consider a friendly change. Rather than going back to the Sturgis or its most recent successor, leave it as it says in the resolution before us, it would say '... the American Institute of Parliamentarians Standard Code, or its most recent successor.'"

Dr. Bryan C. Edgar, Washington, spoke in opposition to the amendment, saying, "I would speak against this amendment based on all the information we have heard this morning. This new book ... is not the same book that Alice Sturgis wrote. ..."

Dr. Michael H. Halasz, Ohio, moved to make a secondary amendment, by replacing the word "successors" for "edition." In speaking to the amendment, Dr. Halasz said, "I just think that when a book comes out, it's an edition. ... I just think edition is a more accurate word."

Dr. Robert S. Roda, Arizona, requested a point of information, saying, "If the resolution already says the rules contained in the current edition, then not only the primary amendment, but the secondary amendment seems to be redundant because then it's asking for the successor to the current edition which doesn't exist yet. I think this is confusing in the Bylaws, and I would like to know if that is redundant and should be ruled out of order."

The Speaker said he would let the House decide.

Dr. David H. McCarley, Texas, spoke in opposition to the secondary amendment, saying, "I agree with the speaker before. I think this is a little bit redundant in here. We change our Bylaws every single year and this book has probably had this name in our Bylaws for 50 years. So I don't think that it's necessary for us to go in and create something that seems to be a little bit more confusing to me like a 'successor.' I think we should leave it the way it is originally."

Dr. John B. Nase, Pennsylvania, spoke in opposition to both amendments, saying, "As it says in the current wording, it's the current edition, which would kind of indicate to me that this would be a perpetual thing. It's not something that we have to update every time a new book comes out. However, the primary motion is definitely not in order, because it's a total change in the book."

Dr. Alvin W. Stevens, Jr., Alabama moved to vote immediately. The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, the secondary amendment, to strike the word "successor" and in its place add "edition," was not adopted.

Seeing no one else at the microphones, the Speaker called for a vote on the primary amendment to reinsert the words “by Alice Sturgis,” followed by addition of the words, “or its most recent successor.”

On vote, the amendment was not adopted.

Seeing no one else at the microphones, the Speaker called for a vote on Resolution 56.

On vote, Resolution 56 was adopted by a two-thirds (2/3) affirmative vote.

56H-2011. 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.

Implications of the Affordable Care Act (Thirteenth Trustee District Resolution 83): The Reference Committee reported as follows.

The Reference Committee supports the resolution as proposed.

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.

Dr. Knapp moved the adoption of Resolution 83 (*Supplement:5120*).

Dr. Josef N. Kolling, Michigan, requested information about the \$100,000 financial impact, saying, “In our Reference Committee discussion, this resolution had no financial impact until we got the Committee report, and our concern is that suddenly \$100,000 has been added. We heard testimony from the chair of Government Affairs that most of this is done as an ongoing function of their Council. And at the time he basically stated that he didn’t have a problem with this, because they do it anyway. So if they do it anyway, why does it cost \$100,000 now? There may be some portion of this that is the source of the \$100,000. Unless that’s clear to everyone, I think we should be cautious about spending another dollar of dues for something that should be a normal function.”

With permission from the Chair, Mr. Michael Graham, senior vice president, Government and Public Affairs, said, “We determined in our conversations during the Reference Committee that what we’re doing right now is slightly different from what the resolution asks. So our best guess would be to get this information we have to go outside the ADA and the cost estimate was \$100,000.”

Dr. Santos Cortez, Jr., California, spoke in support of Resolution 83, saying, "There are many possible implications with the Affordable Care Act. Dental insurance company CEO's are being quoted as calling this a game changer. A recent report published in the June issue of the *McKinsey Quarterly* was based on a survey of 1,300 small and medium employers. The report concluded that 30% of the employers would gain financially from dropping the coverage and shifting employees to state exchanges. If this 30% shift happens, what might this mean for your practice? If the dental plans offered in exchanges are not acceptable to private practitioners, who will meet the need? Large corporate practices? There are many questions, but not enough answers. We applaud ADA for focusing on specific tools, as Mike Graham pointed out. States need to prepare for the development of exchanges. Along with these tools, we believe an analysis of some mega trends should be included in ADA's work. Our members need to know the potential implications. We feel the ACA has a potential to radically alter how the health care system functions and how dentistry is going to be integrated and delivered. Our delegation feels these uncharted waters require ADA's assistance. ..."

Dr. Robert J. Hanlon, Jr., California and Dr. John M. Pisacane, California, spoke in support of Resolution 83.

Dr. Robert S. Roda, Arizona, moved to amend by deletion of the first resolving clause. In speaking to the amendment, Dr. Roda said, "I believe that this second resolving clause is actually the most important meat of this resolution. This is a strategic planning initiative and should be incorporated as part of our strategic plan. A study like this would be presumably part of the strategic plan, but by doing it that way, I would feel that the Board could do this internally with a lot less cost. ..."

The Speaker said, "Before you go away, the last resolving clause uses the words, 'the strategic approach be developed based on this analysis that will be used to guide ADA's advocacy, activities and assistance to constituents.'"

Dr. Roda moved to further amend by deleting the words "based on this analysis" from the second resolving clause.

Dr. Donald P. Rollofson, California, requested a point of information, saying, "I'd ask you to rule that amendment out of order. It doesn't even mention the Affordable Care Act the way that he proposed it, and the second resolving clause no longer makes any sense."

The Speaker responded, "Well, I don't know if I agree with that in the fact that it says that a strategic approach be developed that will be used to guide the ADA's advocacy activities and assistance. I mean, it doesn't say the Affordable Care Act, and I agree with you that I think it should say that in there. I am not going to rule it out of order. I will let somebody amend that or we can just vote this primary amendment down."

Dr. John M. Pisacane, California, spoke in opposition to the amendment, saying, "If anybody saw this bill when they passed it through Congress, it was, you know, two feet high. The Congressmen who passed it didn't even read it. Comprehensive analysis, I mean, we need to dedicate special resources to look at this very important bill."

A delegate from the floor moved to vote immediately. The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, the motion to amend Resolution 83 by deletion of the first resolving clause and deletion from the second resolving clause the words "based on this analysis" was not adopted.

Dr. G. Lewis Mitchell, Jr., Alabama, spoke in support of Resolution 83, saying, "I, too, am concerned about the cost and at the eleventh hour, this \$100,000 seemed to be pulled out of the air. All I can do is just encourage, if this passes, to encourage staff to do the very best they can to manage this. We tend to do this throughout the meeting, and it's \$100,000 here and \$100,000 there, and it just concerns me that we just pull these figures out without a whole lot of thought and research."

Dr. Robert S. Roda, Arizona, moved to amend the first resolving clause by replacing the word “a” between the words “conduct” and “comprehensive” with the words “an internal” so the amended resolving clause would read as follows.

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

In speaking to the amendment, Dr. Roda said, “I just really think that much of this work is already being done internally, and by putting this here, I’m hoping that that will decrease the financial impact of this effort.”

Dr. Dave Clemens, Wisconsin, spoke in support of the amendment, saying, “I believe that to spend money on a study as they have written this is spending money on a study and a moving target. As we investigate what states are doing, the programs are in the process of being developed. They aren’t required to be established and sent out to people until the first of 2013. So, if we’re going to study it, we’re going to have a study that will say the things that were being developed six months before the study is finally released. I think the ADA resources are a better way to keep on top of this and make sure we’re getting proper information.”

With permission from the Chair, Dr. O’Loughlin said, “Just a point of information. We, as the senior management team, understand the intent and scope of this work, [but] we do not currently have the internal expertise to conduct an economic impact analysis of the health care reform. We have to go external, and I have asked Dr. Vujicic, who runs our Health Policy Resource Center, to comment. We don’t pull these numbers out of the air, but we do have certain assumptions that I believe are fairly valid with the scope of this as it’s outlined in the resolution. So we’re making a very educated guess regarding the cost of sending this external to a consultant. But, of course, the final cost is determined by the request for proposals in a competitive bidding situation. And we certainly would use the \$100,000 as the cap and trying to achieve the same results for the House without exceeding that amount of money. But we currently do not have the internal expertise to conduct this type of study, as we assume the House is asking for.”

Dr. John B. Nase, Pennsylvania, requesting a point of information, said, “In light of Dr. O’Loughlin’s comments, I would urge you to rule this amendment out of order, because we can’t do it.”

The Speaker responded, “It’s still in order even though they can’t do it. If the House decides they want this done by internal, then the Board of Trustees and the staff are going to have to take a hard look at how they go about doing that and utilize money to bring in the consultants inside the house, inside the Association to do it. ...”

Dr. Nase responded, “That’s fine if you want to overrule that. However, I would ask, again, staff, if this does pass, what is the financial implication? Would there be any difference in the cost?”

Dr. O’Loughlin responded, “The \$100,000 I assume would represent the maximum that would be allowed in the budget for this work. We’d combine internal staff resources with an external consultant and try and achieve the goals of the proposal as outlined. But the limit does not determine the scope of the study. And I think we would need some more clarity from the House as to what your goals and objectives are. Is it economic? Is that the primary goal of the House? We would need a little more clarity to help us understand your goal.”

Dr. Nase asked whether the amendment, if adopted, would impact the financial implication.

In response, Dr. O’Loughlin said, “We don’t have the capacity to do it internally. We certainly will share the work with an outside consultant, and I am happy to have Dr. Vujicic come up and tell you what the capacity of the current Health Policy Resource Center is.”

The Speaker said, “What I would recommend to you is just the debate. That we should just defeat this amendment, that’s what we need to do, not worry about it a little bit.”

Dr. Santos Cortez, Jr., California; and Dr. Howard A. Hamerlink, Michigan, also spoke in opposition to the amendment.

Dr. Roda withdrew the amendment.

Dr. Christopher H. Henry, Alaska, moved to refer Resolution 83 to the appropriate agency, saying, "... It just seems like there is a lot of discussion on the floor, and instead of belaboring, we should put it back to the appropriate agency."

Dr. Kerry K. Carney, California, speaking in opposition to referral, said, "The reason we brought this forward is unlike so many other things, this may have an impact on everyone in this House. Time is of the essence. If we put this off, you can get the information later, but it will tell you what they've done to you, not what they're going to do to you."

Dr. Daniel G. Davidson, California, spoke in opposition to referral, saying, "In 2014 January, all kids up to the age of 21 are going to be covered by the Affordable Care Act. We have a little over two years to get our House together, and if we don't, we are going to wake up and find out what happened to us and we're not going to like it. We need to prepare now. We can't wait for referral. This has to be acted upon now. This is a very important issue, immediate issue, for our profession."

Dr. Dennis J. Charlton, Pennsylvania, moved to vote immediately.

As a point of information, Dr. Bryan C. Edgar, Washington, said, "I would just like to apologize to this House. If I could make a small statement, I had suggested the idea of an internal comprehensive analysis, but then we were told by staff that that was not possible. And so we voted that down, and I fully support not referring this."

The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, the motion to refer Resolution 83 to the appropriate agency was not adopted.

Dr. Ernest L. Garcia, California, moved to vote immediately. The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, Resolution 83 was adopted.

83H-2011. 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.

Report of the Reference Committee on Membership and Planning (Continued)

The balance of the Report of the Reference Committee on Membership and Planning was presented by Dr. Teri Barichello, chair, Washington.

The Reference Committee on Membership and Planning presents the following consent calendar for consideration of the House of Delegates. The appended Resolution 85 lists all resolutions referred and considered by the Reference Committee along with the Committee's recommendation (adopt, adopt in lieu of, not adopt or refer) on each item. By adopting Resolution 85, the recommendations of the Reference Committee will become the action of the House of Delegates. However, before voting on the consent calendar, any delegate wishing to discuss an item on the consent calendar has the right to request that resolution be removed and considered separately. The Standing Committee on Constitution and Bylaws approves the wording of Resolutions 16 and 17 as submitted.

85. Resolved, that the recommendations of the Reference Committee on Membership and Planning on the following resolutions be accepted by the House of Delegates.

Resolution 16—ADOPT (*Amendment of ADA Bylaws Regarding Humanitarian Membership Category, Supplement:6028*) \$: None; FTE: 0

Resolution 17—ADOPT (*Amendment of ADA Bylaws Regarding Creation of a 25% Dues Waiver, Supplement:6029*) \$: None; FTE: 0

Resolution 20RC—ADOPT in lieu of Resolution 20 (*Funding of Student Block Grant Program, Supplement:6030 Revised*) \$100,000; Net Dues Impact: \$0.93; FTE: 0 (**Priority Agenda Item**)

Resolution 46B—ADOPT in lieu of Resolution 46 (*Revision of ADA Specialty Logo, Supplement:6043*) \$: None; FTE: 0 (**Resolution of Special Interest**)

Resolution 49—NOT ADOPT (*Revising ADA's Timeframe for Termination of Membership Benefits, Supplement:6046*) \$10,712 over two years; Net Dues Impact: \$0.05; FTE: 0

Resolution 54—ADOPT (*Definition of ADA Diversity, Supplement:6048*) \$: None; FTE: 0

Resolution 71RC—ADOPT in lieu of Resolution 71 (*Constituent Nominations of New Dentist Delegates, Supplement:6059*) \$: None; FTE: 0

Dr. Barichello moved the adoption of Resolution 85.

The Speaker announced that Resolution 46B was identified as a resolution of special interest by the Reference Committee and would be removed from the consent calendar.

Dr. Mert N. Aksu, Michigan, requested the removal of Resolution 54 from the consent calendar.

On vote, Resolution 85, as amended, was adopted.

85H-2011. Resolved, that the recommendations of the Reference Committee on Membership and Planning on the following resolutions be accepted by the House of Delegates.

Resolution 16—ADOPT (*Amendment of ADA Bylaws Regarding Humanitarian Membership Category, Supplement:6028*) \$: None; FTE: 0

Resolution 17—ADOPT (*Amendment of ADA Bylaws Regarding Creation of a 25% Dues Waiver, Supplement:6029*) \$: None; FTE: 0

Resolution 49—NOT ADOPT (*Revising ADA's Timeframe for Termination of Membership Benefits, Supplement:6046*) \$10,712 over two years; Net Dues Impact: \$0.05; FTE: 0

Resolution 71RC—ADOPT in lieu of Resolution 71 (*Constituent Nominations of New Dentist Delegates, Supplement:6059*) \$: None; FTE: 0

Note: For the purpose of a fully documented record, the complete text of the resolutions presented in Resolution 85H-2011 follows.

ADOPTED

16H-2011. 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).

D. WAIVERS FOR ACTIVE MEMBERS WORKING FOR A ~~CHARITABLE~~ HUMANITARIAN ORGANIZATION. An active member who is serving the profession by working full-time for a ~~charitable~~ humanitarian organization and is receiving neither income nor a salary for such ~~charitable~~ humanitarian service other than a subsistence amount which approximates a cost of living allowance shall be exempt from the payment of dues and any special assessment then in effect through December 31 following completion of such service provided that such ~~charitable~~ humanitarian service is being performed continuously for not less than one (1) year and provided further that such member does not supplement such subsistence income by the performance of services as a member of the faculty of a dental or dental auxiliary school, as a dental administrator or consultant, or as a practitioner of any activity for which a license to practice dentistry or dental hygiene is required.

17H-2011. 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.

71H-2011. Resolved, that the American Dental Association encourage each state dental association to bring at least one new dentist as a delegate or alternate delegate to the annual American Dental Association’s House of Delegates, and be it further

Resolved, that each association be urged to report to each House of Delegates their respective new dentist delegates or alternates.

NOT ADOPTED

49. Resolved, that the American Dental Association adopt and implement a two-year pilot program for the Pennsylvania Dental Association and ADA only with a condensed timeframe for the termination of membership benefits as outlined in Table 1, and be it further

Resolved, that the appropriate ADA agencies present a report with any recommendations regarding the PDA/ADA pilot program to the 2013 House of Delegates.

Report of the President: The Reference Committee reported as follows.

On behalf of the House of Delegates and members of the American Dental Association (ADA), the Reference Committee thanks Dr. Raymond Gist for his steadfast leadership commitment to a unified profession of dentistry and to all of the patients and communities who depend on our care. Dr. Gist

has led ADA during a uniquely challenging period in its history. While sustaining programs and services on behalf of members and the public, ADA under his leadership moved ahead to make accountability and respect not just words, but daily standards.

Travelling extensively to represent ADA, Dr. Gist has advanced his vision for ADA as a welcoming, inclusive community, fostering trust not only within our profession and nation, but also across the world. For future ADA leaders and members, he makes this daunting challenge less daunting by urging advocacy for practical solutions and a brighter future. Dr. Gist also encourages us that "...our goals are always ahead of us, so our work is never complete."

Dr. Gist's tenure as the ADA's first African American president was preceded by his leadership for diversity and inclusion as member and then chair of the ADA Board's Diversity Committee. He played a central role in the ADA's joint planning with the Hispanic Dental Association, the National Dental Association and the Society of American Indian Dentists for the first-ever National Summit on Diversity in Dentistry in 2010, which has opened new channels of communication and collaboration among the associations. As a result, the ADA is poised to serve the profession and the public in an increasingly diverse world.

Despite unrelenting demands on his time as president, Dr. Gist was never too busy to encourage youth aspiring to futures in health care and dentistry. His presence served as an inspiration to the many students he reached through his travels. In closing his address to the House, Dr. Gist shared that, "My fondest hope is that the work that I have done will inspire young people to enter our profession ... to join our ranks ... and to carry on our noble mission." The Committee is confident that his hope is being realized, to the benefit of students and future dentists from all backgrounds and the profession.

We wish Dr. Gist the very best in the years ahead.

Revision of ADA Specialty Logo (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 Prosthodontists Resolution 46 and Board of Trustees Resolution 46B): The Reference Committee reported as follows.

The Reference Committee heard limited testimony. The Reference Committee concurs with the Board of Trustees and believes Resolution 46B will create consistency in purpose and approach.

46B. Resolved, that the date be removed from the ADA member and specialty logos for active, retired and life members.

Dr. Barichello moved the adoption of Resolution 46B (*Supplement:6043*) in lieu of Resolution 46 (*Supplement:6043*).

Dr. Thomas S. Kelly, Ohio, moved to refer Resolution 46B to the Council on Membership and other appropriate ADA agencies for further study and report to the 2012 House of Delegates.

In speaking to the motion, Dr. Kelly said, "I greatly appreciate the intent of the eight dental organizations who brought the original Resolution 46 forward and believe that the issue warrants strong consideration by the Council on Membership. Having the year on the ADA logo which is available to members only is a retention and marketing tool. The consequences of removing the year from our logo are unknown and they have not been studied by the Council. The removal may have financial and retention implications. B46 asks for the date to be removed from certain membership categories only and not for all membership categories. There may be legal considerations which the Council should investigate with regards to differentiating between membership categories and our use of the logo with or without the date. ..."

Dr. Mark A. Bauman, New York, spoke in support of referral, saying, "I fully support referral of this resolution for all the reasons that Dr. Kelly just stated."

Dr. Robert S. Roda, Arizona, spoke in opposition to referral, saying, "I am the treasurer of the American Association of Endodontics, one of the sponsors of this resolution. I think this needs to be voted on now, because any delay in implementation of the removal of the date on the logo means that everybody who's bought paper stationery, there's a cost involved. If we delay this until next year, then all the 2011 dated stationary becomes obsolete, we have to throw it away. We're all for [saving] trees, right."

Dr. Michael C. Griffiths, District of Columbia; and Dr. Richard F. Hewitt, South Carolina; also spoke in opposition to referral.

Dr. Virginia A. Hughson-Otte, California, spoke in support of referral, saying, "... We are in an electronic age, ladies and gentlemen. If we are going to save any trees, and we've got the ability to download the logo from the Members' Only section with the year on it, then that's how we should be doing our stationery. I have not purchased stationery with anything preprinted on it for three years."

Seeing no one else at the microphones, the Speaker called for a vote. On vote, the motion to refer Resolution 46B was not adopted.

Dr. Virginia A. Hughson-Otte, California, spoke in opposition to Resolution 46B, saying, "In 2009, the Council fully supported when the specialty organizations came and asked us for a specialty logo. At that time there was extensive discussion regarding [inclusion of] the year. Two years later, we had a request from the specialty organizations again. We took this to our Council on Membership meeting in June and the Council extensively discussed this and stated that having a year on the logo not only was a membership recruitment and retention tool, but it also did not open the door for misuse or abuse. You download this logo in the Members' Only section of ADA.org. If you do that one time without the year on that logo, you'll have that logo for life. Monitoring and enforcing whether or not a member decides or doesn't decide to renew their membership after they've already downloaded that logo without the year is not the responsibility nor should it be of the Association. I'm not questioning the ethics or the honesty of our members. I'm stating don't put yourself in a position to where you have to do that. I wholeheartedly spoke in opposition to 46B. We even discussed 46, but adding in active member and life retired was just absolutely appalling to the Council. Please do not support removing the logo year from any of the logos."

Dr. David J. Dowsett, Oregon, requested a point of information, saying, "Would this resolution save the ADA any money?"

The Speaker replied that there was no financial impact.

Dr. Richard F. Hewitt, South Carolina, spoke in support of Resolution 46B, saying, "I have been a member of the ADA since 1966 graduation from dental school. That's 45 years. I have been a member of the American Association of Orthodontists for 43 years since completing my residency. I am able to put on my stationery very proudly that I am a member of the Association of Orthodontists. I am not able to put on my stationery very proudly that I am a member of the ADA. I would like to be able to do so. I think it would promote the fact that I am a member and all correspondence to both specialists and general practitioners wherever I may be writing them, and I'm proud for them to know it, and it might encourage those who are not members to join. I think for those few people who might take advantage of it and drop their membership and still display the logo, if they are that lacking in integrity, then they're going to do that in other venues also. But I think it's a very good marketing tool and it's something that all members should be allowed to do."

Dr. Thomas S. Kelly, Ohio, spoke in opposition to Resolution 46B, saying, "I speak in opposition of 46B for the reasons I had stated before for referral. The most important one that I am most concerned about, is that this resolution calling for us to remove the date from all logos for certain groups. I think that there is a legal concern that we would have if we're removing the date for certain groups and not for others. I think that

puts our Association at risk, and I think it's irresponsible of this House to do that without having the Council on Membership take a look at it."

Dr. Barbara Ann Rich, New Jersey, moved to vote immediately. The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, Resolution 46B was not adopted.

Dr. Gregory Y. Ogata, Washington, moved the adoption of Resolution 46.

46. Resolved, that the date be removed from the ADA specialty logo.

Speaking in support of Resolution 46, Dr. Ogata said, "I'm an orthodontist, and I'm an ADA member. I'm a proud ADA member, but when I buy stationery for my correspondence to every single one of my GP peers, to every single one of my patients, to my other specialist friends, every time I send a letter out, I do not have the ADA logo on there. The reason I do not have the current ADA [member logo] on there is because I buy, to save money, reams of paper at the same time. So if I have the 2011 logo, I really don't want to send it out in 2012. So, I actually don't put the ADA [member] logo on. I just leave my AAO logo on. I would like to put my ADA logo on, but it's just not practical and it looks unprofessional to do that. ..."

Dr. Robert S. Roda, Arizona, spoke in support of Resolution 46, saying, "... The American Association of Endodontists requires ADA membership of all of our members in the Endodontic Association, and we have a penetration of, I believe, over 95% of our members are members of both the AAE and the ADA. It would be really nice if those members could put a logo on, those members that use paper, that could put this logo on and to have to not worry about the date."

Dr. Thomas S. Kelly, Ohio, spoke in opposition, saying, "Again, we're asking for the date to be removed from one classification of our membership, the specialists. I greatly appreciate that the intent of the eight dental organizations who brought this original resolution forward. I just believe it warrants some consideration by the Council on Membership of which I'm a member. I think that this, discriminating against one versus another, is inappropriate for our Association."

Dr. C. Rieger Wood, III, Oklahoma, spoke in support, saying, "In today's age of technology, most offices are using Microsoft Word, I would presume. That logo could easily be inserted in the whole word processing situation without having to have your printed stationery. So I see no reason to even consider having the date. ..."

Dr. David F. Boden, Florida, speaking in support of Resolution 46, said, "I was the originator of the original specialty logo. We went through this discussion quite considerably with the ADA staff at the time that this was being generated. All these points are valid. I rise in favor of this resolution, because I don't think the date is needed there. If we have somebody that's misusing any of our logos or any of our material, that's trademark infringement, and we have mechanisms for dealing with that. We already deal with that when foreign dentists [mis]use the ADA affiliate logo, for example, so I see no reason why we can't self-police this quite readily."

As a point of information, Dr. Ron Collins, Texas, said, "Is this in order, since the reading of this is the same as the one we just defeated?"

The Speaker responded that Resolution 46 was not quite the same as Resolution 46B, saying, "the difference of the other one was, this does not say 'ADA member' in there. It just says 'specialty logo.' So I think that it's not quite the same, so I am going to allow it. ..."

Speaking in support of Resolution 46, Dr. Sally Cram, District of Columbia, said, "I'm a member of a specialty organization that requires membership in the ADA to belong to my specialty organization. This is the first time the specialties have come to us and asked us to be able to use our ADA [specialty] logo. And I think we should embrace that, because we're always looking for ways to get more of our specialties and groups involved."

Dr. Rex B. Card, North Carolina, spoke in opposition to Resolution 46, saying, "As a general dentist, I don't think it's fair to allow specialists to take the year out and not for a general dentist. I think this needs to go back to the Council and let them study and come back next year with a resolution."

Dr. Gregory M. Pafford, Arizona, spoke in support of Resolution 46

Dr. Anthony M. Cuomo, New York, spoke in opposition to Resolution 46.

Dr. Randy Ogata, Washington, moved to vote immediately. The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, Resolution 46 was adopted.

46H-2011. Resolved, that the date be removed from the ADA specialty logo.

Definition of ADA Diversity (Board of Trustees Resolution 54): The Reference Committee reported as follows.

The Committee heard no testimony on Resolution 54 and supports the adoption of the resolution.

54. Resolved, that the "Definition of Membership Diversity (*Trans.*2001:421) be amended by striking the word "membership" in the title and the body of the definition and by adding "ADA" to the descriptive title, so the amended policy reads as follows (deletions ~~stricken through~~, new language underscored):

Definition of ~~Membership~~ ADA Diversity

Resolved, that ADA ~~membership~~ diversity is defined as differences related to personal characteristics, demographics, and professional choices.

Dr. Barichello moved the adoption of Resolution 54 (*Supplement*:6048).

Dr. Mert N. Aksu, Michigan, moved to refer Resolution 54. In speaking to the motion, Dr. Aksu said, "By removing the word 'member' it makes the definition more global. It has impacts in ways that we don't really understand as a membership. The definition of 'diversity' appears [in] many of ADA's documents, including in CODA documents and requirements for schools of dentistry to have diverse student portfolios. Another term that the schools face is the term 'under represented minority.' This term, as far as I understand, does not have a definition in the ADA's documents. And I'm recommending referral for complete consideration of the removal of the word 'membership' and recommendation that the ADA also consider the definition for 'under represented minority,' and the reason I do that is because the American Association of Medical Colleges and the American Dental Education Association themselves don't define these terms evenly."

Seeing no one else at the microphones, the Speaker called for a vote on the motion to refer Resolution 54. On vote the motion was not adopted.

On vote, Resolution 54 was adopted.

54H-2011. Resolved, that the "Definition of Membership Diversity (*Trans.*2001:421) be amended by striking the word "membership" in the title and the body of the definition and by adding "ADA" to the descriptive title, so the amended policy reads as follows (deletions ~~stricken through~~, new language underscored):

Definition of ~~Membership~~ ADA Diversity

Resolved, that ADA ~~membership~~ diversity is defined as differences related to personal characteristics, demographics, and professional choices.

Dr. Thomas Nordone, Pennsylvania, requested a point of information, saying, "I think I want to ask for a reconsideration of Resolution 46. I'm not sure, maybe it's just me, that the House understands that by passing 46 instead of 46B, they have allowed specialists to remove the date, but the general practitioner cannot remove the date."

The Speaker responded that the House knew very well and did not allow the request for reconsideration.

As a point of information, a delegate from the floor, said, "I would just like to know from a legal standpoint, do we have any ethical issue with 46, with removing the date for one group of our members and not from the other group or our members?"

With permission from the Chair, Mr. J. Craig Busey responded by saying, "The question was considered before the resolution was passed. We see that there is minimal legal risk to this. There is an argument that there is a differentiation between membership, but in this particular case, we don't see this as a significant legal issue for the House to be concerned about."

The delegate responded by saying, "I asked about legal and ethical. Is it ethical to do this?"

The Speaker said, "Well, the House can decide whether it's ethical or CEBJA can decide that. I don't think we are in a position to do that now."

New Business

Student Loan Reduction Program (Eighth, Eleventh and Thirteenth Trustee Districts' Resolution 91, *Supplement:8000*).

91. Resolved, that the appropriate councils and ADA agencies investigate the development and implementation of a student loan repayment grant program for dentists working in a non-profit community dental clinic, and report to the 2012 House of Delegates.

Dr. Judee Tippet-Whyte, California, moved the adoption of Resolution 91.

In speaking to the motion, Dr. Tippet-Whyte said, "Throughout the week we've heard a lot of discussion about student debt and how significant this is for our new graduates. Our candidates for office have even spoken to this during their visits to our caucuses. It's time that the ADA becomes proactive in addressing this issue. I'd like to briefly tell you about a program that the CDA adopted about nine years ago that's been very successful in California. Just as an example of how a program like this can work. Annually, about two or three students are granted a loan repayment for service in a public dental health community clinic. They are contractually obligated to stay for three years and work full time. At the end of each year, \$35,000 is paid directly to the reduction of their student loans. This is a win-win situation. These young dentists are staying on in their communities afterwards and several of them have stayed within the clinics where they're serving. Programs like this are an example that is going to work towards student debt relief while assisting another access issue for us. We're going to be increasing putting dentists to work to help prevent caries in our underserved community and to help with the access issues. It's a win-win situation that meets the goals our strategic plan by supporting our new dentists and while improving public health outcomes. With such a program when asked by legislatures and other foundations and people who are promoting midlevel providers what we are doing, we will have an answer."

Dr. Donald P. Rollofson, California, spoke in support of Resolution 91, saying, "For the past eight years, I have served on our state's student loan repayment selection committee. What I have seen is a wonderful group of young dentists with huge debts and huge hearts. If it's economically feasible, many want to work in community nonprofit clinics. As well as joining us in our many charitable efforts, you're all donating your time for RAM, for MOM, for Give Kids A Smile. This is critical as we work to break down the barriers to care. We need to find ways to help them. They all want to help us."

Ms. Nipa T. Thakkar, American Student Dental Association, spoke in support of Resolution 91, saying, "I rise in support of Resolution 91 on behalf of the nearly 18,000 members represented by ASDA. This resolution is one crucial step forward for the ADA in a long process to alleviate the overwhelming student debt. We understand that this may not be a silver bullet, but if we do not do something, then by definition we have done nothing. During the time when the average dental student debt now easily exceeds \$200,000, the ADA is in a unique position to serve this cohort of your membership while addressing the needs of the underserved. A national loan repayment program for service in non-profit dental clinics would not only help students, it would begin breaking down the geographic barriers to care identified in the ADA's own recently published Breaking Down Barriers to Oral Health for All Americans series. We have started diagnosis of the problem, student debt and barriers to care. Now let us begin to treat them."

Dr. Jeffrey M. Cole, Delaware, and Dr. Lindsey A. Robinson, California, also spoke in support of Resolution 91.

Dr. Bryan T. Marshall, Florida, requested a point of information, saying, "I'm a little confused reading this. Is this asking for the ADA to do this or asking for advocacy for governmental agencies? Quite frankly, I don't see the ADA being able to make a dent in this by ourselves."

At the Speaker's request, Dr. O'Loughlin responded, "I think this would be an effort that would involve CDEL, Dental Practice and CAPIR. I think this is the resolution that would speak to influencing policy makers. I doubt that the ADA has direct control over establishing grant programs. So I see it as advocacy."

Dr. Michael H. Halasz, Ohio, moved to vote immediately. The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, Resolution 91 was adopted.

91H-2011. Resolved, that the appropriate councils and ADA agencies investigate the development and implementation of a student loan repayment grant program for dentists working in a non-profit community dental clinic, and report to the 2012 House of Delegates.

Continuation of Mega Issue Session (Discussion) (Third Trustee District Resolution 93)

93. Resolved, that the American Dental Association continue the Mega Issue Discussion for the 2012 Annual Session.

Dr. Dennis J. Charlton, Pennsylvania, moved the adoption of Resolution 93 (*Supplement:8002*). In speaking to the motion, Dr. Charlton said, "The Third District has benefited for years after our illustrious Speaker decided to implement the mega issue at this ADA meeting. And we understand the Board of Trustees, in an effort to save money, has eliminated the funding for that for 2012. And we would like to see it continue. So we urge the House to instruct the Board to put this back into the budget."

Dr. Andrew J. Kwasny, Pennsylvania, spoke in support of Resolution 93, saying, "I have had the privilege over the last several years to be the representative of the House of Delegates to the Mega Issue Planning Committee. I appreciate all of the information and the ideas that you fill out on your surveys, and I can assure you that those are read and used every year when we plan the mega issue question. ... A final thing that we just talked about, take a look at the student loan reduction plan with the help of ASDA, the New Dentist

Committee and CDEL. There are multiple ways that we can use this mega issue discussion to accomplish a great number of things. ...”

Dr. Bruce Tandy, Connecticut, spoke in support of Resolution 93, saying, “This House has a lot of work on its plate every time it comes here. Most of it is policy related and administrative related, and we really don’t have a true venue to discuss the big picture issues of the Association. As a member of this House for seven years, it has always frustrated me that we really haven’t dealt with those things challenging the profession because of the limitations of the way we work here at the House. This mega issue discussion has provided that venue and I think it has been incredibly valuable in talking about those issues and also has been incredibly valuable in terms of helping us as delegates to meet many of the others around the country and find out what’s happening and see how it’s valuable possibly back in our own districts.”

Dr. Mark A. Bauman, New York, and Dr. George R. Zehak, Illinois, also spoke in support of Resolution 93.

Dr. Richard A. Weinman, Georgia, spoke in opposition to Resolution 93, saying, “I’m speaking against this just for the fact that I think that we have been voting on this by attendance. Over the last few years the attendance at this meeting has seemed, at least by the way the rooms are set up, to have dropped off significantly. This year it looked almost like there were two complete rows of tables that were not used ... So either we should think about rescaling the program or defeating this and dropping it as the Board of Trustee suggested.”

Dr. Bernard P. Dishler, Pennsylvania, spoke in support, saying, “The only negative I can imagine about the mega issue is the timing. Sometimes the scheduling, there are so many event scheduled at the same time, that one of the previous speakers said that the attendance may not be as much as he things it should be, but I think that we should ask for the meeting planners to see if we can schedule it a little better so that there aren’t so many conflicts.”

Dr. Renee W. Joskow, Public Health, moved to amend by changing the title of the Resolution to read “Mega Topic Session,” saying, “I would like to propose an editorial change that I think will clarify the resolution. Instead of ‘mega issue discussion,’ as per the House Speaker’s letter dated August 2011, it should read ‘mega topic session,’ because that is the actual title. And what was discussed, it was confusing, because it wasn’t clear whether the resolution was referring to us here, the House continuing the discussion from the other day, and now I understand it’s the intent to continue the mega topic session in future years.”

Hearing no objection, Resolution 93 was editorially changed to replace “Mega Issue Discussion” to “Mega Topic Session.”

Dr. Richard A. Huot, Florida, requested a point of information, saying, “I have attended at least four or five of these, and I’m just wondering, I know we’ve spent a lot of time discussing and collecting data at these. In one in particular that I remember, we spent a lot of time with sticky notes. Do we have at this particular mega topic discussion, are we getting feedback electronically? Because everybody collates their material, but I’ve really never seen anything on sites. And I apologize if I haven’t gone to ADA Connect to look at the last four years.”

The Speaker responded by saying, “Well, what happens is, the facilitator collates her impression and her information and reads all the different table discussions and then gives us a report on that. And, of course, we, meaning the people who were on that Committee, read all the material. Strategic Planning read the material. So that the Board and the Strategic Planning Committee can know what is, you know that information so they can utilize it in their planning.”

Dr. Huot responded by saying, “Well, I understand, sir. I think the point is, I think that the members that I’m hearing from the conversation’s debate is that people are interested in keeping this going for whatever reason, but also that, otherwise, it turns into people go to one session, get a lot of nice information, but nobody gets the feedback. And as a facilitator for all of them, I never see my comments or other facilitators.”

At the request of the Speaker, Dr. O'Loughlin responded by saying, "The mega topic session input has been used for strategic planning. It is part of the environmental scanning information which the Strategic Planning Committee and the Board receive and use in terms of planning. I think historically, I don't know that the results were distributed to the House prior to 2009 when I came, but we do post them in ADA.org in the House area. And we would be happy to send them to districts if they'd like more details."

Dr. Kenneth J. Weinand, Missouri, spoke in support of Resolution 93, saying, "I think it benefits the ADA and it is also a member value for all of us sitting here. It gives you an opportunity when you come to the ADA meeting, that you can have a venue that you can get around your other colleagues and visit with them about many issues that affect our profession."

Dr. Frank Carotenuto, New Jersey, spoke in opposition, saying, "I attended one mega topic session about two years ago. I did not appreciate the value of it. I will certainly go to a discussion if I'm asked, but I try not to be asked."

Dr. La Juan Hall, California, moved to vote immediately. The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, Resolution 93 was adopted.

93H-2011. Resolved, that the American Dental Association continue the Mega Topic Session for the 2012 Annual Session.

Report of the Reference Committee on Budget, Business and Administrative Matters (Continued)

Approval of the 2012 Budget (continued): Dr. Edward Leone, Jr., treasurer, presented his report on the final 2012 budget saying, "... In the revised Board Report 2, we presented a proposed budget with a \$1.4 million surplus. It was the recommendation of the Board of Trustees to the Reference Committee that those funds be used and placed in the reserve for emergency funds. ... The House, through its deliberations has spent that surplus. In addition to that, they've spent \$375,543, putting us in a deficit position. The Board also tells you it would take a \$3.50 dues increase to balance that budget if you chose to do it that way. The other thing I want you to note is that the percentage of reserve funds against the proposed 2012 budget now stands at 31.26%. Our goal is 50%. Part of the reason we have that significant gap was the resolution on the SPA program that dedicated \$5 million from the reserves to the SPA program if needed. Those \$5 million are no long available to the Board if there are emergency needs. And that's why the percent looks the way it does. Above and beyond that, in my report to you yesterday, I reviewed the projection for the 2011 budget based on the first two quarters of performance. And I told you that we expected up to a \$3.4 million deficit with that budget. How much of that we are going to be able to mitigate is an unknown, but, clearly, the 2011 budget is moving in a significant deficit position. Above and beyond that, I'm learning from our CFO that we find that as we move into 2012, we will incur significant capital expenses at the ADA headquarters building because of the renewal of tenant space. And so what I wanted for you to understand is that it is likely that the 2012 budget is going to be in a significant cash flow squeeze. ... I know that Dr. O'Loughlin would also like to address these issues, and I am going to invite her to do that for us."

Dr. O'Loughlin presented budgetary slides for display to the House asking delegates to pay close attention to the projected trends, saying, "You'll see a divergence that started to occur in 2009. Starting in 2007, we began to see flat revenue. Normally you would be adding between 1 and 4% of your total budget to reserves every year. That was a ten-year trend, so the deficit budget trend is fairly recent. So what I want you to look at is where the two trends converge, on expense and revenue, and what the future looks like if we continue on those trends. The spread between revenue and expense is going to continue to grow. ... And the issue around the committed reserves is serious. ... The last point I want to make is since we're all fiduciaries, is that continued weakening of our balance sheet. It is a very serious issue for this organization. We have managed by cutting our pension and benefit program for the employees in half to reverse the very serious trend on net operating assets. But that's only one bit of our balance sheet. Although we are debt free, and

we're very fortunate to be debt free, and we've got assets including property, you must remember that we must continue to invest in that property and continue to look for a return on investment with that property. I anticipate that we will have a need to invest in 211 East Chicago in order to maintain 100% occupancy. And return on that investment is very good. It's about 5%. But we, in terms of making that investment, need available capital. ... So this is a complicated task. I think you need to keep in mind lots of moving parts here, but I think the one thing I'm asking you today to do is help stabilize this organization, help strengthen the balance sheet, help us balance our budget, and help us continue to move toward the path of long-term financial stability."

Dr. Leone continued his presentation by saying, "Yes, I think you can see up on the board now that visual that Dr. O'Loughlin referred to regarding trends in revenues and expenses. And also we're going to ask the budget manager to put up a visual on the actions that you've taken, the resolutions that you have approved that have financial impact. And, indeed, that will give you a step by step view of how it is that we got to that \$375,543 deficit, which actually, by our operation and setting the dues, would mean a \$4 dues increase. We round off to the nearest whole number. Those are all bits of information that I wanted you to have when the chair of the Reference Committee moves the approval of the final budget."

Dr. Ron Collins, Texas, requested a point of information, saying, "Through the chair to the treasurer, if we are going to, in fact, earmark \$5 million as a commitment in the reserves, could we not, in fact, have a projection for the savings on the health employee's side, even though it's not realized yet, to help pad our reserves. ... Basically, we are going to realize a significant gain projected in the employee health benefits."

Dr. Leone responded by saying, "Not for two years. ... In fact, there's no cash impact until 2014. There is accrued liability impact to the amount of about \$6 million, but that's spread over an extended period of time."

Dr. Collins asked for an estimate of what that value would be in 2014.

With permission from the Chair, Mr. Paul Sholty, ADA Chief Financial Officer, responded by saying, "No, we will see a balance sheet improvement in our long-term reserves due to reduction in the liability as of December 31, 2011, and it's the pension liability is expected to decrease from 48.8 million in 2010 to 34.4 million in 2011. And, likewise, the medical reimbursement cost in our long-term reserves would decrease, again, if all the assumptions stay the same from \$19.6 million at December 31, 2010 to \$8.5 million at December 31, 2011. ... But these numbers are balance sheet numbers only. This is not cash."

Dr. Collins said, "My question is, we might realize an \$8 million improvement from the bottom line."

Mr. Sholty responded in the affirmative.

Dr. Collins responded by saying, "So my question was, then, that the reserves don't look quite as bleak as we might think when we take that into consideration."

Mr. Sholty said, "Yes, it's a balance sheet entry, but it is not cash. It doesn't improve the cash reserves. You can't spend it."

Dr. Mark J. Weinberger, New York, requested a point of information, saying, "Question on the make-up for the pension plan that we are required to do by 2017. If we were to go into a double dip recession and our portfolio decrease, would we then on the balance sheet realize a further deficit that we would have to make up in each annual budget up to 2017?"

The Treasurer said that was correct.

Dr. Weinberger said, "We have make-up pension contributions on the defined benefit plan. ... And those are scheduled to be about \$6 million a year through 2017."

The Treasurer said that was correct.

After Dr. Leone answered all of Dr. Weinberger's questions, the Speaker asked Dr. Keating to move Resolution 14 for debate.

Dr. Cynthia Brattesani, California, requested a point of information, asking for an explanation of why revenue was so low."

With permission from the Chair, Dr. O'Loughlin responded by saying, "Revenue is flat for several reasons. One, membership market share is declining and the percentage of our active dues members is shrinking and that data is readily available. The second component is non-dues revenue sources. The ADA lacked in the past a disciplined approach to business development, including pricing strategies of its products and services. We have not developed new business lines to help develop non-dues revenue probably for the last five years. So, in addition, you lay around a very tough economy that has produced declining investment returns, and that has been a serious issue this last quarter. We have seen a rapid drop of member attendance at our annual session, which is a major non-dues revenue source for us. All meetings are down 25, 26%, and although this meeting this year is producing the highest net per attendee we ever had, we're not hitting the revenue targets. We're about a million short. Finally, ad revenue is down across the U.S., and as hard as we sell, we have less and less takers for our advertising, and we are vigorously going after online and social media advertising. And you've all seen it. I'm sure you don't like it, but it's a fact of life. ... Some of this was in our control and was the result of poor planning. Others, was the result of the economy we're in and the environment we're in and is not under our control."

When questioned about the chart displayed for the House of Delegates information, Dr. O'Loughlin explained, "What the chart is trying to show you is that the revenue trend is flat while the expense trend is increasing and over time, going five years out, if we continue to budget and perform the way we are, that difference between revenue and expense will grow and grow."

Dr. Kevin M. Keating, chair, Reference Committee on Budget, Business and Administrative Matters, moved the adoption of Resolution 14B (*Supplement:2137*) in lieu of Resolution 14 (*Supplement:2064*).

Seeing no one at the microphones, the Speaker called for a vote. On vote Resolution 14B was adopted in lieu of Resolution 14.

14H-2011. Resolved, that the 2012 Annual Budget as revised in Appendix 1 be approved.

Note: See *Supplement:2137a* for Appendix 1.

Establishment of Dues Effective January 1, 2012 (Board of Trustees Resolution 15 and Reference Committee on Budget, Business and Administrative Matters Resolution 15RC): The Reference Committee reported as follows:

The Reference Committee notes that the proposed budget, without any new initiatives taken by the House of Delegates, reflects a surplus. For this reason, based on the proposed budget, the Committee recommends that the dues remain \$505.00.

However, the Reference Committee strongly believes that in order to maintain a balanced budget, the 2011 House of Delegates must fund all actions it takes that result in a deficit budget through a dues increase.

15RC. Resolved, that the dues of ADA active members shall be five hundred five dollars (\$505.00), effective January 1, 2012.

Dr. Keating moved the adoption of Resolution 15RC in lieu of Resolution 15 (*Supplement:2065*).

Dr. J. Ted Sherwin, Virginia, moved to amend the dues amount from \$505 to \$512. In speaking to the amendment, Dr. Sherwin said, "We're going to propose a \$7 dues increase for a total of \$512, and the reason

is that we have a unique opportunity because we no longer will have the dues assessment, the special assessment of \$23 that we had last year. This will appear a total reduction to our members, and yet it gives us the opportunity to not only cover the deficit, but at least put a small amount of money towards covering those future liabilities that we discussed and putting some money in reserves.”

Dr. Donald C. Simpson, Arizona, spoke in opposition to the amendment, saying, “We are going to need to get at least \$20 more.”

Dr. Mark M. Johnson, Michigan, spoke in support of the amendment, saying, “Our district is in support of the \$7 dues increase. Over two months ago, the *ADA News* put out what the original budget that the Board of Trustees put out was a \$7 dues increase. Our membership has seen that. As a trustee in my district, I’ve already mentioned it to my members. They’re okay with the \$7.”

Dr. Virginia A. Hughson-Otte, California, spoke in support of the amendment, saying, “The Council [on Membership] discussed this wholeheartedly at its June meeting. And as the previous speaker said, not only is our membership prepared for it, but they’re actually welcoming being able to be part of that and it is viewed without that \$23 assessment as actually a reduction in what is going to be paid. But to be able to stand here and say that we can actually have that unique opportunity and allow the \$3.51 is going to balance or cover that, to be able to take that opportunity to allow that other \$3.49 to possibly be used in either surplus or reserves is an option that we just have not had in this House in the past. I wholeheartedly from the Council support a \$7 dues increase.”

Requesting a point of information, Dr. Anthony M. Giamberardino, Massachusetts, asked what the dues level would be had the ADA pursued the annual CPI adjustments.

With permission from the Chair, Dr. O’Loughlin responded that dues would have been close to \$600 today.

Dr. Mark Zust, Missouri, spoke in opposition to the amendment, saying, “I have heard people say that it’s fiscally responsible to balance our budget. Do you think that that’s really what you’re doing here? Because if you do, you’re crazy. You just voted to use to use five more million dollars out of our reserves on a program and you haven’t funded it. I submit to you that \$7 is not nearly enough.”

Dr. Rickland G. Asai, Oregon; Dr. Daniel W. Fridh, Indiana; and Dr. Dennis Charlton, Pennsylvania, spoke in support of the amendment.

The Speaker said, “You have a primary amendment to set the dues at \$512, which is actually substituting Resolution 15 for 15RC.”

Seeing no one else at the microphones, the Speaker called for a vote to substitute Resolution 15 for Resolution 15RC. On vote, Resolution 15 was substituted for Resolution 15B.

15. Resolved, that the dues of ADA active members shall be five hundred twelve dollars (\$512.00), effective January 1, 2012.

Speaking in opposition to Resolution 15, Dr. James M. Maragos, Illinois, said, “I would think that if we raised it \$5, I think that’s a nice compromise to cover what we have talked about today. I don’t know about your districts, but going back and telling people I have a dues increase is not exactly welcome news. And I think if we’re going to cover what we proposed, I think that would be well within keeping things together. The other thing that was brought up was that \$5 million for the SPA funding. That’s only if the Board of Trustees feels that’s a necessary. That’s not a definite. So I don’t see a reason to go past a \$5 dues increase.”

With permission from the Chair, Dr. Leone said, “Let me iterate that based on the language in the resolution that committed that \$5 million, that money is restricted. It cannot be used for any other purpose than the SPA program up to \$5 million.”

Dr. Dennis E. Manning, Illinois, moved to vote immediately. The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, Resolution 15 was adopted by a sixty percent (60%) affirmative vote.

15H-2011. Resolved, that the dues of ADA active members shall be five hundred twelve dollars (\$512.00), effective January 1, 2012.

Concluding Remarks of the Speaker: Dr. Soliday stated the actions of the House of Delegates are no longer the opinions, wishes, suggestions or recommendations of any individual, committee or officer, but are now the actions of the entire House of Delegates. And as this House of Delegates is authorized under the Association's *Bylaws* to act for the entire Association, they are the actions of the entire Association. It is now incumbent upon every member of this Association to accept these facts into the House of Delegates as actions of the American Dental Association.

Adjournment

Dr. Robert A. Gandola, California, moved to adjourn *sine die*. On vote, the House of Delegates adjourned *sine die* at 11:12 a.m.

Scientific Session

Notes

Scientific Session

Mandalay Bay, Las Vegas

October 10–13, 2011

The 2011 Annual Scientific Session was held October 10–13, 2011, at the Mandalay Bay Convention Center.

The scientific program was under the direction of the Council on ADA Sessions composed of the following members: Kevin M. Laing, *chair*, Van Wert, Ohio; Hugo F. Bertagni, Palatine, Illinois; Michael M. Blicher, Washington, DC; James R. Foster, Weslaco, Texas; Randy G. Fussell, Greenville, North Carolina; James E. Galati, Clifton Park, New York; Daniel A. Hammer, ASDA liaison *ex officio*, San Francisco, California; Ronald K. Heier, Malvern, Pennsylvania; Gregg C. Hendrickson, 2011 CLA general chair *ex officio*, Henderson, Nevada; Mark C. Huberty, Sheboygan, Wisconsin; William E.

Lee, Lexington, Kentucky; Hutson E. McCorkle, Orlando, Florida; Keri L. Miller, CND liaison *ex officio*, Auburn, Alabama; David K. Okano, Rock Springs, Wyoming; Gregory J. Peppes, Leawood, Kansas; Kent H. Percy, 2012 chair designate, Marietta, Georgia; John P. Pietrasik, Chelmsford, Massachusetts; Michael C. Remes, Northfield, Minnesota; Richard K. Rounsaville, Torrance, California; S. Shane Samy, Eugene, Oregon; Dennis D. Shinbori, 2012 CLA general chair *ex officio*, San Francisco, California; Charles L. Steffel, BOT liaison *ex officio*, Indianapolis, Indiana; Catherine H. Mills, director, Chicago, Illinois.

The following were presenters at the 2011 Scientific Session:

Edward Allen
Christos Angelopoulos
Richard Armstrong
Sarita Arteaga

Evis Babo
Kenneth Backman
Shan Bagby
Jeff Baggett
William Bailey
John Ball
George Bambara
Lois Banta
Nasser Barghi
David Beach
Jean-Francois Bedard
Steven Bender
Marvin Berman
Jen Blake
Yolanda Bonta'
Ann Boyle
Lee Ann Brady
Kim Bray
Sharon Brooks
Lizabeth Brott

Bo Bruce
Craig Bruce

Jeff Brucia
George Bruder
Bonnie Bruerd
John Bruinsma
David Brunson
L. Stephen Buchanan
Sherry Burns

Anthony Cardoza
Steve Carstensen
Tim Caruso
Paul Child Jr.
Gordon Christensen
Elizabeth Christian
Grant Chyz
C. Celeste Coggin
Donald Coluzzi
Hal Crossley

Louis DePaola
Gary DeWood
Terry Dickinson
Jackie Dorst
Ibrahim Duqum

Ryan Edmunds
Robert Edwab

Hafsteinn Eggertsson
Lawrence Emmott

Allan Farman
Paul Feuerstein
Catherine Flaitz
Jeffrey Fleigel
John Flucke
Greg Folse
Cynthia Fong
Lee Francis

Marshall Gallant
Mitchell Gardiner
Steve Geiermann
Barry Glassman
Gary Glassman
Steven Glassman

Michael Glick
Barry Goldenberg
Thais Oliveira Gonçalves
Renee' Graham
Jim Grisdale
Jane Grover

Christopher Halliday
James Hamilton

Henrik Hansen
Lisa Harper Mallonee
Gail Harris
Karen Hays
Van Haywood
John Heath
Michael Helgeson
Tim Hempton
Frank Higginbottom
Kent Hironaka
Martin Hobdell
Diane Hoelscher
A.J. Homicz
Chris Hooper
David Hornbrook
Randy Huffines
Mark Hyman

John Isaac
Paul Jacobs
John Jameson
Teresa Johnson
Michael Joseph

Joe Kalinowski
Sheri Katz

Irvin Kaw	Mark Murphy	James Richeson	Robert Taft
Wayne Kerr	Peter Murray	Stephen Rickles	Gary Takacs
Gregg Kinzer		Timothy Ricks	Terry Tanaka
Karl Koerner	Linda Niessen	Tom Ritter	George Taylor
Gerard Kugel	Brian Novy	Dona Roberts	Geri True
		Richard Roblee	Donald Tyndall
Ira Lamster	Kary Odiatu	Arthur M. Rodriguez	
Sonja Lauren	Uche Odiatu	Pat Roetzer	Michael Unthank
Jacob Lee	Wynn Okuda	Steven Roser	
Gregory Liberatore	John Olmsted	Jose-Luis Ruiz	Eric Van Zytveld
		Maria Ryan	Miguel Vidal
A. Lee Maddox	Shannon Pace	Cade Salmon	Charles Wakefield
Stanley Malamed	Gianluca Paniz	Larry Sangrik	Victoria Wallace
Imtiaz Manji	Todd Phillips	Terry Schroeder	Anne Wells
Pamela Maragliano	James Piper	Gavin Shea	John West
Joseph Massad	Tammara Plankers	Lou Shuman	Art Wiederman
Tom McDonald	Gary Podschun	Lee Silverstein	Jonathan Wiens
Dan Meyer	Brad Potter	Frank Spear	Rebecca Wilder
Dale Miles	Jeffery Price	Debra Stewart	Joseph Willardsen
Jade Miller		Sheila Strock	Corky Willhite
Mark Miller	Francisco Ramos-Gomez	Jon B. Suzuki	
Carl Misch	Steve Ratcliff	John Svirsky	Karyn Young
Maria Mora	Nelson Rego		
Amy Morgan	John Reinhardt		
Paul Mulhausen	John Remmers		

Directory

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 Soliday, J. Thomas, *speaker, House of Delegates*, Gaithersburg, Maryland
 Leone, Edward, Jr., *treasurer*, Denver, Colorado
 O'Loughlin, Kathleen T., *executive director and secretary*, Chicago, Illinois

Trustees

Engel, Dennis, 2013, *Ninth District*, Mequon, Wisconsin
 Faiella, Robert A., 2011, *First District*, Osterville, Massachusetts
 Feinberg, Maxine, 2013, *Fourth District*, Cranford, New Jersey
 Gounardes, Steven, 2014, *Second District*, Brooklyn, New York
 Hagenbruch, Joseph F., 2014, *Eighth District*, Harvard, Illinois
 Kiesling, Roger L., 2014, *Eleventh District*, Helena, Montana
 Long, S. Jerry, 2011, *Fifteenth District*, Houston, Texas
 Low, Samuel B., 2012, *Seventeenth District*, Gainesville, Florida
 Norman, Charles H., 2012, *Sixteenth District*, Greensboro, North Carolina
 Rich, W. Ken, 2012, *Sixth District*, Dry Ridge, Kentucky
 Seago, Donald L., 2013, *Fifth District*, Jackson, Mississippi
 Steffel, Charles L., 2012, *Seventh District*, Indianapolis, Indiana

Summerhays, Carol Gomez, 2014, *Thirteenth District*, San Diego, California
 Thompson, R. Wayne, 2011, *Twelfth District*, Shawnee, Kansas
 Versman, Kenneth J., 2011, *Fourteenth District*, Aurora, Colorado
 Vigna, Edward J., 2012, *Tenth District*, Lincoln, Nebraska
 Weber, Charles R., 2013, *Third District*, West Chester, Pennsylvania

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ADA Business Enterprises, Inc.

Doherty, Deborah (managing vice president)

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Access, Prevention and Interprofessional Relations

Davis, Gary S., 2011, *chair*, Shippensburg, Pennsylvania
 Holwager, David R., 2012, *vice chair*, Cambridge City, Indiana
 Allen, Nolan W., 2012, Clearwater, Florida
 Baber, Greg, 2011 (AHA), Uvalde, Texas
 Chase, Timothy D., 2014, Monticello, Arkansas
 Ciebien, Gerald J., 2012, Riverside, Illinois
 Gill, Eleanor A., 2012, Olive Branch, Mississippi
 Hanck, John J., 2013, Fort Collins, Colorado
 Hebl, Monica, 2013, Milwaukee, Wisconsin
 Heddens, Heather B., 2013, Washington, Iowa
 Homicz, A. J., 2011, New Castle, New Hampshire
 Hunke, Philip H., 2014, McAllen, Texas
 Lang, Melanie S., 2011, Veradale, Washington

Miller, David J., 2011, East Meadow, New York
 Napier, Rocky L., 2014, Aiken, South Carolina
 Pankratz, Todd A., 2011 (AMA), Hastings, Nebraska
 Scott, Brian E., 2013, Palo Alto, California
 Swilling, Stacey E., *ex officio*, Sheridan, Arkansas
 Thompson, W. Roy, 2014, Murfreesboro, Tennessee
 Whitman, Sidney A., 2012, Hamilton Square, New Jersey
 Lampiris, Lewis N., *director*, Chicago, Illinois

ADA Sessions

Laing, Kevin M., 2011, *chair*, Van Wert, Ohio
 Percy, Kent H., 2012, *chair designate*, Marietta, Georgia
 Bertagni, Hugo F., 2013, Palatine, Illinois
 Blicher, Michael M., 2013, Washington, DC
 Foster, James R., 2014, Weslaco, Texas
 Fussell, Randy G., 2012, Greenville, North Carolina
 Galati, James E., 2014, Clifton Park, New York
 Heier, Ronald K., 2011, Malvern, Pennsylvania
 Hendrickson, Gregg C., *ex officio* (2011 CLA general chair), Henderson, Nevada
 Huberty, Mark C., 2012, Sheboygan, Wisconsin
 Lee, William E., 2013, Lexington, Kentucky
 McCorkle, Hutson E., 2011, Orlando, Florida
 Miller, Keri L., *ex officio*, Auburn, Alabama
 Okano, David K., 2012, Rock Springs, Wyoming
 Peppes, Gregory J., 2013, Leawood, Kansas
 Pietrasik, John P., 2014, Chelmsford, Massachusetts
 Remes, Michael C., 2011, Northfield, Minnesota

Rounsavelle, Richard K., 2012, Torrance, California
 Samy, S. Shane, 2014, Eugene, Oregon
 Mills, Catherine H., *director*, Chicago, Illinois

Communications

Kolling, Josef N., 2011, *chair*, Ann Arbor, Michigan
 Brown, W. Carter, 2012, *vice chair*, Greenville, South Carolina
 Berlanga, Pamela S., 2012, San Antonio, Texas
 Campbell, Jeffrey A., 2014, Chagrin Falls, Ohio
 Chesser, William E., 2014, Ozark, Alabama
 Elliott, Anita W., 2012, Chandler, Arizona
 Gellert, Jonathan R., 2011, Lowville, New York
 Giannini, Eugene T., 2011, Washington, DC
 Jenkins, James F., 2014, Lincoln, Nebraska
 Johnson, J. Michael, 2013, Owensboro, Kentucky
 Jones, Krista M., 2013, Edmond, Oklahoma
 Nase, John B., 2013, Harleysville, Pennsylvania
 Niewald, Matthew A., *ex officio*, Lee's Summit, Missouri
 Olinger, Thomas J., 2012, La Mesa, California
 Shenkin, Jonathan D., 2013, Augusta, Maine
 Starsiak, Mary A., 2011, Chicago, Illinois
 Watts, Renee E., 2014, Springfield, Oregon
 Wunderlich, Hugh T., 2012, Palm Harbor, Florida
 MacLachlan, Janine, *director*, Chicago, Illinois

Dental Benefit Programs

Smiley, Christopher J., 2011, *chair*, Grand Rapids, Michigan
 Klemmedson, Daniel J., 2011, *vice chair*, Tucson, Arizona
 Coggin, C. Celeste, 2012, Atlanta, Georgia

Dycus, Richard W., 2013*, Cookeville, Tennessee (*resigned as of April 9, 2011)
 Enos, Jennifer L., *ex officio*, Scottsdale, Arizona
 Eversman, Philip J., 2011, Avon, Indiana
 Futrell, Harry C., 2011, Panama City, Florida
 Harrell, Gavin G., 2014, Elkin, North Carolina
 Jurkovich, Mark, 2014, Chisago City, Minnesota
 Machnowski, Thomas J., 2013, Woodridge, Illinois
 May, A. David, Jr., 2013, Abilene, Texas
 Passeri, Lauri A., 2012, Wind Gap, Pennsylvania
 Prator, D. Mark, 2012, Wasilla, Alaska
 Richeson, Jim G., Jr., 2012, Bethesda, Maryland
 Toy, Bruce G., 2013, Stockton, California
 Ura, Stephen C., 2012, Nashua, New Hampshire
 Vorrasi, Andrew G., 2014, Rochester, New York
 Wood, Rieger, C., III, 2014, Tulsa, Oklahoma
 Preble, David M., *director*, Chicago, Illinois

Dental Education and Licensure

Kennedy, Brian T., 2011 (ADA), *chair*, Troy, New York
 Kinney, George J., Jr., 2012 (AADB), *vice chair*, Woodbury, Minnesota
 Antoon, James W., 2012 (ADA), Rockledge, Florida
 Dolan, Teresa, 2014 (ADEA), Gainesville, Florida
 Edwards, Michael D., 2013 (ADA), Wedowee, Alabama
 Israelson, Hilton, 2013 (ADA), Richardson, Texas
 Javed, Tariq, 2013 (ADEA), Charleston, South Carolina
 Johnson, Charles E., 2012 (ADA), Moline, Illinois
 Lloyd, Patrick M., 2012 (ADEA), Minneapolis, Minnesota

Meyerowitz, Cyril, 2011 (ADEA),
Rochester, New York
Miller, Jade A., 2014 (AADB), Reno,
Nevada
Perkins, David, 2011 (AADB),
Bristol, Connecticut
Robinson, William F., 2013 (AADB),
Tampa, Florida
Schmidt, James L., 2011 (ADA),
Readfield, Maine
Stenberg, Donna J., 2014 (ADA),
Stillwater, Minnesota
Vakil, Shamik S., *ex officio*,
Chicago, Illinois
Venezie, Ronald D., 2014 (ADA),
Apex, North Carolina
Hart, Karen, *director*, Chicago,
Illinois

Dental Practice

Glenn, Stephen O., 2011, *chair*,
Tulsa, Oklahoma
Zust, Mark R., 2012, *vice chair*,
St. Peters, Missouri
Armstrong, Craig S., 2013,
Houston, Texas
Cole, Jeffrey M., 2013, Wilmington,
Delaware
D'Aiuto, C. William, 2012,
Longwood, Florida
Dawley, Joanne, 2014, Southfield,
Michigan
Dowd, Brendan, 2014, Niagara
Falls, New York
Gardner, H. Lee, Jr., 2011,
Hartsville, South Carolina
Halasz, Michael H., 2011, Kettering,
Ohio
Johnston, Jon J., 2013,
Punxsutawney, Pennsylvania
Knapp, Jonathan B., 2013, Bethel,
Connecticut
Larsen, Christopher C., 2011,
Moline, Illinois
Newman, Roger K., 2012,
Columbia Falls, Montana
Schwab, Brian M., *ex officio*,
Fleetwood, Pennsylvania
Sessa, Kevin D., 2014, Boulder,
Colorado
Sledd, Jamie L., 2012, Maple
Grove, Minnesota
Tippett-Whyte, Judee, 2012,
Stockton, California

Torbush, Douglas B., 2014,
Conyers, Georgia
Willey, James L., *director*, Chicago,
Illinois

Ethics, Bylaws and Judicial Affairs

Wentworth, Rodney B., 2011, *chair*,
Bellevue, Washington
Lantz, Marilyn S., 2012, *vice chair*,
Ann Arbor, Michigan
Brooks, Dwyte E., 2013, Las Vegas,
Nevada
Chinoy, Walter I., 2013, Scotch
Plains, New Jersey
Esterburg, Jeffrey C., 2013,
Medina, Ohio
Foy, Patrick J., 2012, Minneapolis,
Minnesota
Gamba, Thomas W., 2011,
Philadelphia, Pennsylvania
Henner, Kevin A., 2013, Deer Park,
New York
McCarley, David H., 2012,
McKinney, Texas
Ortego, L. Stephen, 2012, Ball,
Louisiana
Palcanis, Kent G., 2012,
Birmingham, Alabama
Pansick, Ethan A., 2014, Delray
Beach, Florida
Reynolds, Elizabeth C., 2014,
Richmond, Virginia
Rosato, Richard J., 2014, Concord,
New Hampshire
Ruskin, Danielle R., *ex officio*,
New Hudson, Michigan
Sebelius, Carl L., Jr., 2011,
Memphis, Tennessee
Senseny, Charlotte L., 2014,
Torrance, California
Tiersky, Terri S., 2011, Chicago,
Illinois
Elliott, Thomas C., Jr., *director*,
Chicago, Illinois

Government Affairs

Neary, Matthew J., 2011, *chair*,
New York, New York
Weinman, Richard A., 2012, *vice
chair*, Atlanta, Georgia
Albert, Jeremy M., *ex officio*,
New Port Richey, Florida
Bowen, Ronald S., 2013, Midvale,
Utah

Condrey, James D., 2011, Missouri
City, Texas
Dater, Steven M., 2012, Rockford,
Michigan
Determan, Amber A., 2013,
Mitchell, South Dakota
Fields, Henry W., Jr., 2013,
Columbus, Ohio
Hall, William M., Jr., 2014,
Shreveport, Louisiana
Howard, H. Fred, 2014, Harlan,
Kentucky
Jennings, Mary S., 2014, Walla
Walla, Washington
Jernigan, Kim U., 2012, Pensacola,
Florida
Klima, Rodney J., 2011, Burke,
Virginia
Lo Monaco, Carmine J., 2014,
Newark, New Jersey
Mooney, John J., 2012, Putnam,
Connecticut
Ray, Herbert L., Jr., 2013, Lower
Burrell, Pennsylvania
Schinnerer, Donald M., 2011,
San Ramon, California
Testa, Ronald G., 2012, Frankfort,
Illinois
Zent, Dennis J., *ex officio*, Angola,
Indiana
Spangler, Thomas J., Jr., *director*,
Washington, DC

Members Insurance and Retirement Programs

Cassat, D. Douglas, 2011, *chair*,
San Diego, California
Fink, Steven R., 2012, *vice chair*,
Kinnelon, New Jersey
Abshire, Philip M., 2011,
Albuquerque, New Mexico
Coleman, Robert A., 2014, Livonia,
Michigan
Dodge, Jeffrey E., 2013,
Woonsocket, Rhode Island
Dorris, George B., Jr., 2012,
Shalimar, Florida
Eisenhart, Craig A., 2012,
Huntingdon, Pennsylvania
Gerber, C. Richard, 2011, Saint
Marys, West Virginia
Hettinger, Richard F., 2014, Sioux
City, Iowa

Imburgia, Louis A., 2011, Park Ridge, Illinois
 Jilek, Spencer S., 2012, Pasco, Washington
 Paumier, Thomas M., 2014, Canton, Ohio
 Rashall, Gregory W., 2013, Liberty, Texas
 Rawls, Douglas S., 2013, North Charleston, South Carolina
 Rosenbaum, George F., 2013, Boulder City, Nevada
 Unkenholz, Eric, *ex officio*, Rapid City, South Dakota
 Weinberger, Mark J., 2012, Troy, New York
 Yarbrough, L. Wayne, 2014, Montgomery, Alabama
 Dwyer, David R., *director*, Chicago, Illinois

Membership

Hughson-Otte, Virginia A., 2011, *chair*, Valencia, California
 Rosenthal, Nancy R., 2012, *vice chair*, Jenkintown, Pennsylvania
 Bainbridge, Jean E., 2013, Dallas, Texas
 Bauman, Mark A., 2013, Saratoga Springs, New York
 Card, Rex B., 2011, Raleigh, North Carolina
 Cassidy, Kevin M., 2014, Topeka, Kansas
 Christy, Todd R., 2011, Berrien Springs, Michigan
 Goad, Jamie, 2013, Carrizozo, New Mexico
 Kelly, Thomas S., 2014, Beachwood, Ohio
 Martin, William F., III, 2011, Towson, Maryland
 Moore, T. Delton, 2012, Woodville, Mississippi
 Ogata, Randall H., 2014, Seattle, Washington
 Poteet, Sarah A., *ex officio*, Dallas, Texas
 Rich, Jonathan W., 2012, Dry Ridge, Kentucky
 Thomsen, Brett S., 2012, Omaha, Nebraska
 Vouras, Lisa, 2012, Reading, Massachusetts

Yonan, Kenneth P., 2013, Glenview, Illinois
 Zuknick, Stephen J., 2014, Brandon, Florida
 Rauchenecker, Steven M., *director*, Chicago, Illinois

Scientific Affairs

Hellstein, John W., 2012, *chair*, Iowa City, Iowa
 Wright, John Timothy, 2012, *vice chair*, Chapel Hill, North Carolina
 Armstrong, Steve R., 2011, Iowa City, Iowa
 Buhite, Robert J., Sr., 2011, Rochester, New York
 Burgess, John O., 2011, Birmingham, Alabama
 Chalian, G. Garo, 2013, Castle Rock, Colorado
 Harrel, Stephen K., 2013, Dallas, Texas
 Michalowicz, Bryan S., 2014, Minneapolis, Minnesota
 Noraian, Kirk W., 2014, Bloomington, Illinois
 Novy, Brian B., 2014, Loma Linda, California
 Plemons, Jacqueline M., 2013, Dallas, Texas
 Salierno, Christopher J., *ex officio*, Huntington, New York
 Sauk, John J., 2012, Louisville, Kentucky
 Slavkin, Harold C., 2012, Los Angeles, California
 Streckfus, Charles F., 2012, Houston, Texas
 Taylor, George W., III, 2011, Ann Arbor, Michigan
 Truelove, Edmond L., 2014, Seattle, Washington
 Whitaker, S. Bryan, 2013, Springdale, Arkansas
 Zentz, Ronald, *senior director*, Chicago, Illinois

Commissions

Dental Accreditation

Joondeph, Donald R., 2011 (AAO), *chair*, Bellevue, Washington
 Tonelli, J. Steven, 2012 (ADA), *vice chair*, North Reading, Massachusetts

Biermann, Michael E., 2013 (ADA), Portland, Oregon
 Buchanan, Richard, 2012 (ADEA), South Jordan, Utah
 Burr, Kristi, 2014 (Public Member), Burton, Ohio
 Carlson, Eric R., 2013 (AAOMS), Knoxville, Tennessee
 Casamassimo, Paul, 2011 (AAPD), Columbus, Ohio
 Curran, Elizabeth, 2013 (NADL), Mesa, Arizona
 Dulde, Ryan, 2012 (ASDA/ADEA), Chicago, Illinois
 Giasolli, Robert, 2014 (Public Member), Orange County, California
 Greenwell, Henry, 2014 (AAP), Louisville, Kentucky
 Hardesty, W. Stan, 2011 (AADB), Raleigh, North Carolina
 Kantor, Mel L., 2011 (AAOMR), Newark, New Jersey
 Kershenstein, Karen W., 2011 (Public Member), Fairfax Station, Virginia
 Knoernschild, Kent L., 2013 (ACP), Chicago, Illinois
 Koppelman, Lee, 2012 (Public Member), Stony Brook, New York
 Marinelli, Charles, 2013 (AADB), Warren, Michigan
 Messura, Judith, 2013 (AAHD/ADEA), Winston-Salem, North Carolina
 Mueller-Joseph, Laura, 2011 (ADHA), Farmingdale, New York
 Nelson, Anna, 2012 (ADAA), San Francisco, California
 Neville, Brad W., 2014 (AAOMP), Charleston, Kentucky
 Pelot, Reuben N., III, 2011 (ADA), Knoxville, Tennessee
 Ray, Robert G., 2012 (AADB), Washington, DC
 Rivera-Nazario, Yilda M., 2013 (ADEA), San Juan, Puerto Rico
 Schonfeld, Steven E., 2014 (ADA), Eureka, California
 Sims, Paul G., 2014 (AADB), Butte, Montana
 Wenckus, Christopher, 2012 (AAE), Chicago, Illinois

West, Karen, 2014 (ADEA), Las Vegas, Nevada
 White, B. Alexander, 2012 (AAPHD), Boston, Massachusetts
 Williams, John, 2014 (ADEA), Indianapolis, Indiana
 Ziebert, Anthony, *director*, Chicago, Illinois

National Dental Examinations

Spielman, Andrew, 2011 (ADEA), *chair*, New York, New York
 Conard, George D., Jr., 2011 (AABD), *vice chair*, Huntington, West Virginia
 Byrne, Ellen B., 2012 (ADEA), Richmond, Virginia
 Carlile, Richard, 2011 (ASDA), Richmond, Virginia
 Donahue, Jeri Ann, 2013 (AADB), Cheyenne, Wyoming
 Glass, Birgit J., 2013 (ADEA), San Antonio, Texas
 Grzesikowski, Tamara J., 2014 (ADHA), Seminole, Florida
 Peterson, Lorin D., 2014 (ADA), Cle Elum, Washington
 Podruch, LeeAnn, 2014 (AADB), Hatley, Wisconsin
 Radack, Stephen T., III, 2011 (ADA), Erie, Pennsylvania
 Shampaine, Guy, 2013 (AADB), Annapolis, Maryland
 Shannon, Kelley, 2014 (Public), Washington, DC
 Sill, J. Stephen, 2012 (AADB), Las Vegas, Nevada
 Trager, Peter S., 2013 (ADA), Marietta, Georgia
 Trinca, Samuel A., 2012 (AADB), Munroe, Louisiana
 Neumann, Laura, *interim director*, Chicago, Illinois
 Waldschmidt, David, *director*, Chicago, Illinois (as of August 2011)

Standing Committee

New Dentist

Leland, Robert S., 2011, *chair*, Hanover, Massachusetts
 Ruskin, Danielle R., 2012, *vice chair*, New Hudson, Michigan

Albert, Jeremy M., 2011, New Port Richey, Florida
 Bruce, Daniel S., 2014, Boise, Idaho
 Enos, Jennifer L., 2013, Scottsdale, Arizona
 Jerome, Jennifer J., 2011, Akron, Ohio
 Kosel, Eric B., 2013, Tinley Park, Illinois
 Miller, Keri L., 2012, Auburn, Alabama
 Niewald, Matthew A., 2012, Lee's Summit, Missouri
 Poteet, Sarah A., 2012, Dallas, Texas
 Radjabli, Edgar M., 2014, Cumberland, Maryland
 Salierno, Christopher J., 2013, Huntington, New York
 Schwab, Brian M., 2014, Fleetwood, Pennsylvania
 Swilling, Stacey E., 2011, Sheridan, Arkansas
 Unkenholz, Eric, 2012, Rapid City, South Dakota
 Vakil, Shamik S., 2013, Chicago, Illinois
 Yanase, Rex R., 2014, Torrance, California
 Burgess, Karen B., *director*, Chicago, Illinois

Committee on Local Arrangements

Hendrickson, Gregg C., *chair*
 Kinard, James G., *vice chair*
 Lloyd, Michael C., *programs co-chair*
 Meier, Valerie, *local coordinator*
 Pappas, William G., *programs co-chair*
 Rosenbaum, George F., *registration co-chair*
 Rothbart, Jonathan E., *hospitality co-chair*
 Thiriot, Rick B., *hospitality co-chair*
 Wilbur, Brad A., *registration co-chair*

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Balle, Peter S.
 Banks, Michael P.

Brownstein, Marshall P.
 Busch, William J.
 Casar, Joel A.
 Chen, Evangeline Y.
 DiGrazia, John C.
 Gibbs, Quincy
 Gildone, Mario
 Handelin, Mark J.
 Jackson, Gerald C.
 Jones, James M.
 Miller, Jade A.
 Rudolf, Jamie L.
 Smith, Billy G.
 Talley, Robert H.
 West, Karen P.
 White, David M.
 Wilkin, Todd

Annual Session Volunteers

Abdelnour, Riza
 Abeyta, Pamela K.
 Agricola, Michelle
 Ahlstrom, Robert
 Ahmadian, Moni
 Ahn, Doksoo
 Alford, Jason W.
 Alleman, Matthew K.
 Allen, Priscilla
 Altmann, Dustin R.
 Ames, Tyler E.
 Amira, Victoria G.
 Anacker, Joyce C.
 Ancajas, Christine C.
 Anderson, Ashley M.
 Archer, Wesley
 Arellano, Guillermo A.
 Armstrong, Josh M.
 Armuth, Spencer D.
 Assandas, Deepa M.

Baek, Julia J.
 Baek, Rachel M.
 Bancroft, Jonathan D.
 Bandle, Richard
 Barborka, Benjamin J.
 Barrett, Michael D.
 Barrows, Tanja
 Bateman, Kellie
 Becker, Lani
 Benko, Jenna M.
 Bennett, Christopher J.
 Berger, Jessica
 Besso, Cody L.
 Biehler, Brandon L.

Bitar, George A.
 Bona, Richard A.
 Booth, Nicholas P.
 Bordon, Kristen
 Bowen, Nathan D.
 Breitzman, Wendy M.
 Brooksby, Scott
 Brosy, Erin A.
 Brosy, Lynn
 Brosy, Paul R.
 Brown, Benjamin T.
 Brown, Karla
 Brown, Stephen
 Brownstein, Marshall P.
 Bryniarski, James H.
 Buechele, Ryan W.
 Bui, Christina
 Bullen, Russell L.
 Burian, Joseph
 Burnett, Austin A.

Caballero, Doryce
 Capua, Chris J.
 Carrasco, Juarez G.
 Carter, Bradley T.
 Carter, Brittany
 Casar, Bethann
 Casar, Joel A.
 Chang, Sarah
 Chau, Bobi V.
 Chavez, Scott A.
 Chen, Alice P.
 Chen, Evangeline Y.
 Chin, Robert
 Chino, Kristin E.
 Choi, Annie
 Christensen, Brandon N.
 Christensen, Tyler M.
 Chukwurah, Chukwudi E.
 Chung, Danny L.
 Chung, Eve S.
 Cobra, Luiz
 Cohil, Kirk K.
 Collis, Eleni S.
 Comeau, Jules J.
 Cortes, Paulo
 Coulombe, Kristi D.
 Coursey, Ryan M.
 Cox, Glade
 Crossley, Sandra M.
 Culler, Seth

Daccache, Michel
 Dale, MaryAnn

Danforth, Robert A.
 Dapra, David
 Davis, Brett E.
 Davis, Todd L.
 De La O, Mandi
 De La Torre, Marvelyn
 Dean, Chelsea M.
 Delaney, Jacqueline S.
 DeLeon, Risha M.
 DeMauro, Bonnie
 Devin, Robert
 Diamond, Jordan L.
 Donga, Disha
 Downey, Jason L.
 Dragan, Sabrina
 D'Souza, Rachael L.
 Duff, Mason
 Duff, Tanja

Eason, Danielle
 Eisen, Debbie S.
 Ence, Eryn E.
 Engelhardt-Nash, Debra
 Engler, Robert A.
 Epperson, Matthew D.
 Esparza, Frances
 Espinueva, Ronald

Faranesh, Sam S.
 Farokh, Samira
 Farr, Andrew
 Fenn, Jeffrey B.
 Fernandez, Carlos
 Ferreri, Anthony
 Fielding, Allen
 Fields, Yessenia C.
 Finch, Gary E.
 Findley, Allison E.
 Fisher, Joan
 Fisher, Robert
 Fitzgerald, Brandon M.
 Fleming, Stephen
 Foisy, Erik J.
 Fong, Jennifer
 Foster, Katie B.
 Foulk, Cameron R.
 Fowles, Taylor C.
 Fox, Gerald D.
 France, Patrick J.
 Fukuda, Jessica M.
 Fuller, Trisha

Gabriel, Anthony P.
 Garmire, David E.

Garol, Whitney E.
 Glick, Benjamin H.
 Glover, Robin D.
 Gomez, J
 Gonzales, Adrienne
 Gonzalez, Tiffeny
 Gorder, Michaela J.
 Gray, Sheila
 Green, Dawn L.
 Gresehover, Joshua D.
 Guariglia, Brandon A.

Hadley, Jeffery W.
 Hale, Robert W.
 Halupa, Michael J.
 Hammon, Broc R.
 Han, Seung Ju I.
 Hansen, Chad R.
 Harger, David J.
 Harrelson, Bradley
 Harris, Ryan K.
 Harris, William
 Hawkes, Brent
 Haymore, Andelyn M.
 He, Jean
 Heider, Daniela
 Hellwinkel, Donna
 Henn, Mitchell I.
 Hernandez, Gustavo
 Herring, Matthew C.
 Heslington, Cody D.
 Heyse, Jeffrey D.
 Higbee, Jeffrey W.
 Hijazi, Maen
 Hoang, Bach C.
 Holford, Krystle E.
 Hollingshead, Michael G.
 Holloway, Summer A.
 Horton, Veronica
 Huang, Ellen
 Hung, Erina
 Hung, Wendy W.
 Hungerford, Carol L.
 Huynh, Eileen
 Hwang, Lillian Y.
 Hwang, Melody Y.

Ibarra, Lee R.
 Ince, Jane C.
 Ishkanian, Emily R.

Jackson, Tiffany J.
 Jamison, Kyle
 Jensen, Russ R.

Jilani, Khalid R.
Johnson, Maxwell A.
Jolley, David B.
Jolley, Ryan D.
Jones, James M.

Kane, Sheryl L.
Kanellis, Michael E.
Kaufman, Stanley M.
Kelley, Bradley H.
Kendall, Krystle R.
Kenyon, Nancy
Keys, Pam
Kha, Susan D.
Kitchen, Sarah E.
Knavel, Aubrey Y.
Knight, Vicente P.
Kolenda, Cathy
Kozlowski, Natalie
Kronmeyer, Sharmel
Kumar, Rohit

La Monica, Nathan
Lam, Brian
Lam, Jessica
Lamun, Christine M.
Le, Oanh Y.
Leach, John T.
Leaver, S. Robert
Leavitt, Joshua M.
Lebedoff, Tyson S.
Lee, Adrian D.
Lee, Kirsten S.
Lee, Paul
Lee, Phillip
Lee, Shannon K.
LeGrand, Susan
Leo, Paula
Lerner, Cheryl A.
Lew, Michael W.
Lewis, Martie
Lewis, Scott T.
Liu, Vivian C.
Lloyd, Eileen
Lloyd, Michael A.
Low, Erik C.
Lupena, Abigail

Mangaoang, Rhugielyn D.
Mangapit, Ronrico
Manolovits, Kristen
Manuele, Jeremy S.
Mapgaonkar, Aviva D.
Mariano, Jose R.

Martin, Jerry D.
Martineau, Jacob W.
Martinez, Christopher
Mayahi, Naseam
McClatchey, Cori M.
McDorman, Rosa L.
Meeder, Colby A.
Mehanzel, Hailu S.
Mensor, Merrill
Michael, Alexandra
Middleton, Hillary
Miller, George B.
Miller, Nicholas G.
Miller, Scott L.
Miller, Tyson J.
Miner, Trent
Mitchell, Michael S.
Mohammadi, Seyed I.
Mohlman, Scott R.
Montoya, Natalia
Monzon, Abel
Moody, Michael S.
Moore, Joan
Morales, Brandon J.
Morphem, Sophya N.
Musicaro, Mark H.

Nagesh, Madhu
Nash, Ross
Nasiri, Avishan
Nelson, Jens D.
Nelson, Lindsey M.
Nghiem, Peter
Nguyen, Dieu-Hoa
Nguyen Lu, Dich
Nofsinger, Leigh
Nudelman, Roseann
Nye, Darliece

O'Brien, Michael
O'Dell, Heather D.
Oh, Samuel
Okuda, Brady C.
Oliver, Debbie
Olson, Joseph M.
Orr II, Daniel L.

Pagadala, Leonord
Pappas, Holli
Parker, Coleman H.
Parker, Lincoln C.
Patel, Nipa S.
Paterson, Tara W.
Patodia, Chetan

Pearson, Jeffrey T.
Peery, Sven I.
Pelton, Richie S.
Perdichizzi, Justin T.
Peterson, Trevor
Pham, Thomas M.
Phan, Nam M.
Pharar, Jessica S.
Phipps, Don E.
Phui, Andy
Pinther, Timothy T.
Pisani, Gregory
Plage, Anne
Polley, James
Poskozim, Joy V.
Pothier, Rosa R.
Preber, Heather
Pritz, Norma J.
Pryor, Christina A.
Pyle, Marsha A.

Quinn, Sophia

Ramsey, Jeff
Randall-Frank, Tshana
Rangrass, Sambhavita
Raybeck, Gerald (Jerry)
Raz, Galya
Reed, Ebony D.
Reich, Richard L.
Reiter, Elizabeth A.
Rich, Colton B.
Richardson, Laura
Rickert, Megan J.
Rillera, Marlowe S.
Rinehart, Jackie A.
Ringdahl, Sarah M.
Rivera, Kimberly
Rixse, Robynn
Robison, James
Rodriguez, Marissa
Romero, Lori
Ross, David P.
Ross-Edmonds, Ruth E.
Row, Lindsay
Ruana, Nick G.
Ruangjumrusvet, Chanon
Rusinoski, Amy J.
Rust, Raymond C.
Ryu, Hae Rim

Sadare, Olamide
Salazar, Luis
Sanders, Louisa

Sanders, Robert M.
Saxe, Steven
Sayoc, Ma Kriselda N.
Schuman, David
Serrano, Sheri
Sharma, Sheena
Sheahan, Brandon
Sikora, Craig Lo
Singratanakul, Anissa
Sita Buela, Cady
Smith, Billy G.
Smith, James D.
Smith, Steven D.
Soard, Zac D.
Sorenson, Levi J.
Spengler, Sandra
Spillers, Christopher T.
Stapp, Cole W.
Staten, DeDe L.
Steed, Jeffrey N.
Steen, Amanda L.
Stella, Cindy
Stewart, Mathew
Stoker, Bradley C.
Strohm, Kendra L.
Struthers, Michael W.
Sutherland, Casey D.
Swanson, Garrett
Swensen, Nathan E.

Tabatabaei, Maryam S.
Tacderan, Jennifer
Taylor, Andrew D.

Taylor, Kyle N.
Tenney, Thomas
Tertel, Nanette C.
Thompson, Patrick D.
Tiner, Darin F.
Tobler, Trent
Todd, Chelsie
Tokunaga, Taylor
Toledo, MaryAileen C.
Tom, Woodstock L.
Tomlin, Keaton M.
Tong, Jason D.
Tongsiri, Amy
Torres, Matthew T.
Tran, Julie
Tran, Michael D.
Tran, Van H.
Tratos, Michele S.
Truong, Khanh D.
Truong, Vanna T.
Tshagharyan, Anna
Tsighe, Saliem M.
Tufteland, Megan L.
Turla, Justine

Uy, Kathleen P.

Van Wyk, Shaini L.
Vartkessian, Mariam
Vega, Maribell
Vidovich, Casey
Villaseca, Ivan

Waldron, Jamie
Waldron, Joshua R.
Walker, Richard S.
Walters, Angela
Walters, Kaitlyn H.
Walton, Gregory C.
Weinberger, Joanne
Welch, Jonathan
Westphal, JD
Weyrick, Kelli
Whipple, Emily A.
Whitaker, Frank
White, Dianna
Wilde, Brian R.
Wilhelm, Carol
Williamson, Paula
Wills, Michael
Wilson, Randal T.
Wine, Michael
Wohl, Martin A.
Woodall, Wendy

Yassen, Sana A.
Yee, David
Yekta, Kristina
Young, Colin
Young, Jared M.
Young, Ryan A.

Zayas, Juan C.
Zekavati, Shaghayegh
Zhang, Lily
Zhou, Wenlian

Appendix

Notes

Historical Record

The American Dental Association was organized at Niagara Falls, NY, August 3, 1859. President of this organizing convention was W.W. Allport and the Secretary was J. Taft. Permanent organization was effected in Washington, D.C. July 3, 1860, when the officers *pro tem* were succeeded by regularly elected officers. In 1861 no session was held, owing to the Civil War; since then, the sessions

have been held annually with the exception of 1945, when no session was held because of World War II. In 1897 the Association united with the Southern Dental Association, and the name was changed to the "National Dental Association," which name was retained until 1922, when the earlier name was resumed. A complete list of the officers and sessions follows.

American Dental Association

Term	President	Corresponding Secretary	Recording Secretary	Date of Meeting	Place of Meeting
1860–61	W. H. Atkinson	W. M. Rogers	J. Taft		No meeting
1861–62	W. H. Atkinson	W. M. Rogers	J. Taft	1862	Cleveland
1862–63	G. Watt	J. F. Johnson	J. Taft	1863	Philadelphia
1863–64	W. H. Allen	C. R. Butler	J. Taft	1864	Niagara Falls
1864–65	J. H. McQuillen	G. W. Ellis	J. Taft	1865	Chicago
1865–66	C. W. Spalding	L. D. Shepard	J. Taft	1866	Boston
1866–67	C. P. Fitch	A. Hill	J. Taft	1867	Cincinnati
1867–68	A. Lawrence	C. R. Butler	J. Taft	1868	Niagara Falls
1868–69	Jonathan Taft	J. McManus	Edgar Park	1869	Saratoga Springs
1869–70	Homer Judd	I. A. Salmon	M. S. Dean	1870	Nashville
1870–71	W. H. Morgan	I. A. Salmon	M. S. Dean	1871	White Sulphur Springs, WV
1871–72	G. H. Cushing	I. A. Salmon	M. S. Dean	1872	Niagara Falls
1872–73	P. G. C. Hunt	J. Taft	M. S. Dean	1873	PutinBay, Ohio
1873–74	T. L. Buckingham	J. Taft	M. S. Dean	1874	Detroit
1874–75	M. S. Dean	G. L. Field	C. S. Smith	1875	Niagara Falls
1875–76	A. L. Northrop	J. H. McQuillen	C. S. Smith	1876	Philadelphia
1876–77	G. W. Keely	J. H. McQuillen	C. S. Smith	1877	Chicago
1877–78	F. H. Rehwinkel	M. H. Webb	M. S. Dean	1878	Niagara Falls
1878–79	H. J. McKellops	A. O. Rawls	G. H. Cushing	1879	Niagara Falls
1879–80	L. D. Shepard	M. H. Webb	G. H. Cushing	1880	Boston
1880–81	C. N. Pierce	A. M. Dudley	G. H. Cushing	1881	New York
1881–82	H. A. Smith	A. M. Dudley	G. H. Cushing	1882	Cincinnati
1882–83	W. H. Goddard	A. W. Harlan	G. H. Cushing	1883	Niagara Falls
1883–84	E. T. Darby	A. W. Harlan	A. H. Peck	1884	Saratoga Springs
1884–85	J. N. Crouse	A. W. Harlan	A. H. Peck	1885	Minneapolis
1885–86	W. C. Barrett	A. W. Harlan	G. H. Cushing	1886	Niagara Falls
1886–87	W. W. Allport	A. W. Harlan	G. H. Cushing	1887	Niagara Falls
1887–88	Frank Abbott	F. A. Levy	G. H. Cushing	1888	Louisville
1888–89	C. R. Butler	F. A. Levy	G. H. Cushing	1889	Saratoga Springs
1889–90	M. W. Foster	F. A. Levy	G. H. Cushing	1890	Excelsior Springs
1890–91	A. W. Harlan	F. A. Levy	G. H. Cushing	1891	Saratoga Springs
1891–92	W. W. Walker	F. A. Levy	G. H. Cushing	1892	Niagara Falls
1892–93	J. D. Patterson	F. A. Levy	G. H. Cushing	1893	Chicago
1893–94	J. D. Patterson	F. A. Levy	G. H. Cushing	1894	Old Point Comfort, VA
1894–95	J. Y. Crawford	E. E. Chase	G. H. Cushing	1895	Asbury Park, NJ
1895–96	J. Y. Crawford	E. E. Chase	G. H. Cushing	1896	Saratoga Springs
1896–97	James Truman	F. A. Levy	G. H. Cushing	1897	Old Point Comfort, VA

National Dental Association

Term	President	Corresponding Secretary	Recording Secretary	Date of Meeting	Place of Meeting
1897–98	Thomas Fillebrown	E. E. Chase	G. H. Cushing	1898	Omaha
1898–99	H. J. Burkhart	E. E. Chase	G. H. Cushing	1899	Niagara Falls
1899–1900	B. Holly Smith	E. E. Chase	G. H. Cushing	1900	Old Point Comfort, VA
1900–01	G. V. Black	M. E. Gallup	G. H. Cushing	1901	Milwaukee
1901–02	J. A. Libbey	J. D. Pfeiffer	G. H. Cushing	1902	Niagara Falls
1902–03	L. G. Noel	W. D. Tracy	A. H. Peck	1903	Asheville, NC
1903–04	C. G. Chittenden	C. S. Butler	A. H. Peck	1904	St. Louis (Business only)
1904–05	W. E. Boardman	C. S. Butler	A. H. Peck	1905	Buffalo
1905–06	M. F. Finley	C. S. Butler	A. H. Peck	1906	Atlanta
1906–07	A. H. Peck	B. L. Thorpe	C. S. Butler	1907	Minneapolis
1907–08	William Carr	B. L. Thorpe	C. S. Butler	1908	Boston
1908–09	V. E. Turner	H. C. Brown	C. S. Butler	1909	Birmingham
1909–10	B. L. Thorpe	H. C. Brown	C. S. Butler	1910	Denver
1910–11	E. S. Gaylord	C. W. Rodgers	H. C. Brown	1911	Cleveland
1911–12	A. R. Melendy	C. W. Rodgers	H. C. Brown	1912	Washington, DC
1912–13	F. O. Hetrick	C. W. Rodgers	H. C. Brown	1913	Kansas City, MO

Reorganized July 10, 1913

Term	President	General Secretary	Treasurer	Date of Meeting	Place of Meeting
1913–14	H. C. Brown	Otto U. King	H. B. McFadden	1914	Rochester, NY
1914–15	D. M. Gallie	Otto U. King	A. R. Melendy	1915	San Francisco (H of D only)
1915–16	T. P. Hinman	Otto U. King	A. R. Melendy	1916	Louisville
1916–17	L. L. Barber	Otto U. King	A. R. Melendy	1917	New York
1917–18	W. H. G. Logan	Otto U. King	A. R. Melendy	1918	Chicago
1918–19	C. V. Vignes	Otto U. King	A. R. Melendy	1919	New Orleans
1919–20	J. V. Conzett	Otto U. King	A. R. Melendy	1920	Boston
1920–21	H. E. Friesell	Otto U. King	A. R. Melendy	1921	Milwaukee

American Dental Association

Term	President	Secretary	Treasurer	Date of Meeting	Place of Meeting
1921–22	T. B. Hartzell	Otto U. King	A. R. Melendy	1922	Los Angeles
1922–23	J. P. Buckley	Otto U. King	A. R. Melendy	1923	Cleveland
1923–24	W. A. Giffen	Otto U. King	A. R. Melendy	1924	Dallas
1924–25	C. N. Johnson	Otto U. King	A. R. Melendy	1925	Louisville
1925–26	Sheppard W. Foster	Otto U. King	A. R. Melendy	1926	Philadelphia
1926–27	Henry L. Banzhaf	Otto U. King	A. R. Melendy	1927	Detroit
1927–28	R. H. Volland	H. B. Pinney	A. R. Melendy	1928	Minneapolis
1928–29	Percy R. Howe	H. B. Pinney	R. H. Volland	1929	Washington, DC
1929–30	R. Boyd Bogle	H. B. Pinney	R. H. Volland	1930	Denver
1930–31	Robert T. Oliver	H. B. Pinney	R. H. Volland	1931	Memphis
1931–32	Martin Dewey	H. B. Pinney	R. H. Volland	1932	Buffalo
1932–33	G. Walter Dittmar	H. B. Pinney	R. H. Volland	1933	Chicago
1933–34	Arthur C. Wherry	H. B. Pinney	R. H. Volland	1934	St. Paul
1934–35	Frank M. Casto	H. B. Pinney	R. H. Volland	1935	New Orleans
1935–36	George B. Winter	H. B. Pinney	R. H. Volland	1936	San Francisco

Term	President	Secretary	Treasurer	Date of Meeting	Place of Meeting
1936–37	Leroy M.S. Miner	H. B. Pinney	R. H. Volland	1937	Atlantic City
1937–38	C. Willard Camalier	H. B. Pinney	R. H. Volland	1938	St. Louis
1938–39	Marcus L. Ward	H. B. Pinney	R. H. Volland	1939	Milwaukee
1939–40	Arthur H. Merritt	H. B. Pinney	R. H. Volland	1940	Cleveland
1940–41	Wilfred R. Robinson	H. B. Pinney	R. H. Volland	1941	Houston
1941–42	Oren A. Oliver	H. B. Pinney	R. H. Volland	1942	St. Louis (H of D only)
1942–43	J. Ben Robinson	H. B. Pinney	R. H. Volland	1943	Cincinnati (H of D only)
1943–44	C. Raymond Wells	H. B. Pinney	R. H. Volland	1944	Chicago (H of D only)
1944–45	Walter H. Scherer	H. B. Pinney	R. H. Volland		No meeting
1945–46	Walter H. Scherer	H. B. Pinney	R. H. Volland	1946	Miami (H of D only)
1946–47	Sterling V. Mead	H. Hillenbrand	R. H. Volland	1947	Boston
1947–48	H. B. Washburn	H. Hillenbrand	R. H. Volland	1948	Chicago
1948–49	C. F. Minges	H. Hillenbrand	H. B. Washburn	1949	San Francisco
1949–50	Philip E. Adams	H. Hillenbrand	H. B. Washburn	1950	Atlantic City
1950–51	Harold W. Oppice	H. Hillenbrand	H. B. Washburn	1951	Washington, DC
1951–52	LeRoy M. Ennis	H. Hillenbrand	H. B. Washburn	1952	St. Louis
1952–53	Otto W. Brandhorst	H. Hillenbrand	H. B. Washburn	1953	Cleveland
1953–54	Leslie M. Fitzgerald	H. Hillenbrand	H. B. Washburn	1954	Miami
1954–55	Daniel F. Lynch	H. Hillenbrand	H. B. Washburn	1955	San Francisco
1955–56	Bernerd C. Kingsbury	H. Hillenbrand	H. B. Washburn	1956	Atlantic City
1956–57	Harry Lyons	H. Hillenbrand	H. B. Washburn	1957	MiamiMiami Beach
1957–58	William R. Alstadt	H. Hillenbrand	H. B. Washburn	1958	Dallas
1958–59	Percy T. Phillips	H. Hillenbrand	H. B. Washburn	1959	New York
1959–60	Paul H. Jeserich	H. Hillenbrand	H. B. Washburn	1960	Los Angeles
1960–61	Charles H. Patton	H. Hillenbrand	H. B. Washburn	1961	Philadelphia
1961–62	John R. Abel	H. Hillenbrand	P. H. Jeserich	1962	Miami Beach
1962–63	Gerald D. Timmons	H. Hillenbrand	P. H. Jeserich	1963	Atlantic City
1963–64	James P. Hollers	H. Hillenbrand	P. H. Jeserich	1964	San Francisco
1964–65	Fritz A. Pierson	H. Hillenbrand	E. Jeff Justis	1965	Las Vegas
1965–66	Maynard K. Hine	H. Hillenbrand	E. Jeff Justis	1966	Dallas
1966–67	William A. Garrett	H. Hillenbrand	E. Jeff Justis	1967	Washington, DC
1967–68	F. Darl Ostrander	H. Hillenbrand	R. K. Trueblood	1968	Miami Beach
1968–69	Hubert A. McGuirl	H. Hillenbrand	R. K. Trueblood	1969	New York
1969–70	Harry M. Klenda	C. G. Watson	R. K. Trueblood	1970	Las Vegas
1970–71	John M. Deines	C. G. Watson	H. S. Eberhardt	1971	Atlantic City
1971–72	Carl A. Laughlin	C. G. Watson	H. S. Eberhardt	1972	San Francisco
1972–73	Louis A. Saporito	C. G. Watson	H. S. Eberhardt	1973	Houston
1973–74	Carlton H. Williams	C. G. Watson	J. W. Etherington	1974	Washington, DC
1974–75	L. M. Kennedy	C. G. Watson	J. W. Etherington	1975	Chicago
1975–76	Robert B. Shira	C. G. Watson	J. W. Etherington	1976	Las Vegas
1976–77	Frank F. Shuler	C. G. Watson	J. H. Pfister	1977	Miami Beach
1977–78	Frank P. Bowyer	C. G. Watson	I. L. Kerr	1978	Anaheim
1978–79	Joseph P. Cappuccio	J. M. Coady	J. J. Houlihan	1979	Dallas
1979–80	I. Lawrence Kerr	J. M. Coady	R. H. Griffiths	1980	New Orleans
1980–81	John J. Houlihan	J. M. Coady	R. B. Dixon	1981	Kansas City, MO
1981–82	Robert H. Griffiths	J. M. Coady	D. E. Bentley	1982	Las Vegas
1982–83	Burton H. Press	J. M. Coady	J. L. Bomba	1983	Anaheim
1983–84	Donald E. Bentley	J. M. Coady	A. L. Ryan	1984	Atlanta
1984–85	John L. Bomba	J. M. Coady	A. Kobren	1985	San Francisco
1985–86	Abraham Kobren	T. J. Ginley	J. A. Devine	1986	Miami Beach
1986–87	Joseph A. Devine	T. J. Ginley	J. A. Saddoris	1987	Las Vegas
1987–88	James A. Saddoris	T. J. Ginley	A. A. Dugoni	1988	Washington, DC

Term	President	Secretary	Treasurer	Date of Meeting	Place of Meeting
1988–89	Arthur A. Dugoni	T. J. Ginley	R. M. Overbey	1989	Honolulu
1989–90	R. Malcolm Overbey	T. J. Ginley	E. J. Truono	1990	Boston
1990–91	Eugene J. Truono	T. J. Ginley	G. T. Morrow	1991	Seattle
1991–92	Geraldine T. Morrow	W. E. Allen	J. H. Harris	1992	Orlando
1992–93	Jack H. Harris	J. S. Zapp	J. F. Mercer	1993	San Francisco
1993–94	James H. Gaines	J. S. Zapp	J. F. Mercer	1994	New Orleans
1994–95	Richard D'Eustachio	J. S. Zapp	J. F. Mercer	1995	Las Vegas
1995–96	William S. Ten Pas	J. S. Zapp	J. F. Mercer	1996	Orlando
1996–97	Gary Rainwater	J. S. Zapp	R. M. Rosas	1997	Washington, DC
1997–98	David A. Whiston	J. S. Zapp	R. M. Rosas	1998	San Francisco
1998–99	S. Timothy Rose	J. S. Zapp	R. M. Rosas	1999	Honolulu
1999–2000	Richard F. Mascola	J. S. Zapp	R. M. Rosas	2000	Chicago
2000–01	Robert M. Anderton	J. B. Bramson	M. J. Feldman	2001	Kansas City, MO
2001–02	D. Gregory Chadwick	J. B. Bramson	M. J. Feldman	2002	New Orleans
2002–03	T. Howard Jones	J. B. Bramson	M. J. Feldman	2003	San Francisco
2003–04	Eugene Sekiguchi	J. B. Bramson	M. J. Feldman	2004	Orlando
2004–05	Richard Haught	J. B. Bramson	M. J. Feldman	2005	Philadelphia
2005–06	Robert M. Brandjord	J. B. Bramson	M. J. Feldman	2006	Las Vegas
2006–07	Kathleen Roth	J. B. Bramson	Edward Leone	2007	San Francisco
2007–08	Mark J. Feldman		Edward Leone	2008	San Antonio
2008–09	John S. Findley	K. T. O'Loughlin	Edward Leone	2009	Honolulu
2009–10	Ronald L. Tankersley	K. T. O'Loughlin	Edward Leone	2010	Orlando
2010–11	Raymond F. Gist	K. T. O'Loughlin	Edward Leone	2011	Las Vegas

Living Former Presidents, American Dental Association

Term	President	Term	President
1976–1977	Frank F. Shuler	1998–1999	S. Timothy Rose
1982–1983	Burton H. Press	2000–2001	Robert M. Anderton
1986–1987	Joseph A. Devine	2001–2002	D. Gregory Chadwick
1988–1989	Arthur A. Dugoni	2002–2003	T. Howard Jones
1991–1992	Geraldine T. Morrow	2003–2004	Eugene Sekiguchi
1992–1993	Jack H. Harris	2004–2005	Richard Haught
1993–1994	James H. Gaines	2005–2006	Robert M. Brandjord
1994–1995	Richard W. D'Eustachio	2006–2007	Kathleen Roth
1995–1996	William S. Ten Pas	2007–2008	Mark J. Feldman
1996–1997	Gary Rainwater	2008–2009	John S. Findley
1997–1998	David A. Whiston	2009–2010	Ronald L. Tankersley
		2010–2011	Raymond F. Gist

Attendance Record

	REGISTERED	MEETINGS					REGISTERED	MEETINGS			
		1	2	3	4			1	2	3	4
Air Force											
Delegates 2											
Bergeron, Brian E., Ocean Springs, MS	•	•	•	•	•						
Caron, Gerard A., Andrews AFB, MD	•		•	•	•						
Alternates											
Clark, Keith L., Fairfield, CA	•	•									
Wajdowicz, Michael N., San Antonio, TX	•										
Alabama											
Delegates 5											
Bishop, Deborah S., Huntsville	•	•	•	•	•						
Ingram, William L., Huntsville	•	•									
Isbell, Gordon R., III, Gadsden	•	•	•	•	•						
Mitchell, G. Lewis, Jr., Gadsden	•	•	•	•	•						
Stevens, Alvin W., Jr., Birmingham	•	•	•	•	•						
Alternates											
Browder, Larry F., Montgomery	•										
Edwards, Michael, Wedowee	•										
Gamble, Howard R., Sheffield	•										
Steineker, Art, Montgomery	•										
Stiegler, Kim E., Mobile	•		•	•	•						
Alaska											
Delegates 2											
Eichler, David, North Pole	•	•	•	•	•						
Moleski, Christine, Juneau	•	•	•	•							
Alternates											
Henry, Christopher H., Fairbanks	•										
American Student Dental Association											
Delegates 5											
Greene, Colleen, Jamaica Plain, MA	•	•	•	•	•						
Pfundheller, Dustin M., Gainesville, FL	•	•	•	•	•						
Randell, Marcus K., Lexington, KY	•	•	•	•	•						
Shisler, Adam C., Houston, TX	•	•	•	•	•						
Thakkar, Nipa T., Philadelphia, PA	•	•	•	•	•						
Alternates											
Bensch, Brittany T., Seattle, WA	•										
Calnon, Timothy, Buffalo, NY	•										
Huebner, John W., Lincoln, NE	•										
Lally, Trent T., Royal Oak, MI	•										
Vlahos, Stephanie N., Henrico, VA	•										
Arizona											
Delegates 7											
Cobb, Regina E., Kingman	•	•	•	•	•						
House, Allison B., Phoenix	•	•	•	•	•						
Hughes, Mark B., Glendale	•	•	•	•	•						
Klemmedson, Daniel J., Tucson	•	•	•	•	•						
Roda, Robert S., Scottsdale	•	•	•	•	•						
Shanahan, Bryan J., Flagstaff	•	•	•	•	•						
Simpson, Donald C., Sierra Vista	•	•	•	•	•						
Alternates											
Caputo, Anthony C., Tucson	•										
Hooker, William J., Flagstaff	•										
Jones, Gary O., Mesa	•										
Olsen, Fred, III, Phoenix	•										
Pafford, Gregory M., Phoenix	•										
Snyder, Randolph A., Yuma	•										
Thompson, Michael R., Scottsdale	•										
Arkansas											
Delegates 4											
Bell, David J., Arkadelphia	•	•	•	•	•						
Fiddler, Terry L., Conway	•		•	•	•						
Skinner, Robert L., Fort Smith	•	•	•	•	•						
Whitis, H. Warren, Osceola	•	•	•	•	•						
Alternates											
Childs, Miranda M., Arkadelphia	•										
Mason, Robert A., Fort Smith	•										
Muncy, Marc, Clarksville	•										
Phillips, James B., Jonesboro	•										
Army											
Delegates 2											
Pannes, Dianne D., Kapolei, HI	•	•	•	•	•						
Wong, M. Ted, El Paso, TX	•		•	•	•						
Alternates											
Hucal, George J., Springfield, VA	•	•									
Patterson, Craig G., Lakewood, WA	•										
California											
Delegates 67											
Berick, Joel D., San Diego	•	•	•	•	•						
Brattesani, Cynthia, San Francisco	•	•	•	•	•						
Bromberg, Myron J., Reseda	•	•	•	•	•						
Calilung, Xerxes M., Irvine	•	•	•	•	•						
Campbell, Matthew J., Jr., Sacramento	•	•	•	•	•						
Carney, Kerry K., Benicia	•	•	•	•	•						
Cassat, D. D., San Diego	•	•	•	•	•						
Cortez, Santos, Jr., Long Beach	•	•	•	•	•						
Creasey, Jean L., Nevada City	•	•	•	•	•						
Cuevas, Ricardo A., Manteca	•	•	•	•	•						
Daby, Robert C., Sacramento	•	•	•	•	•						
Davidson, Daniel G., San Francisco	•	•	•	•	•						
De Tomasi, Dennis C., Sutter	•	•	•	•	•						
Demichelis, Elizabeth A., Modesto	•	•	•	•	•						
Dougan, Gary L., Long Beach	•	•	•	•	•						
Ehrler, Clelan G., Redlands	•	•	•	•	•						
Ellison, Naomi L., Los Angeles	•	•	•	•	•						
Felsenfeld, Alan L., Los Angeles	•	•	•	•	•						
Gandola, Robert A., San Diego	•	•	•	•	•						
Garcia, Ernest L., Marysville	•	•	•	•	•						
Gelfand, Gerald, Woodland Hills	•	•	•	•	•						
Glasband, Gary L., Long Beach	•	•	•	•	•						
Gordon, Douglas J., El Sobrante	•	•	•	•	•						
Hall, La Juan, Brentwood	•	•			•						
Hansen, Henrik, Fairfield	•	•	•	•	•						
Herman, Gary N., Valley Village	•	•	•	•	•						
Holtzman, Jennifer H., Sherman Oaks	•										

• Delegate or alternate attended the meeting; + Delegate or alternate attended a portion of the meeting.

	REGISTERED	MEETINGS					REGISTERED	MEETINGS			
		1	2	3	4			1	2	3	4
Hughson-Otte, Virginia A., Valencia	•	•	•	•	•	Lowe, Oariona, Corona					
Kao, Richard T., Cupertino	•	•	•	•	•	Maranon, George A., Los Angeles					
Keating, Kevin M., Sacramento	•	•	•	•	•	Marble, William L., Woodland					
Kend, Steven J., Torrance	•	•	•	•	•	Marcos, Carliza A., San Mateo					
Lee, Natasha A., San Francisco	•	•	•	•	•	Mokbel, Robert G., Fountain Valley					
McCutcheon, Carol, Campbell	•	•	•	•	•	Nagy, Richard J., Santa Barbara	•				
Moore, Larry J., Chino Hills	•	•				Nix, Ned L., San Jose	•		•	•	
Moore, William J., Red Bluff	•	•	•	•	•	Noblett, William C., Berkeley	•				•
Namazikhah, M. S., Woodland Hills	•	•	•	•	•	Nutter, Dennis P., Fairfield	•				
Parker, Melanie, San Diego	•	•	•	•	•	Ochoa, Al, Loma Linda					
Patel, Sanjay, Bay Point	•	•	•	•	•	Patel, Pankaj K., Salida					
Robinson, Lindsey A., Grass Valley	•	•	•	•	•	Pisacane, John M., San Jose	•				•
Rockwell, Sean M., Grass Valley	•	•	•	•	•	Reed, Edward T., Bakersfield					
Rollofson, Donald P., Elk Grove	•	•	•	•	•	Reidy, Edward T., Santee	•				
Sahota, Ruchi K., Fremont	•	•	•	•	•	Richmond, Howard C., Beverly Hills					
Sayre-Carstairs, Lynn, San Luis Obispo	•	•	•	•	•	Schneider, William M., Walnut Creek					
Schinnerer, Donald M., San Ramon	•	•	•	•	•	Sciarra, Joseph P., Woodland Hills					
Schneider, Michael J., Brentwood	•	•	•	•	•	Stevenson, Robert D., Pomona					
Scott, Brian E., Palo Alto	•	•	•	•	•	Sugiyama, Janice M., Carpinteria					
Scott, Janice G., Stockton	•	•	•	•	•	Tarica, Mark E., Beverly Hills					
Senseny, Charlotte L., Torrance	•	•	•	•	•	Vyas, Narendra G., Fontana					
Shue, Brian K., Brawley	•	•	•	•	•	Weisberg, Rita, Santa Monica					
Simms, Richard A., Harbor City	•	•	•	•	•	Woo, Debra A., Boulder Creek	•	•	•	•	•
Simonian, Roger B., Fresno	•	•	•	•	•						
Soderstrom, Andrew P., Modesto	•	•	•	•	•						
Stein, Alan R., Northridge	•	•	•	•	•						
Steiner, Ann, Loma Linda	•	•	•	•	•						
Stephens, James, Palo Alto	•	•	•	•	•						
Stewart, Thomas H., Bakersfield	•	•	•	•	•						
Stratigopoulos, George J., San Diego	•	•	•	•	•						
Surabian, Stanley R., Fresno	•	•	•	•	•						
Szotko, Scott, Roseville	•	•	•	•	•						
Terlet, Ariane R., Berkeley	•	•	•	•	•						
Thenard, Sharine V., Alameda	•	•	•	•	•						
Tippett-Whyte, Judee, Stockton	•	•	•	•	•						
Toy, Bruce G., Stockton	•	•	•	•	•						
Wallis, Kenneth G., Santa Clara	•	•	•	•	•						
Wood, James D., Jr., Cloverdale	•	•	•	•	•						
Yanase, Rex R., Torrance	•	•	•	•	•						
Yarborough, Craig S., San Francisco	•	•	•	•	•						
Alternates											
Abeldt, Phillip J., Monterey	•				•						
Bocks, Charles R., III, Saratoga											
Burg, Samuel B., Santa Maria											
Casey, Diane E., Sunnyvale											
Chan, Raymond K., San Lorenzo											
Chan, Wai M., Sacramento											
Clark, Alma J., Hayward	•		•								
Crowson, Steven C., Chico											
Fitzgerald, Donald E., El Toro	•										
Gandhi, Devang M., Los Angeles											
Geis, John E., Escondido	•										
Green, James P., Valley Springs											
Greenlaw-O'Toole, Julie L., Walnut Creek											
Habjan, Denise A., Santa Ana											
Hanlon, Robert J., Jr., Escondido	•				•						
Harrison, Kenneth T., Moreno Valley											
Hawkins, Victor L., Carmichael	•										
Irani, Karin, Woodland Hills											
Jones, Jeffrey T., Villa Park											
Langstaff, William N., Villa Park	•										
Lebovics, Irving S., Los Angeles											
Lee, Arlene, Los Angeles	•										
Lenhart, Thomas E., II, Clayton	•										
Lew, Michael W., Novato											
Lloyd, Jeffrey D., Alta Loma											
Lojeski, Stephen M., Arcadia											
						Colorado					
						Delegates 8					
						Hurst, Jeffery M., Lakewood	•	•	•	•	•
						Morrow, Robert L., Walsh	•	•	•	•	•
						Murray, Rhett L., Aurora	•	•	•	•	•
						Peters, Kenneth S., Highlands Ranch	•	•	•	•	•
						Pixley, Thomas R., Fort Collins	•	•	•	•	•
						Salcetti, Jeanne M., Colorado Springs	•	•	•	•	•
						Schoemaker, Jeane L., Fort Morgan	•	•	•	•	•
						Sessa, Kevin D., Boulder	•	•	•	•	•
						Alternates					
						Foster, Karen D., Aurora	•				
						Hanck, John J., Fort Collins	•				
						Kessler, Brett H., Denver	•				
						Lurye, David C., Winter Park	•				
						Peterson, Jerry D., Dillon					
						Scarpella, Pasco W., Fort Lupton	•				
						Setterberg, James C., Glenwood Springs	•				
						Utke, Calvin D., Colorado Springs	•				
						Connecticut					
						Delegates 7					
						Davis, Jon G., Fairfield	•	•	•	•	•
						Hillgen, John J., Waterbury	•	•	•	•	•
						Knapp, Jonathan B., Bethel	•	•	•	•	•
						Malon, Carolyn, Farmington	•	•	•	•	•
						Mooney, John J., Putnam	•	•	•	•	•
						Schreibman, Robert M., Glastonbury	•	•	•	•	•
						Tandy, Bruce, Vernon Rockville	•	•	•	•	•
						Alternates					
						Barton, Tatiana, Stamford					
						Brady, Thomas V., Westbrook	•				
						Desrosiers, Mark B., Pomfret Center	•				
						Dubin, Gary K., Guilford	•				
						Mac Donnell, William A., West Hartford	•				
						Piecuch, Joseph F., Simsbury	•				
						Rutt, Martin J., Prospect	•				

• Delegate or alternate attended the meeting; + Delegate or alternate attended a portion of the meeting.

MEETINGS

REGISTERED 1 2 3 4

Delaware**Delegates 2**

Cole, Jeffrey M., Wilmington	•	•	•	•	•
Conaty, Thomas P., Wilmington	•	•	•	•	•

Alternates

Calhoon, Charles D., Wilmington	•				
McAllister, Brian S., Middletown	•				

District of Columbia**Delegates 2**

Cram, Sally, Washington, D.C.	•	•	•	•	•
Singer, Alan H., Rockville, MD	•	•	•	•	

Alternates

Griffiths, Michael C., Washington, D.C.	•				
Richeson, James G., Jr., Washington, D.C.	•				•

Florida**Delegates 21**

Ackley, Eva F., New Port Richey	•	•	•	•	•
Allen, Nolan W., Clearwater	•	•	•	•	•
Bird, Gerald W., Cocoa	•	•		•	•
Brown, Andrew, Orange Park	•	•	•	•	•
Buckenheimer, Terry L., Tampa	•	•	•	•	•
Cohen, Lee R., Palm Beach Gardens	•		•		•
D'Aiuto, C. William, Longwood	•	•	•	•	•
Eggnatz, Michael D., Weston	•	•	•	•	•
Fisher, Howard E., Fort Walton Beach	•	•	•	•	•
Friedel, Alan E., Hollywood	•	•	•	•	•
Hoffman, Charles W., Jupiter	•	•	•	•	•
Huot, Richard A., Vero Beach	•	•	•	•	
Jernigan, Kim U., Pensacola	•	•	•	•	•
Jordan, John R., Jr., West Palm Beach	•	•	•	•	•
Lastra, Idalia, Miami	•	•	•	•	•
Marshall, Bryan T., Weeki Wachee	•	•	•	•	•
Miller, Paul R., New Port Richey	•	•	•	•	•
Paramore, Jolene O., Panama City	•	•	•	•	•
Sabates, Cesar R., Coral Gables	•	•	•	•	•
Stevenson, Richard A., Jacksonville	•	•	•	•	•
Zuknick, Stephen J., Brandon	•		•	•	•

Alternates

Addabbo, Frank M., Orlando	•				
Antoon, James, Rockledge					
Attanasi, Ralph C., Delray Beach	•				
Boden, David F., Port St. Lucie	•				
Coleman, Brian O., Winter Park					
Dixon, Mervyn J., Fort Lauderdale					
Gay, Joseph S., Miami Gardens	•				
Gesek, Daniel J., Jr., Jacksonville					
Haeussner, Theodore, Orange Park					
Kalarickal, Zacharias J., Wesley Chapel	•				
Liddell, Rudolph T., III, Brandon	•				
Llano, Charles D., Lakeland	•				
Marron-Tarrazzi, Irene, Miami	•				
Nissen, Larry, Meritt Island					
Pansick, Ethan A., Delray Beach	•				
Paul, John H., Lakeland	•				
Payne, Robert W., Marianna	•				
Pruett, Henry F., Jr., Pensacola					
Romer, Mark A., Sunrise	•				
Terry, Beatriz, Miami					
Winker, Wade G., Eustis	•				

Georgia**Delegates 10**

Broderick, Thomas R., Savannah	•	+	+	+	+
Carpenter, Robert H., Jr., Columbus	•	+	+	+	+
Green, Edward J., Albany	•	+	+	+	+
Hasty, Chris M., Tifton	•	+	+		+
Moore, Kara G., Gray	•	+	+	+	+
Moses, Donna Thomas, Carrollton	•	+	+	+	+
Reynierson, James H., III, Martinez	•	+	+	+	+
Vernon, Michael O., Augusta	•	+	+	+	+
Weinman, Richard A., Atlanta	•	+	+	+	+
Wolff, Carol M., Atlanta	•	+	+	+	+

Alternates

Bickford, John F., Dallas	•	+	+	+	+
Dubin, Jonathan S., Atlanta	•	+	+	+	+
Field, Thomas C., Gainesville	•	+	+	+	+
Harrington, John F., Jr., Milledgeville	•	+	+	+	+
Mann, Marshall H., Rome	•	+	+	+	+
Rainge, Annette, Augusta	•	+	+	+	+
Reich, Robin S., Smyrna	•	+	+	+	+
Torbush, Douglas B., Conyers	•	+	+	+	+
Tourial, Sidney R., Sandy Springs	•	+	+	+	+
Trager, Peter S., Marietta	•	+	+	+	+

Hawaii**Delegates 3**

Cassella, Edmund A., Honolulu	•	•	•	•	•
Nunokawa, Neil C., Wailuku	•	•	•	•	•
Yonemoto, Gary S., Honolulu	•	•	•	•	

Alternates

Fujimoto, Patsy K., Hilo	•				
Okihiro, Glenn M., Pearl City	•				
Teruya, Darrell T., Honolulu	•				

Idaho**Delegates 3**

Bengtson, Gregory J., Lewiston	•	•	•	•	•
Klure, Jack D., Meridian	•	•	•	•	•
Mooney, John, Pocatello	•	•	•	•	•

Alternates

Bruce, Steven M., Boise	•				
Kulm, Jack C., Wendell	•				

Illinois**Delegates 20**

Barnfield, Terry L., Salem	•	•	•	•	•
Bitter, Robert N., Glenview	•	•	+	•	•
Bordenave Bishop, Susan, Peoria	•	•	•	•	•
Cross, Chauncey, Springfield	•	•	•		•
Elliott, Ian, Naperville	•	•	•	•	•
Fulton, David J., Jr., Waukegan	•	•	•	•	•
Gerding, John H., Naperville	•	•	•	•	•
Hann, Patrick C., Chicago	•	•	•	•	•
Holba, Richard S., Frankfort	•	•	•	•	•
Howell, J. Barry, Urbana	•	•	•	•	•
Imburgia, Louis A., Park Ridge	•	•	•	•	•
Manning, Dennis E., Libertyville	•		•	•	•
Noraian, Kirk W., Bloomington	•	•	•	•	•
Osborne, Larry W., Decatur	•	•	•	•	•
Schwartz, Timothy J., Pekin	•	•	•	•	•
Segal, Edward H., Northbrook	•	•	•	•	•

	REGISTERED	MEETINGS			
		1	2	3	4

Soltys, Brian F., Rockford	•	•	•	•	•
Tiersky, Terri S., Chicago	•	•	•	•	•
Watson-Lowry, Cheryl D., Chicago	•	•	•	•	•
Zehak, George R., Berwyn	•	•	•	•	•

Alternates

Ashton, Randal P., Danville	•				
Barnes, Bradley W., Normal	•				
Borris, Theodore J., Mount Prospect	•				
Caraba, Brian M., Glenview	•				
Ciebien, Gerald J., Riverside	•				
Danner, Michael D., Pekin	•				
Evans, Keith A., Bloomington	•				
Hagopian, John M., Niles	•		+		
Humenik, Mark J., Northbrook	•				
Kattner, Paul F., Waukegan	•				
Kravich, Maharukh E., Chicago	•				
Larsen, Christopher C., Moline	•				
Maddox, Brandon R., Springfield	•				
Maggio, Frank A., Elgin	•				
Maragos, James M., La Grange	•				
Mousel, Barbara L., Chicago	•				
Nelson, Kevin T., Peoria	•				
Starsiak, Mary A., Chicago	•				
Testa, Ronald G., New Lenox	•				
Von Heimbürg, Petra, Barrington	•				

Indiana**Delegates 9**

Burns, Jill M., Richmond	•	•	•	•	•
Dimond, Desiree S., Indianapolis	•	•	•	•	•
Ellinwood, Steven P., Fort Wayne	•	•	•	•	•
Eversman, Philip J., Avon	•	•	•	•	•
Holm, Steven J., Portage	•	•	•	•	•
Holwager, David R., Cambridge City	•	•	•	•	•
Leighty, Chad R., Marion	•	•	•	•	•
Roberts, John R., Connersville	•	•	•	•	•
Schechner, Terry G., Valparaiso	•	•	•	•	•

Alternates

Asdell, Jay, South Bend	•				
Briscoe, Todd P., Fort Wayne	•				
Catey-Williams, Mara, Gas City	•				
Fridh, Daniel W., La Porte	•				
Phillips, Gregory E., Columbus	•				
Platt, Jeffrey A., Indianapolis	•				
Sertich, Louis R., Merrillville	•				
Szakaly, Martin R., South Bend	•				
Thomas, J. Mark, Seymour	•				

Iowa**Delegates 5**

Bokemper, Richard K., Sergeant Bluff	•		•	•	•
Davidson, David W., Urbandale	•	•	•	•	•
Mariani, Mary L., Davenport	•	•	•	•	•
Peckosh, Valerie B., Dubuque	•	•	•	•	•
Strohman, William E., Algona	•	•	•	•	•

Alternates

Johnsen, David C., Iowa City	•				
Kegler, Daniel G., Independence	•				
Kell, Kathryn A., Davenport	•				
Markham, Mark D., Atlantic	•				
Peek, Thomas L., Cedar Rapids	•				

	REGISTERED	MEETINGS			
		1	2	3	4

Kansas**Delegates 4**

Cassidy, Kevin M., Topeka	•	•	•	•	+
Hale, Hal, Wichita	•	•	•	•	•
Herwig, Robert V., Lenexa	•	•	•	•	
Oettmeier, Bert W., Jr., Leawood	•	•	•	•	•

Alternates

Hamel, O. Andy, II, Martin	•				
Herre, Craig W., Leawood	•				
Roufs, Brett A., Newton	•				
Wagle, Jason, Wichita	•				+

Kentucky**Delegates 6**

Elliott, O. Andy, II, Martin	•	•	•	•	•
Hill, J. D., Irvine	•	•	•	•	•
Howard, H. Fred, Harlan	•	•	•	•	•
Johnson, Mike, Owensboro	•	•	•	•	•
Largent, Beverly A., Paducah	•	•	•	•	•
Lee, William E., Lexington	•		•	•	•

Alternates

Curry, Barry D., Owensboro	•				
Norris, Terry L., Owensboro	•				
Price, Dennis R., Louisville	•				
Robertson, Stephen W., Bowling Green	•				
Wall, Kevin S., Ft. Wright	•				

Louisiana**Delegates 6**

Barsley, Robert E., Ponchatoula	•	•	+		•
Chaney, Mark S., New Orleans	•	•	•	•	
Foy, Charles B., Jr., Madisonville	•	•	•	•	•
Hebert, Edward J., Lake Charles	•	•	•	•	•
Roberts, Gary L., Shreveport	•	•	+	•	
Simon, Denis E., III, Baton Rouge	•	•	+	•	•

Alternates

Dunaway, Lige F., III, Lafayette					
Garrett, Marty B., Baton Rouge	•				•
Hadlock, William A., Baton Rouge	•		+		
Hooton, Jeff, Monroe	•		+		•
Soileau, Kristi M., New Orleans	•		+		
Zeringue, Curtis J., Mathews	•				

Maine**Delegates 3**

Dow, Jeffrey D., Newport	•	•	•	•	•
Mazur-Kary, Michelle L., Auburn	•	•	•	•	•
Tourigny, Dean G., Biddeford	•	•	•	•	•

Alternates

Kouzounas, Demitroula, Scarborough	•				
Woods, Karl P., Houlton	•				
Zimmerman, Paul S., Winthrop	•				

Maryland**Delegates 7**

a'Becket, Thomas R., Laurel	•	•	•	•	•
Antonelli, Morris, Kensington	•	•	•	•	•
Brown, Wendy A., Columbia	•	•	•	•	•
Doring, Kevin R., Edgewater	•	•	•	•	•

• Delegate or alternate attended the meeting; + Delegate or alternate attended a portion of the meeting.

		MEETINGS			
	REGISTERED	1	2	3	4
Fridley, Arthur C., Temple Hills	•	•	•	•	•
Nuger, Marc G., Glen Burnie	•	•	•	•	•
Ziomek, Mary M., Rockville	•	•	•	•	•

Alternates

Christopher, Anne E., Baltimore	•
Kelley, Richard M., Emmitsburg	•
Liang, Christopher G., Potomac	•
Romaine, Diane D., Frostburg	•
Shepley, George R., Baltimore	•
Slotke, Craig E., Baltimore	•
Wilson, Robert J., Jr., Gaithersburg	•

Massachusetts**Delegates 13**

Becker, David B., Revere	•	•	•	•	•
Friedman, Paula K., Boston	•	•	•	•	•
Giamberardino, Anthony N., Medford	•	•	•	•	•
Hjorth, Peter, Peabody	•	•	•	•	•
Jusseume, Michel A., Westport	•	•	•	•	•
Lustbader, David, Quincy	•	•	•	•	•
Martin, Raymond K., Mansfield	•	•	•	•	•
Moriarty, Janis C., Malden	•	•	•	•	•
Shea, Stephen J., Lancaster	•	•	•	•	•
Silvius, Charles L., Revere	•	•	•	•	•
Swiderski, Edward, Uxbridge	•	•	•	•	•
Wasserman, Michael H., Pittsfield	•	•	•	•	•
Welch, Edward J., Northampton	•	•	•	•	•

Alternates

Dennis, William R., Shrewsbury	•
Fisher, John P., Salem	•
Gagne, Charles A., North Grafton	•
Leland, Robert, Hanover	•
Marchand, Richard D., Yarmouth Port	•
Owen, John C., Needham	•
Raayai, Tofigh, Everett	•
Torresi, Thomas P., Methuen	•
Trowbridge, Thomas A., Lowell	•
Wise, Jay, Lee	•
Zolot, Howard M., North Andover	•

Michigan**Delegates 17**

Barsamian, Mark T., Garden City	•	•	•	•	•
Burling, Charles K., Dowagiac	•	•	•	•	•
Carter, John L., Midland	•	•	•	•	•
Cilla, Brian L., Grandville	•	•	•	•	•
Hamerink, Howard A., Plymouth	•	•	•	•	•
Harris, Stephen R., Farmington	•	•	•	•	•
Jeffers, Gary E., Northville	•	•	•	•	•
Johnson, Zelton G., Flint	•	•	•	•	•
Johnston, Jeffrey W., Sterling Heights	•	•	•	•	•
Johnston, Mark M., Lansing	•	•	•	•	•
Makowski, Martin, Clinton Township	•	•	•	•	•
Meldrum, William S., Birmingham	•	•	•	•	•
Merchant, Virginia A., Grosse Point	•	•	•	•	•
Palm, Norman V., Grand Rapids	•	•	•	•	•
Peters, Debra A., Grand Rapids	•	•	•	•	•
Verhagen, Connie M., Muskegon	•	•	•	•	•
Young, Michael L., Sterling Heights	•	•	•	•	•

Alternates

Aksu, Mert N., Ann Arbor	•
Colbert, Cules C., Jr., Detroit	•
Dater, Steven M., Rockford	•

		MEETINGS			
	REGISTERED	1	2	3	4
Dawley, Joanne, Southfield	•				
Goodsell, Thomas C., Battle Creek	•				
Hennessy, Rhonda J., Holly	•				
Kolling, Josef N., Ann Arbor	•				
Lantz, Marilyn S., Saline	•				
Mack, Vincent P., Traverse City	•				
Murdoch-Kinch, Carol A., Ann Arbor	•				
Owens, Jerel, Detroit					
Richards, Robert D., Hancock	•				
Ruskin, Danielle R., New Hudson	•				
Smiley, Christopher J., Grand Rapids	•				
Smiley, Colette R., Rockford	•				
Soto, Lisandra, Portage	•				
Tremblay, Robert, Huntington Woods	•				

Minnesota**Delegates 9**

Bergsrud, Michelle L., Minnetonka	•	•	•	•	•
Flor, Timothy J., Waseca	•	•	•	•	•
Flynn, Michael T., Winona	•	•	•	•	•
Jess, Lee D., Grand Rapids	•	•	•	•	•
Kurkowski, Michael A., Shoreview	•	•	•	•	•
Lambert, Douglas L., Edina	•	•	•	•	•
Sjulson, Roger W., Fosston	•	•	•	•	•
Templeton, R. Bruce, Edina	•	•	•	•	•
Zakula, Michael, Hibbing	•	•	•	•	•

Alternates

Jurkovich, Mark W., Chisago City	
Rauk, Kimberly, Alexandria	•
Zenk, James K., Montevideo	•

Mississippi**Delegates 3**

Donald, W. Mark, Louisville	•	•	•	•	•
Dumas, James R., Jr., Prentiss	•	•	•	•	•
Singley, Dan H., Jr., Meridian	•	•	•	•	•

Alternates

Holman, John K., Tupelo	•
Kolodney, Harold, Jr., Jackson	•
Scarborough, Arthur R., Richton	•

Missouri**Delegates 7**

Baker, Gary O., O Fallon	•	•	•	•	•
McCoy, Rolfe C., Chillicothe	•	•	•	•	•
Meegan, Deborah L., Florissant	•	•	•	•	•
Raman, Prabu, Kansas City	•	•	•	•	•
Rice, William E., Webb City	•	•	•	•	•
Weinand, Kenneth J., Independence	•	•	•	•	•
Zust, Mark R., Saint Peters	•	•	•	•	•

Alternates

Butler, Robert E., Webster Groves	•
Fox, Robert G., Cape Girardeau	•
Niewald, Matthew A., Lees Summit	•
Nunemaker, Merle A., Kansas City	•
Roseman, Lori W., Saint Peters	•
Sokolowski, Joseph E., Florissant	•
Struble, David A., Ozark	•

	REGISTERED	MEETINGS			
		1	2	3	4
Montana					
Delegates 2					
Hadnot, Douglas S., Lolo	•	•	•	•	•
Newman, Roger K., Columbia Falls	•	•	•	•	•
Alternates					
Gillette, E. Jane, Bozeman	•				
Neill, Robert A., III, Butte	•				
Navy					
Delegates 2					
Michael, Joseph B., Norfolk, VA	•	•	•	•	•
Taft, Robert M., Bethesda, MD	•	•	•	•	•
Alternates					
Miksch, Vlasta, Dickerson, MD	•				
Wagner, Elaine C., McLean, VA					
Nebraska					
Delegates 3					
Hermesen, Kenneth P., Omaha	•	•	•	•	•
Hinrichs, R. Mark, Lincoln	•	•	•	•	•
Morrison, Scott L., Omaha	•	•	•	•	•
Alternates					
Hodges, Eric D., Omaha	•				
St. Germain, Henry A., Jr., Lincoln	•				
Wieting, Scott, York	•				
Nevada					
Delegates 3					
Banks, Michael P., Las Vegas	•	•	•	•	•
Brooks, Dwyte E., Las Vegas	•	•	•	•	•
Miller, Jade A., Reno	•	•	•	•	•
Alternates					
Rose, Stephen C., Las Vegas	•				
Trujillo, Gilbert, Reno	•				
New Hampshire					
Delegates 3					
Baldassarre, Pamela Z., Bedford	•	•	•	•	•
Reynolds, Glenda C., Belmont	•	•	•	•	•
Wilson, Kevin, Milford	•	•	•	•	•
Alternates					
Kochhar, Puneer, Rochester	•				
Rosato, Richard J., Concord	•				
Simpson, Earle W., Jr., Bedford					
New Jersey					
Delegates 12					
Carotenuto, Frank, Roselle Park	•	•	•	•	•
Chinoy, Walter I., Scotch Plains	•	•	•	•	•
Fink, Steven R., Kinnelon	•	•	•	•	•
Ghisalberti, Luciano, Ridgefield	•	•	•	•	•
Graham, Frank J., Teaneck	•	•	•	•	•
Isaacson, Richard D., West Long Branch	•	•	•	•	•
Kahn, Richard B., New Brunswick	•	•	•	•	•
Novasack, George F., Somers Point	•	•	•	•	•
Rich, Barbara Ann, Cherry Hill	•	•	•	•	•
Riva, Richard D., Chatham	•	•	•	•	•

	REGISTERED	MEETINGS			
		1	2	3	4
Shekitka, Robert A., Millburn	•		•	•	•
Whitman, Sidney A., Hamilton Square	•	•	•	•	•
Alternates					
Babinowich, Fredrick P., Mercerville					
Benkel, Herbert D., River Edge	•				
Colton, Harris N., Cherry Hill	•				
Donati, David P., Brigantine	•				
Giantomas, Robert A., Toms River	•				
Krantz, Daniel B., Somerset					
Mermelstein, Jeffrey, Livingston					
Messana, Michael M., East Rutherford	•				
Pomerantz, Kenneth, Union	•				
Rempell, Jeffrey H., Clifton	•				
Sterritt, Frederic C., Belle Mead	•				
Weger, Robert E., Covent Station	•				
New Mexico					
Delegates 3					
Merritt, Kennedy W., Clovis	•	•	•	•	•
Moore, David T., Albuquerque	•	•	•	•	•
Schripsema, Thomas J., Albuquerque	•	•	•	•	•
Alternates					
LoPour, David G., Albuquerque	•				
Manz, Julius N., Farmington	•				
Petropoulos, Terry Ann, Albuquerque					
New York					
Delegates 41					
Andolina, Richard, Hornell	•	•	•	•	•
Barnashuk, Frank C., Orchard Park	•	•	•	•	•
Bauman, Mark A., Saratoga Springs	•	•	•	•	•
Bellohusen, Ronald M., Elmira	•	•	•	•	•
Buhite, Robert, II, Rochester	•	•	•	•	•
Chillura, Anthony E., New York	•	•	•	•	•
Coleton, Stuart H., Chappaqua	•	•	•	•	•
Doherty, Robert J., White Plains	•	•	•	•	•
Dolin, James F., Hicksville	•	•	•	•	•
Doundoulakis, James H., New York	•				
Dowd, Brendan P., Niagara Falls	•	•	•	•	•
Emmanuele, Roland C., Newburgh	•	•	•	•	•
Epel, Lidia M., Rockville Center	•	•	•	•	•
Feinberg, Edward, Scarsdale	•	•	•	•	•
Friedman, Joel M., New York	•	•	•	•	•
Gehani, Chandurpal P., Jackson Heights	•	•	•	•	•
Gellert, Jonathan R., Lowville	•	•	•	•	•
Henner, Kevin A., Deer Park	•	•	•	•	•
Jhaveri, Viren L., Old Westbury	•	•	•	•	•
Krishnan, Prabha, Forest Hills	•	•	•	•	•
Lagner, John E., East Northport	•	•	•	•	•
Laux, Ronald J., Elmira	•	•	•	•	•
Leary, Paul R., Smithtown	•	•	•	•	•
Ledner, Jay, Little Neck	•	•	•	•	•
Lieb, Howard I., Staten Island	•	•	•	•	•
Madonian, Margaret, Liverpool	•	•	•	•	•
Miller, David J., East Meadow	•	•	•	•	•
Palmaccio, Frank J., Plainview	•	•	•	•	•
Peskin, Robert M., Garden City	•	•	•	•	•
Purcell, Judith A., Troy	•	•	•	•	•
Ratner, Craig S., Staten Island	•	•	•	•	•
Reyes, Reneida, Brooklyn	•	•	•	•	•
Riesner, Neal R., Scarsdale	•	•	•	•	•
Schimmel, Sanford, Bronx	•	•	•	•	•
Senzer, Jeffrey S., New York	•	•	•	•	•
Sukmonowski, Patricia L., New York	•	•	•	•	•

• Delegate or alternate attended the meeting; + Delegate or alternate attended a portion of the meeting.

	REGISTERED	MEETINGS			
		1	2	3	4
Travagliato, Charles S., Hamburg	•	•	•	•	•
Vorrasi, Andrew G., Rochester	•	•	•	•	
Weinberger, Mark J., Troy	•	•	•	•	•
Weisfuse, Deborah, New York	•	•	•	•	•
Wetzel, Frederick W., Schenectady	•	•	•	•	•

Alternates

Arvystas, Michael G., New York	
Breault, Michael R., Schenectady	
Bresin, Howard J., Albany	•
Constantine, John, Yonkers	•
Cuomo, Anthony M., Carmel	•
Essig, Steven L., Ravena	•
Fitzgerald, James J., Garden City	
Galati, James E., Clifton Park	•
Gehani, Rekha C., Jackson Heights	•
Granger, Albert, Garden City	•
Grassi, Michael D., Rochester	•
Harrison, Wayne S., Gloversville	•
Jaiswal, Meena, Massapequa	•
Jonke, Guenter J., Stony Brook	•
Kalman, Doron, Elmhurst	
Karp, William, Manlius	•
Levine, Marci, New York	•
Levitt, Neal R., Webster	•
Maranga, Maria C., Aquebogue	
Markowitz, Paul, Islandia	
McIntyre, John S., Brooklyn	
Mears, Ernest, Jr., Oswego	•
Miller, Edward J., New York	•
Modica, Joseph S., Williamsville	
Mota-Martinez, Mercedes, Corona	
Nasca, John J., Williamsville	•
Patella, Paul A., Hartsdale	
Perna, Alfonso J., Binghamton	•
Porcelli, Eugene G., Garden City	
Segelnick, Stuart, Brooklyn	
Seiver, Jeffrey, East Islip	•
Seminara, Robert A., Staten Island	
Shipper, David M., New York	
Shreck, Michael, New Hyde Park	•
Silvestri, Mario A., Vestal	•
Snyder, Steven I., Brentwood	•
Stahl, Berry, Englewood	
Tauber, Robert, Mount Kisco	•
Vallejo, Beatriz, Jamaica	•

North Carolina**Delegates 10**

Bolton, Cynthia A., Summerfield	•	•	•	•	•
Breeland, Nona I., Chapel Hill	•	•	•	•	•
Card, Rex B., Raleigh	•	•	•	•	•
Harrell, James A., Jr., Elkin	•	•	•	•	•
Hollowell, Robert P., Jr., Morrisville	•	•	•	•	•
Jewell, Wilson O., Wilmington	•	•	•	•	•
Litaker, William M., Jr., Hickory	•	•	•	•	•
Oyster, Gary D., Raleigh	•	•	•	•	•
Plage, Robert G., Wilmington	•	•	•	•	•
Williams, William E., Greenville	•	•	•	•	•

Alternates

Buchanan, John G., Lexington	•
Cashion, Scott W., Greensboro	•
Cheek, Daniel K., Hillsborough	•
Harrell, Gavin G., Elkin	•
King, Rebecca S., Raleigh	•
May, Kenneth N., Jr., Chapel Hill	•

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Mc Kaig, Bettie R., Raleigh	•				
Teague, James J., Asheville	•				
Venezie, Ronald D., Apex	•				
Wilson, Margaret B., Greenville	•				

North Dakota**Delegates 2**

Lauf, Robert C., Jr., Mayville	•	•	•	•	•
Seeley, Ron J., Williston	•	•	•	•	•

Alternates

Fallgatter, Alison M., Mayville	•
Neuberger, Lonnie S., Dickinson	•

Ohio**Delegates 16**

Bronson, Mark E., Cincinnati	•	•	•	•	•
Casamassimo, Paul S., Columbus	•	•	•	•	•
Connell, Christopher M., Lyndhurst	•	•	•	•	•
Crowley, Joseph P., Cincinnati	•	•	•	•	•
Gardner, Kim L., Chardon	•	•	•	•	•
Halasz, Michael H., Kettering	•	•	•	•	•
Hering, Denise L., Reynoldsburg	•	•	•	•	•
Hess, Roger, Lyndhurst	•	•	•	•	•
Jerome, Jennifer J., Akron	•	•	•	•	•
Kelly, Thomas S., Beachwood	•	•	•	•	•
Kramer, John N., Martins Ferry	•	•	•	•	•
Matanzo, Thomas, Wintersville	•	•			
Moore, Steven R., West Chester	•	•	•	•	•
Paumier, Thomas M., Canton	•	•	•	•	•
Pelok, Brett S., Toledo	•	•	•	•	•
Zucker, William J., Sandusky	•	•	•	•	•

Alternates

Adams, Roderick H., Jr., Cleveland	•
Burns, Richard H., Jr., New Philadelphia	•
Esterburg, Jeffrey C., Medina	
Farinacci, David J., North Canton	•
Fields, Henry W., Jr., Columbus	•
Haid, Tara L., Worthington	•
Kale, Jennifer A., Twinsburg	•
Kastner, Michael J., Toledo	•
Lemmo, Ronald P., Wickliffe	•
Marshall-Petroff, Cynthia J., Norton	•
Mazzola, Robert L., Miamisburg	•
Null, Scott A., Newark	•
Schaeffer, Michael T., Cincinnati	•
Smith, John P., Jr., Logan	•
Waldman, David S., Youngstown	•
Wynn, Mary E., Cincinnati	•

Oklahoma**Delegates 5**

Auld, Douglas, McAlester	•	•	•	•	•
Cohlma, Raymond A., Oklahoma City	•	•	•	•	•
Glenn, Stephen O., Tulsa	•	•	•	•	•
Hogg, Steven W., Broken Arrow	•	•	•	•	•
Waugh, W. S., Edmond	•	•	•	•	•

Alternates

Berg, Tamara, Yukon	•
Bridges, C. Todd, Lawton	•
Jones, Krista M., Edmond	•
Wood, C. Rieger, III, Tulsa	•
Young, Stephen K., Oklahoma City	•

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Oregon**Delegates 6**

Asai, Rickland G., Portland	•	•	•	•	•
Barichello, Teri L., Portland	•	•	•	•	•
Benson, Sean A., Baker City	•	•	•	•	•
Johnson, Dennis A., Portland	•	•	•	•	•
Larson, Judd R., Central Point	•	•	•	•	•
Price, Jill M., Portland	•	•	•	•	•

Alternates

Carneiro, K. David, Astoria	•				
Dowsett, David J., Portland	•				
Jones, Gregory B., Hermitton					
Stewart, Jeffery C. B., Portland	•				
Watts, Renee E., Springfield					
Young, Joni D., Salem	•				

Pennsylvania**Delegates 18**

Aldinger, D. Scott, Lehighton	•	•	•	•	•
Boyle, James M., York	•	•	•	•	•
Charlton, Dennis J., Sandy Lake	•	•	•	•	•
Dishler, Bernard P., Elkins Park	•	•	•	•	•
Gamba, Thomas W., Philadelphia	•	•	•	•	•
Glecos, William G., Erie	•	•	•	•	•
Grove, John, Jersey Shore	•	•	•	•	•
Heier, Ronald K., Malvern	•	•			
Himmelberger, Linda K., Devon	•	•	•	•	•
Kwasny, Andrew J., Erie	•	•	•	•	•
Larson, David R., Hummelstown	•	•	•	•	•
Newman, Wade, Bellefonte	•	•	•	•	•
Nordone, Thomas, Bryn Mawr	•	•	•	•	•
Petratis, Thomas C., Du Bois	•	•	•	•	•
Ray, Herbert L., Jr., Leechburg	•	•	•	•	•
Selcher, Samuel E., Middletown	•	•	•	•	•
Shuman, Michael S., Blandon	•	•	•	•	•
Spruill, William T., Carlisle	•	•	•	•	•

Alternates

Axler, Jerrold H., Chesterbrook	•		•		
Bushick, Ronald D., Glen Mills	•				
Cerveris, Michael D., Chambersburg	•				
Chorazy, Chester J., Pittsburgh	•				
Davis, Gary S., Shippensburg	•				
Gross, Ronald B., Radnor	•			•	
Hoffman, R. D., Pittsburgh	•				
Klatte, Kevin J., Philadelphia	•				
Meci, John L., Coplay	•				
Nase, John B., Harleysville	•				
Parrett, Steven M., Chambersburg	•				
Passeri, Lauri, Wind Gap	•				
Rosenthal, Nancy R., Jenkintown	•				
Ross, Joseph E., New Castle	•				
Sameroff, Jeffrey B., Pottstown	•				
Schwartz, David A., Wyomissing	•				

Public Health**Delegates 2**

Noyes, Deborah, Lorton, VA	•	•	•	•	•
Van Pelt, Lynn C., Gaithersburg, MD					

Alternates

Bailey, William D., Atlanta, GA	•	•	•	•	•
Joskow, Renee W., Bethesda, MD	•				

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Del Valle-Sepulveda, Edwin, Caguas	•	•	•	•	•
Gonzalez-Garcia, Ramon F., Guaynabo	•	•	•	•	

Alternates

Medina, Thomas M., Cayey					
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Rhode Island**Delegates 3**

Brown, Steven A., East Greenwich	•	•	•	•	•
Cavicchio, Barbara M., North Providence	•	•	•	•	•
Connor, Francis A., Jr., Pawtucket	•	•	•	•	•

Alternates

Dodge, Jeffrey E., Woonsocket	•				
Royer, Marian A., Portsmouth	•				
Verbeyst, John W., Pawtucket	•				

South Carolina**Delegates 5**

Fair, Julian H., III, Wagener	•	•	•	•	•
Gardner, H. Lee, Jr., Hartsville	•	•	•	•	•
Hewitt, Richard F., Greenville	•	•	•	•	•
Mercer, James E., Columbia	•	•	•	•	•
Rawls, Douglas S., North Charleston	•	•	•	•	•

Alternates

Edmonds, Thomas R., West Columbia	•				
Jabbour, Elizabeth A., Spartanburg	•				
Maxwell, Charles B., Johnsonville					
Sanders, John J., Charleston	•				
Wise, Edward M., Sr., Beaufort	•				

South Dakota**Delegates 2**

Hajek, Thomas J., Huron	•	•	•	•	•
Thaler, Melvin N., Sioux Falls	•	•	•	•	•

Alternates

Bechtold, Monty D., Pierre	•				
Bierschbach, Mark A., Milbank	•				

Tennessee**Delegates 7**

Avery, James G., Memphis	•	•	•	•	•
Beauchamp, K. Jean, Clarksville	•	•	•	•	•
Greenblatt, Charles L., Jr., Knoxville	•	•	•	•	•
Hight, James R., Jr., Jackson	•	•	•	•	•
McDaniel, James W., Chattanooga	•	•	•	•	•
Sebelius, Carl L., Jr., Memphis	•	•	•	•	•
Underwood, Thomas S., Nashville	•	•	•	•	•

Alternates

Cullum, Paul E., Columbia	•				
Malin, David M., Brentwood	•				
McNeely, David E., Jr., Elizabethton	•				
Orwick-Barnes, Susan M., Knoxville	•				
Osborn, John C., Maynardville	•				
Robbins, Morris L., Jr., Memphis	•				
Sullivan, John H., Lexington	•				

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Adkins, Jay C., Lubbock	•	•	•	•	•
Armstrong, Craig S., Houston	•	•	•	•	•
Black, Richard C., El Paso	•	•	•	•	•
Bogan, Douglas W., Houston	•	•	•	•	•
Chancellor, James W., San Antonio	•	•	•	•	•
Coleman, J. Preston, San Antonio	•	•	•	•	•
Collins, Ron, Houston	•	•	•	•	•
Condrey, James D., Missouri City	•	•	•	•	•
Hall, Glen D., Abilene	•	•	•	•	•
Hervig, Larry D., Dallas	•	•	•	•	•
Hunke, Philip H., McAllen	•	•	•	•	•
Israelson, Hilton, Richardson	•	•	•	•	•
McCauley, Dan P., Mount Pleasant	•	•	•	•	•
Miller, Donna G., Woodway	•	•	•	•	•
Moore, Alan B., Austin	•	•	•	•	•
Oneacre, Lee P., Flower Mound	•	•	•	•	•
Peppard, Richard M., Austin	•	•	•	•	•
Rhea, Ronald L., Houston	•	•	•	•	•
Roberts, Matthew B., Crockett	•	•	•	•	•
Robertson, Charles A., III, Corpus Christi	•	•	•	•	•
Spradley, Larry W., Keller	•	•	•	•	•
Stuart, Michael L., Sunnyvale	•	•	•	•	•
Worsham, Debrah J., Center	•	•	•	•	•

Alternates

Bainbridge, Jean E., Dallas	•				
Cammarata, Rita M., Houston	•				
Cazares, Jose L., Jr., McAllen	•				
Chavarria, Arnaldo, El Paso	•				
Cooley, Ralph A., Conroe	•				
Gerlach, William H., Plano	•				
Gibson, Kathy T., Houston	•				
Harrison, Thomas C., Katy	•				
Heinrich-Null, Lisa A., Victoria	•				
Heyen, Don W., Wichita Falls	•				
Lee, Ronald, Colleyville	•				
May, Amos D., Abilene	•				
McCarley, David H., Mc Kinney	•				
Morchat, Arthur C., Kilgore	•				
Nantz, William S., Beaumont	•				
Niessen, Linda C., Dallas	•				
Sanders, Lance V., Austin	•				
Schwartz, Stephen F., Houston	•				
Walker, Carolyn B., San Antonio	•				
Wilhite, David H., Plano	•				

Utah**Delegates 4**

Boseman, J. Jerald, Salt Lake City	•	•		•	
Bowen, Ronald S., Midvale	•	•	•	•	•
Crawford, Gary L., Orem	•	•	•		•
Williamson, James M., Salt Lake City	•	•	•	•	•

Alternates

Bekker, James H., Sandy	•				
Cowley, Mark V., Ogden	•		•		•
Nielsen, R. Blake, Salt Lake City					
Theurer, Scott L., Logan	•				

Vermont**Delegates 2**

Berkowitz, Jeffrey, South Burlington	•	•	•	•	•
Fisch, Judith M., Rutland	•	•	+	+	•

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Alternates

Averill, David C., Burlington	•		+	+	
McLean, David E., Saint Johnsbury	•				

Veterans Affairs**Delegates 2**

Arola, Patricia E., Washington, D.C.	•	•	•	•	•
Ball, John D., Grand Prairie, TX	•	•	•	•	•

Alternates

Hatch, Craig L., Chagrin Falls, OH	•				
O'Toole, Terry G., Grand Prairie, TX	•				

Virgin Islands**Delegate 1**

Buska, Kurt, Christiansted	•	•	•	•	•
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Virginia**Delegates 10**

Adams, Anne C., Richmond	•	•	•	•	•
Barnes, Richard D., Hampton	•	•	•	•	•
Bell, Alonzo M., Alexandria	•	•	•	•	•
Crabtree, Mark A., Martinsville	•	•	•	•	•
Gillespie, M. Joan, Alexandria	•	•	•	•	•
Howell, Ralph L., Jr., Suffolk	•	•		•	•
Klima, Rodney J., Burke	•	•	•	•	•
Norbo, Kirk, Waterford	•	•	•	•	•
Vlahos, Gus C., Dublin	•	•	•	•	•
Weisberg, Edward J., Norfolk	•	•	•	•	•

Alternates

Abbott, Michael A., Salem	•				
Anderson, David C., Alexandria	•				
Certosimo, Alfred J., Mechanicsville	•				
Dougherty, William V., III, Falls Church	•				
Hutchison, Bruce R., Centreville	•				
Link, Michael J., Newport News	•				
Price, McKinley L., Newport News	•				
Reynolds, Elizabeth C., Richmond	•				
Sherwin, J. Ted, Orange	•				
Wood, Roger E., Richmond	•				

Washington**Delegates 11**

Edgar, Bryan C., Federal Way	•	•	•	•	•
Edgar, Linda J., Federal Way	•	•	•	•	•
Houten, David, Kelso	•	•	•	•	•
Lawton, Lawrence R., Mead	•	•	•	•	•
Middaugh, Dan G., Seattle	•	•	•	•	•
Ogata, Gregory Y., Sammamish	•	•	•	•	•
Ogata, Randy, Seattle	•	•	•	•	•
Ribary, James L., Gig Harbor	•	•	•	•	•
Walsh, Douglas P., Seattle	•	•	•	•	•
Warner, Danny G., Vancouver	•		•	•	•
Wentworth, Rodney B., Bellevue	•	•	•	•	•

Alternates

Buehler, D. M., Yakima	•				
Hakes, Katherine, Spokane					
Heyamoto, Gary E., Woodinville	•				
Jennings, Mary S., Walla Walla	•				
Larson, Bernard J., Mount Vernon	•				
Minahan, Dave M., Kenmore	•				
Peterson, Lorin D., Cle Elum	•				

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Spektor, Michael D., Bellevue	•				
Williams, Laura, East Wenatchee	•				
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Eder, B. S., South Charleston	•	•	•	•	•
Eller, David M., Huntington	•	•	•	•	•
Smith, J. Christopher, Charleston	•	•	•	•	•
Alternates					
Allen, Leonard F., IV., Charleston	•				
Leslie, Thomas W., Berkeley Springs	•				
Najar, David A., Princeton					
Wisconsin					
Delegates 9					
Durtsche, Timothy B., La Crosse	•	•	•	•	•
Kenyon, David J., Altoona	•	•	•	•	•
Masak, John G., Appleton	•	•	•	•	•
Murphy, Ned J., Racine	•	•	•	•	•
Raimann, Thomas E., Hales Corners	•	•	•	•	•
Rodriguez, Julio H., Brodhead	•	•	•	•	•
Shoemaker, Eugene B., Waukesha	•	•	•	•	•
Stoll, Steven J., Neenah	•	•	•	•	•
Vandehaar, Kent L., Chippewa Falls	•	•	•	•	•

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Alternates					
Brennan, Robert J., Neenah	•				
Brysh, L. Stanley, Madison	•				
Clemens, Dave, Wisconsin Dells	•				
Fox, Julie A., Wausau	•				
Hebl, Monica, Milwaukee	•				
Levine, Paul S., Milwaukee	•				
Lobb, William K., Mukwonago	•				
Lofthouse, Richard M., Fennimore	•				
Nockerts, Thomas J., Green Bay	•				
Wyoming					
Delegates 2					
Okano, David K., Rock Springs	•	•	•		•
Roussalis, John E., II, Casper	•				
Alternates					
Bergien, Tyler, Jackson	•				
Sybrant, Arnie, Casper	•		•	•	•

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