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ADA American Dental Association®

America's leading advocate for oral health

2012

Transactions

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Minutes of the Board of Trustees

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Minutes of the Board of Trustees

January 11, 2012 Special Telephonic Meeting of the Board of Trustees

Call to Order: A special telephonic meeting of the ADA Board of Trustees was called to order by Dr. William R. Calnon, president, on Wednesday, January 11, 2012 at 5:06 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. William R. Calnon, Robert A. Faiella, Kenneth J. Versman, J. Thomas Soliday, Edward Leone, Jr., Kathleen O'Loughlin, Jeffrey D. Dow, Dennis W. Engel, Maxine Feinberg, 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, Gary S. Yonemoto.

Drs. Patricia Blanton and Steven Gounardes were excused. A quorum was present.

Invited Guest: Dr. Mark Zust, chair, Council on Dental Practice.

Staff: Mr. Craig Busey, chief legal counsel; Dr. Joseph McManus, senior vice president, Dental Practice/ Professional Affairs; Mr. Jerome Bowman, managing vice president, Administrative Services; Mr. James Willey, director, Council on Dental Practice; Dr. Pamela Porembski, senior manager, Council on Dental Practice, Dr. Marko Vujicic, managing vice president; Health Policy Resources Center; Ms. Wendy Wils, deputy chief legal counsel; and Mr. Jeffrey Fraum, senior associate general counsel.

Dr. Calnon called the meeting to order and read the conflict of interest disclosure statement. Dr. Calnon reiterated the purpose of the special meeting which was to review a report from the Council on Dental Practice in response to Resolution B-223-2011 and to receive an informational report from Dr. O'Loughlin regarding the Presidential Gala.

Report of the Council on Dental Practice: Evaluation of the ECG Management Consultant's Proposal: Dr. Zust noted the charge given to the Council by the Board at its December 2011 session.

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 of oral health care delivery in the United States, and be it further **Resolved**, that should the study be approved by the ADA BOT, 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.

He discussed the recommendations from CDP's Conference Call Report of December 28, 2011. Dr. Zust reported that there was unanimous support from the CDP that the ECG study should go forward and noted several Council recommendations regarding the study. The Council further recommended that:

ECG perform the data collection for the study, rather than the ADA, in order to eliminate any
potential perception of bias;

- any contract language that would prohibit the external use of the study by the ADA should be eliminated; and
- the scope of practice of the dental therapist modeled in the study should not be limited to a
 pediatric population.

Dr. Zust also noted the Council's recommendation that the Board discuss the selection of states used in the study. During the CDP conference call, the staff was directed to obtain an estimate for the cost of a template that could be used by the ADA or constituent societies for future studies. An estimate of \$11,000 was received and, if approved through a supplemental request by the Board, would alleviate concerns over the initial selection of states.

On vote, the Board adopted the following amended resolution.

B-2-2012. Resolved, that the ECG Management Consultants' study of five additional states, as recommended by the State Public Affairs Oversight Committee, should go forward, and be it further **Resolved,** that a dental therapist model should be studied as one of the three midlevel models, in lieu of the pediatric therapist described in the California study, and be it further **Resolved,** that ECG should perform the data collection, subject to oversight and review by an ADA steering committee, and be it further **Resolved,** that the clause in ECG's standard policies and conditions, specifying internal or external uses of the studies, would not be included in the contract.

On behalf of the Board, Dr. Calnon expressed appreciation to the Council members and staff on completing this review within a very short timeframe.

Update on the Presidential Gala: Dr. O'Loughlin updated the Board on the current status of the Presidential Gala scheduled on Monday of this year's annual session (2012) in San Francisco. After discussion with ADAF President and Executive Director, plans to establish the Presidential Gala as an ADAF event highlighting the 10th Anniversary of the Give Kids a Smile program, and honoring the ADA volunteer leadership. This will not disrupt current affiliate events such as the American College of Dentists or the International College of Dentists events. Going forward into 2013, the ADAF Gala event will most likely be moved to the Friday of the meeting to take advantage of the presence of industry at the meeting, and the potential for their strong support of an ADA Foundation event, similar in a way to the Oral Health America event during the Chicago Mid-Winter meeting. The only event that may be impacted could be the International College of Dentists, and discussions will be had with ICD during 2012 to assess the impact and to determine the plan for the 2013 annual session. The Board will be informed as the Council on ADA Sessions and the ADA Foundation make further progress on this change.

Adjournment

The Special Session of the Board adjourned at 5:50 p.m.

Minutes of the Board of Trustees

March 4–7, 2012 Headquarters Building, Chicago

Call to Order: The third regular session of the Board of Trustees of the American Dental Association was called to order by Dr. William R. Calnon, president, on Sunday, March 4, 2012, 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.

Dr. Soliday announced that a quorum was present.

Guests in attendance for a portion of the meeting included: Dr. Mark Zust, chair, Council on Dental Practice (via telephone conference call), and Dr. James Richeson, chair, Council on Dental Benefit Programs (via telephone conference call); Dr. Chris Salierno, vice chair, New Dentist Committee; Gene Wurth, executive director, ADA Foundation; David Westman, Janelle Brittain and Dave Fellers, representatives of Westman & Associates; and Paula Cozzi Goedert, Esq., Barnes & Thornburg LLP.

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; 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 for all or portions of the meeting were: Catherine Mills, director, Council on ADA Sessions; 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*; Alyna Johnson, coordinator, Publications and Projects, Administrative Services; Elizabeth Shapiro, ADA Hillenbrand Fellow; and Wendy J. Wils, Esq., deputy chief legal 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.

Preliminary

Approval of Agenda and Consent Items: A combined agenda and consent calendar was presented for the Board's consideration. Several reports were identified in advance of the meeting as non-consent items and Board members had the opportunity to remove additional reports from the consent calendar for discussion and action.

It was suggested that Resolution B-5—Approval of the Agenda and Consent Items—should be divided and each resolving clause acted on individually. Hearing no objections, the Board adopted the following resolutions.

B-5a-2012. 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.

B-5b-2012. Resolved, that Board reports identified [on the amended consent calendar] as consent items be filed and resolutions adopted.

Approval of Minutes of Previous Session: Draft minutes of the December 2011 session of the Board of Trustees were circulated in advance of the meeting for review and comment. The following resolution was adopted (consent calendar item).

B-6-2012. Resolved, that the minutes of December 11-14, 2011, session of the Board of Trustees be approved.

Report on Mail Ballot Actions: A mail ballot seeking approval of the minutes of the January 12, 2012, Special Session of the Board of Trustees was circulated to the Board via email on January 19, 2012. The following resolution was adopted unanimously by those Board members who participated in the special session of the Board (consent calendar item).

B-1-2012. Resolved, that the minutes of the January 12, 2012, special session of the Board of Trustees be approved.

Communications and Marketing

Report of the Council on Communications: MouthHealthy.org Advertising and Sponsorship Guidelines: At its December 2011 session, the Board of Trustees adopted Resolution B-203-2011 supporting the development of a website specifically dedicated to providing oral health prevention, care and treatment information, and tools for public audiences. It is projected that this website will provide revenue to the Association through commercial sponsorships and consumer advertising. The resolution also stated that the Board will review and approve the advertising guidelines before the site is launched. As requested, MouthHealthy.org Advertising and Sponsorship Guidelines were developed by the Brand Workgroup of the Council on Communications. The Senior Vice President for Communications and Marketing described the process followed in developing the guidelines, including researching websites of other organizations. On vote, the Board adopted the following resolution.

B-7-2012. Resolved, that the MouthHealthy.org Advertising and Sponsorship Guidelines be adopted.

The Sponsorship Guidelines are appended (Appendix 1).

Corporate Relations

Report of the Corporate Relations Work Group: Dr. Vigna, Work Group chair, presented Resolution B-12 which proposed expanding the membership and duties of the Corporate Relations Work Group to ensure proper volunteer oversight of new non-dues revenue opportunities. Currently the Work Group is responsible for approving major corporate sponsorships prior to execution. With the ADA to launch a Business Development function in early 2012, it was proposed that the membership of the Work Group be expanded, as necessary, and that the Work Group's responsibilities include oversight of new business ventures launched through the new Business Development group. Dr. O'Loughlin commented on the need for a core group

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of Work Group members with the flexibility to bring in additional expertise as needed based on proposed business projects.

A friendly amendment was offered proposing that the Work Group report back to the Board in June 2012. Resolution B-12, as amended, was adopted as follows:

B-12-2012. Resolved, that the responsibilities of the Corporate Relations Work Group be expanded to include oversight of Business Development, and be it further **Resolved**, that the existing Corporate Relations Workgroup review the future needs of the Business

Development Opportunities and recommend to the Board appropriate membership of the Corporate Relations Work Group, and be it further

Resolved, that the Corporate Relations Work Group report back at the June 2012 Board meeting.

Dr. Vigna also gave a brief update on the status of corporate sponsorship.

Finance and Operations

Report of the Committee on Budget and Finance: Dr. Norman, chair, presented a report on the March 3 Budget and Finance Committee meeting, identifying the major topics discussed, reports the Committee reviewed and actions taken. The Committee presented several resolutions for the Board's consideration as well as recommendations on the requests for supplemental funding from the Contingent Fund.

2013 Budget Process. As part of its review of the 2013 budget process, the Committee proposed the following resolution:

B-23. Resolved, that the Board shall not consider funding decision packages for projects previously rejected by the Board unless there is new information demonstrating a strong alignment with the ADA's published strategic plan goals and universal assessment criteria.

The Board discussed the proposed resolution. Concerns were expressed regarding the resolution potentially limiting the ability of the Board to reconsider its position on a decision package. Dr. Norman stated that this resolution is intended to streamline the budgeting process and eliminate, after the Board has rejected a decision package, reconsideration unless new information is provided or a closer tie to the Strategic Plan demonstrated. A friendly amendment to the resolution was proposed by Dr. Faiella to replace the word "consider" with the word "recommend"; the amendment was accepted. The Board considered but did not accept several other proposed amendments to Resolution B-23. On vote, the following resolution was adopted as amended.

B-23-2012. Resolved, that the Board shall not recommend funding decision packages for projects previously rejected by the Board unless there is new information demonstrating a strong alignment with the ADA's published strategic plan goals and universal assessment criteria.

CDHC Program Funding. The Budget and Finance Committee recommended the adoption of Resolution B-10 authorizing funding from the Reserves rather than from the Contingent Fund. Dr. Norman provided background on the funding of the CDHC program, noting that the House of Delegates authorized \$7 million and that the current \$800,000 request is a portion of that funding.

B-10. Resolved, that the Board of Trustees allocate additional funding in the amount of \$800,000 from the Reserve Fund or the Contingency Fund to cover projected expenses for the CDHC Program through December 2012.

On vote, the following resolution, as amended, was adopted.

B-10-2012. Resolved, that the Board of Trustees allocate additional funding in the amount of \$800,000 from the Reserve Fund to cover projected expenses for the CDHC Program through December 2012.

Prior to adopting Resolution B-10, some Board members raised concerns with the funding mechanism of the CDHC Program, indicating that the \$7 million of reserve funds should have been set aside when the House approved the program. Questions were asked about a plan to turn the program over to the states. The Senior Vice President, Dental Practice/Professional Affairs, commented on the current status of the program and licensing agreements.

Recommendations on Supplemental Appropriation Requests. The Budget and Finance Committee offered the following recommendations on supplemental appropriation requests from the Contingent Fund.

The Committee recommended funding the Positioning Research request as presented. The Board adopted the following resolution.

B-15-2012. 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 Communications (Cost Center 090-1240-000) Positioning Research – \$90,000

The Committee recommended funding the request for the Joint Leadership Meeting with the National Dental Association, Hispanic Dental Association and the Society of American Indian Dentists. The Board adopted the following resolution.

B-16-2012. 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 090-1500-000) Funding for Joint Leadership Meeting With NDA, HDA and SAID – \$10,000

The Committee recommended funding the request for the Evaluation of Officer Pay and Benefits study. The Board adopted the following resolution.

B-17-2012. 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 090-1500-000) Evaluation of Officer Pay and Benefits – \$35,000

Regarding the funding request for the ADA Center for Practice Success, the Committee recommended postponing definitely action on Resolution B-18, pending Board review and discussion of the presentation on the program.

Upon request, Dr. Norman commented on the development of guidelines for reviewing Contingent Fund requests, identifying the type of requests that would and would not be appropriate for funding. Once finalized, the guidelines will be shared with the Board.

Report of the Compensation Committee: Dr. Rich, chair, submitted a report on the major topics discussed, reports received and actions taken at the March 3, 2012, Compensation Committee meeting.

Report of the Audit Committee: Dr. Steffel, chair, on behalf of the Audit Committee, reported on the major topics discussed and reports received at its March 3, 2012, meeting. The Committee also presented several resolutions for the Board's consideration.

Insurance Review. The Committee informed the Board of the following resolution that it postponed definitely to its June 2012 meeting.

B-24. Resolved, that the ADA Legal Affairs Division be instructed to have an outside insurance review be conducted every five years.

Audit Committee Charter. The Committee presented a new Audit Committee Charter. A motion was made to postpone definitely until later in the meeting the following resolution to allow the Board additional time to review the proposed charter.

B-25. Resolved, that the section of the *Organization and Rules of the Board of Trustees* entitled "Audit Committee" be stricken in its entirety and replaced by the Audit Committee Charter in the form appended hereto as Appendix 1.

Later in the session Dr. Steffel highlighted several items in the proposed charter, including the role of the president, as well as other changes that more specifically define the composition, roles and responsibilities of the Committee. During discussion of the proposed charter, a change was highlighted to the section titled "Committee Membership, Structure and Meetings," to identify the President-elect as an *ex officio* member with the right to vote. Additional questions were raised regarding the President and President-elect serving on the Audit Committee being a possible conflict of interest based on their authority to sign contracts. Legal counsel was asked to research the question and report back before the end of this session. Subsequently, Dr. Steffel reported that the technical issues regarding the charter had been resolved, but the changes had not been reviewed and approved by the Audit Committee. Therefore, Dr. Steffel moved to postpone definitely Resolution B-25 to the June 2012 Board session; the motion to postpone definitely was adopted by the Board.

ADA/ADAF Memorandum of Understanding (MOU) on Audit Process Oversight. The Committee presented a draft Memorandum of Understanding pertaining to audit process oversight between the ADA and the Foundation. The Committee offered a resolution to approve the MOU; the Board adopted the following resolution.

B-26-2012. Resolved, that the Memorandum of Understanding between the American Dental Association and the American Dental Association Foundation relating to oversight of the audit process is approved.

The Memorandum of Understanding is appended (Appendix 2).

Report of the Pension Committee: The report of the Pension Committee was presented by Dr. Leone, chair. The report identified major topics discussed and reports received at the meeting on Saturday, March 3, 2012.

Report on the Status of the 2012 Operating Contingency Fund and Approval of Supplemental Appropriation Requests: A Contingent Fund of \$1 million was authorized in the 2012 budget. At its December 2011 session, the Board approved 2012 supplemental requests in the amount of \$20,700. For this meeting, 2012 Contingent Fund requests submitted totaled \$715,000. Based on the recommendations of the Budget and Finance Committee regarding supplemental requests submitted at this meeting, the Board adopted Resolutions B-15, B-16 and B-17, approving supplemental funding in the amount of \$135,000, leaving a Contingent Fund balance of \$844,300. Based on the recommendation of the Budget and Finance Committee, the Board postponed consideration of the supplemental request for the ADA Center for Practice Success in the amount of \$580,000, until after the discussion of the program.

B-18. 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 Membership, Tripartite Relations & Marketing and Dental Practice/Professional Affairs (Cost Center 090-1300-000)

ADA Center for Practice Success – \$580,000

After discussing the funding of the ADA Center for Practice Success, and based on the adoption of Resolution B-19b, Resolution B-18 was declared moot (see page 234).

Budget Process Briefing: The Chief Financial Officer (CFO) commented on the 2013 budget process, which was developed by a Budget Process Improvement Work Group, a subcommittee of the Budget and Finance Committee. The Work Group established goals which included enabling better business decisions through a big picture perspective of the organization, prioritizing budgeted resources across the organization using the Strategic Plan and the universal assessment criteria, ensuring input from the councils, improving the budget review process by the Administrative Review Committee and the Board, and addressing the additions to the budget through actions of the House of Delegates. The CFO commented on the use of Decision Lens in the budget process with the tool being piloted for the 2013 budget by three agencies, the priority ranking of programs by divisions, the review of the proposed budget by the Board at its June meeting, and the final review and transmittal of Board Report 2 to the House at the July Board meeting. The Board discussed the process, the criteria and use of Decision Lens, and council involvement in budget development. It was suggested that to ensure volunteer input, that the council directors be reminded to include the budget as an item on the council meeting agenda.

A request was made to provide the Board of Trustees a graphic flow chart of the budget process.

Government/Public Affairs

Report of the Senior Vice President, Government and Public Affairs: Federal and State Legislative and Regulatory Update: The written report submitted for this meeting included information on the following topics: the development of the advocacy toolkit to help state executives better understand how health care reform requirements will affect dentistry; the "Coordination of Pro-Bono Medically Recommended Dental Care Act" and the "Research Works Act"; the National School Lunch Program; voluntary food industry marketing guidelines; support for S. 1925, the "Violence Against Women Reauthorization Act"; the proposed Good Samaritan Health Professionals Act; and prescription drug abuse. State issues addressed in the report included: Medicaid and access policy update; dental benefit program legislative update; state legislative and regulatory activities; dental amalgam; dental hygiene legislation; and state dental boards.

The Senior Vice President, Government and Public Affairs, gave an oral update on activities to repeal aspects of the McCarran-Ferguson Act's antitrust exemption; gave a funding status of demonstration projects; reported on the NACA authorization of a 2.3% tax on medical devices and the potential impact on dental offices, and responded to questions on ERISA and other various topics. The Director, State Government Affairs, reported on the posting of the state toolkit in early January, and commented on the information included in that resource.

State Public Affairs (SPA) Update: Dr. Vigna, member of the SPA Oversight Committee, reported on the purpose of the SPA program and composition of the current oversight committee. Because of questions regarding the program, Dr. Vigna requested that the President establish a work group to look at the State Public Affairs Program including: governance and the appropriate level of oversight, defining staff and

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volunteer roles, and evaluation of SPA requests. It was also suggested that as part of the look at the SPA program, the work group report not only on activities but the impact of the activities.

The President stated that without objection, he would appoint a work group to look at all aspects of the SPA program; no objections were raised.

On a related SPA program matter, Dr. Vigna asked if the SPA Oversight Committee has direct access to the set aside funds of \$5 million for the SPA program authorized by Resolution 37H-2011, or is Board approval required to access the funds. Based on the language of Resolution 37H, which appears below, the Chief Legal Counsel and the Speaker agreed that any request for use of the set aside funds would need to be brought to the Board for approval.

37H-2011. Resolved, that funding of the State Public Affairs (SPA) program be increased in the amount of \$875,105 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.

The Treasurer also provided clarification on the how the \$5 million set aside is managed. There was a brief discussion on whether the set aside funding is perpetual or if it is intended for 2012 only. The Speaker suggested that the intent of the House was to provide the set aside funding for 2012 and that funding for 2013 and beyond would again require House approval.

Information Technology

Report of the Information Technology Committee: Dr. Vigna, Committee chair, reported on a new strategic direction for the IT Committee. He also reported on a proposed resolution that would discontinue the availability of printed materials for the House of Delegates beginning in 2013. The purpose of this resolution would be to complete a full transition to an electronic format for House materials, with no paper copies provided. After discussing the wording of the proposed resolution, a motion was made and approved to postpone definitely the resolution to the July Board meeting. At that time the resolution will be presented with the appropriate background statement and financial implication.

B-27a. Resolved, that the Board of Trustees transmit the following new resolution to the House of Delegates:

Resolved, that House of Delegates materials be transmitted only in an electronic format no later than 2013, and be it further **Resolved,** that Resolution 13H-2008 be rescinded.

The Chief Technology Officer gave an update on the infrastructure assessment funds, the sunsetting of the former Siebel system, the new association management system, and implementation of the new e-commerce catalog. The Managing Vice President, Publishing, commented on the success of the e-commerce catalog with catalog customer spending trends already tracking higher than 2011.

Dental Practice/Professional Affairs

Report of the Council on Access, Prevention and Interprofessional Relations: Update on the Community Dental Health Coordinator Pilot Program: The Senior Vice President, Dental Practice/ Professional Affairs, commented on various aspects of the CDHC project including the status of a licensing agreement; the project evaluation, which is in the data collection stage and on schedule; and the types of data being collected. The Board previously adopted Resolution B-10 regarding 2012 Reserve funding for the CDHC Program through December 2012 (see page 229).

Report of Dr. Joseph F. Hagenbruch, Liaison to the Dental Quality Alliance: Dr Hagenbruch submitted a report that provided information on the role of the Dental Quality Alliance (DQA), identified the DQA members and their affiliations, summarized activities of the DQA Research and Development and the Education Communications committees; and reviewed the financial situation of the DQA (consent calendar item).

Education/Professional Affairs

Report of the CODA Standards Work Group: Dr. Versman and the members of the Work Group (Dr. Norman, Dr. Low and Dr. Israelson) reported on their first meeting by conference call on February 28. Dr. Versman indicated that the Work Group was not clear on the scope of its charge and hoped to receive more direction from the Board at this meeting. It was suggested that the timing of the task to assess the CODA predoctoral accreditation standards was missed since the standards were recently revised and the new standards are due to become effective in 2013. The Work Group identified some questions regarding the standards, including who drives the standards; if dental school curriculum is sufficiently rigorous; and if Resolution 87-2010 was implemented. There was a suggestion that a comprehensive report comparable to the Gies Report may be needed.

Later in the meeting the discussion continued and Dr. Versman requested the Board to provide the Work Group with their concerns and other areas for the Work Group to look at. Dr. Versman indicated that the Work Group would submit a report at the June Board session. A suggestion was made that the cost and time commitment for a new report comparable to the Gies Report be determined. It was also suggested that since the Gies Report was a comprehensive report on the dental profession that took five years to complete, that another possible report to look at would be the 1995 Institute of Medicine Report on Dentistry at the Crossroads, which focused more on dental education. It was suggested that the cost of both reports be looked at (in today's dollars) and determine if there are potential partners for a joint project.

Membership, Tripartite Relations and Marketing

Report of the Standing Committee on Diversity: Dr. Low presented the Committee's report which identified the major topics discussed, reports received and actions taken at its February 8, 2012, conference call meeting.

2012-2014 Diversity and Inclusion Plan. The Diversity Committee presented a Diversity and Inclusion Plan for the Board's approval. The Board adopted the following resolution.

B-8-2012. Resolved, that the attached 2012-2014 Diversity and Inclusion Plan be adopted.

Report on the ADA Center for Practice Success Business Plan: Dr. Steven Gounardes presented this report as the chair of the Practice Management Initiative Advisory Group that was established in 2011 to evaluate opportunities to build additional member value and assess opportunities for non-dues revenue. The ADA Center for Practice Success would provide additional practice management resources to member dentists to help them achieve success. As requested by the Board, a business plan was developed for this initiative. The following resolution was presented for the Board's consideration.

B-19. Resolved, that the ADA Board of Trustees receive the Business Plan for the ADA Center for Practice Success, and be it further

Resolved, that the ADA Board of Trustees authorize management to invest up to \$580,000 in the start-up and launch of the ADA Center for Practice Success using 2012 Supplemental Funds.

A request was made to divide Resolution B-19; the request was granted.

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Participating with the Board in the discussion via conference call was Dr. Mark Zust, chair, Council on Dental Practice, and Dr. James Richeson, chair, Council on Dental Benefit Programs. Various comments were given regarding the value of the program to dentists at various stages of their career; questions were raised regarding the startup cost of the program, especially in light of the Association's current financial position; and questions were also raised about the possibility of splitting the business certificate program from the dedicated web resource. Information was provided by the Managing Vice President, Corporate Relations, on the potential for securing corporate sponsors based on preliminary research.

An extensive discussion ensued regarding many aspects of the business plan, including the cost for maintaining the program in the early startup years of the program; the impact of this new venture on staff of the Division of Dental Practice; potential interest in the program from the international community; and the importance of launching this program at this time.

A motion was made to postpone definitely consideration of the resolutions until after lunch in order that specific recommendations for amending the business plan could be presented. The motion to postpone definitely was adopted.

When the Board reconvened after lunch, the following resolution was presented as a substitute for Resolution B-19a and B-19b.

Resolved, that the Center for Practice Success Program be presented by the appropriate ADA agencies as a decision package for Administrative Review and approval by the 2012 House of Delegates.

Dr. O'Loughlin was asked if there were other mechanisms for funding the program, other than using reserves or the Contingent Fund. Dr. O'Loughlin acknowledged that sometimes budget savings are realized at year end due to projects coming in under budget or through administrative efficiencies, but it could take a several weeks to analyze the current year's budget for potential savings.

The Speaker was asked to rule if the proposed resolution was in order since the motion to postpone definitely directed that specific recommendations for amending the business plan be presented. The Speaker agreed that the proposed resolution was not in order.

Following additional discussion, a motion was made to vote immediately; the motion to vote immediately was adopted by a two-thirds affirmative vote. On vote, the Board adopted the following resolution.

B-19a-2012. Resolved, that the ADA Board of Trustees receive the Business Plan for the ADA Center for Practice Success.

A motion was made to amend Resolution B-19b by deleting the words "2012 Supplemental Funds"; the proposed amendment was adopted.

The Board stated its preference that the start-up funds not come from reserves or the Contingent Fund. Dr. O'Loughlin stated that she would review the current year's budget and programs to identify funds for this activity and report her findings to the Board. It was also requested that the next year's funding for the program be presented as a decision package.

A motion was made to vote immediately; the motion to vote immediately was adopted by a two-thirds affirmative vote. On vote, the Board adopted the following amended resolution.

B-19b-2012. Resolved, that the ADA Board of Trustees authorize management to invest up to \$580,000 in the start-up and launch of the ADA Center for Practice Success.

With the adoption of Resolution B-19b-2012, Resolution B-18 (see page 231) was declared moot. Talking points on the ADA Center for Practice Success will be developed as a resource for the Board.

Report of Dr. Steven Gounardes, Liaison to the American Student Dental Association (ASDA):

Dr. Gounardes reported on his recent attendance at the ASDA annual session in Minneapolis. He commented on the importance of finding ways to engage these future dentists in organized dentistry on either local, state or national levels.

Science/Professional Affairs

Report of the Council on Scientific Affairs: Workforce Systematic Review and Other Activities: As

requested by the Board of Trustees at its December 2011 session, the Senior Vice President, Science/ Professional Affairs, commented on the ongoing activities of the systematic review work group and the work accomplished to date. Other topics in this report included the status of guidance development for Cone Beam Computed Tomography (CBCT) and Dental Radiography; CBCT and dental product standards; update on an AAOS-ADA collaborative guideline: Prevention of Orthopedic Implant Infection in Patients Undergoing Dental Procedures; a proposed collaboration with the ADA Center for Evidence-Based Dentistry to conduct a training program at Loma Linda University; and ADA-American Heart Association collaboration on the scientific statement "Periodontal Disease and Atherosclerotic Vascular Disease: Does the Evidence Support an Independent Association?".

Report of Dr. Joseph Hagenbruch, Liaison to the Standards Committee on Dental Informatics: Dr. Hagenbruch presented a report on the February Standard Committee on Dental Informatics meeting and commented on the ADA Annual John W. Stanford New Investigator Award. He suggested that this research competition for new investigators may encourage younger dental researchers to become involved in standards work.

Organizational/Other

Report of the Standing Committee on Governance: The Board of Trustees adopted the following resolution (consent calendar item).

B-11-2012. Resolved, that the *Organization and Rules of the Board of Trustees* be revised as set forth below to allow the Audit Committee of the Board of Trustees to elect its own chair, as urged in 42H-2011, with such revision to take effect with the Audit Committee as appointed in November 2012 (additions underscored, deletions stricken).

Audit Committee

Composition. The Audit Committee (hereinafter "Committee") shall consist of the President-elect, two House of Delegates members and four trustees, one from each class not also serving on either the Budget and Finance Committee or Compensation Committee. The President shall be an *ex officio* member of the Committee, and the senior trustee shall serve as chair. The members of the Committee shall elect its own chair annually. In making appointments to the Audit Committee, the President should recognize the importance of including members who have knowledge and experience in dealing with financial and audit matters, if such experience is available among the trustees and members of the House of Delegates available to serve on the Committee. From time to time the Audit Committee may select for engagement by the ADA a financial expert as an advisor to the committee to serve a term of one year with the option to reengage the financial expert for up to three additional one year terms. A financial expert would be a person with the requisite education and experience in audits and financial matters.

Report of the President: Dr. Calnon gave a report on activities since the December 2011 Board session. Highlights included an update on regular communications with the NDA, HDA and SAID; reactions from the membership on the outcomes from the Board Retreat; and an update on activities held during the Chicago

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Midwinter Meeting, specifically the international meetings with dental association delegations from Mexico, Italy, China, Japan, Egypt and Canada.

Report of the President-elect: Dr. Faiella reported on his attendance and presentation at the American Student Dental Association annual session; and commented on the President's-elect Conference, which included presentations from the officers of the American Student Dental Association and Keith Murnighan. Post conference survey results were very favorable. Dr. Faiella also commented on the first virtual community on ADA Connect involving the president-elects, with four webinars also being planned during 2012.

Report of the Executive Director: Dr. O'Loughlin presented a detailed quarterly management report summarizing year-end divisional activities, including results of 2011 operating plans by division, a financial summary, and ADA Headquarters Building key accomplishments. Dr. O'Loughlin highlighted key results from the report and commented on areas of concerns. She also asked the Board for feedback on the format of the report and noted that this will be the format for future quarterly reports.

Dr. Kiesling requested development of a resource document for the Board members that would allow them to address members' questions and concerns regarding employee costs. Dr. O'Loughlin and the Managing Vice President, Human Resources and Organizational Development, commented that benchmark information has been gathered and will be developed into a document that will be geared to members. It was suggested that specific areas that have been reduced or eliminated, other than the Pension Program, should also be identified in this document.

A discussion regarding the financial information contained in the quarterly report ensued. Concerns were expressed regarding the status of the reserves, and actions that could be taken when reserves reach a certain level. It was suggested that a committee be formed to establish a comprehensive policy on reserves, including the dues stabilization policy. The President asked the Chair of the Budget and Finance Committee to appoint members of that committee to consider the reserves issue.

Report of ADA Business Enterprise, Inc.: This report provided year-end 2011 financial information (unaudited) including an update on royalty revenue and total program revenue (consent calendar item).

Quarterly Report of the ADA Foundation: This report summarized progress made in the following areas: the status of state registrations required to conduct fundraising activities in the states; ADAF staff; 2012 Scholarship Fundraising Program; support for Give Kids A Smile 2012 Program; establishment of a new award program to recognize dental students' efforts to provide care to needy populations; Paffenbarger Research Center Update; and grants issued since December 2011. Also 2011 financial documents were provided to the Board.

Nominations to the Council on Scientific Affairs: In accordance with the *Bylaws*, the nomination of members to the Council on Scientific Affairs is open to any trustee district. Based on nominations submitted, and hearing no other nominations, the Board adopted the following resolution.

B-9-2012. Resolved, that the names and qualifications of the following four individuals be transmitted to the 2012 ADA House of Delegates as nominees for membership on the Council on Scientific Affairs for four year terms.

Dr. Elliot Abt, Illinois Dr. Robert G. Hale, Army Dr. John B. Ludlow, North Carolina Dr. Douglas A. Young, California

Report on Future Meeting Dates of the Board of Trustees: The Board of Trustees adopted the following resolutions (consent calendar item):

B-13-2012. Resolved, that the following amended 2013 Board of Trustee meeting dates be approved.

February Retreat (Location and Date TBD) March 10-13 (Sunday – Wednesday) (Four-day meeting) June 9-11 (Sunday – Tuesday) August 4-6 (Sunday – Tuesday) October 6-8 (Sunday – Tuesday) November 5 (New BOT Meeting at annual session site) December 15-18 (Sunday – Wednesday)

B-14-2012. Resolved, that the following Board of Trustees meeting dates for 2014 be approved.

February 9-10 (Saturday – Sunday) (Board Retreat—Location TBD) March 16-19 (Sunday – Wednesday) (Four-day meeting) June 8-10 (Sunday – Tuesday) July 27-29 (Sunday – Tuesday) September 14-16 (Sunday – Tuesday) October 14 (New BOT Meeting at annual session site) December 7-9 (Sunday – Tuesday)

Report of the Governance Committee: Changes to the Organization and Rules of the Board of *Trustees*: The Board of Trustees adopted the following resolutions (consent calendar item).

B-20-2012. Resolved, that the following resolution be approved for transmission to the 2012 House of Delegates:

Resolved, that the ADA *Bylaws,* Chapter VII, BOARD OF TRUSTEES, Section 90. POWERS, Subsection J, be stricken in its entirety and replaced with the following new subsection:

J. Transact its business in accordance with the laws of the State of Illinois by unanimous consent via mail ballot, including electronic mail; to authorize the councils, commissions and committees of this Association to transact their business by mail ballot; and to establish rules and procedures for itself and for councils, commissions and committees of this Association to govern the use of ballots circulated and returned by U.S. mail, overnight courier, facsimile transmission or electronic mail.

J. Establish rules and procedures authorizing the councils, commissions and committees of this Association to transact business by ballot without a meeting.

B-21-2012. Resolved, that the section of the *Organization and Rules of the Board of Trustees* entitled "Mail Ballots" be revised as follows (additions underscored, deletions stricken):

Mail-Transacting Business By Ballots Without A Meeting: Except for requests for financial <u>assistance, Any any</u> action that must be taken or that may be taken at a meeting of the Board of Trustees <u>or a committee thereof</u>, may be taken without a meeting using the means of a <u>by</u> mail-ballot without a meeting if the action to be taken is presented in writing and approved in writing with the approval being unanimousunanimously, and such approval is signed, by all-members of the Board of Trustees entitled to vote. Mail ballots <u>Ballots</u> shall be submitted to the members of the Board of Trustees in the form of a resolution, which shall be accompanied by sufficient information to permit an intelligent vote. Requests for financial assistance shall be considered by the Board of Trustees at its next regular or special session or telephone conference meeting following receipt of such request instead of by mail ballot. Mail votes <u>Ballots</u> may be initiated by any member of the Board of Trustees.

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Consistent with Illinois law, ballots may be circulated by either regular mail through the U.S. Postal Service, overnight courier, facsimile transmission (fax), or electronic mail, or any other electronic means approved by the Board of Trustees and votes recorded on signed ballots may be returned by the same methods. If fax transmission is used to vote, the original signed ballot shall also be returned to the Office of the Executive Director for filing. The action taken becomes effective when all members of the Board entitled to vote have approved the ballot, unless the ballot specifies a different effective date. All <u>business transacted by ballot without</u> a meeting mail or fax votes shall be recorded in the minutes of the next regular session of the Board of Trustees.

Action that may be taken at a meeting of a committee of the Board of Trustees may be taken without a meeting using the means of a mail ballot if the action to be taken is presented in writing and approved unanimously, and such approval is signed, by all members of the committee entitled to vote.

B-22-2012. Resolved, that the section of the *Standing Rules for Councils and Commissions* entitled "Mail Ballot" be revised as follows (additions underscored, deletions stricken):

Mail Ballot For Transacting Business Without Meetings: Councils and commissions are authorized to transact business by mail-ballot without a meeting, and actions taken are as binding as if they had been taken at an officially called meeting. All mail-ballots of all-councils and commissions shall conform to the following rules:

- 1. The submission of a mail-ballot shall be initiated by the chair of a council or commission or by a director who is an employee of the Association.
- Mail ballots <u>Ballots</u> shall be submitted to council and commission members in the form of a resolution. Each mail-ballot shall include sufficient information to permit the members to register an intelligent and justifiable vote on the question presented.
- 3. Ballots may be circulated by either regular mail through the U.S. Postal Service, overnight courier, facsimile (fax), or Association-sponsored electronic mail or via such other electronic balloting system as the Association may, from time to time, employ. Votes recorded on signed-ballots may be returned by the same methods. If a fax transmission is used to vote, the original signed ballot shall be returned to the office of said council or commission for filing.
- 4. Except as otherwise provided in these rules, the affirmative vote of a majority of all the members of the council or commission shall be required for approval of a mail the action by ballot. Only votes for or against a resolution shall be counted in determining a majority. Abstentions should not be counted in determining a majority.
- 5. Except as otherwise provided in these rules, votes not received within 20 days afterthe day of issuance of the mail ballot shall be considered affirmative votes. The action becomes effective when all members of the voting body entitled to vote have voted, unless the ballot specifies a closing date for the ballot, which shall be at least five (5) days from the opening date of the ballot. If no date is specified, the ballot shall remain open twenty (20) days from issuance. Any vote not received upon the closing of the ballot shall be considered an affirmative vote.
- 6. In the event a council or commission member is unable to perform his or her duties for an extended period of time due to illness or disability, and the member wishes to take a temporary leave of absence rather than resign, during the period of disability the number of votes needed to approve council or commission business by mail ballot shall be one less than specified in number 3 of this section. Also, the disabled member's failure to vote

within 20 days the applicable voting period shall not be counted in either the affirmative or negative.

7. <u>All business transacted by ballot without a meeting shall be recorded in the minutes of the next regular session of the council or commission</u>.

and be it further

Resolved, that the last paragraph of the section of the *Standing Rules for Councils and Commissions* entitled "Commission on Dental Accreditation" be revised as follows (additions underscored, deletions stricken):

Standing rules adopted for councils relating to meetings, budget and reports shall also apply to the Commission. Similarly, rules identified for councils when transacting business by mail-ballot without a meeting shall apply to the Commission.

and be it further

Resolved, that the last paragraph of the section of the *Standing Rules for Councils and Commissions* entitled "Joint Commission on National Dental Examinations" be revised as follows (additions underscored, deletions stricken):

Standing rules adopted for councils relating to meetings, budget and reports shall also apply to the Joint Commission. Similarly, rules identified for councils when transacting business by mail-ballot without a meeting shall apply to the Joint Commission.

Board Liaison Reports

Report of Dr. Patricia Blanton, Report on Membership Recruitment Event: Dr. Blanton reported on her attendance as a keynote speaker at a Membership Program Growth activity for women in dentistry. She described the joint event hosted by the dental societies of the District of Columbia, Maryland and Virginia and the opportunity it provided to network with other women dental leaders.

Report of Dr. W. Ken Rich, Liaison to the Council on Access, Prevention and Interprofessional Relations: Dr. Rich reported on the Council meeting held in January 2012.

Report of Dr. Maxine Feinberg, Liaison to the Commission on Dental Accreditation: As the Board liaison, Dr. Feinberg reported on the February 2-3, 2012, meeting of the Commission on Dental Accreditation.

Report of Dr. Joseph F. Hagenbruch, Liaison to the Council on ADA Sessions: Dr. Hagenbruch reported on his attendance at the February 15-18, 2012, meeting of the Council on ADA Sessions, held in the 2012 annual session location, San Francisco (consent calendar item).

Report of Dr. Edward Vigna, Liaison to the Council on Government Affairs: As the Board liaison to the Council on Government Affairs, Dr. Vigna reported on the February 9-11, 2012, meeting (consent calendar item).

Report of Dr. Samuel Low, Liaison to the Council on Membership: Dr. Low reported on the Council on Membership meeting held on February 17-18, 2012 (consent calendar item).

New Business

Support for Dental Laboratory Technicians: Dr. Versman commented on the Department of Labor action that downgraded the classification of dental laboratory technicians from skilled to unskilled workers. Dr. Versman moved that the ADA reach out to the NADL and offer the assistance of the Washington Office

to coordinate efforts to upgrade the classification of dental laboratory technicians. On vote, the motion was adopted.

Presentations

Dr. Chris Salierno, vice chair, New Dentist Committee: Dr. Salierno gave a presentation on the role of the New Dentist Committee which includes looking at and anticipating trends in dental practice and engaging new dentists through technology and social media. He commented on the value of practice management resources and collaboration with the Council on ADA Sessions to make the annual session more relevant to the new dentist. He responded to questions from the Board regarding new dentist use of technology; how the ADA could be more relevant to young and new dentists; and new dentist involvement in governance.

Mr. Gene Wurth, Executive Director, ADA Foundation: Mr. Wurth appeared before the Board of Trustees to present the Quarterly Report of the ADA Foundation.

Westman Presentation: Representatives of Westman & Associates (Mr. David Westman, Ms. Janelle Brittain and Mr. Dave Fellers), the consulting firm selected by the Governance Committee to conduct the governance study of the Association, were introduced by Dr. Low, Governance Committee chair. The consultants reviewed the expected outcomes of the study, the key phases and timelines of the study, and communication plan goals and timelines. Board members had an opportunity to give their concerns, expectations and suggestions regarding the governance study.

Attorney-Client Session

An attorney-client session of the Board of Trustees was convened on Sunday, March 4, 2012. Those in attendance included the officers and members of the Board of Trustees, the Executive Director / Chief Operating Officer, the Chief Legal Counsel and the Deputy Chief Legal Counsels.

Adjournment

The Board of Trustees adjourned sine die on Wednesday, March 7, 2012, at approximately 1:30 p.m.

Appendix 1

MouthHealthy.org Advertising and Sponsorship Guidelines

In support of the American Dental Association's goal to be the trusted resource for oral health information that will help the public be good stewards of their oral health, the ADA accepts advertising on MouthHealthy.org as well as mobile, social and other digital platforms under strict guidelines. Such advertising must be factual, dignified, tasteful and intended to provide useful product and service information. The acceptance of an ad on MouthHealthy.org or other applications is not to be construed as an endorsement or approval by the ADA or MouthHealthy.org of the product or service being offered in the ad unless the ad specifically includes an authorized statement that such approval or endorsement has been granted. The fact that an ad for a product, service or company has appeared on MouthHealthy.org will not be referred to in collateral advertising. The ADA reserves the right to accept or reject advertising at its sole discretion for any product or service submitted for advertising on MouthHealthy.org.

MouthHealthy.org maintains a distinct separation between advertising content and editorial content. All advertising content on the website is clearly labeled as an advertisement. Sponsored areas of the site are labeled as such, and the sponsoring organizations are identified.

General Requirements-ADA Advertising Standards

- 1) All advertisements submitted for display on MouthHealthy.org are subject to review.
- 2) The ADA reserves the right to reject, cancel or remove at any time any advertisement from MouthHealhty. org for any reason. In such a case, the ADA will provide prompt notice to the advertiser, together with an explanation. The ADA also reserves the right to determine the appropriate placement of the advertisement on the website and retains final approval of all sponsor and product messages, banners and advertising copy that are directly linked or adjacent to the content.
- Advertisements must not be deceptive or misleading. All claims of fact must be fully supported and meaningful in terms of performance or any other benefit. The ADA reserves the right to request additional information as needed.
- 4) Products that are in the ADA Seal program must also satisfy all requirements of the Council on Scientific Affairs, in addition to these standards governing eligibility for advertising on MouthHealhty.org. Further information on the evaluation programs of the Council on Scientific Affairs is available by contacting the council office at 312.440.2734.
- 5) Advertisements will not be accepted if they conflict with or appear to violate ADA policy, the ADA Principles of Ethics and Code of Professional Conduct or its Constitution and Bylaws, or if the advertisements are deemed offensive in either text or artwork, or contain attacks of a personal, racial or religious nature. The ADA reserves the right to decline advertising for any product involved with a government agency challenge or denial of product marketing, and for any technique or product that is the subject of an unfavorable or cautionary report by an agency of the ADA.
- 6) By submitting advertising copy, advertisers certify that such copy and the advertised product(s) are in accord with applicable government laws and regulations such as equal opportunity laws and regulations covering new drug applications and prescription drug advertising. For example, products that require approval by the U.S. Food and Drug Administration for marketing must receive this approval before being eligible and must include "full disclosure" when required. It is the responsibility of the advertiser to conform to regulations of the FDA and all legal requirements for the content of claims made for products. Acceptance of advertising on MouthHealthy.org is not to be construed as a guarantee that the manufacturer has complied with such laws and regulations.

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- 7) Complete scientific and technical data, whether published or unpublished, concerning product safety, operation and usefulness may be required.
- 8) Products, services and advertising formats that are prohibited on MouthHealthy.org include:
 - Alcoholic beverages
 - Tobacco products and use of any kind
 - · Firearms, weapons, ammunition or fireworks
 - Dental care services (by individuals or group/corporate practices)
 - Soft drinks, sports drinks, and sugar sweetened beverages
 - High cariogenic or low nutritional foods
 - Legal services (including malpractice)
 - Pornography or related themes
 - Gambling and lottery
 - Political ads
 - Social cause ads
 - Religious ads
 - The simulation of news or an emergency
 - Unsubstantiated "miracle" weight loss or other miracle claims of cure
 - Illegal, fraudulent, or 'objectionable' products (ADA reserves the right to determine what is 'objectionable')
 - Comparative advertising that includes false, defamatory, inflammatory statements about another manufacturer or its product(s)
 - Pop-ups and floating ads or surveys, ads that extend beyond the defined advertising space, messages or imagery that strobe, or ads that mimic computer functions that would be reasonable to the average user to assume as a reason to click the unit
- 9) Advertisers and agencies cannot collect any personally identifiable information from MouthHealthy.org visitors or place any cookies, applets or other such files if those files transmit any personally identifiable information to the advertisers or agencies on computers of MouthHealthy.org visitors who do not visit advertisers' sites by clicking on their ad banners.
- 10) The advertiser and the product or service being offered should be clearly identified in the advertisement.
- 11) Advertising that simulates editorial content must be clearly identified as advertising. The word "advertisement" must be displayed prominently.
- 12) Guarantees may be used in advertisements provided the statements that are "guaranteed" are truthful and can be substantiated. However, no guarantee should be used without disclosing its conditions and limitations. When space or time restrictions preclude such disclosures, the advertisement must clearly reveal where the full text of the guarantee can be examined before purchase.
- 13) Advertisements must not quote the names, statements or writings of any individual, public official, government agency, testing group or other organization without their express written consent. Guidelines for the use of testimonials are available upon request.

These requirements are intended to provide general guidance. They are not inclusive or exhaustive and are subject to change at the discretion of the ADA at any time.

For questions regarding the ADA Advertising Standards, please contact Sandy Eitel, x2802.

Adopted March 2012.

Appendix 2

MEMORANDUM OF UNDERSTANDING

THIS MEMORANDUM OF UNDERSTANDING (the "Agreement") is made and entered into effective as of January 1, 2012 (the "Effective Date") by and between the American Dental Association ("ADA") and the ADA Foundation ("ADAF"). ADA and ADAF are sometimes hereinafter referred to collectively as the "Parties" and individually as a "Party."

RECITALS

WHEREAS, ADA is the sole member of ADAF;

WHEREAS, ADAF is a 501(c)(3) charitable organization;

WHEREAS, ADA and ADAF currently employ the same internal and external auditors (collectively, "Auditors"), and the external auditors prepare consolidated financial statements for ADA, ADAF, and other ADA affiliated organizations;

WHEREAS, there may be certain efficiencies to be gained from having a single audit committee;

WHEREAS, the audit committee of the ADA ("Committee") is an existing committee having the appropriate level of expertise, ability, and capacity to oversee the audit process (as hereinafter defined) for ADAF; and

WHEREAS, in furtherance of the desire to realize efficiencies and to coordinate the internal and external audits, ADAF desires to engage the Committee to oversee the audit process on ADAF's behalf.

NOW, THEREFORE, in consideration of the foregoing and the mutual covenants contained in this Agreement, and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, and intending to be legally bound hereby, the parties hereto agree as follows:

- <u>Audit Function</u>. As of the Effective Date, ADAF hereby delegates to ADA and ADA agrees, through the Committee, to oversee, the ADAF audit process, as described in <u>Exhibit A</u> which is attached hereto and made a part hereof. The nature of the functions to be performed may be modified by ADAF in writing at any time, with the written agreement of ADA.
- 2. Term and Termination.
 - (a) This Agreement shall begin on the Effective Date and shall continue until December 31, 2012, unless terminated earlier by either party as set forth herein. This Agreement may be renewed for additional one-year terms upon the written consent of both Parties.
 - (b) Either Party may terminate this Agreement, with or without cause, upon ninety (90) days written notice to the other Party or as otherwise agreed between the Parties hereto.
- <u>Compensation</u>. ADA shall oversee the audit process for ADAF without compensation by ADAF to ADA or to the members of the Committee.
- 4. <u>Fiduciary Relationship</u>. In the oversight of the audit process for ADAF, the Committee shall act at all times as a fiduciary and in accordance with fiduciary duties owed solely to the ADAF and its Board of Directors. In doing so, the Committee shall oversee the audit process in accordance with the following precepts:

- (a) The Committee shall act at all times as a committee of ADAF and shall involve the ADAF Executive Director and Chief Financial Officer (ADAF Management"), along with representatives of the ADAF Board (as appointed by the ADAF President) in the audit process and in meetings conducted with respect to the audit process for ADAF ("ADAF Meetings") in accordance with accepted standards for the discharge of an audit committee's duties and responsibilities, and as further detailed below.
- (b) Any ADAF Meetings shall be dedicated solely to matters relating to ADAF and conducted separately from any meeting in which the Committee addresses the audit activities for ADA or any purpose unrelated to ADAF.
- (c) The Committee shall advise ADAF Management and the ADAF President of any forthcoming ADAF Meetings and shall, to the extent consistent with accepted standards for the management of the audit process, permit such members of ADAF Management and the ADAF Board of Directors as are appropriate to attend and participate in the meetings.
- (d) The Committee shall at all times keep the ADAF Board of Directors fully and adequately advised as to the progress of the audit process. The Committee shall, for example, provide a progress/ status report to the ADAF Board of Directors after each ADAF Meeting in order keep the ADAF Board properly informed.
- (e) The Committee will cause the final ADAF reports of the Auditors to be delivered to the ADAF Board of Directors. In turn, the ADAF Board of Directors will monitor the progress of ADAF Management in responding to the Auditors' findings relating to ADAF, and will communicate ADAF's progress on any audit recommendations to the Committee.
- (f) All Committee reports shall be delivered to the ADAF President, with copies to the ADAF Executive Director for transmittal to the ADAF Board of Directors. All reports from ADAF to the Committee shall be delivered to the Committee chair for transmittal to the Committee.

5. Relationship with the Auditors.

- (a) ADAF agrees to engage the same Auditors as those engaged by ADA but shall pay audit fees separate and apart from ADA., The Committee will require the Auditors to (i) provide ADAF with a separate engagement letter which includes estimates of its audit fees for the particular year;
 (ii) provide separate invoices containing as much detail as is necessary to evaluate the work performed and the amount of the charges; and (iii) to complete the audits reasonably in advance of charitable fundraising registration deadlines without the need for extensions.
- (b) The management of ADAF shall coordinate all information requested by the Auditors in connection with any audit of ADAF.
- (c) ADAF Management will receive the preliminary drafts of management letters submitted by the Auditors and will prepare ADAF's response to the Auditors which will be included in the Auditor's draft report distributed to the Committee.

6. Cooperation and Further Assurances.

- (a) Each Party will make available to the other any information required or reasonably requested by the other Party in connection with this Agreement and shall be responsible for timely providing that information and for the accuracy and completeness of that information.
- (b) The Parties will use good faith efforts to cooperate in all matters relating to this Agreement. If this Agreement is terminated in whole or in part, the Parties will cooperate in all reasonable respects

in order to effect an efficient transition and to minimize the disruption to the business of both Parties.

- (c) Each Party will take such actions, upon request of the other Party and in addition to the actions specified in this Agreement, as may be necessary or reasonably appropriate to implement or give effect to this Agreement.
- 7. <u>Entire Agreement; Amendment</u>. This Agreement embodies the entire understanding between the parties pertaining to the subject matter contained in it; supersedes any and all prior negotiations, correspondence, understandings, or agreements of the parties; and may be amended, modified, or revised, in whole or in part, only on the written consent of the parties to this Agreement. For the purpose of this subsection, an e-mail shall not be deemed a writing.

[Remainder of page intentionally left blank.]

IN WITNESS WHEREOF, the parties have executed this Agreement as of the Effective Date.

Dated:, 2012	By:	Dr. William R. Calnon, President
ADA FOUNDATION		
Dated:, 2012	By:	Dr. David A. Whiston, President

ACCEPTED ON BEHALF OF THE ADA AUDIT COMMITTEE:

AMERICAN DENTAL ASSOCIATION

Dr. Charles L. Steffel

Dated: _____, 2012

Exhibit A

As used in this Agreement, oversight of the audit process shall mean assisting the ADAF Board of Directors in fulfilling its oversight responsibilities with respect to (1) the audit of the organization's books and records; (2) satisfying the ADAF Board's duty of care with respect to the adequacy of the financial reporting process and the integrity of the ADAF's financial statements; (3) the effectiveness of ADAF's internal controls over financial reporting; (4) evaluation and improvement of the effectiveness of risk management, controls and governance processes; (5) the qualifications and performance of the Auditors; and (6) ADAF's compliance with legal and regulatory requirements.

Minutes of the Board of Trustees

April 24, 2012 Special Telephonic Meeting of the Board of Trustees

Call to Order: A special telephonic meeting of the ADA Board of Trustees was called to order by Dr. William R. Calnon, president, on Tuesday, April 24, 2012, at 5:00 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. William R. Calnon, Robert A. Faiella, Patricia Blanton, Kenneth J. Versman, Edward Leone, Jr., Kathleen O'Loughlin, Dennis W. Engel, Maxine Feinberg, Steven Gounardes, Joseph F. Hagenbruch, Hilton Israelson, Robert L. Kiesling, Samuel B. Low, Charles H. Norman, W. Ken Rich, Gary L. Roberts, Donald L. Seago, Charles L. Steffel, Edward J. Vigna, Charles R. Weber, Gary S. Yonemoto.

Drs. Jeffrey D. Dow, J. Thomas Soliday and Carol Gomez Summerhays were not present. The Executive Director announced the presence of a quorum.

Staff: Present for the entire session were: Mr. Craig Busey, general counsel; Ms. Linda Hastings, senior director, Administrative Services; and Ms. Wendy Wils, deputy general counsel. Present for a portion of the session were: Mr. Jerome Bowman, chief, Governance and Strategy Management; Mr. Thomas C. Elliott, deputy general counsel; Mr. Jeff Fraum, senior associate general counsel; Mr. Richard Green, managing director, Public Affairs; Mr. Jon Holtzee, director, Department of State Government Affairs; Mr. Ken Ohr, chief communications officer; Dr. Pamela Porembski, senior manager, Council on Dental Practice; Dr. Elizabeth Shapiro, Hillenbrand Fellow; Mr. Paul Sholty, chief financial officer; Dr. Marko Vujicic, managing vice president, Health Policy Resources Center; and Dr. James Willey, director, Council on Dental Practice.

Dr. Calnon called the meeting to order and read the conflict of interest disclosure statement. No conflicts were disclosed. Dr. Calnon stated that the purpose of the special telephonic session of the Board of Trustees was to discuss two items of business: an update on the ECG Management Consultants' study and clarification of Resolution B-19b-2012 (Funding for the ADA Center for Professional Success) adopted by the Board at its March 2012 session. The order of the agenda was revised to address the clarification of Resolution B-19b as the first item of business to accommodate a schedule conflict of Dr. Gounardes.

Clarification of Resolution B-19b-2012: Resolution B-19b-2012 states:

Resolved, that the ADA Board of Trustees authorize management to invest up to \$580,000 in the start-up and launch of the ADA Center for Practice* Success.

Dr. Hagenbruch referenced the draft minutes of the March 2012 Board of Trustees session, and noted that the minutes did not specify the source of funding for this project nor how the funding would be spent. It was suggested that the Board's clarification of the funding issue could be reflected in the minutes of this session.

Dr. O'Loughlin provided the Board with two documents in advance of this session: an updated business plan for the ADA Center for Professional Success (April 2012) and a CPS pro forma spreadsheet that listed budget savings in the amount of \$423,607 from various divisions and projects that could be used for the CPS start-up and launch.

While total development costs were estimated at \$505,000, Dr. O'Loughlin reported the identified funding would be sufficient to accomplish several activities, and that some consultant activities would be fulfilled by

*The title of this program was subsequently modified to "ADA Center for Professional Success."

current staff. A decision package, however, would likely be proposed in the 2013 budget for the Center for Professional Success.

Dr. O'Loughlin responded to several questions regarding some of the areas where surpluses were identified.

Dr. Gounardes inquired if the Board would have an opportunity to discuss further the CPS Business Plan during the June Board meeting. Dr. Calnon confirmed that June would be the appropriate time to review that document.

Dr. Calnon summarized that the Board appeared satisfied with the additional information provided by Dr. O'Loughlin and no actions were taken.

Dr. Gounardes was excused from the balance of the Board meeting.

Update on ECG Study: Dr. Marko Vujicic, managing vice president, Health Policy Research Center, gave an update on the ECG Study. After the presentation, and substantial Board discussion of the report and how it might be disseminated, the Board requested that a communications and dissemination strategy, which might include a suggestion for additional research, be developed for consideration by the Board at or prior to its June 2012 session.

Dr. Calnon asked Board members to forward any additional comments regarding the presentation to him or Dr. Vujicic.

Adjournment

With the completion of the agenda and hearing no objections, Dr. Calnon adjourned the special session *sine die* at 6:19 p.m.

Minutes of the Board of Trustees

June 10–12, 2012 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 Dr. William R. Calnon, president, on Sunday, June 10, 2012, at 10:17 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, J. Thomas Soliday, Edward Leone, Jr., Kathleen O'Loughlin, Jeffrey D. Dow, Dennis Engel, Steven Gounardes, Joseph F. Hagenbruch, Hilton Israelson, Robert 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 of the House of Delegates, Dr. Soliday, announced the presence of a quorum.

Dr. Maxine Feinberg and Dr. Kenneth J. Versman were absent on Sunday, June 10, but were attendance on June 11 and 12.

Guests in attendance for a portion of the meeting included: Dr. Steven Tonelli, chair, Commission on Dental Accreditation; Dr. George Kinney, Jr., chair, Council on Dental Education and Licensure; and Dr. Romesh Nalliah, senior tutor, Castle Society, Harvard School of Dental Medicine.

The following ADA staff members were in attendance for all or portions of the meeting at the invitation of the president: Jerome K. Bowman, chief, Governance and Strategy Management; J. Craig Busey, Esq., general counsel; James Goodman, managing vice president, Conference and Meeting Services; Michael Graham, senior vice president, Government and Public Affairs; Sabrina King, chief, People Management; Toni Mark, chief technology officer; Daniel M. Meyer, senior vice president, Science/Professional Affairs; Clayton B. Mickel, managing vice president, Corporate Relations; Kenneth Ohr, chief communications officer; 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.

Others in attendance for all or portions of the meeting were: Tomisena Cole, senior manager, Board and House Matters; Thomas C. Elliott, Jr., Esq., deputy general counsel; Gary Grzesiak, manager, Budget and Financial Analysis; Albert Guay, chief policy advisor emeritus; Linda Hastings, senior director, Administrative Services; Judith Jakush, editor, *ADA News*; Alyna Johnson, coordinator, Publications and Projects, Administrative Services; Thomas J. Parcella, senior manager, Financial Analysis and Planning; Rebecca Perry, director, Accounting and Reporting; David Preble, director, Council on Dental Benefit Programs; Elizabeth Shapiro, ADA Hillenbrand Fellow; and Wendy J. Wils, Esq., deputy general counsel. Other ADA staff were in attendance for specific agenda items of interest.

The Editor of *The Journal of the American Dental Association*, Dr. Michael Glick, was also in attendance at this session of the Board of Trustees.

Before consideration of business, Dr. Calnon read the ADA Disclosure Statement in compliance with Resolution 99H-2010; no conflicts of interest were identified.

Preliminary

Approval of Agenda: The meeting agenda was presented for approval. The following items of new business were added to the agenda:

Dr. Seago—Council on Dental Practice Liaison Report (oral) Dr. Kiesling—Council on Scientific Affairs Liaison Report (oral)

Dr. Gounardes also inquired if there would be a report on the Center for Professional Success. Dr. O'Loughlin indicated that she could give a brief update during her report.

On vote, the Board adopted the amended agenda.

B-29-2012. 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.

Consent Agenda. After reviewing the items on the agenda that were identified as "consent" and following the addition and removal of several agenda items, the Board adopted the following resolution.

B-30-2012. Resolved, that the resolutions contained on the amended Consent Calendar be approved and reports be filed.

Approval of Minutes of Previous Session: The following resolutions were adopted (consent calendar items).

B-27b-2012. Resolved, that the minutes of March 4-7, 2012, regular session of the ADA Board of Trustees be approved.

B-28-2012. Resolved, that the minutes of April 24, 2012, special session of the ADA Board of Trustees be approved.

Reports of the Standing Committees of the Board of Trustees

Budget and Finance Committee: Dr. Norman, chair, presented a report on the June 9, 2012, Budget and Finance Committee meeting, identifying the major topics discussed, reports the Committee reviewed and actions taken. The Committee presented several resolutions for the Board's consideration.

Revisions to ADA Reserve Policy. The Board adopted the following resolution:

B-57-2012. Resolved, that the following resolution be transmitted to the 2012 House of Delegates:

Resolved, that Resolution 57-2007H-2008, "ADA Reserves" (*Trans*.2008:443), be amended to read as follows (additions are <u>underscored</u>; deletions are <u>stricken</u>):

Resolved, that the Board be urged to target the ADA's liquid reserves at a level of 50% of the Association's annual budgeted operating expenses, and to consider any excess in developing the following year's annual operating budget consistent with the long-term strategy of dues stabilization taking into consideration any known contingent use of reserves. Liquid reserves are defined as the total net uncommitted balance of the Reserve Division Investment Account, and be it further

Resolved, that upon a finding by the Board that a predicted drop in liquid reserves below 40% is unlikely to be corrected absent action by the Association, the Board be urged to

immediately reduce expenses even if such reduction results in delay in implementation of previously adopted House initiatives., and be it further

Resolved, that Resolution 26-2005, Association Reserve Policy (Trans.2005:294), be rescinded.

Revisions to ADA Long-Term Financial Strategy of Dues Stabilization. The Board adopted the following resolution.

B-58-2012. Resolved, that the following resolution be transmitted to the 2012 House of Delegates:

Resolved, that Resolution 17H-2008, "Long-Term Financial Strategy of Dues Stabilization" (*Trans*.2008:421), be amended to read as follows (additions are <u>underscored</u>; deletions are <u>stricken</u>):

Resolved, that the Board develop annual budgets and manage the Association's finances and reserves in accordance with the <u>goal of</u> long-term financial <u>stability for the Association,</u> <u>taking into account the need to limit dues increases, as practical, the effective dues rate for</u> <u>members, external market conditions and other relevant factors such as strategy of dues</u> <u>stabilization. The dues stabilization strategy seeks to achieve long-term dues stability bykeeping 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.</u>

Limitations on the Use of Contingency Fund Requests. The Board adopted the following resolution.

B-59-2012. Resolved, that the spending of contingency funds which are included in each year's annual operating budget, in the absence of extraordinary circumstances, shall be limited to:

- Unanticipated (but not intentionally unbudgeted) expenses that would otherwise be included in the annual operating budget, or
- Unusual or emergency items.

Limitations on the Use of Long-Term Reserve Funds. The Board adopted the following resolution.

B-60-2012. Resolved, that the spending of long-term reserve funds, in the absence of extraordinary circumstances, shall be limited to:

- Extraordinary items requiring an emergency expenditure
- Long-term investments, for example, major property improvements that will secure a tenant for a 10 year lease agreement, and/or
- Strategic spending that can provide a lasting impact on the profession and/or public oral health "last resort" backup funding source for essential operating costs when the contingency fund is depleted.

Quarterly Financial Statements. The Board adopted the following resolution.

B-31-2012. Resolved, that the ADA quarterly financial statements as of December 31, 2011, and March 31, 2012, be filed and posted in the delegates section of ada.org.

Governance Committee: On behalf of the Committee Dr. Low gave an oral report on the status of the Governance study directed by the House of Delegates through adoption of Resolution 38H-2011. He also commented on the next steps in the study, which includes a stakeholders meeting, and submission of a report to the Board of Trustees at its July 2012 session.

Audit Committee: On behalf of the Committee Dr. Steffel, chair, presented a report on the June 9, 2012, Audit Committee meeting, identifying the major topics discussed, reports the Committee reviewed and actions taken. The Committee presented several resolutions for the Board's consideration.

American Dental Political Action Committee (ADPAC) Audited Financial Statements. The Board adopted the following resolution.

B-65-2012. Resolved, that the ADA Board of Trustees accepts the audited 2011 financial statements of the ADPAC as presented by KPMG LLC and requests that the audited 2011 financial statements be issued and forwarded to the ADPAC Board of Directors and to the ADA House of Delegates.

ADA Audited Financial Statements. The Board adopted the following resolution.

B-66-2012. Resolved, that the ADA Board of Trustees accepts the audited 2011 consolidated financial statements of the ADA as presented by KPMG LLC and requests that the audited 2011 consolidated financial statements be issued and forwarded to the ADA House of Delegates.

Headquarters Building Operating Expenses Report. The Board adopted the following resolution.

B-67-2012. Resolved, that the ADA Board of Trustees accepts the 2011 Headquarters Building Operating Expenses report as presented by KPMG LLC and requests that the report be issued and forwarded to the ADA House of Delegates.

ADA/ADABEI Audit Oversight Memorandum of Understanding (MOU). The Board adopted the following resolution.

B-68-2012. Resolved, that the Memorandum of Understanding between the American Dental Association and the ADA Business Enterprises, Inc. relating to oversight of the audit process is approved.

IT Compliance Issues. The Board adopted the following resolution.

B-69-2012. Resolved, that Division of Information Technology is directed to reprioritize projects so that the PCI compliance risks are mitigated.

Audit Committee Charter (Postponed from the March 2012 Board session). The Audit Committee presented a proposed charter, which was revised to address comments offered during the March Board session. The Board adopted the following resolution.

B-25-2012. Resolved, that the section of the *Organization and Rules of the Board* entitled "Audit Committee" be stricken in its entirety and replaced by the Audit Committee Charter in the form appended hereto as Appendix 1.

(See page 266 for the Audit Committee Charter.)

Compensation Committee: On behalf of the Committee Dr. Rich, chair, presented following resolution; on vote, the Board adopted the resolution.

B-70-2012. Resolved, that \$20,000 of the \$70,000 remaining available in committed reserve funds from the original sum of \$250,000 allocated under Resolution B-45-2010 be immediately released and remanded back to the general Reserve Fund, and be it further **Resolved,** that any amounts remaining unspent under Resolution B-45-2010 as of December 31, 2012, also be released at that time and remanded back to the general Reserve Fund.

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Diversity Committee: The Diversity Committee met on June 9, 2012. A report with resolutions was submitted for the Board's consideration (consent calendar item).

2012-13 Candidates and Alternates for ADA Institute for Diversity in Leadership. The Board adopted the following resolutions (consent calendar items).

B-61-2012. Resolved, that the following 12 candidates be approved to participate in the 2012-13 class of the ADA Institute for Diversity in Leadership:

Ahmed, Shahnaz, Ballwin, MO Avery-Stafford, Cheska, Waukegan, IL Ayson, Paul, Visalia, CA Chatterjee-Kirk, Pia, Jackson, MS Crawford, Beverly, Philadelphia, PA Daniel, Anthony, San Francisco, CA Gonzales, Christina, San Antonio, TX Maranga, Maria, Northport, NY Morell, Maritza, Andover, MA Nam, Daniel, Oakland, CA Patel, Vishruti, Plainfield, IL Verma, Prashant, Baltimore, MD

B-62-2012. Resolved, that the following three candidates be approved as alternates for the 2012-13 class of the ADA Institute for Diversity in Leadership:

Alarcon, Bertha, Cudahy, CA Patel, Nehal, Okmulgee, OK Torres, Daniel, Boca Raton, FL

B-63-2012. Resolved, that the Board of Trustees be notified directly at the start of the ADA Institute for Diversity in Leadership application process so that they can encourage potential applications from promising emerging leaders from diverse backgrounds.

Board Debriefing on Joint Leadership Program. The Board adopted the following resolution (consent calendar item).

B-64-2012. Resolved, that a 2012 Board meeting include a de-briefing on the July 19, 2012, joint leadership program with the American Dental Association, Hispanic Dental Association, National Dental Association and Society of American Indian Dentists, and that the Board then consider next steps in the context of the Board's diversity and inclusion plan, and be it further **Resolved,** that the de-briefing be facilitated by Mr. Josh Mintz, facilitator for the joint leadership program.

Strategic Planning Committee: The Board received a report on the March 9, 2012, conference call meeting of the Strategic Planning Committee. The Committee reported that it discussed the appropriate placement of strategic planning responsibilities within the Association and developed a resolution for the Board's consideration to shift monitoring of the strategic plan to the Board of Trustees. The Strategic Planning Committee also reported that it took the following action:

Resolved, that the Strategic Planning Committee communicates the willingness of the Committee members to serve the Board as resources going forward and urges the Board of Trustees to adopted the following resolution.

The Board adopted the following resolution.

B-32-2012. Resolved, that the Board of Trustees dissolve the Strategic Planning Committee as currently constituted and assume the role for monitoring the strategic plan directly, and be it further **Resolved**, that the Board of Trustees recognizes the need for a Board Strategic Planning Workgroup to be formed in 2013 to seek input by outside stakeholders, and in particular from representatives of the House of Delegates, in the development of a new strategic plan beginning in 2013, and be it further

Resolved, that the Board Rules Subcommittee of the Governance Committee propose modifications of the Board *Rules* consistent with this resolution.

Report of the Information Technology Committee: ADAmember.net Email Forwarding System Upgrade:

In December 2011, the Board adopted a resolution postponing the upgrade of the ADA member email forwarding system pending submission to the House of the relevant volume utilization data. The House would then decide whether to go forward with the upgrade that was funded as part of the 2011 technology assessment. The IT Committee reviewed the utilization data and considered several alternatives regarding the service and presented its recommendation for the Board's consideration. The Board adopted the following resolution.

B-43-2012. Resolved, that the following resolution be transmitted to the 2012 House of Delegates:

Resolved, that the @ADAmember.net Electronic Mail Forwarding service be discontinued due to low utilization, and be it further

Resolved, that the service will be supported by the ADA for 90 days after the 2012 House of Delegates meeting assuming House approval of the discontinuation of the service, and be it further

Resolved, that the remaining funds from the 2011 special assessment for its infrastructure be returned to the 2012 IT budget and used to resolve open audit points for Hyperion and Payment Card Industry (PCI) Standard Compliance.

Conference and Meeting Services

Report of the Council on ADA Sessions: Nominations of Chairpersons of the 2013 Committee on Local Arrangements: The Board adopted the following resolution (consent calendar item).

B-36-2012. Resolved, that the following nominations of the chairpersons to serve on the 2013 Committee on Local Arrangements made by Dr. Robert E. Barsley, General Chair of the 2013 Committee on Local Arrangements, with the concurrence of the Louisiana Dental Association, be approved.

- Dr. William Hadlock Vice Chair
- Dr. Kay Jordan Program Co-chair
- Dr. Edward Hebert Program Co-chair
- Dr. Peter Glaser Hospitality Co-chair
- Dr. David Hildebrandt Hospitality Co-chair
- Dr. David DeGenova Registration Co-chair
- Dr. Gerald Williams Registration Co-chair

Report of the Council on ADA Sessions: 2013 Annual Session Registration Fee Increase: The Board discussed the proposed increases recommended by the Council and subsequently adopted the following resolution.

B-37-2012. Resolved, that beginning with the 2013 ADA Annual Session, the registration fees for the ADA Annual Session be as follows:

ADA Member Dentists	-	\$ 90
ADA Retired Life Members	-	\$0

ADA Retired Members-U.S. Dentist / Cert Grad Student Member-U.S. Nonmember Dentists-Nonmember Dentists - 1st time-Nonmember Dentist - Grad Student non-member-Nonmember Dentist - Grad Student - 1st time-Dental Students ASDA members-Dental Students Non ASDA-Dental Assistants-Dental Assistants (students)-U.S. Dental Bus. Assistants-U.S. Dental Bus. Assistants-U.S. Laboratory Technicians-U.S. Friends and Family-International Friends and Family-Component society staff-International Health Professional-Children 18 under: Intl-U.S. Allied Health Professionals-International Dentists Affiliate Members-International Dental Students, undergrad-International Dental Business Assistants-International Dental Business Assistants-International Dental Assistants-International Dental Students, undergrad-International Dental Business Assistants-International Lab Technician-U.S. Alliance of the ADA-Exhibitor registration - onsite-International Dental Dealers-	\$35 \$0 \$800 \$125 \$800 \$125 \$0 \$50 \$50 \$50 \$50 \$50 \$50 \$50 \$50 \$50 \$40 \$50
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Report of the Council on ADA Sessions: 2013 and 2014 Annual Session Exhibit Booth Fees: The Board adopted the following resolution.

B-38-2012. Resolved, that for the 2013 and 2014 ADA annual sessions the booth fees will be \$3,700 per 10x10 booth and \$900 per corner booth.

Report of the Council on ADA Sessions: Nomination of 2014 Council Chair: The Board adopted the following resolution (consent calendar item).

B-39-2012. Resolved, that Dr. James E. Galati is appointed chair-designate of the Council on ADA Sessions for the year 2014 to serve immediately upon appointment.

Corporate Relations

Report of the Corporate Relations Work Group: Expansion of Responsibilities and Membership: The Board adopted the following resolution.

B-40-2012. Resolved, that the Corporate Relations Workgroup shall consist of two trustees appointed by the President with staggered terms and the President-Elect as a voting member, with appropriate representation from the Division of Legal Affairs, and be it further **Resolved,** that for matters of Business Development the existing Work Group be supplemented as follows: one ADABEI board member, to be selected by the ADABEI board, to serve as an ex officio member with no voting rights and up to two council members from appropriate councils with bylaws authority over the subject matter of the proposed business venture under consideration. As with the existing Work Group, this would include appropriate representation from the Division of Legal Affairs.

Finance and Operations

Informational Report on the Status of the 2012 Operating Contingent Fund: There were no supplemental appropriation requests submitted for this Board session. It was reported that supplemental funding to date totaled \$155,700 leaving a Contingent Fund balance of \$844,300 (consent calendar item).

Information Technology

Report of the Information Technology Division: 2011 Special Assessment for IT Infrastructure and Projects and Spending: This report communicated the status of major projects and the financial performance of those projects as compared to budget, and the status of major initiatives through December 31, 2011.

Report of the Information Technology Division: Transition to Electronic House of Delegates: This report provided information on past actions to transition to an electronic House of Delegates and the benefits and costs savings that would result from providing worksheets in electronic format only beginning in 2013. The Board adopted the following resolution (consent calendar item).

B-41-2012. Resolved, that the following resolution be transmitted to the 2012 House of Delegates:

Resolved, that effective with the 2013 House of Delegates all materials for the meetings of the House of Delegates will be provided in an electronic format only with the exception of Reference Committee Reports and Agendas which will also be provided in paper format during the meeting, and be it further

Resolved, that Resolution 13H-2008 (Trans.2008:446) be rescinded.

Legal

Report of the Division of Legal Affairs: Summary of Litigation and Other Matters: The Chief Legal Counsel, Mr. Busey, provided an update on legal matters (consent calendar item).

Dental Education/Professional Affairs

Report of the Joint Commission on National Dental Examinations: Research and Development Activities: This report summarized the history and funding of research and development activities of the Joint Commission. Additionally the report presented a request for approval of expenditures for research and development projects and for small grant project expenditures that were approved by the Joint Commission at its April 2012 meeting. The Board adopted the following resolution (consent calendar item).

B-47-2012. Resolved, that expenditures from the Joint Commission on National Dental Examinations' Research and Development Fund be approved for implementation of the proposed research and

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development activities as summarized in the appendix of the Joint Commission on National Dental Examinations' report to the Board of Trustees, and be it further

Resolved, that expenditures from the Joint Commission on National Dental Examinations' Innovative Dental Assessment (IDEA) Research and Development Grant Program be approved to support the continuation of approved research projects.

Report of the Board of Trustees Work Group to Assess the CODA Predoctoral Accreditation Standards: Dr. Versman, Work Group chair, summarized the key issues the group considered and presented several resolutions for the Board's consideration. The Board took the following actions.

Needs Assessment for Predoctoral Dental Education Programs Applying for Initial Accreditation. The Board discussed the proposed resolution. An amendment was proposed and adopted changing the word "or" between the words "assessment" and "feasibility" with the word "and." On vote, the following resolution, as amended, was adopted.

B-51-2012. Resolved, that the ADA Board of Trustees strongly urge the Commission on Dental Accreditation to require a formal needs assessment and feasibility study for all predoctoral dental education programs applying for initial accreditation.

Review and Assessment of Predoctoral Dental Education Standards. The Board adopted the following resolution.

B-52-2012. Resolved, that the Council on Dental Education and Licensure (CDEL) comprehensively review and assess the predoctoral dental education standards that will be implemented in July 2013, and be it further

Resolved, that CDEL take into account and address the concerns of the Board of Trustees Workgroup to Assess the Predoctoral Dental Education Standards (Appendix 2) and assign minimal standard parameters, where possible, during the review and assessment, and be it further **Resolved**, that CDEL report back to the Board of Trustees at the December 2012 Board of Trustees meeting with recommended revisions to the predoctoral dental education standards to be forwarded to the Commission on Dental Accreditation.

(See page 269 for Appendix 2 referenced in Resolution B-52-2012.)

Comprehensive Study of the Current and Future State of Dental Education. Due to the scope of the study proposed in Resolution B-53, the Board of Trustees postponed definitely the following resolution to the July 2012 session in order to gather additional information.

B-53. Resolved, that the ADA conduct a comprehensive study of the current and future state of dental education, to include an evaluation of all the current dental school curricula; an analysis of the competency and outcomes-based educational model; and an analysis of dental school outcomes data, and be it further

Resolved, that the study address whether students are being adequately prepared for the practice of dentistry and whether dental schools that are opening in non-traditional academic health centers are meeting the appropriate level of scholarship to ensure that dentistry continues to be a learned profession.

Report of the Task Force on Dental Education: Economics and Student Debt: The Task Force submitted an update on the implementation of Board and House resolutions addressing the student debt issue (Resolutions 66H-2011, 91H-2011 and B-204-2011). Additionally, the Task Force presented information on the request from the American Dental Education Association (ADEA) for data from several ADA surveys. The Task Force commented on the request and the opportunity for collaboration with ADEA. The Board adopted the following resolution.

B-50-2012. Resolved, that the request, as outlined in Appendix 1 and Appendix 2, from the American Dental Education Association for data elements from Group I, II, and III Surveys of Pre-doctoral Dental Education and Distribution of Dentists in the United States by Region and State be approved.

Report of the Commission on Dental Accreditation: Response to the Board of Trustees' Resolutions: The Commission reported on consideration of resolutions (B-213a-2011, B-213b-2011, B-213c-2011 and B-214-2011) adopted by the Board at its December 2011 session.

Global Affairs

Report of the 2012 ADA/FDI Delegation: The Board was presented with recommendations from the ADA/ FDI delegation for vacancies on the 2012 FDI Council and standing committees, and for the position of FDI USA National Liaison Officer, which becomes vacant in August. The Board adopted the following resolution (Consent Calendar item).

B-54-2012. Resolved, that Dr. Ira B. Lamster, New York, be approved as the ADA 2012 candidate for the FDI Science Committee, and that appropriate materials be developed for his candidacy, and be it further

Resolved, that Dr. Kevin Hardwick, Texas, be nominated in 2012 for a second three-year term on the FDI World Development & Health Promotion Committee, and that appropriate materials be developed for his candidacy, and be it further

Resolved, that Dr. Kathleen Roth, Wisconsin, be approved as the ADA 2013 candidate for the FDI Council, or if an opening becomes available in 2012, and be it further

Resolved, that Dr. D. Gregory Chadwick, North Carolina, be appointed for a four-year term (2012-2016) as the FDI USA National Liaison Officer.

Government/Public Affairs

Report of the Senior Vice President, Government and Public Affairs: Federal and State Legislative, Regulatory and Public Affairs Update: Mr. Graham gave brief comments on the status of federal legislative activities.

Report of the Council on Access, Prevention and Interprofessional Relations: Pursuit of Outside Funding to Support National Children's Dental Health Month (NCDHM): The Council sought Board approval to investigate and secure outside resources to support the NCDHM poster program and continue distribution of NCDHM campaign materials. The Board adopted the following resolution.

B-55-2012. Resolved, that the Council on Access, Prevention and Interprofessional Relations may pursue outside resources to support the National Children's Dental Health Month (NCDHM) poster program.

Report of the Council on Access, Prevention and Interprofessional Relations: Update on the Community Dental Health Coordinator Pilot Program: This report provided an update on the status of CDHC trainees, the status of the curriculum licensing agreement with Rio Salado College, data collection, and project expenses (consent calendar item).

Report of the Council on Access, Prevention and Interprofessional Relations: Approval of Give Kids A Smile National Advisory Committee Members: The Board adopted the following resolution (consent calendar item).

B-42-2012. Resolved, that the following nominees for membership on the Give Kids A Smile Advisory Committee submitted by the Council on Access, Prevention and Interprofessional Relations and the ADA Foundation Board of Directors be appointed:

Dr. Jeff Dalin Dr. Ernest Garcia Dr. Leslie Grant Ms. Cindy Hearn Mr. Gary Price Ms. Candy B. Ross Mr. John Stefanick Mr. Tim Sullivan Ms. Beth Truett

Dental Practice/Professional Affairs

Report of the Health Policy Resources Center: Economic Aspects of Mid-level Providers—Next Steps: This report summarized the dissemination strategy and proposed follow-up research to the ADAcommissioned analysis of economic aspects of mid-level providers in five states. The Board approved both the dissemination strategy and the proposed follow-up research as outlined in the report.

Membership, Tripartite Relations and Marketing

Report of the Council on Membership: 2013 One-Time Dues Reduction Incentives: The Board adopted the following resolutions (consent calendar items).

B-48-2012. Resolved, that any nonmember non-U.S. trained dentist, that is ineligible for existing reduced dues programs as set forth in the ADA *Bylaws*, be eligible to receive a one-time fifty percent (50%) active member dues and special assessment reduction for the 2013 ADA membership year.

B-49-2012. Resolved, that any nonmember U.S. trained dentist who has been out of dental school for five to ten years, that is ineligible for existing reduced dues programs as set forth in the ADA *Bylaws*, be eligible to receive a one-time fifty percent (50%) active member dues and special assessment reduction for the 2013 ADA membership year.

Annual Report of the Council on Membership: The Board reviewed the following two resolutions presented in the Council's annual report.

Membership Recognition through Logo Utilization. The Council, in its annual report, proposed the following resolution:

Resolved, that the downloadable ADA member logos, without the year of issue, be made available for all active and retired and life member dentists.

The Board considered the Council's resolution to the House of Delegates and voted to transmit the resolution with the recommendation to vote yes. (*Vote.* 19 Yes; 1 Absent—Dr. Faiella)

Active Life Membership.* The Council on Membership also proposed in its annual report the following resolution:

Resolved, that the ADA *Bylaws*, Chapter I. MEMBERSHIP, Section 20, QUALIFICATIONS, PRIVILEGES, DUES AND SPECIAL ASSESSMENTS, Section B. LIFE MEMBER, Subsection c. DUES AND SPECIAL ASSESSMENTS, paragraph 1, be amended as follows (new language <u>underscored</u>; deletions stricken):

(1) ACTIVE LIFE MEMBERS. The dues of life members who have not fulfilled the qualifications of retired membership pursuant to Chapter I, Section 20C of these *Bylaws* with regard to income

related to dentistry shall be fifty percent (50%) seventy-five percent (75%)* of the dues of active members, due January 1 of each year. In addition to their annual dues, active life members shall pay fifty percent (50%) seventy-five (75%)* of any active member special assessment, due January 1 of each year.

*<u>The dues and special assessment percentage for those members who attained active life</u> membership classification prior to the adjournment sine die of the 2012 House of Delegates shall remain at the same percentage as they had upon entry into this category, and until such time that they move to another membership category.

Note: *During discussion of this item of business, Drs. Blanton and Weber disclosed that they are active life members of the Association.

Following an extensive discussion, the Board voted to transmit the following comment and Board substitute to the House of Delegates.

The Board appreciates the difficult decision made by the Council on Membership in recommending this course of action. On one hand, the Association recognizes and values its longest standing members. On the other, it continues to provide services to all practicing dentist members at a time when fiscal challenges prevail. In order to be fair and equitable across all those who receive benefit, while ensuring the long term financial stability of the Association, the Board recommends increasing active life membership dues consistent with the Council's recommendation, *i.e.* seventy-five percent (75%) of those of active members without grandfathering. In addition, the Board recommends that other forms of recognition for active life members be investigated and provided at each tripartite level. Doing so will provide continued support and recognition of these valued members while increasing the financial viability of the ADA and to ensure further achievement of the ADA's mission.

Resolved, that the ADA *Bylaws*, Chapter I. MEMBERSHIP, Section 20. QUALIFICATIONS, PRIVILEGES, DUES AND SPECIAL ASSESSMENTS, Section B. LIFE MEMBER, Subsection c. DUES AND SPECIAL ASSESSMENTS, paragraph 1, be amended as follows (new language <u>underscored</u>; deletions stricken):

(1) ACTIVE LIFE MEMBERS. The dues of life members who have not fulfilled the qualifications of retired membership pursuant to Chapter I, Section 20C of these *Bylaws* with regard to income related to dentistry shall be fifty percent (50%) seventy-five percent (75%) of the dues of active members, due January 1 of each year. In addition to their annual dues, active life members shall pay fifty percent (50%) seventy-five percent (75%) of any active member special assessment, due January 1 of each year.

(Vote: 17 Yes—Drs. Blanton, Dow, Engel, Faiella, Gounardes, Israelson, Kiesling, Low, Norman, Roberts, Seago, Steffel, Summerhays, Vigna, Weber, Yonemoto; 3 No—Drs. Feinberg, Hagenbruch, Rich; 1 Absent—Dr. Versman)

Publishing

Report of the Publishing Division: Modification of ADA Advertising Review Process: Mr. Springer described the challenges between generating advertising revenue and ensuring the accuracy and appropriateness of the advertising presented in the Association's publications, and the added complications that result from the current ad review process. A resolution was presented to modify the current ad review process and yet "ensure the continued protection against serious physical or reputational harm while allowing a more hospitable and less cumbersome approach to the ad process." The Board of Trustees adopted the following resolution.

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B-45-2012. Resolved, that responsibility for review and acceptance of advertisements in ADA publications will reside with the Publishing Division, in consultation with the Editor in accordance with best dental publishing industry practices, and be it further **Resolved**, that all advertisements in ADA publications will be subject to review, with content experts

from the Science, Dental Practice, Legal and Communications Divisions available to perform additional levels of review on any advertisement at the request of the Publishing Division based on criteria to be developed between these divisions and Publishing, and be it further **Resolved**, that the ADA Advertising Standards remain in effect.

Science/Professional Affairs

Report of the Council on Scientific Affairs: Recent Activities: This report provided an update on several Council initiatives, including:

- Workforce systematic review (Resolution 41H-2011)
- · publication of ADA statement on periodontal disease and atherosclerotic heart disease
- fluoride toothpaste for children six years of age and under
- status of guidance on cone beam CT and dental radiograph recommendations
- status of AAOS-ADA Guideline for the Prevention of Orthopaedic Implant Infection in Patients Undergoing Dental Procedures

(consent calendar item)

Organizational/Other

Report of the President: Dr. Calnon gave an oral report on his activities since the March Board meeting.

Report of the President-elect: Dr. Faiella gave an oral report on his activities since the March Board meeting.

Report of the Executive Director: Due to time constraints Dr. O'Loughlin did not give a report at this meeting, but informed the Board members that they were sent the Executive Director's Quarterly Management Report prior to the June Board meeting.

Nominations for ADA Honorary Membership: The Board of Trustees adopted the following resolution (consent calendar item).

B-3-2012. Resolved, that in accordance with the ADA *Bylaws*, Chapter VII, Section 90(G), the following individuals be elected for Honorary Membership of the American Dental Association.

Alice DeForest Nancy Kelly

Nomination for the ADA Distinguished Service Award: The Board of Trustees adopted the following resolution.

B-4-2012. Resolved, that the 2012 Distinguished Service Award be presented to Dr. Albert H. Guay.

Quarterly Report of the ADA Foundation: As customary, the Foundation provided a quarterly report to the Board of Trustees that contained information on finances, grants, Paffenbarger Research Center (PRC), fund raising and the Give Kids A Smile Gala (consent calendar item).

Report of ADA Business Enterprises, Inc.: This report provided an update on first quarter 2012 activities (consent calendar item).

Report of the Board Work Group on Comprehensive Policy Review: In accordance with Resolution 111H-2010—Regular Comprehensive Policy Review—a Board Work Group was established to review existing policies determined to be under the Board's purview. The Work Group presented the following resolutions for the Board's consideration.

Policies to be Maintained Recommended by the Board of Trustees. The Board adopted the following resolution (consent calendar item).

B-33-2012. Resolved, that the following resolution be transmitted to the 2012 House of Delegates.

Resolved, that the following policies be maintained:

Payment of President's and/or President-elect's Expenses by Host Organizations (*Trans*.1989:519) Funding of Visits to Constituent and Component Societies by ADA Officers (*Trans*.1988:456) Review of Reports and Studies by the ADA Board of Trustees (*Trans*.1995:652) Joint Meeting Approval (*Trans*.1985:610) Availability of ADA House Materials to Members (*Trans*.1991:606) Availability of House of Delegates Transcripts (*Trans*.1990:570) ADA Intellectual Property Licensing Protocol (*Trans*.2008:495) Annual Session Dress Code (*Trans*.1999:981)

Amendment of the Policy "Change in ADA Strategic Plan". The Board adopted the following resolution (consent calendar item).

B-34-2012. Resolved, that the following resolution be transmitted to the 2012 House of Delegates.

Resolved, that the ADA policy on "Changes in ADA Strategic Plan" (*Trans.*1997:714) be amended to read as follows (additions are <u>underscored</u>; deletions are <u>stricken</u>):

Resolved, that the ADA <u>Board of Trustees be urged to</u> establish a mechanism for <u>seek</u> input from communities of interest, <u>including representatives from the House of Delegates</u>, in the <u>development of</u> to any substantive changes to the ADA Strategic Plan, after the initial reviewby the Board of Trustees, and be it further

Resolved, that any comments resulting from this review be referred to the Board of Trustees for consideration or possible action.

Amendment of the Policy "Request to Post Information on ADA.org". The Board adopted the following resolution (consent calendar item).

B-35-2012. Resolved, that the following resolution be transmitted to the 2012 House of Delegates.

Resolved, that the ADA policy on "Request to Post Information on ADA.org" (*Trans.*2009:493) be amended to read as follows (additions are <u>underscored</u>):

Resolved, that the ADA post in the delegates' section of ADA.org, <u>ADA Connect, or the</u> <u>equivalent</u>, copies of all audit reports and management letters associated with the audit report of the ADA and its subsidiaries within 30 days after Board of Trustees review, and be it further

Resolved, that the ADA post in the delegates' section of ADA.org<u>, ADA Connect, or the equivalent</u>, copies of the quarterly financial reports within 30 days after Board of Trustees review.

Report of the Board Work Group on State Public Affairs (SPA): This report presented a charter for the SPA Oversight Work Group for the Board's consideration. The Board adopted the following resolution.

B-44-2012. Resolved, that the Charter of the SPA Oversight Workgroup be approved and go into effect at the close of the 2012 House of Delegates, and be it further **Resolved,** that the Charter be forwarded to the SPA Oversight Workgroup and the chairs of the Councils on Government Affairs and Communications

(See page 272 for the approved Charter.)

Report of the State Public Affairs Oversight Committee: Transmittal of the Committee Resolution: A motion was made and adopted to postpone consideration of the following resolution to the July Board session.

B-46. Resolved, that the Council on Communications be directed to create a proactive strategic communications plan with messages to be used on a national and state level to address issues related to barriers to care with the Council reporting back to the Board on its progress by December, 2012.

Board Liaison Reports

The following liaison reports were submitted (consent calendar items).

Report of Dr. Charles R. Weber, Liaison to the Council on Dental Education and Licensure Report of Dr. Gary L. Roberts, Liaison to the Council on Members Insurance and Retirement Programs Report of Dr. Charles Norman, Liaison to the Council on Dental Benefit Programs

Special Orders of Business

Consideration of the 2013 Budget: The Board of Trustees received a report from the Administrative Review Committee on the development of the 2013 budget. The Board devoted the majority of the June session to reviewing and discussing the recommendations of the Committee and seeking additional information from staff of various divisions when necessary and appropriate.

Establishment of Dues Effective January 1, 2013. On vote, the Board transmitted the following resolution to the House of Delegates.

Resolved, that the dues of ADA active members shall be five hundred forty-two dollars (\$542.00), effective January 1, 2013.

(Vote: 16 Yes—Drs. Blanton, Dow, Engel, Faiella, Gounardes, Hagenbruch, Israelson, Kiesling, Rich, Roberts, Seago, Steffel, Summerhays, Versman, Vigna, Yonemoto; 3 No—Drs. Feinberg, Low, Weber; 1 Absent—Dr. Norman)

Dues Assessment. The Board discussed the business need for a dedicated funded account for anticipated maintenance and improvements to the Chicago and Washington D.C. properties. On vote, the Board transmitted the following resolution to the House of Delegates.

Resolved, that as provided in Chapter I, Section 50 and Chapter XVIII, Section 40 of the *Bylaws*, a special assessment be levied in the amount of \$50 for 2013 and \$50 for 2014 for the purpose of creating and funding a capital building fund, and be it further **Resolved**, that all funds received from this assessment be maintained in a segregated account.

(Vote: 18 Yes—Drs. Blanton, Dow, Engel, Faiella, Feinberg, Gounardes, Hagenbruch, Israelson, Kiesling, Low, Rich, Roberts, Steffel, Summerhays, Versman, Vigna, Weber, Yonemoto; 1 No—Dr. Seago; 1 Absent—Dr. Norman)

Dental Insurance (Mega Session): An overview of trends in dental financing from the Professional Affairs viewpoint was presented by Dr. Dave Preble. The discussion included economic trends that are driving movements toward cost containment and health outcomes measurement, including stagnation of overall dental spending and cost-shifting to consumers. Dr. Preble also mentioned that the Health Policy Resources Center was studying large group practices to see what role they may play and what may be learned about increased efficiency that can be translated to other practice models.

AHA Statement on Periodontal Disease: The following resolution was presented and after extensive discussion, the Board adopted the resolution.

B-56-2012. Resolved, that the ADA President, in consultation with ADA Professional Affairs and the American Academy of Periodontology and interested professional health organizations, develop a feasibility plan with associated costs to convene a symposium to review and disseminate information on the relationship between periodontal disease and atherosclerotic vascular disease, and be it further

Resolved, that a report be submitted to the July 2012 Board meeting.

Million Hearts[™] Initiative: Dr. O'Loughlin informed the Board of an opportunity to participate in an initiative "that will focus, coordinate, and enhance cardiovascular disease prevention activities across the public and private sectors...." Co-leaders of the Million Hearts[™] Initiative are the Centers for Disease Control and Prevention and Centers for Medicare and Medicaid Services. Through a motion, the Board gave the Executive Director the authority to engage with the Million Hearts[™] Initiative.

Presentations

Appearance of Dr. Steven Tonelli, chair, Commission on Dental Accreditation (CODA): In response to Resolution B-214-2011, which calls for the Chair of CODA to annually make a formal, in-person report to the Board, Dr. Tonelli presented a report that addressed resolutions adopted by the Board in December 2011; reviewed CODA activities for 2011-12; summarized results of CODA's reapplication for U.S. Department of Education recognition; and commented on recent policy revisions.

Appearance of Dr. George Kinney, Jr., chair, Council on Dental Education and Licensure: Dr. Kinney spoke on recent activities of the Council, commenting on the Council's consideration and recommendation on the American Society of Dentist Anesthesiologists' application requesting recognition as a dental specialty. He also commented on the Council's review and proposed amendment of the Requirements for Recognition of Dental Specialties. Both matters are being transmitted to the 2012 ADA House of Delegates.

Unfinished Business

Due to time constraints, the following agenda items were not considered and will be added to the agenda of the July 29-31, 2012, session of the Board of Trustees:

Report of the Pension Committee

Report of Dr. Patricia L. Blanton, Liaison to the Joint Commission on National Dental Examinations Report of Dr. Joseph Hagenbruch, Liaison to the Council on ADA Sessions Report of Dr. Donald Seago, Liaison to the Council on Dental Practice (oral report) Report of Dr. Roger L. Kiesling, Liaison to the Council on Scientific Affairs (oral report)

Adjournment

The Board of Trustees adjourned *sine die* at 2:44 p.m. on Tuesday, June 12, 2012.

Appendix 1

Audit Committee Charter

Purpose. The purpose of the ADA Audit Committee is to assist the Board of Trustees in fulfilling its legal and fiduciary obligations to oversee:

- (a) The integrity of the ADA's financial statements, including the effectiveness of the Association's internal controls over financial reporting;
- (b) The ADA's compliance with legal and regulatory requirements;
- (c) The qualifications, independence, and performance of the ADA's external and internal auditors (hereinafter, the "Auditors");
- (d) The performance of the ADA's internal audit function; and
- (e) The ADA's overall risk management and the Association's processes for assessing its financial and business risks.

Generally, it shall be the goal of the Audit Committee to add value to the Association by encouraging transparency of its financial matters, protecting its reputation, managing its risks and assisting the Board of Trustees in its duties by providing a systematic approach to evaluating and improving the effectiveness of risk management, control, and compliance processes.

Committee Membership, Structure and Meetings. The Audit Committee ("Committee") is a committee of the Board of Trustees, whose Committee members are appointed by the President with the approval of the Board of Trustees. The Committee reports to the Board of Trustees. The Committee consists of the President (*ex officio as defined by these Board Rules*), President-elect (*ex officio as defined by these Board Rules*), two House of Delegates members, and four trustees, one from each class not also serving on either the Budget and Finance Committee or Compensation Committee. The members of the Committee shall elect their own chair. The Committee chair shall not vote except in the case of a tie vote. In making appointments to the Committee, the President should recognize the importance of including members who have the knowledge and the experience in dealing with financial and audit matters, if such experience is available among the trustees and members of the House of Delegates available to serve on the Committee. The Committee shall retain on file the qualifications (e.g., resume, CV) of each Committee member.

The Committee will meet at least quarterly in connection with meetings of the Board of Trustees and at such other time that the Committee deems necessary. The Committee will meet at least at the spring and fall meetings with the Auditors, with a portion of those meetings held in executive session. The Committee will meet regularly with the Executive Director, Chief Financial Officer, Treasurer and Chief Legal Counsel. At the invitation of the Committee, appropriate staff from the Division of Finance and Operations, the Executive Director, the Division of Legal Affairs, and others as it deems appropriate, may participate in meetings. The Committee shall have the power to conduct meetings in executive session.

Duties. The Committee is authorized to:

- 1. Adopt a written charter and review it annually.
- 2. Hire, retain, terminate, replace and oversee the activities the ADA's Auditors and establish the terms of engagement for these entities. Review and evaluate the quality, performance and independence of the lead engagement representative of each auditor and make lead engagement representative changes, as the Committee deems appropriate.

- 3. Review with management any interim financial reports issued since the last Committee meeting.
- 4. Review with the external auditors and the CFO the audit scope and plan of the internal auditors and coordinate audit efforts to avoid redundancies, while still maintaining completeness of coverage.
- 5. Review all material written communications between Auditors and management such as management letters or schedule of unadjusted differences.
- 6. Review with management and the external auditors the ADA's annual financial statements and related footnotes, the auditors' reports, Form 990s, other regulatory reports and judgment of the external auditors with regards to the accounting principles as applied to the ADA's financial reporting.
- To formulate and recommend policies to the Board of Trustees concerning internal controls, including the Association's expense reimbursement policies related to officers, trustees, volunteers and staff.
- To issue requests for proposal for audit services, as deemed necessary, but at least every seven years.
- To review the Association's risk management policies and discuss with management periodically the guidelines and policies that govern the processes by which risk assessment and risk management is undertaken.
- 10. To retain a financial consultant with the requisite education and experience in audit, accounting, and financial matters to advise the Committee.
- 11. Meet with ADA's General Counsel and others as deemed necessary to discuss risk management matters, including significant legal, compliance or regulatory matters that could impact the Association.
- 12. To annually review the Association's Whistleblower policy and treatment of complaints received through the policy.
- 13. To review any complaints under the Whistle Blower policy that have been received and monitor their status and resolution. The General Counsel and others as deemed necessary shall submit submissions received through the Whistleblower policy to the Committee as soon as reasonably possible upon receipt.
- 14. To report to the Board of Trustees the findings of the Committee and/or the Auditors directly to the Boards of Trustees.
- 15. To assist the Board of Trustees in maintaining the transparency and the integrity of the Association's financial statements, whether audited or unaudited.
- 16. To submit an annual written report to the Board of Trustees containing the review of, and any recommendations for the ADA's internal control structure, accounting practices, financial reporting and the performance of the Auditors.
- 17. To prepare the annual Audit Committee Report for the House of Delegates as required by the Association's Bylaws.
- To complete an annual self-assessment of the Committee and report its results to the Board of Trustees.

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- 19. As requested by the ADA's subsidiaries and affiliates, and upon the authorization of the Board of Trustees, to perform the audit functions, including the duties noted in this charter, for and on behalf of the requesting ADA subsidiaries and affiliates pursuant to the terms of memoranda of understanding with each entity.
- 20. To discharge any other duties or responsibilities delegated to the Committee by the Board of Trustees.

Notwithstanding anything to the contrary in these *Rules*, the Committee may retain separate, independent advisors to provide counsel or investigate matters with respect to matters coming within the Committee's purview. Payment for these services shall be made from Association funds.

Appendix 2

Summary of Workgroup Assessment of Dental Education Accreditation Standards

1-2 Ongoing planning for, assessment of and improvement of educational quality and program effectiveness at the dental school **must** be broad-based, systematic, continuous, and designed to promote achievement of institutional goals related to institutional effectiveness, student achievement, patient care, research, and service.

Intent: Assessment, planning, implementation and evaluation of the educational quality of a dental education program that is broad-based, systematic, continuous and designed to promote achievement of program goals will maximize the academic success of the enrolled students. The Commission on Dental Accreditation expects each program to define its own goals and objectives for preparing individuals for the practice of general dentistry.

Concern: The schools define their own goals and objectives. The site examiners then evaluate how the school is achieving their own goals. There is not a set standard for the mission and goals. These can vary for every dental school in the country and there is not a defined minimal standard.

1-5 The financial resources **must** be sufficient to support the dental school's stated purpose/mission, goals and objectives.

Intent: The institution should have the financial resources required to develop and sustain the program on a continuing basis. The program should have the ability to employ an adequate number of full-time faculty, purchase and maintain equipment; procure supplies, reference material and teaching aids as reflected in annual operating budget. Financial resources should ensure that the program will be in a position to recruit and retain qualified faculty. Annual appropriations should provide for innovations and changes necessary to reflect current concepts of education in the discipline. The Commission will assess the adequacy of financial support on the basis of current appropriations and the stability of sources of funding for the program.

Concern: There is not an established minimal ratio of full-time faculty to student ratio. There is not an established minimal standard for the number of full time specialty faculty to student ratio. This allows a tremendous variability and could very much affect the education received by students. There are schools that have an extremely small number of full time faculty and limited numbers of specialists and are still accredited.

2-4 The stated goals of the dental education program **must** be focused on educational outcomes and define the competencies needed for graduation, including the preparation of graduates who possess the knowledge, skills and values to begin the practice of general dentistry.

Concern: There is not a definition of general dentistry and the minimal knowledge, skills and values needed to begin practice. The site examiners and their evaluations can vary from school to school with no definition in place or minimal standards defined.

2-8 The dental school **must** ensure the availability of adequate patient experiences that afford all students the opportunity to achieve its stated competencies within a reasonable time.

Concern: There is not a minimal standard or definition of the word "adequate." Anecdotally we have heard of instances where students in some schools can graduate without ever doing a root canal or a stainless steel crown on a live patient. Numerous students have complained about the shortage of patients and available chair time.

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2-18 Graduates **must** be competent in applying the basic principles and philosophies of practice management, models of oral health care delivery, and how to function successfully as the leader of the oral health care team.

Concern: Many recent graduates feel very undereducated in practice management.

2-19 Graduates **must** be competent in communicating and collaborating with other members of the health care team to facilitate the provision of health care.

Intent: Students should understand the roles of members of the health care team and have educational experiences, particularly clinical experiences, that involve working with other healthcare professional students and practitioners. Students should have educational experiences in which they coordinate patient care within the health care system relevant to dentistry.

Concern: Many schools do not train their students to be leaders of a multidisciplinary dental team and how to interact with dental specialists.

2-23 At a minimum, graduates **must** be competent in providing oral health care within the scope of general dentistry, as defined by the school, including:

a. patient assessment, diagnosis, comprehensive treatment planning, prognosis, and informed consent;

- b. screening and risk assessment for head and neck cancer;
- c. recognizing the complexity of patient treatment and identifying when referral is indicated;
- d. health promotion and disease prevention;
- e. anesthesia, and pain and anxiety control;
- f. restoration of teeth;
- g. communicating and managing dental laboratory procedures in support of patient care;
- h. replacement of teeth including fixed, removable and dental implant prosthodontic therapies;
- i. periodontal therapy;
- j. pulpal therapy;
- k. oral mucosal and osseous disorders;
- I. hard and soft tissue surgery;
- m. dental emergencies;
- n. malocclusion and space management; and
- o. evaluation of the outcomes of treatment, recall strategies, and prognosis.

Intent: Graduates should be able to evaluate, assess, and apply current and emerging science and technology. Graduates should possess the basic knowledge, skills, and values to practice dentistry, independently, at the time of graduation. The school identifies the competencies that will be included in the curriculum based on the school's goals, resources, accepted general practitioner responsibilities and other influencing factors. The comprehensive care experiences provided for patients by students should be adequate to ensure competency in all components of general dentistry practice. Programs should assess overall competency, not simply individual competencies in order to measure the graduate's readiness to enter the practice of general dentistry.

Concern: There is not a minimal standard for the clinical areas in *a* through o above. As previously noted, students can graduate from some schools without doing a root canal or stainless steel crown on a live patient. Another concern is how the items in *a* through o are defined. For example, what does it mean to be competent in periodontal therapy? Very vague! Examiners do not have minimal standards as a cut off line.

3-1 The number and distribution of faculty and staff **must** be sufficient to meet the dental school's stated purpose/mission, goals and objectives.

Concern: As the schools are allowed to write their own purpose/mission, goals and objectives, and then define how they will meet these goals, there is not a minimal standard defined for the mission, goals etc. As such, the quality of education can vary tremendously from one school to the next.

- 4-6 Student services **must** include the following:
 - a. personal, academic and career counseling of students;
 - b. assuring student participation on appropriate committees;
 - c. providing appropriate information about the availability of financial aid and health services;
 - d. developing and reviewing specific written procedures to ensure due process and the protection of the rights of students:
 - e. student advocacy; and
 - f. maintenance of the integrity of student performance and evaluation records.

Intent: All policies and procedures should protect the students and provide avenues for appeal and due process. Policies should ensure that student records accurately reflect the work accomplished and are maintained in a secure manner. Students should have available the necessary support to provide career information and guidance as to practice, post-graduate and research opportunities.

Concern: In *b.* above how is appropriate defined and in *e.* above, how is advocacy defined? What is the minimal amount of involvement of students allowed? Very vague!

Appendix 3

Charter of SPA Oversight Workgroup

The SPA program, created by the House of Delegates, is administered by the Board of Trustees. The Board, however, has delegated primary responsibility to the Council on Government Affairs, with support from the Council on Communications. The SPA Oversight Workgroup is the mechanism selected by the Board to implement this sharing of responsibility. The Oversight Workgroup is not a council and does not set policy; rather, it oversees the administration of one program. The Oversight Workgroup should not duplicate the work of the councils.

Purpose and Powers:

- To provide volunteer oversight to the State Public Affairs Program (SPA), focusing on allocation of SPA grants among the states and developing criteria for the selection of states in the program.
- To annually select appropriate areas of focus for the SPA program, in consultation with the Council on Government Affairs and staff from State Government Affairs.
- To oversee the selection of topics to be addressed in SPA Toolkits and to ensure that the toolkits remain current.
- To develop metrics for the SPA program itself and to assure the program is assessed annually against those metrics.
- To assess the effectiveness of the Program in each participating state mid-year and at the end of each year.
- To present a written report to the Board twice a year addressing money approved and expended.
- Through their representatives on the Workgroup, to report to the Council on Government Affairs and the Council on Communications on program activities.
- To review the performance of the national consultant annually and to periodically select a national consultant to the program, as required by ADA policy and subject to the approval of the Board of Trustees.
- To establish its own rules of operation consistent with this charter.

Composition and Selection: Except as noted below with respect to a transition period, the Oversight Workgroup shall consist of five members: two members of the Board of Trustees, subject to presidential appointment, two members of the Council on Government Affairs and one member from the Council on Communications. Council members shall be selected by their respective councils. The members of the Spa Oversight Workgroup shall select the chair of the Workgroup.

Terms and Transition Period: Terms of service of the Oversight Workgroup members shall be two years, to be staggered as follows:

Beginning at the close of the 2012 House, one Board representative, the representative from the Council on Communication and one representative from the Council on Government Affairs shall commence two-year terms; and one Board representative and one Council on Government Affairs representative shall commence one-year terms. Thereafter, each member shall be appointed to two-year terms.

Meetings: The SPA Oversight Workgroup shall meet by conference call on a monthly basis. Additional calls may be held when needed (e.g. when reviewing state applications).

Reports: It shall be the responsibility of the Council on Government Affairs to report on SPA activities to the House. In addition to the reports from the SPA Oversight Workgroup on financial matters, the senior member of the Board on the Workgroup shall report to the Board of Trustees on a regular basis regarding the financial status of the program.

Minutes of the Board of Trustees

July 29–31, 2012 Headquarters Building, Chicago

Call to Order: The fifth regular session of the Board of Trustees of the American Dental Association was called to order by Dr. William R. Calnon, president, on Sunday, July 29, 2012, at 10:45 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, Robert 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 of the House of Delegates, Dr. Soliday, announced the presence of a quorum.

Guests scheduled to be in attendance for portions of the meeting included: Dr. Danielle Ruskin, chair, New Dentist Committee; Messrs. David Westman and David Fellers, Westman and Associates (scheduled but did not participate); Dr. Michael Mashini, Dr. Joel Weaver and Dr. Steven Ganzberg, American Society of Dentist Anesthesiologists; Dr. Art Jee, Dr. Miro Pavelka, Mr. Mark Adams and Dr. Robert Rinaldi, American Association of Oral and Maxillofacial Surgeons.

The following ADA staff members were in attendance for all or portions of the meeting at the invitation of the president: Jerome K. Bowman, chief, Governance and Strategy Management; J. Craig Busey, Esq., general counsel; James Goodman, managing vice president, Conference and Meeting Services; Michael Graham, senior vice president, Government and Public 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, chief communications officer; 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.

Others in attendance for all or portions of the meeting were: Tomisena Cole, senior manager, Board and House Matters; Thomas C. Elliott, Jr., Esq., deputy general counsel; Albert Guay, chief policy advisor emeritus; Linda Hastings, senior director, Administrative Services; Judith Jakush, editor, *ADA News*; Alyna Johnson, coordinator, Publications and Projects, Administrative Services; David Preble, director, Council on Dental Benefit Programs; Elizabeth Shapiro, ADA Hillenbrand Fellow; Matthew Warren, senior manager, Health Policy Resources Center; Wendy J. Wils, Esq., deputy general counsel; and Ms. Judy Fleeks, senior manager, Human Resources. Other ADA staff 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.

Preliminary

Approval of Agenda and Consent Items: The Board adopted the agenda as presented.

B-71-2012. 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.

Consent Agenda. After reviewing the items on the agenda that were identified as "consent" and following the removal of several agenda items, the Board adopted the following resolution.

B-72-2012. Resolved, that the resolutions contained on the consent calendar for Board of Trustees consideration be approved and reports be filed, and be it further **Resolved,** that the recommendations that appear on resolutions and reports to the House of Delegates be accepted.

Approval of Minutes of Previous Session: The Board adopted the following resolution (consent calendar item).

B-73-2012. Resolved, that the minutes of June 10-12, 2012, session of the ADA Board of Trustees be approved.

Reports of the Standing Committees of the Board of Trustees

Budget and Finance Committee: Dr. Norman, chair, reported on the July 28, 2012, committee meeting, identifying the major topics discussed, reports reviewed and discussed, and actions taken. The Committee presented several resolutions for the Board's consideration.

Approval of 2013 Budget. The Committee recommended several modifications to the proposed 2013 budget. During discussion, several other modifications were proposed by members of the Board of Trustees. The following modifications to the 2013 proposed budget were approved.

- \$313,000 was restored to the Division of Science for Professional Product Review and Standards
- The net revenue of the Publishing Division was reduced by \$1.1 million
- The estimated Pension catch up liability was reduced by \$2 million
- · Restored \$150,000 to the Division of Government Affairs for in-house lobbying
- Restored a third meeting for the Council on Scientific Affairs at a cost of \$20,000, and reduced the number of meetings days (from three to two) for two Council meetings. (The Council would have one 3-day meeting and two 2-day meetings.)

The Board voted to transmit the following resolution to the House of Delegates with the recommendation to vote yes (see page 278 for recorded vote).

57. Resolved, that the 2013 amended Annual Budget of revenues and expenses, including net capital requirements be approved.

Quarterly Financial Statements. The Board adopted the following resolution.

B-103-2012. Resolved, that the ADA quarterly financial statements as of June 30, 2012, be filed and posted in the delegates section of ada.org.

2012 Capital Contingency Fund Request. With the positive recommendation of the Committee, the Board adopted the following resolution.

B-93-2012. Resolved, that the following appropriation be made from the 2012 Capital Contingency Fund and be allocated to the appropriate capital accounts in accordance with the terms of the supplemental appropriation request.

Division of Finance and Operations MTRM Space Reconfiguration – \$24,400 2012 Operating Contingency Fund Requests. The Budget and Finance Committee provided its recommendations on three requests for supplemental funding from the Operating Contingency Fund.

Milliman Review of Retirement Program Opportunities. The Budget and Finance Committee recommended funding of this request; on vote the Board of Trustees adopted the following resolution.

B-94-2012. 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 Membership, Tripartite Relations & Marketing (Cost Center 090-1300-000) Milliman Review of Retirement Program Opportunities – \$25,000

Staff Summer Events. The Budget and Finance Committee did not recommend funding this request based on the recently approved criteria for contingent requests; however, following discussion the Board adopted the following resolution.

B-105-2012. 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 090-1050-000) Reinstate Staff Summer Events – \$15,000

Comprehensive Dues Pricing Study. The Budget and Finance Committee recommended postponing definitely consideration of this request until the Committee's September 2012 meeting. Based on the Board's action authorizing an independent and comprehensive dues pricing study (see Resolution B-109, page 7), Resolution B-106 was declared moot.

B-106. 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 Membership, Tripartite Relations & Marketing (Cost Center 090-1300-000) Comprehensive Dues Pricing Study – up to \$85,000

Treasurer Applications: In accordance with the ADA *Bylaws*, the Board of Trustees reviewed the three candidate applications for Treasurer and determined that the candidates meet the recommended qualifications for the office. On vote, the Board adopted a motion to transmit the applications and the Board's determination regarding qualifications to the House of Delegates.

Governance Committee: Dr. Low reported on the Governance Committee meeting held on July 28, 2012. The actions taken by the Board regarding the Governance Study (Report 3 of the Board of Trustees) are reported elsewhere in the minutes (see page 285).

The following resolution was adopted.

B-91-2012. Resolved, that Board Report 3 of the Board of Trustees on the Governance Study of 2012 be transmitted to the 2012 House of Delegates.

Report of the Board Rules Subcommittee. Dr. Weber reported on the May 29, 2012, meeting of the Board Rules Subcommittee and identified several housekeeping revisions to the *Organization and Rules of the Board of Trustees* that were considered by the Subcommittee.

The following amendments to the Board *Rules* were presented to the Board of Trustees for consideration (page number references are to the September 2011 edition of the *Organization and Rules of the Board of Trustees*). On vote, the following resolution was adopted.

B-95-2012. Resolved, that page 10, Rules of Order, of the *Organization and Rules of the Board of Trustees* be revised as follows so that the reference of the governing parliamentary authority is in accord with that referenced in Section 130.B. of the ADA *Bylaws* (additions <u>underscored</u>, deletions stricken):

Rules of Order: The business of the Board of Trustees shall be conducted formally in accordance with accepted rules of parliamentary procedure. The current edition of <u>Sturgisthe</u> <u>American Institute of Parliamentarians</u> Standard Code of Parliamentary Procedure shall govern the deliberations of the Board of Trustees in all cases to which it is applicable and in which it is not inconsistent with the Rules of the Board of Trustees.

On vote, the following resolution was adopted.

B-96-2012. Resolved, that page 20, Committee on International Programs and Development (CIPD), of the *Organization and Rules of the Board of Trustees* be revised as follows to eliminate reference to the discontinued position of Chief Policy Advisor (additions <u>underscored</u>, deletions stricken):

Composition (ten nine members)

* * *

- ADA Chief Policy Advisor

On vote, the Board adopted the following resolution.

B-97-2012. Resolved, that a paragraph be added to the end of the Standing Committees Introduction section of the *Organization and Rules of the Board of Trustees* (pages 10-11) to correct a potential ambiguity respecting the application of the *Board Rules* to meetings of the Board's standing (addition <u>underscored</u>):

The foregoing rules of procedure for meetings shall also govern meeting procedures of Board Committees, except where otherwise stated in these *Board Rules*.

The Board adopted the following resolution. It was noted that the Board of Trustees at its June 2012 session dissolved the Strategic Planning Committee and that without objection, the resolution would be corrected to remove references to that committee. There were no objections and the resolution was adopted as correct.

B-98-2012. Resolved, that sections of the *Organization and Rules of the Board of Trustees* that discuss the advisory committees of the Board of Trustees (Committee on International Programs and Development and Strategic Planning Committee) be modified as follows to require that those committees conduct business between meeting in the same manner as the Association's Councils and Commissions (and the New Dentist Committee) and in accord with the revised policy adopted by the Board at its March 2012 meeting (additions <u>underscored</u>):

P.19, CIPD:

Meetings. The Committee will meet at least once annually (in person or through electronic or 26 telephonic means). <u>Actions taken without a meeting by this advisory committee to the Board shall be in accord with the mail ballot provisions found in the *Standing Rules for Councils and Commissions*.</u>

P. 25, Strategic Planning Committee:

Meetings. The Committee shall meet as least twice annually. Additional meetings may be 7 called at the discretion of the Committee Chair or Board of Trustees. <u>Actions taken without a meeting by</u> this advisory committee to the Board shall be in accord with the mail ballot provisions found in the <u>Standing Rules for Councils and Commissions</u>.

On vote, the Board adopted the following resolution.

B-99-2012. Resolved, that page 23, Pension Committee, of the Organization and Rules of the Board of Trustees be editorially corrected as indicated:

Term. The terms of service for members of the Committee will coincide with their terms of office with respect to officers, and or with their membership on the Budget and Finance and <u>Compensation</u> Committees in the case of trustees. The House of Delegates members shall be appointed to a one year term, and each House of Delegates member shall be eligible to serve up to four such terms on the committee.

Audit Committee: Dr. Steffel presented the Committee's report of its July 28 meeting, identifying major topics discussed, reports received and actions taken. The Committee presented a recommendation that a self-assessment tool be developed and that the Board conduct an annual self-assessment. Dr. Low noted that this activity is included in the charge of the Governance Committee; since this activity is currently being addressed, Dr. Steffel withdrew the Committee's recommendation.

ADA PCI 2.0 Compliance Efforts. The Chief Technology Officer reported on information that was given to the Audit Committee on the steps being taken regarding PCI compliance.

Compensation Committee: Dr. Ken Rich presented the Committee's report of its July 28, 2012, meeting. The following resolution was presented for the Board's consideration; on vote, the resolution was adopted.

B-108-2012. Resolved, that the ADA Executive Parity Plan as currently designed is no longer consistent with current competitive market practice and should be changed as follows:

- That the Plan be frozen effective July 31, 2012, so that no future staff executives or Board officers of the ADA, ADAF or ADABEI become eligible to participate under the Plan if not already a participant as of that effective date
- That restoration benefits continue to be provided per the terms of the Plan to the currently participating staff executives until and through December 31, 2013, after which date no further new restoration benefits amount would be provided
- That restoration benefits continue to be provided per the terms of the Plan to the currently participating Board officers until and through the earlier of the expiration of their current terms of service as an eligible Board officer or November 5, 2013
- That the Plan shall continue in frozen operation until such time as all vested benefits have been distributed to the eligible participants. At which time the Plan shall be terminated with all due legal process by the ADA Human Resources Department.

This information will be developed as a Report of the Board of Trustees to the House of Delegates and reviewed at the Board's September session.

HOUSE OF DELEGATES

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

Report 6 of the Board of Trustees to the House of Delegates: Information Technology Initiatives, Expenditures and Estimated Costs and Anticipated Future Projects (Worksheet:2078): The Board transmitted Report 6 to the House of Delegates (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous to Transmit)

Report 2 of the Board of Trustees to the House of Delegates: 2013 Budget (Worksheet:2000): The Board transmitted Report 2 and the appended resolutions to the House of Delegates.

Approval of 2013 Budget (Worksheet:2063). The Board voted to transmit Resolution 57 to the House of Delegates with the recommendation to vote yes. (Vote. 19 Yes—Drs. Blanton, Dow, Engel, Faiella, Feinberg, Gounardes, Hagenbruch, Israelson, Kiesling, Norman, Rich, Roberts, Seago, Steffel, Summerhays, Vigna, Weber, Versman, Yonemoto; 1 No: Dr. Low)

Establishment of Dues Effective January 1, 2013 (Worksheet:2064). At its June 2012 session, the Board voted to transmit Resolution 58 to the House of Delegates with the recommendation to vote yes. (Vote: 16 Yes—Drs. Blanton, Dow, Engel, Faiella, Gounardes, Hagenbruch, Israelson, Kiesling, Rich, Roberts, Seago, Steffel, Summerhays, Vigna, Versman, Yonemoto; 3 No: Drs. Feinberg, Low, Weber; 1 Absent: Dr. Norman)

Board of Trustees Resolution 59—Special Assessment: Capital Building Fund (Worksheet:2065): At its June 2012 session, the Board voted to transmit Resolution 59 to the House of Delegates with the recommendation to vote yes. (Vote: 18 Yes—Drs. Blanton, Dow, Engel, Faiella, Feinberg, Gounardes, Hagenbruch, Israelson, Kiesling, Low, Rich, Roberts, Steffel, Summerhays, Vigna, Weber, Versman, Yonemoto; 1 No—Dr. Seago; 1 Absent—Dr. Norman)

Board of Trustees Resolution 60—Posting of Financial Information (Worksheet:2066): The Board transmitted Resolution 60 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Board of Trustees Resolution 65—ADA Reserves (Worksheet:2067): The Board transmitted Resolution 65 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action— no Board discussion). (Vote: Unanimous)

Board of Trustees Resolution 66—Long-Term Financial Strategy of Dues Stabilization (Worksheet:2069): The Board transmitted Resolution 66 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Board of Trustees Resolution 74—Transition to an Electronic House of Delegates (Worksheet:2071): The Board transmitted Resolution 74 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Board of Trustees Resolution 83—Policies to be Maintained as Recommended by the Board of Trustees (Worksheet:2075): The Board transmitted Resolution 83 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Report 4 of the Board of Trustees to the House of Delegates—ADAMember.Net E-Mail Forwarding System Upgrade (Worksheet:2073): The Board transmitted Report 4 and appended Resolution 76 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous) **Report 7 of the Board of Trustees to the House of Delegates—Compensation and Contract Relating to the Executive Director** (Worksheet:2089): The Board transmitted Report 7 to the House of Delegates (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Reports and Resolutions Relating to the Reference Committee on Membership and Related Matters

Council on Membership Supplemental Report 1 to the House of Delegates: Recent Council Activities (Worksheet:3003): The Board reviewed the Council's supplemental report and transmitted to the House of Delegates its recommendations on the following resolutions.

Resolution 67—Amendment of the ADA Bylaws Regarding Benefits of Affiliate Members (Worksheet:3016). The Board voted to transmit Resolution 67 to the House of Delegates with the recommendation to vote yes. (Vote: 15 Yes—Drs. Dow, Engel, Faiella, Israelson, Kiesling, Norman, Rich, Roberts, Seago, Steffel, Summerhays, Vigna, Weber, Versman, Yonemoto; 5 No—Drs. Blanton, Feinberg, Gounardes, Hagenbruch, Low)

Resolution 69—Association Policies to be Maintained Recommended by the Council on Membership (Worksheet:3017). The Board voted to transmit Resolution 69 to the House of Delegates with a recommendation to vote yes. (Vote: Unanimous)

Resolution 70—Amendment of ADA Policy on Alternate Methods of Dues Payment (Worksheet:3019). The Board voted to transmit Resolution 70 to the House of Delegates with a recommendation to vote yes. (Vote: Unanimous)

Resolution 71—Amendment of Policy on Consumer Directories (Worksheet:3020). The Board voted to transmit Resolution 71 to the House of Delegates with a recommendation to vote yes. (Vote: Unanimous)

Resolution 72—Rescission of Policy on New Dentist Representation (Worksheet:3021). The Board voted to transmit Resolution 72 to the House of Delegates with a recommendation to vote yes. (Vote: Unanimous)

Resolution 73—Amendment of Policy on Requirements for Membership Maintenance in ADA for Fellows of the American College of Dentists, the USA Section of the International College of Dentists and the Pierre Fauchard Academy (Worksheet:3023). The Board voted to transmit Resolution 73 to the House of Delegates with a recommendation to vote yes. (Vote: Unanimous)

Dues Pricing Study: In conjunction with consideration of the Council on Membership's supplemental report to the House, the Board of Trustees discussed a contingent fund request from the Division of Membership, Tripartite Relations and Marketing in the amount of \$85,000 for a comprehensive dues pricing study. Following discussion, the Board adopted the following resolution.

B-109-2012. Resolved, that the Council on Membership oversee and independent and comprehensive dues pricing study not to exceed \$85,000 from the Contingency Fund in order to make the best informed business decisions that balance membership growth versus incremental revenue over time, with a report to the Board of Trustees.

Council on Membership Resolution 50—Downloadable ADA Member Logos (Worksheet:3000): At its June 2012 session, the Board voted to transmit Resolution 50 to the House of Delegates with a recommendation to vote yes. (Vote: 19 Yes—Drs. Blanton, Dow, Engel, Feinberg, Gounardes, Hagenbruch, Israelson, Kiesling, Low, Norman, Rich, Roberts, Seago, Steffel, Summerhays, Vigna, Weber, Versman, Yonemoto; 1 Absent—Dr. Faiella)

Council on Membership Resolution 51—Amendment of ADA *Bylaws* **Regarding the Dues of Active Members** (Worksheet:3001): At its June 2012 session, the Board voted to transmit Resolution 51B to the House of Delegates with a recommendation to vote yes on the substitute. (Vote: 16 Yes—Drs. Blanton, Dow,

Engle, Faiella, Gounardes, Israelson, Kiesling, Low, Norman, Roberts, Seago, Steffel, Summerhays, Vigna, Weber, Yonemoto; 3 No—Drs. Feinberg, Hagenbruch, Rich; 1 Absent—Dr. Versman)

Report 5 of the Board of Trustees to the House of Delegates: Annual Report of the Division of Global Affairs (Worksheet:3024): The Board transmitted Report 5 and the following appended resolutions to the House of Delegates.

Resolution 77—ADA Policy to be Maintained as Recommended by the Division of Global Affairs (Worksheet:3029). The Board transmitted Resolution 77 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Resolution 78—Amendment of ADA Policy on Donation of ADA Library Materials (Worksheet:3031). The Board transmitted Resolution 78 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Resolution 80—Rescission of ADA Policy on Membership in FDI World Dental Federation (Worksheet:3032). The Board transmitted Resolution 80 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Resolution 81—Rescission of ADA Policy on Membership in FDI World Dental Federation—Actions Taken by UNESCO (Worksheet:3034). The Board transmitted Resolution 81 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Amendment of the Policy, Certificate for International Volunteer Service. The Speaker ruled a proposed amendment of this policy out of order since it proposed an action previously approved by the House.

Board of Trustees Resolution 82—Amendment of the Policy, Changes in ADA Strategic Plan (Worksheet:3036): The Board voted to transmit Resolution 82 to the House of Delegates with the recommendation to vote yes. (Vote: Unanimous)

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

Council on Dental Benefit Programs Resolution 1—Policies to be Maintained as Recommended by the Council on Dental Benefit Programs (Worksheet:4000): The Board transmitted Resolution 1 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Council on Dental Benefit Programs Resolution 2—Amendment of the Policy, Dental Benefit Plan Terminology (Worksheet:4019): The Board transmitted Resolution 2 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Council on Dental Benefit Programs Resolution 3—Rescission of the Policy, Participation in Public Agency Sponsored Programs Involving Dental Health Benefits (Worksheet:4020): The Board transmitted Resolution 3 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Council on Dental Benefit Programs Resolution 4—Rescission of the Policy, Support for Individual Practice Associations (IPAs) (Worksheet:4022): The Board voted to transmit Resolution 4 to the House of Delegates with a recommendation to vote yes. (Vote: Unanimous)

Council on Dental Benefit Programs Resolution 5—Rescission of the Policy, Representation of Participating Dentists in Dental Service Corporations (Worksheet:4024): The Board transmitted

Resolution 5 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Council on Dental Benefit Programs Resolution 6—Rescission of the Policy, Direct Reimbursement Mechanism (Worksheet:4026): The Board transmitted Resolution 6 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Council on Dental Benefit Programs Resolution 7—Rescission of the Policy, Principles for Budget Payment Plans for Dental Care (Worksheet:4028): The Board transmitted Resolution 7 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Council on Dental Benefit Programs Resolution 8—Rescission of the Policy, Request for Insurance Companies to Retain Dentists' Social Security Numbers (Worksheet:4030): The Board transmitted Resolution 8 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Council on Dental Benefit Programs Resolution 9—Rescission of the Policy, Freedom of Choice of Dentists (Worksheet:4032): The Board transmitted Resolution 9 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Council on Dental Benefit Programs Resolution 10—Rescission of the Policy, Mathematical Analysis of Health Care Related Data (Worksheet:4034): The Board transmitted Resolution 10 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Council on Dental Benefit Programs Resolution 11—Rescission of the Policy, Patient and Provider Advisory Panel (Worksheet:4036): The Board voted to transmit Resolution 11 to the House of Delegates with a recommendation to vote yes. (Vote: 17 Yes—Drs. Blanton, Dow, Engel, Faiella, Feinberg, Gounardes, Israelson, Kiesling, Low, Norman, Rich, Roberts, Seago, Steffel, Summerhays, Vigna, Weber; 2 No—Drs. Hagenbruch, Versman; 1 Abstain—Dr. Yonemoto)

Council on Dental Benefit Programs Resolution 12—Rescission of the Policy, Disputes Concerning Dental Treatment Provided Under Dental Benefits Program (Worksheet:4038): The Board transmitted Resolution 12 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Council on Dental Benefit Programs Resolution 13—Rescission of the Policy, Use of Peer Review Process by Patients and Third-Party Payers (Worksheet:4040): The Board transmitted Resolution 13 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Council on Dental Benefit Programs Resolution 14—Rescission of the Policy, Reassignment of the Development and Maintenance of Dental Practice Parameters (Worksheet:4042): The Board transmitted Resolution 14 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Council on Dental Benefit Programs Resolution 15—Rescission of the Policy, Monitoring the Use and Application of Dental Practice Parameters (Worksheet:4044): The Board transmitted Resolution 15 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Council on Dental Practice Resolution 33—Policies to be Maintained as Recommended by the Council on Dental Practice (Worksheet:4046): The Board transmitted Resolution 33 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Council on Dental Practice Resolution 34—Amendment of the Policy, Definition of Fee-for-Service Private Practice (Worksheet:4052): The Board transmitted Resolution 34 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Council on Dental Practice Resolution 35—Amendment of the Policy, Active and Inactive Dental Patients of Record (Worksheet:4053): The Board transmitted Resolution 35 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Council on Dental Practice Resolution 36—Amendment of the Policy, Primary Dental Care (Worksheet:4054): The Board transmitted Resolution 36 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Council on Dental Practice Resolution 37—Uniform Procedure for Permanent Marking of Dental Prostheses (Worksheet:4055): The Board transmitted Resolution 37 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Council on Dental Practice Resolution 38—Amendment of the Policy, Dental Identification Teams (Worksheet:4056): The Board transmitted Resolution 38 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Council on Dental Practice Resolution 39—Amendment of the Policy, Dental Radiographs for Victim Identification (Worksheet:4057): The Board transmitted Resolution 39 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Council on Dental Practice Resolution 40—Amendment of the Policy, Insurance Coverage for Chemical Dependency Treatment (Worksheet:4058): The Board transmitted Resolution 40 (as editorially corrected) to the House of Delegates with a recommendation to vote yes. (Vote: Unanimous)

Council on Dental Practice Resolution 41—Amendment of the Policy, Guiding Principles for Well-Being Activities at the State Level (Worksheet:4059): The Board transmitted Resolution 41 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Council on Dental Practice Resolution 42—Rescission of the Policy, Promotion of Careers in General Practice of Dentistry (Worksheet:4061): The Board transmitted Resolution 42 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Council on Dental Practice Resolution 43—Rescission of the Policy, Primary Care Providers (Worksheet:4063): The Board transmitted Resolution 43 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Council on Dental Practice Resolution 44—Rescission of the Policy, Dental Society Activities Against Illegal Dentistry (Worksheet:4065): The Board voted to transmit Resolution 44 to the House of Delegates with a recommendation to vote yes. (Vote: 16 Yes—Drs. Blanton, Dow, Engel, Faiella, Gounardes, Israelson,

Kiesling, Low, Norman, Rich, Roberts, Seago, Steffel, Summerhays, Vigna, Weber; 4 No—Drs. Feinberg, Hagenbruch, Versman, Yonemoto)

Council on Dental Practice Resolution 45—Rescission of the Policy, Activity to Stop Unlicensed Dental or Dental Hygiene Practice (Worksheet:4067): The Board voted to transmit Resolution 45 to the House of Delegates with a recommendation to vote yes. (Vote: Unanimous)

Council on Dental Practice Resolution 46—Rescission of the Policy, Sale of Dental Equipment to Illegal Practitioners (Worksheet:4069): The Board transmitted Resolution 46 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Council on Dental Practice Resolution 47—Rescission of the Policy, Professional Quality Denture Treatment for the Financially Disadvantaged (Worksheet:4071). The Board transmitted Resolution 47 to the House of Delegates with a 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 16—Recognition of Dental Anesthesiology as a Dental Specialty (Worksheet:5000): The Board voted to transmit Resolution 16 to the House of Delegates with a recommendation to vote yes. (Vote: 14 Yes—Drs. Blanton, Dow, Faiella, Israelson, Kiesling, Low, Norman, Rich, Roberts, Steffel, Summerhays, Vigna, Weber, Yonemoto; 6 No—Drs. Engel, Feinberg, Gounardes, Hagenbruch, Seago, Versman)

Council on Dental Education and Licensure Resolution 17—Amendment to the *Requirements for Recognition of Dental Specialties and National Certifying Boards for Dental Specialists* (Worksheet:5012): The Board voted to transmit Resolution 17 to the House of Delegates with a recommendation to vote yes. (Vote: 19 Yes—Drs. Blanton, Dow, Engel, Faiella, Feinberg, Gounardes, Hagenbruch, Israelson, Kiesling, Low, Norman, Roberts, Seago, Steffel, Summerhays, Vigna, Weber, Versman, Yonemoto; 1 No—Dr. Rich)

Council on Dental Education and Licensure Resolution 18—Policies to be Maintained as Recommended by the Council on Dental Education and Licensure (Worksheet:5020): The Board transmitted Resolution 18 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board action). (Vote: Unanimous)

Council on Dental Education and Licensure Resolution 19—Rescission of the Policy, Communication Between State Boards of Dentistry (Worksheet:5027): The Board voted to transmit Resolution 19 to the House of Delegates with a recommendation to vote yes. (Vote: 18 Yes—Drs. Blanton, Dow, Engel, Faiella, Gounardes, Hagenbruch, Israelson, Kiesling, Low, Norman, Rich, Roberts, Seago, Steffel, Summerhays, Vigna, Weber, Yonemoto; 1 No—Dr. Versman; 1 Abstain—Dr. Feinberg)

Council on Dental Education and Licensure Resolution 20—Amendment of the Policy, Monitoring Clinical Dental Licensure Examinations (Worksheet:5029): The Board voted to transmit the following substitute resolution to the House of Delegates with a recommendation to vote yes on the substitute. (Vote: Unanimous)

20B. Resolved, that the ADA policy "Monitoring Clinical Dental Licensure Examinations" (*Trans*.2005:333) be amended in the second resolving clause as follows (additions are <u>underscored</u>; deletions are stricken):

Resolved, that the ADA encourage the clinical testing agencies to supports the use of good testing practices in the development, administration and scoring of their licensing examinations that produce results which are reliable and with the highest validity possible.

so the amended policy reads:

Monitoring Clinical Dental Licensure Examinations

Resolved, that the appropriate agency of the ADA continue to monitor activities of the clinical testing agencies and report annually to the House of Delegates on its findings, and be it further **Resolved**, that the ADA supports the use of testing practices in the development, administration and scoring of licensing examinations that produce results which are reliable and with the highest validity possible.

Council on Dental Education and Licensure Resolution 21—Amendment of the Policy, Clinical Licensure Examinations in Dental Schools (Worksheet:5031): The Board transmitted Resolution 21 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Council on Dental Education and Licensure Resolution 22—Amendment of the Policy, State Board Support for CDA as Responsible to Evaluate Dental Education Programs (Worksheet:5033): The Board transmitted Resolution 22 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Council on Dental Education and Licensure Resolution 23—Amendment of the Policy on One Standard of Competency: State Boards Review Limited Licensure Graduates of Nonaccredited Dental Schools for Providing Access to Care for Underserved Populations (Worksheet:5034): The Board voted to transmit Resolution 23 to the House of Delegates with a recommendation to vote yes. (Vote: 19 Yes—Drs. Blanton, Dow, Engel, Faiella, Gounardes, Hagenbruch, Israelson, Kiesling, Low, Norman, Rich, Roberts, Seago, Steffel, Summerhays, Vigna, Weber, Versman, Yonemoto; 1 Abstain—Dr. Feinberg)

Council on Dental Education and Licensure Resolution 24—Amendment of the Policy on Dual Degreed Dentists (Worksheet: 5036): The Board transmitted Resolution 24 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Council on Dental Education and Licensure Resolution 25—Amendment of the Policy, Endorsement of Recommendations of the ADA Guidelines for Licensure by Credentials (Worksheet:5037): The Board transmitted Resolution 25 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Council on Dental Education and Licensure Resolution 26—Amendment of the Policy on Licensure of Graduates of Nonaccredited Dental Schools (Worksheet:5038): The Board transmitted Resolution 26 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Council on Dental Education and Licensure Resolution 27—Amendment of the Policy, Guidelines for Licensure (Worksheet:5040): The Board transmitted Resolution 27 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Council on Dental Education and Licensure Resolution 28—Amendment of the Position Statement on Federal Intervention in Licensure (Worksheet:5044): The Board transmitted Resolution 28 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Council on Dental Education and Licensure Resolution 29—Amendment of the Policy, Eliminating Use of Human Subjects in Board Examinations (Worksheet:5045): The Board transmitted Resolution 29 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Council on Dental Education and Licensure Resolution 30—Amendment of the Policy, Acceptance of Results of Regional Boards (Worksheet:5048): The Board transmitted Resolution 30 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Council on Dental Education and Licensure Resolution 31—Amendment of the ADA Guidelines for the Use of Sedation and General Anesthesia by Dentists (Worksheet:5051): The Board transmitted Resolution 31 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Council on Dental Education and Licensure Resolution 32—Amendment of the ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students (Worksheet:5065): The Board transmitted Resolution 32 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Council on Scientific Affairs Resolution 52—Amendment of the Policy Statement on Evidence-Based Dentistry (Worksheet:5082): The Board transmitted Resolution 52 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Council on Scientific Affairs Resolution 53—Amendment of the Comprehensive Policy on Hazard Classification and Communication (Worksheet:5088): The Board transmitted Resolution 53 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Council on Scientific Affairs Resolution 54—Amendment of the Policy Statement on Intraoral/Perioral Piercing and Tongue Splitting (Worksheet:5090): The Board transmitted Resolution 54 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Council on Scientific Affairs Resolution 55—Rescission of the Policy, Fluoride Varnishes (Worksheet:5094): The Board transmitted Resolution 55 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Council on Scientific Affairs Resolution 56—Rescission of the Policy Statement on HIV/AIDS as an Infectious and Communicable Disease (Worksheet:5096): The Board transmitted Resolution 56 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Reports and Resolutions Relating to the Reference Committee on Governance

Report 3 of the Board of Trustees to the House of Delegates—The Governance Study of 2012 (Worksheet:7000): The Board transmitted Board Report 3 and the following resolutions to the House of Delegates. It should be noted that Board Report 3 contains primarily recommendations proposed by the ADA Consultant (Westman and Associates) that require House of Delegates action; not all recommendations were supported by the Board of Trustees. The Board's comments on these additional recommendations are reflected in Board Report 3.

Other recommendations of the Consultant appear in the Consultant's Report appended to Board Report 3. Many of these recommendations are administrative or within the purview of the Board of Trustees to study or implement.

Resolution 90—Term Limits for Delegates (Worksheet:7022). The Board voted to transmit Resolution 90 to the House of Delegates with a recommendation to vote yes. (Vote: 19 Yes—Drs. Blanton, Dow, Engel, Faiella, Feinberg, Gounardes, Hagenbruch, Israelson, Kiesling, Low, Norman, Rich, Seago, Steffel, Summerhays, Vigna, Weber, Versman, Yonemoto; 1 No—Dr. Roberts)

Resolution 91—Term Limits for Alternate Delegates (Worksheet:7023). The Board voted to transmit Resolution 91 to the House of Delegates with a recommendation to vote yes. (Vote: Unanimous)

Resolution 92—Amendment of the ADA Bylaws Regarding the Term of Office of the Speaker of the House of Delegates (Worksheet:7024). The Board voted to transmit Resolution 92 to the House of Delegates with a recommendation to vote yes. (Vote: Unanimous)

Resolution 93—Amendment of the ADA Bylaws Regarding the Council on Members Insurance and Retirement Programs (Worksheet:7025). The Board voted to transmit Resolution 93 to the House of Delegates with a recommendation to vote yes. (Vote: 19 Yes—Drs. Blanton, Dow, Engel, Faiella, Feinberg, Hagenbruch, Israelson, Kiesling, Low, Norman, Rich, Roberts, Seago, Steffel, Summerhays, Vigna, Weber, Versman, Yonemoto; 1 No—Dr. Gounardes)

Resolution 94—Study of Governance Recommendations Relating to Councils (Worksheet:7028). The Board voted to transmit Resolution 94 to the House of Delegates with a recommendation to vote yes. (Vote: 19 Yes—Drs. Blanton, Dow, Engel, Faiella, Feinberg, Gounardes, Israelson, Kiesling, Low, Norman, Rich, Roberts, Seago, Steffel, Summerhays, Vigna, Weber, Versman, Yonemoto; 1 No—Dr. Hagenbruch)

Resolution 95—Amendment of the ADA Constitution and Bylaws Regarding the Offices of First and Second Vice President (Worksheet:7030). The Board voted to transmit Resolution 95 to the House of Delegates with a recommendation to vote yes. (Vote: 16 Yes—Drs. Dow, Engel, Faiella, Feinberg, Israelson, Kiesling, Low, Norman, Rich, Roberts, Seago, Steffel, Summerhays, Vigna, Weber, Yonemoto; 4 No—Drs. Blanton, Gounardes, Hagenbruch, Versman)

Note. In accordance with Article VIII, AMENDMENTS, of the ADA Constitution, Resolution 95 will lay over to the 2013 House of Delegates.

Resolution 96—Role for ADA Immediate Past President (Worksheet:7035). The Board voted to transmit Resolution 96 to the House of Delegates with a recommendation to vote yes. (Vote: 17 Yes—Drs. Blanton, Dow, Feinberg, Gounardes, Israelson, Kiesling, Low, Norman, Rich, Roberts, Seago, Steffel, Summerhays, Vigna, Weber, Versman, Yonemoto; 2 No—Drs. Engel, Dr. Hagenbruch; 1 Absent—Dr. Faiella)

Resolution 97—Amendment of the ADA Bylaws Regarding Financial Responsibility of the Board of *Trustees and House of Delegates* (Worksheet:7036). The Board voted to transmit Resolution 97 to the House of Delegates with a recommendation to vote yes. (Vote: 15 Yes—Drs. Blanton, Dow, Engel, Faiella, Gounardes, Israelson, Kiesling, Low, Rich, Seago, Steffel, Summerhays, Vigna, Versman, Yonemoto; 5 No— Drs. Feinberg, Hagenbruch, Norman, Roberts, Weber)

Resolution 98—Amendment of the ADA Bylaws Regarding Approval of Annual Budget (Worksheet:7040). The Board voted to transmit Resolution 98 to the House of Delegates with a recommendation to vote yes. (Vote: 14 Yes—Drs. Blanton, Dow, Engel, Faiella, Feinberg, Hagenbruch, Low, Rich, Roberts, Seago, Steffel, Summerhays, Weber, Versman; 6 No—Drs. Gounardes, Israelson, Kiesling, Norman, Vigna, Yonemoto)

Resolution 99—Amendment of the ADA Bylaws Regarding Notice for Dues, Special Assessments and Procedure for Changing the Dues of Active Members (Worksheet:7042). The Board voted to transmit Resolution 99 to the House of Delegates with a recommendation to vote yes. (Vote: 19 Yes—Drs. Dow, Engel, Faiella, Feinberg, Gounardes, Hagenbruch, Israelson, Kiesling, Low, Norman, Rich, Roberts, Seago, Steffel, Summerhays, Vigna, Weber, Versman, Yonemoto; 1 Absent—Dr. Blanton)

Note. In accordance with the ADA Bylaws, Chapter XXII, Section 20, Resolution 99 will lay over to the 2013 House of Delegates.

Supplement to Report 3 of the Board of Trustees to the House of Delegates—Delegate Allocation and Size of the House of Delegates (Worksheet:7045): After an extensive discussion and review of several proposals for the size of the House of Delegates, the Board voted to transmit Resolution 100 to the House of Delegates with a recommendation to vote yes. (Vote: 13 Yes—Drs. Blanton, Dow, Faiella, Gounardes, Hagenbruch, Israelson, Kiesling, Norman, Roberts, Steffel, Vigna, Versman, Yonemoto; 7 No—Drs. Engel, Feinberg, Low, Rich, Seago, Summerhays, Weber)

Election Commission Resolution 88—Recommendations Regarding the Composition of the Election Commission (Worksheet:7054): The Board voted to transmit Resolution 88 to the House of Delegates with the following comment and recommendation to refer to the Council on Ethics, Bylaws and Judicial Affairs. (Vote: Unanimous)

The Board of Trustees had extensive discussion regarding the recommendations on the composition and duties of the Election Commission presented in Resolution 88. The Board felt that it would be appropriate to hear from the Council on Ethics, Bylaws and Judicial Affairs as the originator of Resolution 24-2011 (*Supplement*:5029, Amendment of the ADA *Bylaws* Regarding Election Committees) that proposed adding the composition and duties of the Election Commission to the *Bylaws*. The Board therefore recommends that Resolution 88, Report of the Election Commission: Recommendations Regarding the Composition of the Election Commission, be referred to the Council on Ethics, Bylaws and Judicial Affairs for further study.

Election Commission Resolution 89—Recommendations Regarding Conduct of Campaigns for Elective Office (Worksheet:7058): The Board voted to transmit Resolution 89 to the House of Delegates with the following comment and substitute Resolution 89B and with the recommendation to vote yes on the substitute. (Vote: 18 Yes—Drs. Blanton, Dow, Engel, Faiella, Feinberg, Gounardes, Hagenbruch, Kiesling, Norman, Rich, Roberts, Seago, Steffel, Summerhays, Vigna, Weber, Versman, Yonemoto; 2 No— Drs. Israelson, Low)

The Board identified additional suggestions for the Campaign Guidelines, as presented by the Election Commission, including an implementation date of after the close of the 2013 House of Delegates. Accordingly, the Board recommends adoption of the substitute Resolution 89B.

89B. Resolved, that the Guidelines Governing the Conduct of Campaigns for All ADA Offices be approved and posted on ADA Connect and reprinted annually in the Manual of the House of Delegates and Supplemental Information as follows:

Guidelines Governing the Conduct of Campaigns for All ADA Offices

1. 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.

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, and electronic communications.

2. Candidates for the office of President-elect shall limit their campaign travel to attending state and district, pre-annual session and annual session district caucus meetings only. Candidates for

the office of Second Vice President and Speaker of the House of Delegates shall limit campaign travel to attending the district caucus meetings held during the ADA annual session.

- 3. District caucuses shall issue invitations to the President-elect candidates through the Office of the Executive Director. Caucuses 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.

President-elect candidates shall negotiate a mutually agreeable travel schedule and when mutually agreeable may utilize electronic communications (e.g., Skype) to accommodate conflicts with district schedules.

- 4. Candidates shall not use campaign-sponsored social functions or hospitality suite/meetings rooms on behalf of their candidacy at any regional, national or annual meeting. (This is not intended, however, to limit candidates from holding campaign meetings for the purpose of strategizing.) Campaign receptions are not to be held at the ADA Annual Session. Additionally, a district that annually hosts a reception during the ADA annual session and is sponsoring a candidate in a contested election should not host a reception prior to the officer elections; a reception may be held after the election.
- 5. News articles on and interviews of a Candidate are permissible if published by a state dental journal within the candidate's district, providing that the distribution of the journal is kept within the district, with no intentional outside distribution.
- 6. All candidates' campaign statements and profiles, which appear in the *ADA News* will be posted on the Association's website, ADA.org, in an area dedicated to candidates for ADA elective offices, and on ADA Connect.
- 7. Candidates should not knowingly seek to have their name, photo, appearance, and writings in national trade or non-peer reviewed publications or websites during the campaign, and should avoid submitting articles in non-peer reviewed paper or electronic publications. Candidates who are participants on a speaker's bureau or earn revenue by speaking nationally or regionally must agree to avoid all unnecessary self-promotion during the campaign related to national speaking engagements.
- 8. 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 matters, 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, or to conduct any social functions, hospitality suites or other electioneering activities. The candidates' names and curriculum vitae, when applicable, will be submitted to the House in the first mailing/posting of the year of the election.
- 9. 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, the distribution could consist of more than one piece of printed matter as long as the materials are secured together.)

- 10. No candidate will knowingly accept campaign contributions which create the appearance of conflict of interest as reflected in Chapter VI of the ADA *Bylaws*.
- 11. Candidates for all ADA elective offices should submit a summary of campaign contributions and expenses to the Election Commission at the end of the campaign.
- 12. Any questions regarding the Guidelines should be directed to the chair of the Election Commission for clarification.

and be it further

Resolved, that the revised guidelines become effective at the close of the 2013 House of Delegates, and be it further

Resolved, that the previous Guidelines Governing the Conduct of Campaigns for All ADA Offices (*Trans*.2001:452; 2003:386) be rescinded at that time.

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

Council on Ethics, Bylaws and Judicial Affairs Supplemental Report 1 to the House of Delegates— *Bylaws* **Revisions** (Worksheet:6006): The Board reviewed the Council's supplemental report and transmitted to the House of Delegates its recommendations on the following resolutions.

Resolution 62—Amendment of the Bylaws Regarding Treasurer (Worksheet:6011). The Board transmitted Resolution 62 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board action). (Vote: Unanimous)

Resolution 63—Amendment of the Bylaws Regarding Special Assessments (Worksheet:6012). The Board transmitted Resolution 63 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board action). (Vote: Unanimous)

Resolution 64—Amendment of the Bylaws Affecting the Procedure for Changing the Dues of Active Members (Worksheet:6014). The Board transmitted Resolution 64 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board action). (Vote: Unanimous)

Council on Ethics, Bylaws and Judicial Affairs Resolution 48—Amendment of the ADA *Bylaws* **Regarding Autonomy of the ADA Editor** (Worksheet:6000). The Board transmitted Resolution 48 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board action). (Vote: Unanimous)

Council on Ethics, Bylaws and Judicial Affairs Resolution 49—Amendment of the ADA Bylaws Regarding Filling of Council Vacancies (Worksheet:6003). The Board voted to transmit Resolution 49 to the House of Delegates with the following comment and recommendation to vote no. (Vote: 4 Yes— Drs. Engel, Feinberg, Israelson, Low; 16 No—Drs. Blanton, Dow, Faiella, Gounardes, Hagenbruch, Kiesling, Norman, Rich, Roberts, Seago, Steffel, Summerhays, Vigna, Weber, Versman, Yonemoto)

The Board of Trustees believes the present *Bylaws* provision for filling Council vacancies is a fair and equitable solution, and sees no reason to change that provision.

Council on Communications Supplemental Report 1 to the House of Delegates—Initiative to Enhance the Image and Advance the Reputation and Brand of the ADA (Worksheet:6015): The Board reviewed the Council's supplemental report and the appended Resolution 75. After a lengthy discussion the Board postponed its recommendation on this resolution until the September meeting. The Board believes that due to the significance of funding the strategic purpose of allocating resources to message development and communications support requires additional definition and planning. Accordingly the Board is requesting

submission of a more detailed plan on the use of the funding which includes additional investigation into the services being sought, the overall investment in communications and public affairs efforts and further assessment of the funding level requested.

Board of Trustees Resolution 61—Electronic Balloting Revisions *Bylaws* Change (Worksheet:6005): The Board transmitted Resolution 61 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board action). (Vote: Unanimous)

Miscellaneous House Matters

Report of Nominations to Councils, Commission and the New Dentist Committee: The Board of Trustees annually submits to the House of Delegates nominations of members of ADA councils and commissions. The Board reviewed the list of nominees along with their respective qualifications. When necessary, the Board balloted on nominees for council or commission positions open to any trustee district. Subsequently, the Board voted to transmit the following resolution to the House of Delegates with the recommendation that it be adopted. (Vote: Unanimous)

84. Resolved, that the nominees for membership on ADA councils, commissions and the New Dentist Committee submitted by the Board of Trustees in accordance with Chapter VII, Section 100(H) of the *Bylaws* be elected.

ACCESS, PREVENTION AND INTERPROFESSIONAL RELATIONS

Yasmi O. Crystal, New Jersey G. Lewis Mitchell, Jr., Alabama Mary Ellen Wynn, Ohio Cheryl D. Watson-Lowry, Illinois Matthew B. Roberts, Texas Cesar R. Sabates, Florida

ADA SESSIONS

Sidney R. Tourial, Georgia Grace A. Curcuru, Michigan James H. Van Sicklen Jr., California Calbert M. Lum, Hawaii T. Harold Lancaster, North Carolina

COMMUNICATIONS

Sally Hewett, Washington Ruchi K. Sahota, California Robert J. Manzanares, New Mexico Joshua A. Austin, Texas Ralph L. Howell, Jr., Virginia John H. Paul, Florida

DENTAL ACCREDITATION

*Stanley R. Surabian, California

DENTAL BENEFIT PROGRAMS

Thomas V. Brady, Connecticut David R. Larson, Pennsylvania Daniel B. Krantz, New Jersey

*In response to Resolution 76H-2010, CODA requested that, beginning in 2012, new Commissioner appointees be identified one year in advance of their term of service to participate in CODA activities.

Celeste Coggin, Georgia B. Scott Eder, West Virginia Ronald D. Riggins, Illinois Sammy B. Pak, Washington

DENTAL EDUCATION AND LICENSURE

Steven J. Holm, Indiana Stanley L. Brysh, Wisconsin Ronald L. Rhea, Texas

DENTAL PRACTICE

Miranda Childs, Arkansas J. Christopher Smith, West Virginia Todd W. Marshall, Minnesota Gregory J. Bengtson, Idaho Jean L. Creasey, California Andrew Brown, Florida

ETHICS, BYLAWS AND JUDICIAL AFFAIRS

A. Roddy Scarbrough, Mississippi Thomas E. Raimann, Wisconsin George J. Muller, II, South Dakota Douglas A. Auld, Oklahoma William M. Walton, Texas

GOVERNMENT AFFAIRS

Charles L. Silvius, Massachusetts John F. Harrington, Jr., Georgia J. Barry Howell, Illinois Barrett Straub, Wisconsin Richard A. Huot, Florida

MEMBERSHIP

K. Drew Wilson, New Hampshire Nicole Stachewizc Johnson, Pennsylvania William L. Ingram, Alabama Gregory J. Pohl, Kentucky Michael G. Durbin, Illinois Steven P. Bradley, Iowa

MEMBERS INSURANCE AND RETIREMENT PROGRAMS

Frank C. Barnashuk, New York Louis F. Rubino, Jr., Pennsylvania Patrick M. Grogan, Washington, D.C. David Houten, Washington Paul R. Miller, Florida

NEW DENTIST

Chris M. Hasty, Georgia Rachel T. Dasher, Tennessee Eric T. Childs, Michigan Ryan L. Ritchie, Minnesota Andrea K. Janik, Texas

SCIENTIFIC AFFAIRS

Elliot Abt, Illinois Robert G. Hale, Army John Barrett Ludlow, North Carolina Douglas A. Young

Report 1 of the Board of Trustees to the House of Delegates—Association Affairs and Resolutions (Worksheet:1000): The Board transmitted Board 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 Benefit Programs Council on Dental Education and Licensure Council on Dental Practice 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 Foundation ADA Business Enterprises, Inc.

BOARD OF TRUSTEES

Communications and Marketing

Report of the Council on Communications—Issues Management: The Board reviewed a proposal for an ADA Issues Management Plan. Comments were made regarding the prioritization of issues, and whether the Board or the Council should be responsible for setting priority issues. The Board postponed definitely the report and following resolution to its September 2012 session to allow the Board an opportunity for a more in-depth review of the plan.

B-84. Resolved, that the ADA Issues Management Plan to effectively address known, emerging and potential issues in order to protect and promote the reputation and brand of the Association and the profession be adopted.

Conference and Meeting Services

Report of the Council on ADA Sessions—Nomination of the General Chair of the 2012 Committee on Local Arrangements: The Board adopted the following resolution (consent calendar item).

B-85-2012. Resolved, that the nomination of Dennis D. Shinbori, DSS to serve as general chair for the 2012 Committee on Local Arrangements made by the California Dental Association in collaboration with the San Francisco Dental Society be approved.

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

B-86-2012. Resolved, that the following nominations of the 2012 Committee on Local Arrangements honorary officers be approved.

Patrick J. Ferrillo, Jr., DDS John B. Featherstone, PhD No-Hee Park, DMD, PhD Charles J. Goodacre, DDS, MSD Avishai Sadan, DMD Steven W. Friedrichsen, DDS Arthur A. Dugoni, DDS, MSD Eugene Sekiguchi, DDS Carol G. Summerhays, DDS Daniel G. Davidson, DMD Lindsey A. Robinson, DDS James D. Stephens, DDS Walter G. Weber, DDS Clelan G. Ehrler, DDS Andrew P. Soderstrom, DDS Alan L. Felsenfeld, DDS Kerry K. Carney, DDS Peter A. DuBois Bob Spinelli Debi Irwin, CMP Lee Flickner Courtney Fitzpatrick, DDS Natasha Anne Lee, DDS Curtis David Raff, DDS Deborah Elam, MS, CAE Jeff Brucia, DDS Craig Yarborough, DDS

Report of the Council on ADA Sessions—Nomination of the General Chair of the 2013 Committee on Local Arrangements: The Board adopted the following resolution (consent calendar item).

B-87-2012. Resolved, that the nomination of Robert E. Barsley, D.D.S., to serve as general chair for the 2013 Committee on Local Arrangements made by the Louisiana Dental Association in collaboration with the New Orleans Dental Association be approved.

Finance and Operations

Report on the Status of the 2012 Operating Contingent Fund and Approval of Supplemental Appropriation Request: A Contingent Fund of \$1 million was authorized in the 2012 budget. The Board through its June 2012 meeting approved total supplemental requests in the amount of \$155,700, leaving a balance of \$844,300.

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Milliman Review of Retirement Program Opportunities. Based on the favorable recommendation of the Budget and Finance Committee, the Board adopted the funding request presented in Resolution B-94 (see page 275).

Report on the Status of the 2012 Capital Contingent Fund and Approval of Supplemental Appropriation Request: A Capital Contingent Fund in the amount of \$200,000 was authorized in the 2012 budget. For this meeting, capital requests submitted totaled \$24,400. Based on the favorable recommendation of the Budget and Finance Committee, the Board adopted the request presented in Resolution B-93 (see page 274).

Legal

Report of the Division of Legal Affairs—Litigation and Other Matters: The Board received an update on legal matters from the ADA General Counsel (consent calendar item).

Report of the Division of Legal Affairs—Proposal to Revise Signature Authority Policy: The Board of Trustees adopted the following resolution (consent calendar item).

B-79-2012. Resolved, that the *Organization and Rules of the Board of Trustees*, paragraph on "Signing of Contracts," be amended as follows (additions <u>underscored</u>, 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 shall accompany the proposed contract being submitted for approval and signature. Where the proposed signatory is the Executive Director, the President and the President-elect shall be copied on such 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); <u>member discount fee arrangement</u> <u>agreements;</u> premises license agreements; speaker agreements; <u>sponsorship/advertising</u> <u>agreements;</u> catering/restaurant agreements; licenses to reproduce portions of ADA surveys, articles or other similar ADA publications; grant participation agreements; (State Public Affairsprogram); CDT license agreements; <u>SNODENT license agreements;</u> HIPAA business associate agreements; non-disclosure agreements; author/contributor agreements; exhibit space agreements; outside counsel agreements; Verizon suite agreements; software <u>agreements;</u> and <u>service/consulting</u> license agreements having fees of less than \$5,000.00; and vendoragreements having fees of less than \$5,000.00 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 Preside

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

Report of the Council on Ethics, Bylaws and Judicial Affairs—Approval of Consultants: The Board of Trustees adopted the following resolution (consent calendar item).

B-92-2012. Resolved, that the consultant to the Council on Ethics, Bylaws and Judicial Affairs be approved for terms ending with the 2013 ADA annual session.

Dental Education/Professional Affairs

Report of the Board Workgroup to Assess the Commission on Dental Accreditation Pre-doctoral Accreditation Standards: The Board at its June 2012 session postponed definitely consideration of Resolution B-53 to the July session. Dr. Versman moved Resolution B-53; on vote, the following resolution was adopted.

B-53-2012. Resolved, that the ADA conduct a comprehensive study of the current and future state of dental education, to include an evaluation of all the current dental school curricula; an analysis of the competency and outcomes-based educational model; and an analysis of dental school outcomes data, and be it further

Resolved, that the study address whether students are being adequately prepared for the practice of dentistry and whether dental schools that are opening in non-traditional academic health centers are meeting the appropriate level of scholarship to ensure that dentistry continues to be a learned profession.

Report of the Council on Dental Education and Licensure—Appointment of Consultants: The Board of Trustees adopted the following resolution (consent calendar item).

B-74-2012. Resolved, that the consultants to the Council on Dental Education and Licensure be approved for terms ending with the 2013 ADA annual session.

Global Affairs

Report of the Committee on International Programs and Development—Approval of Consultants: The Board of Trustees adopted the following resolution (consent calendar item).

B-75-2012. Resolved, that the consultants to the Committee on International Programs and Development be approved for terms ending with the 2013 ADA annual session.

Government/Public Affairs

Report of the State Public Affairs Oversight Committee: This report with the appended Resolution B-46 was postponed from the June 2012 Board session. Based on the Council on Communications' submission of Resolution 75 to the House of Delegates regarding a comprehensive communications plan, Resolution B-46 was declared out of order.

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-83-2012. Resolved, that the consultants to the Council on Access, Prevention and Interprofessional Relations be approved for terms ending with the 2013 ADA annual session.

Report of the Council on Access, Prevention and Interprofessional Relations—Update on the Community Dental Health Coordinator Pilot Program: The Council reported on the status of the pilot program (consent calendar item).

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Report of the Council on Access, Prevention and Interprofessional Relations—Smiles for Life Curriculum: The Council reported on its review and support for the ADA endorsement of the Smiles for Life Curriculum. This curriculum provides non-dentist primary care providers who deliver preventive dental services education on oral health, common oral pathology, the etiology of dental disease, dental disease risk assessment, preventive techniques that are appropriate for all age groups, and the need for primary care providers to refer patients to dentists for comprehensive dental examinations in order to establish dental homes. The Board adopted the following resolution (consent calendar item).

B-80-2012. Resolved, that the Council on Access, Prevention and Interprofessional Relations' (CAPIR) recommendation for ADA endorsement of the Smile for Life Curriculum be pursued through appropriate endorsement agreement, and be it further

Resolved, that CAPIR, in conjunction with other appropriate ADA agencies, is authorized to actively promote use of the Smiles for Life Curriculum across disciplines to promote oral health and the delivery of preventive dental services by primary care providers, provided an appropriate ADA endorsement agreement is executed.

Dental Practice/Professional Affairs

Report of the Council on Dental Benefit Programs—Approval of Consultants: The Board of Trustees adopted the following resolution (consent calendar item).

B-81-2012. Resolved, that the consultants to the Council on Dental Benefit Programs be approved for terms ending with the 2013 ADA annual session.

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 Smiley, Christopher J. D.D.S., Grand Rapids, MI Richeson, Jim G., D.D.S., Washington, DC Ura, Stephen C., D.D.S., Nashua, NH

Report of the Council on Dental Practice—Approval of Consultants: The Board of Trustees adopted the following resolution (consent calendar item).

B-82-2012. Resolved, that the consultants to the Council on Dental Practice be approved for terms ending with the 2013 ADA annual session.

Report of the Council on Dental Practice—The Hillenbrand Fellowship: This report gave a brief summary of activities of the 2011-12 Hillenbrand Fellow, Dr. Betsey Shapiro (consent calendar item).

Report of the 2011-12 Hillenbrand Fellow: Dr. Shapiro submitted a report on her Fellowship year, which included an overview of her indoctrination in association management, activities and projects that she worked on. Dr. Shapiro also gave a presentation on her Fellowship project entitled "Avenues to Access," a primer on the development of some type of oral health care safety net system for an unserved area. An instructional PowerPoint presentation with accompanying print material has been made available on ADA.org.

Annual Report of the Department of Dental Informatics: This report summarized the activities of the Department of Dental Informatics since October 2011 (consent calendar item).

Annual Report of the Health Policy Resources Center: This report summarized the activities of the Health Policy Resources Center, noting projects that serves both internal and external clients (consent calendar item).

Report of Dr. Joseph F. Hagenbruch—Update on Activities of the Dental Quality Alliance (DQA): Dr. Hagenbruch reported on the work of the DQA, including its initial charge to develop pediatric oral health measures for the Medicaid/CHIP programs, education efforts, external collaborations and future planning.

Membership, Tripartite Relations and Marketing

Report of the New Dentist Committee—Recent Activities: After receiving comments from Dr. Danielle Ruskin, chair of the New Dentist Committee, the Board discussed the resolutions submitted by the New Dentist Committee and voted to amend Resolution B-100 to allow a New Dentist Committee representative attend two full Board meetings rather than three meetings for 2012-2013. On vote, the Board adopted the following amended resolution.

B-100-2012. Resolved, that a pilot program be established for a New Dentist Committee representative to attend two full Board of Trustees meetings for 2012-2013 to participate as a resource, and be it further

Resolved, that following the pilot program, the Board of Trustees evaluate the effectiveness of New Dentist Committee participation and consider an appropriate course of action.

The Board had postponed consideration of Resolution B-101 to allow a work group the opportunity to develop a more defined charge for the task force called for in the resolution. The Senior Vice President, Membership, Tripartite Relations and Marketing reported the work group approached the Chair of the New Dentist Committee for further clarification of the purpose of the task force and also noted that a study is underway on large group practices, that the results of this study could be beneficial to any interagency task force, and that it might be advisable to wait for the results of this study before taking an action on Resolution B-101. On vote, the Board postponed definitely Resolution B-101 to the March 2013 Board session.

B-101. Resolved, that an interagency task force be established by the President to study large group practice issues and opportunities and consider representation from key stakeholders, including the New Dentist Committee, and report back to the Board of Trustees at its August 2013 meeting.

On vote, the Board adopted the following resolution.

B-102-2012. Resolved, that the following Federal Dental Service consultants be approved for the New Dentist Committee for 2012-2013:

Cook, Jr., Archie, D.D.S., Seymour Johnson AFB, NC, U.S. Air Force Hoffman, Michael A., D.D.S., Belgium, U.S. Army Brueggemeyer, Dea L., D.M.D., Bethesda, MD, U.S. Navy Fong, Jennifer, D.D.S., Las Vegas, NV, U.S. Veterans Affairs

and be it further **Resolved**, that the following Local Arrangements Committee consultants for the 2013 New Dentist Conference be approved:

Alleman, Dan, D.D.S., Boulder, CO Berwick, Jennifer B., D.D.S., Denver, CO Burson, Kenneth M., D.D.S., Denver, CO Connolly, Kyle J., D.D.S., Greeley, CO Eaton, Linda A., D.M.D., Colorado Springs, CO Eberle, Nicole E., D.D.S., Denver, CO Franz, Karen E., D.D.S., Denver, CO Larson, Craig G., D.D.S., Denver, CO Majors, Kelsey E., D.D.S., Denver, CO Manzo, Tiffany N., D.D.S., Denver, CO Paisley, Ian, D.D.S., Denver, CO Rossow, Eric C., D.D.S., Denver, CO Sites, Loren A., D.D.S., Pueblo, CO Thompson, Jennifer L., D.D.S., Denver, CO Wehking, Dawn J., D.D.S., Denver, CO

Report of the Office of Student Affairs—Approval of American Student Dental Association (ASDA) Consultants: The Board of Trustees adopted the following resolution (consent calendar item).

B-76-2012. Resolved, that the following nominations for the 2012-2013 ASDA Consultant Program be approved:

- New Dentist Committee Ms. Alexandra Barton, Virginia, 2013
- Council on ADA Sessions Mr. Scott Levitz, SUNY-Stonybrook, 2014
- Council on Access, Prevention and Interprofessional Relations Ms. Rebecca (Becky) Warnken, Marquette, 2013
- Council on Communications Ms. Jaclyn Rivera, Midwestern Arizona, 2013
- Council on Dental Benefit Programs Ms. Jessica Hsieh, UCLA, 2013
- Council on Dental Education and Licensure Ms. Keri Jamison, Louisville, 2013
- Council on Dental Practice Mr. Benjamin (Ben) Youel, UIC, 2013
- Council on Ethics, Bylaws and Judicial Affairs Ms. Christine Tiller, Midwestern, 2013
- Council on Government Affairs Mr. Michael Pappas, Ohio, 2014
- Council on Membership Kyle Beulke, Nebraska, 2013
- Council on Members Insurance and Retirement Programs Mr. Andrew Hansen, Ohio, 2014
- Council on Scientific Affairs Mr. Phillip Bell, Florida, 2014
- American Dental Political Action Committee Mr. Gordon (Ross) Isbell, Alabama, 2014
- Commission on Dental Accreditation Mr. James Kolstad, Marguette, 2014
- Joint Commission on National Dental Examinations Ms. Jiwon Lee, Columbia, 2014

Report of the Standing Committee on Diversity—Board Diversity and Inclusion Education Program for 2012: The Board of Trustees adopted the following resolution.

B-77-2012. Resolved, that the 2012 diversity and inclusion training for the Board center on the ADA's Diversity and Inclusion Plan, draw upon the July 2012 joint leadership program, and lead to outcomes that support the plan, and be it further

Resolved, that Mr. Josh Mintz be engaged to deliver the training at the December 2012 Board meeting, and be it further

Resolved, that Resolution B-64-2012 be rescinded.

Dr. Calnon commented on the recent joint Summit of HDA, NDA and SAID, in which the ADA participated, and the positive outcomes of that summit. He also gave some background on the ADA's previous relationships with these groups.

Science/Professional Affairs

Report of the Council on Scientific Affairs—Workforce Systematic Review Update, Approval of Research Agenda and Proposed CSA Consultants: This report provided an update on the systematic review on alternative dental workforce models that will be presented to the 2012 House of Delegates, provided a list of consultants for use by the Council during 2012-13, and presented a revised ADA Research Agenda for 2012-2013. The Board adopted the following resolution.

B-88-2012. Resolved, that the revised ADA Research Agenda 2012-2013 as presented in Appendix 2 in the July 2012 Council on Scientific Affairs Report to the Board of Trustees be approved.

(The approved Research Agenda is appended, see page 311.)

Following a closed session, the Board adopted the following resolution as amended by the Council.

B-89-2012. Resolved, that the consultants to the Council on Scientific Affairs and Center for Evidence-Based Dentistry be approved for terms ending with the ADA 2013 annual session.

Organizational/Other

Report of the President: Dr. Calnon will report on his activities at the September Board session.

Report of the President-elect: Dr. Faiella will report on his activities at the September Board session.

Report of ADA Business Enterprises, Inc.: The Board received an update on ADABEI activities through April 2012.

Unfinished Business (Informational Reports Postponed From June 2012 Board Session)

Report of the Pension Committee: Dr. Leone, Pension Committee chair, gave a brief update on the Committee's June 2012 meeting. The Chief Financial Officer provided a few comments on the potential favorable impact of recently enacted federal legislation that affects pension plans.

Report of Dr. Patricia Blanton, Liaison to the Joint Commission on National Dental Examinations: Dr. Blanton gave brief remarks on the activities of the Joint Commission on National Dental Examinations, specifically in the area of development of an integrated Part I and Part II National Board examination.

Report of Dr. Joseph Hagenbruch, Liaison to the Council on ADA Sessions: Dr. Hagenbruch submitted a report on the May 10-12, 2012, meeting of the Council. At the June session, this report was removed from the Consent Calendar by Dr. Summerhays. At this meeting Dr. Summerhays indicated that there were no issues requiring discussion.

Report of Dr. Roger Kiesling, Liaison to the Council on Scientific Affairs: Dr. Kiesling gave an oral report on the structure and activities of the Council.

Report of Dr. Donald Seago, Liaison to the Council on Dental Practice: Dr. Seago gave an oral report on the activities of the Council.

Liaison Reports

Report of Dr. Steven Gounardes, Liaison to the American Dental Political Action Committee: Dr. Gounardes briefly commented on recent ADPAC activities.

Report of Dr. Steven Gounardes, Liaison to the American Student Dental Association: Dr. Gounardes encouraged the trustees to have their district caucuses reach out to the ASDA delegates, alternates and trustees and include them in their caucus activities.

Dr. Low commented on the need for a greater interaction with ASDA in ADA Washington Leadership Conference activities and requested that this issue be identified for a future Board discussion.

Dr. O'Loughlin also commented on improved and more frequent interactions with ASDA executive staff and officers.

Report of Dr. Samuel Low, Liaison to the Council on Membership: Dr. Low provided a report on the Council on Membership's June 15-16, 2012 meeting.

Report of Dr. Carol Summerhays, Liaison to the New Dentist Committee: Dr. Summerhays provided a report on the June 20-21, 2012, New Dentist Committee meeting.

Special Orders of Business/Appearances

Appearance of the Chair of the New Dentist Committee: Dr. Danielle Ruskin appeared before the Board to discuss several resolutions presented by the New Dentist Committee for the Board's consideration.

Appearance of Officers of the American Society of Dentist Anesthesiologists: The following officers of the ASDA appeared before the Board of Trustees to discuss the application for recognition of dental anesthesiology as a dental specialty: Dr. Michael Mashini, Dr. Joel Weaver and Dr. Steven Ganzberg.

Appearance of Officers of the American Association of Oral and Maxillofacial Surgeons: The following AAOMS officers appeared before the Board of Trustees to discuss the application for recognition of dental anesthesiology as a dental specialty: Dr. Art Jee, Dr. Miro Pavelka, Mr. Mark Adams, Dr. Robert Rinaldi.

Presentation of Dr. Elizabeth Shapiro, Hillenbrand Fellow: Dr. Shapiro gave a presentation on her Fellowship project entitled "Avenues to Access."

Adjournment

The Board of Trustees adjourned sine die at 2:45 p.m. on Tuesday, July 30, 2012.

Appendix 1

Approved List of Consultants to ADA Councils and Committees

Council on Access, Prevention and Interprofessional Relations

Allweiss, Pamela, MD, MPH, Atlanta, GA Arola, Patricia E., DDS, FAGD, MHA, CHE, Washington, DC Barbell, Phillip, DDS, Coral Springs, FL Baur, Cynthia, PhD, Atlanta, GA Berkey, Douglas B., DMD, MPH, MS, Aurora, CO Boseman, J. Jerald, DDS, Salt Lake City, UT Carpenter, William M., DDS, MS, San Francisco, CA Crawford, Robert N., DDS, Knoxville, TN Crews, Karen M., DDS, Jackson, MS Czerepak, Charles, DMD, MS, Evanston, IL DeHaas, Molly, BSM, DDS, FAAHD, DSCD, Framingham, MA Dolan, Teresa A., Gainesville, FL Elson, Howard, DMD, McKeesport, PA Farrell, Christine, RDH, MPA, Lansing, MI Fieldus, Pamela, DDS, Harlingen, TX Fitzler, Sandra, RN, BSN, Washington, DC Floyd, Thomas P., DDS, Palm Beach, FL Folse, Gregory J., DDS, Lafayette, LA Gibson, Gretchen, DDS, MPH, Fayetteville, AR Glassman, Paul, DDS, MA, MBA, San Francisco, CA Goldblatt, Ruth, DMD, FAGD, Simsbury, CT Grant, Ford T., DMD, Huntersville, NC Griffiths, Jill, BA, Hartford, CT Grinter, Jason, DDS, MPH, Chicago, IL Helgeson, Michael, DDS, Minneapolis, MN Holland, Nicole, DDS, Wellesley, MA Henry, Robert G., DMD, MPH, Lexington, KY Horowitz, Alice, PhD, College Park, MD Itzkoff, David G., Chicago, IL Jones, Judith Ann, DDS, MPH, DScD, Boston, MA Krol, David M., MD, FAAP, Princeton, NJ Kumar, Jayanth V., DDS, MPH, Albany, NY Kuthy, Raymond, DDS, MPH, Iowa City, IA Lang, Melanie, DDS, MD, Spokane, WA Lester, CAPT Arlene M., DDS, MPH, Lithonia, GA Levy, Steven M., DDS, MPH, Iowa City, IA Lockhart, Dr. Peter B., Charlotte, NC Louie, Reginald, DDS, MPH, Castro Valley, California Makrides, Nicholas S., DMD, MA, MPH, Washington, DC Mangskau, Kathleen A., RDH, MPA, Bismarck, ND Marianos, Donald Wayne, DDS, MPH, Pinetop, AZ Marshall, Teresa A., PhD, RD, Iowa City, IA Moore, Peter, DDS, Bellevue, WA Mouden, Lynn Douglas, DDS, MPH, Little Rock, AK Mover, David J., DDS, MD, South Portland, ME Mulhausen, Paul, MD, Iowa City, IA Murthy, Nagaraj, DDS, Compton, CA

Neuhauser, Linda, PH, Berkeley, CA Patton, Lauren, DDS, Chapel Hill, NC Phillips, Todd, Washington, DC Pollick, Howard, BDS, MPH, San Francisco, CA Rankin, Kathleen Vendrell, DDS, Dallas, TX Reeves, Tom, PE, Monroe, GA Robinson, Lindsey A., DDS, Grass Valley, CA Rosenfeld, Lindsey, ScD, ScM, Boston, MA Rozier, Gary R., DDS, MPH, Chapel Hill, NC Rudd, Rima, Scd, Boston, MA Scannapieco, Frank A., DMD, PhD, Buffalo, NY Schwartzberg, Joanne, MD, Chicago, IL Shenkin, Jonathan D., DDS, MPH, Augusta, ME Silk, Hugh, MD, FAAFP, Worcester, MA Silverman Jr., Sol, DDS, MA, San Francisco, CA Stanislav, Leon E., DDS, Clarkesville, TN Tomar, Scott L., DMD, MPH, DrPH, Gainesville, FL Underwood, Thomas S., DDS, Nashville, TN Weyant, Robert J., DMD, MPH, DrPH, Pittsburgh, PA Yellowitz, Janet A., DMD, MPH, RDH, Baltimore, MD

Council Dental Benefit Programs

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 Smiley, Christopher J., D.D.S., Grand Rapids, MI Richeson, Jim G., D.D.S., Washington, DC Ura, Stephen C., D.D.S., Nashua, NH

Council on Dental Education and Licensure

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., Bedford, MA (CERP) Amirsoltani, Shafa, D.D.S., Oak Park, IL (Continuing Education) Antoon, James, D.M.D., Rockledge, FL (Education/Licensure) 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) Berg, Joel H., D.D.S., M.S., Seattle (Recognition/Specialties and Interest Areas in General Dentistry) Binder, Robert E., D.M.D., Newark, NJ (CERP) Bol, Ruth, D.D.S., Menifee, CA (Career Guidance) Brown, David T., D.D.S., Indianapolis (CERP) Budenz, Alan W., D.D.S., San Francisco (Continuing Education) Butler, William O., M.S., San Antonio (CERP) Carter, Laurie, C., D.D.S., Richmond, VA (CERP) Chaffin, Jeffrey, D.D.S., Falls Church, VA (CERP) Childs, Miranda, D.D.S., Arkadelphia, AR (Continuing Education) Christopherson, Benjamin, D.D.S., Inver Grove Heights, MN (Continuing Education) Coluzzi, Donald J., D.D.S., Portola Valley, CA (Continuing Education) Couture, Donna, C.D.A., Vacaville, CA (Continuing Education)

Crews, Karen M., D.M.D., Jackson, MS (Continuing Education) Crowley, Karen E., D.D.S., Londonderry, NH (Anesthesiology) Cuddy, Michael, D.M.D., Pittsburgh (Anesthesiology) Cuttino, III, Charles L., D.D.S., Richmond, VA (CERP) Delie, Robert, D.M.D., Allentown, PA (Continuing Education) Diemer, Kara, D.D.S., Manor, TX (Continuing Education) Dingeldey, Carol, J., C.A.E., Southington, CT (CERP) Dishler, Bernard, D.M.D., Elkins Park, PA (Continuing Education) Drelich, Elaine, D.D.S., Binghamton, NY (Continuing Education) Ellis, Michael L., D.D.S., Dallas, TX (Anesthesiology) Farman, Allan, D.D.S., Ph.D., M.S., Louisville, KY (Continuing Education) Felsenfeld, Alan L., D.D.S., Los Angeles (CERP) Fields, Henry, D.D.S., Columbus, OH (Continuing Education) Filler, Steven, J., D.D.S., Birmingham, AL (Educational Measurement and Testing) Gibbs-Reed, Janice, M.A., Teaneck, NJ (CERP) Gill, Eleanor, D.M.D., Olive Branch, MS (Recognition/Specialties and Interest Areas in General Dentistry) Giovannitti, Joseph, D.M.D., Venetia, PA (Anesthesiology) Glecos, William, D.M.D., Erie, PA (Continuing Education) Guerrero, Cheryl, B.S., San Francisco (Career Guidance) Haig, Brian, D.D.S., Santa Ana, CA (Continuing Education) Hamilton, James, C., D.D.S., Ann Arbor, MI (Continuing Education) Hankle, Jennifer, D.M.D., Richmond, VA (Continuing Education) Henry, David, B.S., Council Bluffs, IA (Career Guidance) Herlich, Andrew, D.M.D., M.D., Pittsburgh (Anesthesiology) Hershey, Jr., H. Garland, D.D.S., Chapel Hill, NC (Continuing Education) Houfek, Scott, D.D.S., Big Piney, WY (Recognition/Specialties and Interest Areas in General Dentistry) Howard, H. Fred, D.M.D., Harlan, KY (Continuing Education) Howe, Brian, D.M.D., Iowa City, IA (Continuing Education) Howell, Jr., Ralph, D.D.S., Suffolk, VA (CERP) Jain, Lauren, B.S., Post Jefferson Station, NY (Career Guidance) Jeffers, Gary E., D.M.D., Northville, MI (Educational Measurement and Testing) Johnson, Charles, D.D.S., Moline, IL (Education/Licensure) Kelsch, Robert, D.M.D., Rockville Centre, NY (Continuing Education) Kennedy, Brian T., D.D.S., Troy, NY (Education/Licensure) Kinney, Jr., George, D.D.S., Woodbury, MN (Education/Licensure) Knapp, Jonathan, D.M.D., Bethel, CT (Continuing Education) 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., Glenview, IL (CERP) Laing, Kevin, D.D.S., Van Wert, OH (CERP) Lamster, Ira, D.D.S., New York, NY (Continuing Education) Lignelli, II, John L., D.M.D., Pottstown, PA (Continuing Education) Lloyd, Patrick, D.D.S., Columbus, OH (Education/Licensure) Lott, James, D.M.D., Madison, MS (Continuing Education) MacDonnell, William, D.D.S., West Hartford, CT (Anesthesiology) Maller, Christopher S., D.M.D., Mount Desert, ME (Anesthesiology) Mattson, Cynthia, C.P.A., Roy, UT (Continuing Education) Maxwell, Charles B., D.M.D., Johnsonville, SC (Continuing Education) Merin, Robert L., D.D.S., Woodland Hills, CA (Anesthesiology) Obucina, Lillian, D.D.S., Chicago (Continuing Education) Okoh, Ngozi, D.M.D., Philadelphia, PA (Career Guidance) Palmer, Lawrence, D.D.S., Rochester Hills, MI (Anesthesiology) Parikh, Purvak, D.D.S., Olympia Fields, IL (Continuing Education) Paz, Jeff, D.D.S., San Antonio (Continuing Education)

Perkins, David, D.M.D., Bristol, CT (Education/Licensure) Perry, Stephanie, M. Ed., Augusta, GA (Educational Measurement and Testing) Peskin, Robert M., D.D.S., Garden City, NY (Anesthesiology) Phero, James C., D.M.D., Cincinnati, OH (Anesthesiology) Ramos, Mario E., D.M.D., Midland Park, NJ (CERP) Ramos-Gomez, Francisco, D.D.S., Los Angeles (Career Guidance) Rayner, Clive B., D.M.D., Orange Park, FL (Anesthesiology) Reed, Kenneth, L. D.M.D., Tucson, AZ (Anesthesiology and Continuing Education) Reich, Lewis, O.D., Ph.D., Memphis, TN (Educational Measurement and Testing) 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) Rosenberg, Morton B., D.M.D., Boston (Anesthesiology) Rosenthal, Nancy R., D.D.S., Jenkintown, PA (Continuing Education) Sahota, Deepinder (Ruchi), D.D.S., Freemont, CA (Continuing Education) Salierno, Christopher, D.D.S., Huntington, NY (Education and Licensure) Sameroff, Jeffrey, D.M.D., Pottstown, PA (Continuing Education) Schimmele, Steven R., D.D.S., Fort Wayne, IN (Anesthesiology) Schirmer, David, D.D.S., Corning, NY (Career Guidance) Schwartz, Paul J., D.M.D., Dunkirk, MD (Anesthesiology) Shearer, Barbara, M.D.S., New York (Career Guidance) Seigel, Harold, S., D.D.S., Falls Church, VA (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) Smith, Paul G., D.M.D., Pottstown, PA (Continuing Education) Sobieralski, Mary, R.D.H., B.S, M.A., Sacramento, CA (Continuing Education) Stewart, Jeffrey C.B., D.D.S., M.S., Portland, OR (Recognition/Specialties and Interest Areas in General Dentistry) Stillwell, K. David, D.D.S., Birmingham, AI (Anesthesiology) Story, Michelle E., D.M.D., Ft. Thomas, KY (Continuing Education) Stoute, Gregory Allen, D.M.D., M.P.H., Nashville, TN (Educational Measurement and Testing) Sullivan, C. Larry, Ph.D., Kansas City, MO (Career Guidance) Swan, Euan, D.D.S., D.D.P.H., Ottawa, Canada (Educational Measurement and Testing) Tan, Peter M., D.D.S., Frederick, MD (Anesthesiology) Tarantola, Gregory, D.D.S., Jacksonville, FL (Continuing Education) Tavares, Mary, D.M.D., M.P.H., Boston, MA (CERP) Terry, Bruce, D.M.D., Wayne, PA (Continuing Education) Thikkurissy, Sarat, D.D.S., Columbus, OH (Anesthesiology) Tippet-Whyte, Judee, D.D.S., Stockton, CA (Continuing Education) Tom, James W., D.D.S., Los Angeles (Anesthesiology) Trochesset, Denise A., D.D.S., Stony Brook, NY (CERP) Trushkowsky, Richard, D.D.S., Staten Island, NY (Continuing Education) Turner, J. Bryan, D.D.S., Union, KY (Continuing Education) Von Heimburg Petra, D.D.S., Barrington, IL (Continuing Education) Uriegas, Melissa, B.S., Houston (Career Guidance) Wahl, Nancy Conlin, R.D.H., Maple Grove, MN (Continuing Education) Ward, James A., D.M.D., Pottstown, PA (Continuing Education) Weaver, II, Joel, D.D.S., Westerville, OH (Anesthesiology) Wheeler, Timothy, T., D.M.D., Gainesville, FL (CERP) Wright, J. Scott, Ed.D., Richardson, TX (Educational Measurement and Testing) Young, W. Lee, D.M.D., Savannah, GA (Anesthesiology) Zablotsky, Nevin, D.M.D., South Hero, VT (Continuing Education) Zornosa, Ximena, D.M.D., Peachtree City, GA (Continuing Education)

Council on Dental Practice

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, IL Bavitz, J. Bruce, D.M.D., F.A.C.D., Lincoln, NE Bennett, Kathleen, D.D.S., L.L.C., Cincinnati Bernstein, Benjamin, Ph.D., Oakland, CA Bradley, Cynthia, C.D.A., E.F.D.A., Winter Park, FL Budenz, Alan, D.D.S., M.B.A., M.S., San Francisco Calderbank, Susan (Olson), D.M.D., Greenville, PA Canham, Leslie, C.D.A., R.D.A, Copperopolis, CA 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 Creamer, Sandra, St. Peters, MO Di Angelis, Anthony, D.M.D., M.P.H., Minneapolis D'Aiuto, Charles "William," D.D.S., Longwood, FL 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 Herzog, Robert J., D.D.S., Buffalo, NY 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 Kelsch, Robert, D.M.D., Rockville Centre, NY Kessler, Brett H., D.D.S., Denver Klasser, Gary D., D.M.D., Chicago 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 Mc Elhiney, J. Wayne, D.D.S., Franklin, TN

Molinari, John A., Ph.D., Northville, MI Morton, Bill, M.A., C.G., Bellevue, WA Obucina, Lillian, D.D.S., J.D., Chicago 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 Pavlik, Edward, D.D.S., M.S., Olympia Fields, IL Phillips, Laci, Aztec, NM Pompa, Daniel, D.D.S., Forest Hills, NY Reed, Kenneth, D.M.D., Tucson, AZ Rivenbark, Judy S., M.D., Fernandina, CA 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 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 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 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 Vixie, Curtis, D.D.S., Susanville, CA 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, IL

Council on Ethics, Bylaws and Judicial Affairs

Jones, Kenneth, Jr. D.D.S., JD, Mansfield, OH

Council on Scientific Affairs

Abt, Elliot, D.D.S., M.S., M.Sc., Skokie, IL Ahlstrom, Robert H., D.D.S., M.S., Reno, NV Al-Hashimi, Ibtisam, B.D.S., M.S., Ph.D., Dallas, TX Anusavice, Kenneth J., D.M.D., Ph.D., B.S., Gainesville, FL Armitage, Gary C., D.D.S., M.S., San Francisco, CA Bader, James, D.D.S., M.P.H., Chapel Hill, NC Armstrong, Steven R., D.D.S., Iowa City, IA 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 Beltran Aguilar, Eugenio, D.M.D, M.P.H, M.S., Dr.P.H., Atlanta, GA 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 Burgess, John O., D.D.S., Birmingham, AL Carlson, David, Ph.D., Dallas, TX Carpenter, William M., D.D.S., M.S., San Francisco Carter, Laurie C., D.D.S., Ph.D., Richmond, VA Casamassimo, Paul, D.D.S., Columbus, OH Chan, Jarvis T., D.D.S., Ph.D., Houston, TX Chee, Winston W.L., B.D.S., Pasadena, CA 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, TX 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 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 Graham, Frank D.M.D., Teaneck, NJ 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 Hujoel, Philippe, Ph.D., D.D.S., M.S.D., M.S., Seattle, WA Hutter, Jeffrey, D.M.D., Boston, MA Ismail, Amid, Dr.P.H., M.P.H., M.B.A., B.D.S., Philadelphia, PA 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, TX 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, WA Jokstad, Asbjorn, D.D.S., Ph.D., Toronto, Canada Joshipura, Kaumudi, D.D.S., S.D., B.D.S., Boston, MA 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 Kumar, Jayanth, D.D.S., M.P.H., Albany, NY Levy, Steven M., D.D.S., M.P.H., 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, CA 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, TX Mellonig, James T., D.D.S., San Antonio, TX Miller, Arthur J., Ph.D., San Francisco, CA Mills, Shannon E., D.D.S., Concord, NH Mitchem, John C., D.M.D., M.S., Portland, OR Molinari, John A., Ph.D., Detroit, MI Moore, B. Keith., Ph.D., Indianapolis, IN 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, MA 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, MN Phero, James C., D.M.D., Ph.D., Cincinnati, OH Pitts, Nigel B., Ph.D., Dundee, Scotland, UK Powers, John M., Ph.D., Houston, TX Proskin, Howard M., Ph.D., Rochester, NY Rankin, Kathleen V., D.D.S., Dallas, TX Rees, Terry D., D.D.S., M.S., Dallas, TX Reinhardt, John W., D.D.S., M.S., M.P.H., Lincoln, NE Rekow, E. Dianne, D.D.S., London, UK 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, PA Rossmann, Jeffrey A., D.D.S., M.S., Lewisville, TX Rutkowski, James L. D.M.D., Ph.D., Pittsburgh, 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, CA 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 Slayton, Rebecca, M.S., D.D.S., Ph.D., Iowa City, IA Solomon, Eric S., M.A., D.D.S., Dallas, TX 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, PA 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, III, George W., D.M.D., San Francisco, CA 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 Tinanoff, Norman, D.D.S., MS, Baltimore, MD Toljanic, Joseph A., D.D.S., Chicago, IL 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, Robert, D.M.D., Dr.P.H., Pittsburgh, PA White, Joel, D.D.S., M.S., San Francisco, CA Wigdor, Harvey A., D.D.S., M.S., Chicago, IL Wong, David T. D.M.D., D.M.Sc., Los Angeles, CA Wu, Christine D., M.S., Ph.D., Chicago, IL

Yaegaki, Ken, D.D.S., Ph.D., Tokyo, Japan Zahrowski, James, D.M.D., MS, Pharm.D., Tustin, CA Zambon, Joseph, D.D.S., Ph.D., Buffalo, NY Zero, Domenick, D.D.S., M.S., Indianapolis, IN Zunt, Susan L., D.D.S., M.S., Indianapolis, IN

Committee on International Programs and Development

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 Herbst, Friedrich, B.S., Bensheim, Germany Mackler, Stephen B., D.D.S., M.S., Greensboro, NC Price, Gary, B.A., Arlington, VA Seward, Dame 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

CIPD Consultants to the ADA International Development Subcommittee

Frost, David E., D.D.S., MS., Chapel Hill, NC Gallant, Marshall L., D.M.D., Orlando, FL Hardwick, Kevin, D.D.S., M.P.H., Bulverde, TX Hobdell, Martin H., B.D.S., M.A., Ph.D., Norfolk, England Hollander, Brian, D.M.D., Bethel, AK Jaramillo, Freder, D.D.S., M.P.H., M.H.A., Oslo, Norway Levine, Jack M., D.D.S., New Haven, CT Schmidt, Hugo, D.D.S., Dulles, VA

Appendix 2

ADA Research Agenda

RESEARCH OF IMPORTANCE TO THE PRACTICING DENTIST, 2012-2013*

Mission Statement

A major objective of the ADA is to promote a good quality of life by improving the oral health of the public and encouraging optimal health behaviors. To achieve this objective and to support the ADA's goal to be America's leading advocate for oral health, it is imperative that the ADA take a leading role in promoting, conducting and critically reviewing research on topics related to dentistry and its relationship to the overall health of the individual. The ADA should serve as a facilitator of the national dental research effort, identify priority topics for research, and ensure the timely dissemination of information to the profession.

STRUCTURE OF THE ADA RESEARCH AGENDA

The Research Agenda targets three to five primary goals that remain consistent for at least two years as targeted research priorities. The corresponding objectives are reviewed biennially. Updates are based on emerging research needs and input from members on priority clinical topics in dentistry.

RESEARCH AGENDA TOPICS

Goal 1: To understand the social, behavioral and biological determinants of oral and dental diseases and their impact on the provision of dental care.

Objective 1-1: Evaluate the application of risk assessment, risk communication and other risk management strategies (including development and/or validation of evidence-based risk assessment instruments) in the diagnosis and treatment of pediatric and adult caries, periodontal diseases, and mucosal diseases including oral cancer, and their effectiveness in improving oral health outcomes.

Objective 1-2: Enhance understanding of factors related to access to—and utilization of—dental services across the age spectrum, from pediatric to geriatric populations, with emphasis on the development and evaluation of innovative methods to:

- prevent or reduce early childhood caries in at-risk populations;
- increase oral health literacy of the public, including its relation to overall health;
- evaluate and report the impact and effectiveness (outcomes) of health literacy interventions, including those targeting dentists and their team members; and
- address oral health disparities and improve access to oral health care in the United States.

Objective 1-3: Investigate and develop therapies for the prevention, reversal and non-surgical management of dental caries in all age groups.

Goal 2: To understand the scientific basis of emerging issues and therapies of interest to the practice of dentistry.

Objective 2-1: Evaluate the safety and effectiveness of new and existing diagnostic, therapeutic and cosmetic products, methods, instruments and technologies used in dentistry through longitudinal assessment of safety and patient outcomes, including pre- and post-market studies. Examples of priority topics to help inform clinicians include but are not limited to:

 determine the effectiveness of visual/tactile examination and adjunctive devices and/or procedures for detection of pre-malignant/malignant lesions, and evaluate the impact of adjunctive detection devices and/or techniques on patient outcomes;

- evaluate the safety and diagnostic efficacy of cone beam computed tomography or other emerging imaging technologies versus standard radiography for dental applications;
- research on the short- and long-term safety of tooth whitening products and procedures;
- · laser therapies, biomimetic materials and other novel restorative materials.

Objective 2-2: Investigate, develop and clinically evaluate therapies and therapeutic materials appropriate for prophylaxis, tissue engineering, healing and/or regeneration of diseased teeth, bone structures and soft tissues of the oral cavity.

Objective 2-3: Evaluate the impact of dental practice, materials and products on human health and the environment.

Goal 3: To conduct research in support of the application of evidence-based dentistry.

Objective 3-1: Develop, test and validate methods for assessing outcomes related to the use of evidencebased clinical recommendations and clinical practice guidelines in dentistry.

Objective 3-2: Develop and implement improved methods and processes to increase the impact of dental practice-based research networks as a means to address clinically relevant research questions and promote collaborative investigations of preventive and therapeutic interventions that support the advancement of oral health care.

Goal 4: To understand the scientific basis of the relationship between oral health and systemic conditions, and to evaluate the impact of dental interventions on these systemic conditions.

Objective 4-1: Investigate how oral and systemic conditions and diseases affect each other to determine causality and the effect of therapies on clinical outcomes of both the oral and systemic health of the patient.

Objective 4-2: Investigate the uses of non-invasive salivary and oral fluid diagnostics to assist in the early detection and surveillance of oral and systemic conditions, with emphasis on elucidating the scientific basis for detection of systemic diseases in saliva.

The American Dental Association's most important scientific responsibilities are in the area of knowledge and technology transfer and in assuring that the profession is kept abreast of scientific and technological advancements. With this in mind, the Council on Scientific Affairs develops a biennial Research Agenda to identify the critical research needs of today's practitioners, and to advance scientific research on the highest priority treatment-oriented topics, and emerging issues of importance in the management of oral diseases. The Council believes that these issues have short- and long-term impact on the quality of patient care and the continuing development of dental practice. The Council wishes to make clear that the Research Agenda is not exhaustive, but rather highlights priority topics that are directly related to patient care, answerable, and likely to significantly impact the practice of dentistry.

Minutes of the Board of Trustees

September 22–24, 2012 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 Dr. William R. Calnon, president, on Saturday, September 22, 2012, at 10:23 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, Dr. 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, Robert 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.

Dr. Faiella was absent on Saturday, September 22; Dr. Carol Gomez Summerhays was absent the afternoon of Saturday, September 22.

The Speaker of the House of Delegates, Dr. Soliday, announced the presence of a quorum.

Guests scheduled to be in attendance for portions of the meeting included: representatives of the American Association of Public Health Dentistry, Dr. Catherine Hayes, Dr. Michael Monopoli and Ms. Pam Tolson; former Senator Don Nickles, Oklahoma; and Dr. Timothy Wright, chair, Council on Scientific Affairs.

The following ADA staff members were in attendance for all or portions of the meeting at the invitation of the president: Jerome K. Bowman, chief, Governance and Strategy Management; J. Craig Busey, Esq., general counsel; James Goodman, managing vice president, Conference and Meeting Services; Michael Graham, senior vice president, Government and Public Affairs; Sabrina King, chief, People Management; Toni Mark, chief technology officer; Daniel M. Meyer, senior vice president, Science/Professional Affairs; Clayton B. Mickel, managing vice president, Corporate Relations and Strategic Marketing Alliances; Kenneth Ohr, chief communications officer; 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 Anthony Ziebert, senior vice president, Education/Professional Affairs.

Others in attendance for all or portions of the meeting were: Tomisena Cole, senior manager, Board and House Matters; Thomas C. Elliott, Jr., Esq., deputy general counsel; Albert Guay, chief policy advisory emeritus; Linda Hastings, senior director, Administrative Services; Judith Jakush, editor, *ADA News*; Alyna Johnson, coordinator, Publications and Projects, Administrative Services; Michelle Kruse, manager, House of Delegates; David Preble, director, Council on Dental Benefit Programs; James Willey, director, Council on Dental Practice; and Wendy J. Wils, Esq., deputy general counsel.

Before consideration of business, Dr. Calnon commented on the focus of the September session. As customary, Dr. Calnon read the ADA Disclosure Statement; no conflicts were identified at this time.

Preliminary

Approval of Agenda and Consent Items: Prior to approving the agenda, the following items were accepted as new business and added to the agenda: ASDA Liaison Oral Report (Dr. Gounardes) and Amendment of the *Organization and Rules of the Board of Trustees* (Dr. Versman). On vote, the Board adopted the agenda as amended.

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B-111-2012. 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.

Consent Calendar. After reviewing the items on the agenda that were identified as "consent" and following the removal of several agenda items, the Board adopted the following resolution.

B-112-2012. Resolved, that the resolutions contained on the amended Consent Calendar for Board of Trustees consideration be approved and reports be filed, and be it further **Resolved**, that the recommendations that appear on resolutions and reports to the House of Delegates be accepted.

Approval of Minutes of Previous Session: The Board adopted the following resolution (consent calendar item).

B-113-2012. Resolved, that the minutes of July 29-31, 2012, session of the ADA Board of Trustees be approved.

Strategic Discussion—Reframing the Access Debate: Mr. Ohr presented for the Board's consideration a resolution developed to reflect the outcome of Board discussions on access. It was noted that this proposal is separate from the initiative to enhance the image and reputation of the ADA that has been presented to the House in Resolution 75. Following extensive discussion—which focused on current costs of ADA access programs, impact of this initiative on current activities, availability of a timeline or flow chart of the initiative activities—the Board adopted the following resolution.

B-131-2012. Resolved, that a suite of existing ADA policies and initiatives be utilized for use in advocacy and communications in order to promote the Association's positions on oral health that lead to definable measurable outcomes, including, but not limited to:

- Frequently and consistently communicating dentistry's positive story and the contributions dentists make to oral health
- Providing care now by leveraging capacity in the current system so dentists can provide that care through innovative collaborations and working with other health care providers
- Working to prevent disease before it starts
- Demonstrating the effective use of the safety net by putting existing programs to work and working to improve those programs through national and state advocacy
- Advocating for healthier lives, recognizing oral health is essential to every American's overall health
- · Leading the public to oral health literacy by teaching Americans to be mouth healthy

and be it further

Resolved, that this effort be a call to action for dentistry to reframe the access debate, and be it further

Resolved, that this call to action be integrated into national and state advocacy, public affairs and public relations efforts, and be it further

Resolved, that the Divisions of Government and Public Affairs and Communications and Marketing with oversight from the Councils on Government Affairs, Communications, and Access, Prevention and Interprofessional Relations respectively, and in collaboration with appropriate agencies, report progress to the Board at each regularly scheduled Board meeting.

Reports of the Standing Committees of the Board of Trustees

Report of the Audit Committee: Dr. Steffel, Audit Committee chair, presented the report of the Committee's September 21, 2012, meeting. The report identified the major topics discussed, reports received and actions taken. The Committee also presented two resolutions to the Board.

2011 Audited Financial Statements of the Employee Savings and Thrift Plan and Employee Retirement Plan. On vote, the following resolution was adopted.

B-130-2012. Resolved, that the ADA Board of Trustees accepts the audited 2011 financial statements of the Employee Savings and Thrift Plan and the Employee Retirement Plan as presented by KPMG LLC and requests that those audited 2011 financial statements be issued, forward to the ADA House of Delegates and posted on the member-only section of ADA.org.

Study of Capital Account Reporting and Internal Financial Reports. On vote, the following resolution was adopted.

B-132-2012. Resolved, that the Budget and Finance Committee study the way in which Capital Accounts, including depreciation, are reported in the Association's financial reports, and be it further **Resolved**, that this study of the Budget and Finance Committee include an examination of how the Association's internal financial reports can be modified to reflect a comprehensive financial position in terms that can be best understood by all stakeholders, and be it further **Resolved**, that the Budget and Finance Committee report back the results of its capital account reporting study at the March 2013 meeting of the Board of Trustees.

Report of the Budget and Finance Committee: Dr. Norman, chair, Budget and Finance Committee, presented the report of the Committee's September 21, 2012, meeting. The report identified the major topics discussed, reports received and actions taken. On behalf of the Committee, Dr. Norman presented the following resolution.

B-126. Resolved, that the Universal Assessment Criteria for 2014 be approved in substantially the form as appended as Appendix 1, and be it further

Resolved, that councils are provided as background (1) program financial information on programs that are unchanged from the prior year and (2) data concerning program impact, including member survey data on the impact of the Council's programs where available as a part of the budgeting process for 2014.

Note. See page 337 for the Universal Assessment Criteria for 2014 as referenced in Resolution B-126-2012.

Report of the Information Technology Committee: Dr. Weber presented an oral report on the Committee's September 21, 2012, meeting.

Report of the Diversity Committee: Dr. Low, chair, Diversity Committee, provided a report of the August 28, 2012, conference call meeting of the Committee. The report identified the major topics discussed, reports received and actions taken. The Committee presented two resolutions for the Board's consideration.

Consultants to the Diversity Committee. The Board considered, and on vote amended and subsequently adopted the following resolution.

B-124-2012. Resolved, that Resolution B-174-2011 (*Trans*.2011:389) be amended as follows (deletions stricken through; additions <u>underscored</u>):

Resolved, that select participants, identified through <u>a selection process by</u> the Diversity Committee chair, <u>and appointed by the President</u> from the Institute for Diversity in Leadership be invited as consultants to participate in the Diversity Committee's December meetings to gather their perspectives on best methods and approaches for embracing diversity and inclusion.

Institute for Diversity in Leadership Eligibility Requirements. The Board adopted the following resolution.

B-125-2012. Resolved, that to consider the widest possible range of dentists who may be considered for admission to the Institute for diversity in Leadership, the "five years or more practice requirement" should be removed from the Institute for Diversity in Leadership eligibility requirements effective with the 2013-14 Institute class.

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

Report 9 of the Board of Trustees to the House of Delegates: Response to Resolution 68H-2011— Parity Plan Evaluation (Worksheet:2091): The Board of Trustees transmitted Report 9 to the House of Delegates (Board of Trustees consent calendar action—no Board discussion). (Vote: 19 Yes—Drs. Blanton, Dow, Engel, Feinberg, Gounardes, Hagenbruch, Israelson, Kiesling, Low, Norman, Rich, Roberts, Seago, Steffel, Summerhays, Vigna, Weber, Versman, Yonemoto; 1 Absent—Dr. Faiella)

Report 10 of the Board of Trustees to the House of Delegates: Response to Resolution 77H-2011— ADA Pension Plans (Worksheet:2094): The Board of Trustees transmitted Report 10 to the House of Delegates (Board of Trustees consent calendar action—no Board discussion). (Vote: 19 Yes—Drs. Blanton, Dow, Engel, Feinberg, Gounardes, Hagenbruch, Israelson, Kiesling, Low, Norman, Rich, Roberts, Seago, Steffel, Summerhays, Vigna, Weber, Versman, Yonemoto; 1 Absent—Dr. Faiella)

Report 12 of the Board of Trustees to the House of Delegates: Update on 2010 Commerce Feasibility Study (Worksheet:2100): The Board of Trustees transmitted report 12 to the House of Delegates (Board of Trustees consent calendar action—no Board discussion). (Vote: 19 Yes—Drs. Blanton, Dow, Engel, Feinberg, Gounardes, Hagenbruch, Israelson, Kiesling, Low, Norman, Rich, Roberts, Seago, Steffel, Summerhays, Vigna, Weber, Versman, Yonemoto; 1 Absent—Dr. Faiella)

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

Council on Dental Practice Supplemental Report 1 to the House of Delegates: The Emerging Issue of Teledentistry (Worksheet:4093): The Board reviewed the Council's supplemental report and transmitted its recommendation on the following resolution.

Resolution 107—Teledentistry (Worksheet:4099). The Board voted to transmit Resolution 107 to the House of Delegates with the following comment and recommendation to vote yes. (Vote: 18 Yes—Drs. Blanton, Dow, Engel, Feinberg, Gounardes, Hagenbruch, Israelson, Kiesling, Low, Norman, Rich, Roberts, Seago, Steffel, Vigna, Weber, Versman, Yonemoto; 2 Absent—Drs. Faiella, Summerhays)

Teledentistry is a reality and is not going away. The ADA must ensure that its activities related to teledentistry, including the development of standards and guidelines, will comply with ADA's policy positions that dentists are solely responsible to provide diagnostic, treatment planning and irreversible procedures to patients. Through their own laws governing teledentistry, states must determine whether their citizens are best served by dentists living and licensed in the state or by dentists living and licensed of the state.

Council on Dental Practice Supplemental Report 2 to the House of Delegates: Dental Society Funding for Constituent Dentist Well-Being Programs (Worksheet:4102): The Board reviewed the Council's Supplemental Report 2 and transmitted to the House of Delegates its recommendation on the following resolution. Resolution 109—Optional Donation Line Item on Constituent Society Dues Statement for Well-Being Programs (Worksheet:4102). The Board voted to transmit Resolution 109 to the House of Delegates with the recommendation to vote yes. (Vote: 19 Yes—Drs. Blanton, Dow, Engel, Feinberg, Gounardes, Hagenbruch, Israelson, Kiesling, Low, Norman, Rich, Roberts, Seago, Steffel, Summerhays, Vigna, Weber, Versman, Yonemoto; 1 Absent—Dr. Faiella)

Council on Access, Prevention and Interprofessional Relations Supplemental Report 1 to the House of Delegates: Update on Council Activities (Worksheet:4073): The Board reviewed the Council's Supplemental Report 1 and the following appended resolutions.

Resolution 103—Principles for Developing Children's Health Programs (Worksheet:4078). The Board of Trustees transmitted Resolution 103 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—No Board discussion). (Vote: 19 Yes—Drs. Blanton, Dow, Engel, Feinberg, Gounardes, Hagenbruch, Israelson, Kiesling, Low, Norman, Rich, Roberts, Seago, Steffel, Summerhays, Vigna, Weber, Versman, Yonemoto; 1 Absent—Dr. Faiella)

Resolution 104—Amendment of the Policy, Persons with Special Needs (Worksheet:4088). The Board of Trustees transmitted Resolution 104 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—No Board discussion). (Vote: 19 Yes—Drs. Blanton, Dow, Engel, Feinberg, Gounardes, Hagenbruch, Israelson, Kiesling, Low, Norman, Rich, Roberts, Seago, Steffel, Summerhays, Vigna, Weber, Versman, Yonemoto; 1 Absent—Dr. Faiella)

Resolution 105—Amendment of the Policy, Non-Dental Providers Completing Educational Programs in Oral Health (Worksheet:4089). The Board of Trustees transmitted Resolution 105 to the House of Delegates with the following comment and recommendation to vote no. (Vote: 18 No—Drs. Blanton, Dow, Engel, Feinberg, Gounardes, Hagenbruch, Israelson, Kiesling, Low, Norman, Rich, Roberts, Seago, Steffel, Vigna, Weber, Versman, Yonemoto; 2 Absent—Drs. Faiella, Summerhays)

The Board appreciates the work of the Council on Access, Prevention and Interprofessional Relations and recognizes the dedication of the Council under its *Bylaws* authority to providing leadership, vision and coordination of the ADA's activities to advance oral health care within the health delivery system, promote prevention as the cornerstone of oral health and improve access to oral health services for underserved populations. The Board, however, engaged in extensive discussion and voiced several concerns with Resolution 105. These include definition of a non-dentist primary care provider and scope of dental services that would be encouraged to be provided (i.e., what is the definition of preventive dentistry). Therefore, the Board recommends that Resolution 105 not be adopted.

Resolution 106—Amendment of Policy, Non-Dental Providers Notification of Preventive Dental Treatment for Infants and Young Children (Worksheet:4091). The Board of Trustees transmitted Resolution 106 to the House of Delegates with the following comment and recommendation to vote no. (Vote: 1 Yes—Dr. Rich; 17 No—Drs. Blanton, Dow, Engel, Feinberg, Gounardes, Hagenbruch, Israelson, Kiesling, Low, Norman, Roberts, Seago, Steffel, Vigna, Weber, Versman, Yonemoto; 2 Absent—Drs. Faiella, Summerhays)

The Board appreciates the work of the Council on Access, Prevention and Interprofessional Relations and recognizes the dedication of the Council under its *Bylaws* authority to providing leadership, vision and coordination of the ADA's activities to advance oral health care within the health delivery system, promote prevention as the cornerstone of oral health and improve access to oral health services for underserved populations. The Board, however, believes Resolutions 105 and 106 need to be considered together in any policy change. The Board, therefore, recommends that Resolution 106 not be adopted.

Council on Access, Prevention and Interprofessional Relations Supplemental Report 2 to the House of Delegates: Update on the Community Dental Health Coordinator Pilot Program (Worksheet:4108): The Board received the Council's Supplemental Report 2 to the House of Delegates (Board of Trustees consent calendar action—no Board discussion).

Council on Access, Prevention and Interprofessional Relations Supplemental Report 3 to the House of Delegates: Formulating a Strategic Approach for Addressing the Complex Emerging Issues Related to Oral Health and Nutrition in the United States (Worksheet:4114): The Board received the Council's Supplemental Report 3 to the House of Delegates (Board of Trustees consent calendar action—no Board discussion).

Fifteenth Trustee District Resolution 111—Establishment of an ADA Educational Program to Assist Senior Dental Students in the Analysis and Evaluation of Employment Contracts (Worksheet:4103): The Board of Trustees transmitted Resolution 111 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: 19 Yes—Drs. Blanton, Dow, Engel, Feinberg, Gounardes, Hagenbruch, Israelson, Kiesling, Low, Norman, Rich, Roberts, Seago, Steffel, Summerhays, Vigna, Weber, Versman, Yonemoto; 1 Absent—Dr. Faiella)

First Trustee District Resolution 162—Bone Marrow Matching Programs (Worksheet:4105): The Board of Trustees transmitted Resolution 162 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: 19 Yes—Drs. Blanton, Dow, Engel, Feinberg, Gounardes, Hagenbruch, Israelson, Kiesling, Low, Norman, Rich, Roberts, Seago, Steffel, Summerhays, Vigna, Weber, Versman, Yonemoto; 1 Absent—Dr. Faiella)

Fourteenth Trustee District Resolution 163—Strategizing on Advocacy of Third Party Issues (Worksheet:4106): The Board of Trustees voted to transmit Resolution 163 to the House of Delegates with the following comment and recommendation to vote no. (Vote: 2 Yes—Drs. Versman, Yonemoto; 16 No— Drs. Blanton, Dow, Engel, Feinberg, Gounardes, Hagenbruch, Israelson, Kiesling, Low, Norman, Rich, Roberts, Seago, Steffel, Vigna, Weber; 2 Absent—Drs. Faiella, Summerhays)

The Board appreciates the sentiment expressed by the Fourteenth Trustee District and fully understands the importance of third-party payer issues to the membership and the need to effectively communicate trends and initiatives to the Board. The Board is aware that CDBP and all councils regularly collaborate to gather input for their initiatives, particularly regarding third party issues, and to assist in their implementation. Additionally, the Board has requested that CDBP provide it with quarterly updates. The Board feels that it would not be an effective use of volunteer time and financial resources to duplicate the efforts of CDBP, or any other council. Therefore, the Board recommends that Resolution 163 not be adopted.

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

Report of the Workgroup on Resolution 42H-2010 to the 2012 House of Delegates: Update on RFP Process for Portfolio-style Clinical Examination (Worksheet:5126): The Board of Trustees reviewed the report of the Workgroup on Resolution 42H-2010 and transmitted its recommendation on the following resolution.

Resolution 110—Monitoring the California Dental Board's Development of the Portfolio Examination Option (Worksheet:5129). The Board of Trustees voted to transmit Resolution 110 to the House of Delegates with a recommendation to vote yes. (Vote: 11 Yes—Drs. Dow, Engel, Gounardes, Israelson, Low, Rich, Roberts, Steffel, Vigna, Weber, Versman; 6 No—Drs. Blanton, Hagenbruch, Kiesling, Norman, Seago, Yonemoto; 1 Abstain—Dr. Feinberg; 2 Absent—Drs. Faiella, Summerhays)

Joint Commission on National Dental Examinations Supplemental Report 1 to the House of Delegates: JCNDE Standing Rules Revisions (Worksheet:5107): The Board of Trustees received the Joint Commission's Supplemental Report 1 and transmitted to the House of Delegates its recommendation on the following resolution.

Resolution 108—JCNDE Standing Rules Revisions (Worksheet:5108). The Board transmitted Resolution 108 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar

action—no Board discussion). (Vote: 19 Yes—Drs. Blanton, Dow, Engel, Feinberg, Gounardes, Hagenbruch, Israelson, Kiesling, Low, Norman, Rich, Roberts, Seago, Steffel, Summerhays, Vigna, Weber, Versman, Yonemoto; 1 Absent—Dr. Faiella)

Commission on Dental Accreditation Supplemental Report 1 to the House of Delegates: CODA Rules Revisions (Worksheet:5150): The Board of Trustees received the Commission's Supplemental Report 1 and transmitted to the House of Delegates its recommendation on the following resolution.

Resolution 112—CODA Rules Revision (Worksheet:5152). The Board transmitted Resolution 112 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—No Board discussion). (Vote: 19 Yes—Drs. Blanton, Dow, Engel, Feinberg, Gounardes, Hagenbruch, Israelson, Kiesling, Low, Norman, Rich, Roberts, Seago, Steffel, Summerhays, Vigna, Weber, Versman, Yonemoto; 1 Absent—Dr. Faiella)

Commission on Dental Accreditation Supplemental Report 2 to the House of Delegates: Update on ADA Task Force on CODA Recommendations (Worksheet:5171): The Board of Trustees received the Commission's Supplemental Report 2 to the House of Delegates.

Report 14 of the Board of Trustees to the House of Delegates: Dental Education Economics and Student Debt (Worksheet:5158): The Board reported on activities in response to House Resolutions 66H-2011 and 91H-2011, which focus on the economics of student debt, and development and implementation of a student loan repayment program. Additionally, the Board reported on its resolution, B-204-2011, which established a task force to report on short term and long range action recommendations to reduce dental student debt. The Board voted to transmit Board Report 14 and the appended Resolution 113 to the House of Delegates with a recommendation to vote yes. (Vote: 18 Yes—Drs. Blanton, Dow, Engel, Feinberg, Gounardes, Hagenbruch, Israelson, Kiesling, Low, Norman, Rich, Roberts, Seago, Steffel, Vigna, Weber, Versman, Yonemoto; 2 Absent—Drs. Faiella, Summerhays)

Council on Scientific Affairs Supplemental Report 1 to the House of Delegates: Proposed Policy Action and Council Update (Worksheet:5098): The Board of Trustees received the Council's Supplemental Report 1 and transmitted it to the House of Delegates with its recommendations on the following resolutions.

Resolution 101—Rescission of ADA Policy Entitled, Policy Statement on Bloodborne Pathogens, Infection Control and the Practice of Dentistry (Worksheet:5100). The Board voted to transmit Resolution 101 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: 19 Yes—Drs. Blanton, Dow, Engel, Feinberg, Gounardes, Hagenbruch, Israelson, Kiesling, Low, Norman, Rich, Roberts, Seago, Steffel, Summerhays, Vigna, Weber, Versman, Yonemoto; 1 Absent—Dr. Faiella)

Resolution 102—Infection Control in the Practice of Dentistry (Worksheet:5106). The Board voted to transmit Resolution 102 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board action). (Vote: 19 Yes—Drs. Blanton, Dow, Engel, Feinberg, Gounardes, Hagenbruch, Israelson, Kiesling, Low, Norman, Rich, Roberts, Seago, Steffel, Summerhays, Vigna, Weber, Versman, Yonemoto; 1 Absent—Dr. Faiella)

Council on Scientific Affairs Supplemental Report 2 to the House of Delegates: Systematic Review on Alternative Workforce Models (Worksheet:5194): The Board of Trustees reviewed and discussed the Council's Supplemental Report 2 to the House of Delegates. The chair of the Council on Scientific Affairs, Dr. Tim Wright, participated as a resource via telephone conference to provide information and respond to questions regarding the systematic review process that includes submission of the final report of the systematic review for publication.

Eighth Trustee District Resolution 159—Support of ADA Library (Worksheet:5166): The Board of Trustees voted to transmit Resolution 159 to the House of Delegates with the following comment and recommendation to vote no. (Vote: 6 Yes—Drs. Feinberg, Hagenbruch, Israelson, Kiesling, Rich, Versman; 12 No—Drs.

Blanton, Dow, Engel, Gounardes, Low, Norman, Roberts, Seago, Steffel, Vigna, Weber, Yonemoto; 2 Absent— Drs. Faiella, Summerhays)

The Board is not supportive of this resolution. In considering the long-term financial sustainability of the ADA, the Board knew that decisive action was needed. The Board considered the cost and the value of all ADA programs as part of the budget process and ranked programs in terms of alignment with the ADA Strategic Plan in order to best allocate financial resources. Sun-setting of some programs was deemed necessary for expenses to match current and future revenues and present a balanced budget for 2013. After a thorough assessment and ranking of all programs of the ADA, some aspects of library use were determined to be of lower wide-spread usage and the Board agreed it was prudent to sunset those in 2013.

Last year, less than 1% of members used the library. As the methods of research and library use continue to evolve, the ADA must repurpose the library for more contemporary use. There is a growing trend from medical and other associations for online catalogs in place of hard copy materials. Library services will be narrowed in scope to those services that are most used and most impactful. Access to journal articles will continue in the same manner as they are available now, either in PDF format or in print by request. Archive use will also be unaffected; however, walk in services, including library loans of materials, will be discontinued. ADA Administration is currently researching how and where the extensive book collection will reside. The goal is to keep the collection intact, with a mechanism for access for members.

The library staff has always received high praise for their wonderful service to the members, and this will not lapse even though the method of the service delivery will change. There will still be library staff to respond to a variety of inquiries via telephone and email.

Fourteenth Trustee District Resolution 161—Nominating Non-Professional (Public) Members of the Commission on Dental Accreditation (Worksheet:5168): The Board of Trustees voted to transmit Resolution 161 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: 19 Yes—Drs. Blanton, Dow, Engel, Feinberg, Gounardes, Hagenbruch, Israelson, Kiesling, Low, Norman, Rich, Roberts, Seago, Steffel, Summerhays, Vigna, Weber, Versman, Yonemoto; 1 Absent—Dr. Faiella)

First Trustee District Resolution 164—Supervision of PGY-1 Programs (Worksheet:5169): The Board of Trustees voted to transmit Resolution 164 to the House of Delegates with the following comment and recommendation to vote yes on the substitute. (Vote: 17 Yes—Drs. Blanton, Dow, Engel, Feinberg, Gounardes, Hagenbruch, Israelson, Kiesling, Low, Norman, Rich, Roberts, Seago, Steffel, Weber, Versman, Yonemoto; 1 Abstain—Dr. Vigna; 2 Absent—Drs. Faiella, Summerhays)

The methods, means, and requirements for initial licensure to practice dentistry are determined by each state dental board and are not the purview of the Commission on Dental Accreditation. The Commission assesses the quality of dental education programs and whether those programs meet the accreditation standards. The Commission does not have an accreditation standard or policy related to a "preferred" method of state credentialing policy for individuals seeking licensure. Further, ADA Policy supports the concept of PGY-1 as a valid and reliable alternative to regional board examinations for licensure.

The Board is aware that CODA is reviewing Commission policy, procedure, and standards for education programs that extensively utilize distance sites for the clinical education portion of the curriculum. The Commission believes there may be concerns with the type of information received from programs when reporting additional off-campus sites. There are different types of off-campus site experiences that require different reporting requirements.

The Commission and its review committees are developing guidelines for reporting the addition of offcampus sites to ensure that the appropriate information is provided by the programs and considering whether off-site coordinators should be required to possess the same qualifications as program directors. The Commission will consider this matter at its Winter 2013 meeting. Actions taken by the Commission will be reported to the communities of interest and the 2013 House of Delegates. While the Board is pleased to see CODA addressing this topic, it believes the Association's concern about this issue should be formally noted through adoption of the following substitute resolution.

164B. Resolved, that the ADA encourage CODA to examine accreditation criteria for faculty supervision and site coordinators of postgraduate dentistry programs that are in locations remote from the sponsoring institutions, and be it further **Resolved**, that CODA be requested to provide a report on this issue to the 2013 House of Delegates.

Reports and Resolutions Relating to the Reference Committee on Governance

Dental Specialty Group Resolution 166—Dental Specialty Representation in the ADA House of Delegates (Worksheet:7065): The Board of Trustees voted to transmit Resolution 166 to the House of Delegates with the following comment and recommendation to vote no. (Vote: 18 No—Drs. Blanton, Dow, Engel, Feinberg, Gounardes, Hagenbruch, Israelson, Kiesling, Low, Norman, Rich, Roberts, Seago, Steffel, Vigna, Weber, Versman, Yonemoto; 2 Absent—Drs. Faiella, Summerhays)

The Board thanks the Dental Specialty Group for its suggestion but does not support its resolution. The Board notes that many delegates are already specialists (over 115). The proposal might potentially result in increasing the size of the House of Delegates, the complexity of developing an acceptable delegate allocation and skewing the fair representation of districts and states (if, for example, the specialty representation originates from a few districts).

Fourteenth Trustee District Substitute Resolution 98S-1—Amendment of the ADA Bylaws Regarding Approval of Annual Budget (Worksheet:7041a): The Board of Trustees voted to transmit Resolution 98S-1 to the House of Delegates with the following comment and recommendation to vote yes on the substitute. (Vote: 19 Yes—Drs. Blanton, Dow, Engel, Faiella, Feinberg, Hagenbruch, Israelson, Kiesling, Low, Norman, Rich, Roberts, Seago, Steffel, Summerhays, Vigna, Weber, Versman, Yonemoto; 1 No—Dr. Gounardes).

The Board supports this substitute but wishes to inform the House that the definition of a balanced budget contained in it may be revisited next year based on a planned study by the Board's Budget and Finance Committee. The study will address the way in which capital accounts, including depreciation, are reported in the Association's financial reports, to determine whether there is a better way to report the financial position of the Association.

Board of Trustees Resolution 98—Amendment of the ADA Bylaws Regarding Approval of Annual Budget (Worksheet:7040): The Speaker noted that Resolution 98 was technically incomplete. Based on this information and the support for substitute Resolution 98S-1, the Board voted to withdraw Resolution 98.

Board of Trustees Substitute Resolution 93B—Amendment of the ADA Bylaws Regarding the Council on Members Insurance and Retirement Programs (Worksheet:7027a): The Board received feedback on its original Resolution 93 that proposed shifting CMIRP's responsibilities to the Council on Dental Practice. As a result of this feedback, the Board presented substitute Resolution 93B that does not specify another agency to assume CMIRP's Bylaws responsibilities. By doing so, the CMIRP responsibilities would fall to the Board of Trustees. The Board of Trustees voted to transmit Resolution 93B to the House of Delegates with the recommendation to vote yes on the substitute. (Vote: 18 Yes—Drs. Blanton, Dow, Engel, Faiella, Feinberg, Israelson, Kiesling, Low, Norman, Rich, Roberts, Seago, Steffel, Summerhays, Vigna, Weber, Versman, Yonemoto; 2 No—Drs. Gounardes, Hagenbruch).

Note. The Board was informed of a correction to the financial implications of Resolution 93. Instead of a \$150,000 savings in the 2013 budget, savings would be \$0 since the resolution, if adopted, would not be implemented until the close of the 2013 House of Delegates. Additionally, ongoing savings are uncertain because of potential changes to contracts and structure of future volunteer oversight of the program.

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

Council on Government Affairs Supplemental Report 1 to the House of Delegates: Recent Council Activities (Worksheet:6129): The Board of Trustees received the Council's Supplemental Report 1 to the House of Delegates that reported on the implementation of resolutions from the 2011 House (consent calendar item).

Council on Government Affairs Supplemental Report 2 to the House of Delegates: ADA Policy Review (Worksheet:6040): The Board of Trustees received the Council's Supplemental Report 2 to the House of Delegates and transmitted its recommendations to the House on the following resolutions.

Resolution 121—Association Policies to be Maintained Recommended by the Council on Government Affairs (Worksheet:6048). The Board of Trustees voted to transmit Resolution 121 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: 19 Yes—Drs. Blanton, Dow, Engel, Feinberg, Gounardes, Hagenbruch, Israelson, Kiesling, Low, Norman, Rich, Roberts, Seago, Steffel, Summerhays, Vigna, Weber, Versman, Yonemoto; 1 Absent—Dr. Faiella)

Resolution 122—Amendment of Policy on Medical Savings Accounts (Worksheet:6057). The Board of Trustees voted to transmit Resolution 122 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: 19 Yes—Drs. Blanton, Dow, Engel, Feinberg, Gounardes, Hagenbruch, Israelson, Kiesling, Low, Norman, Rich, Roberts, Seago, Steffel, Summerhays, Vigna, Weber, Versman, Yonemoto; 1 Absent—Dr. Faiella)

Resolution 123—Amendment of Policy on Freedom of Choice in Selection of Health Care Provider (Worksheet:6058). The Board of Trustees voted to transmit Resolution 123 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: 19 Yes—Drs. Blanton, Dow, Engel, Feinberg, Gounardes, Hagenbruch, Israelson, Kiesling, Low, Norman, Rich, Roberts, Seago, Steffel, Summerhays, Vigna, Weber, Versman, Yonemoto; 1 Absent—Dr. Faiella)

Resolution 124—Amendment of Policy on Support for Dentists Temporarily Called to Service (Worksheet:6059). The Board of Trustees voted to transmit Resolution 124 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: 19 Yes—Drs. Blanton, Dow, Engel, Feinberg, Gounardes, Hagenbruch, Israelson, Kiesling, Low, Norman, Rich, Roberts, Seago, Steffel, Summerhays, Vigna, Weber, Versman, Yonemoto; 1 Absent—Dr. Faiella)

Resolution 125—Amendment of Policy on Compensation of Dental Specialists in the Federal Dental Services (Worksheet:6061). The Board of Trustees voted to transmit Resolution 125 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: 19 Yes—Drs. Blanton, Dow, Engel, Feinberg, Gounardes, Hagenbruch, Israelson, Kiesling, Low, Norman, Rich, Roberts, Seago, Steffel, Summerhays, Vigna, Weber, Versman, Yonemoto; 1 Absent—Dr. Faiella)

Resolution 126—Amendment of Policy on Unfair Subordination of Dentistry in the Armed Forces (Worksheet:6062). The Board of Trustees voted to transmit Resolution 126 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: 19 Yes—Drs. Blanton, Dow, Engel, Feinberg, Gounardes, Hagenbruch, Israelson, Kiesling, Low, Norman, Rich, Roberts, Seago, Steffel, Summerhays, Vigna, Weber, Versman, Yonemoto; 1 Absent—Dr. Faiella)

Resolution 127—Rank Equivalency for Chief Dental Officers of the Federal Dental Services (Worksheet:6063). The Board of Trustees voted to transmit Resolution 127 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: 19 Yes—Drs. Blanton, Dow, Engel, Feinberg, Gounardes, Hagenbruch, Israelson, Kiesling, Low, Norman, Rich, Roberts, Seago, Steffel, Summerhays, Vigna, Weber, Versman, Yonemoto; 1 Absent—Dr. Faiella)

Resolution 128—Policies on Dental Focus in Federal Health Agencies (Worksheet:6065). The Board of Trustees voted to transmit Resolution 128 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: 19 Yes—Drs. Blanton, Dow, Engel, Feinberg, Gounardes, Hagenbruch, Israelson, Kiesling, Low, Norman, Rich, Roberts, Seago, Steffel, Summerhays, Vigna, Weber, Versman, Yonemoto; 1 Absent—Dr. Faiella)

Resolution 129—Rescission of Policy on Demonstration Projects for Health Care Reform (Worksheet:6067). The Board of Trustees voted to transmit Resolution 129 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: 19 Yes—Drs. Blanton, Dow, Engel, Feinberg, Gounardes, Hagenbruch, Israelson, Kiesling, Low, Norman, Rich, Roberts, Seago, Steffel, Summerhays, Vigna, Weber, Versman, Yonemoto; 1 Absent—Dr. Faiella)

Resolution 130—Rescission of Policy on Evaluation and Monitoring of Proposals for National Health Care (Worksheet:6069). The Board of Trustees voted to transmit Resolution 130 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: 19 Yes—Drs. Blanton, Dow, Engel, Feinberg, Gounardes, Hagenbruch, Israelson, Kiesling, Low, Norman, Rich, Roberts, Seago, Steffel, Summerhays, Vigna, Weber, Versman, Yonemoto; 1 Absent—Dr. Faiella)

Resolution 131—Rescission of Policy on Unfair Legislative Advantage for Selected Health Care Delivery Systems (Worksheet:6071). The Board of Trustees voted to transmit Resolution 131 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: 19 Yes—Drs. Blanton, Dow, Engel, Feinberg, Gounardes, Hagenbruch, Israelson, Kiesling, Low, Norman, Rich, Roberts, Seago, Steffel, Summerhays, Vigna, Weber, Versman, Yonemoto; 1 Absent— Dr. Faiella)

Resolution 132—Rescission of Policy on Federal Regulation of Health Care System (Worksheet:6073). The Board of Trustees voted to transmit Resolution 132 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: 19 Yes—Drs. Blanton, Dow, Engel, Feinberg, Gounardes, Hagenbruch, Israelson, Kiesling, Low, Norman, Rich, Roberts, Seago, Steffel, Summerhays, Vigna, Weber, Versman, Yonemoto; 1 Absent—Dr. Faiella)

Resolution 133—Rescission of Policy on Dental Representation in a National Health Program (Worksheet:6075). The Board of Trustees voted to transmit Resolution 133 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board Discussion). (Vote: 19 Yes—Drs. Blanton, Dow, Engel, Feinberg, Gounardes, Hagenbruch, Israelson, Kiesling, Low, Norman, Rich, Roberts, Seago, Steffel, Summerhays, Vigna, Weber, Versman, Yonemoto; 1 Absent—Dr. Faiella)

Resolution 134—Rescission of Policy on Opposition to Pew Report Recommendations (Worksheet:6077). The Board of Trustees voted to transmit Resolution 134 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: 19 Yes—Drs. Blanton, Dow, Engel, Feinberg, Gounardes, Hagenbruch, Israelson, Kiesling, Low, Norman, Rich, Roberts, Seago, Steffel, Summerhays, Vigna, Weber, Versman, Yonemoto; 1 Absent—Dr. Faiella)

Resolution 135—Rescission of Policy on Risk Assessment (Worksheet:6079). The Board of Trustees voted to transmit Resolution 135 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: 19 Yes—Drs. Blanton, Dow, Engel, Feinberg, Gounardes, Hagenbruch, Israelson, Kiesling, Low, Norman, Rich, Roberts, Seago, Steffel, Summerhays, Vigna, Weber, Versman, Yonemoto; 1 Absent—Dr. Faiella)

Resolution 136—Rescission of Policy on Legislative Opposition to Mandated Managed Care Participation (Worksheet:6081). The Board of Trustees voted to transmit Resolution 136 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: 19 Yes—Drs. Blanton, Dow, Engel, Feinberg, Gounardes, Hagenbruch, Israelson, Kiesling, Low, Norman, Rich, Roberts, Seago, Steffel, Summerhays, Vigna, Weber, Versman, Yonemoto; 1 Absent—Dr. Faiella)

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Resolution 137—Rescission of Policy on Medicaid Dental Care for the Elderly Poor (Worksheet:6083). The Board of Trustees voted to transmit Resolution 137 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: 19 Yes—Drs. Blanton, Dow, Engel, Feinberg, Gounardes, Hagenbruch, Israelson, Kiesling, Low, Norman, Rich, Roberts, Seago, Steffel, Summerhays, Vigna, Weber, Versman, Yonemoto; 1 Absent—Dr. Faiella)

Resolution 138—Rescission of Policy on Adult Emergency Dental Care (Worksheet:6085). The Board of Trustees voted to transmit Resolution 138 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: 19 Yes—Drs. Blanton, Dow, Engel, Feinberg, Gounardes, Hagenbruch, Israelson, Kiesling, Low, Norman, Rich, Roberts, Seago, Steffel, Summerhays, Vigna, Weber, Versman, Yonemoto; 1 Absent—Dr. Faiella)

Resolution 139—Rescission of Policy on Support for Vehicle Passenger Safety Restraints (Worksheet:6087). The Board of Trustees voted to transmit Resolution 139 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: 19 Yes—Drs. Blanton, Dow, Engel, Feinberg, Gounardes, Hagenbruch, Israelson, Kiesling, Low, Norman, Rich, Roberts, Seago, Steffel, Summerhays, Vigna, Weber, Versman, Yonemoto; 1 Absent—Dr. Faiella)

Resolution 140—Rescission of Policy on Legislation Protecting Civil Defense Workers (Worksheet:6089). The Board of Trustees voted to transmit Resolution 140 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: 19 Yes—Drs. Blanton, Dow, Engel, Feinberg, Gounardes, Hagenbruch, Israelson, Kiesling, Low, Norman, Rich, Roberts, Seago, Steffel, Summerhays, Vigna, Weber, Versman, Yonemoto; 1 Absent—Dr. Faiella)

Resolution 142—Rescission of Policy on Pay Parity Between Physicians and Dentists in Federal Dental Services (Worksheet:6091). The Board of Trustees voted to transmit Resolution 142 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: 19 Yes—Drs. Blanton, Dow, Engel, Feinberg, Gounardes, Hagenbruch, Israelson, Kiesling, Low, Norman, Rich, Roberts, Seago, Steffel, Summerhays, Vigna, Weber, Versman, Yonemoto; 1 Absent—Dr. Faiella)

Resolution 143—Rescission of Policy on Dental Benefits for Military Reservists (Worksheet:6093). The Board of Trustees voted to transmit Resolution 143 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: 19 Yes—Drs. Blanton, Dow, Engel, Feinberg, Gounardes, Hagenbruch, Israelson, Kiesling, Low, Norman, Rich, Roberts, Seago, Steffel, Summerhays, Vigna, Weber, Versman, Yonemoto; 1 Absent—Dr. Faiella)

Resolution 144—Rescission of Policy on Special Pay for Federal Service Dentists (Worksheet:6095). The Board of Trustees voted to transmit Resolution 144 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: 19 Yes—Drs. Blanton, Dow, Engel, Feinberg, Gounardes, Hagenbruch, Israelson, Kiesling, Low, Norman, Rich, Roberts, Seago, Steffel, Summerhays, Vigna, Weber, Versman, Yonemoto; 1 Absent—Dr. Faiella)

Resolution 145—Rescission of Policy on Expansion of Dental Benefits for Military Retirees (Worksheet:6097). The Board of Trustees voted to transmit Resolution 145 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: 19 Yes—Drs. Blanton, Dow, Engel, Feinberg, Gounardes, Hagenbruch, Israelson, Kiesling, Low, Norman, Rich, Roberts, Seago, Steffel, Summerhays, Vigna, Weber, Versman, Yonemoto; 1 Absent—Dr. Faiella)

Resolution 146—Rescission of Policy on Federal Dental Services Remote-Site Criteria (Worksheet:6099). The Board of Trustees voted to transmit Resolution 146 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: 19 Yes—Drs. Blanton, Dow, Engel, Feinberg, Gounardes, Hagenbruch, Israelson, Kiesling, Low, Norman, Rich, Roberts, Seago, Steffel, Summerhays, Vigna, Weber, Versman, Yonemoto; 1 Absent—Dr. Faiella)

Resolution 147—Rescission of Policy on Amendment of Military Dependents Dental Benefit Plan (Worksheet:6101). The Board of Trustees voted to transmit Resolution 147 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: 19 Yes—Drs. Blanton, Dow, Engel, Feinberg, Gounardes, Hagenbruch, Israelson, Kiesling, Low, Norman, Rich, Roberts, Seago, Steffel, Summerhays, Vigna, Weber, Versman, Yonemoto; 1 Absent—Dr. Faiella)

Resolution 148—Rescission of Policy on Veterans Affairs Dental Treatment Fee Schedule (Worksheet:6103). The Board of Trustees voted to transmit Resolution 148 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: 19 Yes—Drs. Blanton, Dow, Engel, Feinberg, Gounardes, Hagenbruch, Israelson, Kiesling, Low, Norman, Rich, Roberts, Seago, Steffel, Summerhays, Vigna, Weber, Versman, Yonemoto; 1 Absent—Dr. Faiella)

Resolution 149—Rescission of Policy on Dental Care for Uniformed Services Dependents (Worksheet:6105). The Board of Trustees voted to transmit Resolution 149 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: 19 Yes—Drs. Blanton, Dow, Engel, Feinberg, Gounardes, Hagenbruch, Israelson, Kiesling, Low, Norman, Rich, Roberts, Seago, Steffel, Summerhays, Vigna, Weber, Versman, Yonemoto; 1 Absent—Dr. Faiella)

Resolution 150—Rescission of Policy on Dental Services for Reserve Component Forces During Training Periods of Less than 30 Days (Worksheet:6107). The Board of Trustees voted to transmit Resolution 150 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: 19 Yes—Drs. Blanton, Dow, Engel, Feinberg, Gounardes, Hagenbruch, Israelson, Kiesling, Low, Norman, Rich, Roberts, Seago, Steffel, Summerhays, Vigna, Weber, Versman, Yonemoto; 1 Absent—Dr. Faiella)

Resolution 151—Rescission of Policy on Department of Veterans Affairs Provision of Necessary Dental Services (Worksheet:6109). The Board of Trustees voted to transmit Resolution 151 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: 19 Yes—Drs. Blanton, Dow, Engel, Feinberg, Gounardes, Hagenbruch, Israelson, Kiesling, Low, Norman, Rich, Roberts, Seago, Steffel, Summerhays, Vigna, Weber, Versman, Yonemoto; 1 Absent—Dr. Faiella)

Resolution 152—Rescission of Policy on Compensation for Reserve Dental Officers (Worksheet:6111). The Board of Trustees voted to transmit Resolution 152 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: 19 Yes—Drs. Blanton, Dow, Engel, Feinberg, Gounardes, Hagenbruch, Israelson, Kiesling, Low, Norman, Rich, Roberts, Seago, Steffel, Summerhays, Vigna, Weber, Versman, Yonemoto; 1 Absent—Dr. Faiella)

Resolution 153—Rescission of Policy on Regular Upgrading of Outpatient Program (Worksheet:6113). The Board of Trustees voted to transmit Resolution 153 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: 19 Yes—Drs. Blanton, Dow, Engel, Feinberg, Gounardes, Hagenbruch, Israelson, Kiesling, Low, Norman, Rich, Roberts, Seago, Steffel, Summerhays, Vigna, Weber, Versman, Yonemoto; 1 Absent—Dr. Faiella)

Resolution 154—Rescission of Policy on Special Assistance for Dental Affairs in Department of Defense (Worksheet:6115). The Board of Trustees voted to transmit Resolution 154 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: 19 Yes—Drs. Blanton, Dow, Engel, Feinberg, Gounardes, Hagenbruch, Israelson, Kiesling, Low, Norman, Rich, Roberts, Seago, Steffel, Summerhays, Vigna, Weber, Versman, Yonemoto; 1 Absent—Dr. Faiella)

Resolution 155—Rescission of Policy on Extension of Dental Benefits (Worksheet:6117). The Board of Trustees voted to transmit Resolution 155 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: 19 Yes—Drs. Blanton, Dow, Engel, Feinberg, Gounardes, Hagenbruch, Israelson, Kiesling, Low, Norman, Rich, Roberts, Seago, Steffel, Summerhays, Vigna, Weber, Versman, Yonemoto; 1 Absent—Dr. Faiella)

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Resolution 156—Rescission of Policy on Unification of Health Services (Worksheet:6119). The Board of Trustees voted to transmit Resolution 156 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: 19 Yes—Drs. Blanton, Dow, Engel, Feinberg, Gounardes, Hagenbruch, Israelson, Kiesling, Low, Norman, Rich, Roberts, Seago, Steffel, Summerhays, Vigna, Weber, Versman, Yonemoto; 1 Absent—Dr. Faiella)

Resolution 157—Rescission of Policy on Compensation for Federally Employed Dentists (Worksheet:6121). The Board of Trustees voted to transmit Resolution 157 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: 19 Yes—Drs. Blanton, Dow, Engel, Feinberg, Gounardes, Hagenbruch, Israelson, Kiesling, Low, Norman, Rich, Roberts, Seago, Steffel, Summerhays, Vigna, Weber, Versman, Yonemoto; 1 Absent—Dr. Faiella)

Resolution 158—Rescission of Policy on Support for Activated Self-Employed Dentists (Worksheet:6123). The Board of Trustees voted to transmit Resolution 158 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: 19 Yes—Drs. Blanton, Dow, Engel, Feinberg, Gounardes, Hagenbruch, Israelson, Kiesling, Low, Norman, Rich, Roberts, Seago, Steffel, Summerhays, Vigna, Weber, Versman, Yonemoto; 1 Absent—Dr. Faiella)

Addendum to Council on Communications Supplemental Report 1 to the House of Delegates: Initiative to Enhance the Image and Advance the Reputation and Brand of the ADA (Worksheet:6018): As requested by the Board of Trustees during its review of Resolution 75 (Worksheet:6015) at its July session, the Council submitted an addendum to its Supplemental Report 1 to provide more information regarding the initiative. The Council also submitted substitute Resolution 75S-1 that the Board of Trustees voted to transmit to the House of Delegates with the following comment and recommendation to vote yes on substitute Resolution 75S-1B. (Vote: 19 Yes—Drs. Blanton, Dow, Engel, Feinberg, Gounardes, Hagenbruch, Israelson, Kiesling, Low, Norman, Rich, Roberts, Seago, Steffel, Summerhays, Vigna, Weber, Versman, Yonemoto; 1 Absent—Dr. Faiella)

The Board agrees with Resolution 75S-1. However, in the second bullet point the Board would like to change the word "trained" to "educated."

75S-1B. Resolved, that ADA appropriate up to \$800,000 to the Division of Communications and Marketing 2013 budget for the purpose of retaining an outside public relations firm to provide support in message development, proactive media outreach, creative development and production of materials and the execution of programs to:

- Build and enhance the reputation of dentists and the dental profession;
- Position the dentist as a fully <u>educated</u> doctor who leads the team that helps patients attain and maintain the best possible oral health;
- Demonstrate dentistry's leadership in breaking down barriers to oral health for all Americans;
- Build awareness of the importance of oral health to overall health;
- Ensure that media portrayals of dentistry are fair and accurate; and
- Rapidly address other communications and reputational challenges and opportunities as they arise.

Council on Communications Supplemental Report 2 to the House of Delegates: ADA Policy Review (Worksheet:6025): The Board of Trustees received the Council's Supplemental Report 2 and transmitted to the House its recommendations on the following resolutions.

Resolution 115—Policy to be Maintained Recommended by the Council on Communications (Worksheet:6028). The Board of Trustees voted to transmit Resolution 115 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: 19 Yes—Drs. Blanton, Dow, Engel, Feinberg, Gounardes, Hagenbruch, Israelson, Kiesling, Low, Norman, Rich, Roberts, Seago, Steffel, Summerhays, Vigna, Weber, Versman, Yonemoto; 1 Absent—Dr. Faiella)

Resolution 116—Amendment of Policy on Governing the Use of American Dental Association Dental Health Education Statement (Worksheet:6030). The Board of Trustees voted to transmit Resolution 116 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: 19 Yes—Drs. Blanton, Dow, Engel, Feinberg, Gounardes, Hagenbruch, Israelson, Kiesling, Low, Norman, Rich, Roberts, Seago, Steffel, Summerhays, Vigna, Weber, Versman, Yonemoto; 1 Absent—Dr. Faiella)

Resolution 117—Rescission of Policy on Marketing Strategy Statement (Worksheet:6032). The Board of Trustees voted to transmit Resolution 117 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: 19 Yes—Drs. Blanton, Dow, Engel, Feinberg, Gounardes, Hagenbruch, Israelson, Kiesling, Low, Norman, Rich, Roberts, Seago, Steffel, Summerhays, Vigna, Weber, Versman, Yonemoto; 1 Absent—Dr. Faiella)

Resolution 118—Rescission of Policy, Acknowledgement of Women in the Dental Profession (Worksheet:6034). The Board of Trustees transmitted Resolution 118 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board Discussion). (Vote: 19 Yes—Drs. Blanton, Dow, Engel, Feinberg, Gounardes, Hagenbruch, Israelson, Kiesling, Low, Norman, Rich, Roberts, Seago, Steffel, Summerhays, Vigna, Weber, Versman, Yonemoto; 1 Absent—Dr. Faiella)

Council on Ethics, Bylaws and Judicial Affairs Supplemental Report 2 to the House of Delegates: Proposed Bylaws Revision to Chapter I. Membership, Section 30. Definition of "In Good Standing" (Worksheet:6036): The Board of Trustees received the Council's Supplemental Report 2 and transmitted to the House of Delegates its recommendation on the following resolution.

Resolution 119—Revision to Chapter I. Membership, Section 30. Definition of "In Good Standing" (Worksheet:6037). The Board of Trustees transmitted Resolution 119 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: 19 Yes—Drs. Blanton, Dow, Engel, Feinberg, Gounardes, Hagenbruch, Israelson, Kiesling, Norman, Rich, Roberts, Seago, Steffel, Summerhays, Vigna, Weber, Versman, Yonemoto; 1 Absent—Dr. Faiella)

Eighth Trustee District Resolution 120—State Public Affairs Grant Funding (Worksheet:6038): The Board of Trustees voted to transmit Resolution 120 to the House of Delegates with the following comment and recommendation to vote no. (Vote: 2 Yes—Drs. Hagenbruch, Versman; 18 No—Drs. Blanton, Dow, Engel, Faiella, Feinberg, Gounardes, Israelson, Kiesling, Low, Norman, Rich, Roberts, Seago, Steffel, Summerhays, Vigna, Weber, Yonemoto)

The Board of Trustees thanks the Eighth District for this resolution and highlighting the importance of the State Public Affairs (SPA) program. The Board also considers the SPA program to be an extremely important element of the Association's advocacy program. However, the Board cannot support the requested additional \$400,000 to the SPA budget. No new information to justify the additional money was communicated that would justify deviating from the budget decisions made during the normal budgeting process. The Board also wishes to point out that in each of the last two years, the amount budgeted for the SPA program was not completely used by operation of the program during that time.

Fourteenth Trustee District Resolution 165—Declaring an Employee Dentist's Bill of Rights

(Worksheet:6125): The Board of Trustees transmitted Resolution 165 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: 19 Yes—Drs. Blanton, Dow, Engel, Feinberg, Gounardes, Hagenbruch, Israelson, Kiesling, Low, Norman, Rich, Roberts, Seago, Steffel, Summerhays, Vigna, Weber, Versman, Yonemoto; 1 Absent—Dr. Faiella)

Board of Trustees Resolution 168—Amendment of the Rules of the House of Delegates (Worksheet:6127): The Board submitted Resolution 168 for the purpose of harmonizing the comprehensive policy review, as directed by the House of Delegates, with the Standing Rules of the House of Delegates. On vote, the Board transmitted the following resolution to the House with a recommendation to vote yes. (Vote: 15 Yes—Drs. Dow,

Faiella, Feinberg, Gounardes, Hagenbruch, Israelson, Low, Norman, Rich, Roberts, Seago, Vigna, Weber, Versman, Yonemoto; 5 Absent—Drs. Blanton, Engel, Kiesling, Steffel, Summerhays)

168. Resolved, that the Rules of the House of Delegates, section titled "Presentation of Resolutions and Other Items of Business," paragraph two, be amended as follows (new language=<u>underscored</u>, deletions=stricken):

Resolutions <u>shall not be introduced in the House of Delegates</u> which (1) merely reaffirm or restate existing policy <u>unless proposed pursuant to Resolution 111H-2010</u>, <u>Regular Comprehensive</u> <u>Policy Review</u>, (2) commend or congratulate an individual or organization, (3) memorialize an individual shall not be introduced in the House of Delegates.

Reports and Resolutions Relating to the Reference Committee on Membership and Related Matters

Report 8 of the Board of Trustees to the House of Delegates: Annual Report of Strategic Planning Activities (Worksheet:3039): The Board of Trustees voted to transmit Report 8 to the House of Delegates (Board of Trustees consent calendar action—no Board discussion). (Vote: 19 Yes—Drs. Blanton, Dow, Engel, Feinberg, Gounardes, Hagenbruch, Israelson, Kiesling, Low, Norman, Rich, Roberts, Seago, Steffel, Summerhays, Vigna, Weber, Versman, Yonemoto; 1 Absent—Dr. Faiella)

Report 11 of the Board of Trustees to the House of Delegates: Annual Report of the New Dentist Committee (Worksheet:3047): The Board of Trustees voted to transmit Report 11 to the House of Delegates (Board of Trustees consent calendar action—no Board discussion). (Vote: 19 Yes—Drs. Blanton, Dow, Engel, Feinberg, Gounardes, Hagenbruch, Israelson, Kiesling, Low, Norman, Rich, Roberts, Seago, Steffel, Summerhays, Vigna, Weber, Versman, Yonemoto; 1 Absent—Dr. Faiella)

First Trustee District Resolution 160—Extending New Dentist Discount Program (Worksheet:3037): The Board of Trustees voted to transmit Resolution 160 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: 19 Yes—Drs. Blanton, Dow, Engel, Feinberg, Gounardes, Hagenbruch, Israelson, Kiesling, Low, Norman, Rich, Roberts, Seago, Steffel, Summerhays, Vigna, Weber, Versman, Yonemoto; 1 Absent—Dr. Faiella)

Council on Members Insurance and Retirement Programs Supplemental Report 1 to the House of Delegates: Rescission of Policy on Sponsorship or endorsement of a National Professional Liability Insurance Programs (Worksheet:3038): The Board of Trustees voted to transmit Resolution 167 to the House of Delegates with the recommendation to vote yes. (Vote: 18 Yes—Drs. Blanton, Dow, Engel, Feinberg, Gounardes, Hagenbruch, Israelson, Kiesling, Low, Norman, Rich, Roberts, Seago, Steffel, Vigna, Weber, Versman, Yonemoto; 2 Absent—Drs. Faiella, Summerhays)

Miscellaneous House Matters

Additional Council Nominations: At its July meeting, the Board of Trustees considered nominations to ADA councils, commissions and committees and transmitted to the House its list of nominees. At that time, two nominations to the Council on Access, Prevention and Interprofessional Relations—one individual who is a physician and one individual who is a health care facility administrator--were not available. Additionally, a nominee to the Council on Government Affairs was unavailable to serve. At this session of the Board, additional nominations were considered and the following resolution adopted (consent calendar action).

B-116-2012. Resolved, that the nominations of Todd Pankratz and Melanie Lang to the Council on Access, Prevention and Interprofessional Relations and Raymond Martin to the Council on Government Affairs be approved for transmittal to the 2012 House of Delegates.

Addendum to Report 1 of the Board of Trustees to the House of Delegates: Association Reports and Resolutions: The Board of Trustees transmitted additional responses to resolutions from the 2011 House of Delegates (consent calendar action).

Shared Services Reports

Communications and Marketing

Report of the Chief Communications Officers: Annual Review of ADA Spokespersons: The Board of Trustees adopted the following resolution (consent calendar item).

B-115-2012. Resolved, that the following ADA National Spokespersons be invited to serve as dental spokespersons through the 2013 annual session.

Consumer Advisors

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

Technical Experts

Alan A. Boghosian, D.D.S., Chicago, IL (Dental Materials) Joe H. Camp, D.D.S., Charlotte, NC (Endodontics) Regina Cobb, D.M.D., Kingman, AZ (Scope of Practice) Gregory N. Connolly, D.M.D., M.P.H., 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., Ph.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., M.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, D.D.S., Ph.D., Eureka, CA, (Fluoridation) Guy Shampaine, D.D.S., Pompano Beach, FL. (Anesthesia) Jonathan D. Shenkin, D.D.S., M.P.H., 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 Council on Communications: Access Advocacy Opinion Research Update: The ADA commissioned a research firm to identify attitudes toward the Association among high-level current and former public officials, think tanks, foundations, advocates for the poor, and "highly likely" voters, as an advocate for the underserved, as well as their receptivity to ADA-backed solutions for access disparities. This report summarized three iterative research components conducted by Public Opinion Strategies on behalf of the ADA over the period of May through August 2012.

Report of the Chief Communications Officer: Ad Council Program Update: The Board received a report that summarized information on the launch of the Ad Council and The Partnership for Healthy Mouths, Healthy Lives joint public service campaign to address children's oral health. (consent calendar item)

Information Technology

Report of the Information Technology Division: ADA Connect Update: Dr. Vigna presented the ADA Connect Update report, which provided background information on the process, volunteer involvement, governance, training, communications and satisfaction rating of ADA Connect.

Legal

Report of the Division of Legal Affairs: Litigation and Other Matters: The General Counsel informed the Board of Trustees of pending legal matters.

Agency Reports to the Board of Trustees

Dental Education/Professional Affairs

Commission on Dental Accreditation Response to Board of Trustees Resolution B-51-2012: The Commission responded to Board Resolution B-51-2012 that strongly urged the Commission to require a formal needs assessment and feasibility study for all predoctoral dental education programs applying for initial accreditation. The Commission reported that it referred the Board's resolution to the Predoctoral Dental Education Review Committee (Predoc RC) for evaluation and that the Predoc RC will present its findings at the February 2013 Commission meeting.

Informational Report on Monitoring Accreditation Matters on Behalf of the ADA: In accordance with Resolution 39H-2011, the Board received an informational report outlining the observations of an ADA-appointed member of CDEL and the trustee liaisons to CDEL and CODA, of major policy and procedural actions taken at the August 12, 2012, meeting of the Commission on Dental Accreditation (consent calendar item).

Government/Public Affairs

Report of the Senior Vice President, Government Affairs: Federal and State Legislative, Regulatory and Public Affairs Update: Mr. Graham submitted an informational report summarizing activities in support of federal and state legislative initiatives of interested or supported by the ADA. Some of the topics mentioned were: Pro Bono Care Bill S. 1878, ERISA Reform, repeal of the ACA excise tax on dental devises, McCarran-Ferguson, Health Care Reform, state dental board issues, non-covered services, and assignment of benefits.

Report of the State Public Affairs Oversight Committee: The Board received a report summarizing the actions and decisions of the State Public Affairs Volunteer Oversight Committee and significant activities in SPA states since May 2012 (consent calendar item).

Board of Trustees Discussion—ERISA Reform: Mr. Graham, during the special appearance of Senator Nickles, commented on the importance and priority being given to the issue of ERISA reform and described steps being undertaken to address this issue by the Washington Office. He also acknowledged the correspondence received by the Chair of the Council on Government Affairs from the ADA Fourteenth Trustee District Caucus chair, asking for information on ADA activities related to ERISA reform. Dr. Yonemoto, on behalf of the Fourteenth District, expressed appreciation to the Washington Office for the responsiveness to their letter.

Dental Practice/Professional Affairs

Report of the Council on Dental Practice: Center for Professional Success Progress Update: An informational report was provided to the Board of Trustees on the status of this Board-approved initiative (consent calendar item).

Report of the Chief Policy Officer Emeritus: Update on Pay-for-Performance: This informational report provided a summary of the proceeds of the 7th Annual Pay-for-Performance Summit and information on Accountable Care Organizations (ACO) and emerging trends. The report also identified key issues such as assessment of the quality of care especially in relation to cost of care-seeking value, increased activities of the Centers for Medicare and Medicaid Services in health care, and the estimated implications of these activities for dentistry (consent calendar item).

Membership, Tripartite Relations and Marketing

Report of the New Dentist Committee: Report on 2011-12 Success Dental School Programs: The Board was provided with a comprehensive review of the 2011-12 Success Dental School Program. Included was a review of program ratings, program costs and benefits to both the dental students and the ADA (consent calendar item).

Report of the Council on Members Insurance and Retirement Programs: Recent Activities: The Board of Trustees received a confidential report from the Council on Membership Insurance and Retirement Programs that addressed its recent activities to assess the competitiveness of ADA insurance plans and opportunities for non-dues revenue. Additionally the Council reported on and presented a series of resolutions related to premium credits for various ADA sponsored plans.

On vote, the Board took the following actions.

CMIRP Action Plan. The Board adopted the following resolution.

B-118-2012. Resolved, that the Board of Trustees supports the action plan presented by the Council on Members Insurance and Retirement Programs ("Council") for discussions with Great-West Life regarding benefit and plan design, rate structure and plan financials, and operations of the ADA Insurance Plans as adopted at the Council's August 24-25, meeting, and requests that the Council report back to the Board on any recommended actions to be taken.

2013 Term Life Insurance Plan Premium Credits. Following discussion, the Board amended the proposed resolution in the last resolving clause (deletions are struck through and additions <u>underscored</u>) and then adopted Resolution B-119 as amended.

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B-119-2012. Resolved, that a 58% premium credit for the term life insurance plan as proposed by Great-West Life and recommended by the Council on Members Insurance and Retirement Programs ("Council"), with the effective premium credit for participants in the Term Life insurance plan continuing at 54% effective January 1, 2013, be approved, and be it further

Resolved, that a 4% Life Plan premium credit be set aside for one or more of the following uses as recommended by Milliman in its August 6, 2012 letter to ADA: changes to the gross premium rate scale, benefit enhancements or new products, and non-dues revenue to the ADA ("Milliman Recommendations"), as determined by ADA following negotiations between ADA and Great-West Life, and be it further

Resolved, that the Council is authorized to make a final determination make a recommendation to the Board of Trustees as to the use(s) of the 4% Life Plan premium credit within the parameters of the Milliman Recommendations.

Income Protection Insurance Plan Premium Credit. The Board adopted the following resolution.

B-120-2012. Resolved, that a 42% premium credit for participants in the Income Protection Insurance Plan as proposed by Great-West Life and recommended by the Council on Members Insurance and Retirement Programs, effective November 1, 2012, be approved.

Office Overhead Expense Insurance Plan Premium Credit. The Board adopted the following resolution.

B-121-2012. Resolved, that a 47% premium credit for participants in the Office Overhead Expense Insurance Plan as proposed by Great-West Life and recommended by the Council on Members Insurance and Retirement Programs, effective February 1, 2013, be approved.

MedCASH Insurance Plan Premium Credit. The Board adopted the following resolution.

B-122-2012. Resolved, that a 45% premium credit for participants in the MedCASH Insurance Plan as proposed by Great-West Life and recommended by the Council on Members Insurance and Retirement Programs, effective October 1, 2012, be approved.

AXA Equitable Life Insurance Company Notice of Nonrenewal. Due to the confidential nature of this action, Resolution B-123-2012 is embargoed at this time and will be reported at a later date.

Science/Professional Affairs

Report of the Council on Scientific Affairs: Recent Activities: The Board received a report from the Council that summarized information on the following recent activities: completed/published guidance on cone beam computed tomography; evidence-based dentistry including clinical recommendations; AAOS-ADA Guideline for the Prevention of Orthopaedic Implant Infection in Patients Undergoing Dental Procedures; and progress on the consolidated report on dental radiography (consent calendar item).

Organizational/Other

Report of the Joint Commission on National Dental Examinations: Appointment of Consultants: The Joint Commission submitted the names of the following individuals to serve as consultants:

Cizek, Gregory J., Ph.D., Chapel Hill, NC Downing, Steven M., Ph.D., Chicago, IL Gerrow, Jack, DDS., MS, MEd, Cert Pros, Ottawa, Canada Haladyna, Thomas, Ph.D., Phoenix, AZ Kane, Michael T., Ph.D., Princeton, NJ Littlefield, John H., Ph.D., San Antonio, TX The following resolution was adopted (consent calendar action).

B-114-2012. Resolved, that the consultants to the Joint Commission on National Dental Examinations be approved for terms ending with the 2013 ADA annual session.

Appointment of ADA Council Chairs, 2012-2013: The Board received from each agency the name of the individual nominated for chair during the 2012-13 term. The following resolution was adopted (consent calendar item).

B-110-2012. Resolved, that the following individuals be appointed to serve as chairs for the 2012-13 term.

Dr. Monica Hebl, Council on Access, Prevention and Interprofessional Relations
Dr. Jonathan D. Shenkin, Council on Communications
Dr. A. David May, Jr., Council on Dental Benefit Programs
Dr. Ronald D. Venezie, Council on Dental Education and Licensure
Dr. Jonathan B. Knapp, Council on Dental Practice
Dr. Kevin A. Henner, Council on Ethics, Bylaws and Judicial Affairs
Dr. Henry W. Fields, Jr., Council on Government Affairs
Dr. Mark Bauman, Council on Membership
Dr. Thomas M. Paumier, Council on Scientific Affairs
Dr. Stephen K. Harrel, Council on Scientific Affairs
Dr. Christopher J. Salierno, New Dentist Committee

Nominations to the Board of Directors of the American Dental Political Action Committee: The Board of Trustees discussed the nominees to ADPAC and subsequently adopted the following resolution.

B-104-2012. Resolved, that the following nominees to the American Dental Political Action Committee Board of Directors be approved:

- Dr. Richard F. Andolina, New York (District 2)
- Dr. Gerald W. Bird, Florida (District 17)
- Dr. Bernie Dishler, Pennsylvania (District 3)
- Dr. James R. Dumas, Jr., Mississippi (District 5)
- Dr. Eric Hodges, Nebraska (District 10)
- Dr. Elizabeth A. Shapiro, Illinois (District 8)

Report of the ADA Foundation: The Board received an informational report on ADA Foundation activities in the areas of financial management, grants, the Give Kids A Smile 10th Anniversary Gala, development and Paffenbarger Research Center (consent calendar item).

Report of ADA Business Enterprises: The Board of Trustees received an informational report on ADA Business Enterprises (ADABEI) activities through June 2012.

Report of the President: Dr. Calnon gave a brief report on his attendance at the FDI annual meeting, and the value of the ADA's participation at this year's meeting. He also commented on potential opportunities to collaborate with the Japanese Dental Association. A more detailed report will be provided to the Board in December.

Report of the President-elect: Dr. Faiella gave brief remarks regarding recent travel including attendance at district meetings, the FDI delegation trip to China, and a follow up trip of ADA representatives to Japan.

Report of the Executive Director: Dr. O'Loughlin reported that the third quarter management report that will be available in November will serve as the Report of the Executive Director.

Public Relations Plan Relative to the Systematic Review of Alternative Workforce Models: Mr. Ohr was requested to describe the public relations plan in place regarding the report on the systematic review of alternative workforce models. Mr. Ohr outlined preliminary steps to release limited information to the House of Delegates.

Liaison Reports

Report of Dr. Maxine Feinberg, Liaison to the Commission on Dental Accreditation: Dr. Feinberg presented a report on the Commission's August 9, 2012, meeting.

Report of Dr. Edward Vigna, Liaison to the Council on Government Affairs: Dr. Vigna presented a report on the Council's August 23-25, 2012, meeting.

Report Postponed from the July 2012 Board of Trustees Session

Report of the Council on Communications: Issues Management: The Council reported that it believes the adoption and ongoing maintenance of an ADA issues management plan is a key component of an overarching ADA Strategic Communications Plan that would help the Council fulfill its bylaws duties to advise the Board of Trustees on matters pertaining to reputation management. The Board received a report that outlined the scope of this issues management plan. The Chief Communications Officer reported that this plan integrates with the proposal contained in Resolution 75S-1B (Initiative to Enhance the Image and Advance the Reputation and Brand of the ADA). On vote the Board of Trustees adopted the following resolution.

B-84-2012. Resolved, that the ADA Issues Management Plan to effectively address known, emerging and potential issues in order to protect and promote the reputation and brand of the Association and the profession be adopted.

New Business

Proposed Amendment of the Organization and Rules of the Board of Trustees: Dr. Versman requested that the Board Rules Committee consider an amendment to the Board *Rules* that would allow retiring officers and trustees to continue to receive non-confidential House of Delegates communications on their personal email site. The President indicated that this would be referred to the Board Rules Committee.

Report of Dr. Gounardes, Liaison to the American Student Dental Association: Dr. Gounardes encouraged the members of the Board to remember to include their ASDA delegates and alternates in the annual session district caucus meetings. He also encouraged the Board to contact ASDA Board members and to include them in constituent activities. He stressed that it is important to find roles and places for new dentists because they are the future of the profession.

Closed Session

Closed sessions of the Board of Trustees were held at various times during the September Board session, with members of the Board of Trustees, the Executive Director, General Counsel, and select ADA staff in attendance.

Report of the Governance Committee. Dr. Low, Committee chair, initiated a discussion on the proper role of Board members at the House of Delegates and district caucuses. As a resource, sections of the *Organization and Rules of the Board of Trustees, ADA Bylaws* and the *Manual of the House of Delegates* were provided to the Board along with a report written by the Speaker of the House of Delegates several years earlier for a previous ADA Board of Trustees.

Report of the Pension Committee. The Report of the Pension Committee meeting held on September 21, 2012, was presented in a closed session by Dr. Leone, with information provided on the ADA Pension Plan and the 401k Program by the Chief Financial Officer and the Chief of People Management.

Report of the Compensation Committee. The Report of the Compensation Committee meeting held on September 21, 2012, was presented by Dr. Rich during a closed session; in open session the Board considered the following resolutions.

On vote during open session, the Board postponed definitely the following resolution until a conference call to be held no later than October 15, 2012.

B-127. Resolved, that the Officer positions of President-Elect and Treasurer be reclassified as independent contractors beginning immediately with the officers newly elected in October 2012, and that the Officer position of President be reclassified as independent contractor beginning immediately with the transition of the to-be elected October 2012 President-elect into the President position in 2013.

Note: The Compensation Committee met on October 10, 2012, and voted to request that Resolution B-127 be withdrawn. The request was approved unanimously by the Board.

On vote during open session, the Board adopted the following resolution.

B-128-2012. Resolved, that the stipends for the incoming 2012 Board member and House Speaker be approved as follows, subject to a 2% increase adjustment effective January 1, 2013.

President (paid as W-2 income)	\$263,505
Treasurer	43,177
Vice President	43,177
Trustee	56,147
House Speaker	43,177

On vote during open session, the Board adopted the following resolution.

B-129-2012. Resolved, that the stipend amount for the incoming 2012 President-elect be set at an initial amount not to exceed \$250,000 per annum, such amount to be determined by the Compensation Committee after receipt of necessary comparative pay analysis from Human Resources but no later than October 15, 2012.

Special Orders of Business

Appearance of Former Senator Don Nickles: Senator Nickles, chairman and CEO, The Nickles Group, LLC, commented on the current environment in the U.S. Congress and the challenges with moving forward legislation of interest to the Association, such as ERISA reform and amendment of McCarran-Ferguson.

Appearance of Representatives of the American Association of Public Health Dentistry (AAPHD): Dr. Catherine Hayes, president-elect; Dr. Michael Monopoli, vice president; and Ms. Pam Tolson, executive director, AAPHD, addressed the Board regarding the effect of Resolution 17 on the AAPHD and its members if it is adopted by the 2012 House of Delegates. Resolution 17 proposes amendments to the Requirements for Recognition of Dental Specialties and National Certifying Boards for Dental Specialists (Worksheet:5012). After the special appearance, the Board discussed the information given by the AAPHD.

Attorney-Client Session

An attorney-client session of the Board of Trustees was held on Sunday, September 23, 2012, from 8:00 a.m. to 8:30 a.m. to provide advice on pending litigation and legal matters of interest to the ADA. Those in attendance were the ADA officers and members of the Board of Trustees, the Executive Director/Chief Operating Officer, the General Counsel and Deputies General Counsel.

Adjournment

The sixth session of the Board of Trustees adjourned *sine die* at 2:20 p.m., Monday, September 24, 2012.

Appendix 1

Draft 2014 Universal Assessment Criteria

- 1. Alignment With Strategic Goals
 - a. Strategic Goal 1: Members Success
 - b. Strategic Goal 2: Trusted Information Resource
 - c. Strategic Goal 3: Public Health Outcomes
- 2. Program Impact
 - a. Direct Impact
 - b. Indirect Impact
- 3. Competitive Advantage (not easily duplicated by others)
- 4. Attracts or Retains Members
- 5. Risk

Minutes of the Board of Trustees

October 23, 2012 San Francisco, California

Call to Order: The first session of the new Board of Trustees was called to order by President Robert Faiella on Tuesday, October 23, 2012, at 1:10 p.m., at the Moscone Convention Center West, Level 3, Room 3020.

Roll Call: The following officers and trustees were present: Drs. Robert A. Faiella, Charles H. Norman, Kenneth J. Versman, Brian E. Scott, Glen D. Hall, Ronald P. Lemmo, Kathleen T. O'Loughlin, Terry L. Buckenheimer, Joseph P. Crowley, Jeffrey D. Dow, Dennis Engel, Hal Fair, Maxine Feinberg, Steven Gounardes, Joseph F. Hagenbruch, Hilton Israelson, Roger L. Kiesling, Gary L. Roberts, Donald L. Seago, Carol Gomez Summerhays, Charles R. Weber, Gary S. Yonemoto, James K. Zenk, and Mark R. Zust.

The Speaker, Dr. Hall, announced a quorum was present.

The following ADA staff members were in attendance at the invitation of the President: Jerry Bowman, chief of governance and strategy management; J. Craig Busey, general counsel; Helen Cherrett, senior director, Global Affairs; James S. Goodman, managing vice president, Conference and Meeting Services; Michael Graham, senior vice president, Government and Public Affairs; Daniel M. Meyer, senior vice president, Science/Professional Affairs; Kenneth Ohr, Chief Communications Officer; 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; and Anthony Ziebert, senior vice president, Education/Professional Affairs.

Also in attendance were: Ms. Tomisena Cole, senior manager, Board and House Matters; Thomas C. Elliott, Jr., deputy general counsel; Ms. Linda Hastings, senior director, Administrative Services; Ms. Judy Jakush, editor, *ADA News*; Ms. Alyna Johnson, publications and projects coordinator, Board and House; Ms. Michelle Kruse, manager, House of Delegates; Dave Preble, director, Council on Dental Benefit Programs; James Willey, director, Council on Dental Practice; and Wendy Wils, deputy general counsel, Legal Affairs.

Before consideration of business, Dr. Faiella read the ADA Disclosure Statement in compliance with Resolution 99H-2010; Dr. Crowley noted that his son works for 3M in their dental division.

Approval of Agenda: Prior to approving the agenda, the following items were accepted as new business and added to the agenda: CNN Article on Emory Apology, Critique of the House of Delegates Meeting, and the 2013 Board of Trustees Retreat. On vote, the Board of Trustees adopted the following resolution.

B-135-2012. Resolved, that the agenda on page 1 of the Board Manual be approved, as amended, as the official order of business for the current session.

Structure and Operation of the 2012-13 Board of Trustees

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 Dr. Jeffrey Dow **ADA Sessions** Dr. Joseph Crowley Communications Dr. Roger Kiesling **Dental Accreditation** Dr. Dennis Engel **Dental Benefit Programs** Dr. Maxine Feinberg Dental Education and Licensure Dr. Donald Seago **Dental Practice** Dr. Gary Roberts Ethics, Bylaws and Judicial Affairs Dr. Joseph Hagenbruch **Government Affairs** Dr. Carol Gomez Summerhays Membership Dr. Hilton Israelson Members Insurance and Retirement Programs Dr. Gary Yonemoto National Dental Examinations Dr. Kenneth Versman Scientific Affairs Dr. Steven Gounardes New Dentist Committee Dr. Charles Weber

Delegation to the FDI World Dental Congress: The following individuals were appointed by President Faiella to serve as the delegation to the 2013 World Dental Congress to be held in Istanbul, Turkey.

Delegates

Dr. D. Gregory Chadwick, chair Dr. Robert Faiella Dr. Charles Norman Dr. William Calnon Dr. Raymond Gist Dr. Maxine Feinberg Dr. Carol Gomez Summerhays Dr. Gary Yonemoto Dr. James Zenk Dr. Kathleen O'Loughlin

Due to budget constraints no Alternate Delegates were selected for the 2013 delegation.

Appointment to the FDI Advisory Committee:

- Dr. Robert Faiella, president
- Dr. William Calnon, immediate past president
- Dr. Gary Yonemoto, member of the Board and ADA/FDI Delegation
- Dr. Kathryn Kell, ADA/FDI Council Member
- Dr. D. Gregory Chadwick, USA National Liaison Officer
- Dr. Charles Norman, president-elect, ex officio
- Dr. Kathleen O'Loughlin, executive director, ex officio

Appointment of Standing Committees: The Board of Trustees has nine standing committees: Audit, Budget and Finance, Compensation, Diversity, Governance, Information Technology, International Programs and Development, New Dentist, and Pension. New Dentist members are selected by the Board of Trustees and confirmed by the House of Delegates.

Accordingly, President Faiella made the following appointments to the standing committees of the Board of Trustees for 2012-13.

Audit Committee Dr. Maxine Feinberg, chair* Dr. Charles Norman Dr. Roger Kiesling Dr. Hilton Israelson Dr. Joseph Crowley Dr. Richard Andolina Dr. Steven Kend Dr. Robert Faiella, ex officio **Budget and Finance** Dr. Dennis Engel, chair Dr. Ronald Lemmo Dr. Brian Scott Dr. Steven Gounardes Dr. Gary Roberts Dr. James Zenk Dr. J. Ted Sherwin Dr. Paul Zimmerman Compensation Dr. Donald Seago, chair Dr. Charles Norman Dr. Carol Gomez Summerhays Dr. Jeffrey Dow Dr. Hal Fair Dr. Ronald Lemmo Dr. Robert Faiella, ex officio Diversity Dr. Charles Weber, chair Dr. Steven Gounardes Dr. Gary Yonemoto Dr. Terry Buckenheimer

Information Technology Dr. Charles Weber, chair Dr. Joseph Hagenbruch Dr. Hilton Israelson

Dr. Joseph Crowley Dr. Robert Faiella Dr. Charles Norman International Programs and Development Dr. David Frost, chair Dr. Eugenio Beltran Dr. Christopher Fox Dr. Martin Hobdell Dr. Timothy Seitter Dr. Stephen Mackler Dr. Jamie Just Dr. Carol Gomez Summerhays Dr. Edward Brown Dr. Robert Faiella, ex officio Dr. Charles Norman, ex officio Governance Dr. Donald Seago, chair Dr. Carol Gomez Summerhays Dr. Jeffrey Dow Dr. Mark Zust Dr. Kenneth Versman Dr. Robert Faiella, ex officio Dr. Charles Norman, ex officio Dr. Kathleen O'Loughlin, ex officio Pension Dr. Ronald Lemmo, chair Dr. Robert Faiella, ex officio Dr. Charles Norman, ex officio Dr. Kathleen O'Loughlin Mr. Paul Sholty

- Ms. Sabrina King
- Mr. J. Craig Busey
- Dr. Gary Roberts
- Dr. Carol Gomez Summerhays
- Dr. Wendy Brown
- Dr. Jeffrey Hurst

B-136-2012. Resolved, that the appointments to the standing committees of the Board of Trustees as made by the President be approved.

*Chair selected by the Audit Committee in accordance with Board Rules.

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-137-2012. 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. Dan Bruce
Council on ADA Sessions	Dr. Brian Schwab
Council on Communications	Dr. Heather Maupin
Council on Dental Benefit Programs	Dr. Rex Yanase
Council on Dental Education and Licensure	Dr. Michael LeBlanc
Council on Dental Practice	Dr. Madalyn Davidson
Council on Ethics, Bylaws and Judicial Affairs	Dr. Christopher Salierno
Council on Government Affairs	Dr. Edgar Radjabli
Council on Membership	Dr. Shamik Vakil
Council on Members Insurance and Retirement Programs	Dr. Irene Marron-Tarrazzi
Council on Scientific Affairs	Dr. Timothy Oh
American Dental Political Action Committee	Dr. Jennifer Enos

Appointment of Representatives to Other Organizations and Activities: The following appointments of representatives and members of other committees were also made by President Faiella.

Official Observer to the American Medical Association House of Delegates	Dr. Larry Nissen
Official Observer to the American Hospital Association House of Delegates	Dr. Monica Hebl
Liaison to the American Student Dental Association	Dr. Joseph Hagenbruch
Liaison to the Alliance of the American Dental Association	Dr. Brian Scott
Presenter of Board Reports to the House of Delegates	Dr. Donald Seago
American Dental Political Action Committee Board of Directors	Dr. Jeffrey Dow
Norton Ross Selection Committee	Dr. Dennis Engel
Liaison to the Dental Economic Advisory Group (DEAG)	Dr. Hilton Israelson Dr. Jeffrey Dow
Dental Lifeline Network Board of Directors	Dr. Donald Seago Dr. Terry Buckenheimer
Liaison Standards Committee on Dental Informatics	Dr. Joseph Hagenbruch
The Dr. Samuel D. Harris National Museum of Dentistry Board of Visitors	Dr. Dennis Engel

Appointment of Representatives to Other Organizations and Activities (Continued):

Dental Content Committee	Dr. Joseph Hagenbruch, chair Dr. Gary Yonemoto, vice chair
Western Regional Examining Board (WREB) Exam Review Committee	
American Board of Dental Examiners (ADEX)	Dr. Maxine Feinberg
Publishing Liaison	Dr. Dennis Engel
Corporate Relations	Dr. Dennis Engel Dr. James Zenk Dr. Roger Kiesling
Joint Advisory Committee on International Accreditation	Dr. Roger Kiesling, chair Dr. Steven Bruce Dr. Gary Merman Dr. Yilda Rivera-Nazario
Strategic Planning Steering Committee	Dr. Hilton Israelson, chair Dr. Roger Kiesling Dr. Mark Zust Dr. James Antoon Dr. Thomas Paumier
State Public Affairs (SPA) Oversight Workgroup	Dr. Jeffrey Dow Dr. Steven Gounardes Dr. Carmine LoMonoco Dr. Henry Fields Dr. George Shepley
Dental Quality Alliance Committee	Dr. Joseph Hagenbruch Dr. Robert Mazolla Dr. Miranda Childs Dr. Michael Breault Dr. David Shirmer
Task Force on Dental Education Economics and Student Debt	Dr. Maxine Feinberg, chair Dr. Gary Yonemoto Dr. Hal Fair Dr. James Boyle Dr. Teresa Dolan Dr. Brian Schwab
Comprehensive Policy Review Committee	Dr. Roger Kiesling, chair Dr. Gary Roberts Dr. Mark Zust
Workgroup to Develop a Portfolio-Style Licensure Exam Process	Dr. Carol Gomez Summerhays, chair Dr. Charles Weber Ms. Keri Jamison Dr. Chris Salierno Dr. Cecile Feldman

Nominee for Board of ADA Not-for-Profit Subsidiary: The following nomination was made by President Calnon.

ADA Foundation

Dr. Terry Buckenheimer, first-year trustee

Sessions of the Board of Trustees, 2012-13: 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-138-2012. Resolved, that the sessions of the 2012-13 Board of Trustees be as follows:

December 9-12, 2012 (Sunday-Wednesday) February 7-10, 2013 Retreat (Thursday-Sunday) March 10-13, 2013 (Sunday-Wednesday) June 9-11, 2013 (Sunday-Tuesday) August 4-6, 2013 (Sunday-Tuesday) October 6-8, 2013 (Sunday-Tuesday) November 5, 2013 (New Board of Trustees-New Orleans) December 15-18, 2013 (Sunday-Wednesday)

Informational Report Regarding Withdrawal of Resolution B-127: This report confirmed the actions taken by the ADA Board of Trustees regarding Resolution B-127. The request by the Compensation Committee to withdraw Resolution B-127 was approved unanimously by the Board.

Resolution B-127 had been submitted at the September 2012 meeting of the Board of Trustees to request the reclassification of Board Officers roles (President, President-elect, and Treasurer) from classification as W-2 reported employees to 1099-reported independent contractor status.

Based on further consideration, it was noted that the IRS indicates that officers should be characterized as employees. Thus, Board Officers will continue to be classified as W-2 report employees.

Contracts with the President and President-elect: In accordance with the Board *Rules*, contracts are required for the President, President-elect, and Treasurer as officers of the ADA and must be approved by the Board of Trustees at its first meeting following the annual session. The Board of Trustees adopted the following resolutions.

B-139-2013. Resolved, that the 2012-13 President Corporate Officer Agreement, be approved and adopted.

B-140-2012. Resolved, that the 2012-13 President-elect Corporate Officer Agreement, be approved and adopted.

B-141-2012. Resolved, that the 2012-13 Treasurer Corporate Officer Agreement, be approved and adopted.

Proposed Charter of Board's Ad Hoc Strategic Planning Steering Committee: Although the Board has assumed direct responsibility for monitoring progress under the strategic plan, a committee is needed to provide volunteer oversight to the process of developing a new strategic plan for Board approval.

Dr. Faiella noted that, if possible, he'd like to have the plan done in-time for the Board to see when developing the 2015 budget.

The following Resolution B-133 was adopted by the Board of Trustees.

B-133-2012. Resolved, that the Charter of the Strategic Planning Committee as presented to the Board at its October 2012 meeting is approved.

Note: The Charter is appended.

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Report of the Senior Vice President, Communications and Marketing: Ad Council Update and Review of Budget and Funding Commitment: The Board considerate a request for \$350,000 in funding from 2012 reserves for continued ADA support for the Ad Council public service advertising and communications campaign and allocation of \$350,000 from the 2013 reserves to fulfill the Association's three year commitment.

The following Resolution B-134 was adopted by the Board of Trustees.

B-134-2012. Resolved, that the Association's annual 2012 installment of \$350,000 for year two 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, and be it further

Resolved, that the Association's annual 2013 installment of \$350,000 for year three of its commitment be funded from the 2013 Reserves of the Association with payment made upon invoicing from the Dental Trade Alliance Foundation.

New Business

CNN Article, Emory University: Dr. Versman conveyed his thoughts regarding an article published by CNN relating to Emory University and raised the question of whether the ADA might want to respond. On October 10, 2012, former Emory dental students received a personal apology from President James Wagner for years of systematic discrimination against them and other Jewish students at Emory's now-defunct School of Dentistry between 1948 and 1961. After extensive discussion it was determined that Communications, the Diversity Committee, and Membership would collaborate to develop an *ADA News* story to report this to ADA members and that the president and president-elect would approve the article before publishing.

Report of the General Counsel: Mr. J. Craig Busey gave a brief report on litigation issues.

Critique of House of Delegates Meeting: The Board discussed the meeting of the House of Delegates.

2013 Board Retreat: The Board agreed to reevaluate the timing of the 2013 Board Retreat and to discuss alternative options at the December Board.

Adjournment

The Board adjourned sine die at 2:43 p.m.

Charter of Board's Ad Hoc Strategic Planning Steering Committee

Purpose

The purpose of the Steering Committee is to provide volunteer oversight into the development of the next strategic plan, which will take effect in 2015. Committee activities in 2013 will focus on gathering and presenting data and information on trends. Drafting of a new strategic plan will take place in 2014.

Powers of the Strategic Planning Steering Committee

The Board of Trustees has delegated to the Steering Committee the power and authority necessary to discharge its duties, including the right to:

- Approve plans to conduct a comprehensive environmental scan to inform the next ADA strategic plan, including retention of outside consultants to assist in the task within the limits of the funds allocated to the task in the ADA budget. This process will include a comprehensive analysis of key current trends and future economic, demographic, and fiscal forces affecting dentistry and the environment in general in the next 10 years.
- Prepare a report to the 2013 House for Board approval on the efforts undertaken in 2013 on gathering data and information on trends.
- Assure opportunity for input by members of the House, councils, tripartite, past House members of the 2011-12 strategic planning committee and other stakeholders into the development of the next strategic plan.
- Draft a proposed strategic plan in 2014 for Board discussion and approval.

Composition and Selection

The Steering Committee shall be comprised of seven (7) members: Three trustees, one from each of the first, second and third year class as of the close of the 2012 House; two members of the House; and, the President and President Elect as ex officio members with the power to vote. Steering Committee members and the committee chair shall be selected by the President and shall serve at the discretion of the President. The members shall serve one year terms, renewable for one additional year.

Duration of Steering Committee

Subject to the discretion of the President, the Steering Committee shall remain in place for two years, until the close of the 2014 House, provided, however, that the Committee may be continued at the discretion of the then President if needed to finalize the new strategic plan.

Meetings

The Steering Committee will meet as needed to accomplish its purposes. When practical, the Steering Committee shall meet by conference call. All Steering 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 Steering Committee members at least five days in advance of the scheduled meeting, along with the appropriate materials needed to make informed decisions. The Steering 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.

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Reports

The Steering Committee shall report to the ADA Board of Trustees as needed to assure an informed Board.

Minutes of the Board of Trustees

November 13, 2012 Special Telephonic Meeting of the Board of Trustees

Call to Order: A special telephonic meeting of the ADA Board of Trustees was called to order by Dr. Robert A. Faiella, president, on Tuesday, November 13, 2012, at 5:00 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. Robert A. Faiella, Charles H. Norman, Kenneth J. Versman, Brian E. Scott, Glen D. Hall, Ronald P. Lemmo, Kathleen O'Loughlin, Terry L. Buckenheimer, Joseph P. Crowley, Jeffrey D. Dow, Dennis Engel, Hal Fair, Maxine Feinberg, Steven Gounardes, Joseph F. Hagenbruch, Hilton Israelson, Roger L. Kiesling, Gary L. Roberts, Donald L. Seago, Carol Gomez Summerhays, Charles R. Weber, Gary S. Yonemoto, James K. Zenk, and Mark R. Zust.

Dr. Brian E. Scott was not in attendance. The Executive Director announced the presence of a quorum.

Staff: Mr. Jerry Bowman, chief, Governance and Strategy Management; Mr. Craig Busey, general counsel; Ms. Linda Hastings, senior director, Division of Administrative Services; Ms. Wendy-Jo Toyama, senior vice president, Membership, Tripartite Relations and Marketing; Mr. Steven Rauchenecker, director, Council on Membership; and Ms. Tomisena Cole, senior manager, Board and House Matters.

Dr. Faiella called the meeting to order and read the conflict of interest disclosure statement. No conflicts were disclosed. Dr. Faiella stated that the purpose of the special telephonic session of the Board of Trustees was to discuss one item of business: approval of existing dues rates for Affiliate Members for 2013.

After brief discussion, the following resolution was adopted.

B-146-2012. Resolved, that, the dues of affiliate members shall be twelve dollars (\$12.00) for those members practicing in least developed and low income countries eligible for special fee criteria as established by the Fédération Dentaire Internationale, and seventy-five dollars (\$75.00) for other such members, effective January 1, 2013.

Adjournment

The special session adjourned sine die at 5:15 p.m.

Minutes of the Board of Trustees

December 10–12, 2012 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. Robert A. Faiella, president, on Monday, December 10, 2012, at 8:00 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: Robert A. Faiella, Charles H. Norman, Kenneth J. Versman, Brian E. Scott, Ronald P. Lemmo, Glen D. Hall, Kathleen O'Loughlin, Terry L. Buckenheimer, Joseph P. Crowley, Jeffrey D. Dow, Dennis W. Engel, Hal Fair, Maxine Feinberg, Steven Gounardes, Joseph F. Hagenbruch, Hilton Israelson, Roger L. Kiesling, Gary L. Roberts, Donald L. Seago, Carol Gomez Summerhays, Charles R. Weber, Gary S. Yonemoto, James K. Zenk, and Mark R. Zust.

Dr. Hall announced that a quorum was present.

Guests in attendance for a portion or portions of the meeting included: Mr. Josh Mintz; Dr. Henry W. Fields, chair, Council on Government Affairs (via conference call); Dr. Edward Vigna, former trustee; Dr. Kathy Roth, immediate past ADA/FDI delegation chair and spokesperson; Dr. James Mercer and Ms. Deborah Doherty, ADABEI; Mr. Gene Wurth, ADAF; and Dr. A.J. Smith.

The following ADA staff were in attendance for all or portions of the meeting at the invitation of the president: Jerome K. Bowman, chief, Governance and Strategy Management; J. Craig Busey, Esq., general counsel; Helen Cherrett, senior director, Global Affairs; James Goodman, managing vice president, Conference and Meeting Services; Michael Graham, senior vice president, Government and Public Affairs; Sabrina King, chief, People Management; Toni Mark, chief technology officer; Clayton B. Mickel, managing vice president, Corporate Relations and Strategic Marketing Alliances; Kenneth Ohr, chief communications officer; 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 Anthony Ziebert, senior vice president, Education/Professional Affairs.

Others in attendance for all or portions of the meeting were: Tomisena Cole, senior manager, Board and House Matters; Thomas C. Elliott, Jr., Esq., deputy general counsel; Julie Frantsve, senior director, Center for Evidence-Based Dentistry; Michael A. Glick, editor, *Journal of the American Dental Association (JADA*); Albert Guay, chief policy advisor emeritus; Linda Hastings, senior director, Administrative Services; Judith Jakush, editor, *ADA News*; Alyna Johnson, coordinator, Publications and Programs, Administrative Services; David Preble, director, Council on Dental Benefit Programs; and Wendy J. Wils, Esq., deputy general counsel. Other ADA staff members were in attendance for specific agenda items of interest.

Before consideration of business, Dr. Faiella read the ADA Disclosure Statement in compliance with Resolution 99H-2010; no conflicts of interest were identified.

Preliminary

Approval of Agenda and Consent Items: Dr. Faiella asked for any items of new business; no items of new business were introduced. On vote, the Board adopted the agenda for the December session of the Board of Trustees.

B-142-2012. Resolved, that the agenda be approved as the official order of business for the current session of the Board of Trustees except that the President may alter the order of the agenda when necessary to expedite business.

Approval of Consent Calendar. Dr. Faiella reviewed the items on the proposed consent calendar. No additional agenda items were removed or added to the consent calendar. On vote the Board adopted the following resolution.

B-143-2012. Resolved, that the resolutions contained on the Consent Calendar for Board of Trustees consideration be approved and reports be filed.

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

Approval of Minutes of the September 22-24, 2012, Session of the Board of Trustees.

B-144-2012. Resolved, that the minutes of September 22-24, 2012, regular session of the ADA Board of Trustees be approved.

Approval of Minutes of the November 12, 2012, Special Session of the Board of Trustees.

B-151-2012. Resolved, that the minutes of November 13, 2012, special session of the ADA Board of Trustees be approved.

Standing Committees of the Board of Trustees

Report of the Budget and Finance Committee: Dr. Dennis Engel, Committee chair, presented the report of the Committee's December 8, 2012, meeting. The report identified the major topics discussed, reports received and actions taken. On behalf of the Committee, Dr. Engel moved the following resolutions for Board consideration.

Quarterly Financial Statements. The Committee presented the following resolution; on vote the Board adopted Resolution B-152.

B-152-2012. Resolved, that the ADA quarterly financial statements as of September 30, 2012, be filed and posted in the appropriate delegates section.

2012 Contingent Fund Request—Electronic Expense Management. The Committee recommended approval of the 2012 supplemental funding request. On vote the Board adopted the following resolution.

B-154-2012. 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 Finance & Operations (Cost Center 090-1400-000) Electronic Expense Management – \$8,500

2013 Contingent Fund Request—Digital Archiving of JADA from 1913 to Present. The Committee recommended approval of the supplemental appropriation request. Dr. Engel commented that this activity would also generate a revenue stream through the Publishing Division; however, the Committee's recommendation was based on the value of this activity and not on the potential for revenue. On vote the Board adopted Resolution B-155.

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B-155-2012. Resolved, that the following appropriation be made from the 2013 Contingency Fund and be allocated to line items in separately listed cost centers, with the exception of capital funding, in accordance with the terms of the supplemental appropriation requests:

Division of ADA Publishing (Cost Center 090-1700-000) Digital Archiving of JADA from 1913 to the Present – \$173,000

2013 Contingent Fund Request—Council and Commission Chairs Attendance at December 2013 Board of Trustees Planning Session. The Committee recommended approval of the supplemental appropriation request. On vote the Board adopted Resolution B-156.

B-156-2012. Resolved, that the following appropriation be made from the 2013 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 090-1050-000) Council and Commission Chairs Attendance at December 2013 BOT Planning Session – \$13,700

2013 Contingent Fund Request—Electronic Expense Management. The Committee recommended approval of the supplemental appropriation request. On vote the Board adopted Resolution B-158.

B-158-2012. Resolved, that the following appropriation be made from the 2013 Contingency Fund and be allocated to line items in separately listed cost centers, with the exception of capital funding, in accordance with the terms of the supplemental appropriation requests:

Division of Finance & Operations (Cost Center 090-1400-000) Electronic Expense Management – \$60,000

2013 Contingent Fund Request—Purchasing/Accounts Payable Process Improvement. The Committee recommended approval of the supplemental appropriation request. On vote the Board adopted Resolution B-159.

B-159-2012. Resolved, that the following appropriation be made from the 2013 Contingency Fund and be allocated to line items in separately listed cost centers, with the exception of capital funding, in accordance with the terms of the supplemental appropriation requests:

Division of Finance & Operations (Cost Center 090-1400-000) Purchasing/Accounts Payable Process Improvement – \$28,000

Carryover Budgeted Funds—Aptify/TS Conversion. The Committee recommended approval of the carryover request; on vote the Board adopted Resolution B-160.

B-160-2012. Resolved, that the following carryover request related to a significant 2012 project that could not be completed in 2012 be funded from 2013 Reserves so that the project can be completed in 2013:

Division of Information Technology Aptify/TS conversion – \$313,200 *Carryover of Budget Funds—FileWeb Replacement Project.* The Committee recommended approval of the carryover request; on vote the Board adopted Resolution B-161.

B-161-2012. Resolved, that the following carryover request related to a significant 2012 project that could not be completed in 2012 be funded from 2013 Reserves so that the project can be completed in 2013:

Division of Information Technology FileWeb Replacement Project – \$150,000

Carryover of Budgeted Funds—*Center for Professional Success.* The Committee recommended approval of the carryover request; on vote the Board adopted Resolution B-162.

B-162-2012. Resolved, that the following carryover request related to a significant 2012 project that could not be completed in 2012 be funded from 2013 Reserves so that the project can be completed in 2013:

Division of Dental Practice/Professional Affairs Center for Professional Success (CPS) – \$358,000

Carryover of Budgeted Funds—Video Production Project. The Committee recommended approval of the carryover request; on vote the Board adopted Resolution B-163.

B-163-2012. Resolved, that the following carryover request related to a significant 2012 project that could not be completed in 2012 be funded from 2013 Reserves so that the project can be completed in 2013:

Division of Communications and Marketing Video Production Project – \$40,000

2013 Contingent Fund Request—Environmental Scanning Project. The Committee recommended the approval of the supplemental appropriation request. On vote the Board adopted Resolution B-166.

B-166-2012. Resolved, that the following appropriation be made from the 2013 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 request:

Division of Administrative Services (Cost Center 090-xxxx-xxx) Environmental Scanning Project – \$121,000

ADA Foundation Disaster Relief Contribution. Mr. Gene Wurth, executive director of the ADA Foundation, presented a request for a financial contribution from the ADA to the ADA Foundation Disaster Relief Fund, in support of dentists impacted by Hurricane Sandy. The Committee recommended approval of the contribution to the Foundation; on vote the Board of Trustees adopted Resolution B-167.

B-167-2012. Resolved, that the ADA make a 2012 charitable contribution funded from Reserves in the amount of \$300,000 to the ADA Foundation Disaster Relief Fund.

401(k) Contribution. The Committee recommended the adoption of the following resolution; on vote, the Board unanimously adopted Resolution B-153.

B-153-2012. Resolved, that the Board of Trustees directs that the ADA Employees Savings and Thrift Plan be amended effective December 15, 2012, to increase the \$1000 contribution currently

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authorized for the 2012 plan year to a 4% Savings and Thrift Plan contribution consistent with the original, amended ADA Pension Program, 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.

Report of the Audit Committee: Dr. Maxine Feinberg, Committee chair, presented the report of the Audit Committee's December 8, 2012, meeting. The report identified the major topics discussed, reports received and actions taken. Dr. Feinberg noted that the Audit Committee, acting as Audit Committee for the ADA Foundation, also met at this time and presented a separate report to the ADA Foundation Board.

Report of the Compensation Committee: Dr. Don Seago, Committee chair, presented the report of the Committee's December 8, 2012, meeting. The report identified the major topics discussed, reports received and actions taken. On behalf of the Committee, Dr. Seago moved the adopted of Resolution B-168.

B-168. Resolved, that the description of the Compensation Committee, as defined under Standing Committees in the *Organization and Rules of the Board of Trustees, dated March 2012* (the "Board Rules") be removed at the next updating of the Board Rules and replaced in entirety with the following description:

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;
- 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 an annual report from the Executive Director on the performance of senior executive officers and any salary adjustments or payment of eligible incentive pay allocations and to report on related compensation actions to the Board; also to recommend to the Board guidelines developed by the Executive Director for any compensation or benefit arrangements other than the customary ADA employee compensation and benefit arrangements 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;
- to periodically (consistent with best practices but not less than once every three-five calendar years) review the ADA's staff compensation philosophy and financial metrics for reasonableness against external benchmarks and for purposes of internal equity;
- to review and make recommendations annually regarding stipends for officers and trustees to the Board;
- 9. to keep minutes of its meetings, and at each meeting, review and approve the minutes of its preceding meeting(s).
- to periodically (but not less than once every two years) (i) review and assess the adequacy of this Compensation Committee Charter, 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;
- 11. to annually report to the ADA Budget and Finance Committee on any approved compensation actions or recommendations with financial impact on ADA operating expenses;
- 12. 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
- 13. to meet in executive session to determine the Executive Director's compensation and benefits. The Executive Director may attend meetings to determine any special compensation arrangements 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.

and be it further

Resolved, that once the conflict of authority is resolved for review of travel expenses, ADA Legal be provided the delegated authority to modify or strike in its entirety item #12 from above from the description of the Compensation Committee as defined under Standing Committees in the *Organization and Rules of the Board of Trustees*; such action to be taken at the update to the Board Rules next following conflict being resolved.

On vote, consideration of Resolution B-168 was postponed definitely to later in this session to allow the Board sufficient time to review the proposed changes. Dr. Faiella appointed a work group composed of Drs. Seago, Summerhays, Hall and Zust to develop an amended resolution to allow for immediate updating of the Board *Rules*. Later in the Board session, Resolution B-168, as amended, was moved by Dr. Seago; on vote the Board adopted the following amended resolution.

B-168-2012. Resolved, that the recommended changes in the Charter of the Compensation Committee be adopted, and be it further

Resolved, that the Committee is directed to incorporate these changes into its charter and present that charter to the March 2013 Board of Trustees meeting.

Report of the Diversity Committee: Dr. Charles Weber, Committee chair, presented the report of the Committee's December 8, 2012, meeting. The report identified the major topics discussed, reports received and actions taken. Dr. Weber presented the following resolutions for the Board's consideration.

Diversity and Inclusion Education Program. On vote, the Committee's Resolution B-164 was postponed definitely until later in the session to determine the financial implication of an annual Board Diversity and Inclusion Education Program. Later in the session, Dr. Weber moved Resolution B-164 as amended by the addition of the phrase "at a cost of no more than \$8,000." On vote, the Board adopted the following amended resolution.

B-164-2012. Resolved, that a Board Diversity and Inclusion Education Program be implemented on an annual basis at a cost of no more than \$8,000.

Name Change of Standing Committee on Diversity to Standing Committee on Diversity and Inclusion.

B-165-2012. Resolved, that the Diversity Committee's existing name, ADA's Standing Committee on Diversity be changed to ADA's Standing Committee on Diversity and Inclusion (CDI).

Note: Resolution B-165 was edited as shown above to be consistent with the existing Standing Committee titles reflected in the *Organization and Rules of the Board of Trustees*.

Report of the Governance Committee: Dr. Don Seago, Committee chair, presented the report of the Committee's December 8, 2012, meeting. The report identified the major topics discussed, reports received and actions taken.

Report of the Information Technology Committee: Dr. Charles Weber, Committee chair, presented the Committee's report on its December 8, 2012, meeting. The report identified major topics discussed, reports received, actions taken and recommendations made.

Report of the Pension Committee: Dr. Ron Lemmo, treasurer and Committee chair, presented the report of the Committee's December 7, 2012, meeting. The report identified the major topics discussed, reports received, training received, and actions taken.

Report of the Strategic Planning Steering Committee: Dr. Hilton Israelson, chair, Strategic Planning Steering Committee, presented the Committee's report on its December 8, 2012, meeting. The report identified the major topics discussed, reports received and actions taken.

Communications and Marketing

Report of the Chief Communications Officer: Ad Council Program Update: This informational update reported that the Partnership for Healthy Mouths has grown to 37 coalition members with funding pledges of more than \$4.5 million. The public service announcements developed for the Ad Council campaign were shown. Mr. Ohr commented on the airing of the videos, various facets of the multi-media campaign, and web sites that had been developed as part of the campaign.

Report of the Chief Communications Officer: "Stop Zombie Mouth" Public Oral Health Awareness Campaign: This informational report described the success of the Halloween-themed "Stop Zombie Mouth" campaign conducted from September 10 through November 13, 2012, which promoted a sugar free alternative to candy. The direct costs of the campaign were borne by Pop Caps Games (an online video game company), and several ADA divisions contributed staff time and expertise (consent calendar item).

Report of the Senior Vice President, Government Affairs, and Chief Communications Officer: Progress Report on Reframing the Access Debate: This report, presented by Mr. Ohr and Mr. Graham, described the progress to date on the development and launch of the "call to action" endorsed by the Board of Trustees in September 2012 and the status of specific initiatives which comprise the program elements of this effort.

Conference and Meeting Services

Report of the Council on ADA Sessions: Nomination of the General Chair of the 2014 Committee on Local Arrangements: The Board of Trustees adopted the following resolution (consent calendar item).

B-145-2012. Resolved, that the nomination of Rise' L. Martin, D.D.S., to serve as general chair for the 2014 Committee on Local Arrangements made by the Texas Dental Association in collaboration with the San Antonio District Dental Society be approved.

Finance and Operations

Report of the Chief Financial Officer: Final Status of the 2012 Operating Contingency Fund: A Contingent Fund of \$1 million was authorized in the 2012 budget. On vote, and based on the recommendation of the Budget and Finance Committee regarding supplemental requests submitted at this meeting, the Board adopted Resolution B-154, leaving a Contingent Fund balance of \$710,800. (See page 349 for the text of Resolution B-154.)

Report of the Chief Financial Officer: Status on the 2013 Operating Contingency Fund and Approval of Supplemental Appropriation Requests: A Contingent Fund of \$1 million was authorized in the 2013 budget. On vote, and based on the recommendations of the Budget and Finance Committee regarding 2013 supplemental requests submitted at this meeting, the Board adopted Resolutions B-155, B-156, B-158, and B-159. (See page 350 for text of resolutions.)

Report of the Chief Financial Officer: Carryover Budgeted Funds from 2012 to 2013: Several requests were submitted by ADA agencies to carryover unspent 2012 budgeted funds related to projects that will not be completed until 2013. On vote, and based on the recommendations of the Budget and Finance Committee regarding these carryover requests, the Board adopted Resolutions B-160, B-161, B-162, and B-163. (See page 350 for text of resolutions.)

Global Affairs

Report on the 2012 FDI Annual World Dental Congress: This report provided information on the attendance of the ADA delegation at the 2012 ADA Annual World Dental Congress in Hong Kong, August 29 to September 1 (consent calendar item).

Report of the Senior Director, Global Affairs: 2013 ADA Humanitarian Award: This report provided background on the ADA Humanitarian Award and the Nominating Committee's recommendation of Dr. Sherwin R. Shinn as the 2013 recipient (consent calendar item).

B-148-2012. Resolved, that Dr. Sherwin R. Shinn, Washington, be approved as the 2013 recipient of the ADA Humanitarian Award.

Later in the meeting Dr. Faiella informed the Board that he had contacted Dr. Shinn and gave him the news that he had been selected as the recipient of the Humanitarian Award.

Government/Public Affairs

Report of the Senior Vice President, Government and Public Affairs: Federal and State Legislative, Regulatory and Public Affairs Update: This report provided information on the following key issues: medical device tax; water fluoridation in new communities; ADPAC backing of successful congressional candidates; developments in the Native American initiative and the State Public Affairs program; and CAPIR activities (consent calendar item).

Presentation of Dr. Edward Vigna, The Native American Project. Dr. Vigna provided information on programs and initiatives focused on improving dental access to American Indian and Native Alaskan populations. He commented on the potential for implementation of CDHC programs in needed areas and commented on the Native American Oral Health Project and other collaborative activities to benefit these populations.

Report of the Council on Government Affairs: Legislative and Regulatory Priorities for 2013: Dr. Henry Fields, Council chair, addressed the Board via telephone conference and commented on the legislative and regulatory priorities established by the Council for 2013. Mr. Graham provided additional comments on plans for addressing ERISA Reform. On vote, the Board adopted the following resolution.

B-147-2012. Resolved, that the Board of Trustees approves the Government and Public Affairs Division's Legislative and Regulatory Priorities for 2013.

Report of the Division of Government and Public Affairs: Estimated Costs of Spending on Access Programs: This report summarized Association resources spent on access programs and issues.

Science/Professional Affairs

Report of the Council on Scientific Affairs: Recent Activities: This report provided information and updates on several Council initiatives, including: projected needs for scientific and clinical expertise on the Council; Council strategic discussions and priority topics; the importance of a practical, clinical definition of "oral health"; completion of the AAOS-ADA Guideline for the Prevention of Orthopaedic Implant Infection in Patients Undergoing Dental Procedures; Seal of Acceptance Program and fee changes; adoption of a Council statement on human papillomavirus (HPV) and squamous cell cancers of the oropharynx; and updates on a number of evidence-based dentistry activities including clinical recommendations (consent calendar item).

Report of ADA Standards Annual Volunteer Awards Program: This report provided information regarding the ADA Standards Annual Volunteer Awards program; the program's history in recognizing outstanding program volunteers; and recommended candidates for the 2012 SCDP Volunteer Award and the 2012 SCDI Volunteer Award. The Board of Trustees adopted Resolution B-149, naming the recipient of the 2012 SCDP Volunteer Award, and Resolution B-150, naming the recipient of the 2012 SCDI Volunteer Award (consent calendar item).

Note: The text of adopted Resolutions B-149 and B-150 are embargoed pending announcement of award recipients in the first quarter of 2013.

Organizational/Other

ADA Library: In response to House Resolution 159H-2012 that calls for the Library's collections and physical space to be maintained without disposition in 2013, and development of a transition plan for the Library to be reported to the 2013 House of Delegates, Dr. Faiella appointed a work group to develop the transition plan. The following Board members were appointed to the work group: Dr. Joseph Hagenbruch (chair), Dr. Gary Roberts, Dr. Hal Fair, and Dr. Joseph Crowley, with staff support provided from the Division of Education. A report will be due to the Board at its August 2013 session for transmittal to the House of Delegates.

Report of ADA Business Enterprises, Inc.: This report was presented by Dr. James Mercer, ADABEI chair. He provided an update on 2012 ADABEI activities, strategies for growth in 2013, and finances, including revenue and expenses, through September 2012. Deborah Doherty, ADABEI managing vice president was also in attendance. Dr. Mercer commented on amendments to the ADABEI bylaws that will be consider by ADA Board as Stockholder of ADABEI in a separate meeting.

Quarterly Report of the ADA Foundation: This report provided an update on ADAF activities, with a focus on disaster relief efforts for individuals affected by Hurricane Sandy (consent calendar item).

Report of the President: Dr. Faiella gave an oral report on meetings attended since being installed as ADA President at the 2012 ADA House of Delegates.

Dr. Faiella also announced additional appointments to work groups and committees.

Resolution 94H-2012—Study of Governance Recommendations Relating to Councils. Dr. Carol Summerhays (chair), Dr. Gary Yonemoto, Dr. Mark Zust, Dr. Carolyn Malon, Dr. Michael Halasz, Dr. Barbara Rich, and Dr. Matthew Roberts. Resolution 177-2012 was also referred to this work group by the House of Delegates. However, with the agreement of the 94H Work Group, the Governance Committee will study Resolution 177-2012 and provide a report to the Resolution 94H-2012 Committee.

Resolution 97H-2012—Amendment of the ADA Bylaws Regarding Financial Responsibility of the Board of Trustees and House of Delegates. Dr. Ron Lemmo (chair), Dr. Wendy Brown, Dr. Steven Gounardes, Dr. Barry Howell, Dr. Steven Kend, Dr. Ted Sherwin, and Dr. Paul Zimmerman

JADA Editor Contract Review. Dr. Don Seago (chair), Dr. Roger Kiesling, Dr. Jeff Dow, and Dr. Terry Buckenheimer.

CERP Work Group. Dr. Charlie Weber (chair), Dr. Don Seago, Dr. Roger Kiesling, and Dr. Ron Lemmo. It was noted that the work group's charge is pending the outcome of the CERP Committee's work.

Core Values. Dr. James Zenk (chair), Dr. Gary Yonemoto, and Dr. Carol Summerhays, with Mr. Ohr and Dr. Willey as staff support. This work group will develop recommendations for definitions on core values and other information for the February 2013 Board Retreat.

PR Agency Review Work Group. Dr. Roger Kiesling (CC liaison), Dr. Carol Summerhays (CGA liaison), Dr. Jonathan Shenkin (CC chair), Dr. Sally Hewett, and Dr. Henry Fields, (CGA chair)

Report of the President-elect: Dr. Norman gave an oral report on meetings attended since being installed as ADA President-elect at the 2012 House of Delegates.

Report of the Executive Director: Dr. O'Loughlin provided the Board with the third quarter management report.

Report of the Treasurer: Financial Dashboard: Dr. Ron Lemmo provided an oral report on the development of a new financial dashboard that will provide a better, reader-friendly visual report of financial information for use by the Board of Trustees. He also commented on expanded communication opportunities for Board members with the Treasurer, by email and/or phone; his availability for visits with states and district caucuses; and plans to visit with ADA councils as a resource on the budget and budget development.

Review of the Criteria for Nominations to ADA Councils, Commissions and the New Dentist Committee: This informational report provided the criteria (credentials and qualifications) specific to council and commission nominees (consent calendar item). **Retreat Session of the Board of Trustees:** The Board discussed the challenges of conducting a Board retreat immediately following the 2013 annual meeting of the ADA House of Delegates. On vote, the Board adopted the following resolution.

B-169-2012. Resolved, that the November 6-7, 2013, Board of Trustees Retreat Session be cancelled, and be it further

Resolved, that a Retreat Session of the Board of Trustees be scheduled annually in the first quarter of the year beginning in 2014.

Approval of Additional Consultants to the Council on Access, Prevention and Interprofessional Relations and the Continuing Education Recognition Program Committee: Dr. Faiella shared information regarding requests for appointment of additional consultants to CAPIR and CERP, and sought the Board's approval of these consultants. On vote, the Board approved the following individuals as consultants:

CAPIR

Dr. Nolan Allen, Florida Dr. Eleanor Gill, Mississippi

Dr. David Holwager, Indiana

Dr. William K. Rich, Kentucky

CERP

Dr. Julia Ann Barna, Pennsylvania Dr. Jeffrey Chaffin, Virginia

Seconding of Motions During Board Meetings: Dr. Hall observed that Board members routinely offered a "second" following the statement of a motion. He noted that the *Organization and Rules of the Board of Trustees* does not require a second following the proper movement of a motion, and noted this practice is also reflected in the *Rules* of the House of Delegates. Dr. Faiella asked if there were any objections to following the current Board *Rules* and not require a second for a motion; no objections were stated.

Liaison Reports

Report of Dr. Maxine Feinberg, Liaison, Council on Dental Benefit Programs: Dr. Feinberg submitted a report on the November 16-17, 2012, Council meeting.

Report of Dr. Joseph F. Hagenbruch, Liaison, Council on Ethics, Bylaws and Judicial Affairs: Dr. Hagenbruch submitted a report on the November 16-17, 2012, Council meeting (consent calendar item).

Report of Dr. Joseph F. Hagenbruch, Dental Quality Alliance: Dr. Hagenbruch submitted a report on the November 1 and 2, 2012, meetings of the DQA Executive Committee and the Dental Quality Alliance (consent calendar item).

Report of Dr. Donald L. Seago, Liaison, Council on Dental Education and Licensure: Dr. Seago submitted a report on the November 8-9, 2012, meeting of the Council.

Report of Dr. Joseph F. Hagenbruch, Liaison, Standards Committee on Dental Informatics: Dr. Hagenbruch submitted a report that described progress on certain committee activities; summarized various meetings of the Standards Committee held during 2012; and identified meetings scheduled for 2013 (consent calendar item).

Report of Dr. Joseph F. Hagenbruch, Liaison, Dental Content Committee: Dr. Hagenbruch provided a brief oral report on the activities of the Dental Content Committee.

Closed Session

Closed sessions of the Board of Trustees were held at various times during the December Board session, with members of the Board of Trustees, the Executive Director, General Counsel, and limited ADA staff in attendance.

Strategic Discussion: The Board of Trustees, with limited staff in attendance, participated in a strategic discussion on the changing landscape of dentistry.

Budget and Finance Committee: Several items within this Committee's report were discussed in closed session.

Special Appearances and Presentations

Update of 2012 Dental Economics Advisory Group: A presentation on the Dental Economic Advisory Group was given by Dr. Kiesling, Dr. Israelson and Dr. Vujicic. The presenters commented on the value and importance of this advisory group in identifying emerging issues for the profession, the changes of membership and focus of the group in 2012, and directions for future policy research. The Board discussed potential opportunities for future involvement in these discussions.

Update on the Center for Professional Success (CPS): Dr. Jim Willey, CPS team leader, gave a status update on the development of the Center for Professional Success. This program is intended to assist dentists with managing the business aspects of a dental practice. The goal of the Center is to combine practice manage resources with a portfolio of educational programs that is available both online and through in-person certificate programs. The long term goal is to become one of the top five most highly rated ADA member benefit within five years. Dr. Willey commented on market research completed, the interdivisional staff team collaborating on the development and support for the Center, and the volunteer oversight of the project. He also commented on corporate interest in the program, and anticipated 2013 launch schedule.

Presentation of Representatives from Sikka Software Company. Related to the presentation on the Center for Professional Success, representatives of Sikka Software Company—Vijay Sikka (founder and CEO) and Roger Telegan (chief information officer)—gave a demonstration of a product that produces analytics that can be used to help dentists maximize their practice incomes.

Dr. Michael Glick, *JADA* **Editor, Presentation on Scientific Interpretation:** Dr. Glick's presentation focused on the immense amount of scientific information available to dental professionals and professional organizations. He commented on the levels of scientific studies/reviews; types of clinical research; and difference between scientific and evidence-based information and the impact of information on clinical practice.

Appearance of Dr. Kathleen Roth, immediate past ADA/FDI Chair and FDI Delegation Spokesperson: Dr. Roth reported to the Board on the ADA delegation's attendance at the FDI World Dental Congress; shared information on the FDI's structure, Vision and Mission; and identified current FDI projects and activities. Dr. Roth also shared her perspective on the value in participating in the FDI—global voice of dentistry—and commented on the value of ADA expertise in FDI programs and projects.

Diversity and Inclusion Session: In a session facilitated by Mr. Josh Mintz, the Board of Trustees participated in a session that focused on the importance of cultural intelligence, organizational culture, and implications for the ADA's collaborations with others.

Attorney-Client Session

An attorney-client session of the Board of Trustees was held on Monday, December 10, 2012, to provide advice on pending litigation and legal matters of interest to the ADA. Those in attendance were the ADA

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officers and members of the Board of Trustees, the Executive Director/Chief Operating Officer, the General Counsel and Deputies General Counsel.

Report of the Division of Legal Affairs: Summary of Litigation and Other Matters: The General Counsel informed the Board of Trustees of pending legal matters.

Adjournment

Without objection, the second session of the Board of Trustees adjourned *sine die* at 9:20 a.m. on Wednesday, December 12, 2012.

Minutes of the House of Delegates

October 19-23

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Minutes of the 153rd Annual Session of the American Dental Association House of Delegates

October 19–23, 2012 San Francisco, California

Friday, October 19, 2012

First Meeting of the House of Delegates

Call to Order: The first meeting of the 153rd American Dental Association House of Delegates was called to order by the Speaker of the House of Delegates, Dr. J. Thomas Soliday, Maryland, on Friday, October 19, 2012 at 3:30 p.m., in the Moscone Convention Center, San Francisco, California.

Invocation and Pledge: An invocation was offered by First Vice President, Dr. Patricia L. Blanton, Texas; 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. Robert A. Faiella, president-elect; Dr. William R. Calnon, president; Dr. Kathleen T. O'Loughlin, executive director; Dr. Patricia L. Blanton, first vice president; and Dr. Kenneth J. Versman, second vice president.

Introduction of Former Presidents: The Speaker introduced the former presidents of the American Dental Association who were seated in the House of Delegates.

Introduction of Committee on Local Arrangements Chair: Dr. Dennis D. Shinbori, California, general chair of the Committee on Local Arrangements, welcomed the delegates and alternates to the state of California.

Ethics Statement: Dr. Marilyn S. Lantz, chair, Council on Ethics, Bylaws and Judicial Affairs read the following ethics statement:

As members of the legislative and governing body of the American Dental Association, we want to be reminded of our responsibility to act with integrity and exercise our powers and perform our duties relating to professional matters in a manner consistent with the *Principles of Ethics and Code of Professional Conduct* of the Association. By acting ethically and with integrity over the course of this annual session, we can be certain that our legislative obligations and decision making authority will be discharged in keeping with the profession's fiduciary obligations. Finally, we must be mindful of our responsibility for professionalism and respect to each other in our work and deliberations. The ADA's Professional Conduct Policy that appears in the *Manual of the House of Delegates* speaks to the fact that professionalism is the standard for communications throughout this Association.

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 list of legislation that ADPAC advocated for in 2012.

Report of the Committee on Credentials, Rules and Order: Dr. Scott Morrison, Nebraska, chair, presented the Report of the Standing Committee on Credentials, Rules and Order (*Supplement*:1021). The other members of the Committee were: Dr. Karen Foster, Colorado; Dr. Robert V. Herwig, Kansas; Dr. David Kenyon, Wisconsin; Dr. Chad Leighty, Indiana; Dr. David McCarley, Texas; Dr. Edward Miller, New York; Dr. Brian Schwab, Pennsylvania; and Dr. Danny Warner, Washington.

Dr. Morrison 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 Delegate Dr. Stuart M. Wechter, Virgin Islands

New Alternate Delegates Dr. Gary L. Caskey, Louisiana Dr. Brian Kennedy, New York Dr. Maria Maranga, New York Dr. Paul Markowitz, New York Dr. Matthew Norman, North Carolina Dr. Lawrence Volland, New York Dr. Edward Wise, South Carolina

New/Acting Secretary Dr. Jeffrey Bennett, Indiana

New/Acting Executive Directors Ms. Nelda H. Greene, Georgia Ms. Martha A. Reinbold, Alaska

The Speaker asked if there were any objections to credentialing the above mentioned individuals; hearing none, the Speaker declared the credentials granted.

Dr. Morrison reported the presence of a quorum and continued with the presentation of the Committee's report.

Disclosure Policies: Dr. Morrison 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 2011 Session of the House of Delegates (Standing Committee on Credentials, Rules and Order Resolution 85): Dr. Morrison moved the adoption of Resolution 85 (*Supplement*:1029). On vote, Resolution 85 was adopted.

85H-2012. Resolved, that the minutes of the 2011 session of the House of Delegates, as published in *Transactions, 2011* (pages 427-558), be approved.

Adoption of Agenda and Order of Agenda Items (Standing Committee on Credentials, Rules and Order Resolution 86): Dr. Morrison moved the adoption of Resolution 86 (*Supplement*:1030). On vote, Resolution 86 was adopted.

86H-2012. Resolved, that the agenda as printed in the 2012 *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 is 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 87): Dr. Morrison moved the adoption of Resolution 87 (*Supplement*:1031).

The Speaker noted the following changes to the list of referrals.

Withdrawn Resolution

Resolution 98—Board of Trustees, Amendment of the ADA *Bylaws* Regarding Approval of Annual Budget (*Supplement*:7040)

Referred to the 2013 House of Delegates

Resolution 95—Board of Trustees, Amendment of the *ADA Constitution and Bylaws* Regarding the Offices of First and Second Vice President (*Supplement*:7030).

Resolution 99—Board of Trustees, Amendment of the ADA *Bylaws* Regarding Notice for Dues, Special Assessments and Procedures for Changing the Dues of Active Members (*Supplement*:7042).

On vote, Resolution 87 was adopted.

87H-2012. 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. Morrison called attention to the times and locations for reference committee hearings, reviewed the rules regarding the introduction of new business, and reminded everyone that proxy voting is not permitted in the House of Delegates. In addition, he noted the importance of completing Delegate Substitution Forms to ensure an accurate attendance record.

Report of the President

The Speaker introduced Dr. William R. Calnon for the purpose of presenting his report to the House of Delegates. The Speaker referred the report (*Supplement*:3055) to the Reference Committee on Membership and Related Matters.

Special Order of Business

Presentation of the Distinguished Service Award: President Calnon presented the 2012 Distinguished Service Award to Dr. Albert H. Guay, Illinois. 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. Guay.

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. Charles L. Steffel, trustee, Seventh 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 leaders who passed away since the last meeting of the House.

Nominations to ADA Councils and Commissions (Board of Trustees Resolution 84). Dr. Steffel 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 84 (*Supplement*:1020) was adopted.

84H-2012. Resolved, that the nominees for membership on ADA councils, commissions and the 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. Steffel noted that Reports 2 through 14 of the Board of Trustees had been referred by the Speaker to the appropriate reference committee as indicated on the Updated General Index to the resolution worksheets.

Nomination of Officers and Trustees

President-elect: The Speaker called for nominations for the office of president-elect. Dr. Samuel B. Low, Florida, was nominated by Dr. Terry L. Buckenheimer, Florida. Dr. Charles H. Norman, III, North Carolina, was nominated by Dr. Matthew Norman, North Carolina. 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 Monday, October 22.

Second Vice President: The Speaker called for nominations for the office of second vice president. Dr. Brian E. Scott, California, was nominated by Dr. Jean L. Creasey, California. The Speaker called for additional nominations; hearing no other nominations, Dr. Soliday declared Dr. Scott duly elected as Second Vice President. An acceptance speech was given by Dr. Scott.

Speaker of the House of Delegates: The Speaker called for nominations for the office of speaker of the House of Delegates. Dr. Glen D. Hall, Texas, was nominated by Dr. Richard C. Black, Texas. Dr. Robert M. Peskin, New York, was nominated by Dr. Deborah Weisfuse, New York. Acceptance speeches were made by the candidates. The Speaker announced that the names of the candidates would be placed on the ballot for election on Monday, October 22.

Treasurer: The Speaker called for nominations for the office of Treasurer. Dr. Ronald P. Lemmo, Ohio, was nominated by Dr. Charles L. Steffel, Indiana. Dr. John R. Moser, Wisconsin, was nominated by Dr. Monica Hebl, Wisconsin. Dr. Mary Krempasky Smith, Washington, was nominated by Dr. Danny G. Warner, Washington. Acceptance speeches were made by the candidates. The Speaker announced that the names of the candidates would be placed on the ballot for election on Monday, October 22.

District Trustees: The Speaker accepted trustee nominations from Districts Six, Seven, Ten, Sixteen and Seventeen, as follows:

- Dr. Robert Butler, Missouri, nominated Dr. Mark R. Zust, Missouri, as Sixth District Trustee
- Dr. Mark Bronson, Ohio, nominated Dr. Joseph P. Crowley, Ohio, as Seventh District Trustee
- Dr. Michael Flynn, Minnesota, nominated Dr. James K. Zenk, Minnesota, as Tenth District Trustee
- Dr. James Mercer, South Carolina, nominated Dr. Julian H. Fair, III, South Carolina, as Sixteenth District Trustee
- Dr. Kim Jernigan, Florida, nominated Dr. Terry L. Buckenheimer, Florida, as Seventeenth District Trustee

The Speaker declared Dr. Mark R. Zust, Dr. Joseph P. Crowley, Dr. James K. Zenk, Dr. Julian H. Fair, III, and Dr. Terry L. Buckenheimer duly elected as trustees of their respective districts.

Newly Submitted Resolutions

The Speaker announced receipt of the following new resolutions:

Resolution 175 (*Supplement*:6137)—Amendment of the ADA Constitution, Section 20, Administrative Body—submitted by the Seventeenth Trustee District. The Speaker announced the referral of this resolution to the 2013 House of Delegates.

Resolution 100S-1 (*Supplement*:7053a)—Substitute for Resolution 100: Delegate Allocation and Size of the House of Delegates—submitted by the Eleventh Trustee District; referred to the Reference Committee on Governance.

Resolution 100S-2 (*Supplement*:7053b)—Substitute for Resolution 100: Delegate Allocation and Size of the House of Delegates—submitted by the Thirteenth Trustee District; referred to the Reference Committee on Governance.

Remarks by ADA Foundation President, Dr. David A. Whiston: Dr. Whiston briefly reported on some of the issues occupying the Foundation's attention over the past year. Highlights included the significant changes taking place at the Paffenbarger Research Center regarding staffing and the end of the Foundation's voluntarily imposed fundraising moratorium. Dr. Whiston commented on the financial picture of the Foundation, including expectations for reaching targets for fundraising and grants.

Recess

With the consent of the House, the first meeting of the House was recessed for the purpose of conducting a closed session. Prior to the closed session, guests and visitors who were in attendance were required to leave the meeting room.

Closed Session

A closed session was convened at 5:35 p.m., by the Speaker of the House of Delegates. Those in attendance were the delegates and alternate delegates; ADA past presidents; current officers and members of the Board of Trustees; executive directors and secretaries of the constituent societies; ADA council, commission and committee chairs and directors; ADA attorneys; and ADA senior and managing vice presidents. Mr. J. Craig Busey, ADA General Counsel addressed the House of Delegates. The closed session adjourned at 6:07 p.m. and the regular session of the House of Delegates resumed.

Adjournment of the First Meeting

Dr. Tessa K. Reeves, Tennessee, moved to adjourn the first meeting of the House of Delegates. Hearing no objections, the Speaker declared the meeting adjourned at 6:10 p.m.

Monday, October 22, 2012

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. William Calnon for the presentation of Honorary Membership to the following individuals:

Ms. Alice DeForest, Illinois Ms. Nancy Kelly, Washington, D.C.

Announcements: The Speaker announced that the following resolution had been withdrawn.

Resolution 107S-1—(*Supplement*:4099a)—Substitute for Resolution 107: Teledentistry—withdrawn by the Fifth Trustee District

No objections to the withdrawal of Resolution 107S-1 were expressed.

Presentation of the Executive Director: Dr. Kathleen T. O'Loughlin presented her annual report to the House of Delegates.

Election Results: The Speaker announced that Dr. Charles H. Norman, III, North Carolina, had been elected to the office of ADA president-elect. Dr. Norman and Dr. Samuel Low briefly addressed the members of the House of Delegates.

Next, the Speaker announced that Dr. Glen Hall, Texas, had been elected to the office of Speaker of the House of Delegates. Dr. Hall and Dr. Robert Peskin briefly addressed the members of the House of Delegates.

The Speaker announced that Dr. Ronald P. Lemmo, Ohio, had been elected to the office of Treasurer. Dr. Lemmo, Dr. John R. Moser and Dr. Mary Krempasky Smith briefly addressed the members of the House of Delegates.

Report of the Standing Committee on Credentials, Rules and Order: Dr. Scott Morrison, Nebraska, chair, reported that the Committee received a request relating to the credentialing of a new alternate delegate. The Committee considered the request to be the result of extenuating circumstances. Accordingly, the Committee recommended that the following individual be credentialed.

Alternate Delegate Dr. Chester Gary, New York

The Speaker asked if there were any objections to credentialing the above mentioned individual; hearing none, the Speaker declared the credentials granted.

Dr. Morrison reported the presence of a quorum.

Before consideration of business, Dr. Morrison reminded the House that, in accordance with the ADA Disclosure Policy, delegates were obligated to disclose any conflict of interest relating to the issues being addressed.

Presentation of the Treasurer: Dr. Edward Leone, Jr., presented his annual report to the House of Delegates.

Priority Agenda Items

Report of the Reference Committee on Legal, Legislative and Public Affairs Matters-Priority Item

The priority item contained in the Report of Reference Committee on Legal, Legislative and Public Affairs Matters was presented by the chair, Dr. Edward Green, Georgia. The other members of the Committee were: Dr. Ron Bellohusen, New York; Dr. Marianna Clougherty, Pennsylvania; Dr. Jim Harrell, North Carolina; Dr. Harris Colton, New Jersey; Dr. Michael Flynn, Minnesota; Dr. Marty Garrett, Louisiana; Dr. Ruchi Sohota, California; and Dr. Debrah Worsham, Texas.

Amendment of the Rules of the House of Delegates (Board of Trustees Resolution 168): The Reference Committee reported as follows.

The Reference Committee supports the resolution as proposed.

168. Resolved, that the Rules of the House of Delegates, section titled "Presentation of Resolutions and Other Items of Business," paragraph two, be amended as follows (new language= <u>underscored</u>, deletions=stricken):

Resolutions <u>shall not be introduced in the House of Delegates</u> which (1) merely reaffirm or restate existing policy <u>unless proposed pursuant to Resolution 111H-2010</u>, <u>Regular Comprehensive</u> <u>Policy Review</u>, (2) commend or congratulate an individual or organization, (3) memorialize an individual shall not be introduced in the House of Delegates.

Dr. Green moved the adoption of Resolution 168 (Supplement:6127).

Dr. Mark Zust, Missouri, moved to suspend the rules of the House to consider Resolution 170RC before Resolution 168, saying, "Resolution 170RC would allow the House to not have to debate and vote all of the reaffirmations of the existing policies of the Association. If we take the amendment to the Rules that's on the floor right now, that's going to force a vote on each of those resolutions. So for that reason, I'd like to suspend the Rules*."

The Speaker asked if there was any objection to suspending the Rules to allow 170RC to be considered before of Resolution 168, saying, "... if 170RC is adopted, 168 would become moot."

Hearing no objections, the Rules were suspended to consider Resolution 170RC before Resolution 168.

*Note: The "Rules of the House of Delegates" direct that a resolution amending the "Rules" will be reported to the House as a priority item at the beginning of the second meeting. If the House adopts the resolution, the amendment will govern the balance of that session as well as future sessions.

Report of the Reference Committee on Governance—Priority Items

The priority items contained in the Report of the Reference Committee on Governance were presented by Dr. Craig Yarborough, California, chair. The other members of the Committee were: Dr. Mark W. Donald,

Mississippi; Dr. David Eichler, Alaska; Dr. James T. Fanno, Ohio; Dr. Patrick Grogan, District of Columbia; Dr. Daniel J. Klemmedson, Arizona; Dr. Carolyn Malon, Connecticut; Dr. Merle A. Nunemaker, Missouri; and Dr. Eugene Porcelli, New York.

Reaffirming Existing ADA Policy (Sixteenth Trustee District Resolution 170 and Reference Committee on Governance Resolution 170RC): The Reference Committee reported as follows.

The Reference Committee supports Resolution 170 as the best method to eliminate the need for the House to reaffirm existing policy. The Reference Committee offers a substitute to make this change effective immediately, thereby reducing the burden on the 2012 House of Delegates. Finally, the Reference Committee felt that a five-year period for policy reviews, rather than the existing three years is more than adequate. This Resolution supports the ADA Strategic Plan Goal: Financial.

170RC. Resolved, that ADA policy, Regular Comprehensive Policy Review (*Trans*.2010:603), be amended as follows (additions shown by <u>underscoring</u>; deletions shown by <u>strikethrough</u>):

Resolved, that the Board of Trustees develop a timetable and protocol to allow the <u>comprehensive</u> review of all Association policies every three <u>five</u> years, and be it further **Resolved**, that the councils, committees, taskforce, or other Association agency assigned with the review consider the following in making recommendations:

- Relevance to current situation
- Continued need
- Consistency with other Association policies
- Appropriateness of language and terminology

and be it further

Resolved, that recommended rescissions and revisions-will be brought to the House of Delegates in resolution form for debate and approval., and be it further

Resolved, that recommendations for maintaining policies unchanged will be assimilated into a single resolution, and if approved, unchanged policies will continue to carry the identifying information of their original adoption, and be it further

Resolved, that any policies that delegates remove from the reapproval consent calendar, and which after appropriate debate are amended or substituted, be automatically referred to the appropriate agency for reconsideration during the following year, and be it further **Resolved,** that existing policy "Sunset Review of Association Policies" (*Trans.*1995:659), be rescinded.

[and be it further]

Resolved, that changes to policy reflected in this resolution shall be effective immediately.

Dr. Yarborough moved the adoption of Resolution 170RC in lieu of Resolution 170 (Supplement:7067).

Dr. Mark Zust, Missouri, spoke in support of Resolution 170RC saying, "I urge the House to adopt this resolution. The resolution has a final resolving clause that says that the resolution will be enforced immediately, which will mean that the House will not be required to vote on all of the recommendations that reaffirm existing policy."

Seeing no one else at the microphones, the Speaker called for a vote. On vote, Resolution 170RC was adopted in lieu of Resolution 170.

170H-2012. Resolved, that ADA policy, Regular Comprehensive Policy Review (*Trans*.2010:603), be amended as follows (additions shown by <u>underscoring</u>; deletions shown by <u>strikethrough</u>):

Resolved, that the Board of Trustees develop a timetable and protocol to allow the <u>comprehensive</u> review of all Association policies every three <u>five</u> years, and be it further

Resolved, that the councils, committees, taskforce, or other Association agency assigned with the review consider the following in making recommendations:

- Relevance to current situation
- Continued need
- Consistency with other Association policies
- Appropriateness of language and terminology

and be it further

Resolved, that recommended rescissions and revisions will be brought to the House of Delegates in resolution form for debate and approval., and be it further

Resolved, that recommendations for maintaining policies unchanged will be assimilated into a single resolution, and if approved, unchanged policies will continue to carry the identifying information of their original adoption, and be it further

Resolved, that any policies that delegates remove from the reapproval consent calendar, and which after appropriate debate are amended or substituted, be automatically referred to the appropriate agency for reconsideration during the following year, and be it further

Resolved, that existing policy "Sunset Review of Association Policies" (*Trans.* 1995:659), berescinded.

and be it further

Resolved, that changes to policy reflected in this resolution shall be effective immediately.

The Speaker declared Resolution 168 (Amendment of the Rules of the House of Delegates) moot.

As a point of inquiry, Dr. David R. Larson, Pennsylvania, asked the Speaker to clarify the proper use of "in lieu of."

The Speaker responded by saying, "The motion in lieu of, like 170RC in lieu of 170, that means if 170RC is adopted, 170 goes away. If 170RC is not adopted, then somebody can stand up and move 170. By doing that, we do not have to substitute 170RC for 170, which was the original resolution. That saves two or three minutes in doing the substitution. ..."

The Speaker declared that with the adoption of Resolution 170RC, effective immediately, all the maintenance resolutions were moot.

Moot Resolutions

Resolution 83 (*Supplement*:2075)—Policies to Be Maintained as Recommended by the Board of Trustees—submitted by the Board of Trustees

Resolution 1 (*Supplement*:4000)—Policies to Be Maintained as Recommended by the Council on Dental Benefit Programs—Submitted by the Council on Dental Benefit Programs

Resolution 33 (*Supplement*:4046)—Policies to Be Maintained as Recommended by the Council on Dental Practice—submitted by the Council on Dental Practice

Resolution 18 (*Supplement*:5020)—Policies to Be Maintained as Recommended by the Council on Dental Education and Licensure—submitted by the Council on Dental Education and Licensure

Resolution 115 (*Supplement*:6028)—Association Policy to Be Maintained by the Council on Communications—submitted by the Council on Communications

Resolution 121 (*Supplement*:6048)—Association Policies to Be Maintained by the Council on Government Affairs—submitted by the Council on Government Affairs

Resolution 69 (*Supplement*:3017)—Association Policies to Be Maintained by the Council on Membership—submitted by the Council on Membership

Resolution 77 (*Supplement*:3029)—ADA Policy to Be Maintained on Need of Dental Public Health Education and Oral Health Services in Underserved Countries as Recommended by the Division of Global Affairs—submitted by the Board of Trustees

Report of the Reference Committee on Budget, Business and Administrative Matters-Priority Item

The priority item contained in the Report of Reference Committee on Budget, Business and Administrative Matters was presented by the chair, Dr. Paul Zimmerman, Maine. The other members of the Committee were: Dr. Mark Chaney, Louisiana; Dr. Clelan Ehrler, California; Dr. Ian Elliott, Illinois; Dr. Ralph Howell, Virginia; Dr. Judd Larson, Oregon; Dr. Neal Levitt, New York; Dr. Cesar Sabates, Florida; and Dr. Samuel Selcher, Pennsylvania.

Approval of the 2013 Budget (Board of Trustees Resolution 57): The Reference Committee reported as follows.

Since the budget was approved by the Board, additional information has come to light. The Reference Committee requests that the Board incorporate the additional information in the 2013 budget. In addition, after hearing extensive testimony regarding funding of depreciation, the Committee is recommending that a Capital Fund be established starting with the 2013 budget. The Reference Committee acknowledges that funding the Capital Fund may result in a deficit budget, and it is the recommendation of the Reference Committee that the House make up any resulting deficit with a dues increase.

57. Resolved, that the 2013 Annual Budget of revenues and expenses, including net capital requirements be approved.

Dr. Zimmerman moved that the budget be referred back to the Board of Trustees with the following two recommendations and be returned at the third meeting of the House of Delegates:

Budget Recommendation 1: The integration of the following updates to 2013 Budget assumptions based on the following items:

Favorable/(Unfavorable)	(in \$000s)
Employee Benefit Expense: Additional Pension Relief cost savings	\$700K
Non-Dues Revenue: Tenant Rental Revenue risk due to lost tenant	(\$622K)
Employee Benefit Expense: Insurance cost savings	<u>\$1,200K</u>
Net Benefit/(Expense) impact on 2013 Budget	\$1,278K

Budget Recommendation 2: Establishment of a Capital Fund in the amount of the 2013 net Depreciation/Capital expense of \$3.5 million.

The Speaker stated that the House would take a vote on each of the Reference Committee Budget Recommendations saying, "... and if the House agrees with them, those recommendations will then be part of what is sent back ... after we vote on these two, if there are any other recommendations, we will take them, and they will also be voted on. And if they are adopted, they will be sent back to the Board also."

Seeing no one at the microphones, the Speaker called for a vote on Budget Recommendation 1. On vote, Budget Recommendation 1 was approved.

Seeing no one at the microphones, the Speaker called for a vote on Budget Recommendation 2. On vote, Recommendation 2 was approved.

Dr. Brian T. Marshall, Florida, moved the following Budget Recommendations.

Budget Recommendation 3: Reduction of IT budget by \$1 millionBudget Recommendation 4: Reduction of 4% of staff compensation and benefitsBudget Recommendation 5: Reduction of \$2 million at the discretion of the Board of Trustees

Speaking to the motion, Dr. Marshall said, "The first recommendation is a reduction of the IT budget by about \$1 million. This would put it more or less within the original recommendation of the Budget and Finance Committee. Second is a reduction of four percent of staff compensation and benefits. Right now we run about a seven percent vacancy rate. I'd leave it up to management to decide if they want to do a hiring freeze or however they want to do that. And third, would be a reduction of \$2 million at the Board's discretion. We have about \$2 million of resolutions that are coming up that would cover that. The four percent reduction of the staff compensation benefits and the \$1 million IT reduction would also cover the \$3.5 million to cover our capital expenses."

Following comments regarding the Budget Recommendations made by Dr. Marshall, and seeing no one at the microphones, the Speaker called for a vote on Budget Recommendation 3. On vote, Recommendation 3 was approved.

The Speaker called for a vote on Budget Recommendation 4. On vote, Budget Recommendation 4 was approved.

The Speaker called for a vote on Budget Recommendation 5. On vote, Budget Recommendation 5 was approved.

Dr. Brett H. Kessler, Colorado, moved an additional Budget Recommendation to restore \$660,000 to the budget for the functioning of the library.

Dr. Ronald Venezie, North Carolina, requested a point of information, saying, "These are recommendations going to the Board to accept or not accept and bring back to us a comprehensive budget; is that correct?"

The Speaker responded in the affirmative.

A delegate from the floor spoke in support of the recommendation to restore \$660,000 to the budget for the functioning of the library, saying, "I very carefully heard the remarks of our Executive Director, and certainly these are hard times. But in hard times we must return to our core values. Our core value, as expressed by those who are running for president, as well as our past president, included an association based upon science, a learned profession. ... A library is necessary for us to continue the practice of evidence-based dentistry. To even consider closing the library to the members is, to me, an affront on what we consider our core values to be. ..."

Dr. Paul R. Miller, Florida, requested a point of information asking if the recommendation to restore \$660,000 to the budget for the functioning of the library passes would it make Resolution 159RCS-1 [Support of ADA Library] moot.

The Speaker responded, saying, "It depends on what the Board does. ... The Board can accept it or not accept it. Depending on what the Board does will affect that resolution."

A delegate requested a point of information, saying, "The first three recommendations we just voted on, we didn't have any discussion on, but we're having discussion on this. Correct me if I'm wrong, these are just recommendations."

The Speaker responded, saying, "You're right. Somebody could have asked for discussion. I think I did say discussion on the very first one. I saw no one wanting to discuss it. If you want to discuss any of those, we can certainly do that. We can go back and let you discuss it if you want to inform the Board."

Dr. Mark J. Weinberger, New York, spoke to the recommendations, saying, "The Board spent [a] great amount of time, 18 months, trying to develop the budget and came to us with a very considered budget. I think, first of all, on the staff reductions, it sends an awful message to the people in Chicago that the House of Delegates is ready to cut their benefits and salaries to a four percent level. I realize that some of this is due to the fact that there are positions that haven't been filled, but those positions that haven't been filled; some of them are valued positions and need to be filled. I think to send the budget back to the Board with a recommendation to cut \$2 million, I think this was well considered by the budget committees previously, and it would be foolish to go simply telling them, get some more meat off the bones. There is no meat to get off those bones. If you see what we did with the budget recommendations coming forward, that were developed, they got rid of the special assessment. I think you are where you need to be at this point."

Dr. Sally Cram, District of Columbia, spoke in support of the Budget Recommendation referring the library issue back to the Board, saying, "We need to make a decision. We need to have more discussion at the Board level and make a decision based on facts."

Dr. Samuel E. Selcher, Pennsylvania, spoke in opposition of Recommendation 3, saying, "Our governance study was used with ... Mary Byers' book, as we look at being relevant, she said the number one thing that people want to do when the money gets tight, is cut IT. Her recommendation, the number one investment needed when money gets tight is IT. The next generation is electronic. The worst thing we can do is go into history and cut our IT. We need to look how to better reach the next generation of young dentist and it is going to be done with IT, not with the book."

Requesting a point of information, Dr. Mark J. Weinberger, New York, said, "I take it that now that there has been some discussion, you will revote these issues."

After further discussion, the Speaker announced that the House would vote on the five recommendations separately, all over again, to make sure that everybody had an opportunity to speak to the recommendations.

Dr. G. Lewis Mitchell, Jr., Alabama, spoke in support of referring all five recommendations to the Board, saying, "I really think we out to give the Board as many options as possible. And so these were all suggestions. The Board is going to look at all of them and decide what works best. So I think it'd be wise for us all to just list the entire group and leave it up to our Board to make that decision."

Dr. Timothy B. Durtsche, Wisconsin, speaking in opposition to Budget Recommendation 3, Reduction of IT budget by \$1 million, said, "Two or three years ago we had a \$21 assessment for IT. I'm concerned about now taking that money away from IT."

A motion was made to vote immediately. Hearing no objection to the motion to vote immediately, the Speaker called for a vote on Budget Recommendation 1.

Budget Recommendation 1: The integration of the following updates to 2013 Budget assumptions based on the following items:

Favorable/(Unfavorable)	(in \$000s)
Employee Benefit Expense: Additional Pension Relief cost savings	\$700K
Non-Dues Revenue: Tenant Rental Revenue risk due to lost tenant	(\$622K)
Employee Benefit Expense: Insurance cost savings	<u>\$1,200K</u>
Net Benefit/(Expense) impact on 2013 Budget	<u>\$1,278K</u>

On vote, Budget Recommendation 1 was approved.

Seeing no one at the microphones, the Speaker called for a vote on Budget Recommendation 2. On vote, Budget Recommendation 2 was approved.

Budget Recommendation 2: Establishment of a Capital Fund in the amount of the 2013 net Depreciation/Capital expense of \$3.5 million.

Dr. Bryan T. Marshall, Florida, spoke in support of Budget Recommendation 3.

A delegate from the floor spoke in opposition to Budget Recommendation 3, saying, "I think the Board discussed Dr. Marshall's input and ... I would like to reaffirm the decisions ... the Board made and ask you to vote against this [Recommendation] 3."

Seeing no one else at the microphones, the Speaker called for a vote on Budget Recommendation 3, Reduction of IT budget by \$1 million. On vote, Recommendation 3 was not approved.

Dr. Bryan T. Marshall, Florida, spoke in support of Budget Recommendation 4, Reduction of four percent of staff compensation and benefits, saying, "... We cannot keep operating with our expenses going up and income going down. ..."

Speaking in opposition to Budget Recommendation 4, Dr. Samuel E. Selcher, Pennsylvania, said, "To randomly tell the Board to cut four percent, if we want quality staff, we have already heard how much the Board has cut staff, they are working to get the costs down. Just to say, now cut four percent, what's it going to do to the future of our association. We have to trust the Board. They have already told us what they are doing to decrease the costs."

Dr. Zacharias J. Kalarickal, Florida, spoke in support of Budget Recommendation 4.

Seeing no one else at the microphones, the Speaker called for a vote on Budget Recommendation 4, Reduction of four percent of staff compensation and benefits. On vote, Recommendation 4 was not approved.

Dr. Bryan T. Marshall, Florida, spoke in support of Budget Recommendation 5, Reduction of \$2 million at the Board of Trustees' discretion, saying, "We got a \$36 dues increase, so \$2 million reduction for the resolutions that are on the floor, so it's up to you. We got 36 bucks that we are going tell our members we are going to pay right now. So we are going to add another \$20. That would be \$56. Your call."

Dr. Samuel E. Selcher, Pennsylvania, spoke in opposition to Budget Recommendation 5, saying, "... the number that came out of the reference committee was a worst case scenario, meaning if you do not agree to have the increased dues for the active life members this year and approve every expense, then you're at \$36. ... So it is not an increase of \$20. Again, we have asked the Board to act. We should not be near the \$36 if the actions of this House do not significantly increase the other expenses. The Board is acting very prudently to decrease as much as possible what those expenses are. So I would encourage a no vote on this one also."

Dr. Idalia Lastra, Florida, spoke in support of Budget Recommendation 5, saying, "We just saw from the Treasurer's slide that revenues were down an estimated \$2 million from last year. What we're asking here is for the Board to consider cutting expenses by \$2 million. We believe this is prudent, and we would like the Board to consider."

Seeing no one else at the microphone, the Speaker called for a vote on Budget Recommendation 5, Reduction of \$2 million at the Board of Trustees' discretion. On vote, Budget Recommendation 5 was not approved.

The Speaker asked if there was any discussion on Budget Recommendation 6 to restore \$660,000 to the budget for the functioning of the library.

Dr. Gregory E. Phillips, Indiana, asked for clarification on Budget Recommendation 6, saying, "There seems to be a lot of confusion that if we don't pass this, the library is going to go away. They are going to box up the journals or whatever. I'm not sure that's exactly true. Can we get an explanation of what will happen if this amount is passed and if it isn't passed."

At the Speaker's request, Dr. Kathleen T. O'Loughlin responded, saying, "The reduction of the \$660,000 out of the 2013 budget would be a significant reduction of the library's budget, but it will not close. There will be a transition from being open to the public, to being an in-house, in-service library. There will still be service provided to members electronically and through the telephones, but the most significant reduction that this will create is literally close the public face of the library, which now functions in the same way your public libraries function. We are developing a plan for a gradual elimination of the stacks. That certainly is a year away, if not more, and for now the stacks will be maintained as will be the collection of journals."

Dr. Robert J. Brennan, Wisconsin, spoke in opposition to Budget Recommendation 6, saying, "It seems to me that by doing this, we are just trying to bypass the resolution, putting the money back in and bypassing all of the discussion, and the back and forth and the vote. I kind of oppose this whole process of being able to throw this stuff in as recommendations back to the Board. We should do it in the proper way, in my opinion, and I don't think this this is it."

Dr. Barbara L. Mousel, Illinois, spoke in support of Budget Recommendation 6, saying, "I believe we should refer this back to the Board of Trustees based on new information and conversation that occurred at the reference committee. And public use is actually the use by our membership, and I think that's a very important member benefit that we should continue."

Seeing no one at the microphones, the Speaker called for a vote on Budget Recommendation 6 to restore \$660,000 to the budget for the functioning of the library. On vote, Recommendation 6 was not approved.

Dr. Zimmerman moved that the 2013 Budget (Resolution 57) be referred back to the Board of Trustees along with Budget Recommendations 1 and 2, and that the Board report back at the third meeting of the House of Delegates.

Budget Recommendation 1: The integration of the following updates to 2013 Budget assumptions based on the following items:

Favorable/(Unfavorable)	(in \$000s)
Employee Benefit Expense: Additional Pension Relief cost savings	\$700K
Non-Dues Revenue: Tenant Rental Revenue risk due to lost tenant	(\$622K)
Employee Benefit Expense: Insurance cost savings	<u>\$1,200K</u>
Net Benefit/(Expense) impact on 2013 Budget	<u>\$1,278K</u>

Budget Recommendation 2: Establishment of a Capital Fund in the amount of the 2013 net Depreciation/Capital expense of \$3.5 million.

On vote, the motion was adopted to return the 2013 Budget (Resolution 57) to the Board of Trustees along with Budget Recommendations 1 and 2, with a report back at the third meeting of the House of Delegates.

Report of the Reference Committee on Dental Education, Science and Related Matters-Priority Item

The priority item contained within the Report of the Reference Committee on Dental Education, Science and Related Matters was presented by the chair, Dr. O. Andy Elliott, Kentucky. The other members of the Committee were: Dr. Jill Burns, Indiana; Dr. Ken Merritt, New Mexico; Dr. John Nase, Pennsylvania; Dr. Roger

Newman, Montana; Dr. Marc Nuger, Maryland; Dr. Lance Sanders, Texas; Dr. Colette Smiley, Michigan; and Dr. Sidney Tourial, Georgia.

Recognition of Dental Anesthesiology as a Dental Specialty (Council on Dental Education and Licensure Resolution 16): The Reference Committee reported as follows.

The Reference Committee heard lengthy testimony regarding Resolution 16. The Reference Committee extensively reviewed each of the six *Requirements for Recognition of Dental Specialties*, taking into account lengthy and divided testimony regarding Requirements 3, 4, and 5. The Reference Committee concurs with the Committee on Recognition, the Council on Dental Education and Licensure, and the Board of Trustees that the American Society of Dentist Anesthesiologists' (ASDA) application for recognition of dental anesthesiology as a dental specialty meets the *Requirements for Recognition of Dental Specialties*. The Reference Committee supports adoption of the following resolution. This resolution supports the ADA Strategic Plan Goal: Public Health.

16. Resolved, that the American Society of Dentist Anesthesiologists' request for recognition of dental anesthesiology as a dental specialty be approved.

Dr. Elliott moved the adoption of Resolution 16 (Supplement:5001).

Dr. Barbara Ann Rich, New Jersey, moved to substitute Resolution 16S-1 for Resolution 16.

16S-1. Resolved, that with regard to the application of the American Society of Dentist Anesthesiologists for specialty recognition for dental anesthesiology, that each of the six requirements for specialty recognition be debated separately and individually, and be it further **Resolved,** that the House of Delegates discuss and vote on each requirement individually, and be it further

Resolved, that the request be granted or denied in accord with these votes.

Speaking to the substitution, Dr. Rich said, "My rationale is to streamline the discussion, because there was lengthy discussion at the reference committee and people were jumping around to explain their rationale between the six different requirements, and that this way we will discuss each requirement individually, and we can streamline our discussion and perhaps dispose with this one way or the other more quickly."

Dr. Paul Kattner, Illinois, requested a point of order, saying, "I'd like a ruling on the admissibility of this substitute resolution at this time. So I ask for the Speaker to make a ruling."

The Speaker responded that it was in order.

Dr. Kattner appealed the decision of the Chair.

The Speaker responded, "Give your reason for appealing the decision of the Chair."

Dr. Kattner said, "Chapter X, Item E, under on Council on Dental Education and Licensure from the *Bylaws* of our Association indicated the duties of CDEL are to make recommendations regarding recognition of dental specialties. Further, Chapter VII, Item K, under the Board of Trustees duties, to review to report of the councils and make recommendations to the House, I submit to you that the process described in Resolution 16S-1 is, in fact, out of order, as it oversteps the authority of the House of Delegates and violates the *Bylaws*, as it assigns responsibility for processing applications for specialty recognition in that place."

The Speaker responded, "I will say to you that they had their process through Committee B through CDEL and the Board. This House has a fiduciary duty and it has always done that in all the years past, to decide as a House, whether they want to accept an organization's application for specialty recognition. And as far as I'm concerned, this motion is in order. It's germane and it's in order."

Dr. Kattner reiterated he was appealing the decision of the Chair.

The Speaker responded, "Now, the decision of the Chair has been appealed. We are going to put it on the machines. Those in favor of sustaining the decision of the Chair will vote 1. Those who feel that they do not want to sustain the decision of the Chair will press 2. It's a majority vote in the negative to go against the decision of the Chair."

On vote, the decision of the Chair was sustained.

Dr. Edward H. Segal, Illinois, requested a point of information, saying, "Is it possible to get legal [counsel] to discuss the fact that we are going to discuss ... the activities of what has gone down with the Committee and what the implications of that are, please."

The Speaker responded, "Legal said ... in closed session that you have to decide on the merits of each of the requirements. If you think the organization meets the requirements, those six requirements, then you should vote for them as a specialty. If you don't think they meet it, then they won't become a specialty. So I don't see what more legal [counsel] can say."

Dr. Segal respectfully requested that legal counsel comment on the substitute resolution.

With permission from the Chair, Mr. J. Craig Busey, general counsel, said, "We have looked at this resolution. I see nothing legally improper about the House determining how it wants to address this issue. If you wish to pass this resolution and consider the merits based upon each individual criteria, you can do so. I don't think it's a real problem from a legal standpoint."

Dr. Michael S. Higgins, Illinois, requested a point of information, saying, "Adoption of a substitute resolution like this is kind of a weighty process. Might I suggest as a point of information to hear from the CDEL representative and also the chairman of the Reference Committee to just maybe review with the House the criteria and how they felt they were addressed."

The Speaker responded by saying, "We are not going to do that. We got a motion before us here, and this House is going to decide whether they want this. They have already said it's proper, but they have not decided they want it yet. So we are going to start debating whether they want to substitute 16S-1 for 16."

A delegate from the floor requested a point of information, saying, "Mr. Speaker, if we vote on this 16S-1 and we consider each criteria individually, in our caucus yesterday you said that there would still need to be a vote whether to grant specialty recognition in addition to that. Does the resolve clause say that, the third resolve clause, it says that the request be granted or denied in accordance with these votes. Is that not opposite of what you told us in our caucus?"

The Speaker said, "No, what this basically says to your Speaker is, if they pass all the different criteria by a majority vote, then the House will vote to say, we grant them specialty recognition. That will be the seventh vote."

The delegate responded by saying, "But that's not what it says. That's what I'm saying, that their resolved clause, the way I interpret it, it says if the six pass, then specialty recognition is granted. That's the way I'm interpreting that. Maybe I am reading it wrong."

The Speaker responded by saying, "Well, my interpretation is that the request be granted or denied, okay, in accordance with the votes of these six criteria. If they have passed all those criteria, then this House will say, we are granting you the specialty of anesthesiology. It is just something that I feel the House has to empower the new specialty by saying yes; we realize that you are now a new specialty. I think that's the way it needs to be, otherwise, it just leaves it kind of hanging."

The delegate responded by saying, "Well, I agree, but I guess that's why I don't think it is in order, because, as you just said, we would have to have another vote, a seventh vote. And the way it reads to me on the screen is, if you have six, then you are granting the request to be granted. So to me that circumvents the seventh vote."

The Speaker disagreed.

Another delegate requested a point of clarification, saying, "That resolve clause was in there. Legal took it out last night ... the seventh resolved clause that we then take a vote to approve or disapprove the specialty, and it was in there, and it was taken out. So could legal [counsel] address that?"

With permission from the Chair, Mr. Busey responded, saying, "The reason that we changed the last resolve clause is that if the six criteria are voted on and approved, you cannot have an inconsistent seventh vote that says that the criteria are not met. Therefore, what the Speaker is saying is, however, that in order to get the verification of the specialty, organization or the specialty, after the six are voted on, there would be a formal vote that simply recognizes the specialty, assuming all the criteria are met. Is that clear? The seventh vote would not be to say, do we still meet the criteria or not. It would be to verify the fact that the specialty is recognized."

A delegate from the floor requested a point of clarification saying, "The House sustained the Chair. Now we are just voting on whether to substitute or not. That's all. We are not really debating."

The Speaker said, "That's what we're discussing. That's what we are going to discuss right now."

Dr. Philip H. Hunke, Texas, requested a point of information asking if 16S-1 was approved would 16 go away.

The Speaker responded in the affirmative.

Dr. Hunke responded, "Then how can you come back and have another general vote to approve this as a specialty as the seventh vote."

The Speaker responded by saying, "I don't think you are understanding what legal [counsel] is saying. We take each criteria one at a time. And if they are all confirmed one at a time, then the last vote will be, say, okay, you have met the criteria, we now grant you specialty recognition. We just can't say we are voting on each one and then leave it hanging. You got to have a seventh vote granting. This House has to grant the specialty recognition."

Dr. Hunke said, "This is not covered in the substitute resolution. It just says that the request ... I interpret it to say that if the six are approved, then it is automatically, then that states, then it is approved. And it is approved as a specialty. That's how I read the third clause."

The Speaker responded by saying, "Well, we will see when we get there what the House wants to do then, okay?"

As a point of information Dr. Craig S. Armstrong, Texas, said, "Could we get the legal opinion just for a minute? If there is the formal vote, I am a little confused, but if a formal vote is taken in the House after the six criteria have been approved and it's voted down by the House, do we not grant specialty recognition? He said it's a formal vote, but I'm not sure I understand what that means."

With permission from the Chair, Mr. Busey said, "In my view, if the six criteria are approved, the seventh cannot be inconsistent with the recognition of the six criteria. The six criteria, if the six criteria are passed, then the requirements for specialty recognition are met. And the seventh vote is simply to confirm that the House is granting the specialty recognition."

Dr. Armstrong responded by saying, "So that seventh vote is just a moot point, really, after the six are approved."

Mr. Busey responded, "It is a formality because, as the Speaker notes, it's his view and I don't disagree with it, that the House has to take the action to make sure that the specialty recognition is granted."

Dr. Armstrong responded by saying, "Just to clarify, Mr. Busey, if the vote is in the negative, what happens?"

Mr. Busey said, "If the vote is in the negative on any of the criteria, there is no further need for another vote, although, it may be at that point that the Speaker would take another vote by the House to say that the recognition is denied, just to make sure that the circle is looped."

Dr. Armstrong said, "Mr. Speaker, my question is, the formal vote, the seventh vote, if that is in the negative for some reason, you said it's a formal vote, but if we are going to vote on it, if that is in the negative, where are we?"

With permission from the Chair, Mr. Busey responded by saying, "The seventh, in my view, the House cannot vote negatively in contradiction to the recognition of the six criteria if it has approved the six criteria."

Dr. Thomas W. Gamba, Pennsylvania, requested a point of information, saying, "May I have your opinion on the following scenario. If we are considering the very first criterion and the vote is in the negative, do we then close the debate and the discussion and rule that the dental anesthesiology is not recognized?"

The Speaker responded by saying, "If any of the six criteria has a negative vote, we will stop the discussion, because they have not met the criteria"

Dr. Matthew J. Campbell, Jr., California, requested a point of clarification saying, "... I still have not heard an answer to the question, what happens if the seventh vote is in the negative. That attorney has said in his opinion it shouldn't be or it can't be, but what happens if it is? It seems like a pretty simple question that we're asking."

The Speaker responded, "... They should once they meet the criteria, it's a formality to say, okay, you have met the criteria, and we are granting you specialty recognition. It makes it a formal thing, because if you go down through all those different criteria and they meet them all, there is nothing saying that the House is now giving them specialty recognition. That last one is just conferring, like conferring a degree on you."

Dr. Sidney R. Tourial, Georgia, requested a point of information, saying, "Would it be possible for you to help the maker of the motion change the last resolve clause to say exactly what legal [counsel] just said so that there won't be all of this confusion."

The Speaker responded, "If you decide you are going to accept this in substitution for 16, then it's open to amendment, and you can amend that last resolving clause to say whatever you want it to say."

Dr. Charlotte L. Senseny, California, requested a point of information, saying, "I'm still a little confused on the parliamentary procedure here. It seems that having a majority on each of the six requirements does not necessarily translate into a two-thirds majority on the whole for the specialty, which is required for a bylaws change."

The Speaker stated this was not a bylaws change.

Dr. James W. Antoon, Florida, requested a point of information, saying, "Bear with me just for a minute on the math here. If 35 percent felt they didn't meet the first criteria and a completely different 35 percent feel they didn't meet the third criteria, at the end 70 percent feel they didn't meet all of the criteria. So the math doesn't work out here to say that they necessarily would have to vote for recognition if a majority voted on each individual one. That's the math."

The Speaker responded by saying, "Well, you're right. And that's a possibility, and that's what Dr. Campbell was trying to point out, that the vote could be a negative vote. I would hope that that doesn't happen, but it is always a possibility. If it does happen, then that means that you have not recognized them as a specialty."

As a point of information, Dr. Robert M. Peskin, New York, said, "to the attorney through the Chair ... with regards to what was just said, the fact is that if you do have two separate criteria with totally different minorities voting for it and the collective will of those two minorities on the overall question is against it, they become the majority."

With permission from the Chair, Mr. Craig Busey, responded in the affirmative.

Dr. Peskin continued, saying, "Then it should go down. So are you still concerned about the fact that if the seventh question is voted in the negative, even though all six are in the positive, that there's a problem that we may have legally based on that math that was just explained?"

Mr. Busey responded, "My view is that if all six criteria are approved, that the House cannot then move or vote that the criteria have not been met. Notwithstanding that you may have 35 percent and the 35 percent and the 35 percent, the fact of the matter, when you are voting on each individual criterion, you look at each individual criterion and the specialty is entitled to be recognized if all six of those criteria are met. That's the only requirements that are set forth in the procedures."

Dr. Andy O. Elliott, Kentucky, chair, Reference Committee on Education and Scientific Matters, asked the Speaker if he could make a comment as Reference Committee chair.

With the Speaker's approval, Dr. Elliott said, "We understood that each of these six individual requirements are contained within Resolution 16. Therefore, if you split it up, you cannot accomplish what the purpose of this resolution is. So we saw no need to create unnecessary work, time and burden upon this House. If you disagree, then vote with Resolution 16 in the negative and you have accomplished what you desire to do. We are creating unnecessary work and that's why your Reference Committee, who did hear the option of splitting this, chose not to bring that to you before this House."

Dr. Philip H. Hunke, Texas, requested a point of order, saying, "Personally with great respect, Mr. Speaker, I would ask that you recuse yourself from overseeing this. I think there's a conflict of interest and would ask you to recuse yourself on this."

The Speaker asked for clarification.

Dr. Hunke continued, saying, "I think this is going into outside of just clinical affairs as an oral surgeon. I think it's fair to have someone presiding over this part that would not have potential conflict of interest at all. Personally, I think that you are a very fair person, I have appreciated and respected the way you have handled this House. I just think this is a very contentious and emotional subject and it would be the wisest thing to step aside to recuse for this."

The Speaker responded, "Well, I'm sorry. I am not going to recuse myself, because I have been always fair, have never told anybody what I have done. So I am not going to do that."

A delegate from the floor had a point of information, saying, "I have a question regarding the general counsel's recommendation that upon determination that all six criteria are met, that the House must be compelled to vote a yes. It's very clear in the information that there is specific language indicating that upon determination of the six criteria being met, that the referring committee would vote yes, but there's not parallel language to that fact for the House of Delegates. That language is absent with regards to House's action. There is a specific sentence regarding how the Committee must respond with regards to those six criteria and the fact that it's absent with regards to the House's decision tells me that there's other freedoms and considerations that can be introduced. The other comment I have concern about is, in my opinion, this is a legal question subject to interpretation. ... I have a point of information as to how general counsel can render

an opinion that may actually be legally debatable, and why would general counsel make a comment that puts the association at risk?"

The Speaker responded, "I don't think that's the case. I think he was telling you how he feels and as he said in the first session of the House, in a closed session, he was there to minimize the risk to this Association. And I think that's what he is trying to do. This House, though, if they do not agree with taking that seventh vote, they cannot take that seventh vote when we get there. If you decide to substitute 16S-1 for 16."

The delegate responded by saying, "So I guess my point of information is, why is it silent with regards to the House's responsibility with regards to the sixth criteria, when it's very prescriptive as to how the Committee must vote to those criteria? Those two differences are very apparent."

In response, the Speaker said, "Well, it's very apparent that this House of Delegates has the fiduciary duty to decide whether or not they recommend a specialty to any organization that's applying. And they do that on the merits of the criteria. And that's what is trying to be done. You have your choice. You can either take the regular 16 that came from the Reference Committee, or you have now discussion on 16S-1 this section that is divided up."

A delegate from the floor requested a point of information, saying, "I'm listening to all the discussion here, and it seems to me if this resolution is substituted, that we can end up in a situation with no solution, almost like a Gordian knot. We have a professional parliamentarian. Perhaps we can get an opinion from that individual as to whether or not this resolution should be considered."

The Speaker responded that he was a professional parliamentarian.

The delegate continued by saying, "I understand that, Mr. Speaker. It was my understanding though, that the Association has a separate individual parliamentarian. Am I correct in that?"

The Speaker responded this was not correct, saying, "Wendy Wils is a lawyer, and she knows a lot about parliamentary procedure. She helps me write resolutions and all that, but she's not a professional parliamentarian."

Dr. Mark R. Zust, Missouri, requested a point of information, saying, "Mr. Speaker, you have agreed that you see that there's a scenario that a couple of the criteria could be voted down, but yet that the whole entire thing could be voted up, or vice versa. Or the opposite of that, okay. Our legal counsel has said he doesn't believe that. Because of this argument and because of the time that is has taken in the House, I respectfully ask you to reconsider the admissibility of 16S-1."

The Speaker responded that the House had already voted 16S-1 admissible and that he would not take another vote on it.

Dr. Roger K. Newman, Montana, spoke in opposition to substituting Resolution 16S-1 for Resolution 16, saying, "Before we got to this House of Delegates, the issue had been vetted out at least three times, once by the committee on recognition of specialties, once by CDEL, once by the Board of Trustees and a fourth time by the Reference Committee, all of them agreeing that this specialty has satisfied the six criteria."

Dr. Wade I. Newman, Pennsylvania, spoke in opposition to substituting Resolution 16S-1 for Resolution 16, saying, "Unlike the other speaker, I'm not sure that all of the six criteria have been met, but we have heard from Dr. Elliott, we've heard from our attorneys. I believe that this substitution will create a mess for this House. This needs to be voted up or down as a whole."

Dr. Dennis J. Charlton, Pennsylvania; Dr. Anthony C. Caputo, Arizona; and Dr. Alan R. Stein, California; also spoke in opposition to the motion to substitute.

Dr. Timothy B. Durtsche, Wisconsin, spoke in support of substituting Resolution 16S-1 for Resolution 16, saying, "In closed session on Friday, we were told to debate the issues and the criteria and stick to that. This is our chance to do that. While the Reference Committee had a chance to hear from many people, two things: Number one, the criteria were addressed in a multitude of order, and second, not everybody that's here was able to be at the Reference Committee because they went to others. So I believe we need to address this individually."

Dr. Allen Hinden, Connecticut, said, "I rise in opposition to 16S-1 for the simple reason that we are being asked to consider the resolution absent the evidence. We've had the Committee; we've had the Council. We've had all those groups. I am not going to go through all of the names again, but they had evidence. They spent months. We serve on councils and committees for this organization taking home all of that material every time we volunteer to take these roles to represent the House and to bring materials back and decisions on your behalf and in your interest and in ours. But the net effect of it all is that we are gathering data. We sit down and we review the data. We spend a lot of time doing that. And here we have a resolution before us that says we are going to consider all of that evidence six different times and how. So I think the resolution is completely inappropriate, and I urge us to go back to the original."

Dr. William A. MacDonnell, Connecticut; Dr. Samuel E. Selcher, Pennsylvania; and Dr. George J. Kinney, Jr., Minnesota spoke in opposition to substituting Resolution 16S-1 for Resolution 16.

Dr. Mary M. Ziomek, Maryland, spoke in support of the substitution, saying, "I do believe it simplifies the process. I think that it also will help people understand exactly what the issues are on this resolution. And we have done it before, and I think we need to do it now."

Dr. Steven I. Snyder, New York, spoke in support of the substitution, saying, "The idea of this resolution is to make the discussion easier based on the individual requirements. We have done this in the past for other specialties. So I feel we absolutely should do it for this. And the House is ultimate authority in this, not the Council, CDEL or the Reference Committee."

Dr. Gary O. Baker, Missouri, moved to vote immediately. The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, the motion to substitute Resolution 16S-1 for Resolution 16 was not adopted.

The Speaker called for discussion on Resolution 16.

Dr. Thomas W. Gamba, Pennsylvania, requested a point of information, saying, "May I make a request of the Chair that for the discussion of recognition of the specialty, that you order the debate according to each of the six criteria ... This way we are not going to be jumping around when whether or not a criterion is met. And we go to one and then we have debate on that. And then once that is over, we go two and so forth, so that we can at least order the debate without jumping around to different reasons."

The Speaker responded by saying, "That's what the other resolution that was defeated wanted to do. ... I can't go against what that vote was."

Dr. Larry J. Moore, California, spoke in opposition to Resolution 16, saying, "As an oral and maxillofacial surgeon, we have a specialty that does 97 percent of the general anesthetics done in this country. As an oral and maxillofacial surgeon in California, I have a general anesthesia permit. I speak to criterion A-3. ... That general anesthesia permit is the same permit held by medical anesthesiologists who would do anesthesia in a dental office. It's the same permit that's held by a dentist anesthesiologist, and I do all the same things that they do. It baffles me how a specialty can be separate and distinct. When I examine them for their criterion to keep their license, as a fiduciary of the state of California and they examine me, they come to my office and they examine my office. The criteria are identical. The training requirements are identical. The facility requirements are identical. There is no difference between general aesthetic done by an oral and maxillofacial surgeon, a medical anesthesiologist or a dental anesthesiologist. To carve out a specialty, it needs to be

separate and distinct, and it simply is not. I would also like to point out that CDEL did not hear any testimony against this. Only the self reporting organization was allowed to testify in person to CDEL. So if you only hear one side of an argument, how can you possibly know what the other side of that argument is? This House has a responsibility to do something that's only been done nine times in the history of the profession. It's your responsibility to take grave and serious control of this and to vote what you think is best for the profession of dentistry."

As a point on information, Dr. William A. MacDonnell, Connecticut, said, "Mr. Speaker, could we have somebody from CDEL explain as to why or why not there were not people at their Council meeting?"

With permission of the Chair, Dr. Anthony Ziebert, senior vice president, Education and Professional Affairs, responded by saying, "ASDA asked to appear before the Council and there were over 285 comments received from the Council in regards to this application, including a letter from the American Association of Oral and Maxillofacial Surgeons."

Dr. MacDonnell responded by saying, "Did AAOMS request to appear before the Council on Dental Education?"

Dr. Ziebert responded that AAOMS did not.

Dr. George J. Kinney, Jr., Minnesota, chair, Council on Dental Education, said, "I would just agree with staff. No one else requested to appear before the Council. We took written testimony. We announced to the community of interest that an organization had applied for additional specialty recognition. We asked for any comments from that group of people, who was all of you, and then we had a closing date for it. We extended the closing date at the request of one of the parties of interest, and nobody else applied to speak before the Council."

Dr. Larry J. Moore, California, requested a point of information, saying, "As the president and past president during the time of this, the American Association of Oral and Maxillofacial Surgeons, there was no public notice of the hearing. We found out about it through President Calnon, who asked us if we shouldn't have been there. We weren't there, because we were not noticed. We did not know that the hearing was going on. How can we apply to something that we don't know is happening?"

Dr. Daniel J. Gesek, Jr., Florida, spoke in opposition to Resolution 16, saying, "I speak in opposition to 16 and I specifically speak to 4-D. It says clearly, the specialty applicant must document scientifically by valid and reliable statistical evidence and studies, that they provide oral health services for the public, all of which are currently not being met by general practitioners and dental specialists. As a state board of dentistry member, I'm very concerned about opening up the Dental Practice Act. ... Anesthesia is under medicine, not dentistry right now, and it appears to me, it will clearly open up the Dental Practice Acts in many states.

Dr. Ronald L. Rhea, Texas, spoke in support of Resolution 16, saying, "These criteria have been thoroughly considered as mentioned by all of the entities involved with CDEL, the Board of Trustees and the Reference Committees. And everyone has come to the same conclusion. You can reexamine all of this and spend a lot of the House's time. You cannot, unless we plan to all change our airline reservations until next Saturday, examine it in the depths that the Councils and the Committee on Specialty Recognition has examined this. You need at this point to have formed your opinion on whether or not anesthesia meets the qualifications for the newest specialty in dentistry. ..."

Dr. James R. Hight, Jr., Tennessee, said, "I speak in opposition on the basis of requirement 4-D. It provides oral health services. I do not think putting people to sleep is a practice of dentistry. I think it is a practice of medicine. So I don't think that this is dentistry and this requirement has not been met. I urge you to vote 'no.'"

Dr. Thomas E. Lenhart, II, California, spoke in support of Resolution 16, saying, "In regards to criteria 4-D, oral surgeons and dental anesthesiologists do recognize the huge need and demand for advanced

anesthesia services. Surely the need and demand for advanced services don't just exist for extracting teeth or oral facial reconstruction. What about those in this room that are general dentists, periodontists, endodontists, prosthodontists, pediatric dentists, and even orthodontists treating patients with special needs? Dental anesthesia meets requirement 4-D. The Committee on Recognition, a yes. The Council on Dental Education and Licensure, a yes; and the Reference Committee heard no new testimony, a yes."

Dr. Gary O. Baker, Missouri, and Dr. Alan H. Singer, District of Columbia, spoke in opposition to Resolution 16.

Dr. Edward H. Segal, Illinois, moved to vote immediately. The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, Resolution 16 was not adopted.

Report of the Reference Committee on Governance—Priority Items (Continued)

Delegate Allocation and Size of the House of Delegates (Board of Trustees Resolution 100, Eleventh Trustee District Resolution 100S-1, Thirteenth Trustee District 100S-2, and Reference Committee on Governance Resolution 100RC): The Reference Committee reported as follows.

The Reference Committee on Governance heard extensive testimony respecting Resolutions 100, 100S-1 and 100S-2. The Reference Committee also engaged in extensive and spirited debate when discussing these resolutions. Although there was testimony presented that a reduction of size in the House of Delegates might reduce the opportunities to participate in leadership positions and decrease the diversity of the House of Delegates, the Reference Committee believes that other actions are available to constituent societies that would alleviate, or at least mitigate, those effects if they occurred. For example, a constituent that felt the effects of fewer leadership opportunities resulting from a reduction in its delegate allocation might consider instituting term limits for delegates and alternates, as urged by another resolution considered by the committee.

The Reference Committee believes that a smaller House of Delegates, such as those proposed by 100S-1 and 100S-2 is in the best interest of the Association. It is believed that the smaller House will lessen the financial burden on constituent societies, but will still be large enough to allow diverse interests and diversity of the membership of the Association to be represented.

The Committee believes that the allocation method of Resolution 100S-1 is the fairest allocation method presented, with one exception. The Committee believes that the current custom of having a minimum of two delegates and alternates from each constituent with the exception of the Virgin Islands should be maintained.

Significant features of this proposed allocation are:

- A target House size of 300.
- Based on methodology set forth in Resolution 100S-1 (and appended hereto as Appendix 1).
- Minimum of two seats per constituent society except one delegate allocated to the Virgin Islands.
- Minimum of two seats for each Federal service.
- Three seats allocated for ASDA.
- Allocation of remaining delegates based as closely as possible on proportional representation.
- To be implemented for 2014 House of Delegates based on 2013 membership data.

Because the allocation will be based on 2013 membership data, the specific allocation is unknown. However, attached as Appendix 2 is a chart showing how this allocation would affect delegate counts based on current membership data.

The vote of this Reference Committee was not unanimous. The minority felt that the smaller size of the House of Delegates would increase the workload of the individual delegates and constituents. Limiting the number of delegates in small states could compromise their ability to effectively represent their constituent. This may lead to decision making that could adversely affect the Association. The minority also believes that decreasing the size of the House of Delegates may decrease the opportunities for diversity, new leadership and leadership training. A smaller number of delegates may adversely affect the grassroots representation and membership. The minority is not convinced that a smaller House of Delegates would be better.

The Reference Committee proposes the following Resolution 100RC and urges its adoption in lieu of Resolutions 100, 100S-1 and 100S-2. This Resolution supports the ADA Strategic Plan Goal: Members.

100RC. Resolved, that CHAPTER V HOUSE OF DELEGATES, *Section* 10. COMPOSITION, Subsection A. VOTING MEMBERS of the ADA *Bylaws* be amended as follows (additions <u>underscored</u>, deletions stricken through):

Section 10. COMPOSITION.

A. VOTING MEMBERS. The House of Delegates shall be limited to four hundred sixty (460)voting members for the two years 2004 to 2005 inclusive. Thereafter, the number of votingmembers 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 and of the five (5) federal dental services, who shall be active, life or retired members, two (2) officiallycertified delegates from each of the five (5) federal dental services, who shall be active, life or retired members and five (5) three (3) 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 <u>underscored</u>, deletions stricken through):

C. REPRESENTATIONAL REQUIREMENTS AND GOALS. Each constituent society shall be entitled to <u>a minimum of</u> two (2) delegates, except that one (1) delegate shall be allocated to the Virgin Islands Dental Association. <u>The American Student Dental Association shall be entitled</u> to three (3) delegates. The Air Force Dental Corps, the Army Dental Corps, the Navy Dental Corps, the Public Health Service and the Department of Veteran Affairs shall each be entitled to <u>a minimum of</u> two (2) delegates, <u>one of which shall be elected by the respective service</u>, without regard to the number of members.

The allocation of the remaining delegates shall be made with the goal of achieving as close to proportional representation of active, life and retired members of the Association as possible given the minimum representational requirements set forth in this Section. For the two years 2004-2005 inclusive, the remaining number of delegates shall be allocated to the constituent societies, 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 inthe Association) at subsequent intervals of three (3) years, with the first such review occurringfor the 2006 House of Delegates. Such reviews shall be based on the Association's year-endmembership records for the calendar year preceding the review period in question. No districtshall lose a delegate unless their membership numbers are at least one percent less thantheir membership numbers of the prior three years. Any changes deemed necessary shall bepresented 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 <u>underscored</u>, deletions stricken through):

D. DELEGATE ALLOCATION. <u>Commencing in 2014</u>, <u>Based-based</u> on the representational requirements and goals set forth in Section 10C, the delegates <u>shall be allocated according to the procedures set forth in the Delegate Allocation Procedure which shall be published annually in the Manual of the House of Delegates. Thereafter, to account for membership fluctuations, delegate allocations shall be reviewed and delegates shall be reallocated triennially among the constituent dental societies and the five (5) federal dental services in accordance with that same procedure. Delegate allocations shall be based on the Association's year-end membership records for the calendar year preceding the review period in question and shall be presented to the House of Delegates. Revisions to the Delegate Allocation Procedure shall be presented to the House of Delegates and made upon a two-thirds affirmative vote of the delegates present and voting.are allocated as follows:</u>

DISTRICT 1

Connecticut State Dental Association, The, 7 delegates Maine Dental Association, 3 delegates Massachusetts Dental Society, 13 delegates New Hampshire Dental Society, 3 delegates Rhode Island Dental Association, 3 delegates Vermont State Dental Society, 2 delegates District Total: 31 delegates

DISTRICT 2

New York State Dental Association, 41 delegates District Total: 41 delegates

DISTRICT 3

Pennsylvania Dental Association, 18 delegates District Total: 18 delegates

DISTRICT 4

Air Force Dental Corps, 2 delegates Army Dental Corps, 2 delegates Delaware State Dental Society, 2 delegates District of Columbia Dental Society, The, 2 delegates Maryland State Dental Association, 7 delegates Navy Dental Corps, 2 delegates New Jersey Dental Association, 12 delegates Public Health Service, 2 delegates Puerto Rico, Colegio de Cirujanos Dentistas de, 2 delegates Veterans Affairs, 2 delegates

Virgin Islands Dental Association, 1 delegate District Total: 36 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 delegates Missouri Dental Association, 7 delegates Tennessee Dental Association, 7 delegates West Virginia Dental Association, 3 delegates District Total: 23 delegates

DISTRICT 7

Indiana Dental Association, 9 delegates Ohio Dental Association, 16 delegates District Total: 25 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 delegates Washington State Dental Association, 11 delegates District Total: 24 delegates

DISTRICT 12

Arkansas State Dental Association, 4 delegates Kansas Dental Association, 4 delegates Louisiana Dental Association, The, 6 delegates Oklahoma Dental Association, 5 delegates District Total: 19 delegates DISTRICT 13 California Dental Association, 67 delegates District Total: 67 delegates

DISTRICT 14

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

DISTRICT 15

Texas Dental Association, 23 delegates District Total: 23 delegates

DISTRICT 16

North Carolina Dental Society, The, 10 delegates South Carolina Dental Association, 5 delegates Virginia Dental Association, 10 delegates District Total: 25 delegates

DISTRICT 17 Florida Dental Association, 21 delegates District Total: 21 delegates

AMERICAN STUDENT DENTAL ASSOCIATION, 5 delegates

and be it further

Resolved, that CHAPTER V HOUSE OF DELEGATES, *Section* 10. COMPOSITION, Subsection F. SELECTION OF AMERICAN STUDENT DENTAL ASSOCIATION DELEGATES AND ALTERNATE DELEGATES of the ADA *Bylaws* be amended as follows (additions <u>underscored</u>, deletions stricken through):

F. SELECTION OF AMERICAN STUDENT DENTAL ASSOCIATION DELEGATES AND ALTERNATE DELEGATES. The American Student Dental Association shall select its five (5) three (3) delegates from its even numbered regions in even numbered years, and the odd numbered regions in odd numbered years, with their alternate delegates selected from the opposite groups of regions.

and be it further

Resolved, that CHAPTER VII BOARD OF TRUSTEES, *Section* 100. DUTIES, Subsection N. of the ADA *Bylaws* be amended as follows (additions <u>underscored</u>):

Section 100. DUTIES: It shall be the duty of the Board of Trustees to:

N. Review the delegate allocations to the House of Delegates <u>against the representational</u> <u>requirements and goals</u> as provided in Chapter V, Section 10C, of these Bylaws.

As a point of information, Dr. Mark R. Zust, Missouri, said, "I think this has been an oversight, but 100RC speaks to a House size of 300. That speaks to that in the background statement; however, nowhere in the

resolution does it set the size of the House at 300. It merely refers to the document that is to be used to set the House size. It does not modify that document and right now that document I think says 476. ..."

At the Speaker's request, Dr. Yarbrough responded by stating that the intent of Resolution 100RC was to set the size of the House at 300.

Dr. Zust responded by saying, "The intent was to set it at 300, but if this passes, the way it's written, it will not change the size of the House. The House will stay at 476."

Dr. Yarbrough responded by saying, "The recommendation from the Reference Committee ... was to set it at 300. It doesn't say necessarily what he's saying in the resolved. It's in the Appendix 1, which is incorporating that number. [See page 526 for Appendix 1.]

Dr. Zust responded by saying, "I disagree with that. There is nothing in this resolution that changes the size of the House. I understand that's the intent, but there's nothing in this resolution that will change the size of the House. The resolution refers to the document that sets how you apportion the House. And right now that document has not been amended and right now that document says 476."

A delegate from the floor requested a point of information, saying, "The resolution cites the appendix, and the very top of the appendix, it lists the target number for the House of Delegates at 300. So I believe that the appendix is cited in the resolution, and therefore, the appendix is part of the resolution if I read that correctly."

Dr. Yarbrough moved the adoption of Resolution 100RC in lieu of Resolutions 100 (*Supplement*:7049), 100S-1 (*Supplement*:7053a), and 100S-2 (*Supplement*:7053b).

Dr. Jeffrey M. Cole, Delaware, moved to substitute Resolution 100S-3 for Resolution 100RC.

100S-3. Resolved, that CHAPTER II CONSTITUENT SOCIETIES, *Section* 100. PRIVILEGE OF REPRESENTATION, of the ADA *Bylaws* be amended as follows (additions <u>underscored</u>, deletions stricken through):

Section 100. PRIVILEGE OF REPRESENTATION:

Each constituent society shall be entitled to <u>a minimum of</u> two (2) delegates <u>in the House</u> of Delegates, without regard to the number of members of the constituent. Each territorial constituent and each of the five (5) federal dental services 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 <u>Dental Corps</u> 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 <u>The American Student Dental Association shall be allocated five (5) delegates</u>. The remaining number of delegates shall be allocated as provided in Chapter V, Sections 10C and 10D.

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 <u>underscored</u>, deletions stricken through):

Section 10. COMPOSITION.

A. VOTING MEMBERS. The House of Delegates shall be limited to four hundred sixty (460)voting members for the two years 2004 to 2005 inclusive. Thereafter, the number of votingmembers 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 <u>state and territorial</u> constituent dental societies and of the five (5) federal dental services, who shall be active, life or retired members, two (2) officially certified delegates from each of the five (5) federal dental services, who shall be active, life or retired members and five (5) student members of the American Student Dental Association who are officially certified delegates from the American Student Dental Association. 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 <u>underscored</u>, deletions stricken through):

C. REPRESENTATIONAL REQUIREMENTS AND GOALS. Each constituent society shall be entitled to <u>a minimum of</u> two (2) delegates, except that one (1) delegate shall be allocated to the Virgin Islands Dental Association. <u>The American Student Dental Association shall be entitled to five (5) delegates.</u> The Air Force Dental Corps, the Army Dental Corps, the Navy Dental Corps, the Public Health Service and the Department of Veteran 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 allocation of the remaining delegates shall be made with the goal of achieving as close to proportional representation of active, life and retired members of the Association as possible given the minimum representational requirements set forth in this Section. For the two years-2004-2005 inclusive, the remaining number of delegates shall be allocated to the constituentsocieties, 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 inthe Association) at subsequent intervals of three (3) years, with the first such review occurringfor the 2006 House of Delegates. Such reviews shall be based on the Association's year-endmembership records for the calendar year preceding the review period in guestion. No 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 bepresented 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 <u>underscored</u>, deletions stricken through):

D. DELEGATE ALLOCATION. <u>Commencing in 2013, Based based</u> on the representational requirements and goals set forth in Section 10C, <u>delegates shall be allocated according to the</u> <u>procedures set forth in the Delegate Allocation Procedure which shall be published annually in the</u>

Manual of the House of Delegates. Thereafter, to account for membership fluctuations, delegate allocations shall be reviewed and delegates shall be reallocated triennially among the constituent dental societies and the five (5) federal dental services in accordance with that same procedure. Delegate allocations shall be based on the Association's year-end membership records for the calendar year preceding the review period in question and shall be presented to the House of Delegates for approval via amendment to this section of the Bylaws. Revisions to the Delegate Allocation Procedure shall be presented to the House of Delegates and made upon a two-thirds affirmative vote of the delegates present and voting are allocated as follows:

Delegate allocation for the years 2013 through 2015 is 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, <u>41-38</u> delegates District Total: <u>41-38</u> delegates

DISTRICT 3

Pennsylvania Dental Association, 18-<u>17</u> delegates District Total: 18-<u>17</u> 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, 12-14 delegates Public Health Service, 2 delegates Puerto Rico, Colegio de Cirujanos Dentistas de, 2 delegates Veterans Affairs, 2 delegates Virgin Islands Dental Association, 1 delegate District Total: 36-37 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, <u>6-5</u> delegates Missouri Dental Association, 7 delegates Tennessee Dental Association, 7 delegates West Virginia Dental Association, <u>3-2</u> delegates District Total: <u>23-21</u> delegates

DISTRICT 7

Indiana Dental Association, 9 delegates Ohio Dental Association, 16<u>17</u> delegates District Total: 25<u>26</u> delegates

DISTRICT 8

Illinois State Dental Society, 20-21 delegates District Total: 20-21 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, 11-13 delegates District Total: 24-27 delegates

DISTRICT 12

Arkansas State Dental Association, <u>4-3</u> delegates Kansas Dental Association, 4 delegates Louisiana Dental Association, The, 6 delegates Oklahoma Dental Association, 5 delegates District Total: <u>19-18</u> 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-<u>10</u> delegates Hawaii Dental Association, 3 delegates Nevada Dental Association, 3 delegates New Mexico Dental Association, <u>3-2</u> delegates Utah Dental Association, <u>4-5</u> delegates Wyoming Dental Association, 2 delegates District Total: <u>30-32</u> delegates

DISTRICT 15 Texas Dental Association, 23-27 delegates District Total: 23-27 delegates

DISTRICT 16 North Carolina Dental Society, The, 10-<u>11</u> delegates South Carolina Dental Association, 5-6 delegates Virginia Dental Association, 10-<u>11</u> delegates District Total: 25-<u>28</u> delegates

DISTRICT 17 Florida Dental Association, 21<u>20</u> delegates District Total: 21<u>20</u> delegates

AMERICAN STUDENT DENTAL ASSOCIATION, 5 delegates

and be it further

Resolved, that CHAPTER V HOUSE OF DELEGATES, *Section* 10. COMPOSITION, Subsection F. SELECTION OF AMERICAN STUDENT DENTAL ASSOCIATION DELEGATES AND ALTERNATE DELEGATES of the ADA *Bylaws* be amended as follows (additions <u>underscored</u>, deletions strickenthrough):

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

and be it further

Resolved, that CHAPTER VII BOARD OF TRUSTEES, *Section* 100. DUTIES, Subsection N. of the ADA *Bylaws* be amended as follows (additions <u>underscored</u>):

Section 100. DUTIES: It shall be the duty of the Board of Trustees to:

N. Review the delegate allocations to the House of Delegates <u>against the representational</u> <u>requirements and goals</u> as provided in Chapter V, Section 10C, of these Bylaws.

Speaking to the Substitution, Dr. Cole said, "The intent of this substitute is to basically go back to the original 100, except that it restores ASDA, Puerto Rico and the Public Health Service to their current allocations."

A delegate from Washington spoke in opposition to the substitution, saying, "I believe that we will be a much more effective House if we are smaller and more nimble, and we can take a look at the ability of the members to come in here and do a wonderful job with the job that they're tasked to do."

Dr. Darryll L. Beard, Illinois, spoke in support of the substitution, saying, "As we have been told may times now that the ADA House is not going to benefit financially by the shrinking of the House to any significant degree, this has become an issue of the state in order to save money. Not to terribly long ago I took it upon myself to do a study. I contacted each executive director of every state. I contacted some of them twice, and I did this to get an understanding of the cost analysis that each state was doing for their delegates and for their alternate delegates. I asked them what they paid as a per diem or a stipend, what they paid for travel, what they paid for housing, and as you can imagine, there was a wide range of variances for that."

The Speaker said, "Okay. I know you're speaking for substitution. Let's decide to substitute before we get into the meat of that, okay?"

Dr. W. Mark Donald, Mississippi, requested a point of information, saying, "Mr. Speaker, this may be out of order, but I need to know, number one, from the maker of the motion, does this resolution cap the House

size? ... And, number two, was the allocation chart that was on page 7053c done by staff or they did their own computations?"

At the request of the Speaker, Dr. Cole responded by saying, "The intent was to keep the cap, but it's crossed out in the Resolution [100]S-3."

The Speaker asked if this answered the question and Dr. Donald answered in the affirmative, and added, "... [I] was told that the computation was done by staff, but there's a typo on District 4. It should be 39 delegates instead of 37."

Dr. William D. Bailey, Public Health Service, spoke in support of substitution.

As a point of information, Dr. Frank J. Graham, New Jersey, said, "I just wanted to clarify. This resolution was presented as Resolution 100, but it is amended. It is not identical to 100. The changes are, first of all, the original 100 spoke about representations for state societies and for territories and didn't mention the District of Columbia, which is neither. So we modified that. We also changed the representation for the Public Health Service that was in 100, which would have been one delegate. We made it two. And Puerto Rico, which was for one delegate and made it two. So there are changes between this and the original 100. I just want the House to be clear on that. We are not trying to fool anyone."

Dr. Renee W. Joskow, Public Health Services, spoke in support of the substitution, saying, "As a person who is a general practitioner who had a private practice for many years, I can appreciate the importance of the private practitioner to the ADA and that relationship. But now that I serve in the U.S. Public Health Service as one of the uniform members, I think it's important that the Public Health Service be reinstated with that second delegate for a total of two for the simple reason that the Public Health Service is an extremely diverse group of dentists who practice in different settings and don't have that commonality of having a private practice orientation."

Dr. Dennis J. Charlton, Pennsylvania, spoke in opposition of the substitution, saying, "... Our governance study suggested that we shrink the House and our Reference Committee agreed with that, and I think that what we need to do is think about what will make this House operate in a better manner, unlike what we've seen earlier today."

Dr. Carolyn Malon, Connecticut, spoke in opposition of substituting Resolution 100S-3 for Resolution 100RC, saying, "I think it's time to take the advice that we've been given repeatedly and shrink the size of the House and start going with best practices for our Association and look at creating the ADA of the future and not maintaining what we would like the ADA to look like for those of us who are here."

Dr. Ramon F. Gonzalez-Garcia, Puerto Rico, spoke in support of the substitution, saying, "This resolution restores representation to Puerto Rico. It sends a positive message to the public that the ADA is an inclusive organization and totally believes in diversity. ... Puerto Rican dentists and [the] Puerto Rican population face the same problems you are all facing; access to care, safety-net issues, student debt. Once again, restoring this delegation is the right way to go."

Dr. Eugene G. Porcelli, New York, spoke in opposition to substitution.

Dr. Richard A. Huot, 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 substitute Resolution 100S-3 for Resolution 100RC was not adopted.

Dr. J. Barry Howell, Illinois, spoke in opposition to Resolution 100RC saying, "Unequivocally, the number one benefit of membership valued most by ADA members is advocacy. Advocacy manifests itself in many different terms. The ADA House of Delegates' primary responsibility is to establish policy that gives guidance and direction to the strategic plan, our councils, committees and to our legislative agenda. To best represent

and advocate for the diverse views across this county, we must have here in this House an equitable representation of our membership. Only then can we come to a consensus as to what is the best policy for our patients, for our membership and for our organization at-large. Reducing the size of the House to the level recommended in the resolutions presented diminishes our ability to properly represent those who sent us here to advocate for them on behalf of their interests."

Dr. Carolyn Malon, Connecticut, spoke in support of Resolution 100RC, saying, "As part of the Reference Committee and as someone who is chairing our state's governance review committee, I urge passage of 100RC. I think it's about time to start making changes to our organization in order to improve the organization, streamline it, save the members money. Diversity, we've heard an argument about diversity. Diversity does not come from the size of the House. That comes from the grassroots level. I think that decreasing the size of the House is going to make us a little bit less unwieldy. It's going to improve communication among the delegates, and I think that this is the way to go for the future of our organization."

Dr. Richard Peppard, Texas, requested a point of information, saying, "Thank you, sir... 33 percent of the dollars collected for ADPAC come from the delegations that are attending this House of Delegates."

Dr. Darryll L. Beard, Illinois, spoke in support of Resolution 100RC, saying, "I had begun my support of this resolution earlier, and I'll try to start where I left off with the study and I was talking about that talked about the reimbursement to delegates, which I had surveyed all 50 states, and all but 11 responded to me. And there was a wide range of support to their delegates, all the way from total support to no support. I submit to this House that the expenses that states incur are of their own accord. Our bylaws state that you are entitled to so many delegates and so many alternates. It's your decision as to how many delegates and alternates that you send. That's the reason that we have rules for a quorum. ... This is a volunteer organization, and don't forget that. It's going to cost you money to do this. I'm asking you to not solve your financial problems by using the ADA. I'm asking you not to use the other districts who are functioning well, to lessen their diversity and disenfranchise their grassroots members."

Dr. James D. Stephens, California, spoke in support of Resolution 100RC, saying, "This isn't about money. Diversity isn't achieved by size, okay? We at great expense commissioned experts in the field of association management, and they recommended reduce the size of the House. Our ADA governance Committee labored over this recommendation and the information and they recommended a target of 300. Yesterday the considerate and knowledgeable members of our Reference Committee recommended 100RC, very much the same. This now belongs to the House of Delegates of the American Dental Association, not to my district, not to my local component, my county, my city or town. When you cast your vote, you're casting your vote; it's your responsibility to do what is best for the ADA. We must leave behind our parochial concerns and biases. As leaders of the ADA, we have a historic opportunity to make this House more efficient and increase communication and understanding between constituents and empower each and every delegate. This is our opportunity to utilize solid research, best practices as we work to update and improve our governance structure. Change is not easy. It is time for courageous leadership."

Dr. Terry L, Fiddler, Arkansas, also spoke in support of Resolution 100RC

Dr. Randall Ogata, Washington, moved to amend Resolution 100RC by increasing the number of ASDA representation from three to five delegates. This amendment proposed deleting the word and number "three" and adding the word and number "five" in the first resolving clause, Section 10. Composition; in the second resolving clause, Section 10. Composition, Subsection C. Representational Requirements and Goals; and in the fourth resolving clause, Section 10. Composition, Subsection, Subsection F. Selection of American Student Dental Association Delegates and Alternate Delegates.

Speaking to the amendment, Dr. Ogata said, "I'd like to change to ASDA delegate representation from three to five. ... We need to give ASDA an opportunity to start somewhere, and we need to maintain the opportunities for the over 19,000 students that represent all of the ASDA members. ..."

Dr. Jeffrey M. Cole, Delaware, spoke in support of the amendment, saying, "You know, we talk about engaging the future of our organization, yet at the same time we're going to cut the availability of them to have a meaningful vote. I just don't think we could do that, so I support this amendment."

Dr. Sally Cram, District of Columbia, and Dr. Charles B. Felts, III, Tennessee, spoke in support of the amendment.

Dr. Alan L. Felsenfeld, California, moved to vote immediately. The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, the amendment to amend the number of American Student Dental Association representatives from three to five was adopted.

Dr. Bert W. Oettmeier, Kansas, spoke in opposition to Resolution 100RC, saying, "We have many members of this organization who have served our House for five years, ten years and more. They are the ambassadors and leaders of our profession who have devoted countless hours furthering our profession and our organization, which they so dearly love. And while I do respect and understand those who are concerned with the cost of maintaining the current House structure, I do believe the cost of disenfranchising those very leaders who are told they are no longer needed for those districts whose representation is reduced against their will far outweighs the savings, the few less hotel rooms or a few less airfares. We are indeed fortunate to have such a robust group of volunteers willing to guide our organization, and I'm proud to be one of those. I think it would be counterproductive to the ADA to decrease our current representation. I urge you to not decrease the size of the House and vote to not adopt Resolution 100RC.

Dr. Thomas E. Raimann, Wisconsin, spoke in support of Resolution 100RC, saying, "We are a region that can model diversity ... We have two past presidents, Ray Gist and Kathy Roth, that came up through the ranks, even with a smaller group. So the diversity issue comes from within. It doesn't come from ... just the numbers. So I strongly encourage you to vote for 100RC."

Dr. Bradley W. Barnes, Illinois spoke in opposition to Resolution 100RC.

Requesting a point of information, Dr. Gary K. Dubin, Connecticut, said, "Since the original resolution calls for a certain number of delegates for ASDA and the allocation then says the remaining delegates shall be made with a goal of achieving close to proportional representation, does this mean that the allocations that are mentioned in the original resolution now change?"

With permission from the Speaker, Mr. Jerry Bowman, chief of governance and strategy management, responded to the question by saying, "the addition of delegates for ASDA should not change the other counts; however, 100RC will be based on 2013 data, which obviously, we don't have yet."

Dr. Dubin responded by saying, "So the House will be higher than 300?"

Mr. Jerry Bowman, responded, "It would be higher by a small amount; 300 is a soft cap."

Dr. Joseph E. Ross, Pennsylvania, spoke in support of Resolution 100RC, saying, "... We've had governance studies in the past. I'm sure we will have some in the future. I'm really tired of seeing dues dollars spent on hundreds and thousands of dollars to study things and then we don't take their recommendation. I really think that if you're going to spend \$300,000, you really need to take their recommendation. Don't ask the questions if you don't like the answers you're going to get."

Dr. Raymond A. Cohlmia, Oklahoma, spoke in opposition to Resolution 100RC, saying, "I rise in opposition of 100RC, but I rise in support of the profession, because this is a fundamental core value that we are talking about here. When I look across the House of Delegates I don't see delegates and alternates and officers. What I see is people volunteering for the profession, the fundamental value of what we're about.

We're all volunteers. We're all key leaders, not only here, but in our states, in our constituencies and our components, as well. Why would we turn down people? ..."

Dr. David R. Larson, Pennsylvania; Dr. Robert J. Brennan, Wisconsin; Dr. Kerry K. Carney, California; and Dr. Douglas S. Hadnot, Montana; also spoke in support of Resolution 100RC.

Dr. Robert G. Plage, North Carolina; Dr. Alan B. Moore, Texas; and Dr. Susan B. Doroshow, Illinois; spoke in opposition to Resolution 100RC.

Dr. Robert J. Wilson, Jr., Maryland, moved to further amend Resolution 100RC, in the third resolved clause, by substituting the date "2015" for "2014" so the amended language would read as follows.

D. DELEGATE ALLOCATION. Commencing in 2014 2015, based on the representational requirements ...

Speaking to the amendment, Dr. Wilson said, "The reason is, in Maryland, at least, we will elect our delegation for 2014 in July of 2013. Our House of Delegates will meet in September of 2013. Therefore, in order for us to deal with this should it pass, we will need to have a special session of our House. I know it may not be about the money to everybody, but this would be a significant cost to our state association, and this one simple change would fix that for Maryland and I suspect a lot of other states."

Seeing no one at the microphone, the Speaker called for a vote on the amendment. On vote, the motion to amend the commencement date from 2014 to 2015 was adopted.

Dr. Jonathan B. Knapp, Connecticut, moved to vote immediately. The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, Resolution 100RC, as amended, was not adopted.

Dr. Dennis J. Charlton, Pennsylvania, moved Resolution 100 in lieu of Resolutions 100S-1 and 100S-2.

100. Resolved, that CHAPTER II CONSTITUENT SOCIETIES, *Section* 100. PRIVILEGE OF REPRESENTATION, of the ADA *Bylaws* be amended as follows (additions <u>underscored</u>, deletions stricken through):

Section 100. PRIVILEGE OF REPRESENTATION:

Each <u>state</u> constituent society shall be entitled to <u>a minimum of</u> two (2) delegates in the House of Delegates, without regard to the number of members of the constituent. Each territorial <u>constituent and each of the five (5) federal dental services</u> 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 Affairsshall each-be entitled to two (2) <u>a minimum of one (1)</u> delegates, one of which shall be electedby the respective service, without regard to the number of members. <u>The American Student</u> Dental Association shall be allocated six (6) delegates irrespective of membership. The remaining number of delegates shall be allocated as provided in Chapter V, Sections 10C and 10D.

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 <u>underscored</u>, deletions stricken through):

Section 10. COMPOSITION.

A. VOTING MEMBERS. The House of Delegates shall be limited to four hundred sixty (460) voting members for the two years 2004 to 2005 inclusive. Thereafter, the number of voting members shall be determined by the methodologies set forth in Section 10C of this Chapter. It shall be composed of the officially certified delegates of the state and territorial constituent dental societies and of the five (5) federal dental services, who shall be active, life or retired members, two (2) officially certified delegates from each of the five (5) federal dental services, who shall be active, life or retired members and five (5) six (6) 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 <u>underscored</u>, deletions stricken through):

C. REPRESENTATIONAL REQUIREMENTS AND GOALS. Each <u>state</u> constituent society shall be entitled to <u>a minimum of</u> two (2) delegates; <u>except that Each territorial constituent society and</u> <u>each of the five (5) federal dental services shall be entitled to a minimum of</u> one (1) delegate <u>shall</u> be allocated to the Virgin Islands Dental Association. The American Student Dental Association <u>shall be entitled to six (6) delegates</u>. The Air Force Dental Corps, the Army Dental Corps, the Navy Dental Corps, the Public Health Service and the Department of Veteran 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 allocation of the remaining delegates shall be made with the goal of achieving as close to proportional representation of active, life and retired members of the Association as possible given the minimum representational requirements set forth in this Section. For the two years-2004-2005 inclusive, the remaining number of delegates shall be allocated to the constituent societies, 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 inthe Association) at subsequent intervals of three (3) years, with the first such review occurringfor the 2006 House of Delegates. Such reviews shall be based on the Association's year-endmembership records for the calendar year preceding the review period in question. No 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 bepresented 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 <u>underscored</u>, deletions stricken through):

D. DELEGATE ALLOCATION. <u>Commencing in 2013</u>, <u>Based based</u> on the representational requirements and goals set forth in Section 10C, <u>delegates shall be allocated according to the</u>

procedures set forth in the Delegate Allocation Procedure which shall be published annually in the Manual of the House of Delegates. Thereafter, to account for membership fluctuations, delegate allocations shall be reviewed and delegates shall be reallocated triennially among the constituent dental societies and the five (5) federal dental services in accordance with that same procedure. Delegate allocations shall be based on the Association's year-end membership records for the calendar year preceding the review period in question and shall be presented to the House of Delegates for approval via amendment to this section of the Bylaws. Revisions to the Delegate Allocation Procedure shall be presented to the House of Delegates and made upon a two-thirds affirmative vote of the delegates present and voting.are allocated as follows:

Delegate allocation for the years 2013 through 2015 is 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, <u>41-38</u> delegates District Total: <u>41-38</u> delegates

DISTRICT 3

Pennsylvania Dental Association, 18-<u>17</u> delegates District Total: 18-<u>17</u> 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, 12-14 delegates Public Health Service, 2 1 delegates Puerto Rico, Colegio de Cirujanos Dentistas de, 2-1 delegates Veterans Affairs, 2 delegates Virgin Islands Dental Association, 1 delegate District Total: 36-37 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, <u>3-2</u> delegates District Total: <u>23-21</u> delegates

DISTRICT 7

Indiana Dental Association, 9 delegates Ohio Dental Association, 16<u>17</u> delegates District Total: 25<u>26</u> delegates

DISTRICT 8

Illinois State Dental Society, 20-21 delegates District Total: 20-21 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, 11-13 delegates District Total: 24-27 delegates

DISTRICT 12

Arkansas State Dental Association, <u>4-3</u> delegates Kansas Dental Association, 4 delegates Louisiana Dental Association, The, 6 delegates Oklahoma Dental Association, 5 delegates District Total: <u>19-18</u> 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-<u>10</u> delegates Hawaii Dental Association, 3 delegates Nevada Dental Association, 3 delegates New Mexico Dental Association, <u>3-2</u> delegates Utah Dental Association, <u>4-5</u> delegates Wyoming Dental Association, 2 delegates District Total: <u>30-32</u> delegates

DISTRICT 15 Texas Dental Association, 23<u>27</u> delegates District Total: 23<u>27</u> delegates

DISTRICT 16 North Carolina Dental Society, The, 10-<u>11</u> delegates South Carolina Dental Association, 5-<u>6</u> delegates Virginia Dental Association, 10-<u>11</u> delegates District Total: 25-<u>28</u> delegates

DISTRICT 17 Florida Dental Association, 2120 delegates District Total: 2120 delegates

AMERICAN STUDENT DENTAL ASSOCIATION, 5-6 delegates

and be it further

Resolved, that CHAPTER V HOUSE OF DELEGATES, *Section* 10. COMPOSITION, Subsection F. SELECTION OF AMERICAN STUDENT DENTAL ASSOCIATION DELEGATES AND ALTERNATE DELEGATES of the ADA *Bylaws* be amended as follows (additions <u>underscored</u>, deletions strickenthrough):

F. SELECTION OF AMERICAN STUDENT DENTAL ASSOCIATION DELEGATES AND ALTERNATE DELEGATES. The American Student Dental Association shall select its five (5) six (6) delegates from its even numbered regions in even numbered years, and the odd numbered regions in odd numbered years, with their alternate delegates selected from the opposite groups of regions.

and be it further

Resolved, that CHAPTER VII BOARD OF TRUSTEES, *Section* 100. DUTIES, Subsection N. of the ADA *Bylaws* be amended as follows (additions <u>underscored</u>):

Section 100. DUTIES: It shall be the duty of the Board of Trustees to:

N. Review the delegate allocations to the House of Delegates <u>against the representational</u> <u>requirements and goals</u> as provided in Chapter V, Section 10C, of these Bylaws.

A delegate from the floor spoke in support of Resolution 100, saying, "Instead of leaving the status quo, it does set a cap, and I think that we need at least to set a cap at this point. I think that's the proper course for the Association. I don't think this House is prepared to accept a reduction in size, so if we're going to set a cap at all, I think we are going to do it here or we're not going to."

Dr. Craig S. Ratnor, New York, requested a point of information, saying, "In deference to the last speaker, while it states in the background statement of the resolution, I don't see it in the actual resolution the idea of a cap. Can staff direct us to where the actual language is?"

At the Speaker's request, Mr. Jerry Bowman responded by saying, "The cap is inherent in the math which is set forth in the delegate allocation procedure, which is incorporated into the resolution."

Dr. Anthony M. Cuomo, New York, moved to amend Resolution 100, under the fourth resolved clause, by striking the year "2013" after the words "D. DELEGATE ALLOCATION. Commencing in" and inserting the year "2014"; and in the last sentence before the listing of allocations striking the year "2013" and replacing it with the year "2014" and striking the year "2015" and replacing it with the year "2016," as follows.

Delegate allocation for the years 2013 2014 through 2015 2016 is as follows:

Dr. Cuomo moved to amend further by inserting a fifth resolve clause as follows.

Resolved, that the 2013 House of Delegates allocation be continued at the 2012 House of Delegates size and number for all constituents, federal dental services, territories and the American Student Dental Association, and be it further

Speaking to the amendment, Dr. Cuomo said, "Basically, I want to give everybody a chance to get their Houses in order. By the time we leave here, with everything, it was somewhat flexible what was going to happen in the future. A lot of grassroots components aren't going to be able to go up to speed without changes in bylaws and constituency documents."

Dr. Walter I. Chinoy, New Jersey, requested a point of parliamentary procedure, saying, "This resolve clause is not a bylaws change and would require a majority, whereas the rest is a bylaws change and requires two-thirds. So should they be in the same resolution or divided accordingly? The resolve does not amend the bylaws."

The Speaker responded by saying, "All this is, is trying to amend this Resolution 100."

Dr. Chinoy responded by saying, "But the Resolution 100 is a bylaws amendment, which requires a twothirds vote."

The Speaker said, "When we vote on it finally, yes."

A delegate from the floor requested a point of information, saying, "Mr. Speaker, the issue can be divided to resolve the issue."

With permission from the Speaker, Mr. Jerry Bowman, said, "If I understand the proposed amendment, it delays the implementation of Resolution 100 by one year. That means the existing bylaws would remain unchanged until next year. The existing delegate allocation would remain unchanged next year. If I understand the proposal, it wouldn't be necessary."

The Speaker said, "We are going to say the final resolving clause is not necessary, and we won't have it. ..."

Seeing no one else at the microphone, the Speaker called for a vote on the proposed amendment.

On vote, the proposed amendment to Resolution 100 was adopted.

Dr. Raymond K. Martin, Massachusetts, spoke in support of Resolution 100 as amended, saying, "This would still be a positive change for the ADA, in that it came out of the Westman & Associates study, the governance study, and the Board of Trustees forwarded it and recommended it. So we would still be utilizing the money that we spent on that governance study by doing something positive, and we would get something positive passed. So that's why I rise to speak in favor of it."

Dr. Kirk W. Noraian, Illinois, speaking in opposition to Resolution 100, said, "I represent an area that basically goes from the Wisconsin line to the border of Kentucky in the state of Illinois. It represents everything outside of Chicago and its collar counties. And one of the important things in the Eighth District this year is that we have one of the youngest delegations here, and we are very proud of that. The challenge that we have, however, is that because of the anticipated changes to the delegation, our younger members were not really able to participate. And, yes, you can campaign and you can do all of that, but we have a huge geographic area, so while I urge you about the importance of gender diversity and ethnic diversity and everything else, there's also geographic diversity in our numbers. And so, if we're looking at the future from one of the youngest delegations present here today, we're looking at being able develop people to carry us forward into the future, and a reduction in these numbers at this point in time jeopardizes that future."

Dr. Deborah S. Bishop, Alabama, spoke in support of Resolution 100.

Dr. Rodney J. Klima, Virginia, moved to vote immediately. The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, Resolution 100, as amended, was not adopted since it failed to receive a two-thirds (2/3) affirmative vote.

The Speaker announced that since no one moved Resolutions 100S-1 and 100S-2 he was declaring them moot.

Recess: Dr. Samuel W. Galstan, Virginia, moved to recess the House of Delegates until 1:15 p.m.

Hearing no objection to the motion, the Speaker recessed the second meeting of the House of Delegates at 12:11 p.m.

Third Meeting of the House of Delegates

Call to Order: The third meeting of the ADA House of Delegates was called to order at 1:15 p.m. by the Speaker of the House of Delegates, Dr. J. Thomas Soliday, Maryland.

Report of the Standing Committee on Credentials, Rules and Order: Dr. Scott Morrison, Nebraska, chair, reported that the Committee received a request relating to the credentialing of a new delegate. The Committee considered this request to be the result of extenuating circumstances. Accordingly, the Committee recommended that the following individual be credentialed.

Delegate

Dr. Edwin Del Valle-Sepulveda, Puerto Rico

The Speaker asked if there were any objections to credentialing the above mentioned individual; hearing none, the Speaker declared the credential granted.

Dr. Morrison reported the presence of a quorum and reminded the House that in accordance with the disclosure policy, delegates are 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)

Approval of 2013 Budget (Continued): Reporting on the referral of the preliminary 2013 budget to the Board of Trustees along with Budget Recommendations 1 and 2, Dr. Edward Leone, Jr., treasurer, reported that the proposed budget, as revised, had \$116,650,000 of revenues against expenses of \$117,825,000 creating a deficit of \$1,175,000.

Dr. Zimmerman moved the preliminary budget as presented by the treasurer.

Seeing no one at the microphones, the Speaker called for a vote on the preliminary budget. On vote, the preliminary budget, as revised, was adopted.

Consent Calendar (Reference Committee on Budget, Business and Administrative Matters Resolution 180): The Reference Committee reported as follows.

The Reference Committee on Budget, Business and Administrative Matters presents the following consent calendar for consideration by the House of Delegates. The appended Resolution 180 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 180, 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.

180. 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 57—REFER (*Approval of 2013 Budget, Supplement*:2063); \$117,272 Revenue; \$116,225 On-going Expense; FTE: 0 (**Priority Item**)

Resolution 58RC—ADOPT in lieu of Resolution 58 (*Establishment of Dues Effective January 1, 2013, Supplement:*2064); \$3,933,100 On-going; Net Dues Impact: \$37; FTE: 0

Resolution 176—ADOPT in Lieu of Resolution 59, *Establishment of Capital Fund, Supplement:*2065, (*Special Assessment: Capital Building Fund*); see Resolution 57 for financial implication, On-going; FTE: 0

Resolution 60—ADOPT (Posting of Financial Information, Supplement: 2066); \$: None; FTE: 0

Resolution 65—ADOPT (ADA Reserves, Supplement:2067); \$: None; FTE: 0

Resolution 66—ADOPT (*Long-Term Financial Strategy of Dues Stabilization, Supplement*:2069); \$: None; FTE: 0

Resolution 74—ADOPT (*Transition to an Electronic House of Delegates, Supplement*:2072); \$64,000 On-going Expense; FTE: 0

Resolution 76—ADOPT (*ADAMember.Net E-Mail Forwarding System Upgrade, Supplement*:2074); \$: None; FTE: 0

Resolution 83—ADOPT (*Policies to be Maintained as Recommended by the Board of Trustees, Supplement:*2075); \$: None; FTE: 0 (Moot)

Resolution 169—NOT ADOPT (*Evaluation of ADA Properties, Supplement*:2104); \$50,000 Onetime; FTE: 0

Dr. Zimmerman moved the adoption of Resolution 180.

The Speaker stated that Resolution 57 had already been handled as a priority item, Resolution 58RC would be considered at the fourth meeting of the House, and Resolution 83 had been ruled moot based on the adoption of Resolution 170H-2012.

A delegate from the floor requested the removal of Resolutions 65 and 66 from the consent calendar.

Seeing no one else at the microphones, the Speaker called for a vote. On vote, Resolution 180, as amended, was adopted.

180H-2012. 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 176—ADOPT in lieu of Resolution 59 (*Establishment of Capital Fund, Supplement:*2065); see Resolution 57 for financial implication, On-going; FTE: 0

Resolution 60—ADOPT (Posting of Financial Information, Supplement: 2066); \$: None; FTE: 0

Resolution 74—ADOPT (*Transition to an Electronic House of Delegates, Supplement*:2072); \$64,000 On-going Expense; FTE: 0

Resolution 76—ADOPT (*ADAMember.Net E-Mail Forwarding System Upgrade, Supplement*:2074); \$: None; FTE: 0

Resolution 169—NOT ADOPT (*Evaluation of ADA Properties, Supplement*:2104); \$50,000 Onetime; FTE: 0

Note: For the purpose of a fully documented record, the complete text of the resolutions presented in Resolution 180H follows:

ADOPTED

Establishment of a Capital Fund

176H-2012. Resolved, that in order to minimize, or alleviate the need for future Capital Special Assessments, the Reference Committee recommends establishing a line item in the budget for the purpose of replacing depreciated assets.

Resolved, that the Board of Trustees, as part of each annual budget, fund a Capital Fund in the amount of net depreciation and capital expenditures for the budget year, and be it further **Resolved,** that such Capital Fund be designated for the purpose of funding future capital expenditures, and be it further

Resolved, that the Board of Trustees annually evaluate the amount in the Capital Fund against the amount of anticipated future capital expenditures, and be it further

Resolved, that the Capital Fund be held in a separate account, and that the Board of Trustees annually report to the House of Delegates as to the activities of such Capital Fund.

Posting of Financial Information

60H-2012. Resolved, that the ADA policy on "Request to Post Information on ADA.org" (*Trans*.2009:493) be amended to read as follows (additions are <u>underscored</u>; deletions are stricken):

Resolved, that the ADA post in the delegates' section of ADA.org, <u>ADA Connect, or the</u> <u>equivalent,</u> copies of all audit reports and management letters associated with the audit report of the ADA and its subsidiaries within 30 days after Board of Trustees review, and be it further **Resolved,** that the ADA post in the delegates' section of ADA.org, <u>ADA Connect, or the</u> <u>equivalent</u>, copies of the quarterly financial reports within 30 days after Board of Trustees review.

Transition to an Electronic House of Delegates

74H-2012. Resolved, that effective with the 2013 House of Delegates all materials for the meetings of the House of Delegates will be provided in an electronic format only with the exception of Reference Committee Reports and Agendas which will also be provided in paper format during the meeting, and be it further

Resolved, that Resolution 13H-2008 (*Trans*.2008:446) be rescinded.

ADAMember.Net Email Forwarding System Upgrade

76H-2012. Resolved, that the @ADAmember.net Electronic Mail Forwarding service be discontinued due to low utilization, and be it further

Resolved, that the service will be supported by the ADA for 90 days after the 2012 House of Delegates meeting assuming House approval of the discontinuation of the service, and be it further **Resolved**, that the remaining funds from the 2011 Special Assessment for IT Infrastructure be returned to the 2012 IT Budget and used to resolve open audit points for Hyperion and Payment Card Industry standard (PCI) Compliance.

NOT ADOPTED

Evaluation of ADA Properties

169. Resolved, that the Board of Trustees be urged to engage professional consultants for the expressed purpose of evaluating the concept of the American Dental Association divesting itself of ownership in the office buildings in both Chicago, IL and Washington, DC and the ramifications, both pro and con, of such a divestiture, and be it further

Resolved, that the Board of Trustees present a report of the results of their findings to the House of Delegates at the 2013 annual session.

ADA Reserves (Board of Trustees Resolution 65): The Reference Committee reported as follows.

The Reference Committee heard testimony against this policy. The Reference Committee had a lengthy discussion about how the Board would implement this policy. The Board is encouraged to use discretion in implementation of this policy. The Reference Committee acknowledges this is only an urging, not a requirement, regarding expense management.

The Reference Committee therefore recommends adoption of Resolution 65.

65. Resolved, that Resolution 59-2007H-2008, "ADA Reserves" (*Trans*.2008:443), be amended to read as follows (additions are <u>underscored</u>; deletions are <u>stricken</u>):

Resolved, that the Board be urged to target the ADA's liquid reserves at a level of 50% of the Association's annual budgeted operating expenses, and to consider any excess in developing the following year's annual operating budget consistent with the long-term strategy of duesstabilization taking into consideration any known contingent use of reserves. Liquid reserves are defined as the total net uncommitted balance of the Reserve Division Investment Account, and be it further

Resolved, that upon a finding by the Board that a predicted drop in liquid reserves below 40% is unlikely to be corrected absent action by the Association, the Board be urged to immediately reduce expenses even if such reduction results in delay in implementation of previously adopted House initiatives. and be it further

Resolved, that Resolution 26H-2005, Association Reserve Policy (Trans.2005:294), berescinded.

Dr. Zimmerman moved the adoption of Resolution 65 (Supplement:2067).

Dr. Christopher M. Connell, Ohio, moved to amend by deleting the second resolved clause of the policy, saying, "... it's my understanding that that already falls under the duties that the Board of Trustees already possesses."

Dr. Samuel E. Selcher, Pennsylvania, spoke in opposition to the amendment, saying, "What this does is give us a floor. Really, your reserves need to be a range, not a point. ... The nature of the market, unfortunately, can drop a thousand points in a day. We all know that, but the Board can evaluate. What it does is say to the Board, I want you to see what's happening, but I want you to really start paying attention when it gets down to 40 percent. If it's 48 percent, we can live with it. We don't have to be at 50. If it starts going below 40, look at what is happening short term, long term. If it's long term, you might need to change the operation of the Association. I would encourage a vote against this amendment."

Dr. Idalia Lastra, Florida, spoke in support of the amendment, saying, "The Board currently has the power and the authority to act in an emergency, and it doesn't really need this resolving clause."

Dr. J. Ted Sherwin, Virginia, spoke against the amendment, saying, "[I'm] also a member of the House representation on the Finance Committee of the Board. As part of the group that developed this, the Board does feel like it needs this kind of language, and it was developed very carefully and I think with the appropriate consideration of all the concerns we heard at the reference committee, and so I would recommend that we vote this down and keep the resolution as it was."

Seeing no one else at the microphones, the Speaker called for a vote on the amendment. On vote, the motion to delete the second resolved clause was not adopted. A question regarding the outcome of the card vote was raised by Dr. Lastra and she requested a revote on the machines. The Speaker call for a vote on the machines; on vote the amendment was not adopted.

Dr. William S. Meldrum, Michigan, said, "I am against this resolution, because it makes the reserve level a priority over member services. Our job is to be a service to our members, not to be an investment company.

And I think that the Board can have discretion in that knee jerk up and down market to determine when to cut services. That's a very, very difficult, important thing to do, and I don't think because the market takes a dip every now and then, they should start cutting member services."

Dr. D. D. Cassat, California, moved to amend the second resolved clause of the policy by deleting the word "immediately." Dr. Cassat said, "So that it removes the urgency of having to cut programs to meet that floor on the reserves."

Seeing no one at the microphones, The Speaker called for a vote on the amendment. On vote, the proposed amendment was adopted.

On vote, Resolution 65, as amended, was adopted.

65H-2012. Resolved, that Resolution 59-2007H-2008, "ADA Reserves" (*Trans*.2008:443), be amended to read as follows (additions are <u>underscored</u>; deletions are <u>stricken</u>):

Resolved, that the Board be urged to target the ADA's liquid reserves at a level of 50% of the Association's annual budgeted operating expenses, and to consider any excess in developing the following year's annual operating budget consistent with the long-term strategy of dues stabilization taking into consideration any known contingent use of reserves. Liquid reserves are defined as the total net uncommitted balance of the Reserve Division Investment Account, and be it further

Resolved, that upon a finding by the Board that a predicted drop in liquid reserves below 40% is unlikely to be corrected absent action by the Association, the Board be urged to immediately reduce expenses even if such reduction results in delay in implementation of previously adopted House initiatives. and be it further

Resolved, that Resolution 26H-2005, Association Reserve Policy (Trans.2005:294), be rescinded.

Long-Term Financial Strategy of Dues Stabilization (Board of Trustees Resolution 66). The Reference Committee reported as follows.

The Committee heard limited testimony against Resolution 66. The Reference Committee feels that the resolution gives the Board flexibility with the House still having ultimate authority on Dues increases. The Reference Committee therefore recommends adoption of Resolution 66.

66. Resolved, that Resolution 17H-2008, "Long-Term Financial Strategy of Dues Stabilization" (*Trans*.2008:421) be amended to read as follows (additions are <u>underscored</u>; deletions are stricken):

Resolved, that the Board develop annual budgets and manage the Association's finances and reserves in accordance with the <u>goal of</u> long-term financial <u>stability for the Association, taking</u> into account the need to limit dues increases, as practical, the effective dues rate for members, <u>external market conditions and other relevant factors such as 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.</u>

Dr. Zimmerman moved the adoption of Resolution 66 (Supplement:2069).

Dr. Larry F. Browder, Alabama, speaking in opposition to Resolution 66, said, "In 2008 we spent a lot of time going over this language and discussing this very issue. We came up with an excellent resolution. Now the Board wants to go back and change this House's policy. I urge this House to stand up for what we did in 2008 and vote down this resolution."

Speaking in support of Resolution 66, Dr. George A. Maranon, California, said, "In Reference Committee, arguments in opposition to this resolution concerned about effect of periodic dues increases on membership. The problem is that automatic dues increases decrease accountability in the budgetary procedure. I would rather have the Treasurer write in *ADA News* that the Board of Trustees and the House of Delegates have been good stewards of dues dollars and there's not been a dues increase for five, ten or fourteen years. In that manner, members would be much more likely to accept periodic dues increases."

Dr. G. Lewis Mitchell, Jr., Alabama, spoke in opposition, saying, "This protects our members. It really does. There's no chance of a dues increase of two or three times the rate of inflation with something like this. You know, it is strictly a goal as far as the CPI is concerned. And so I would encourage this House to leave it just like it is. It's a good policy, and it really protects our members."

Dr. Samuel E. Selcher, Pennsylvania, spoke in support, saying, "The Reference Committee looked at this very specifically. What's being referred to is there's some people who feel the old dues stabilization program said, do not increase dues more than CPI in any given year. If the dues had been increased for the last five years at CPI, we would be at about a \$35 increase. What we're saying to the Board of Trustees, [is to] gather all the data you can. They know that the object is to not raise dues, but you have things change, and you go through three years without changing, and then the next year you can't move more than CPI even though you had no increase the last three years. That doesn't make sense. We have a Board of Trustees we trust. They know we don't want to raise the dues. We're saying gather all the information and then come to us as a House, and we'll respond to what you said. Don't lock their hands by a CPI, which is what that group is attempting to do. I encourage to approve it as presented."

Dr. Nancy R. Rosenthal, Pennsylvania, said, "I would like to inform the House that at this time the Council on Membership is involved in a long-term financial strategy of dues stabilization study. The fees have been allotted and the study is just beginning. So they will be reporting to the next year's House."

Seeing no one else at the microphones, the Speaker called for a vote on Resolution 66. On vote, Resolution 66 was adopted.

66H-2012. Resolved, that Resolution 17H-2008, "Long-Term Financial Strategy of Dues Stabilization" (*Trans*.2008:421) be amended to read as follows (additions are <u>underscored</u>; deletions are stricken):

Resolved, that the Board develop annual budgets and manage the Association's finances and reserves in accordance with the <u>goal of</u> long-term financial <u>stability for the Association, taking</u> into account the need to limit dues increases, as practical, the effective dues rate for members, <u>external market conditions and other relevant factors such as 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.</u>

Report of the Reference Committee on Governance (Continued)

Consent Calendar (Reference Committee on Governance Resolution 183): The Reference Committee reported as follows.

The Reference Committee on Governance presents the following consent calendar for consideration by the House of Delegates. The appended Resolution 183 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 183 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 92, 93, 93B, 98, 98S-1, 99 and 100 as submitted and Resolutions 95 and 97 as modified. Resolutions 100RC and 170RC have been identified as Priority items, and Resolutions 93B and 97RC have been identified as resolutions of special interest. These resolutions will be considered separately from the Consent Calendar.

183. Resolved, that the recommendations of the Reference Committee on Governance on the following resolutions be accepted by the House of Delegates.

Resolution 88RC—Adopt in lieu of Resolution 88 (*Recommendations Regarding the Composition of the Election Commission, Supplement*:7056); \$: 5,000; FTE: 0

Resolution 89RC—Adopt in lieu of Resolutions 89 and 89B (*Recommendations Regarding Conduct of Campaigns for Elective Office, Supplement*:7062); \$: None; FTE: 0

Resolution 90—Adopt (Term Limits for Delegates, Supplement:7022); \$: None; FTE: 0

Resolution 91—Adopt (Term Limits for Alternate Delegates, Supplement:7023); \$: None; FTE: 0

Resolution 92RC—Adopt in lieu of Resolution 92 (*Amendment of the ADA Bylaws Regarding Term of Office of the Speaker of the House of Delegates, Supplement*:7024); \$: None; FTE: 0

Resolution 93B—Adopt in lieu of Resolution 93 (*Amendment of the ADA Bylaws Regarding the Council on Members Insurance and Retirement Programs, Supplement*:7027a); \$: None; FTE: 0 (Resolution of Special Interest)

Resolution 94RC—Adopt in lieu of Resolutions 94 and 94S-1 (*Study of Governance Recommendations Relating to Councils, Supplement*:7028); \$22,000; FTE: 0.5

Resolution 96—Not Adopt (*Role for ADA Immediate Past President, Supplement*:7035); \$68,650; FTE: 0

Resolution 97RC—Adopt in lieu of Resolutions 97, 97S-1 and 98S-1 (*Amendment of the ADA Bylaws Regarding Financial Responsibility of the Board of Trustees and House of Delegates, Supplement*:7037); \$: None; FTE: 0 (**Resolution of Special Interest**)

Resolution 100RC—Adopt in lieu of Resolution 100, 100S-1 and 100S-2 (*Delegate Allocation and Size of the House of Delegates, Supplement*:7049); \$: None; FTE: 0 (**Priority Item**)

Resolution 166—Not Adopt (*Dental Specialty Representation in the House of Delegates*, *Supplement*:7065); \$: None; FTE: 0

Resolution 170RC—Adopt in lieu of Resolution 170 (*Reaffirming Existing ADA Policy*, *Supplement*:7067); \$: None; FTE: 0 (**Priority Item**)

Resolution 177—Adopt (Reexamination of Westman Governance Study); \$: None; FTE: 0

Dr. Craig Yarborough, chair, moved the adoption of Resolution 183.

Dr. Bernie P. Dishler, Pennsylvania, requested the removal of Resolutions 89RC, 94RC, and 177 from the consent calendar.

Dr. Raymond K. Martin, Massachusetts, requested the removal of Resolution 96 from the consent calendar.

A delegate from the floor requested the removal of Resolution 93 from the consent calendar.

Dr. David F. Boden, Florida, requested the removal of Resolution 88RC from the consent calendar.

Dr. Craig S. Ratner, New York, requested the removal of Resolution 92RC from the consent calendar.

Seeing no one else at the microphones, the Speaker called for a vote on Resolution 183 as amended. On vote, Resolution 183, as amended, was adopted.

Note: For the purpose of a fully documented record, the complete text of the resolutions presented in Resolution 183H follows:

ADOPTED

Term Limits for Delegates

90H-2012. Resolved, that all constituencies be urged to implement term limits for ADA delegates.

Term Limits for Alternate Delegates

91H-2012. Resolved, that all constituencies be urged to implement term limits for ADA alternate delegates.

NOT ADOPTED

Dental Specialty Representation in the House of Delegates

166. Resolved, that the ADA study representation in the ADA House of Delegates for the parent organizations of the ADA recognized dental specialties, and be it further **Resolved**, that the specialty organizations be invited to nominate up to three representatives, at their expense, who are ADA members to assist the ADA in such a study, and be it further **Resolved**, that the study address the following:

- a. Whether each recognized dental specialty organization should have designated representation in the ADA House of Delegates.
- b. Whether the number of dental specialty organization delegates should be determined based on a percentage of the total number of specialists members in the ADA.

and be it further **Resolved,** that a report on the study be presented to the 2013 House of Delegates.

Recommendations Regarding the Composition of the Election Commission (Election Commission Resolution 88 and Reference Committee on Governance Resolution 88RC): The Reference Committee reported as follows.

The Reference Committee believes that action should be taken now, rather than referral back to the Council on Ethics, Bylaws and Judicial Affairs. In addition, the Reference Committee is offering a substitute resolution which modifies the makeup of the Election Commission to minimize political influence on the Commission. In particular, in order to protect the impartiality of the Speaker, the Reference Committee felt that the Speaker should not be involved as a voting member of the Commission. Therefore, the Committee recommends the adoption of Resolution 88RC in lieu of Resolution 88. These resolutions support the ADA Strategic Plan Goal: Members.

88RC. Resolved, that the Election Commission will be charged with overseeing and adjudicating all issues of contested elections for ADA offices, and be it further

Resolved, that it shall be the duty of the Commission 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 and other communication methods; (3) receive summaries of campaign revenues and expenses from candidates for all ADA elective offices; (4) inform 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 that they are ineligible to seek elective or appointive office while under that disciplinary sentence; and (5) refer any dispute of eligibility to the Council on Ethics, Bylaws and Judicial Affairs, and be it further **Resolved**, that the Election Commission will be composed of three members: the President-Elect, Immediate Past President and the chair of the Council on Ethics, Bylaws and Judicial Affairs. In the event that one of the members is unavailable, a replacement member will be selected by the Council on Ethics, Bylaws and Judicial Affairs shall serve as chair. The Speaker will serve as a consultant to the Election Commission, without the right to vote.

Dr. Yarborough moved the adoption of Resolution 88RC in lieu of Resolution 88 (Supplement:7056).

Dr. David F. Boden, Florida, moved to amend the second resolved clause so that the amended language would read as follows.

Resolved, that the Election Commission will be composed of three members: the President-Elect, Immediate Past President and the <u>President chair of the Council on Ethics</u>, Bylaws and Judicial Affairs. In the event that one of the members is unavailable, a replacement member will be selected by the Council on Ethics, Bylaws and Judicial Affairs from among its members. The <u>Immediate Past</u> <u>President</u> chair of the Council on Ethics, Bylaws and Judicial Affairs shall serve as chair. The Speaker will serve as a consultant to the Election Commission, without the right to vote.

Speaking to the amendment, Dr. Boden said, "I feel that there's a potential conflict if the chair of CEBJA is on this committee, because he always has a possibility of being in these elections, and it's a little bit outside their purview anyway. I think by having these officers, especially chaired by the immediate past president, I think we have a little more unbiased committee."

Dr. Richard A. Weinman, Georgia, spoke against the amendment saying, "If that were the case that the chair was running for office and, of course, he could have to recuse himself from that position and the vice chair could take that position."

Seeing no one else at the microphones, the Speaker called for a vote on the amendment. On vote, amendment was not adopted.

On vote, Resolution 88RC was adopted in lieu of Resolution 88.

88H-2012. Resolved, that the Election Commission will be charged with overseeing and adjudicating all issues of contested elections for ADA offices, and be it further **Resolved**, that it shall be the duty of the Commission 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 and other communication methods; (3) receive summaries of campaign revenues and expenses from candidates for all ADA elective offices; (4) inform 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 that they are ineligible to seek elective or appointive office while under that disciplinary sentence; and (5) refer any dispute of eligibility to the Council on Ethics, Bylaws and Judicial Affairs, and be it further **Resolved**, that the Election Commission will be composed of three members: the President-Elect, Immediate Past President and the chair of the Council on Ethics, Bylaws and Judicial Affairs. In the

event that one of the members is unavailable, a replacement member will be selected by the Council on Ethics, Bylaws and Judicial Affairs from among its members. The chair of the Council on Ethics, Bylaws and Judicial Affairs shall serve as chair. The Speaker will serve as a consultant to the Election Commission, without the right to vote.

Recommendations Regarding Conduct of Campaigns for Elective Office (Election Commission Resolution 89, Board of Trustees Resolution 89B and Reference Committee on Governance Resolution 89RC): The Reference Committee reported as follows.

The Reference Committee heard limited testimony on Resolution 89 and 89B. In examining the alternative resolutions, the Committee generally approved of Resolution 89, but agreed with the Board's revision to guideline number 7 and that the revised guidelines should take effect at the close of the 2012 House of Delegates. Consequently, the committee recommends the adoption of Resolution 89RC in lieu of Resolution 89 and 89B. This resolution supports the ADA Strategic Plan Goal: Members.

89RC. Resolved, that the Guidelines Governing the Conduct of Campaigns for All ADA Offices be approved and posted on ADA Connect and reprinted annually in the Manual of the House of Delegates and Supplemental Information as follows:

Guidelines Governing the Conduct of Campaigns for All ADA Offices

1. 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.

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, and electronic communications.

- Candidates for the office of President-elect shall limit their campaign travel to attending preannual session and annual session district caucus meetings only. Candidates for the office of Second Vice President and Speaker of the House of Delegates shall limit campaign travel to attending the district caucus meetings held during the ADA annual session.
- 3. District caucuses shall issue invitations to the President-elect candidates through the Office of the Executive Director. Caucuses 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.

President-elect candidates shall negotiate a mutually agreeable travel schedule and when mutually agreeable may utilize electronic communications (e.g., Skype) to accommodate conflicts with district schedules.

4. Candidates shall not use campaign-sponsored social functions or hospitality suite/meetings rooms on behalf of their candidacy at any regional, national or annual meeting. (This is not intended, however, to limit candidates from holding campaign meetings for the purpose of strategizing.) Campaign receptions are not to be held at the ADA Annual Session. Additionally, a district that annually hosts a reception during the ADA annual session and is sponsoring a candidate in a contested election should not host a reception prior to the officer elections; a reception may be held after the election.

- 5. News articles on and interviews of a Candidate are permissible if published by a state dental journal within the candidate's district, providing that the distribution of the journal is kept within the district, with no intentional outside distribution.
- 6. All candidates' campaign statements and profiles, which appear in the *ADA News* will be posted on the Association's website, ADA.org, in an area dedicated to candidates for ADA elective offices, and on ADA Connect.
- 7. Candidates should not knowingly seek to have their name, photo, appearance, and writings in national trade or non-peer reviewed publications or websites during the campaign, and should avoid submitting articles in non-peer reviewed paper or electronic publications. Candidates who are participants on a speaker's bureau or earn revenue by speaking nationally or regionally must agree to avoid all unnecessary self-promotion during the campaign related to national speaking engagements.
- 8. 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 matters, 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, or to conduct any social functions, hospitality suites or other electioneering activities. The candidates' names and curriculum vitae, when applicable, will be submitted to the House in the first mailing/posting of the year of the election.
- 9. 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, the distribution could consist of more than one piece of printed matter as long as the materials are secured together.)
- 10. No candidate will knowingly accept campaign contributions which create the appearance of conflict of interest as reflected in Chapter VI of the ADA *Bylaws*.
- 11. Candidates for all ADA elective offices should submit a summary of campaign contributions and expenses to the Election Commission at the end of the campaign.
- 12. Any questions regarding the Guidelines should be directed to the chair of the Election Commission for clarification.

and be it further

Resolved, that the previous Guidelines Governing the Conduct of Campaigns for All ADA Offices (*Trans*.2001:452; 2003:386) be rescinded.

Dr. Yarborough moved the adoption of Resolution 89RC in lieu of Resolutions 89 (*Supplement*:7060) and 89B (*Supplement*:7062).

Dr. Dennis J. Charlton, Pennsylvania, moved to amend item 2 of the Guidelines by striking the words "pre-annual session" and adding "state and/or district annual meetings and/or leadership conferences" between the words "shall limit their campaign travel to attending" and "and annual session district caucus meetings." Speaking to the amendment, Dr. Charlton said, "There was a survey of the members of the 2011 House of Delegates, and it was emailed back in January of this year. And 41 percent of those that responded to the survey indicated that they wanted the candidates to visit them prior to the annual session. By having

pre-annual session caucuses, it gives some limitation to how the candidates can visit the constituents. So what this does is create some flexibility for our candidates to visit the districts and the constituencies."

Dr. Charles L. Silvius, Massachusetts, spoke in support of the proposed amendment, saying, "The first meeting that the candidates for president-elect attend is NEDLC, which is technically not a function of the First District caucus, but it's an opportunity to meet all of the officers of First District plus other people in leadership roles in the First District. So if this language were not altered, as proposed by the amendment, that would preclude the candidates from visiting the First District pretty much."

Dr. Merle A. Nunemaker, Missouri, spoke in opposition to the amendment, saying, "I had the privilege of being on the Reference Committee for this. One of the main things with regard to the campaign reform, if you will, is the expenses. This particular amendment would have the potential of adding a great deal of meetings to these candidates and all of a sudden the savings that we might be trying to achieve would be gone in a heartbeat. And I can see this being a very expensive travel-wise situation for the candidates."

A delegate from the floor spoke in support of the amendment, saying, "The biggest expense for the candidates is that party that we have here at the annual meeting. We want to be able to know our candidates. We don't want to have to show up here and have them introduced to us days before we vote. I think by having them visit us, we get the opportunity to really appreciate who our candidates are."

Seeing no one else at the microphones, the Speaker called for a vote on the amendment. On vote, the motion to amend Resolution 89RC was adopted.

Dr. Richard A. Stevenson, Florida, moved to amend Resolution 89RC by deletion of item number 7 of the Guidelines, saying, "We don't think it's fair to people who might be president of the AGD, ACD, ICD or people that do articles for journals that may show up at a much later date than they anticipated or inadvertently get their picture taken at one of these functions."

Speaking in opposition to the amendment, Dr. Merle Nunemaker, Missouri, said, "This was a paragraph that [the Reference Committee] worked for a while on. We combined a couple of different resolutions to make it to where we felt it was worded correctly so that the intent of the overall resolution is to again try to reform some things by changing some words in there to where it would allow somebody to be published. It would allow them to have their picture taken. The main part of that is that it should not knowingly seek to where one candidate would have an unfair advantage over another one. So I think the way it is written is something that I would urge the House of stick with."

A delegate from the floor spoke in support of the amendment, saying, "With great respect for the intentions of number seven, it can be misunderstood and construed differently at a later date. Someone might inadvertently walk in front of a camera. Someone might think they did it deliberately. Someone can publish an article in a refereed journal, an un-refereed journal, someone might think they did it deliberately, but maybe they published it a year ago and it ended up in that journal. So I think it is something that can have some unintended consequences, and I think we should just take out number seven."

Dr. Alan L. Felsenfeld, California, spoke in opposition, saying, "The paragraph as it's written gives us parameters that candidates need to follow. There is an Election Commission that is going to talk to them to explain ... what can and cannot be done. These are intelligent people running for office. I think they are going to understand that they should not knowingly seek additional publicity. I think the amendment is over restrictive."

Dr. Carolyn Malon, Connecticut, spoke against the amendment, saying, "I think that by removing this you're creating more problems than you're trying to solve. I think that if you remove this, then someone could knowingly go out and do self-promotion during the campaign. You could go out on the lecture circuit and knowingly campaign if this amendment goes through."

Seeing no one else at the microphones, the Speaker called for a vote on the amendment. On vote, the motion to delete Item 7 of the Guidelines was not adopted.

Dr. Mark R. Zust, Missouri, said, "With your indulgence for a second, Mr. Speaker, not the amendment we just did, but the one before that. I want to know if that precludes candidates from coming to pre-annual session caucus."

Dr. Soliday responded that it did not.

A delegate from the floor moved to amend by addition of new second resolved clause that would read as follows.

Resolved, that the revised Guidelines become affective at the close of the 2013 House of Delegates.

In speaking to the amendment, the delegate said, "It's because my understanding is that some of the folks that are already in line to run for offices in this coming year have made plans according to the rules as they exist now, and if we pass this new resolution, it would change the rules on them in mid-stream. This way these rules would still go in force a year from now, but it won't preclude them from being able to exercise what they planned on doing for this year already."

The Speaker responded by saying, "I'm not sure that's correct information, sir. You know, until they announce tomorrow at the last session, they are not doing any campaigning."

The delegate responded by saying, "I understand. But their plans have been laid out for them to do what they are going to do with the old set of rules."

The Speaker said, "Well, these rules are not greatly changed."

The delegate asked if the Speaker was ruling the amendment out of order.

The Speaker responded, "We are going to let the House decide. We can't tell whether they've made any plans now, because most of the plans going to different places have to be agreed on by both candidates. So until they have it all agreed, I don't see how they're making plans. But if you think that's important to change that date, we are going to let the House vote on it, okay?"

Seeing no one at the microphones, the Speaker called for a vote on the amendment. On vote the motion to amend Resolution 89RC was not adopted.

On vote, Resolution 89RC, as amended, was adopted.

89H-2012. Resolved, that the Guidelines Governing the Conduct of Campaigns for All ADA Offices be approved and posted on ADA Connect and reprinted annually in the Manual of the House of Delegates and Supplemental Information as follows:

Guidelines Governing the Conduct of Campaigns for All ADA Offices

1. 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.

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, and electronic communications.

- 2. Candidates for the office of President-elect shall limit their campaign travel to attending preannual session state and/or district annual meetings and/or leadership conferences, and annual session district caucus meetings only. Candidates for the office of Second Vice President and Speaker of the House of Delegates shall limit campaign travel to attending the district caucus meetings held during the ADA annual session.
- 3. District caucuses shall issue invitations to the President-elect candidates through the Office of the Executive Director. Caucuses 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.

President-elect candidates shall negotiate a mutually agreeable travel schedule and when mutually agreeable may utilize electronic communications (e.g., Skype) to accommodate conflicts with district schedules.

- 4. Candidates shall not use campaign-sponsored social functions or hospitality suite/meetings rooms on behalf of their candidacy at any regional, national or annual meeting. (This is not intended, however, to limit candidates from holding campaign meetings for the purpose of strategizing.) Campaign receptions are not to be held at the ADA Annual Session. Additionally, a district that annually hosts a reception during the ADA annual session and is sponsoring a candidate in a contested election should not host a reception prior to the officer elections; a reception may be held after the election.
- 5. News articles on and interviews of a Candidate are permissible if published by a state dental journal within the candidate's district, providing that the distribution of the journal is kept within the district, with no intentional outside distribution.
- 6. All candidates' campaign statements and profiles, which appear in the *ADA News* will be posted on the Association's website, ADA.org, in an area dedicated to candidates for ADA elective offices, and on ADA Connect.
- 7. Candidates should not knowingly seek to have their name, photo, appearance, and writings in national trade or non-peer reviewed publications or websites during the campaign, and should avoid submitting articles in non-peer reviewed paper or electronic publications. Candidates who are participants on a speaker's bureau or earn revenue by speaking nationally or regionally must agree to avoid all unnecessary self-promotion during the campaign related to national speaking engagements.
- 8. 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 matters, 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, or to conduct any social functions, hospitality suites or other electioneering activities. The candidates' names and curriculum vitae, when applicable, will be submitted to the House in the first mailing/posting of the year of the election.
- 9. 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, the

distribution could consist of more than one piece of printed matter as long as the materials are secured together.)

- 10. No candidate will knowingly accept campaign contributions which create the appearance of conflict of interest as reflected in Chapter VI of the ADA *Bylaws*.
- 11. Candidates for all ADA elective offices should submit a summary of campaign contributions and expenses to the Election Commission at the end of the campaign.
- 12. Any questions regarding the Guidelines should be directed to the chair of the Election Commission for clarification.

and be it further

Resolved, that the previous Guidelines Governing the Conduct of Campaigns for All ADA Offices (*Trans*.2001:452; 2003:386) be rescinded.

Amendment of the ADA *Bylaws* Regarding "Term of Office of the Speaker of the House of Delegates" (Board of Trustees Resolution 92 and Reference Committee on Governance Resolution 92RC): The Reference Committee reported as follows.

The Reference Committee heard limited testimony on Resolution 92, and agrees with the concept of a term limit for the Speaker of the House. However, to avoid annual elections of the Speaker, the Reference Committee is proposing the alternative of a term limit of two (2) three-year terms. Consequently, the Reference Committee proposes the following Resolution. This Resolution supports the ADA Strategic Plan Goal: Members.

The wording of Resolution 92RC has been approved by the Speaker of the House of Delegates and Chair of the Council on Bylaws, Ethics and Judicial Affairs.

92RC. Resolved, that the CHAPTER VIII. ELECTED OFFICERS, *Section 50*. TERM OF OFFICE of the ADA *Bylaws* be amended as shown below (additions <u>underscored</u>):

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

Dr. Yarborough moved the adoption of Resolution 92RC in lieu of Resolution 92 (Supplement:7024).

A delegate moved to amend Section 50. TERM OF OFFICE, by substituting the words "two (2) terms of three (3) years each in total" with the words, "five (5) one (1) year terms." Speaking to the amendment the delegate said, "As this is set up now, we would have a situation that if a Speaker decides to run for another office, shall we say, President-elect, this would always drop the Speaker in one of two trustee classes. If you have an odd number of terms, you would always have the speaker come up in a different trustee class at all times. In other words, you are not burdening one trustee class with having an extra person always going into it."

Dr. Matthew J. Campbell, Jr., California, spoke in opposition to the amendment, saying, "While I respect the intent of the maker, I think we're trying to make rules for something that would be highly unusual, and history tells us, has not happened very often. ..."

Speaking against the proposed amendment, Dr. Alan B. Moore, Texas, said, "We have had discussion about following our consultant's advice. Our consultant's advice on this topic was eight years, singular term. Now we're going to five. I agree with the two three-year terms. I think that's a compromise in between, but this is bringing it down too low."

Dr. Carolyn Malon, Connecticut, said, "I was on the Reference Committee. We heard a lot of testimony about this. I oppose this amendment because we were suggesting that a three-year term would give a new speaker time to get up to snuff. It would remove the Speaker from the election circuit and having to go campaign for office on an annual basis, and it would also put in a term limitation. So for those reasons, I would suggest rejecting this amendment."

Dr. Frank J. Graham, New Jersey, said, "It did occur to me that perhaps this allows the Speaker to be answerable to the House on an annual basis. When we elect a Speaker, at this first House that he presides over, if we decide we are not pleased with the way he's conduction business, at least on an annual term, and that could either be five or six or eight out of whatever anybody likes, but I think some answerability to the House on an annual basis would be appropriate."

Dr. Tara L. Haid, Ohio; Dr. Alan L. Felsenfeld, California; and Dr. Walter I. Chinoy, New Jersey; also spoke in opposition to the amendment.

Dr. James M. Maragos, Illinois, spoke in support of the amendment, saying, "We just elected a Speaker who we think is going to hit the ground running. So I don't think they need to have a three-year term. And I think if we limit it to having three-year terms, then you have no say so in your Speaker."

Seeing no one else at the microphones, the Speaker called for a vote on the amendment. On vote, the motion to amend Resolution 92RC was not adopted.

Dr. Walter I. Chinoy, New Jersey, requested a point of information, saying, "Can we assume that the new Speaker that we just elected today is not affected by this, and is serving a one-year term and if this is adopted, we still have to elect a new Speaker next year?"

The Speaker responded, "No. His term doesn't take place until the end of the House, and these *Bylaws* resolutions take effect immediately. So this Speaker's opinion is that the two three-year terms will be effective for the new Speaker."

Dr. Craig S. Ratnor, New York, moved to amend Resolution 92RC by deletion of the words "a portion" between the words "with service of" and "of a term" and inserting the words "at least one-half" so the amended language would read as follows.

The Speaker of the House of Delegates shall be limited to two (2) terms of three (3) years each in total, consecutive or otherwise, with service of a portion at least one-half of a term considered to be the completion of a full term.

In speaking to the amendment, Dr. Ratnor said, "It seems quite obvious that only allowing the Speaker to serve one year or one House would not be equitable in the case of a vacancy for a new Speaker coming in. And it would go along with vacancies ... such as the trustee positions in the Association. ... If there's a vacancy and a new Speaker comes on and only has the ability to serve one term, he is then not allowed to continue on. ... so this is just to bring that in line with that, vacancies on councils, vacancies in trusteeship and the like."

The Speaker responded, "But for a Speaker, if he couldn't continue for some reason, the President would appoint somebody, and then there would be a new election at the House of Delegates that year. I'm not so sure this is really pertinent to the position of the Speaker. ... So I really think that maybe you better rethink your amendment and not make it, because I don't think this is really pertinent to what we're doing."

A delegate from the floor requested a point of information, saying, "If that Speaker *pro tem* is appointed and serves for a portion of a term, it would seem that this reading is that he or she would then only be able to be elected for one additional term."

The Speaker responded in the affirmative.

The delegate continued, "However, if what he's saying is, I wonder if the person that only serves for a very small portion of the term, wouldn't it be appropriate to allow that person to then be elected to two additional terms because they've only served a very small portion of an unexpired term?"

The Speaker responded by saying, "I'm not disagreeing with you. *Pro tem* means only temporarily. It does not mean that he has that position. He is just going to fill in until a new one can be elected. Now, there may be something that's in the rules there that I'm missing. ..."

Several questions were asked regarding a vacancy in the office of Speaker and the appointment of a Speaker *pro tem* and the implication of the proposed amendment.

Dr. Craig S. Ratnor requested that his amendment be withdrawn. Hearing no objections the amendment to Resolution 92RC was withdrawn.

A delegate from the floor moved to refer Resolution 92RC to the Council on Ethics, Bylaws and Judicial Affairs (CEBJA), saying, "I think the issue of the partial term in a *pro tem* Speaker with a three-year term, we don't have time to iron that out now. Postponing it one year isn't going to make any difference in the long run. Let's get the kinks out of it and reconsider it next year."

Dr. Mark R. Zust, Missouri, spoke in opposition to referral, saying, "Referral at this point would be an unwise thing to do. The reason is, is because if you bring it back as a *Bylaws* change next year, you are going to have to vote on it anyway next year. Pass it the way it is now. If CEBJA sees that there's a problem with it, they can bring a recommendation for another change next year."

Dr. Tara L. Haid, Ohio, and Dr. Michael H. Halasz, Ohio, also spoke in opposition to referral.

The Speaker said, "Just remember that if you do refer, this new Speaker will only have a one-year term."

Dr. Leigh W. Kent, Alabama, moved to vote immediately. The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, the motion to refer Resolution 92RC to CEBJA was not adopted.

Dr. David F. Watson, Jr., South Carolina, moved to amend Resolution 92RC (Section 50. TERM OF OFFICE) by deletion of the words "with service of a portion of a term considered to be the completion of a full term." Speaking to the amendment, Dr. Watson said, "It seems to me that we're all saying the same thing, and we don't have a term for the Speaker that is parallel to any other terms. And so once a Speaker is elected, his or her term starts right then, and so they would serve for the next three years and then be re-elected. If we have a Speaker put in there for a period of time, then once the Speaker is elected, that's when that term starts. And it seems to me that we don't need any explanation of a partial term."

Dr. Bryan C. Edgar, Washington; Dr. Michael H. Halasz, Ohio, and Dr. Matthew J. Campbell, Jr., California, spoke in support of the proposed amendment.

A delegate from the floor spoke in opposition to the amendment, saying, "Whenever you have a term limitation, you have to deal with partial terms. I'm telling you that if a Speaker's in the middle of the three-year term and doesn't finish it, the *Bylaws* does not provide for whether the successor's term will count as a term. It's not the Speaker who's going out. Does the successor's term count? It is not dealt with at all."

Dr. Leigh W. Kent, Alabama, moved to vote immediately. The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, the amendment to delete the words "with service of a portion of a term considered to be the completion of a full term" was adopted.

Dr. Leigh W. Kent, Alabama, moved to vote immediately. The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, Resolution 92RC, as amended, was adopted by a two-thirds (2/3) affirmative vote.

92RC. Resolved, that the CHAPTER VIII. ELECTED OFFICERS, *Section 50*. TERM OF OFFICE of the ADA *Bylaws* be amended as shown below (additions <u>underscored</u>):

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

Dr. Mark J. Weinberger, New York, moved to postpone definitely consideration of Resolution 93B until after consideration of Resolution 94.

On vote, the motion to postpone definitely Resolution 93B until after consideration of Resolution 94 was adopted.

Study of Governance Recommendations Relating to Councils (Board of Trustees Resolution 94, Eighth Trustee District Resolution 94S-1 and Reference Committee on Governance Resolution 94RC): The Reference Committee reported as follows:

The Reference Committee supports Resolution 94, but believes the task force should focus on general issues applicable to all councils. For that reason, the Reference Committee recommends a substitute resolution without a focus on the Council on Membership. The Reference Committee has removed the reference to the Board's authority to approve council budgets because that issue is addressed in Resolution 97. In addition, the Reference Committee is offering a new resolution addressing specific councils. Accordingly, the Reference Committee offers the following resolution. This Resolution supports the ADA Strategic Plan Goal: Members.

The wording of Resolution 94RC has been approved by the Speaker of the House of Delegates and Chair of the Council on Bylaws, Ethics and Judicial Affairs.

94RC. Resolved, that the President is urged to create an ad hoc task force of no more than seven members of the Board and House to investigate issues effecting councils raised in Report 3 of the Board of Trustees on the Governance Study of 2012 and to report back to the Board in time to allow the Board to report to the 2013 House, and be it further

Resolved, that the task force be charged with investigating issues raised in the Governance Report affecting councils and, in particular, the following:

a. Whether (and how) to assign accountability for council performance management to the Board of Trustees (Westman Suggestion #21).

- b. Whether the current size of councils is best for the Association and, if not, what size would be appropriate and how would that be accomplished (Westman Suggestion #24).
- c. To review existing policies on periodic review of council structure and operations and recommend changes to them as needed to better assure a thorough and objective review of existing council structure (Westman Suggestion #27).

Dr. Yarborough moved the adoption of Resolution 94RC in lieu of Resolutions 94 (*Supplement*:7028) and 94S-1 (*Supplement*:7029a).

Dr. Natasha A. Lee, California, moved to substitute Resolution 186 in lieu of Resolutions 94RC, 93, 93B, 94, 94S-1 and 177.

186. Resolved, that an ad hoc task force of no more than seven members of the Board of Trustees and House of Delegates be established to further examine issues affecting councils raised in Report 3 of the Board of Trustees on the Governance Study of 2012, and be it further

Resolved, that the ad hoc task force provide a report to the Board in time to allow the Board to make recommendations to the 2013 House, and be it further

Resolved, that the task force be directed to evaluate issues raised in the Governance Report affecting councils, including the following:

- a. Whether (and how) to assign accountability for council performance management to the Board of Trustees (Westman Suggestion #21)
- b. Whether the current size of councils is best for the Association and, if not, what size would be appropriate and how would that be accomplished (Westman Suggestion #24)
- To review existing policies on periodic review of council structure and operations and recommend changes to them as needed to better assure a through and objective review of existing council structure (Westman Suggestion #27)
- d. To review the bylaws responsibilities of the Council on Membership, Council on Communications, and the Council on Members Insurance and Retirement Programs to better clarify the appropriate future roles of these councils

Speaking to the amendment, Dr. Lee said, "[Resolution] 186 would look at combining the information contained in 93, 94 and 177."

A delegate from the floor said, "Simple question. Can new business be substituted for an existing resolution?"

The Speaker said, "Well, I tell you what I'm going to do. This resolution has not been introduced as a new resolution, so I'm not going to accept it."

Dr. Gary S. Davis, Pennsylvania, moved to amend 94RC in the first resolved clause as follows.

Resolved, that the President is urged to create an ad hoc task force of no more than seven members of the Board, <u>past or present council members</u> and House members to investigate issues effecting councils raised in Report 3 of the Board of Trustees on the Governance Study of 2012 and to report back to the Board in time to allow the Board to report to the 2013 House, and be it further

Speaking to the amendment, Dr. Davis said, "I believe that if we are going to investigate issues affecting councils, we should include the stakeholders who have experience with the issues facing councils. I don't want to return next year and have council members complain that their opinions were not considered."

Dr. Mark A Bauman, New York, asked if the number of task force members would be altered by the amendment.

Dr. Davis responded, "It could be the same. We could have some House members who are past or present council members."

Seeing no one else at the microphones, the Speaker called for a vote on the amendment. On vote, the motion to amend Resolution 94RC was not adopted.

A delegate from the floor moved to amend the first resolved clause of Resolution 94RC as follows.

94RC. Resolved, that the President is urged to create an ad hoc task force of no more than sevenmembers of the Board and House four members of the House of Delegates and four members of the Board of Trustees to investigate issues effecting councils raised in Report 3 of the Board of Trustees on the Governance Study of 2012 and to report back to the Board in time to allow the Board to report to the 2013 House, and be it further

Speaking to the amendment, the delegate said, "... We want to clearly define the composition and add four members of the House ... Also, it's to take 'is urged to' out."

The Speaker said, "Now, you are saying this is going to be an ad hoc committee of the House?"

The maker of the motion responded, "This is a task force created by the President."

The Speaker said, "Who's it responsible to: the House or the Board?"

The maker responded it would be responsible to the Board.

The Speaker responded, "Then you can't take out 'is urged to.""

Dr. Jeffrey M. Hurst, Colorado, requested a point of information, saying, "You're now making this eight members. What will the cost go up to now?"

At the request of the Speaker, Dr. O'Loughlin responded, "For every person you add, add a couple thousand for travel and hotel."

Dr. Mark M. Johnston, Michigan, moved to decrease the number of Board member representation from four to three. Speaking to the amendment, Dr. Johnston said, "I'd like to see it as an odd number, and I'd like to see it as House heavy. So I'd like to make it four members of the House and three members of the Board of Trustees. ... In order to prevent it being an even number eight, the Ninth District would like to encourage the ad hoc committee to be House heavy so that four members of the House would remain, but then you would change to number of trustees to three, which would make it an odd number of votes."

Dr. James D. Stephens, California, said, "Four and four is fine. That gives a lot of voice. It gives everybody equal share. But the point is, this isn't a body that's going to be taking a vote and advancing policy. They're going to be looking at something and coming up with recommendations that the full Board and [House] will get to look at, you know, and what happened to the trust part of trustees. I mean, we send those people there to do our business. Let's not get overboard with micromanaging."

Dr. Bryan C. Edgar, Washington, spoke in opposition to the amendment, saying, "If you form a task force, I'm assuming it's going to have a chair, and then you're right back to where you were before with an even number of members of the task force that are voting versus the chair."

Seeing no one else at the microphones, the Speaker called for a vote on the secondary amendment. On vote, the motion to amend the number of Board representation from four to three members serving on the task force was not adopted.

On vote, the primary amendment was not adopted.

Dr. Sidney R. Tourial, Georgia, requested a point of information, saying, "If we pass 94RC, does this include all councils, even the Council on Members Insurance and Retirement [Programs]? Does 93B become moot?"

With permission from the Speaker, Mr. Jerry Bowman, chief of governance and strategy management, said, "Resolution 94RC addresses issues that apply across the board to all councils. It does not address specific councils."

Dr. Tourial said, "And my question really means, do we study it first and look at the size and the structure and everything before we get rid of it."

Mr. Bowman responded, "Certainly. [Resolution] 94RC does not specifically only address CMIRP. It only addresses issues such as, should councils have 17 members or 10 members or 12 members, things like that that would apply equally to all councils. It doesn't address the *Bylaws*' responsibility of any particular council."

Dr. Tourial said, "I believe that a lot of people felt when we switched the order, we switched the order because we wanted to include all of the councils."

The Speaker responded by saying, "Then you can make an amendment to have this, you know, 93B, the Council on Members Insurance and all that, you can amend 94RC to put that in there."

Dr. Stephen F. Schwartz, Texas, requested a point of order, saying, "That's precisely why I came to the mic before. This was a justifiably parliamentary way to avoid addressing 93B. The maker of that motion to change the order came to the wrong mic. He would have never had the opportunity to make that motion, because I was at the mic already to discuss 93B. So he was granted permission at the wrong mic to switch an order, that if this motion passes, and now if this amendment that you suggested is introduced, it will obviate any need to discuss 93B."

In response, the Speaker said, "I don't think that's right, sir. ... [Resolution] 93B is to sunset it. If this body decides they don't want to sunset it and they want to put it into the study, they can amend to put that council into the study. And then if they do that, then 93B will be moot, because it's already in there. ... We're going to go forward with the way we are here."

Dr. Dennis J. Charlton, Pennsylvania, moved to vote immediately. The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, Resolution 94RC was adopted in lieu of Resolutions 94 and 94S-1.

94H-2012. Resolved, that the President is urged to create an ad hoc task force of no more than seven members of the Board and House to investigate issues effecting councils raised in Report 3 of the Board of Trustees on the Governance Study of 2012 and to report back to the Board in time to allow the Board to report to the 2013 House, and be it further

Resolved, that the task force be charged with investigating issues raised in the Governance Report affecting councils and, in particular, the following:

- a. Whether (and how) to assign accountability for council performance management to the Board of Trustees (Westman Suggestion #21).
- b. Whether the current size of councils is best for the Association and, if not, what size would be appropriate and how would that be accomplished (Westman Suggestion #24).
- c. To review existing policies on periodic review of council structure and operations and recommend changes to them as needed to better assure a thorough and objective review of existing council structure (Westman Suggestion #27).

Amendment of the ADA *Bylaws* Regarding the Council on Members Insurance and Retirement **Programs** (Board of Trustees Resolutions 93 and 93B): The Reference Committee Reported as follows.

The Reference Committee heard testimony primarily from past and current members of the Council on Members Insurance and Retirement Programs. The Reference Committee joins the Board in applauding the dedication and quality of the work of the current and past members of the Council on Members Insurance and Retirement Programs. The issue addressed by the Reference Committee is not whether the existing council is good or not, but whether a council is the best method to ensure volunteer oversight. The Association retained talented outside consultants to conduct a governance study. The Board's Governance Committee spent many hours overseeing that study and the Board filtered all that work, resulting in this resolution. The Reference Committee believes we need to rely on this work.

The Reference Committee also heard interesting testimony about ADA Business Enterprises, Inc. (ADABEI) taking over the work of the Council on Members Insurance and Retirement Programs. The Reference Committee did not have sufficient information to reach a conclusion on this point and urges the Board to carefully consider the idea.

The Reference Committee is concerned that much of the rationale in support of the resolution applies equally to the Council on Communications and the Council on Membership. The Reference Committee is presenting a new resolution addressing those councils.

The Reference Committee thoroughly discussed the difficult issues raised by this resolution and is convinced Resolution 93B is in the best interest of the future of the Association and its members*. This Resolution supports the ADA Strategic Plan Goal: Members.

*One Reference Committee member recused himself from this issue because he is an incoming member of the Council on Members Insurance and Retirement Programs.

93B. Resolved, that the Council on Members Insurance and Retirement Programs be sunset at the close of the 2013 House of Delegates, and be it further
Resolved, that effective at the close of the 2013 House of Delegates, CHAPTER X. COUNCILS, *Section 10.* NAME, of the ADA *Bylaws* be amended as follows (deletions stricken through):

Section 10. NAME: The councils of this Association shall be:

Council on Access, Prevention and Interprofessional Relations Council on ADA Sessions Council on Communications Council on Dental Benefit Programs Council on Dental Education and Licensure Council on Dental Practice Council on 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

and be it further

Resolved, that effective at the close of the 2013 House of Delegates, the tenth paragraph of CHAPTER X. COUNCILS, *Section 20*. MEMBERS, SELECTIONS, NOMINATIONS AND ELECTIONS, Subsection A. of the ADA *Bylaws* be deleted in its entirety as shown below (deletions stricken through):

Council on Members Insurance and Retirement Programs 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.

and be it further

Resolved, that effective at the close of the 2013 House of Delegates, CHAPTER X. COUNCILS, *Section 120.* DUTIES, Subsection I. COUNCIL ON MEMBERS INSURANCE AND RETIREMENT PROGRAMS of the ADA *Bylaws* be deleted in its entirety, as shown below (deletions stricken-through):

- I. COUNCIL ON MEMBERS INSURANCE AND RETIREMENT PROGRAMS. The duties of the Council shall be to:
 - a. Evaluate on a continuing basis all Association sponsored insurance programs.
 - b. Examine and evaluate other insurance programs that might be of benefit to the membership.
 - c. Advise and recommend courses of action on insurance programs.
 - d. Assist constituent societies in matters related to insurance programs.
 - e. Advise and recommend courses of action on retirement programs.
 - f. Aid dentists in the management of their personal and professional risks through educational activities, informational programs and services.

and be it further

Resolved, that effective at the close of the 2013 House of Delegates, the remaining Subsections of *Section 120*. of CHAPTER X. of the ADA *Bylaws* be re-lettered accordingly.

Dr. Yarborough moved the adoption of Resolution 93B (*Supplement*:7027a) in lieu of Resolution 93 (*Supplement*:7025).

Dr. Stephen F. Schwartz, Texas, moved to amend the first resolved clause of Resolution 93B by addition after the words "2013 House of Delegates" the words "and that the Board be urged to approach ADA Business Resources, Inc., about taking responsibility as of the close of the 2013 House for those programs and duties currently handled by the Council on Members Insurance and Retirement Programs."

Speaking to the amendment, Dr. Schwartz said, "ADABEI had sent a letter at the end of August to the Board and to the Executive Director indicating their interest in taking the responsibility for the duties and responsibilities of that council. We have reformulated ADABEI. We have a goal of 60 percent non-dues revenue to support our financial operation, and we have a Board of members at ADABEI who have extensive business experience. Not only would they enhance the members' benefit from these insurance programs, but they could possibly maximize the income, as well. There are very few state associations who do not have their insurance programs in their for-profit, and so based on the willingness of ADABEI to take it and the ADA seeking a home for it, it seems like a natural marriage. ..."

Dr. Michael H. Halasz, Ohio, moved to refer Resolution 93B to the task force that was just created with the adoption of Resolution 94RC, saying, "I think as long as we're talking about all the other councils and the committee set up by 94RC, this being a council, I think that it should be given due diligence, as well."

Dr. Merle A. Nunemaker, Missouri, spoke in support of referral.

The Speaker said, "You know, if this is referred and it's not adopted, all the things in the *Bylaws* will still be there. And the motion that was made about ADABEI will be referred with this motion if you decide to refer it."

Dr. Schwartz said, "As the maker of the motion, I would like to add some clarification to that. We discussed that with legal counsel when we developed the amendment and, if indeed, the roles and responsibilities currently assigned to that council are transferred to ADABEI, it will be up to ADABEI at that point, then, to define what the new roles and responsibilities would be."

The Speaker responded by saying, "I understand that, sir, but listen, the question he asked was, if this is referred, would this still stay in the *Bylaws*. And I said, yes it will be."

As a point of information, Dr. D. D. Cassat, California, said, "[I am a] former chair of the Council on Members Insurance and Retirement Programs. We heard lots of testimony in the reference committee on the size and complexity of the work that the council does. And for this House to try to do the committee work and to decide the best place for it and the conditions under which changes are to be made, I think is inappropriate."

Dr. Steven R. Fink, New Jersey, spoke in support of referral, saying, "I am the current outgoing chair of this Council, and it doesn't make sense to take an action and sunset a council when you just created a task force to look at all the councils.

Dr. Daniel J. Klemmedson, Arizona, spoke against referral, saying, "We felt there was ample evidence to sunset this committee. ... [Resolution] 94 does not have the duties that would be required to appropriately evaluate this and redo what was done at the governance task force."

Dr. Thomas S. Kelly, Ohio, spoke in support of referral, saying, "We're looking at all the councils with this ad hoc task force that we just created. It's very appropriate for us to look at all of our councils, see what their council structure is and go forward with this. ..."

Speaking against referral, Dr. Carolyn Malon, Connecticut, said, "I think there's some confusion because ... [Resolution 94] does not constitute an in-depth review of each council. It's an overview of the council structure, how many members should be on a council, whether certain tasks that require a council of 17 members. It is not an in-depth review of each and every council of this Association. So referring this because of 94RC I believe is inappropriate, and I would urge against referral."

Dr. Douglas S. Hadnot, Montana; Dr. Mark R. Zust, Missouri; and Dr. Eugene G. Porcelli, New York; also spoke against referral.

Dr. David R. Holwager, Indiana, moved to vote immediately. The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, the motion to refer Resolution 93B was not adopted.

As a point of information, Dr. Timothy B. Durtsch, Wisconsin, said, "Question through the Chair for the attorney. It was brought up at our caucus that perhaps there are some things in Illinois state law that prevent certain dollar amounts to be transferred from nonprofit, or from for-profit. I'd just like a clarification, if this goes to ADABEI, will this be in compliance with Illinois law."

With permission from the Chair, Dr. Kathleen O'Loughlin, responded by saying, "It's not a legal question, as much as we need to be sensitive to our nonprofit status. And the separate entity of ADABEI is a for-profit entity, and there are restrictions around how much ADABEI can royalty up or revenue up to ADA. And it's really an IRS issue, and I think that was the question that was referred to in the reference committee. So there's nothing prohibiting this, but there are IRS regulations that would determine what kind of business model structure you would want to set up if you make the decision to have this studied."

Dr. Durtsch responded by saying, "Maybe to clarify the question, if this amendment is passed will it jeopardize any of our status with the IRS?"

Dr. O'Loughlin responded, "I think this resolution is just asking for a study."

Dr. Durtsch said, "No, this amendment is to transfer to ADABEI."

Dr. O'Loughlin said, "Right, but urging the Board to approach ADABEI is, in my mind, they will do their due diligence. ... So study was the wrong term, but due diligence."

Speaking in opposition to the amendment, Dr. Peter S. Trager, Georgia, said, "The retirement programs and insurance programs has always been not-for-profit, and at the same time the council costs the ADA absolutely nothing. It is paid for through premiums by the policyholders. ... In addition, \$390,000 went to the ADA from these programs last year. I would think it would be terribly inappropriate to move this into a for-profit entity when it has been very, very successful in a not-for-profit motive. ... And I also have a legal question, even though we have ADABEI as a for-profit entity, we then, by moving this over, become an insurance company, which I think might involve creating an insurance entity where people have to get certain licenses to then sell the product."

With permission from the Chair, Dr. O'Loughlin said, "I just want to encourage the House to understand that this is a significant business model decision that would have to have appropriate and detailed due diligence from many, many aspects. And you are not in possession of all the information you need to make a decision right now to move this to ADABEI. And I think your resolution is fine the way it's written. It says you're urging the Board to investigate it, study it, do their due diligence, and make a sound business decision that reduces risk for the ADA. So I appreciate your comments, but I have no answer for them, because I don't know."

Dr. Mark J. Weinberger, New York; Dr. Robert J. Brennan, Wisconsin; Dr. Thomas M. Paumier, Ohio; and Dr. Harris N. Colton, New Jersey; also spoke against the amendment.

Dr. Thomas S. Kelly, Ohio, requested a point of information, saying, "Would it be permissible to refer this to the appropriate agency. The previous referral that was defeated was referral to the ad hoc committee. And the ad hoc committee, we heard, may not have the task to do all the study. But it certainly sounds like there's a lot of information that needs to be studied and researched, and I think it would be appropriate to refer this to the appropriate agency."

The Speaker responded by saying, "You know, you already had the motion to refer. You are actually asking the House to vote to refer a second time, and I would say I wouldn't do that. I would rule that out of order."

Dr. Mark R. Zust, Missouri, 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 93B was not adopted.

Dr. Frank J. Graham, New Jersey, spoke against Resolution 93B, saying, "Listening to this discussion, it seems clear that it's somewhat half baked. We're going to eliminate the council, but we're not sure what we're going to do with the product which they managed. So I would speak against this."

Dr. Peter S. Trager, Georgia, also spoke in opposition.

Dr. Mark R. Zust, Missouri, moved to vote immediately. The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, Resolution 93B was not adopted since it failed to receive a two-thirds (2/3) affirmative vote.

Role for ADA Immediate Past President (Board of Trustees Resolution 96): The Reference Committee reported as follows:

The Reference Committee heard little support for Resolution 96 and does not believe the resolution is needed. Accordingly, the Reference Committee recommends a no vote. This resolution supports the ADA Strategic Plan Goal: Members.

96. Resolved, that the House supports the retention by the Board of Trustees of the immediate past president to act as an ambassador of the Association.

Dr. Yarborough moved Resolution 96 (Supplement:7035).

As a point of clarification, Dr. Raymond K. Martin, Massachusetts, said, "As we know, the Westman Associates' benchmarking study showed that most organizations have the position of immediate past president, and it works well in a number of organizations. So given the Board of Trustees made the recommendation to support this, I was just very surprised when the Reference Committee, hearing no testimony at all, came back with an opposite recommendation. So I was wondering if I might ask, through the chair, for the rationale behind that decision."

With permission from the Chair, Dr. Yarborough, responded, "... The Reference Committee heard little support for Resolution 96 and does not believe the resolution is needed, saying that the Board could actually do whatever they would like with the immediate past president. ... There was a little bit of thought, depending on where the VP position came in also, whether it may or may not be needed, but again, that would be at the Board's direction rather than a formal resolution."

Dr. Richard A. Weinman, Georgia, spoke in opposition to Resolution 96, saying, "Actually, I did testify at the Reference Committee [hearing] on this, and I just said basically the same thing, that we actually are using our past presidents already. Most of them do this on a voluntary basis, but occasionally appointed to a particular position. And to create a position that has a budget in these times does not make sense."

Speaking in opposition, Dr. Bruce Tandy, Connecticut, said, "We already have successfully utilized our immediate past presidents in appropriate roles as ambassadors, as consultants and experts in different areas. And at a time when we're trying to downsize and streamline this organization, adding another position back into the infrastructure does not seem to make sense."

Speaking to Resolution 96, Dr. Gary O. Jones, Arizona, said, "Dr. Calnon made the second visit of an ADA president to Indian country following a very successful visit by Dr. Ray Gist in 2011. His first reaffirmed ADA's strong support and commitment as the oral health broker in our efforts to forge relationships with the 21 federally recognized tribes. ... During his visit, Dr. Calnon connected at many levels and engaged in significant relationships with many of the tribes, including the Hopi Tribal Council. So I understand that there is some opposition to this Resolution, but I would urge the Board to look at ways that we can continue to connect with those groups that we have worked hard to connect with. And I think, I hope, that Dr. Calnon can address this shortly for the House."

With permission from the Chair, Dr. Calnon responded by saying, "I think the idea behind this, at least for me, came from some of my experiences over the last two years. And as Dr. Jones just said, it became pretty apparent that there are some groups out there that I found as I made visits, and as I told you vesterday, I visited 41 of the states. Those visits were not only to state and district meetings. A lot of them were to other stakeholder groups, and there are a lot of stakeholder groups out there that I was absolutely amazed when they said you're the first ADA officer that's been here in years. And my first thought was, number one, shame on us, because they were extremely receptive to my being there. And then the next thing I found was that there are several groups that it's all about relationships, and it isn't necessarily the relationship with the ADA. A lot of these groups form a relationship with the individual representing the ADA. And many of these groups, the people on their side, are constant. They're there for a number of years. The Navajo and the Hopi were a perfect example, especially the tribal councils. And it became apparent that our rotation, our short rotation as President-elect and President, I think in many times works against that relationship building. I've had a couple of instances this past year where I made three or four visits to a stakeholder group that we really desperately needed to build a relation with. And the first two or three visits, really, that's all it was about, building the trust, where we didn't make any forward progress until the fourth visit. So I think from that standpoint, you know, I think there's a lot of validity in the whole relationship building."

Dr. Larry J. Moore, California, spoke in support of Resolution 96, saying, "I don't think [Resolution 96] goes far enough. There's great value in continuity of leadership in an organization like this. The Past President serves as a repository of institutional memory and is able to provide continuity in terms of

issues like Dr. Calnon just mentioned. And I think we devalue our Past Presidents to have them be merely ambassadors. They should be voting members of the Executive Committee."

Seeing on one else at the microphones, the Speaker called for a vote on Resolution 96. On vote, Resolution 96 was not adopted.

Amendment of the ADA *Bylaws* Regarding Financial Responsibility of the Board of Trustees and House of Delegates (Board of Trustees Resolution 97, Sixteenth Trustee District Resolution 97S-1, Fourteenth Trustee District Resolution 98S-1 and Reference Committee on Governance Resolution 97RC): The Reference Committee reported as follows.

The Reference Committee heard spirited and informed testimony on Resolution 97. Placing budget authority with the Board of Trustees, which has responsibility for budget development and implementation, is recognized as a best practice. The House of Delegates would retain authority to set dues levels, providing checks and balances in this process. This does not prevent the House of Delegates from passing resolutions for new or expanded programs, but does carry with it the fiduciary responsibility to fund those programs. The Reference Committee has amended Resolution 97 to require a balanced or surplus budget by the Board of Trustees. The Reference Committee recognizes that this is an important and difficult action, but is in the best interests of the Association. Accordingly, the Reference Committee offers the following resolution in lieu of Resolutions 97, 97S-1 and 98S-1. This Resolution supports the ADA Strategic Plan Goal: Members.

The wording of Resolution 97RC has been approved by the Speaker of the House of Delegates and Chair of the Council on Bylaws, Ethics and Judicial Affairs.

97RC. Resolved, that CHAPTER V. HOUSE OF DELEGATES, *Section 50.* DUTIES of the ADA *Bylaws* be amended as follows (additions <u>underscored</u>, deletions stricken through):

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

- A. Elect the elective officers.
- B. Elect the members of the Board of Trustees.
- C. Elect the members of the councils and commissions except as otherwise provided by these *Bylaws*.
- D. Receive and act upon reports of the committees of the House of Delegates.
- E. Adopt an annual budget and eEstablish the dues of active members for the following year.
- 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*.

and be it further

Resolved, that CHAPTER V. HOUSE OF DELEGATES, *Section 130*. RULES OF ORDER, Subsection A. STANDING RULES AND REPORTS, paragraph c. APPROVAL OF THE ANNUAL BUDGET of the ADA *Bylaws* be deleted in its entirety as follows (deletions stricken through):

A. STANDING RULES AND REPORTS.

- a. REPORTS. All reports of elective officers, councils and committees, except supplemental reports, shall be sent to each delegate and alternate delegate at least fourteen (14) days in advance of the opening of the annual session. All supplemental reports shall be distributed to each delegate before such report is considered by the House of Delegates.
- b. APPROPRIATION OF FUNDS. Any resolution proposing an appropriation of funds, shall be referred to the Board of Trustees for a report at the same session on the availability of funds for the purpose specified.

c. APPROVAL OF ANNUAL BUDGET. The proposed annual budget shall be submitted by the Board of Trustees to the members of the House of Delegates at least thirty-(30) days prior to the opening meeting of the annual session, shall be referred to a special reference committee on budget for hearings at the annual session and thenshall be considered for approval as a special order of business at the second meetingof the House of Delegates. In the event the budget as submitted is not approved, allrecommendations for changes shall be referred to the Board of Trustees to prepare and present a revised budget. This procedure shall be repeated until a budget for the ensuingfiscal year shall be adopted.

and be it further

Resolved, that the remaining paragraphs d. through f. of CHAPTER V. HOUSE OF DELEGATES, Section 130. RULES OF ORDER, Subsection A. STANDING RULES AND REPORTS, be re-lettered as paragraphs c. through e., respectively.

and be it further

Resolved, that CHAPTER VII. BOARD OF TRUSTEES, *Section 100*. DUTIES, Subsection F. of the ADA *Bylaws* be amended as shown below (additions <u>underscored</u>, deletions stricken through):

F. <u>Develop</u>, <u>Pp</u>repare <u>and adopt</u> a <u>balanced or surplus</u> budget for carrying on the activities of the Association for each ensuing fiscal year, and present for action by each House of Delegates a resolution setting forth the proposed dues of active members for the following year. <u>A budget shall be considered balanced when total revenues are equal to or greater</u> than total expenditures, which must include net operating capital spending, and therefore will result in a net zero or surplus result from operations for the year being considered. The Board shall not resort to reserves to balance the budget.</u> Notice of such a resolution shall be sent by a certifiable method of delivery to each constituent society not less than ninety (90) days before such session to permit prompt, adequate notice by each constituent society to its delegates and alternate delegates to the House of Delegates of this Association, and shall be announced to the general membership in an official publication of the Association at least sixty (60) days in advance of the annual session.

and be it further

Resolved, that the section entitled "Consideration of Budget" contained in the *Rules of the House of Delegates* be deleted in its entirety.

Consideration of Budget

The proposed annual budget shall be submitted to the members of the House of Delegates at least 30 days prior to the opening meeting of the annual session. In the event the proposedbudget as submitted is not approved, all recommendations for changes adopted by the House of Delegates shall be referred to the Board of Trustees to prepare and present a revised, proposedbudget.

Recommendations for changes shall be made in the form of fully debatable motions which shall be individually considered and acted upon by the House of Delegates. To be in order, the properwording for such a motion must be:

"I move that the proposed budget be returned to the Board of Trustees for revision with the recommendation that..."

If any recommendations for changes in the proposed budget receive House approval, they shall be identified as House Budget Recommendation 1, House Budget Recommendation 2, etc.

House approval of any recommendations for changes automatically returns the proposed budget to the Board of Trustees for revision and subsequent resubmission to the House of Delegates-

for approval or further recommendations for modification. This procedure will be repeated until a preliminary budget for the ensuing fiscal year is adopted.

This preliminary budget includes all items that the Board of Trustees and House of Delegateshave approved, but it remains a preliminary budget since it does not incorporate any programs that may subsequently be adopted by the House at this session which require additional funding. The final budget is established and adopted by the House of Delegates through its approval of the preliminary budget plus the changes made as a result of actions by the House of Delegates. The Board of Trustees will present this final budget, which will include the preliminary budget plus any additions made as a result of action by the House of Delegates, to the House at the last meeting of the annual session.

Dr. Yarborough moved the adoption of Resolution 97RC in lieu of 97 (*Supplement*:7037), 97S-1 (*Supplement*:7039a), and 98S-1 (*Supplement*:7041a).

Dr. Mark R. Zust, Missouri, moved to amend the first resolved clause by adding a new Letter E and renumbering the remaining items. The new Letter E would read as follows:

E. To receive from the Board of Trustees for deliberation, comment and recommendations, a preliminary budget for the ensuing year

Speaking to the amendment, Dr. Zust said, "I think there's a lot of confusion in the House, that if the House gives up the right to approve the budget, that members of the House feel as though they will have no input to the budget. This has been debated a lot and the House has been assured that, yes, they will have input into the budget, but yet it wasn't stated in the *Bylaws*. So with the addition of this paragraph, it will be stated in the *Bylaws* that the House will still receive a preliminary budget, they'll still be able to deliberate on it, there will be a reference committee on it, and they will be able to make comment on it."

Seeing no one at the microphones, the Speaker called for a vote on the amendment. On vote, the proposed amendment was not adopted.

Dr. Paul F. Kattner, Illinois, spoke in opposition to Resolution 97RC, saying, "Here is the big picture as we see it. Currently the Board of Trustees establishes and approves the strategic plan. That plan is developed and approved under Board authority. It is not the House's strategic plan, in that the House never votes on it. So it is, in fact, the Board's. The Board of Trustees then drafts a budget defined to work toward accomplishing that strategic plan. Budget development is under Board authority. Under Resolution 97 ... the only thing the House gets to do is to determine how high or low to set the dues to pay for the budget, the very same budget we did not develop or approve, and which is designed to accomplish the strategic plan that we never voted on. Basically, the Board establishes the plan, drafts the budget, approves the budget and then the membership pays for it. This might be efficient and attractive to the management arm of our Association, but I find it to be more than a little bit discouraging. ..."

Dr. Joanne Dawley, Michigan, spoke in support of Resolution 97RC, saying, "In reading the Westman report, it's interesting that 80 percent of the organizations that were benchmarked at our size have this exact policy. I find it difficult to ignore that very fact-based information, and that must be for some reason. And I would urge our House to look towards the future for the overall health of our organization from a financial standpoint. I think it is very important, if not vital, that whoever in this organization has the most information, the most timely information, and the information that they completely and totally understand, that they be charged with the primary duties of setting the budget. And I believe that we can hold the Board of Trustees accountable for that action. In addition to that, I do believe that our supreme authority in setting the dues is absolutely essential, and we do determine the direction of our organization when we're able to set the dues, and we should also as a House, urge that we have total, complete input to the strategic plan so that the things that we want in our organization are spoken for and they matter."

Speaking in support of Resolution 97RC, Dr. Merle A. Nunemaker, Missouri, said, "I was on the Reference Committee for this. Obviously, there was a great deal of discussion. If you look fully through [the] RC, we combined a number of things, including a balanced budget. There still are a number of checks and balances. ..."

Dr. Debra A. Peters, Michigan, and Dr. Bruce Tandy, Connecticut, also spoke in support of Resolution 97RC.

Dr. G. Lewis Mitchell, Alabama and Dr. Robert J. Wilson, Jr., Maryland, spoke in opposition to Resolution 97RC.

Dr. Joseph E. Sokolowski, Missouri, moved to vote immediately. The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, Resolution 97RC was not adopted in lieu of Resolutions 97, 97S-1 and 98S-1 since it failed to receive a two-thirds (2/3) affirmative vote.

Dr. J. Ted Sherwin, Virginia moved Resolution 97S-1 in lieu of Resolutions 97 and 98S-1.

97S-1. Resolved, that an ad hoc committee of the House of Delegates be established to study the approval authority for the ADA budget, and be it further

Resolved, that the ad hoc committee be comprised of the Treasurer, an ADA Trustee, and five members of the House of Delegates, with demonstrated skills in ADA strategic planning and/or budget process, who shall be appointed by the ADA President, and be it further **Resolved,** that the committee be charged with the following:

- a. Thorough review of the work of Westman and Associates and the Board of Trustees relating to the ADA budget approval process,
- b. Identification and determination of alternatives (including the committee's own) in the context of the responsibility of the respective governing bodies' constitutional rights and the role of each relating to the ADA budget approval process and ADA Strategic Plan,
- c. Development of recommendations addressing the ADA budget approval authority and strategic planning for report to the 2013 House of Delegates.

Speaking to the motion, Dr. Sherwin said, "[Resolution] 97S-1 accomplishes what the House needs to do. We need to take a look at what our *Constitution and Bylaws* say, what supreme authority means. We need to look at the study that the Board presented. I think all of us can agree that all the things that the Board came up with are good reasons to change, and I hope the rest of you applaud their work. What we don't agree with are the conclusions. I believe, and I hope the House believes, that there are other options open to this House besides simply turning over the authority. And I want the House to look at that. So 97S-1 proposes an ad hoc committee that looks at these things, and not only does that, but comes back next year with options. And these options are tested by the Board, tested by staff, tested by our process, so we have the best possible answer for this House to look at next year. And if this House next year decides to go with one of those options, we can put them in place immediately. ..."

Dr. Christopher M. Connell, Ohio, spoke in support of Resolution 97S-1.

Dr. Kenneth G. Wallis, California, moved to vote immediately. The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, Resolution 97S-1 was adopted in lieu of Resolutions 97 and 98S-1.

97H-2012. Resolved, that an ad hoc committee of the House of Delegates be established to study the approval authority for the ADA budget, and be it further

Resolved, that the ad hoc committee be comprised of the Treasurer, an ADA Trustee, and five members of the House of Delegates, with demonstrated skills in ADA strategic planning and/or budget process, who shall be appointed by the ADA President, and be it further

Resolved, that the committee be charged with the following:

- a. Thorough review of the work of Westman and Associates and the Board of Trustees relating to the ADA budget approval process,
- b. Identification and determination of alternatives (including the committee's own) in the context of the responsibility of the respective governing bodies' constitutional rights and the role of each relating to the ADA budget approval process and ADA Strategic Plan,
- c. Development of recommendations addressing the ADA budget approval authority and strategic planning for report to the 2013 House of Delegates.

Reexamination of Westman Governance Study (Reference Committee on Governance Resolution 177): The Reference Committee reported as follows.

In discussions concerning Resolutions 93, 93B, 94 and 94S-1, the Reference Committee came to the conclusion that many, if not all, of the points supporting the sunsetting of the Council on Members Insurance and Retirement Programs apply with equal force to the Council on Membership and the Council on Communications.

Consequently, the Reference Committee believes that it is appropriate for the Board of Trustees to reconsider suggestions 29 and 31 in the study submitted by the governance consultants and to report on its conclusions respecting the possible sunsetting of the Councils on Membership and Communications following that reexamination. The Board's report should include a detailed explanation of the rationale for maintaining those councils if that is the conclusion reached by the Board, or a specific implementation plan if the conclusion is to sunset one or both of these councils. This Resolution supports the ADA Strategic Goal: Members.

177. Resolved, that suggestions 29 (Sunset the Council on Communications) and 31 (Sunset the Council on Membership) contained in the Governance Study submitted by Westman and Associates be reexamined by the Board of Trustees, and be it further

Resolved, that the Board of Trustees report on the results of that reexamination to the 2013 House of Delegates, including a detailed explanation of the rationale for maintaining the Council on Membership and/or the Council on Communications if that is the conclusion reached by the Board of Trustees or a specific implementation plan if the conclusion is to sunset one or both of these councils.

Dr. Yarborough moved the adoption of Resolution 177.

Dr. Thomas S. Kelly, Ohio, moved to refer Resolution 177, and all of its contents, to the ad hoc committee established with the adoption 94H-2012 for further study.

Seeing no one at the microphones, the Speaker called for a vote on referral. On vote, the motion to refer Resolution 177, and all of its contents, to the ad hoc committee established with 94H-2012 was adopted.

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. Mark E. Bronson, Ohio, chair. The other members of the Committee were: Dr. Frank M. Addabbo, Florida; Dr. Deborah S. Bishop, Alabama; Dr. Margaret C. Madonian, New York; Dr. Mary Mariani, Iowa; Dr. Lee P. Oneacre, Texas; Dr. Brian F. Soltys, Illinois; Dr. Thomas S. Underwood, Tennessee; and Dr. David F. Watson, South Carolina.

Consent Calendar (Reference Committee on Dental Benefits, Practice and Health Resolution 179): 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 179 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 179, 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.

179. 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 1—ADOPT (*Policies to be Maintained as Recommended by the Council on Dental Benefit Programs, Supplement*:4000); \$: None; FTE: 0 (Moot)

Resolution 2—ADOPT (*Amendment of the Policy, Dental Benefit Plan Terminology, Supplement*:4019); \$: None; FTE 0

Resolution 3—NOT ADOPT (*Rescission of the Policy, Participation in Public Agency Sponsored Programs Involving Dental Health Benefits, Supplement*:4020); \$: None; FTE: 0

Resolution 4—REFER (*Rescission of the Policy, Support for Individual Practice Associations (IPAs), Supplement*:4022); \$: None; FTE: 0

Resolution 5—ADOPT (*Rescission of the Policy, Representation of Participating Dentists in Dental Service Corporations, Supplement*:4024); \$: None; FTE: 0

Resolution 6—REFER (*Rescission of the Policy, Direct Reimbursement Mechanism, Supplement*:4026); \$: None; FTE 0

Resolution 7—ADOPT (*Rescission of the Policy, Principles for Budget Payment Plans for Dental Care, Supplement*:4028); \$: None; FTE: 0

Resolution 8—ADOPT (*Rescission of the Policy, Request for Insurance Companies to Retain Dentists' Social Security Numbers, Supplement*:4030); \$: None; FTE: 0

Resolution 9—NOT ADOPT (*Rescission of the Policy, Freedom of Choice of Dentists, Supplement*:4032); \$: None; FTE: 0

Resolution 10—ADOPT (*Rescission of the Policy, Mathematical Analysis of Health Care Related Data, Supplement*:4034); \$: None; FTE: 0

Resolution 11—NOT ADOPT (*Rescission of the Policy, Patient and Provider Advisory Panel, Supplement*:4036); \$: None; FTE: 0

Resolution 12—NOT ADOPT (*Rescission of the Policy, Disputes Concerning Dental Treatment Provided Under Dental Benefits Programs, Supplement*:4038); \$: None; FTE: 0

Resolution 13—NOT ADOPT (*Rescission of the Policy, Use of Peer Review Process by Patients and Third-Party Payers, Supplement*:4040); \$: None; FTE: 0

Resolution 14—ADOPT (*Rescission of the Policy, Reassignment of the Development and Maintenance of Dental Practice Parameters, Supplement*:4042); \$: None; FTE: 0

Resolution 15—ADOPT (*Rescission of the Policy, Monitoring the Use and Application of Dental Practice Parameters, Supplement*:4044); \$: None; FTE: 0

Resolution 33—ADOPT (*Policies to Be Maintained as Recommended by the Council on Dental Practice, Supplement*:4046); \$: None; FTE: 0 (Moot)

Resolution 34—REFER (*Amendment of the Policy, Definition of Fee-for-Service Private Practice, Supplement*:4052); \$: None; FTE: 0

Resolution 35—ADOPT (*Amendment of the Policy, Active and Inactive Dental Patients of Record, Supplement*:4053); \$: None; FTE: 0

Resolution 36—ADOPT (*Amendment of the Policy, Primary Dental Care, Supplement*:4054); \$: None; FTE: 0

Resolution 37S-1—ADOPT in lieu of Resolution 37 (*Amendment of the Policy, Uniform Procedure for Permanent Marking of Dental Prostheses, Supplement*:4055a); \$: None; FTE: 0

Resolution 38—ADOPT (*Amendment of the Policy, Dental Identification Teams, Supplement*:4056); \$: None; FTE: 0

Resolution 39RC—ADOPT in lieu of Resolution 39 (*Amendment of the Policy, Dental Radiographs for Victim Identification, Supplement*:4057); \$: None; FTE: 0

Resolution 40—ADOPT (*Amendment of the Policy, Insurance Coverage for Chemical Dependency Treatment, Supplement*:4058); \$: None; FTE: 0

Resolution 41—ADOPT (*Amendment of the Policy, Guiding Principles for Dentist Well-Being Activities at the State Level, Supplement*:4059); \$: None; FTE: 0

Resolution 42—NOT ADOPT (*Rescission of the Policy, Promotion of Careers in General Practice of Dentistry, Supplement*:4061); \$: None; FTE: 0

Resolution 43—ADOPT (*Rescission of the Policy, Primary Care Providers, Supplement*:4063); \$: None; FTE: 0

Resolution 44—NOT ADOPT (*Rescission of the Policy, Dental Society Activities Against Illegal Dentistry, Supplement*:4065); \$: None; FTE: 0

Resolution 45—NOT ADOPT (*Rescission of the Policy, Activity to Stop Unlicensed Dental or Dental Hygiene Practice, Supplement*:5067); \$: None; FTE: 0

Resolution 46—REFER (*Rescission of the Policy, Sale of Dental Equipment to Illegal Practitioners, Supplement*:4069); \$: None; FTE: 0

Resolution 47—ADOPT (*Rescission of the Policy, Professional Quality Denture Treatment for the Financially Disadvantaged, Supplement*:4071); \$: None; FTE: 0

Resolution 103RC—ADOPT in lieu of Resolution 103 (*Principles for Developing Children's Oral Health Programs, Supplement*:4078); \$: None; FTE: 0

Resolution 104—ADOPT, Amendment of the Policy, Persons with Special Needs, Supplement:4088); \$: None; FTE: 0

Resolution 105—REFER (*Amendment of the Policy, Non-Dental Providers Completing Educational Programs on Oral Health, Supplement*:4089); \$: None; FTE: 0

Resolution 106—REFER (*Amendment of the Policy, Non-Dental Providers Notification of Preventive Dental Treatment for Infants and Young Children, Supplement*:4091); \$: None; FTE: 0

Resolution 107RC—ADOPT in lieu of Resolutions 107 and 107S-1 (*Teledentistry, Supplement*:4099a); \$: None; FTE: 0

Resolution 109—ADOPT (*Optional Donation on Constituent Society Dues Statement for Well-Being Programs, Supplement*:4102); \$: None; FTE: 0

Resolution 111—REFER (*Establishment of an ADA Educational Program to Assist Senior Dental Students in the Analysis and Evaluation of Employment Contracts, Supplement*:4104); \$36,726.25; FTE: 0.25

Resolution 162—ADOPT (Bone Marrow Matching Programs, Supplement:4105); \$: None; FTE: 0

Resolution 163—NOT ADOPT (*Strategizing on Advocacy of Third Party Issues, Supplement*:4106); \$1,400; FTE: 0.50

Dr. Bronson moved the adoption of Resolution 179.

The Speaker reminded everyone that Resolutions 1, Policies to be Maintained as Recommended by the Council on Dental Benefit Programs, and Resolution 33, Policies to Be Maintained as Recommended by the Council on Dental Practice, had been ruled moot and that Resolution 107S-1, Substitute for Resolution 107: Teledendistry, had been withdrawn.

Dr. David Holwager, Indiana, requested the removal of Resolution 107RC from the consent calendar.

Dr. Bernie P. Dishler, Pennsylvania, requested the removal of Resolutions 44, 45 and 162 from the consent calendar.

Dr. Craig Armstrong, Texas, requested the removal of Resolution 111 from the consent calendar.

Dr. John D. Ball, Texas, requested the removal of Resolution 37S-1 from the consent calendar.

Dr. Charlotte L. Senseny, California, requested the removal of Resolutions 6 and 46 from the consent calendar.

Seeing no one else at the microphones, Dr. Soliday called for a vote. On vote, Resolution 179, as amended, was adopted.

179H-2012. 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 2—ADOPT (*Amendment of the Policy, Dental Benefit Plan Terminology, Supplement*:4019); \$: None; FTE 0

Resolution 3—NOT ADOPT (*Rescission of the Policy, Participation in Public Agency Sponsored Programs Involving Dental Health Benefits, Supplement*:4020); \$: None; FTE: 0

Resolution 4—REFER (*Rescission of the Policy, Support for Individual Practice Associations (IPAs), Supplement*:4022); \$: None; FTE: 0

Resolution 5—ADOPT (*Rescission of the Policy, Representation of Participating Dentists in Dental Service Corporations, Supplement*:4024); \$: None; FTE: 0

Resolution 7—ADOPT (*Rescission of the Policy, Principles for Budget Payment Plans for Dental Care, Supplement*:4028); \$: None; FTE: 0

Resolution 8—ADOPT (*Rescission of the Policy, Request for Insurance Companies to Retain Dentists' Social Security Numbers, Supplement:*4030); \$: None; FTE: 0

Resolution 9—NOT ADOPT (*Rescission of the Policy, Freedom of Choice of Dentists, Supplement*:4032); \$: None; FTE: 0

Resolution 10—ADOPT (*Rescission of the Policy, Mathematical Analysis of Health Care Related Data, Supplement*:4034); \$: None; FTE: 0

Resolution 11—NOT ADOPT (*Rescission of the Policy, Patient and Provider Advisory Panel, Supplement*:4036); \$: None; FTE: 0

Resolution 12—NOT ADOPT (*Rescission of the Policy, Disputes Concerning Dental Treatment Provided Under Dental Benefits Programs, Supplement*:4038); \$: None; FTE: 0

Resolution 13—NOT ADOPT (*Rescission of the Policy, Use of Peer Review Process by Patients and Third-Party Payers, Supplement*:4040); \$: None; FTE: 0

Resolution 14—ADOPT (*Rescission of the Policy, Reassignment of the Development and Maintenance of Dental Practice Parameters, Supplement*:4042); \$: None; FTE: 0

Resolution 15—ADOPT (*Rescission of the Policy, Monitoring the Use and Application of Dental Practice Parameters, Supplement*:4044); \$: None; FTE: 0

Resolution 34—REFER (*Amendment of the Policy, Definition of Fee-for-Service Private Practice, Supplement*:4052); \$: None; FTE: 0

Resolution 35—ADOPT (*Amendment of the Policy, Active and Inactive Dental Patients of Record, Supplement*:4053); \$: None; FTE: 0

Resolution 36—ADOPT (*Amendment of the Policy, Primary Dental Care, Supplement*:4054); \$: None; FTE: 0

Resolution 38—ADOPT (*Amendment of the Policy, Dental Identification Teams, Supplement*:4056); \$: None; FTE: 0

Resolution 39RC—ADOPT in lieu of Resolution 39 (*Amendment of the Policy, Dental Radiographs for Victim Identification, Supplement*:4057); \$: None; FTE: 0

Resolution 40—ADOPT (*Amendment of the Policy, Insurance Coverage for Chemical Dependency Treatment, Supplement*:4058); \$: None; FTE: 0

Resolution 41—ADOPT (*Amendment of the Policy, Guiding Principles for Dentist Well-Being Activities at the State Level, Supplement*:4059); \$: None; FTE: 0

Resolution 42—NOT ADOPT (*Rescission of the Policy, Promotion of Careers in General Practice of Dentistry, Supplement*:4061); \$: None; FTE: 0

Resolution 43—ADOPT (*Rescission of the Policy, Primary Care Providers, Supplement*:4063); \$: None; FTE: 0

Resolution 47—ADOPT (*Rescission of the Policy, Professional Quality Denture Treatment for the Financially Disadvantaged, Supplement*:4071); \$: None; FTE: 0

Resolution 103RC—ADOPT in lieu of Resolution 103 (*Principles for Developing Children's Oral Health Programs, Supplement*:4078); \$: None; FTE: 0

Resolution 104—ADOPT, Amendment of the Policy, Persons with Special Needs, Supplement:4088); \$: None; FTE: 0

Resolution 105—REFER (*Amendment of the Policy, Non-Dental Providers Completing Educational Programs on Oral Health, Supplement:*4089); \$: None; FTE: 0

Resolution 106—REFER (*Amendment of the Policy, Non-Dental Providers Notification of Preventive Dental Treatment for Infants and Young Children, Supplement*:4091); \$: None; FTE: 0

Resolution 109—ADOPT (Optional Donation on Constituent Society Dues Statement for Well-Being Programs, Supplement:4102); \$: None; FTE: 0

Resolution 163—NOT ADOPT (*Strategizing on Advocacy of Third Party Issues, Supplement*:4106); \$1,400; FTE: 0.50

Note: For the purpose of a fully documented record, the complete text of the resolutions presented in Resolution 179H follows:

ADOPTED

Amendment of the Policy, Dental Benefit Plan Terminology

2H-2012. Resolved, that the ADA policy on "Dental Benefit Plan Terminology" (*Trans.*1991:634) be amended as follows (additions are <u>underscored</u>; deletions are stricken):

Resolved, that all parties involved with dental benefits be encouraged to use dental benefit plan terminology consistent with definitions included in Association policy and the current edition of the publication entitled *Current Dental Terminology (CDT)*, <u>Glossary of Dental Clinical and</u> <u>Administrative Terms on ADA.org</u>, and be it further **Resolved**, that the American Dental Association support continued development and use of consistent and accurate terms relating to dental benefits.

Rescission of the Policy, Principles for Budget Payment Plans for Dental Care

5H-2012. Resolved, that Resolution 51H-1978, "Representation of Participating Dentists in Dental Service Corporations" (*Trans.*1978:511), be rescinded.

Rescission of the Policy, Principles for Budget Payment Plans for Dental Care

7H-2012. Resolved, that Resolution 41-1957-H, "Principles for Budget Payment Plans for Dental Care" (*Trans.*1957:93, 389), be rescinded.

Rescission of the Policy, Request for Insurance Companies to Retain Dentists' Social Security Numbers

8H-2012. Resolved, that Resolution 98H-2001, "Request for Insurance Companies to Retain Dentists' Social Security Numbers" (*Trans*.2001:428), be rescinded.

Rescission of the Policy, Mathematical Analysis of Health Care Related Data

10H-2012. Resolved, that Resolution 119H-1999, "Mathematical Analysis of Health Care Related Data" (*Trans*.1999:922), be rescinded.

Rescission of the Policy, Reassignment of the Development and Maintenance of Dental Practice Parameters

14H-2012. Resolved, that Resolution 34H-1999, "Reassignment of the Development and Maintenance of Dental Practice Parameters" (*Trans*.1999:932), be rescinded.

Rescission of the Policy, Monitoring the use and Application of Dental Practice Parameters

15H-2012. Resolved, that Resolution 12H-1993, "Monitoring the Use and Application of Dental Practice Parameters" (*Trans.* 1993:697), be rescinded.

Amendment of the Policy, Active and Inactive Dental Patients of Record

35H-2012. Resolved, that the ADA policy "Active and Inactive Dental Patients of Record" (*Trans*.1991:621) be amended as follows (additions are <u>underscored</u>):

Resolved, that only for the purposes of evaluating or appraising the assets of a dental practice do the following definitions of the terms "active" and "inactive" dental patients of record apply:

Active Dental Patient of Record: An active dental patient of record is any individual in either of the following two categories: Category I – patients of record who have had dental service(s) provided by the dentist in the past twelve (12) months; Category II – patients of record who have had dental services(s) provided by the dentist in the past twelve (12) months; Category II – patients of record who have had dental services(s) provided by the dentist in the past twenty-four (24) months, but not within the past twelve (12) months. Patients who have requested their records be transferred to another dentist or who have indicated they will be discontinuing their treatment, as substantiated in the patient's record, should be excluded from the "active" patient category. Each of these categories of active patients of record can be further divided into: (1) new or regular patients who have had a complete examination done by the dentist and, (2) emergency patients who have only had a limited examination done by the dentist.

Inactive Dental Patient of Record: An inactive dental patient of record is any individual who has become a patient of record and has not received any dental services(s) by the dentist in the past twenty-four (24) months.

Amendment of the Policy, Primary Dental Care

36H-2012. Resolved, that the ADA policy "Primary Dental Care" (*Trans*.1994:668; 2010:562) be amended by the addition of the words "treatment planning" after the word "prevention" so that the amended policy reads as follows (additions are <u>underscored</u>; deletions are stricken):

Primary Dental Care. The dental care provided by a licensed dentist to patients beginning no later than age one and throughout their lifetime. Primary dental care is directed to evaluation, diagnosis, patient education, prevention, <u>treatment planning</u> and treatment of oral disease and injury, the maintenance of oral health, and the coordination of referral to specialists for care when indicated. Primary dental care includes services provided by allied personnel under the dentist's supervision.

Amendment of the Policy, Dental Identification Teams

38H-2012. Resolved, that the ADA policy on "Dental Identification Teams" (*Trans.*1994:654) be amended as follows (additions are <u>underscored</u>; deletions are <u>stricken</u>):

Resolved, that the American Dental Association <u>urge all constituents supports the American</u> <u>Board of Forensic Odontologists' recommendation</u> to develop dental identification teams that can be mobilized at times of need <u>for local or regional mass fatality incidents (MFI)</u>, and be it further **Resolved**, that state and regional ID teams receive initial and ongoing training by forensic odontologists experienced in MFI response.

Amendment of the Policy, Dental Radiographs for Victim Identification

39H-2012. Resolved, that the ADA policy on "Dental Radiographs for Victim Identification" (*Trans*.2003:363) be amended by deletion of the word "actively" after the word "ADA" in the first resolving clause to read as follows (additions are <u>underscored</u>; deletions are <u>stricken</u>):

Resolved, that the ADA actively promote to practicing dentists the importance of providing, as permitted by state law, original-radiographs, images and original-records on patients of record that are requested by a legally authorized entity for victim identification and which will be returned to the dentist when no longer needed, and be it further

Resolved, that copies of these records should be retained by dentists as required by law.

Amendment of the Policy, Insurance Coverage for Chemical Dependency Treatment

40H-2012. Resolved, that the ADA policy "Insurance Coverage for Chemical Dependency Treatment" (*Trans.*1986:519) be amended as follows (additions are <u>underscored</u>; deletions are <u>stricken</u>):

Resolved, that <u>the ADA believes that any constituent and component societies of the Association be urged to review current tripartite ADA or constituent</u>* sponsored or endorsed medical and disability insurance coverage <u>should include coverage</u> for <u>the treatment of</u> chemical dependency (including alcoholism). treatment and to seek to ensure the existence and adequacy of such coverage for their members, and be it further

Resolved, that the societies examine state and local statutes and regulations relative to medicaland disability insurance coverage for chemical dependency (including alcoholism) treatment andtake appropriate action to ensure nondiscriminatory regulations and/or legislation.

*Editorially corrected

Amendment of the Policy, Guiding Principles for Dentist Well-Being Activities at the State Level

41H-2012. Resolved, that the ADA policy on "Guiding Principles for Dentist Well-Being Activities at the State Level" (*Trans*.2005:330) be amended as follows (additions are <u>underscored</u>; DELETIONS are <u>stricken</u>):

Resolved, that the ADA supports efforts by constituent and component dental societies in the development, maintenance, and collaboration with effective programs to identify and assist those dentists and dental students affected by conditions which potentially impair their ability to practice dentistry, and be it further

Resolved, that constituent and/or component dental societies be urged to adopt the following Guiding Principles for Dentist Well-Being Activities at the State Level.

Guiding Principles for Dentist Well-Being Activities at the State Level

 Constituent dental societies, on behalf of their well-being programs, are encouraged to negotiate contracts or agreements with state dental boards, licensing agencies and other regulatory agencies to encourage dentists with substance use disorders to get into treatment before they have an alcohol- or drug-related incident. have some level of involvement in services for dentists affected by conditions which potentially or actuallyimpair their ability to practice dentistry.

- 2. State-level programs to prevent and intervene in dentist and dental team member impairment should be strengthened, supported and well publicized as the most humane and effective method of protecting the interest of the public and of dental professionals.
- 3. Dental societies should be advocates for dentists to have the same rights of privacy and confidentiality of personal medical information as other persons.
- 4. Those dental societies that administer dentist well-being programs are urged to maintain a strong working relationship with their state boards of dentistry and with the appropriate ADA agencies.
- 5. The dental society should ensure that those who serve as dentist peer assistance volunteers are provided immunity from civil liability, except for willful or wanton acts.
- 6. The dental society should also ensure that those who serve as dentist peer assistance volunteers are appropriately trained and supervised in these activities.
- 7. Dental societies in states where services are provided to dentists by multidisciplinary or physician health programs are urged to develop strong relationships with those programs, in order to:
 - a. educate service providers about the particular needs of dentists and the dynamics of dental practice
 - b. assist providers in outreach to dentists in need of assistance
 - c. support dentists and families if treatment is necessary
 - d. assist program providers in developing monitoring contracts appropriate to individual dentist's practice situations
 - e. assist program providers in advocating for program participants with the dental board or licensing agency
- Constituent and component dental societies are strongly encouraged to offer continuing education programs on the prevention, recognition and treatment of professional impairment.
- 9. Dental societies are encouraged to support well-being volunteer liaison activities to their dental schools.

and be it further

Resolved, that Resolution 18H-1996 (*Trans*.1996:693), Guiding Principles for Dentist Well-Being-Programs, be rescinded.

Rescission of the Policy, Primary Care Providers

43H-2012. Resolved, that Resolution 140H-1995, "Primary Care Providers" (*Trans.* 1995:610), be rescinded.

Rescission of the Policy, Professional Quality Denture Treatment for the Financially Disadvantaged

47H-2012. Resolved, that Resolution 144H-1977, "Professional Quality Denture Treatment for the Financially Disadvantaged" (*Trans.* 1977:929), be rescinded.

Principles for Developing Children's Oral Health Programs

103H-2012. Resolved, that the following Principles for Developing Children's Oral Health Programs be adopted as the Association's framework for guiding policy development at the federal, state and local level for improving children's oral health (additions are underscored; deletions are stricken):

Principles for Developing Children's Oral Health Programs

- 1. The following principles should be considered when developing children's oral health programs at the federal, state or local level.
- <u>1.</u> Increase public awareness of the relationship and importance of children's good oral health to overall health. Dental care is essential to overall wellness – children cannot be healthy without it.
- 3. <u>2.</u> All dental services necessary to prevent oral disease and restore oral structures to health and function should be of high quality and available to all children.
- 4. <u>3.</u> All children, from birth through up to the age of 21 years, should be included in any program developed to improve the oral health of children. Existing resources should be made available on a priority basis to the most vulnerable, and expanded on a planned and systematic basis to include everyone as rapidly as resources permit. Adequate funding should be prioritized so those children with the greatest need and those who will most benefit from care are first in line.
- 5. <u>4.</u> All individuals who have an interest in the oral health of children including parents, healthcare providers, pregnant women and caregivers need to understand the importance of good oral health, oral hygiene fundamentals, diet and nutritional guidelines, the need for regular dental care and how to navigate the health care delivery system to get dental care for children.
- 6. <u>5.</u> Individuals should be encouraged to be responsible for their own oral health. and <u>pParents</u> and caregivers should be motivated to accept responsibility for the oral health of their children as well as <u>well as</u> being active in the doctor_patient relationship.
- 7. <u>6.</u> Parents and caregivers should <u>establish a dental home</u> have an ongoing relationship with a dentist by the child's first birthday so that they can collaboratively to determine <u>appropriate</u> preventive and restorative treatment. <u>appropriate to the child's needs</u>. and the parents and/or caregivers resources.
- 8. <u>7.</u> Continuing education should be made available for all primary healthcare providers and training should be provided for community program staff such as (including daycare workers/<u>h and Head sStart</u> staff.) and should be integral to any program that is developed to improve the oral health of children.
- 9. <u>8. There should be full Encourage cooperation</u> between representative members of the dental profession and the private and public agencies at the local, state and national levels in the planning, operation, evaluation and financing of children's oral health programs.
- 10. <u>9. Provide a</u>Adequate funding should be provided for research to develop, implement, improve and evaluate programs and procedures which focus on improving the oral health of children.
- 11. <u>10. Provide Priority consideration should be given for</u> adequate reimbursement for professional services.

- 12. <u>11.-Programs such as Medicaid and the State's Children Health Insurance Program (SCHIP)</u> must ensure that vulnerable children with inadequate resources have access to essential oral health care. Children in low-income families who are not eligible for Medicaid musthave access to essential oral health care through SCHIP. Eligibility to programs increasing access to essential oral health care should reflect regional differences in the cost of living and purchasing power.
- 13. 12. The scope of the children's oral health program should be determined at the community level and should be based on the general standards which have been established through the state and national programs.
- 14. <u>13.</u> Population and clinical preventive measures, which are evidenced based, should be an integral component when developing children's oral health programs. For example, fully funding community water fluoridation initiatives and school based oral health programs.
- 15. <u>14.</u> The services, existing resources and facilities of all private and public healthcare providers should be utilized in programs that are developed to improve the oral health of children.

and be it further

Resolved, that the policy, American Dental Association Dental Health Program for Children (*Trans*.1966:97, 306; 1967:336; 2010:552), be rescinded.

Amendment of the Policy, Persons with Special Needs

104H-2012. Resolved, that the ADA policy on Persons with Special Needs (*Trans*.2002:390) be amended as follows (additions are <u>underscored</u>, deletions are <u>stricken</u>):

ADA Policy on the Aged, Blind and Disabled Persons with Special Needs

Resolved, that the Association supports appropriate initiatives and legislation to improve and foster the oral health of <u>aged</u>, <u>blind</u> and <u>disabled</u> persons with special needs</u>, and be it further **Resolved**, that "people with intellectual disabilities" be utilized when referring to persons <u>previously acknowledged as "mentally retarded"</u>, and be it further **Resolved**, that constituent and component dental societies be encouraged to support state and local initiatives and legislation to improve the oral health of <u>aged</u>, <u>blind</u> and <u>disabled</u> persons with special needs, and be it further **Resolved**, that constituent and component dental societies be encouraged to support state and local initiatives and legislation to improve the oral health of <u>aged</u>, <u>blind</u> and <u>disabled</u> persons with special needs, and be it further

Resolved, that dental and allied dental programs be encouraged to educate students about the oral health needs and issues of <u>aged, blind and disabled</u> persons with special needs.

Optional Donation on Constituent Society Dues Statement for Well-Being Programs

109H-2012. Resolved, that the American Dental Association urges each constituent dental society to implement an optional donation line item for well-being programs on its annual dues statement.

NOT ADOPTED

Rescission of the Policy, Participation in Public Agency Sponsored Programs Involving Dental Health Benefits

3. Resolved, that Resolution 113H-1995, "Participation in Public Agency Sponsored Programs Involving Dental Health Benefits" (*Trans*.1995:648), be rescinded.

Rescission of the Policy, Freedom of Choice of Dentists

9. Resolved, that Resolution 51H-1983, "Freedom of Choice of Dentists" (*Trans.* 1983:582), be rescinded.

Rescission of the Policy, Patient and Provider Advisory Panel

11. Resolved, that Resolution 64H-1997, "Patient and Provider Advisory Panel" (*Trans.*1997:704) be rescinded.

Rescission of the Policy, Disputes Concerning Dental Treatment Provided Under Dental Benefits Programs

12. Resolved, that Resolution 4H-1992, "Disputes Concerning Dental Treatment Provided Under Dental Benefits Programs" (*Trans.* 1992:600), be rescinded.

Rescission of the Policy, Use of Peer Review Process by Patients and Third-Party Payers

13. Resolved, that Resolution 4H-1990, "Use of Peer Review Process by Patients and Third-Party Payers" (*Trans*. 1990:534), be rescinded.

Rescission of the Policy, Promotion of Careers in General Practice of Dentistry

42. Resolved, that Resolution 86-1973-H, "Promotion of Careers in General Practice of Dentistry" (*Trans*.1973:725), be rescinded.

Strategizing on Advocacy of Third Party Issues

163. Resolved, that in the context of this policy, the term "Third Party" shall refer to any benefit plan, managed care organization, regulatory agency, employer, or organization that tries to control or influence the provision of dental care by members of the dental team or their patients, and be it further

Resolved, that the Board of Trustees be directed to create a committee on Third Party strategy to coordinate advocacy activities of ADA councils that are substantially impacted by third party issues, and be it further

Resolved, that the committee be composed of two representatives from the Board of Trustees and two members from each of the following: Council on Dental Benefit Programs, Council on Dental Practice, Council on Governmental Affairs, Council on Access, Prevention and Interprofessional Relations; and one member from the following: Council on Membership, and Council on Communications, and be it further

Resolved, that the committee meet at least quarterly by conference call and utilize an electronic community to regularly exchange relevant information related to third party activities and their agency's actions, and be it further

Resolved, that the committee will develop appropriate, comprehensive, and timely Association advocacy strategies related to Third Party activities for approval by the Board, and be it further **Resolved,** that the committee report to the Board of Trustees prior to each Board meeting, and that they report to the ADA House of Delegates each year.

REFERRED

Rescission of the Policy, Support for Individual Practice Associations—referred to the appropriate ADA agency for updating

4. Resolved, that Resolution 38H-1988 and Resolution 2H-1994, "Support for Individual Practice Associations (IPAs)" (*Trans*.1988:475; 1994:655), be rescinded.

Amendment of the Policy, Definition of Fee-for-Service Private Practice—referred to the appropriate ADA agency for study and report to the 2013 House of Delegates

34. Resolved, that the ADA policy "Definition of Fee-for-Service Private Practice" (*Trans.*1979:620) be amended as follows (additions are <u>underscored</u>; deletions are <u>stricken</u>):

Resolved, that the following definition of the traditional fee-for-service private practice of dentistry be approved:

The traditional fee-for-service private practice of dentistry, historically the basic and mostprevalent method for delivery of oral health care, is a <u>one</u> model in which the dentist, as a solo practitioner or in a group, is ultimately responsible for all professional and business aspects of the practice. In this model the fee to the patient is dictated by the service rendered, the patient maintains the freedom of choice of the dentist and the dentist has the freedom of choice of patients.

Amendment of the Policy, Non-Dental Providers Completing Educational Programs on Oral Health—referred to the appropriate ADA agency for study and report to the 2013 House of Delegates

105. Resolved, that the ADA policy, Non-Dental Providers Completing Educational Programs on Oral Health (*Trans*.2004:301) be amended as follows (additions are <u>underscored</u>, deletions are stricken):

Non-Dental Primary Care Providers Completing Educational Program on Oral Health

Resolved, that only dentists, physicians, <u>non-dentist primary care providers</u>, and their properly supervised and trained designees, be allowed <u>encouraged</u> to provide preventive dental services to infants, and young children, <u>and patients of all ages</u>, and be it further **Resolved**, that anyone that provides <u>primary care providers</u> who <u>deliver</u> preventive dental services to infants and young children should have completed an appropriate educational program on oral health, common oral pathology, dental disease risk assessment, dental caries and dental preventive techniques <u>appropriate</u> for this the age groups <u>under their care</u>, and be it further

Resolved, that oral health risk assessment, anticipatory guidance, oral hygiene instruction, fluoride varnish, are appropriate preventive services that should be promoted across disciplines, and be it further

Resolved, that the definition of non-dentist primary care provider include physicians, nurses, physician assistants and pharmacists, and be it further

Resolved, that the ADA supports the development of interprofessional education and core competencies specific to the delivery of preventive dental services by non-dentist primary care providers, and be it further

Resolved, that the ADA urge constituent societies to support this policy.

Amendment of the Policy, Non-Dental Providers Notification of Preventive Dental Treatment for Infants and Young Children—referred to the appropriate ADA agency for study and report to the 2013 House of Delegates

106. Resolved, that the ADA policy, Non-Dental Providers Notification of Preventive Dental Treatment for Infants and Young Children (*Trans*.2004:303), be amended as follows (additions are <u>underscored</u>, deletions are <u>stricken</u>):

Non-Dental Primary Care Providers Notification of Preventive Dental Treatment for Infants and Young Children

Resolved, that prior to any preventive dental treatment of an infant or young child a dental disease risk assessment should be performed by a dentist or appropriately trained physician primary care provider, and be it further

Resolved, that risk assessments, screenings or oral evaluations of infants and young children by non-dentists primary care providers are not to be considered comprehensive dental exams, and be it further

Resolved, that it is essential that non-dentists <u>primary care providers</u> who provide preventive dental services to an infant or young child notify a dentist of the custodial parent/legal guardianschoosing as to what services were rendered and refer the patient <u>to a dentist</u> for a comprehensive examination <u>and to establish a dental home</u>.

Rescission of the Policy, Direct Reimbursement Mechanism (Council on Dental Benefit Programs Resolution 6): The Reference Committee reported as follows.

The Reference Committee heard testimony that this policy continues to have relevance and testimony from the Council on Dental Benefit Programs (CDBP) that the Council would not oppose maintaining policies for which there was such testimony. Amendments were suggested that may be considered as CDBP reviews the policy for future revision, and, therefore, the Reference Committee recommends that Resolution 6 be referred to the appropriate ADA agency for study and report to the 2013 House of Delegates. This resolution supports the ADA Strategic Plan Goal: Members.

6. Resolved, that Resolution 50H-1978, "Direct Reimbursement Mechanism" (*Trans.*1978:510), be rescinded.

Dr. Bronson moved that Resolution 6 (*Supplement*:4026) be referred to the appropriate ADA agency for study and report to the 2013 House of Delegates.

Speaking to the motion, Dr. Jim G. Richeson, Jr., Washington, D.C, said, "The Council was supportive of the recommendation by the Reference Committee. If the House in its wisdom should decide to vote differently than the recommendation of the Reference Committee, we would be equally supportive of that. Basically, it's the sense of the Council that regardless how you vote on this relatively dated policy the Council will have unfettered capability to continue to excel in its service. ..."

Seeing no one else at the microphones, the Speaker called for a vote on referral. On vote, Resolution 6 was referred to the appropriate agency for study and report to the 2013 House of Delegates.

Amendment of the Policy, Uniform Procedure for Permanent Marking of Dental Prostheses (Council on Dental Practice Resolution 37 and Fifth Trustee District Resolution 37S-1): The Reference Committee reported as follows.

The Reference Committee agrees with the Fifth Trustee District regarding clarifications allowing for future advances in identification methods put forth in Item 1 in the third resolving clause. Therefore, the Committee recommends the adoption of Resolution 37S-1 in lieu of Resolution 37. These resolutions support the ADA Strategic Plan Goal: Members.

37S-1. Resolved, that the ADA policy on "Uniform Procedure for Permanent Marking of Dental Prostheses" (*Trans*.1979:637) be amended as follows (additions are <u>underscored</u>; deletions are <u>stricken</u>):

Resolved, that the procedure recommended by the Council on Federal Dental Services in its 1978 Supplemental Report 1 to the House of Delegates (Supplement 1, 1978:181) be strongly-promoted for use by the dental profession, and be it further

Resolved, that the American Dental Association urge constituent societies to actively supports the use of uniform methods of marking dental prostheses for identification purposes, and be it further

Resolved, that a system of dental prosthetic identification should meet the following criteria:

<u>1. Standardized identification, including the patient's first and last names, typed on onionskin, linen, nylon, foil or similar materials, should be inserted incorporated into the dental prosthesis.</u> before final closure.

2. The identification should be legible and permanent.

<u>3. The procedure for applying the identification markings should be clinically safe, economically practical and cosmetically acceptable.</u>

Dr. Bronson moved the adoption of Resolution 37S-1 (*Supplement*:4055) in lieu of Resolution 37 (*Supplement*:4055a).

A delegate from the floor moved to amend the first criteria as follows:

1. Standardized Patient specific identification, used with patient consent including the patient's first and last names, typed on onionskin, linen, nylon, foil or similar materials, should be inserted incorporated into the dental prosthesis. before final closure.

Speaking to the amendment, the delegate said, "... different areas ... in the country and institutions use different types of patient specific identification, so we wanted to give them that option. Number two, with patient consent, sometimes patients don't want any of their personal information included in a prosthesis. And deleting the patient's first and last name because in a larger institutional setting or the complications could be people with the same first and last names, in communities, institutions, whatever. So this would be patient specific information that the dentist and patient would decide with the patient's consent."

Seeing no one else at the microphones, the Speaker called for a vote on the primary amendment. On vote the amendment to the first criteria was adopted.

On vote, Resolution 37S-1, as amended, was adopted.

37H-2012. Resolved, that the ADA policy on "Uniform Procedure for Permanent Marking of Dental Prostheses" (*Trans.* 1979:637) be amended as follows (additions are <u>underscored</u>; deletions are <u>stricken</u>):

Resolved, that the procedure recommended by the Council on Federal Dental Services in its 1978 Supplemental Report 1 to the House of Delegates (Supplement 1, 1978:181) be strongly-promoted for use by the dental profession, and be it further

Resolved, that the American Dental Association urge constituent societies to actively supports the use of uniform methods of marking dental prostheses for identification purposes, and be it further

Resolved, that a system of dental prosthetic identification should meet the following criteria:

<u>1. Standardized</u> Patient specific identification, used with patient consent including the patient's first and last names, typed on onionskin, linen, nylon, foil or similar materials, should be inserted incorporated into the dental prosthesis. before final closure.

2. The identification should be legible and permanent.

<u>3. The procedure for applying the identification markings should be clinically safe, economically practical and cosmetically acceptable.</u>

Rescission of the Policy, Dental Society Activities Against Illegal Dentistry (Council on Dental Practice Resolution 44): The Reference Committee reported as follows.

The Reference Committee heard testimony in opposition to the rescission of Resolution 44, agrees with the testimony, and, therefore, recommends that Resolution 44 not be adopted. This resolution supports the ADA Strategic Plan Goal: Members.

44. Resolved, that Resolution 141H-1977 and Resolution 14H-2001, "Dental Society Activities Against Illegal Dentistry" (*Trans.*1977:934; 2001:435), be rescinded.

Dr. Bronson moved Resolution 44 (Supplement:4065).

Seeing no one at the microphones, the Speaker called for a vote on Resolution 44. On vote Resolution 44 was not adopted.

Rescission of the Policy, Activity to Stop Unlicensed Dental or Dental Hygiene Practice (Council on Dental Practice Resolution 45): The Reference Committee reported as follows.

The Reference Committee heard testimony in opposition to the rescission of Resolution 45, agrees with the testimony, and therefore, recommends that Resolution 45 not be adopted. This resolution supports the ADA Strategic Plan Goal: Members.

45. Resolved, that Resolution 74H-1999, "Activity to Stop Unlicensed Dental or Dental Hygiene Practice" (*Trans*.1999:947), be rescinded.

Dr. Bronson moved Resolution 45 (Supplement: 4067).

Seeing no one at the microphones, the Speaker called for a vote on Resolution 45. On vote Resolution 45 was not adopted.

Rescission of the Policy, Sale of Dental Equipment to Illegal Practitioners (Council on Dental Practice Resolution 46): The Reference Committee reported as follows.

The Reference Committee heard testimony in opposition to the rescission of Resolution 46; however, recommends the resolution be referred to the appropriate ADA agency for study and report to the 2013 House of Delegates. This resolution supports the ADA Strategic Plan Goal: Members.

46. Resolved, that Resolution 33H-2001, "Sale of Dental Equipment to Illegal Practitioners" (*Trans*.2001:436), be rescinded.

Dr. Bronson moved that Resolution 46 (*Supplement*:4069) be referred to the appropriate ADA agency for study and report to the 2013 House of Delegates.

Seeing no one at the microphones, the Speaker called for a vote on referral. On vote, Resolution 46 was referred to the appropriate agency for study and report to the 2013 House of Delegates.

Teledentistry (Council on Dental Practice Resolution 107 and Reference Committee on Dental Benefits, Practice and Health Resolution 107RC): The Reference Committee reported as follows.

The Reference Committee heard testimony both suggesting amendments and recommending referral of Resolution 107S-1*. The Reference Committee incorporated slight clarifications to Resolution 107S-1 into Resolution 107RC, including an additional resolving clause. Therefore, the Committee recommends the adoption of Resolution 107RC in lieu of Resolution 107S-1* and Resolution 107. These resolutions support the ADA Strategic Plan Goal: Members.

*Editorial Note: Resolution 107S-1 was withdrawn after the Reference Committee Hearing.

107RC. Resolved, that the following definition of teledentistry be adopted:

Teledentistry, a component of telehealth, is the electronic exchange of dental patient information from one geographic location to another for interpretation and/or consultation among authorizedlicensed healthcare professionals. Teledentistry utilizes both information

and communication technologies for and includes the electronic exchange of diagnostic image files, including, but not limited to, radiographs, photographs, video, optical impressions and photomicrographs of patients.

and be it further

Resolved, that dentists should be encouraged to consider conformance with the Digital Imaging and Communications in Medicine (DICOM) standards when selecting and using imaging systems, and be it further

Resolved, that the appropriate ADA agencies develop standards and <u>specific, well-defined</u> implementation guidelines to assist dentists with all aspects of teledentistry., and be it further **Resolved,** that teledentistry is designed to enhance patient access to care, but is not intended to facilitate the performance of irreversible/surgical procedures by oral health care providers not licensed to perform such procedures.

Dr. Bronson moved that Resolution 107RC be adopted in lieu Resolution 107 (Supplement:4099).

Dr. Patsy K. Fujimoto, Hawaii, moved to amend the first resolving clause, under the definition of teledentistry, by deleting the words "among licensed healthcare professionals" and adding the words "by licensed dentists."

Speaking to the amendment, Dr. Fujimoto said, "By changing this language, it allows teledentistry to be used by dental students and CDHCs, but it also keeps the dentist as the head of the dental team."

Dr. Gary S. Davis, Pennsylvania, spoke in opposition to the amendment, saying, "Our CDHCs are neither licensed nor certified. They get a certificate of completion of training. So if you put the word 'licensed' in there, then we will not allow our CDHCs by policy to practice teledentistry, which is one of the main things they do. So please vote against this."

Dr. Jonathan B. Knapp, Connecticut, and Dr. Thomas V. Brady, Connecticut, also spoke in opposition to the amendment.

Dr. Thomas J. Schripsema, New Mexico, spoke in support of the amendment, saying, "Please read the amendment very carefully, because I believe people are commenting in the wrong direction with this. As the language stood prior to the amendment, you would not be able to describe teledentistry as a communication with an unlicensed individual, such as a CDHC or dental student. With the change, we're no longer talking about communications only between licensed professionals. We're talking about any communication between a licensed dentist and whomever, whether that be a physician, a dental student, a CDHC or dental hygienist. So we're actually expanding this to include non-licensed individuals; however, for it to be teledentistry, one end of every communication has to be a licensed dentist. And that is the critical component of what makes teledentistry different from telemedicine and why it ensures that a dentist is going to be involved in every communication."

As a point of information, Dr. Gary S. Davis, Pennsylvania, said, "I need clarification on this before I can vote, because it says teledentistry is the electronic exchange, and then it says by a licensed dentist. When I read it, it sounds like only licensed dentists can exchange information. I want clarity on this before I vote."

At the Speaker's request, Dr. O'Loughlin responded, "I think it would be appropriate for the maker of the resolution to clarify their intent, because there is a definition of telemedicine and teledentistry and it's basically we have a consistent definition with other entities that refer to this term telemedicine and teledentistry. So it's a very broad term and it basically just describes the electronic information of medical or dental information over a distance. It doesn't really prescribe who's sending it and who's receiving it."

With permission from the Chair, Dr. James Willey, director, Council on Dental Practice, said, "As I read the amendment, I agree with Dr. Davis, the implication would be that there would be a dentist on both sides."

At the Speaker's request the maker of the amendment was asked to provide further clarification. Dr. Fujimoto said, "We wanted to clarify, because when we use the 'among,' it was thought that it would be between two dentists and not between a dental student or a CDHC and a dental hygienist. But we wanted dentist at one end of the communications. Now, this not the original resolution that we had proposed. If you go back to [Resolution] 107 that is the definition that we had used in our original resolution."

Dr. Davis responded, "I just want to know if I vote 'yes' for this amendment, will CDHCs and students be able to use teledentistry?"

The Speaker responded that his interpretation was that they would not be able to.

Dr. David R. Holwager, Indiana, spoke in opposition to the amendment, saying, "In the CDHC program, this would prevent it from working. This would prevent our educational exchange, which is done through teledentistry and would greatly inhibit the program."

A delegate from the floor requested a point of information, saying, "What about if he were talking to a physician, a pathologist, radiologist, [or] an M.D.?"

The Speaker said, ".... It says 'licensed dentist,' so they will not be able to do it. It has to be between two dentists."

Speaking against the amendment, Dr. Monica Hebl, Wisconsin, said, "I appreciate the intent, but it's not clear the way it is written. And it doesn't make it clear that it could authorize the CDHC and a dentist, so I'm against this amendment."

A delegate moved to amend the pending amendment by adding the words "at the authorization of a" and deleting the word "by" so the first sentence of the definition would read:

Teledentistry, a component of telehealth, is the electronic exchange of dental patient information from one geographic location to another for interpretation and/or consultation at the authorization of a licensed dentist.

Speaking in opposition to the amendments, Dr. Brendan P. Dowd, New York, said, "[I am a] member of the Council on Dental Practice and member of the subcommittee on teledentistry. Let me put a hypothetical out there for you. As our program with the CDHC program gets rolling, what about a scenario where there is a couple of CDHCs out there in the field, the dentist is overseeing it, but yet two CDHCs have exchanged patient information out there in the field and got to bring it back? What about that?"

Dr. Wade G. Winker, Florida, moved to vote immediately. The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, the secondary amendment was not adopted.

Dr. Samuel E. Selcher, Pennsylvania, spoke in opposition to the primary amendment, saying, "We're talking of a definition, not an authorization. So can we have non-dentists sending information back and forth and it is still dental information? The answer is yes. You're looking at an authorization, but we're talking about a definition here. Let's kill it. Keep to the original, which keeps it broad in the definition. So if you handle information, it's dental information. It falls under this if we send it electronically. It makes sense."

Speaking in support of the amendment, Dr. Ronald Venezie, North Carolina, said, "The exchange can happen between whomever. What's the purpose of the exchange unless at one end of it, you've got interpretation or consultation by a licensed dentist ..."

Dr. Craig S. Armstrong, Texas, spoke in opposition to the amendment, saying, "I was on the subcommittee that looked at this definition. And I can tell you, this is something that is new, it's developing, and I think that what we need to do is go back to the original and be done with this."

Dr. Ariane R. Terlet, California, also spoke in opposition.

Dr. Deborah S. Bishop, Alabama, moved to vote immediately. The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, the motion to amend Resolution 107RC was not adopted.

Dr. Craig S. Armstrong, Texas, moved to substitute Resolution 107 (Supplement: 4099) for Resolution 107RC.

107. Resolved, that the following definition of teledentistry be adopted:

Teledentistry, a component of telehealth, is the electronic exchange of dental patient information from one geographic location to another for interpretation and/or consultation among authorized healthcare professionals. Teledentistry utilizes both information and communication technologies and includes the electronic exchange of diagnostic image files, including radiographs, photographs, video, optical impressions and photomicrographs of patients.

and be it further

Resolved, that dentists should be encouraged to consider conformance with the Digital Imaging and Communications in Medicine (DICOM) standards when selecting and using imaging systems, and be it further

Resolved, that the appropriate ADA agencies develop standards and implementation guidelines to assist dentists with all aspects of teledentistry.

Speaking to the substitution, Dr. Armstrong said, "Well, as I said before, this is basically a work in progress, but I think that having the word 'licensed' in there, we're going to be too restrictive on, for instance, our own program that we endorse, CDHCs. I think the language in the last resolved clause is a little restrictive, and I think the way it is now, I think we have enough ambiguity in it that we can develop it as we need to, but we can still include the programs that we need to."

Dr. Judee Tippett-Whyte, California, spoke in support of Resolution 107, saying, "It's too prescriptive to have 'licensed' in there. This follows what's happening within medicine, and, again, if we have policies where our own programs are going to be in violation of them, we're shooting ourselves in the foot."

Dr. David R. Holwager, Indiana, spoke in support of Resolution 107, saying, "I stand in support of 107 to the defeat of 107RC. [Resolution] 107RC would cripple your CDHC program."

Dr. Wade G. Winker, Florida; Dr. Steven A. Brown, Rhode Island; and Dr. Andrew G. Vorrasi, New York; also spoke in support of Resolution 107.

Dr. Mark R. Zust, Missouri, moved to vote immediately. The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, the motion to substitute Resolution 107 for 107RC was adopted.

Speaking in opposition to Resolution 107, Dr. Deborah S. Bishop, Alabama, said, "I've had the privilege to be a member of this House for only five years. I have listened to much debate on policy, and I find one thing always missing, the spirit of cooperation. How many times have I heard, we can't have that policy, because it doesn't follow our state laws. While in reference committee Saturday, Mary Mariani from the Tenth District stated we need to include that resolving clause if it helps our brethren. I applaud her. She gets it. She has earned her privilege to be here. If your state is not in compliance with ADA policy so what? If this helps

someone fight a battle in the legislature against something they don't want in their state, why can't we keep strong policy for those who need it? If your state has lost a battle, is your attitude let's help someone else win or misery loves company?"

Dr. Walter G. Weber, California, spoke in support of Resolution 107, saying, "If you look at the report, it was really just a very non-controversial definition, dictionary definition, and it authorized health care professionals. It covers a lot. I mean, the RC was way too restrictive. If you take out the 'electronic' and the 'tele' part, we would be in violation in many of our practices by not having licensed professionals send x-rays in the mail."

Dr. Kara G. Moore, Georgia, moved to amend by addition of a new fourth resolving clause to read as follows.

Resolved, that teledentistry is designed to enhance patient access to care, but is not intended to facilitate the performance of irreversible/surgical procedures by oral health care providers not licensed to perform such procedures.

Speaking to the amendment, Dr. Moore said, "While I do like the wording of 107 the way it is, I feel like adding this last resolving clause, it doesn't limit, it doesn't go back to the battle of who can, who can't. It's just adding basically what we already have supported in ADA policy at the bottom, that teledentistry can be used to enhance access, but at the bottom line, it will be the dentist who's going to perform any type of irreversible surgical procedures."

Dr. Gary S. Davis, Pennsylvania, spoke in support of the amendment.

Dr. Brendan P. Dowd, New York, spoke in opposition to the amendment, saying, "That resolving clause to be added on just puts in a separate unrelated issue that need not be involved in this definition. Just to put it in a nutshell, going back to 107, we felt as a Council, the definition was specific enough in areas which were needed, [and] yet general enough to represent a definition for a national organization such as the ADA, along with realizing the reality of what is already happening today."

Dr. James D. Stephens, California, spoke in opposition to the amendment, saying, "We already have strong policy about non-licensed professionals, mid-level providers, what have you. We do not need to duplicate it in everything we say to this world, and it also ignores the reality. Let's make a simple, concise definition. Have the transfer of digital or electronic information. Let's not get involved in policy with it. That's dragging policy into this. This is a definition."

Dr. Allen Hinden, Connecticut, and Dr. Isabel M. Del Valle Diaz, Puerto Rico, also spoke in opposition to the amendment.

Dr. Bryan T. Marshall, Florida, moved to vote immediately. The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, the motion to add a new fourth resolving clause to Resolution 107 was not adopted.

Dr. Michael Zakula, Minnesota, moved to amend the third resolving clause by addition after the word "standards" the words "specific and well-defined guidelines." Speaking to the amendment, Dr. Zakula said, "There are many boards and foundations who may very well use our definition for teledentistry in order to facilitate a less than ideal image or information across the Internet or the wires that would allow for a poor exchange of dentistry and facilitate inappropriate authorization of directives from the dentist."

Dr. Thomas J. Schripsema, New Mexico, said, "I'd like to speak against the amendment, primarily, not so much because I'm against 'specific and well-defined,' but we're losing an important part of this resolution, which is about implementation, and if the ADA is taking the lead with regard to how this is going to be implemented, striking that at this point is inappropriate."

Dr. Ariane R. Terlet, California, and Dr. Judee Tippett-Whyte, California, also spoke in opposition to the amendment.

Dr. Daniel J. Gesek, Jr., Florida, moved to vote immediately. The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, the motion to amend the third resolving clause by addition after the word "standards" the words "specific and well-defined guidelines" was not adopted.

Dr. Mark R. Zust, Missouri moved to vote immediately. The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, Resolution 107 was adopted.

107H-2012. Resolved, that the following definition of teledentistry be adopted:

Teledentistry, a component of telehealth, is the electronic exchange of dental patient information from one geographic location to another for interpretation and/or consultation among authorized healthcare professionals. Teledentistry utilizes both information and communication technologies and includes the electronic exchange of diagnostic image files, including radiographs, photographs, video, optical impressions and photomicrographs of patients.

and be it further

Resolved, that dentists should be encouraged to consider conformance with the Digital Imaging and Communications in Medicine (DICOM) standards when selecting and using imaging systems, and be it further

Resolved, that the appropriate ADA agencies develop standards and implementation guidelines to assist dentists with all aspects of teledentistry.

Establishment of an ADA Educational Program to Assist Senior Dental Students in the Analysis and Evaluation of Employment Contracts (Fifteenth Trustee District Resolution 111): The Reference Committee reported as follows.

The Reference Committee heard testimony supporting Resolution 111; however, determined there were concerns regarding its proposed parameters and financial impact that warranted further clarification and study and, therefore, recommends that Resolution 111 be referred to the appropriate ADA agency for study and report to the 2013 House of Delegates. This resolution supports the ADA Strategic Plan Goal: Members.

111. Resolved, that the appropriate ADA agency be instructed to establish an educational program to provide assistance and resources to senior dental students (D4's) who have joined the ADA and are contemplating and evaluating contracts of employment or associateship with dental practices owned by non-dentist private equity firms, or employment or associateship with large group dental practices consisting of five or more locations with 10 or more dentists, and be it further **Resolved**, that such assistance and resources include, to the extent permitted legally and ethically, the preparation and distribution of informational and educational materials concerning the evaluation of contracts and particularly relevant contract terms, and the identification of issues to which the applicant should give particular attention when considering the contract, and be it further **Resolved**, that the American Dental Association disseminate the availability of this service in all manners possible including social media and other electronic means of communication, as well as appropriate print media and events.

Dr. Bronson moved that Resolution 111 (*Supplement*:4104) be referred to the appropriate ADA agency for study and report to the 2013 House of Delegates.

Dr. William H. Gerlach, Texas, moved to amend by deletion of the first resolved clause and addition of a new first resolving clause to read as follows.

Resolved, that the appropriate ADA agency establish an educational program to provide assistance and resources to all ADA members with specific reference to senior dental students (D4s) and post graduate student/resident members who have joined the ADA and are contemplating contracts of employment or associateship, and be it further

In addition, Dr. Gerlach moved to amend the third resolving clause by substituting the word "program" for the word "service."

Speaking to the amendments, Dr. Gerhach said, "First, I speak against the Reference Committee recommendation to refer. The amended wording increases clarity and there is no reason to potentially bypass this year's dental school classes. Second, Resolution 111 received only positive testimony with one question. Third, additional wording aimed at including postgraduate students and residents was added at Reference Committee. That wording is now included in the amended wording. Fourth, and perhaps most importantly, is that this is a zero financial impact resolution per our legal division. Mr. Speaker, would it be appropriate for Mr. Busey address that issue?"

The Speaker responded, "I want everybody to understand this. The motion is to refer. Normally, the motion to refer, your amendments would only be on reasons and instructions and all. However, in this House, our *Rules* state that any of these subsidiary motions that come from the Reference Committee are main motions. When that makes that a main motion, I am going to allow you to be able to amend this. So I want everybody to understand that so they don't misinterpret that."

With the Speakers permission, Mr. Craig Busey, general counsel, addressed Dr. Gerlach's question, saying, "The financial impact is listed on the resolution because it's an FTE. It's part of [an] individual's time internally as a resource. We can do this, I believe, without hiring anybody else to help us with that. We can shift the resources within the division. It's something that we are attentive to anyway, because we're keeping track of the large group practice and corporate practice issues. So it's putting together some educational material that would be beneficial to the new dentist or others applying for associateship; [it] is something I think we can do with minimal effort."

Dr. David F. Watson, South Carolina, speaking against the amendment, said, "[I am] a member of the Reference Committee. The Reference Committee was strongly in favor of developing this program. They wanted this program. They see great value in it. But there were a lot of concerns and a lot of discrepancies in developing an educational program versus just providing brochures. There were discrepancies in what the background statement was asking for and what was actually showing up in the resolution. There were discrepancies about cost, and you cannot develop an educational program without some costs. So I am speaking against this revision."

Seeing no one else at the microphones, the Speaker called for a vote on the amendment.

On vote, the proposed amendments were adopted.

Dr. Ronald K. Heier, Pennsylvania, spoke in opposition to referral of Resolution 111, saying, "I was the one that raised the question in the Reference Committee about whether the resolution was geared just to the educational program or a contract analysis. And that was the reason I believe the Reference Committee voted for referral. Now it's just going to be an educational component, so I would speak strongly in favor of not referring and voting on it."

Dr. Judee Tippett-Whyte, California, spoke in support of referral, saying, "As a Council [on Dental Practice] member, I recognize the value of this resolution. I also have some concerns about financial implications, although legal [counsel] has said there is no cost. To develop educational programs there takes some staff time and money. And also even within the legal [division], analyzing these contracts is taking their

time. So, hence, there is a financial implication. In addition, we currently have the Subcommittee on Group Practice and the Economy working towards looking at group practice alternatives that would include contract analysis and so forth. And so I think that if this were referred to the Council, it could be incorporated into that budget, therefore, not having any expense."

Dr. Robert W. Payne, Florida, moved to vote immediately. The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, the motion to refer Resolution 111, as amended, to the appropriate ADA agency for study and report to the 2013 House of Delegates was not adopted. On vote, Resolution 111, as amended, was adopted.

111H-2012. <u>Resolved, that the appropriate ADA agency establish an educational program to provide</u> <u>assistance and resources to all ADA members with specific reference to senior dental students</u> (D4s) and post graduate student/resident members who have joined the ADA and are contemplating <u>contracts of employment or associateship, and be it further</u>

Resolved, that the appropriate ADA agency be instructed to establish an educational program toprovide assistance and resources to senior dental students (D4's) who have joined the ADA and arecontemplating and evaluating contracts of employment or associateship with dental practices ownedby non-dentist private equity firms, or employment or associateship with large group dental practicesconsisting of five or more locations with 10 or more dentists, and be it further

Resolved, that such assistance and resources include, to the extent permitted legally and ethically, the preparation and distribution of informational and educational materials concerning the evaluation of contracts and particularly relevant contract terms, and the identification of issues to which the applicant should give particular attention when considering the contract, and be it further **Resolved**, that the American Dental Association disseminate the availability of this <u>program</u> service in all manners possible including social media and other electronic means of communication, as well as appropriate print media and events.

Bone Marrow Matching Programs (First Trustee District Resolution 162): The Reference Committee reported as follows.

The Reference Committee heard limited testimony regarding potential regulatory oversight of the sample collection process; however, the Reference Committee agrees with the Board of Trustees (*Supplement*:4105) and, therefore, recommends the adoption of Resolution 162. This resolution supports the ADA Strategic Plan Goal: Public Health.

162. Resolved, that the ADA urges members to support participation in the bone marrow matching program by providing appropriate literature in their offices, gathering samples and forwarding them for registration.

Dr. Bronson moved the adoption of Resolution 162 (Supplement:4105).

Dr. David R. Larson, Pennsylvania, moved to amend Resolution 162 by deletion of the words "gathering samples and forwarding them for registration."

Speaking to the amendment, Dr. Larson said, "While the ADA should urge these things and it's good for communication, I think we're going a little beyond urging collecting of samples and forwarding them for registration. There are a lot of issues with tissue registry, HIPAA. We also have many practitioners, such as orthodontists, who really aren't going to be doing a lot of invasive procedures. I think getting the information is fine and doing that, if a member wants to go beyond that and do the forwarding of samples, that's fine, but you know, the ADA really shouldn't be urging them to do these things in their office. I think it's a bit of an overstep. Education is the most important element of this."

Dr. Allen Hindin, Connecticut, spoke against the amendment, saying, "Bone marrow transplant samples are being taken at movie theatres, in high schools, in many places across the country by people who are not

health professionals. This is an opportunity to make a difference and bring the four in ten who managed to get matched another six and ten who aren't. And we can make that difference with nothing more than a cotton swab and a mailer. And the people who run these transplant programs will provide us all the information we can possibly need. ... This does not mandate that you do anything. You can choose not to participate, but this is an opportunity for the ADA to participate in something that has great potential to improve the lives of people who are in great need."

Seeing no one else at the microphones, the Speaker called for a vote. On vote, the proposed amendment was not adopted.

On vote, Resolution 162 was adopted.

162H-2012. Resolved, that the ADA urges members to support participation in the bone marrow matching program by providing appropriate literature in their offices, gathering samples and forwarding them for registration.

Announcements: The Speaker announced that the following items of New Business will be considered after the reports of the reference committees at the last meeting of the House.

New Business

Resolution 184 (*Supplement*:8000)—Process and Evaluation Criteria for Specialty Recognition—Submitted by the Seventeenth Trustee District

Resolution 185 (*Supplement*:8001)—Requirement for Specialty Recognition—Submitted by the Ninth Trustee District

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. Andy O. Elliott, Kentucky, chair. The other members of the Committee were: Dr. Jill Burns, Indiana; Dr. Ken Merritt, New Mexico; Dr. John Nase, Pennsylvania; Dr. Roger Newman, Montana; Dr. Marc Nuger, Maryland; Dr. Lance Sanders, Texas; Dr. Colette Smiley, Michigan; and Dr. Sidney Tourial, Georgia.

Consent Calendar (Reference Committee on Dental Education, Science and Related Matters Resolution 181): 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 181 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 181, 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.

181. 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 16—ADOPT (*Recognition of Dental Anesthesiology as a Dental Specialty*) \$: None; FTE: 0 (**Priority Item**)

Resolution 17—REFER (Amendment to the Requirements for Recognition of Dental Specialties and National Certifying Boards for Dental Specialists, Supplement:5013) \$: None; FTE: 0 (Resolution of Special Interest)

Resolution 18—ADOPT (*Policies to be Maintained as Recommended by the Council on Dental Education and Licensure, Supplement*:5020) \$: None; FTE: 0 (Moot)

Resolution 19—ADOPT (*Rescission of the Policy, Communication Between State Boards of Dentistry, Supplement:*5027) \$: None; FTE: 0

Resolution 20B—ADOPT in lieu of Resolution 20 (*Amendment of the Policy, Monitoring Clinical Dental Licensure Examinations, Supplement*:5029) \$: None; FTE: 0

Resolution 21—ADOPT (*Amendment of the Policy, Clinical Licensure Examinations in Dental Schools, Supplement*:5031) \$: None; FTE: 0

Resolution 22—ADOPT (*Amendment of the Policy, State Board Support for CDA as Responsible to Evaluate Dental Education Programs, Supplement*:5033) \$: None; FTE: 0

Resolution 23—ADOPT (Amendment of the Policy on One Standard of Competency: State Boards Review Limited Licensure Graduates of Nonaccredited Dental Schools for Providing Access to Care for Underserved Populations, Supplement:5034) \$: None; FTE: 0

Resolution 24—ADOPT (*Amendment of the Policy on Dual Degreed Dentists, Supplement*:5036) \$: None; FTE: 0

Resolution 25—ADOPT (*Amendment of the Policy, Endorsement of Recommendations of the ADA Guidelines for Licensure by Credentials, Supplment*:5037) \$: None; FTE: 0

Resolution 26—ADOPT (*Amendment of the Policy on Licensure of Graduates of Nonaccredited Dental Schools, Supplement*:5038) \$: None; FTE: 0

Resolution 27—ADOPT (*Amendment of the Policy, Guidelines for Licensure, Supplement*:5040) \$: None; FTE: 0

Resolution 28—ADOPT (*Amendment of the Position Statement on Federal Intervention in Licensure, Supplement:*5044) \$: None; FTE: 0

Resolution 29—ADOPT (*Amendment of the Policy, Eliminating Use of Human Subjects in Board Examinations, Supplement*:5045) \$: None; FTE: 0

Resolution 30—ADOPT (*Amendment of the Policy, Acceptance of Results of Regional Boards, Supplement*:5048) \$: None; FTE: 0

Resolution 31—ADOPT (*Amendment of the ADA Guidelines for the Use of Sedation and General Anesthesia by Dentists, Supplement:*5052) \$: None; FTE: 0

Resolution 32—ADOPT (*Amendment of the ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students, Supplement*:5066) \$: None; FTE: 0

Resolution 52—ADOPT (*Amendment of the Policy Statement on Evidence-Based Dentistry, Supplement*:5082) \$: None; FTE: 0

Resolution 53—ADOPT (*Amendment of the Comprehensive Policy Statement on Hazard Classification and Communication, Supplement*:5088) \$: None; FTE: 0

Resolution 54—ADOPT (*Policy Statement on Intraoral/Perioral Piercing and Tongue Splitting, Supplement*:5090) \$: None; FTE: 0

Resolution 55—ADOPT (*Rescission of the Policy, Fluoride Varnishes, Supplement*:5094) \$: None; FTE: 0

Resolution 56—ADOPT (*Rescission of the Policy Statement on HIV/AIDS as an Infectious and Communicable Disease, Supplement:*5096) \$: None; FTE: 0

Resolution 101—ADOPT (*Rescission of ADA Policy Entitled, Policy Statement on Bloodborne Pathogens, Infection Control and the Practice of Dentistry, Supplement*:5100) \$: None; FTE: 0

Resolution 102RC—ADOPT in lieu of Resolution 102 (*Infection Control in the Practice of Dentistry, Supplement*:5215) \$: None; FTE: 0

Resolution 108—ADOPT (JCNDE Standing Rules Revisions, Supplement:5108) \$: None; FTE: 0

Resolution 110—ADOPT (*Monitoring the California Dental Board's Development of the Portfolio Examination Option, Supplement:*5129) \$: None; FTE: 0

Resolution 112—ADOPT (CODA Rules Revision, Supplement:5152) \$: None; FTE: 0

Resolution 113—ADOPT (*Dental Education Economics and Student Debt, Supplement*:5160) \$230,000; FTE: 3.5

Resolution 159RC—ADOPT in lieu of Resolution 159 (*Support of ADA Library, Supplement*:5217) \$: None; FTE: 0 (Resolution of Special Interest)

Resolution 161—ADOPT (*Nominating Non-Professional (Public) Members of CODA, Supplement*:5168) \$: None; FTE: 0

Resolution 164B—ADOPT in lieu of Resolution 164 (*Supervision of PGY-1 Programs, Supplement*:5170) \$: None; FTE: 0

Dr. Elliott identified Resolutions 17 and 159RC as items of special interest and that Resolution 18 had been declared moot, as such, they were automatically removed from the consent calendar.

Dr. Elliott moved the adoption of Resolution 181.

A delegate from the floor requested the removal of Resolutions 26 and 29 from the consent calendar.

Dr. Douglas S. Hadnot, Montana, requested the removal of Resolution 113 from the consent calendar.

On vote, Resolution 181, as amended, was adopted.

181H-2012. 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 19—ADOPT (*Rescission of the Policy, Communication Between State Boards of Dentistry, Supplement*:5027) \$: None; FTE: 0

Resolution 20B—ADOPT in lieu of Resolution 20 (*Amendment of the Policy, Monitoring Clinical Dental Licensure Examinations, Supplement*:5029) \$: None; FTE: 0

Resolution 21—ADOPT (*Amendment of the Policy, Clinical Licensure Examinations in Dental Schools, Supplement*:5031) \$: None; FTE: 0

Resolution 22—ADOPT (Amendment of the Policy, State Board Support for CDA as Responsible to Evaluate Dental Education Programs, Supplement:5033) \$: None; FTE: 0

Resolution 23—ADOPT (Amendment of the Policy on One Standard of Competency: State Boards Review Limited Licensure Graduates of Nonaccredited Dental Schools for Providing Access to Care for Underserved Populations, Supplement:5034) \$: None; FTE: 0

Resolution 24—ADOPT (*Amendment of the Policy on Dual Degreed Dentists, Supplement*:5036) \$: None; FTE: 0

Resolution 25—ADOPT (Amendment of the Policy, Endorsement of Recommendations of the ADA Guidelines for Licensure by Credentials, Supplment:5037) \$: None; FTE: 0

Resolution 27—ADOPT (*Amendment of the Policy, Guidelines for Licensure, Supplement*:5040) \$: None; FTE: 0

Resolution 28—ADOPT (*Amendment of the Position Statement on Federal Intervention in Licensure, Supplement*:5044) \$: None; FTE: 0

Resolution 30—ADOPT (*Amendment of the Policy, Acceptance of Results of Regional Boards, Supplement*:5048) \$: None; FTE: 0

Resolution 31—ADOPT (*Amendment of the ADA Guidelines for the Use of Sedation and General Anesthesia by Dentists, Supplement:*5052) \$: None; FTE: 0

Resolution 32—ADOPT (*Amendment of the ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students, Supplement*:5066) \$: None; FTE: 0

Resolution 52—ADOPT (*Amendment of the Policy Statement on Evidence-Based Dentistry, Supplement*:5082) \$: None; FTE: 0

Resolution 53—ADOPT (*Amendment of the Comprehensive Policy Statement on Hazard Classification and Communication, Supplement*:5088) \$: None; FTE: 0

Resolution 54—ADOPT (*Policy Statement on Intraoral/Perioral Piercing and Tongue Splitting, Supplement*:5090) \$: None; FTE: 0

Resolution 55—ADOPT (*Rescission of the Policy, Fluoride Varnishes, Supplement*:5094) \$: None; FTE: 0

Resolution 56—ADOPT (*Rescission of the Policy Statement on HIV/AIDS as an Infectious and Communicable Disease, Supplement*:5096) \$: None; FTE: 0

Resolution 101—ADOPT (*Rescission of ADA Policy Entitled, Policy Statement on Bloodborne Pathogens, Infection Control and the Practice of Dentistry, Supplement*:5100) \$: None; FTE: 0

Resolution 102RC—ADOPT in lieu of Resolution 102 (*Infection Control in the Practice of Dentistry, Supplement*:5215) \$: None; FTE: 0

Resolution 108—ADOPT (JCNDE Standing Rules Revisions, Supplement:5108) \$: None; FTE: 0

Resolution 110—ADOPT (*Monitoring the California Dental Board's Development of the Portfolio Examination Option, Supplement:*5129) \$: None; FTE: 0

Resolution 112—ADOPT (CODA Rules Revision, Supplement:5152) \$: None; FTE: 0

Resolution 161—ADOPT (*Nominating Non-Professional (Public) Members of CODA, Supplement*:5168) \$: None; FTE: 0

Resolution 164B—ADOPT in lieu of Resolution 164 (*Supervision of PGY-1 Programs, Supplement*:5170) \$: None; FTE: 0

Note: For the purpose of a fully documented record, the complete test of the resolutions presented in Resolution 181H follow.

ADOPTED

Rescission of the Policy, Communication Between State Boards of Dentistry

19H-2012. Resolved, that Resolution 34H-1989 "Communication Between State Boards of Dentistry" (*Trans*.1989:527) be rescinded.

Amendment of the Policy, Monitoring Clinical Dental Licensure Examinations

20H-2012. Resolved, that the ADA policy "Monitoring Clinical Dental Licensure Examinations" (*Trans*.2005:333) be amended in the second resolving clause as follows (additions are <u>underscored</u>; deletions are stricken):

Resolved, that the ADA encourage the clinical testing agencies to supports the use of good testing practices in the development, administration and scoring of their licensing examinations that produce results which are reliable and with the highest validity possible.

so the amended policy reads:

Monitoring Clinical Dental Licensure Examinations

Resolved, that the appropriate agency of the ADA continue to monitor activities of the clinical testing agencies and report annually to the House of Delegates on its findings, and be it further **Resolved,** that the ADA supports the use of testing practices in the development, administration and scoring of their licensing examinations that produce results which are reliable and with the highest validity possible.

Amendment of the Policy, Clinical Licensure Examinations in Dental Schools

21H-2012. Resolved, that the ADA policy "Clinical Licensure Examinations in Dental Schools" (*Trans*.2003:368) be amended as follows:

- In the first resolving clause, after the word "schools" delete the words "to senior dental students" and insert the words "using a curriculum integrated format."
- In the second resolving clause, after the word "given" delete the words "early enough in the senior year to allow those who do not pass the board examinations to be remediated in time for a second examination to be given prior to graduation" and insert the words "frequently enough within each institution to allow candidates to remediate and retake any portions of the examination that they have not completed successfully."
- Delete the words "and be it further" in the second resolving clause and the entire third resolving clause as the 2003 House of Delegates' action rescinded Resolution 89H-2001.

so the amended policy "Clinical Licensure Examinations in Dental Schools" reads (additions are <u>underscored</u>; deletions are <u>stricken</u>):

Clinical Licensure Examinations in Dental Schools

Resolved, that the Association encourages all dental licensing agencies to collaborate with dental educators to offer a clinical licensing examination on patients within dental schools tosenior dental students using a curriculum integrated format, and be it further **Resolved,** that these examinations be given early enough in the senior year to allow those who do not pass the board examinations to be remediated in time for a second examination to be given prior to graduation, frequently enough within each institution to allow candidates to remediate and retake any portions of the examination that they have not completed successfully, and be it further

Resolved, that Resolution 89H-2001 (Trans. 2001:411) be rescinded.

Amendment of the Policy, State Board Support for CDA as Responsible to Evaluate Dental Education Programs

22H-2012. Resolved, that the ADA policy "State Board Support for CDA as Responsible to Evaluate Dental Education Programs" (*Trans*.2003:367) be amended as follows (additions are <u>underscored</u>; deletions are stricken):

State Board Support for CDA <u>CODA</u> as Responsible to <u>Evaluate</u> <u>Accredit</u> Dental Education Programs

Resolved, that the Association urge state boards of dentistry to continue to support the role of the Commission on Dental Accreditation as the agency responsible for the evaluation <u>accreditation</u> of dental education programs.

Amendment of the Policy on One Standard of Competency: State Boards Review Limited Licensure Graduates of Nonaccredited Dental Schools for Providing Access to Care for Underserved Populations

23H-2012. Resolved, that the ADA policy, "Policy on One Standard of Competency: State Boards Review Limited Licensure Graduates of Nonaccredited Dental Schools for Providing Access to Care for Underserved Populations," be amended as follows (additions are <u>underscored</u>; deletions are stricken):

Policy on One Standard of Competency: State Boards Review Limited Licensure Graduates of Nonaccredited Dental Schools for Providing Access to-Care for Underserved Populations

Resolved, that it be is the policy of the Association that there is one standard of competency for <u>licensure</u> in order to provide quality oral health care to the public, and be it further **Resolved**, that this policy be forwarded with appropriate background information provided from the ADA to state boards of dentistry, requesting them to review the full implications of using-limited licensure graduates of non-accredited dental schools as a mechanism for providing access to dental care for underserved populations, and be it further

Resolved, that the constituent societies be urged that when necessary, use this information with their state legislature.

so the amended policy reads:

Policy on One Standard of Competency

Resolved, that it is the policy of the Association that there is one standard of competency for licensure in order to provide quality oral health care to the public.

Amendment of the Policy on Dual Degreed Dentists

24H-2012. Resolved, that the ADA "Policy on Dual Degreed Dentists" (*Trans*.2003:367) be amended in the first resolving clause by deleting the words "and be it further" and by deleting the second, third and fourth resolving clauses in their entirety, so the amended policy reads as follows (additions are <u>underscored</u>; deletions are <u>stricken</u>):

Policy on Dual Degreed Dentists

Resolved, that in order to protect the health, welfare and safety of the public, the American Dental Association believes that individuals who possess both a medical degree and a dental degree and elect to practice dentistry should be required to obtain a dental license issued by the jurisdiction in which they practice, and that oversight for their practice of dentistry should fall under the purview of their state dental practice act and their state boards of dentistry, and be it-further

Resolved, that constituent dental societies be urged to promote this concept to their respective state boards of dentistry, and be it further

Resolved, that constituent dental societies be urged to promote to their respective state boards of dentistry the guidelines for specialty licensure and specialty licensure by credentials as stated in the ADA policy Guidelines for Licensure (*Trans*.1976:919; 1977:923; 1989:529; 1992:632; 1999:936; 2002:401), and be it further

Resolved, that the ADA constituent dental societies be urged to support changes in legislation or regulation as may be necessary to accomplish this purpose.

Amendment of the Policy, Endorsement of Recommendations of the ADA Guidelines for Licensure by Credentials

25H-2012. Resolved, that the ADA policy "Endorsement of Recommendations of the ADA Guidelines for Licensure by Credentials" (*Trans*.1992:628, 2009:447) be amended in the second resolving clause by deleting the word "endorsement" and inserting the word "use" so the amended policy reads as follows (additions are <u>underscored</u>; deletions are stricken):

Endorsement of Recommendations of the ADA Guidelines for Licensure by Credentials

Resolved, that the ADA actively endorse and urge all dental licensing jurisdictions to utilize the ADA Guidelines for Licensure by Credentials, and be it further

Resolved, that the ADA Council on Dental Education and Licensure monitor the endorsement <u>use</u> of these recommendations by the dental licensing jurisdictions and report annually to the House of Delegates.

Amendment of the Policy, Guidelines for Licensure

27H-2012. Resolved, that the ADA policy "Guidelines for Licensure" (*Trans*.1976:919, 1977:923, 1989:529, 1992:632, 1999:938, 2000:401, 2003:340) be amended as follows:

- In the section "Licensure by Credentials, item "a," delete "school" wherever it appears and replace with "program." In item "g" change "AADE Clearinghouse for Disciplinary Information" to "AADB Clearinghouse for Board Actions."
- In the section addressing "Possible documentation...", item #1, after the word "accredited" and before the word "general," insert the words "advanced education program in general dentistry or." Further, delete the words "or dental internship."
- Add a new section, "Volunteer Licensure"

so the amended policy reads (additions are <u>underscored;</u> deletions are stricken):

Guidelines for Licensure

Dental licensure is intended to ensure that only qualified individuals provide dental treatment to the public. Among qualifications deemed essential are satisfactory theoretical knowledge of basic biomedical and dental sciences and satisfactory clinical skill. It is essential that each candidate for an initial license be required to demonstrate these attributes on examination, a written examination for theoretical knowledge and a clinical examination for clinical skill. The clinical examination requirement may also be met by successful completion of a postgraduate program in general dentistry that contains competency assessments or in an ADA recognized dental specialty, at least one year in length, which is accredited by the Commission on Dental Accreditation. These guidelines suggest alternate mechanisms for evaluating the theoretical knowledge and clinical skill of an applicant for licensure who holds a dental license in another jurisdiction. Requiring a candidate who is seeking licensure in several jurisdictions to demonstrate his or her theoretical knowledge and clinical skill on separate examinations for each jurisdiction seems unnecessary duplication.

Licensure by Examination: Written examination programs conducted by the Joint Commission on National Dental Examinations have achieved broad recognition by state boards of dentistry. National Board dental examinations are conducted in two parts. Part I covers basic biomedical sciences; Part II covers dental sciences. It is recommended that satisfactory performance on Part II of the National Board dental examinations within five years prior to applying for a state dental license be considered adequate testing of theoretical knowledge. National Board regulations require a candidate to pass Part I before participating in Part II. Consequently, this recommendation excludes Part I only from the time limit.

No clinical examination has achieved as broad recognition as have National Board written examinations. Clinical examinations used for dental licensure are conducted by individual state boards of dentistry and by regional clinical testing services. It is recommended that satisfactory performance within the last five years on any state or regional clinical examination at least equivalent in quality and difficulty to the state's own clinical examination be considered adequate testing for clinical skill provided that the candidate for licensure:

- a. is currently licensed in another jurisdiction.
- b. has been in practice since being examined.
- c. is endorsed by the state board of dentistry in the state of his or her current practice.
- d has not been the subject to final or pending disciplinary action in any state in which he or she is or has been licensed.
- e. has not failed the clinical examination of the state to which he or she is applying within the last three years.

Licensure by Credentials: The American Dental Association believes that an evaluation of a practicing dentist's theoretical knowledge and clinical skill based on his or her performance record can provide as much protection to the public as would an evaluation based on examination. Issuing a license using a performance record in place of examinations is termed licensure by credentials.

All candidates for licensure by credentials are required to fulfill basic education and practice requirements. Further, it is recommended that licensure by credentials be available only to a candidate who:

a. has graduated from a dental school program accredited by the Commission on Dental Accreditation, or has completed a supplementary predoctoral education program of at least two academic years in an accredited dental school program and has been certified by the dean of an accredited dental school as having achieved the same level of didactic and clinical competence as expected of a graduate of the school program, or has completed an educational experience that is recognized by the respective state dental board as equivalent to the above.

- b. is currently licensed by a licensing jurisdiction in a state, the District of Columbia, the Commonwealth of Puerto Rico or a dependency of the United States.
- c. has been in practice or full-time dental education immediately prior to applying.
- d. is endorsed by the state board of dentistry in the state of current practice.
- e. has not been the subject of final or pending disciplinary action in any state in which he or she is or has been licensed.
- f. has not failed the clinical examination of the state to which he or she is applying within the last three years.

Additional criteria to determine the professional competence of a licensed dentist could include:

- g. Information from the National Practitioner Data Bank and/or the <u>AADE_AADB</u> <u>Clearinghouse for Disciplinary Information_Board Actions.</u>
- h. Questioning under oath.
- i. Results of peer review reports from constituent societies and/or federal dental services.
- j. Substance abuse testing/treatment.
- k. Background checks for criminal or fraudulent activities.
- I. Participation in continuing education.
- m. A current certificate in cardiopulmonary resuscitation.
- n. Recent patient case reports and/or oral defense of diagnosis and treatment plans.
- o. No physical or psychological impairment that would adversely affect the ability to deliver quality dental care.
- p. Agreement to initiate practice in the credentialing jurisdiction within a reasonable period of time to ensure that licensure is based on credentials that are current at the time practice is initiated.
- q. Proof of professional liability coverage and that such coverage has not been refused, declined, canceled, nonrenewed or modified.

Alternate ways that current theoretical knowledge might be documented follow. It is recommended that for a candidate who meets eligibility requirements for licensure by credentials, these methods be considered as possible alternatives to the written examination requirement.

- 1. Successful completion of an accredited advanced dental education program in the last ten years.
- 2. A total of at least 180 hours of acceptable, formal scientific continuing education in the last ten years, with a maximum credit of 60 hours for each two-year period.
- 3. Successful completion of a recognized specialty board examination in the last ten years.
- 4. Teaching experience of at least one day per week or its equivalent in an accredited dental education program for at least six of the last ten years.

Possible documentation for current clinical skill appears in the following list. Provided that eligibility requirements for licensure by credentials are met, it is recommended that these methods be considered as possible alternatives to satisfactory performance on a clinical examination.

- 1. Successful completion of an accredited <u>advanced education program in general dentistry</u> or general practice residency or dental internship within the last ten years.
- 2. Successful completion of an accredited dental specialty education program in a clinical discipline within the last ten years.
- 3. A total of at least 180 hours of acceptable clinically-oriented continuing education in the last ten years, with a maximum credit of 60 hours for each two-year period.

- 4. Clinical teaching of at least one day per week or its equivalent in an accredited dental education program, including a hospital-based advanced dental education program, for at least six of the last ten years.
- 5. Presenting case histories of patients treated by the candidate in the last five years, with preoperative and postoperative radiographs, covering procedures required on the state clinical examination, for discussion with the state board.

Licensure by Credentials for Internationally Trained Dentists: It is ADA policy that internationally trained dentists, who were licensed by their respective jurisdictions prior to implementation of the requirement of a two-year supplementary education program in an accredited dental school, be granted the same benefits of freedom of movement as any other member of the Association.

Specialty Licensure: The American Dental Association urges constituent dental societies and state dental boards to implement specialty licensure by credentials and/or specialty licensure as a top priority. The Association urges states to consider the following provisions regarding specialty licensure by credentials:

- a. All specialists should be required to have passed a state dental board approved general dentistry examination and have an entry-level dental license issued by a state or a U.S. territory before being eligible to be credentialed or to take a specialty examination in another state.
- b. Specialists should not be required to pass an additional general dentistry examination when applying for a license to practice the specialty.
- c. Specialists who have passed a specialty licensure examination in another state should be granted licensure by credentials without further clinical examination.
- d. States should be urged to enact provisions by which a dental specialist licensed in another jurisdiction may be issued a license by credentials to allow the specialist who holds diplomate status from an ADA-recognized dental specialty certifying board or who has completed an advanced specialty education program accredited by the Commission on Dental Accreditation to practice the specific specialty.
- e. Specialists who hold diplomate status from an ADA-recognized dental specialty certifying board or who have completed an advanced specialty education program accredited by the Commission on Dental Accreditation and meet all other state requirements for licensure should not be required to take any additional general dentistry examinations.
- f. Specialty licensure examinations and criteria for credentialing should be reviewed annually for reliability and validity and updated regularly to protect the public.

Volunteer Licensure: The ADA supports and encourages volunteerism by members. The *Principles of Ethics and Code of Professional Conduct* require members to recognize the obligation to help those who may not have access to care. A limited or volunteer license by credentials should be available to dentists who wish to provide services to indigent or critical needs populations within a state without compensation. Often, the expense of initial licensure, licensure renewal and liability insurance prevent many dentists from volunteering services. The Association urges states to consider the following provisions regarding limited/volunteer licensure for dentists:

- 1. Allow dentists to provide services to indigent or critical needs populations within a state without compensation.
- 2. Waive any associated fees for limited or volunteer licenses so long as the dentist continues to provide services without compensation.
- 3. Grant sovereign immunity for dentists when providing services to indigent or critical needs patients without compensation.

4. Require the same standards for education and training as for initial licensure in that jurisdiction.

Amendment of the Position Statement on Federal Intervention in Licensure

28H-2012. Resolved, that the "Position Statement on Federal Intervention in Licensure" (*Trans*.1975:187, 718) be amended in the section, Influence on the Dental Curriculum, by deleting the word "schools" wherever it appears and inserting in its place the words "education programs," so the amended section reads (additions are <u>underscored</u>; deletions are stricken):

Influence on the Dental Curriculum: Dental schools <u>education programs</u> have a responsibility to graduate individuals capable of practicing dentistry. Since meeting licensure requirements is a prerequisite to practice, dental <u>schools education programs</u> also prepare students to pass licensure examinations. Consequently, the agency that establishes licensure standards can have an influence over dental curriculums. Under the state licensure system this influence is shared among 53 jurisdictions, and thus moderated. With a single federal agency setting standards, the influence of licensure examinations might become excessive and virtually dictate the content and emphasis for all dental curriculums. This centralization would tend to make a static situation that would inhibit evolution and change. Also, the cooperation that has developed among educators, examiners and the practicing profession at the state level has been effective in dealing with the relationship between licensure requirements and the dental curriculum. The same degree of cooperation could not be expected at the federal level.

Amendment of the Policy, Acceptance of Results of Regional Boards

30H-2012. Resolved, that the ADA policy "Acceptance of Results of Regional Boards" (*Trans*.1992:630) be amended by incorporating concepts from the language in the policies "Acceptance of Successful Completion of State or Regional Licensure Examinations by State Boards of Dentistry" (*Trans*.1998:725) and "Standardization of State Dental Licensure Examinations" (*Trans*. 1992:629) so the new, comprehensive policy "Acceptance of Results of Regional Boards" reads as follows (additions are <u>underscored</u>):

Acceptance of Results of Regional Boards

Resolved, that the Association supports efforts to create substantial similarities in the administration, content and scoring of the <u>dental and dental hygiene</u> clinical examinations <u>by</u> <u>continuing to encourage state boards of dentistry to accept a common core of requirements and</u> <u>guidelines for clinical examinations</u>, so as to increase acceptance of results by state boards of any state or regional examination, and be it further

Resolved, that the ADA encourage constituent societies in those states that participate in regional boards to promote to their state's licensing agency the acceptance, with appropriate review of credentials, of the clinical examination results of each regional board for the purpose of licensure in their state, and thereby facilitate freedom of movement for dental professionals, and be it further

Resolved, that Resolution 56H-1998 "Acceptance of Successful Completion of State or Regional Licensure Examinations by State Boards of Dentistry" (*Trans*.1998:725) be rescinded, and be it further

Resolved, that Resolution 27H-1992 "Standardization of State Dental Licensure Examinations" (*Trans*.1992:629) be rescinded.

Amendment of the ADA Guidelines for the Use of Sedation and General Anesthesia by Dentists

31H-2012. Resolved, that the "ADA Guidelines for the Use of Sedation and General Anesthesia by Dentists" (*Trans*.2007:282) be amended as it appears in Appendix 5 (*Reports*:108) of the Council's annual report.

Amendment of the ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students

32H-2012. Resolved, that the "ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students" (*Trans*.2007:282) be amended as it appears in Appendix 6 (*Reports*:120) of the Council's annual report.

Amendment of the Policy Statement on Evidence-Based Dentistry

52H-2012. Resolved, that the 2001 "Policy Statement on Evidence-Based Dentistry" (*Trans*.2001:462) be amended by deletion and addition as presented in Appendix 1 (*Reports*:190) of this annual report.

Amendment of the Comprehensive Policy Statement on Hazard Classification and Communication

53H-2012. Resolved, that the "Comprehensive Policy on Hazard Classification and Communication" (*Trans*.2003:389) be amended by deletion and addition as follows (additions are <u>underscored</u>; deletions are <u>stricken</u>):

Resolved, that <u>it is the position of the American Dental Association that encourage its members</u>, in an effort to promote a safe workplace, to-use only those materials in the dental office that have been appropriately labeled by the manufacturer or distributor to comply with OSHA's Hazard Communication Standard and for which the manufacturer/distributor has supplied a current material safety data sheet (MSDS), and be it further

Resolved, that the appropriate agencies of the ADA <u>supports the</u> continue to provide members with updated by providing access to current information, forms and prototypes as needed to help them comply with changes in OSHA requirements affecting dental offices., and be it further **Resolved**, that the American Dental Association requests all manufacturers and distributorsof materials used in the dental office to abide by all relevant federal standards, guidelines and policies regarding the appropriate labeling of hazardous chemicals and the provision of current MSDSs, and be it further

Resolved, that the American Dental Association inform its members of their right to report to OSHA the names of any manufacturer or distributor that fails to properly label its product or fails to provide a MSDS to the dentist as required by OSHA, and be it further

Resolved, that those companies that fail to comply with the labeling and MSDS requirements of the OSHA Hazard Communication Standard, and who seek the

ADA Seal of Acceptance for the product, be denied such Acceptance, and be it further **Resolved,** that the following Association policies be rescinded:

Prototype Hazard Communication Program (*Trans*.1987:492) Hazard Communication Standard Compliance (*Trans*.1993:718) Dental Product Labeling to Satisfy OSHA Requirements (*Trans*.1992:645) Labeling Requirements for Manufacturers of Dental Products (*Trans*.1992:645) Material Safety Data Sheets (*Trans*.1989:569;1993:715)

Policy Statement on Intraoral/Perioral Piercing and Tongue Splitting

54H-2012. Resolved, that the "Policy Statement on Intraoral/Perioral Piercing and Tongue Splitting" (*Trans*.1998:743; 2000:481; 2004:309) be amended by deletion and addition as presented in Appendix 2 (*Reports*:197) of this annual report.

Rescission of the Policy, Fluoride Varnishes

55H-2012. Resolved, that the ADA policy entitled "Fluoride Varnishes" (*Trans*.2004:311) be rescinded.

Rescission of the Policy Statement on HIV/AIDS as an Infectious and Communicable Disease

56H-2012. Resolved, that the ADA policy statement entitled "HIV/AIDS as an Infectious and Communicable Disease" (*Trans*.1996:734; 1999:977) be rescinded.

Rescission of ADA Policy Entitled, Policy Statement on Bloodborne Pathogens, Infection Control and the Practice of Dentistry

101H-2012. Resolved, that the ADA policy entitled "Policy Statement on Bloodborne Pathogens, Infection Control and the Practice of Dentistry" (*Trans*.1999:977, 983; 2004:300; 2008:453) be rescinded.

Infection Control in the Practice of Dentistry

102H-2012. Resolved, that it be ADA policy to support the implementation of *standard precautions* and infection control recommendations appropriate to the clinical setting, per the 2003 <u>*Guidelines for*</u> <u>*Infection Control in Dental Health Care Settings*</u> from the Centers for Disease Control and Prevention (CDC) (*Supplement*:5106), and be it further

Resolved, that this policy includes implementation of CDC recommendations for vaccination and the prevention and management of exposures involving nonintact skin, mucous membranes and percutaneous injuries.

Joint Commission on National Dental Examiners Standing Rules Revisions

108H-2012. Resolved, that the *Standing Rules of the Joint Commission on National Dental Examinations* be approved as revised (Appendix 1, *Supplement*:5109).

Monitoring the California Dental Board's Development of the Portfolio Examination Option

110H-2012. Resolved, that the ADA continue to monitor the Dental Board of California's development of the portfolio examination option and provide a report back to the 2013 House of Delegates.

Commission on Dental Accreditation Rules Revision

112H-2012. Resolved, that the *Rules of the Commission on Dental Accreditation* be approved as revised in Appendix 1 (*Supplement*:5153) (proposed deletions are stricken; proposed additions are underlined).

Nominating Non-Professional (Public) Members of CODA

161H-2012. Resolved, that the ADA provide the Commission on Dental Accreditation (CODA) with qualified nominees to fill vacancies and expired terms of non-professional members of the Commission, and be it further

Resolved, that the Council on Dental Education and Licensure monitor CODA for changes in membership and provide the Board of Trustees with resumes of appropriate candidates for nomination in a manner timely to submit candidates for CODA consideration.

Supervision of PGY-1 Programs

164H-2012. Resolved, that the ADA encourage CODA to examine accreditation criteria for faculty supervision and site coordinators of postgraduate dentistry programs that are in locations remote from the sponsoring institutions, and be it further

Resolved, that CODA be requested to provide a report on this issue to the 2013 House of Delegates.

Adjournment

Dr. Gary I. Altschuler, Florida, moved to adjourn the third meeting of the House of Delegates. On vote, the motion to adjourn was adopted; the third meeting of the House adjourned at 4:58 p.m.

Tuesday, October 23, 2012

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. Scott Morrison, chair, Nebraska, 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. Patricia L. Blanton, first vice president
- Dr. Edward Leone, Jr., treasurer
- Dr. J. Thomas Soliday, speaker of the House of Delegates
- Dr. W. Ken Rich, trustee, Sixth District
- Dr. Charles L. Steffel, trustee, Seventh District
- Dr. Edward J. Vigna, trustee, Tenth District
- Dr. Samuel B. Low, trustee, Seventeenth District

The continuing officers and members of the Board of Trustees were introduced:

- Dr. Jeffrey D. Dow, trustee, First District
- 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. Joseph F. Hagenbruch, trustee, Eighth District
- Dr. Dennis W. Engel, trustee, Ninth District
- Dr. Roger L. Kiesling, trustee, Eleventh District
- Dr. Gary L. Roberts, trustee, Twelfth District
- Dr. Carol Gomez Summerhays, trustee, Thirteenth District
- Dr. Gary S. Yonemoto, trustee, Fourteenth District
- Dr. Hilton Israelson, trustee, Fifteenth District
- Dr. Kenneth J. Versman, first vice president
- Dr. Kathleen T. O'Loughlin, executive director

Introduction of New Officers and Trustees: The following new officers and trustee were introduced.

- Dr. Mark R. Zust, trustee, Sixth District
- Dr. Joseph P. Crowley, trustee, Seventh District
- Dr. James K. Zenk, trustee, Tenth District
- Dr. Julian H. Fair, III, trustee, Sixteenth District
- Dr. Terry L. Buckenheimer, trustee Seventeenth District
- Dr. Brian E. Scott, second vice president
- Dr. Ronald P. Lemmo, treasurer
- Dr. Glen D. Hall, speaker of the House of Delegates

Presentation to Dr. William R. Calnon: The Speaker presented Dr. Calnon with the insigne of the office of past president and a certificate of appreciation.

Installation of New Officers and Trustees: Dr. Calnon installed Dr. Charles H. Norman, North Carolina, as president-elect; Dr. Robert A. Faiella, Massachusetts, as president; Dr. Brian E. Scott, California, as second vice president; Dr. Ronald P. Lemmo, Ohio, as treasurer; and Dr. Glen D. Hall, Texas, as speaker of the House of Delegates. Dr. Calnon installed the five newly elected trustees.

The installation ceremonies 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 Robert A. Faiella: Following the installation of officers and trustees, Dr. Faiella addressed the members of the House.

Remarks from the Co-Chairs of the American Dental Political Action Committee (ADPAC): Dr. Rhett L. Murray, Colorado, and Dr. Dennis J. Zent, Indiana, addressed the members of the House and thanked the members of the House for their continuing support of ADPAC.

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. O. Andy Elliott, chair, Kentucky.

Amendment to the Requirements for Recognition of Dental Specialties and National Certifying Boards for Dental Specialists (Council on Dental Education and Licensure Resolution 17): The Reference Committee reported as follows.

The Reference Committee heard testimony from many members on Resolution 17. The Reference Committee believes that there will be unintended consequences if the *Requirements for Recognition* are amended as proposed. The Committee concluded that the Council on Dental Education and Licensure; the Council on Access, Prevention and Interprofessional Relations; the Board of Trustees and the American Association of Public Health Dentistry should be given the opportunity to further explore options to define the term "reflective" and to arrive at a procedure to bring the sponsoring organization of public health dentistry into alignment with the other dental specialty organizations regarding this policy without disenfranchising dentists in the public health community. Accordingly the Reference Committee supports referral of Resolution 17 to the appropriate ADA agency(ies) for further study with a report to the 2013 House of Delegates. This resolution supports the ADA Strategic Plan Goal: Public Health.

17. Resolved, that Requirement (1) of the Requirements for Recognition of Dental Specialties be revised as follows (additions are <u>underscored</u>; deletions are <u>stricken</u>):

(1) In order for an area to bebecome and/or remain recognized as a dental specialty, it must be represented by a sponsoring organization: (a) whose membership is reflective of the special area of that proposed or recognized dental specialty practice; (b) in which the privileges to vote and hold office are reserved for dentists who have either completed a CODA-accredited residency program in that proposed or recognized specialty or a formal advanced education program as defined in Requirement (6); and (bc) that demonstrates the ability to establish a certifying board.

and be it further

Resolved, that the introductory paragraph of the Requirements for Recognition of National Certifying Boards for Dental Specialists be revised as follows (additions are <u>underlined</u>; deletions are <u>stricken</u>):

In order to become, and remain, eligible for recognition by the American Dental Association as a national certifying board for a special area of practice <u>dental specialty</u>, the area <u>specialty</u> shall have a sponsoring or parent organization whose membership is reflective of the

recognized special area of dental practice that meets all the elements of Requirement (1) of the Requirements for Recognition of Dental Specialties. A close working relationship shall be maintained between the parent organization and the board. Additionally, the following requirements must be fulfilled.

and be it further

Resolved, that requirement (2) in the section on Organization of Boards be revised as follows (additions are <u>underscored</u>; deletions are <u>stricken</u>):

(2) Each board shall submit in writing to the Council on Dental Education and Licensure a program sufficiently comprehensive in scope to meet the requirements established by the American Dental Association for the operation of a certifying board. This statement should include evidence of sponsorship of the board by a national organization representing dental practitionersinterested in that special area of practice that meets all the elements of Requirement (1) of the Requirements for Recognition of Dental Specialties.

and be it further

Resolved, that the sponsoring organizations representing the currently recognized dental specialties be given until July 1, 2015, to demonstrate compliance with this revised requirement, and be it further **Resolved**, that the Council on Dental Education and Licensure develop and implement a procedure to certify compliance by each sponsoring organization representing a currently recognized dental specialty and report its findings to the 2015 House of Delegates.

Dr. Elliott moved that Resolution 17 (*Supplement*:5013) be referred to the appropriate ADA agency(ies) for further study and report to the 2013 House of Delegates.

Dr. Mark A. Crabtree, Virginia, speaking in support of referral, said, "There was considerable testimony at the Reference Committee [hearing], and I think it would be very appropriate for referral back for discussion so that we're not sitting here delving into the depth of what needs to be addressed and develop consensus in the issue, and rather than doing the committee work on the floor of the House, referral is appropriate."

Dr. Robert N. Bitter, Illinois, spoke in opposition to referral, saying, "We are an education-based profession. Education is a primary core value and the guidelines that define our specialty recognition process. Is it important that an organization follow the spirit of our guidelines for specialty recognition within their organization? Or do we allow an organization to decide what is best for itself? This is the essence of what you're being asked to decide today. Do I think this is the end of the conversation regarding this matter? No. Quoting Winston Churchill, 'This is not beginning of the end. This is the end of the beginning.' But to continue going down this road, you have to begin this process, first recognizing the importance of strict educational criteria to define professional recognition."

Dr. Gary S. Davis, Pennsylvania, said, "I speak in favor of referral. Yes, we have a situation here in front of us that needs to be fixed, but it is up to us to how we want to fix it. Do we want to be divisive and damage years and years of building relationships which has resulted in many common ground issues that we work together in? ... This is a very complex issue, so let's be sure that our values and our actions align, and we refer this to the appropriate agency so that next year we can make a well informed decision."

Dr. E. Jane Gillette, Montana, said, "I rise in support of referral, and I think that there's some rumors that this original resolution was made in bad faith, but I can tell you that I know the makers of the original resolution, and I truly believe that they made it out of wanting to maintain and enhance the credibility of the specialty. With that said, there's some concerns that Public Health has about the resolution, the original resolution. And I think that there's a way, truthfully, that we can address those concerns, which are valid. But Public Health, as you know, is a very complex problem and it requires advance expertise from a broad variety of experts. For instance, we need health economists, behavioral psychologists, social psychologists, and the concern within Public Health is that if we ignore these experts that are required to help solve these complex problems that we'll marginalize those members that are a part of Public Health and thereby alienating them

and disenfranchising them, and they won't feel near as compelled to help assist us in solving these complex issues. So I would strongly recommend that we refer it. I don't think that we have all the information in front of us, nor do we have the time to debate such a complex issue on the House floor."

Dr. Ronald Venezie, North Carolina, spoke in support of referral, saying, "[I am the] incoming chair of CDEL. I want to thank the previous speaker for acknowledging one of my points. There have been suggestions and implications that this resolution was intended for the wrong reasons or for negative reasons and to punish Public Health. Nothing could be further from the truth. CDEL discussed and debated this resolution extensively, and we also thank Dr. Elliott and the rest of the members of the Reference Committee for pointing out some issues in terms of the ability to collaborate and come to some common ground. But that's common ground as the Reference Committee stated to bring this specialty in line with all the other specialties. So we appreciate that. We thought we had done that in the resolution by saying that a specialist should be in control of the specialty organization. We are, in fact, talking about a specialty of dentistry. And there is nothing in our resolution or our intent to say that other individuals with other expertise can't contribute to the organization, but if we're talking about a specialty of dentistry, the intent was for that to be controlled by specialists. I'm comfortable with referral. We will certainly be willing on CDEL to look at this again. This is in our Bylaws' responsibility, so my hope is that it's referred back to CDEL. But we will certainly work with the folks on CAPIR. We're certainly happy to sit down with AAPHD so that perhaps the dentist members of their organization who don't have formal specialty training can still be included and not, to quote some of the speakers, be disenfranchised. That's not our intent. ..."

Dr. Rebecca S. King, North Carolina, and Dr. William D. Baily, Public Health Service, also spoke in support of referral.

Dr. Jeremy M. Albert, Florida, moved to vote immediately. The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, Resolution 17 was referred to the appropriate ADA agency(ies) for further study with a report to the 2013 House of Delegates.

Dr. Anthony Caputo, Arizona, moved to reconsider Resolution 16 (Recognition of Dental Anesthesiology as a Dental Specialty), saying, "... We diminished the integrity of our Association and disregarded our core values for three reasons: One, as any of us know from a conflict of interest perspective, if there is a perceived conflict of interest, we are required as through our due diligence to remove ourselves from the discussion. With all due respect, Mr. Speaker, you were presented with a conflict of interest, and I believe at a minimum you should have requested the House to vote on that conflict. Related to that conflict, you allowed testimony on the floor that was out of order; namely, the discussion of the definition of dentistry has nothing to do with the criteria for certification of a specialty. Second, the discussion of how the permit process occurs in the state of California has nothing to do with the certification of a specialty. With respect to that same presenter, he was allowed to speak from a pro microphone and never was called out of order for that, providing full testimony, taking away the opportunity for a pro comment to be made. Additionally, a second speaker spoke from a pro microphone with a con comment, taking away the opportunity of a pro comment to be made. As a result, we had an unfair and unbalanced discussion on that resolution. ... And last, I believe there are legal ramifications, and I'm concerned about them with respect to what we did. I believe that we positioned ourselves in a bad place as an association by disregarding a certifying process that was presented to us and went through the proper channels. And I believe that we should go into Closed Session to discuss those potential ramifications."

The Speaker said, "... I don't think that we did anything wrong. I don't think we heard anything new, but I am going to let you, the assembly, make that decision. So we are going to open this up to debate on whether you want to [re]consider or not."

A delegate from the floor said, "I think debate took place yesterday for about two and a half hours."

The Speaker responded, "I understand. I will allow one person for each side to debate."

Dr. Ronald Venezie, North Carolina, spoke against reconsideration of Resolution 16, saying, "The implication that the process didn't play out is patently false. The process includes many levels for a reason. Yes, the Committee on Recognition addressed the application and made its recommendation to CDEL. CDEL addressed the application and forwarded the recommendation on to this House of Delegates. But the process includes the deliberation of this House of Delegates as the final step. This House has read the application, has the information and made its decision yesterday. It went against what my Council recommended, but that's part of the process. This House is not a rubber stamp for any council or committee. It's to provide its independent judgment. So I am firmly opposed to reconsideration."

Dr. William A. MacDonnell, Connecticut, spoke in support of reconsideration.

The Speaker called for a vote to reconsider Resolution 16. On vote, the motion to reconsider was not adopted.

Amendment of the Policy on Licensure of Graduates of Nonaccredited Dental Schools (Council on Dental Education and Licensure Resolution 26): The Reference Committee reported as follows.

The Reference Committee concurs with the Board of Trustees and supports adoption of the following resolution. This resolution supports the ADA Strategic Plan Goal: Members.

26. Resolved, that the ADA "Policy on Licensure of Graduates of Nonaccredited Dental Schools" be amended as follows (additions are <u>underscored</u>; deletions are <u>stricken</u>):

Policy on Licensure of Graduates of Nonaccredited Dental Schools Programs

The United States has a long and proud tradition of affording opportunities to immigrants. The American Dental Association fully supports application of this principle in dentistry, but not at the expense of the standards of dental practice in this country. State licensure is a critical element in preserving that standard of practice and for the protection of citizens of the state.

Although licensing provisions vary among U.S. licensing jurisdictions, all jurisdictions have the same three types of requirements: an educational requirement, a written examination requirement and a clinical examination requirement. The traditional educational requirement is graduation from an accredited dental school a dental education program accredited by the Commission on Dental Accreditation (CODA). Only dental schools in the United States and Canada are recognized as accredited. Extending accreditation to schools in other countries is not feasible.

In the absence of accreditation, an educational requirement for dental licensure has limited significance. The Association questions whether written and clinical examinations alone provide sufficient verification of competence to serve the purpose of licensure. Thus, the Associationurges jurisdictions to require ADA believes that any graduate of a nonaccredited school-program should be required to obtain supplementary education in an accredited school program prior to licensure. The amount of additional training needed by graduates of nonaccredited schools-programs may vary. While some flexibility is needed, the licensure process requires well-defined minimum standards. Recommended minimum educational standards for licensure of a graduate of a nonaccredited school program are:

- Completion of a <u>an accredited</u> supplementary predoctoral education program in anaccredited dental school. A supplementary education program of at least two academic years is required.
- Certification by the dean of the accredited dental school that the candidate has achieved the same level of didactic and clinical competence as expected of a graduate of the school program.

Dr. Elliott moved the adoption of Resolution 26 (Supplement:5038).

Dr. Carol M. Wolff, Georgia, moved to amend paragraphs two and three under "Policy on Licensure of Graduates of Nonaccredited Dental Schools Programs" by addition of the words "pre-doctoral" before the words "dental education program" as it appears in the second paragraph and addition of the words "pre-doctoral dental education" after the word "program" as it appears in the third paragraph.

Speaking to the amendment, Dr. Wolff said, "We just want to distinguish between general dental education and the pre-doctoral programs."

Dr. W. Mark Donald, Mississippi, spoke in support of the amendment, saying, "... We've all thought about schools as dental schools, and when you change the programs, that brings a lot of other entities involved in dental education. We feel like this pre-doctoral designation helps clarify the intent of the policy."

Dr. Jeffrey M. Cole, Delaware, and Dr. Ronald Venezie, North Carolina, also spoke in support of the amendment.

Seeing no one else at the microphones, the Speaker called for a vote on the amendment. On vote, the motion to amend Resolution 26 was adopted.

On vote, Resolution 26, as amended, was adopted.

26H-2012. Resolved, that the ADA "Policy on Licensure of Graduates of Nonaccredited Dental Schools" be amended as follows (additions are <u>underscored</u>; deletions are <u>stricken</u>):

Policy on Licensure of Graduates of Nonaccredited Dental Schools Programs

The United States has a long and proud tradition of affording opportunities to immigrants. The American Dental Association fully supports application of this principle in dentistry, but not at the expense of the standards of dental practice in this country. State licensure is a critical element in preserving that standard of practice and for the protection of citizens of the state.

Although licensing provisions vary among U.S. licensing jurisdictions, all jurisdictions have the same three types of requirements: an educational requirement, a written examination requirement and a clinical examination requirement. The traditional educational requirement is graduation from an accredited dental school a pre-doctoral dental education program accredited by the <u>Commission on Dental Accreditation (CODA)</u>. Only dental schools in the United States and Canada are recognized as accredited. Extending accreditation to schools in other countries is not-feasible.

In the absence of accreditation, an educational requirement for dental licensure has limited significance. The Association questions whether written and clinical examinations alone provide sufficient verification of competence to serve the purpose of licensure. Thus, the Associationurges jurisdictions to require ADA believes that any graduate of a nonaccredited school-predoctoral dental education program should be required to obtain supplementary education in an accredited school pre-doctoral dental education program prior to licensure. The amount of additional training needed by graduates of nonaccredited schools pre-doctoral dental education programs may vary. While some flexibility is needed, the licensure process requires well-defined minimum standards. Recommended minimum educational standards for licensure of a graduate of a nonaccredited school pre-doctoral dental education program are:

- Completion of a <u>an accredited</u> supplementary predoctoral education program in an accredited dental school. A supplementary education program of at least two academic years is required.
- Certification by the dean of the accredited dental school that the candidate has achieved the same level of didactic and clinical competence as expected of a graduate of the school program.

Amendment of the Policy, Eliminating Use of Human Subjects in Board Examinations (Council on Dental Education and Licensure Resolution 29): The Reference Committee reported as follows.

The Reference Committee heard testimony from several individuals, including representatives of the American Student Dental Association, urging deletion of the second Resolved clause below. The Reference Committee also received verification that the ADA Council on Ethics, Bylaws and Judicial Affairs has periodically monitored this policy for relevancy and currency. Therefore, the Reference Committee concurs with the Council on Dental Education and Licensure and the Board of Trustees and supports adoption of the following resolution.

This resolution supports the ADA Strategic Plan Goal: Members.

29. Resolved, that the ADA policy "Eliminating Use of Human Subjects in Board Examinations" (*Trans*.2005:335) be amended by inserting language from the policy "Use of Human Subject in Clinical Licensure Exams" before the first resolving clause of the policy so the new, comprehensive policy "Eliminating Use of Human Subjects in Board Examinations" reads (additions are <u>underscored</u>):

Eliminating Use of Human Subjects in Board Examinations

Resolved, that dental students providing patient care under the direct and/or indirect supervision of qualified faculty is an essential method of learning clinical skills including the ability to manage the anxieties, fears, reflexes and other emotions related to dental treatment, and be it further **Resolved**, that although the use of human subjects in licensure examinations raises certain ethical concerns, the practice is not in and of itself unethical as determined by the ADA Council on Ethics, Bylaws and Judicial Affairs (*Trans*.1993:109), and be it further

Resolved, that the Association supports the elimination of human subjects/patients in the clinical licensure examination process with the exception of the curriculum integrated format within dental schools, and be it further

Resolved, that the Association encourages all states to adopt methodologies for licensure that are consistent with this policy, and be it further

Resolved, that Resolution 147H-1996, Use of Human Subject in Clinical Examinations (*Trans*.1996:712), be rescinded.

Dr. Elliott moved the adoption of Resolution 29 (Supplement:5045).

Mr. Ben Youel, American Student Dental Association, moved to refer Resolution 29 to the appropriate agencies for evaluation of the second resolving clause, saying, "The second resolved clause is a contentious point for students. One, it expressly references a dated 1993 report. We heard testimony in reference committee that this has most recently been evaluated in 2008. We think it's a pertinent discussion to have, to fully decide whether or not that clause is relevant, accurate and deserves to be in ADA policy statements."

Ms. Colleen Greene, American Student Dental Association, said, "I support the motion to refer to the appropriate committee, because dental students at all 62 dental schools have yet to see an ethically managed ... patient-based licensure initial examination. And the second resolving clause speaks to an ideal, but we need these councils to address the reality, and we appreciate your support on this."

Dr. Ronald Venezie, North Carolina, spoke in opposition to referral, saying, "I understand the point that the students are making, but let me clarify a little bit the intent of CDEL for this resolution. Yes, all of this that's in the resolution really came from two separate policies that are current ADA policy. So there's no reason for a council to evaluate and have to refer this. What we were simply trying to do was to take the two policies that deal with this issue in a slightly different way and merge them together into one comprehensive policy. We agree with the students that the issue of treatment of patients in a clinical examination needs to be done ethically and appropriately. The comment that there has never been, or something to that effect, that there's never been an ethically managed clinical licensure examination is hard for me to get my head around. I understand that there may be some ethical issue. I think the licensing community does a very good

job of managing the process in the best way that they can. So this resolution is simply meant to combine two policies. We already had conversations with CEBJA that they're going to look, yet again, at the ethical issues related to this policy. We certainly are happy to follow their lead, and if they come back next year with some recommendations that we need to change this language, we'll come back to [the] House with a revision. I simply ask that you let us pass this policy, move on to the vast majority of unfinished business we have before us, understanding that we're going to work with CEBJA to fine tune it if we need to."

Mr. Aaron Bumann, American Student Dental Association, said, "[I am] speaking in favor of referral. Currently students can and will earn [an] initial dental license without taking patient-based clinical licensure examinations in Minnesota, Washington, Connecticut, New York and California. Ethical concerns of patientbased licensure were and continue to be a major motivating factor for these and other state legislatures at the urging of state dental associations in moving away from patient-based examination. Why, if the examination process is not, in and of itself, unethical, have these states changed anything at all? It's because patientbased clinical licensure examination doesn't just raise ethical concerns. It is unethical. The second resolving clause is a loophole that needs to be closed. ADA policy states that we as an association do not stand for patient-based clinical licensure. And how long are we going to continue to have policy that doesn't strongly support our own beliefs? It is for this reason that the second resolving clause has no place in current ADA policy, and we recommend the referral of Resolution 29."

Dr. J. Mark Thomas, Indiana, said, "We need some clarity as to what this resolved clause, the ethics, does it focus only on the student or is the ethics in this situation also focusing on the ethics of patients who hold out their hand and say if you want me [to] continue to be your patient in this board exam, it's going to cost you an extra \$500."

Dr. Venezie responded, "My answer would be that ethical issues can happen in lots of different ways. Unfortunately, you know, we make policy for the American Dental Association, so I'm not sure how we can make a policy that affects the patients of clinical exams that participate in clinical examinations and legislate their ethical behavior. ..."

Dr. Thomas said, "It helps a little that how the student responds to that patient's demand would also relate to their ethics. If student[s] feels like they're backed into a corner and have no choice to do that, or would they say, 'I'm sorry, I can't do that?'"

Dr. Bryan C. Edgar, Washington, said, "In 1993, CDEL, which at that time was CDE, referred this to CEBJA, and CEBJA looked at it and they, in their report, said that 'the Council identified ethical concerns involved in advertising for patients, continuation of care after the examination, patient involvement in treatment decisions and potential conflicts between the patient's best interest and the applicant's need to fulfill examination requirements.' That is what CDEL wrote at the time. I believe it's current today, and I've heard testimony that CEBJA has updated this look back, and I'm not sure why 1993 is in the statement, but I would that there are some more updated documents probably out there ..."

Dr. Wade G. Winker, Florida, spoke against referral, saying, "As a state board chairman and member of the Board of Directors for ADEX, I have some experience in evaluating the effectiveness of examinations and processes. There are currently no reasonable and or predictable alternatives to a live patient to measure clinical skills of prospective licensees. As practicing dentists, we know shaping and restoring a tooth is a whole lot easier to complete on a patient that doesn't salivate, speak, swallow, respirate, move, sneeze, cough, fidget, text or try to answer their cell phone during the procedure. ... Briefly, we do not want to refer this for many reasons that I was sharing with you. Presently, we do not have another way to evaluate candidates' clinical skills. At that point, we can certainly consider not treating a live patient during the examination. So again, this needs to be resolved so we have some clear direction going forward."

Dr. Judith M. Fisch, Vermont, spoke in support of referral, saying, "The second resolving clause refers to information from 1993, and CEBJA has done an updated white paper in 2007 in regards to this issue. And I think it would be important to reference more updated information."

Dr. James W. Antoon, Florida, said, "[I am] a member of CDEL and past chair of CEBJA. I rise to speak against referral. This is not a change in ADA policy. In 2006, CEBJA held a mega discussion. We entertained the comments from experts from the examination community from a Dean and others. We had extensive conversation about this. We reaffirmed the findings of 1993, that patient-based exams are not unethical. That should be clear. There were some problems surrounding the exams. These were referred and discussed by other councils and a report was issued in 2008."

Dr. Rodney B. Wentworth, Washington, said, "This is effectively just an ethical disclaimer. ... Until something else is developed, we are kind of stuck with that."

Dr. Henry A. St. Germain, Jr., Nebraska; Dr. Jeffrey M. Cole, Delaware; Dr. Michael S. Higgins, Illinois; Dr. Allen Hinden, Connecticut; Dr. Bryan C. Edgar, Washington; and Dr. Paul R. Leary, New York; also spoke in support of referral.

Dr. Carol M. Wolff, Georgia, spoke against referral.

Dr. David C. Lurye, Colorado, moved to vote immediately. The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, Resolution 29 was referred to the appropriate agencies for evaluation of the second resolving clause.

Dental Education Economics and Student Debt (Board of Trustees Resolution 113): The Reference Committee reported as follows.

The Reference Committee concurs with the Board of Trustees and supports adoption of the following resolution.

This resolution supports the ADA Strategic Plan Goal: Collaboration.

113. Resolved, that the Board of Trustees' Taskforce on Dental Education Economics and Student Debt conduct the research as outlined in its 2012 report and report findings to the 2013 House of Delegates, and be it further

Resolved, that any unspent amount from the \$230,000 from the 2012 budget be returned to the Reserves and funding for completion of the study in 2013 come from the Reserve Account.

Dr. Elliott moved the adoption of Resolution 113 (Supplement:5160).

Dr. Douglas S. Hadnot, Montana, spoke against Resolution 113, saying, "This is a \$230,000 expenditure on a project that was basically started last year by virtue of Resolution 66. The Board formed a taskforce, [it is] my understanding [they] had one meeting, and decided to have a study done by an outside firm, which may well have been the original intent. However, in the background statement, I noted that ADEA, the American Dental Education Association, is conducting a parallel study. And it would seem to me that we have an opportunity here to save ourselves \$230,000 to answer a question that, in my mind, is pretty self-evident. Dental student debt increases because dental tuition goes up. The level of dental tuition is not going to be solved by this House of Delegates. And I just think that our money would be better spent trying to figure out some way, perhaps a program to educate students, inform them about dental debt, about what it means to them to take out that debt and what they're looking at. I think that we can do that in-house at a much lower cost to the ADA."

Dr. James M. Boyle, Pennsylvania, spoke in support of Resolution 113, saying, "[I am a] member of CDEL and part of the group that was tasked to evaluate this from last year's House. Yes, we did have a teleconference with all the interested parties that were asked to evaluate it, and part of that conference resulted in asking ADEA to have more of a role in this. I respectfully disagree with the previous speaker on the topic that the only solution to this is tuition. Part of our teleconference discussion was, is it's a multi-factorial

issue. Yes, tuition is one. There [are] also issues at the end, which is what students can do to help with whatever debt that they have. So in order to complete the work of the House from last year, the group needs to continue and especially with ADEA [as] part of that discussion."

With permission from the Speaker, Dr. O'Loughlin said, "Regarding the length of time it's taken for this project to be accomplished, there was a significant delay, and due to this reason, we have the majority of data needed to do this analysis, but ADEA also processes significant data that we need to do a comprehensive evaluation and assessment as we were directed last year by the House. That caused a five-month delay. We are in a collaborative relationship with ADEA in terms of needing all of this data to accomplish the goals of this resolution. And so the status is, there has been a little bit of money spent. We are significantly using internal time and resources. In addition, we need to send some of this out for an external consultant to do some of the more sophisticated analysis."

As a point of information, Dr. Peter S. Trager, Georgia, said, "...since this was unspent money from last year, yet it's line item for this year. Does it impact what we would be using for dues coming up or doesn't it?"

At the Speaker's request, Dr. Leone responded, saying, "Any funds at the close of the books for the accounting year of 2012 that represent a surplus are immediately transferred into the reserves. It is certainly possible to draw the \$230,000 to complete this project from reserves to fund the function next year if that's what you're asking."

Speaking in support of Resolution 113, Dr. Ronald Venezie, North Carolina, said, "The previous speaker made a good point, clarified now by the Treasurer, that we've already allocated this money. It would send a terrible message that we decide now that we don't want to pursue and do this study by defeating this resolution. That would send a terrible message to the students, to the rest or our profession. We may not have full control over all the levers that result in bringing student debt down or managing it properly, but we certainly do need to be involved and we need to be well informed to be involved."

Dr. David Boden, Florida, spoke in opposition to Resolution 113, saying, "No one is more concerned about what our student body is having to go through and their expenses for education than I am. I see it every day with my senior dental students. However, this is something that we voluntarily enter into when we go into dental school. We understand the cost, and I think it would be far more effective use of our money rather than to go into debt to study debt. I'd rather see that money go to something that's going to help our students. And I think the best thing to do is to help them before they even enter dental school so they can make the proper financial decisions."

Dr. Douglas S. Hadnot, Montana, said, "The second resolving clause specifically states that the money will come out of the reserve account. On the screen, it shows a financial impact of \$230,000 and my question is, is that number reflected, then, in the total expenses that's shown on the screen as though this were a current or a 2013 operating budget expense?"

Dr. Leone responded, "The resolution has not been passed. ... And, once again, the Board of Trustees does have the power to dedicate that portion of the 2012 surplus to this function in 2013."

Dr. W. Ken Rich, trustee, Sixth District, said, "[I am] chairman of this taskforce. We got a late start on this thing for several reasons, and one of the reasons was explained by Dr. O'Loughlin. But one of the other reasons we got a late start on it was the staff didn't get to it because of other priorities until about April. ... Another thing ... this is a real benefit here, is the fact that it's going to become a collaborative study. That kind of study is a study that will carry much more weight, much more authority, if you will, as we get the thing put together. The study was asked for by the House last year. I think it's pretty evident. This study was funded by the House last year, and it's just a matter of timing that has put us in this position. We have recently interviewed and are in the process of accepting our consultants that we're using in gathering this data. I would submit to you that this study has the potential to have much more far reaching results than just dealing with student debt. It looks at a complex issue of factors that not only cause student debt, but the ramifications thereof, and I would urge you to pass this resolution and move on with it."

Dr. Kevin M. Keating, California, requested a point of clarification, saying, "It's not clear to me again how this has a potential dues impact of \$2 if this is money carried over from last year."

With permission from the Chair, Dr. Leone responded, "We didn't say that it did. Until it is approved, and once again, before the close of the House, the Board of Trustees is going to have to get together to recommend a dues level, and clearly they're listening to your testimony, and they will take what they feel is appropriate action regarding whether or not to put the impact of this program into dues structure, or, as I said before, the possibility, they have the power to take the surplus moneys from the 2012 budget. Once that budget closes, once the year closes, place it in reserves as they would all other surpluses, but then dedicate that money to the 2013 function in this program."

Dr. Sean M. Rockwell, California, requested a point of information, saying, "As I'm looking at this, it appears that if we vote 'yes' on 113, there would actually not be an impact on the 2013 budget coming from a dues increase, because it states that the money that would have gone into reserves is then being pulled right back out of reserves into the budget. So I am unclear as to why there would be a budgetary impact on the screen for a 'yes' vote."

The Speaker said, "Just for clarification, the Board of Trustees is the only one that has the right to pull from the reserves. That's in our *Bylaws*. But the way this is written, it's basically urging the Board to take this from the reserves."

Dr. O'Loughlin responded, "... All resolutions have got to list the potential dues impact because of the form that we've created. But, in fact, when you mechanically take money from reserves, there is no dues impact, okay? But procedurally, we have to write down what the economic value is in a dues dollar. So it's the presentation issue, not substance."

Dr. Jeffrey M. Cole, Delaware, spoke in support of Resolution 113, saying, "... It is true, what our executive director said, that there is a lot of information that we already have, however, I speak in favor of this resolution. Despite what we have with our Health Policy Resource Center information, and despite what ADEA says, there is significant gaps in that information. We need to gather that information if we're going to have any hope of rectifying this problem. The economic subcommittee and the Council have identified economics as the number one priority of your Council on Dental Practice. Right now dental education is the highest among any of the professions and the highest, with respect to inflation or anything else. So I urge you, we have to get this information and data if we are to get this problem solved."

Dr. John B. Nase, Pennsylvania; Dr. Billie S. Kyger, Ohio; and Dr. Kenneth Versman, second vice president; also spoke in support of Resolution 113.

Mr. Ben Youel, American Student Dental Association, moved to vote immediately. The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, Resolution 113 was adopted.

113H-2012. Resolved, that the Board of Trustees' Taskforce on Dental Education Economics and Student Debt conduct the research as outlined in its 2012 report and report findings to the 2013 House of Delegates, and be it further

Resolved, that any unspent amount from the \$230,000 from the 2012 budget be returned to the Reserves and funding for completion of the study in 2013 come from the Reserve Account.

Support of ADA Library (Eighth Trustee District Resolution 159 and Reference Committee on Dental Education, Science and Related Matters Resolution 159RC): The Reference Committee reported as follows.

The Reference Committee concurs with the Board of Trustees and does not support Resolution 159 calling for the library's funding to be restored. However, the Reference Committee heard testimony from several members concerned about the disposition of the library's collection of dental resources.

The Reference Committee believes that appropriate agencies of the ADA should develop a transition plan addressing the library's collections and physical space for report to the 2013 House of Delegates.

This resolution supports the ADA Strategic Plan Goal: Members.

159RC. Resolved, that the library collections and physical space be maintained without disposition in 2013 and that appropriate agencies develop a transition plan for the library to be reported to the 2013 House of Delegates.

Dr. Elliott moved the adoption of Resolution 159RC in lieu of Resolution 159 (Supplement:5167).

Dr. Ronald Venezie, North Carolina, requested clarification, saying, "If the staff could help us understand, I think there's been some confusion. The implication of restoring full function to the library was something like \$660,000. And I assumed that that's staff costs. And there was some question in our Reference Committee and in our caucus, what would be the cost of this resolution if it's passed? Is this simply a matter of keeping the collection in place and all the staff would still be let go and there really is no cost?"

At the Speaker's request, Dr. O'Loughlin responded, saying, "The bulk of the \$660,000 is staff costs. So the collection would remain where it currently is in stacks on the sixth floor of the ADA Building."

Dr. Venezie asked, "And that means that there's no access to people for walk-in service to the library; it's essentially closing the door and leaving it until we have a transition plan?"

Dr. O'Loughlin responded, "Not exactly. There would still be access to the stacks internally and through customer service routes. The walk-in service would end."

As a point of information, Dr. Michael J. Scheidt, Colorado, asked, "On the term public access versus membership access, I understand public access to mean the public, the media, et cetera. Membership access would be something different. Can I have that explained to me?"

Dr. O'Loughlin said, "The ability to walk-in to an unlocked door in the ADA building between 8:00 in the morning and 5:00 in the afternoon would end. Now, 98% of our members do not access the library that way. They access the library through the customer call center, which are then routed to the library staff who take care of meeting the needs of the members who request certain articles. That would not be impacted. ... During this year, we will develop a transition plan, to continue to meet the needs of our members, but in an electronic format."

As a point of information, Dr. E. Jane Gillette, Montana, said, "Dr. O'Loughlin, my understanding, however, is that, I know that there's five positions, FTEs, that are rolled into that, but my understanding is that some of those are currently unfilled, anyhow, so would that really be the true price impact there if we assume that we actually didn't hire ... is that true that there's two that are not filled right now within there?"

Dr. O'Loughlin responded, "There are two unfilled position, so that is reflected in the budget. ... If we go back to full function, we have to fill those positions. We haven't filled them, because the Board made a budgetary decision back in May so we've been sitting on those. But if you want to restore the budget and go back to a public facing library, we will have to fill those positions."

As a point of information, Dr. Barbara Ann Rich, New Jersey, asked, "My question is, if the library were not funded as a public library, I think part of the concern is, would all of the collections still be available by appointment by any member that wished to utilize them?"

With permission from the Speaker, Dr. O'Loughlin responded, saying, "I'm not sure that was ever the concept that was presented. We know there are movements to electronic resources. That's happening across the library spectrum, but we haven't done that kind of due diligence yet. The first step was to stop the access by the public. That would be phase one. Phase two would be due diligence conducted this year to

make decisions about how best to meet the needs of our own scientists, basically, who are our biggest users, academia and members, in that order, and then make some decisions based on where physical stacks would be housed versus who's maintaining the electronic files."

Dr. J. Ted Sherwin, Virginia, said, "It sounds to me like the staff has already developed or have been developing a plan to ramp down the services in the library ... without this resolution ... without Resolution 159RC ... you plan to downsize the library, including staff."

Dr. O'Loughlin responded, "Right, but the RC wouldn't be here without the budget decision ..."

Dr. Sherwin said, "Right, so my question is, what is the difference between the plan that you already have on the books and 159RC in terms of services and cost? ... Will this cost us more than what we'd already talked about?"

At the Speaker's request, Dr. Anthony Ziebert, senior vice president, Education and Professional Affairs, responded, "No. It's just that what the RC calls for is to just have the collection exist in the building as opposed to us actively looking to where the collection might go outside the building."

A delegate from the floor requested a point of information, saying, "With the doors being closed, if this is passed, will there be the possibility of, say, an interim library loan to take out the physical collection?"

In response, Dr. Ziebert said, "If the collection stays there, yes."

Dr. Stacey K. Van Scoyoc, Illinois, moved to substitute Resolution 159RCS-1 (*Supplement*:5217a) for Resolution 159RC.

159RCS-1. Resolved, that the appropriate agency or agencies be formed to conduct oversight of the Library's core values to the ADA, and be it further

Resolved, that this committee be charged with developing a specific Business and Oversight Plan for the Library's role in membership benefits, and be it further

Resolved, that this committee be appointed by the President with the following composition: two ADA trustees, two House of Delegates members, two ADA members-at-large with past experience of Library use, one librarian (outside expert), and one American Student Dental Association member, and be it further

Resolved, that the ADA maintain the Library at the 2012 budget levels until the agencies report back to the 2013 House of Delegates with a definitive plan for the Library's existing physical collection (books, bound journals, journals, archives, ephemera) and information services.

Speaking to the substitution, Dr. Van Scoyoc said, "Resolution 159RC shuts the library down by decreasing its funding and gradually eliminating the stacks. Resolution 159RCS-1 figures out a plan while keeping the library open and reports that plan back to the 2013 House of Delegates. And I do agree with Dr. O'Loughlin's words yesterday when she said that the ADA should adhere to core values even when it's expensive or unpopular. I think we need a plan before we do this."

The Speaker stated that there was a \$676,500 financial implication associated with Resolution 159RCS-1.

Dr. Mary A. Starsiak, Illinois, spoke in support of substitution, saying, "I was one of the people that the grassroot member called upset about the only member benefit that he uses on a regular basis, the library, will decrease in size and possible closing. I value that member and advised him on how to start the process to help guide us in how to change things. As I have found out in this process, a few members, even the members of this House, do not know about this hidden gem in the ADA library. The ADA and the members have had for years. It is not marketed and is not present in the 2012 membership benefits booklet that we all receive ... I feel that with this Resolution, we can further investigate a means to help the one percent of membership that do use the library and have promised to drop their membership if it is not continued and instead market it as a member benefit and possibly increase non-dues revenue to support the library."

Dr. Gregory E. Phillips, Indiana, requested a point of information, saying, "I just had a question about the budgetary impact here. The original [Resolution] 159 had a value of \$660,000. The RC is zero, but it calls for development of an agency to develop a transition plan. It appears to me that RCS-1 has a transition plan, wants an agency to look at it and it's going to restore it. Why is the [Resolution 159]RCS-1 \$676,500 and not \$660,000?"

At the Speaker's request, Dr. O'Loughlin responded, "It's the cost to convene a taskforce and pay their way to come into Chicago. ..."

A delegate from the floor spoke against substitution, saying, "The RC clearly addresses our concerns that the content of the library collection, certain irreplaceable documents be preserved, and I think that is in the spirit of the RC in order to do that and also to accomplish that task in a fiscally responsible manner."

Dr. Richard A. Weinman, Georgia, moved to vote immediately. The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, the motion to substitute Resolution 159RCS-1 for 159RC was not adopted.

Dr. Kirk W. Noraian, Illinois, said "I would speak in opposition to Resolution 159RC from the standpoint of we need a more concrete business plan. ... This past year I had the privilege of serving on the mid-level provider project, and as you have read, 7,000 articles were discovered for review. Last year, this House funded the project at \$40,000. At \$20 per article, the same project would have cost about \$140,000 just for the literature. Changes to the library without a plan could easily quadruple the cost of doing research for our profession in-house. ..."

Dr. Ronald Venezie moved to vote immediately. The motion to vote immediately was adopted by a twothirds (2/3) affirmative vote.

On vote, Resolution 159RC was adopted in lieu of Resolution 159.

159H-2012. Resolved, that the library collections and physical space be maintained without disposition in 2013 and that appropriate agencies develop a transition plan for the library to be reported to the 2013 House of Delegates.

Report of the Reference Committee on Legal, Legislative and Public Affairs Matters (Continued)

The balance of the Report of the Reference Committee on Legal, Legislative and Public Affairs Matters was presented by Dr. Edward Green, chair, Georgia.

Consent Calendar (Reference Committee on Legal, Legislative and Public Affairs Matters Resolution 178): 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 178 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 178, 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 48, 49, 61, 62, 64 and 119 as submitted with an editorial change for Resolution 61 to show the deletion of all the language in the current Chapter VII, Section 90, subsection J to conform to the manner of presentation currently used in the House of Delegates, and Resolution 63 as modified.

The wording of Resolution 48RC has been approved by the Speaker of the House of Delegates and the Chair of the Council on Ethics, Bylaws and Judicial Affairs.

178. 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 48RC—ADOPT in lieu of Resolution 48 (*Amendment of the ADA Bylaws Regarding Autonomy of the ADA Editor, Supplement:*6001) \$: None; FTE: 0

Resolution 49—NOT ADOPT (*Amendment of the ADA Bylaws Regarding Filling of Council Vacancies, Supplement*:6004); \$: None; FTE: 0

Resolution 61—ADOPT (*Electronic Balloting Revisions Bylaws Change, Supplement*:6005); \$: None; FTE: 0

Resolution 62—ADOPT (*Amendment of the ADA Bylaws Regarding Treasurer, Supplement*:6011); \$: None; FTE: 0

Resolution 63—ADOPT (*Amendment of the ADA Bylaws Regarding Special Assessments, Supplement*:6012); \$: None; FTE: 0

Resolution 64—ADOPT (*Amendment of the ADA Bylaws Affecting the Procedure for Changing the Dues of Active Members, Supplement*:6014); \$: None; FTE: 0

Resolution 75S-1B—ADOPT in lieu of Resolutions 75 and 75S-1 (*Initiative to Enhance the Image and Advance the Reputation and Brand of the ADA, Supplement*:6023); \$800,000 On-going; FTE: 0

Resolution 115—ADOPT (Association Policy to be Maintained Recommended by the Council on Communications, Supplement:6028); \$: None; FTE: 0 (Moot)

Resolution 116—ADOPT (*Amendment of "Policy Governing Use of American Dental Association Dental Health Education Statement," Supplement:*6030); \$: None; FTE: 0

Resolution 117—ADOPT (*Rescission of Policy on Marketing Strategy Statement, Supplement*:6032); \$: None; FTE: 0

Resolution 118—ADOPT (*Rescission of Policy on Acknowledgement of Women in the Dental Profession, Supplement*:6034); \$: None; FTE: 0

Resolution 119—ADOPT (*Proposed Bylaws Revision to Chapter I, Membership, Section 30. Definition of "In Good Standing," Supplement*:6037); \$: None; FTE: 0

Resolution 120—NOT ADOPT (*State Public Affairs (SPA) Grant Funding, Supplement*:6038); \$400,000; FTE: 0

Resolution 121—ADOPT (Association Policies to be Maintained Recommended by the Council on Government Affairs, Supplement:6048); \$: None; FTE: 0 (Moot)

Resolution 122—ADOPT (*Amendment of Policy on Medical Savings Accounts, Supplement*:6057); \$: None; FTE: 0

Resolution 123—ADOPT (*Amendment of Policy on Freedom of Choice in Selection of Health Care Provider Under Universal Health Care Reform, Supplement:*6058); \$: None; FTE: 0

Resolution 124—ADOPT (Support for Dentists Temporarily Called to Active Service, Supplement:6059); \$: None; FTE: 0

Resolution 125—ADOPT (*Amendment of Policy on Compensation of Dental Specialists in the Federal Dental Services, Supplement*:6061); \$: None; FTE: 0

Resolution 126—ADOPT (Amendment of Policy on Unfair Subordination of Dentistry in the Armed Forces, Supplement:6062); \$: None; FTE: 0

Resolution 127—ADOPT (*Rank Equivalency for Chief Dental Officers of the Federal Dental Services, Supplement*:6063); \$: None; FTE: 0

Resolution 128—ADOPT (*Policies on Dental Focus in Federal Health Agencies, Supplement*:6065); \$: None; FTE: 0

Resolution 129—ADOPT (*Rescission of Policy on Demonstration Projects for Health Care Reform, Supplment*:6067); \$: None; FTE: 0

Resolution 130—ADOPT (*Rescission of Policy on Evaluation and Monitoring of Proposals for National Health Care, Supplement*:6069); \$: None; FTE: 0

Resolution 131—ADOPT (*Rescission of Policy on Unfair Legislative Advantage for Selected Health Care Delivery Systems, Supplement*:6071); \$: None; FTE: 0

Resolution 132—ADOPT (*Rescission of Policy on Federal Regulation of Health Care System, Supplement*:6073); \$: None; FTE: 0

Resolution 133—ADOPT (*Rescission of Policy on Dental Representation in a National Health Program, Supplement*:6075); \$: None; FTE: 0

Resolution 134—ADOPT (*Rescission of Policy on Opposition to Pew Report Recommendations, Supplement*:6077); \$: None; FTE: 0

Resolution 135—ADOPT (*Rescission of Policy on Risk Assessment, Supplement*:6079); \$: None; FTE: 0

Resolution 136—ADOPT (*Rescission of Policy on Legislative Opposition to Mandated Managed Care Participation, Supplement*:6081); \$: None; FTE: 0

Resolution 137—ADOPT (*Rescission of Policy on Medicaid Dental Care for the Elderly Poor, Supplement*:6083); \$: None; FTE: 0

Resolution 138—ADOPT (*Rescission of Policy on Adult Emergency Dental Care, Supplement*:6085); \$: None; FTE: 0

Resolution 139—ADOPT (*Rescission of Policy on Support for Vehicle Passenger Safety Restraints, Supplement:*6087); \$: None; FTE: 0

Resolution 140—ADOPT (*Rescission of Policy on Legislation Protecting Civil Defense Workers, Supplement*:6089); \$: None; FTE: 0

Resolution 142—ADOPT (*Rescission of Policy on Pay Parity Between Physicians and Dentists in Federal Dental Services, Supplement*:6091); \$: None; FTE: 0

Resolution 143—ADOPT (*Rescission of Policy on Dental Benefits for Military Reservists, Supplement*:6093); \$: None; FTE: 0

Resolution 144—ADOPT (*Rescission of Policy on Dental Special Pay for Federal Service Dentists, Supplement*:6095); \$: None; FTE: 0

Resolution 145—ADOPT (*Rescission of Policy on Expansion of Dental Benefits for Military Retirees, Supplement*:6097); \$: None; FTE: 0

Resolution 146—ADOPT (*Rescission of Policy on Federal Dental Services Remote-Site Criteria, Supplement*:6099); \$: None; FTE: 0

Resolution 147—ADOPT (*Rescission of Policy on Amendment of Military Dependents' Dental Benefit Plan, Supplement:*6101); \$: None; FTE: 0

Resolution 148—ADOPT (*Rescission of Policy on Veterans Affairs Dental Treatment Fee Schedule, Supplement:*6103); \$: None; FTE: 0

Resolution 149—ADOPT (*Rescission of Policy on Dental Care for Uniformed Services Dependents, Supplement*:6105); \$: None; FTE: 0

Resolution 150—ADOPT (*Rescission of Policy on Dental Services for Reserve Component Forces During Training Periods of Less Than 30 Days, Supplement:*6107); \$: None; FTE: 0

Resolution 151—ADOPT (*Rescission of Policy on Department of Veterans Affairs Provision of Necessary Dental Services, Supplement*:6109); \$: None; FTE: 0

Resolution 152—ADOPT (*Rescission of Policy on Compensation for Reserve Dental Officers, Supplement*:6111); \$: None; FTE: 0

Resolution 153—ADOPT (*Rescission of Policy on Regular Upgrading of Outpatient* Program, Supplement:6113); \$: None; FTE: 0

Resolution 154—ADOPT (*Rescission of Policy on Special Assistant for Dental Affairs in Department of Defense, Supplement*:6115); \$: None; FTE: 0

Resolution 155—ADOPT (*Rescission of Policy on Extension of Dental Benefits, Supplement*:6117); \$: None; FTE: 0

Resolution 156—ADOPT (*Rescission of Policy on Unification of Health Services, Supplement*:6119); \$: None; FTE: 0

Resolution 157—ADOPT (*Rescission of Policy on Compensation for Federally Employed Dentists, Supplement:*6121); \$: None; FTE: 0

Resolution 158—ADOPT (*Rescission of Policy on Support for Activated Self-Employed Dentists, Supplement*:6123); \$: None; FTE: 0

Resolution 165—REFER to the appropriate ADA agency for study and report back to the 2013 House of Delegates (*Declaring an Employee Dentist's Bill of Rights, Supplement*:6125); \$: None; FTE: 0

Resolution 168—ADOPT (*Amendment of the Rules of the House of Delegates, Supplement*:6128); \$: None; FTE: 0 (**Priority Item**)

Resolution 172—NOT ADOPT (Review of the ADA Bylaws, Supplement:6136); \$75,000; FTE: 0.5

Dr. Green moved the adoption of Resolution 178.

Dr. Dennis J. Charlton, Pennsylvania, requested the removal of Resolutions 49 and 165 from the consent calendar.

Dr. Xerxez M. Calilung, California, requested the removal of Resolution 48RC from the consent calendar.

Dr. Kurt S. Lindemann, Montana, requested the removal of Resolution 120 from the consent calendar.

The Speaker stated Resolution 115 (Association Policy to be Maintained Recommended by the Council on Communications) and Resolution 121 (Association Policies to be Maintained Recommended by the Council on Government Affairs) had been ruled moot based on the adoption of Resolution 170H-2012.

On vote, Resolution 178, as amended, was adopted.

178H-2012. 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 61—ADOPT (*Electronic Balloting Revisions Bylaws Change, Supplement*:6005); \$: None; FTE: 0

Resolution 62—ADOPT (*Amendment of the ADA Bylaws Regarding Treasurer, Supplement*:6011); \$: None; FTE: 0

Resolution 63—ADOPT (*Amendment of the ADA Bylaws Regarding Special Assessments, Supplement*:6012); \$: None; FTE: 0

Resolution 64—ADOPT (*Amendment of the ADA Bylaws Affecting the Procedure for Changing the Dues of Active Members, Supplement*:6014); \$: None; FTE: 0

Resolution 75S-1B—ADOPT in lieu of Resolutions 75 and 75S-1 (*Initiative to Enhance the Image and Advance the Reputation and Brand of the ADA, Supplement*:6023); \$800,000 On-going; FTE: 0

Resolution 116—ADOPT (Amendment of "Policy Governing Use of American Dental Association Dental Health Education Statement," Supplement:6030); \$: None; FTE: 0

Resolution 117—ADOPT (*Rescission of Policy on Marketing Strategy Statement, Supplement*:6032); \$: None; FTE: 0

Resolution 118—ADOPT (*Rescission of Policy on Acknowledgement of Women in the Dental Profession, Supplement*:6034); \$: None; FTE: 0

Resolution 119—ADOPT (*Proposed Bylaws Revision to Chapter I, Membership, Section 30. Definition of "In Good Standing," Supplement*:6037); \$: None; FTE: 0

Resolution 122—ADOPT (*Amendment of Policy on Medical Savings Accounts, Supplement*:6057); \$: None; FTE: 0

Resolution 123—ADOPT (*Amendment of Policy on Freedom of Choice in Selection of Health Care Provider Under Universal Health Care Reform, Supplement*:6058); \$: None; FTE: 0

Resolution 124—ADOPT (Support for Dentists Temporarily Called to Active Service, Supplement:6059); \$: None; FTE: 0

Resolution 125—ADOPT (Amendment of Policy on Compensation of Dental Specialists in the Federal Dental Services, Supplement:6061); \$: None; FTE: 0

Resolution 126—ADOPT (*Amendment of Policy on Unfair Subordination of Dentistry in the Armed Forces, Supplement*:6062); \$: None; FTE: 0

Resolution 127—ADOPT (*Rank Equivalency for Chief Dental Officers of the Federal Dental Services, Supplement*:6063); \$: None; FTE: 0

Resolution 128—ADOPT (*Policies on Dental Focus in Federal Health Agencies, Supplement*:6065); \$: None; FTE: 0

Resolution 129—ADOPT (*Rescission of Policy on Demonstration Projects for Health Care Reform, Supplment*:6067); \$: None; FTE: 0

Resolution 130—ADOPT (*Rescission of Policy on Evaluation and Monitoring of Proposals for National Health Care, Supplement*:6069); \$: None; FTE: 0

Resolution 131—ADOPT (*Rescission of Policy on Unfair Legislative Advantage for Selected Health Care Delivery Systems, Supplement*:6071); \$: None; FTE: 0

Resolution 132—ADOPT (*Rescission of Policy on Federal Regulation of Health Care System, Supplement*:6073); \$: None; FTE: 0

Resolution 133—ADOPT (*Rescission of Policy on Dental Representation in a National Health Program, Supplement*:6075); \$: None; FTE: 0

Resolution 134—ADOPT (*Rescission of Policy on Opposition to Pew Report Recommendations, Supplement*:6077); \$: None; FTE: 0

Resolution 135—ADOPT (*Rescission of Policy on Risk Assessment, Supplement*:6079); \$: None; FTE: 0

Resolution 136—ADOPT (*Rescission of Policy on Legislative Opposition to Mandated Managed Care Participation, Supplement*:6081); \$: None; FTE: 0

Resolution 137—ADOPT (*Rescission of Policy on Medicaid Dental Care for the Elderly Poor, Supplement*:6083); \$: None; FTE: 0

Resolution 138—ADOPT (*Rescission of Policy on Adult Emergency Dental Care, Supplement*:6085); \$: None; FTE: 0

Resolution 139—ADOPT (*Rescission of Policy on Support for Vehicle Passenger Safety Restraints, Supplement:*6087); \$: None; FTE: 0

Resolution 140—ADOPT (*Rescission of Policy on Legislation Protecting Civil Defense Workers, Supplement*:6089); \$: None; FTE: 0

Resolution 142—ADOPT (*Rescission of Policy on Pay Parity Between Physicians and Dentists in Federal Dental Services, Supplement*:6091); \$: None; FTE: 0

Resolution 143—ADOPT (*Rescission of Policy on Dental Benefits for Military Reservists, Supplement*:6093); \$: None; FTE: 0

Resolution 144—ADOPT (*Rescission of Policy on Dental Special Pay for Federal Service Dentists, Supplement*:6095); \$: None; FTE: 0

Resolution 145—ADOPT (*Rescission of Policy on Expansion of Dental Benefits for Military Retirees, Supplement*:6097); \$: None; FTE: 0

Resolution 146—ADOPT (*Rescission of Policy on Federal Dental Services Remote-Site Criteria, Supplement*:6099); \$: None; FTE: 0

Resolution 147—ADOPT (*Rescission of Policy on Amendment of Military Dependents' Dental Benefit Plan, Supplement:*6101); \$: None; FTE: 0

Resolution 148—ADOPT *Rescission of Policy on Veterans Affairs Dental Treatment Fee Schedule, Supplement*:6103); \$: None; FTE: 0

Resolution 149—ADOPT (*Rescission of Policy on Dental Care for Uniformed Services Dependents, Supplement*:6105); \$: None; FTE: 0

Resolution 150—ADOPT (*Rescission of Policy on Dental Services for Reserve Component Forces During Training Periods of Less Than 30 Days, Supplement*:6107); \$: None; FTE: 0

Resolution 151—ADOPT (*Rescission of Policy on Department of Veterans Affairs Provision of Necessary Dental Services, Supplement*:6109); \$: None; FTE: 0

Resolution 152—ADOPT (*Rescission of Policy on Compensation for Reserve Dental Officers, Supplement*:6111); \$: None; FTE: 0

Resolution 153—ADOPT (*Rescission of Policy on Regular Upgrading of Outpatient* Program, Supplement:6113); \$: None; FTE: 0

Resolution 154—ADOPT (*Rescission of Policy on Special Assistant for Dental Affairs in Department of Defense, Supplement:*6115); \$: None; FTE: 0

Resolution 155—ADOPT (*Rescission of Policy on Extension of Dental Benefits, Supplement*:6117); \$: None; FTE: 0

Resolution 156—ADOPT (*Rescission of Policy on Unification of Health Services, Supplement*:6119); \$: None; FTE: 0

Resolution 157—ADOPT (*Rescission of Policy on Compensation for Federally Employed Dentists, Supplement*:6121); \$: None; FTE: 0

Resolution 158—ADOPT (*Rescission of Policy on Support for Activated Self-Employed Dentists, Supplement*:6123); \$: None; FTE: 0

Resolution 172—NOT ADOPT (Review of the ADA Bylaws, Supplement:6136); \$75,000; FTE: 0.5

Note: For the purpose of a fully documented record, the complete text of the resolutions presented in Resolution 178H follows.

ADOPTED

Electronic Balloting Revisions Bylaws Change (as editorially corrected by the Standing Committee on Constitution and Bylaws)

61H-2012. Resolved, that the ADA *Bylaws,* Chapter VII, BOARD OF TRUSTEES, Section 90. POWERS, Subsection J, be stricken in its entirety and replaced with the following new subsection.

J. Transact its business in accordance with the laws of the State of Illinois by unanimous consent via mail ballot, including electronic mail; to authorize the councils, commissions and committees of this Association to transact their business by mail ballot; and to establish rules and procedures for itself and for councils, commissions and committees of this Association to govern the use of ballots circulated and returned by U.S. mail, overnight courier, facsimile transmission or electronic mail.

J. Establish rules and procedures authorizing the councils, commissions and committees of this Association to transact business by ballot without a meeting.

Amendment of the ADA Bylaws Regarding Treasurer

62H-2012. Resolved, that Chapter VIII. ELECTIVE OFFICERS, *Section 90.* DUTIES, Subsection F, TREASURER, of the *Bylaws* be amended as indicated (additions <u>underscored</u>, deletions stricken):

F. TREASURER. It shall be the duty of the Treasurer to:

- a. Serve as custodian of all monies, securities and deeds belonging to the Association which may come into the Treasurer's possession.
- b. Hold, invest and disburse all monies, securities and deeds, subject to the direction of the Board of Trustees.
- c. Design a budgetary process in concert with the Board of Trustees.
- d. Oversee Association finances and budget development.
- e. Serve as the principal resource person for the budget reference committee in the House of Delegates and to help interpret the Association's finances for the membership.
- f. Review all financial information and data and report on financial matters to the Board of Trustees on a quarterly basis.
- g. Review travel reimbursement for the elective officers, trustees and Executive Director.
- h. Serve as an ex officio member of the House of Delegates without the right to vote.
- i. Serve as an ex officio member of the Board of Trustees without the right to vote.
- hj. Perform such other duties as may be provided in these *Bylaws*.

Amendment of the ADA Bylaws Regarding Special Assessments (as modified by the Standing Committee on Constitution and Bylaws)

63H-2013. Resolved, that CHAPTER XVIII. FINANCES, *Section 40*. SPECIAL ASSESSMENTS, of the ADA *Bylaws* be amended as indicated (additions <u>underscored</u>, deletions stricken):

Section 40. SPECIAL ASSESSMENTS: In addition to the payment of dues required in Chapter I, Section 20 of these *Bylaws*, a special assessment may be levied by the House of Delegates upon active, active life, retired and associate members of this Association as provided in Chapter I, Section 20 of these *Bylaws*, for the purpose of funding a specific project of limited duration. Such an assessment may be levied at any annual or special session of the House of Delegates by a twothirds (2/3) affirmative vote of the delegates present and voting, provided notice of the proposed assessment has been presented in writing at least ninety (90) days prior to the first day of the session of the House of Delegates at which it is to be considered. Notice of such a resolution shall be sent by a certifiable method of delivery to each constituent society, federal dental service and the <u>American Student Dental Association</u> not less than ninety (90) days before such session to permit prompt, adequate notice by each constituent society, federal dental service and the American <u>Student Dental Association</u> to its their delegates and alternate delegates to the House of Delegates of this Association, and shall be announced to the general membership in an official publication of this Association at least sixty (60) days in advance of the session. The specific project to be funded by the proposed assessment, the time frame of the project, and the amount and duration of the proposed assessment shall be clearly presented in giving notice to the members of this Association. Revenue from a special assessment and any earnings thereon shall be deposited in a separate fund as provided in Chapter XVII, Section 30 of these *Bylaws*. The House of Delegates may amend the main motion to levy a special assessment only if the amendment is germane and adopted by a two-thirds (2/3) affirmative vote of the delegates present and voting. The House of Delegates may consider only one (1) specific project to be funded by a proposed assessment at a time. However, if properly adopted by the House of Delegates, two (2) or more special assessments may be in force at the same time. Any resolution to levy a special assessment that does not meet the notice requirements set forth in the previous paragraph also may be adopted by a unanimous vote of the House of Delegates, provided the resolution has been presented in writing at a previous meeting of the same session.

and be it further

Resolved, that Chapter VII. BOARD OF TRUSTEES, *Section 100*. DUTIES, Subsection F. be amended as follows:

F. Prepare a budget for carrying on the activities of the Association for each ensuing fiscal year, and present for action by each House of Delegates a resolution setting forth the proposed dues of active members for the following year. Notice of such a resolution shall be sent by a certifiable method of delivery to each constituent society, federal dental service and the American Student Dental Association not less than ninety (90) days before such session to permit prompt, adequate notice by each constituent society, federal dental service and the American Student Dental Association to its their delegates and alternate delegates to the House of Delegates of this Association, and shall be announced to the general membership in an official publication of the Association at least sixty (60) days in advance of the annual session.

Amendment of the ADA Bylaws Affecting the Procedure for Changing the Dues of Active Members

64H-2012. Resolved, that Chapter XXII, AMENDMENTS, *Section 20*. AMENDMENT AFFECTING THE PROCEDURE FOR CHANGING THE DUES OF ACTIVE MEMBERS, Paragraph 1, of the *Bylaws* be amended as indicated (additions <u>underscored</u>, deletions stricken):

Section 20. AMENDMENT AFFECTING THE PROCEDURE FOR CHANGING THE DUES OF ACTIVE MEMBERS: An amendment of these *Bylaws* affecting the procedure for changing the dues of active members may be adopted only if the proposed amendment has been presented in writing at least ninety (90) days prior to the first day of the session of the House of Delegates at which it is to be considered. Notice of such a resolution shall be sent by a certifiable method of delivery to each constituent society, federal dental service and the American Student Dental Association not less than ninety (90) days before such session to permit prompt, adequate notice by each constituent society, federal dental service and the American Student Dental Association to its their delegates and alternate delegates to the House of Delegates of this Association, and shall be announced to the general membership in an official publication of the Association at least sixty (60) days in advance of the annual session.

Initiative to Enhance the Image and Advance the Reputation and Brand of the ADA

75H-2012. Resolved, that ADA appropriate up to \$800,000 to the Division of Communications and Marketing 2013 budget for the purpose of retaining an outside public relations firm to provide support in message development, proactive media outreach, creative development and production of materials and the execution of programs to:

- Build and enhance the reputation of dentists and the dental profession;
- Position the dentist as a fully educated doctor who leads the team that helps patients attain and maintain the best possible oral health;
- Demonstrate dentistry's leadership in breaking down barriers to oral health for all Americans;

- Build awareness of the importance of oral health to overall health;
- Ensure that media portrayals of dentistry are fair and accurate; and
- Rapidly address other communications and reputational challenges and opportunities as they arise.

Amendment of "Policy Governing Use of American Dental Association Dental Health Education Statement"

116H-2012. Resolved, that the ADA policy, "Policy Governing Use of American Dental Association Dental Health Education Statement", (*Trans*. 1969:193,322) be amended as follows (additions are <u>underscored</u>; deletions are <u>stricken</u>):

Policy Governing Use of American Dental Association Dental Health Education Oral Health Information Statement

Pamphlets, educational posters, textbooks, motion picturesvideos, web content and other dental health education oral health information materials, designed for use in schools or for the general public, will be reviewed by the Department of Public Information and Education (DPIE), Council on Communications, and other appropriate councils of the American Dental Association. If the consultants approve the materials as being scientifically accurate, written permission will be given to permit use of the American Dental Association's dental health education statementoral health information statement:

The information on dental <u>oral</u> health contained in this (pamphlet, motion picture, video, etc.) is considered by the American Dental Association to be in accord with current scientific knowledge (date).

- 1. Request for permission to use the Association's statement must be made on the form provided by the <u>DPIECouncil on Communications</u>.
- 2. The material must be designed and distributed to serve the best interest of the public and the profession.
- The review of all materials, regardless of the medium, should be initiated at the manuscript stage. As one example, completed motion pictures <u>videos</u> will not be reviewed unless the producer is willing to rephotograph reshoot any sections found to be inaccurate by the <u>DepartmentCouncil</u>.
- 4. The finished material must also be reviewed by the Department Council just as it is to be used, along with any supplementary materials which are also to be distributed. The Association's statement shall be used in a size and style which, in the opinion of Association agencies, is appropriate to the material.
- If the material carrying the Association's name is printed, two copies one copy should be sent <u>electronically</u> to the Department <u>Council</u> for its files. If the material is in the form of films, slides or tapes, one copy should be deposited with the Department.
- 6. All information pertaining to dental <u>oral</u> health must be found to be consistent with available scientific evidence.
- If the material contains statements which fall within the purview of other authoritative agencies or organizations, the <u>Department-Council</u> may require that these statements be consistent with the standards of these agencies or organizations.
- 8. The material must be primarily education in nature. It should not contain promotional text for a product or service. If products are mentioned in the material, directly or indirectly, they must meet the advertising and exhibit standards of the American Dental Association. In such a case, the finished material may be required to carry an additional statement as follows: "This does not constitute an endorsement by the American Dental Association of any products or services mentioned."
- 9. At any time when (a) content changes are made, or (b) new use is made of the material, reapplication must be made to the Department <u>Council</u> for use of the Association's statement.

10. From time to time, the Department <u>Council</u> may query the producer or distributor to make certain these regulations are being observed.

Rescission of Policy on Marketing Strategy Statement

117H-2012. Resolved, that the policy "Marketing Strategy Statement" (Trans. 1981:569) be rescinded.

Rescission of Policy on Acknowledgement of Women in the Dental Profession

118H-2012. Resolved, that the policy "Acknowledgement of Women in the Dental Profession" (*Trans*.1979:645) be rescinded.

Proposed Bylaws Revision to Chapter I, Membership, Section 30. Definition of "In Good Standing"

119H-2012. Resolved, that CHAPTER I, MEMBERSHIP, *Section 30.* DEFINITION OF "IN GOOD STANDING," of the ADA *Bylaws* be amended as follows (additions <u>underscored</u>):

Section 30. DEFINITION OF "IN GOOD STANDING." A member of this Association whose dues and any special assessment for the current year have been paid shall be in good standing. In addition, a member who elects to pay dues and any special assessments via an approved installment payment plan shall be in good standing provided that the installment payments are current. To remain in good standing, a member may be required under the bylaws of the member's constituent or component society, to meet standards of continuing education, pay any special assessment, cooperate with peer review bodies or committees on ethics, or attend, if a newly admitted active member, a stated number of membership meetings between the date of admission and the completion of the first calendar year of active membership. If under a disciplinary sentence of suspension, such member shall be designated as "in good standing temporarily under suspension" until the disciplinary sentence has terminated.

The requirement of paying current dues does not apply to retired life, honorary and those members of this Association who pursuant to Section 50 of this Chapter have been granted dues waivers for the purpose of determining their good standing. The requirement of paying any special assessment does not apply to retired life, honorary, affiliate, student and those members of this Association who pursuant to Section 50 of this Chapter have been granted any special assessment waivers for purposes of determining their good standing.

Amendment of Policy on Medical Savings Accounts

122H-2012. Resolved, that the ADA policy on Medical Savings Accounts (*Trans*.1994:637) be amended by revising the title to Tax Preferred Accounts, and so that the amended policy reads as follows (additions are <u>underscored</u>; deletions are stricken):

Medical Savings Accounts (1994:637): Tax Preferred Accounts

Resolved, that the American Dental Association supports the <u>concept of medical savings</u> accounts <u>use of tax preferred accounts for medical and dental expenses</u> as a component of health system reform.

Amendment of Policy on Freedom of Choice in Selection of Health Care Provider Under Universal Health Care Reform

123H-2012. Resolved, that the ADA policy on Freedom of Choice in Selection of Health Care Provider under Universal Health Care Reform (*Trans*.1993:717) be amended to read as follows (additions are <u>underscored</u>; deletions are stricken):

Freedom of Choice in Selection of Health Care Provider Under Universal Health Care System Reform

Resolved, that individual freedom of choice in selection of health care provider must be made available to all recipients of benefits under the universal health care plan <u>under any reform of the health care system.</u>

Support for Dentists Temporarily Called to Active Service

124H-2012. Resolved, that the following policy titled "Support for Dentists Temporarily Called to Active Service" be adopted.

Support for Dentists Temporarily Called to Active Service

Resolved, that the American Dental Association give its utmost support to our members who may be called to active duty, and be it further

Resolved, that constituent and component dental societies be urged to develop a network of volunteer dentists to help maintain the practices of dentists who are temporarily activated into military service by practicing in the deployed dentist's office and treating their patients, and be it further

Resolved, that the policies titled "Program to Assist Dentists Temporarily Called to Active Service" (*Trans*.2005:293) and "Support for Military Members" (*Trans*.1990:574) be rescinded.

Amendment of Policy on Compensation of Dental Specialists in the Federal Dental Services

125H-2012. Resolved, that the ADA policy on Compensation of Dental Specialists in the Federal Dental Services (*Trans*.1990:557) be amended to read as follows (additions are <u>underscored</u>; deletions are <u>stricken</u>):

Resolved, that the American Dental Association recommends that where special remuneration considerations are offered in the federal dental services, graduates of all eight ADA-recognized dental specialties and other Commission on Dental Accreditation-accredited two year residency programs be treated equally. <u>eligible for special remuneration in the federal dental services.</u>

Amendment of Policy on Unfair Subordination of Dentistry in the Armed Forces

126H-2012. Resolved, that the ADA policy on Unfair Subordination of Dentistry in the Armed Forces (*Trans*.1972:718) be amended with the title "Dentistry in the Armed Forces" and to read as follows (additions are <u>underscored</u>; deletions are stricken):

Unfair Subordination of Dentistry in the Armed Forces

Resolved, that in order to ensure the provision of high quality health care to those in active military service the American Dental Association sponsor and actively pursue legislation to eliminate the unfair subordination of dentistry in the armed forces, particularly to assure affirms the dental officer's proper role in command functions relating to the provision of oral health care and to give the supports dental corps control over the financial and other resources needed to carry out their health care missions.

Rank Equivalency for Chief Dental Officers of the Federal Dental Services

127H-2012. Resolved, that the following policy titled "Rank Equivalency for Chief Dental Officers of the Federal Services" be adopted.

Rank Equivalency for Chief Dental Officers of the Federal Dental Services

Resolved, that the American Dental Association supports a 2-Star equivalent rank or higher for the Chief Dental Officers for the US Army, US Navy, US Air Force, US Public Health Service and the Veterans Administration, and be it further

Resolved, that the policy titled "Major General Rank for U.S. Air Force Director of Dental Services" (*Trans*.1994:636) and "Dental Leadership within the U.S. Air Force Medical Service" (*Trans*.2003:383) be rescinded.

Policies on Dental Focus in Federal Health Agencies

128H-2012. Resolved, that the following policy entitled "Dental Focus in Federal Health Agencies" be adopted.

Dental Focus in Federal Health Agencies

Resolved, that the American Dental Association seek to establish within the Department of Health and Human Services a policy level office for dental activities with appropriate status and funding administered by dentists and in close liaison with organized dentistry, and be it further **Resolved**, that the ADA seek to protect and enhance the status and funding of federal dental agencies, the integrity of federal dental programs and the roles and duties of federal dental officers, and be it further

Resolved, that the ADA seek to ensure that the views of organized dentistry are appropriately reflected in the work of federal advisory committees, and be it further

Resolved, that the policies entitled "Dental Health Focus in Department of Health and Human Services (*Trans*.1986:530)," "Private Practitioners as Consultants (*Trans*.1986:530)" and "Dental Advisory Committees to Federal Agencies (*Trans*.1973:747)" be rescinded.

Rescission of Policy on Demonstration Projects for Health Care Reform

129H-2012. Resolved, that the ADA policy, Demonstration Projects for Health Care Reform (*Trans*.1993:691; *Trans*.1995:652) be rescinded.

Rescission of Policy on Evaluation and Monitoring of Proposals for National Health Care

130H-2012. Resolved, that the ADA policy, Evaluation and Monitoring of Proposals for National Health Care (*Trans*.1992:603) be rescinded.

Rescission of Policy on Unfair Legislative Advantage for Selected Health Care Delivery Systems

131H-2012. Resolved, that the ADA policy, Unfair Legislative Advantage for Selected Health Care Delivery Systems (*Trans*.1990:538) be rescinded.

Rescission of Policy on Federal Regulation of Health Care System

132H-2012. Resolved, that the ADA policy, Federal Regulation of Health Care System (*Trans*.1974:686) be rescinded.

Rescission of Policy on Dental Representation in a National Health Program

133H-2012. Resolved, that the ADA policy, Dental Representation in a National Health Program (*Trans*.1971:516) be rescinded.

Rescission of Policy on Opposition to Pew Report Recommendations

134H-2012. Resolved, that the ADA policy, Opposition to Pew Report Recommendations (*Trans*.1999:942) be rescinded.

Rescission of Policy on Risk Assessment

135H-2012. Resolved, that the ADA policy, Risk Assessment (Trans. 1994:637) be rescinded.

Rescission of Policy on Legislative Opposition to Mandated Managed Care Participation

136H-2012. Resolved, that the ADA policy, Legislative Opposition to Mandated Managed Care Participation (*Trans*.2002:409) be rescinded.

Rescission of Policy on Medicaid Dental Care for the Elderly Poor

137H-2012. Resolved, that the ADA policy, Medicaid Dental Care for the Elderly Poor (*Trans*.1983:548; *Trans*.1990:558) be rescinded.

Rescission of Policy on Adult Emergency Dental Care

138H-2012. Resolved, that the ADA policy, Adult Emergency Dental Care (*Trans*.1993:665) be rescinded.

Rescission of Policy on Support for Vehicle Passenger Safety Restraints

139H-2012. Resolved, that the ADA policy, Support for Vehicle Passenger Safety Restraints (*Trans*.1988:489) be rescinded.

Rescission of Policy on Legislation Protecting Civil Defense Workers

140H-2012. Resolved, that the ADA policy, Legislation Protecting Civil Defense Workers (*Trans*.1960:216) be rescinded.

Rescission of Policy on Pay Parity Between Physicians and Dentists in Federal Dental Services

142H-2012. Resolved, that the ADA policy, Pay Parity between Physicians and Dentists in Federal Dental Services (*Trans*.2003:378) be rescinded.

Rescission of Policy on Dental Benefits for Military Reservists

143H-2012. Resolved, that the ADA policy, Dental Benefits for Military Reservists (*Trans*.1994:645) be rescinded.

Rescission of Policy on Dental Special Pay for Federal Service Dentists

144H-2012. Resolved, that the ADA policy, Dental Special Pay for Federal Service Dentists (*Trans.*1994:637) be rescinded.

Rescission of Policy on Expansion of Dental Benefits for Military Retirees

145H-2012. Resolved, that the ADA policy, Expansion of Dental Benefits for Military Retirees (*Trans*.1994:636) be rescinded.

Rescission of Policy on Federal Dental Services Remote-Site Criteria

146H-2012. Resolved, that the ADA policy, Federal Dental Services Remote-Site Criteria (*Trans*.1993:709) be rescinded.

Rescission of Policy on Amendment of Military Dependents' Dental Benefit Plan

147H-2012. Resolved, that the ADA policy, Amendment of Military Dependents' Dental Benefit Plan (*Trans*.1993:706) be rescinded.

Rescission of Policy on Veterans Affairs Dental Treatment Fee Schedule

148H-2012. Resolved, that the ADA policy, Veterans Affairs Dental Treatment Fee Schedule (*Trans*.1992:627) be rescinded.

Rescission of Policy on Dental Care for Uniformed Services Dependents

149H-2012. Resolved, that the ADA policy, Dental Care for Uniformed Services Dependents (*Trans*.1991:630) be rescinded.

Rescission of Policy on Dental Services for Reserve Component Forces During Training Periods of Less Than 30 Days

150H-2012. Resolved, that the ADA policy, Dental Services for Reserve Component Forces during Training Periods of Less Than 30 Days (*Trans*.1991:625) be rescinded.

Rescission of Policy on Department of Veterans Affairs Provision of Necessary Dental Services

151H-2012. Resolved, that the ADA policy, Department of Veterans Affairs Provision of Necessary Dental Services (*Trans*.1991:624) be rescinded.

Rescission of Policy on Compensation for Reserve Dental Officers

152H-2012. Resolved, that the ADA policy, Compensation for Reserve Dental Officers (*Trans*.1990:564) be rescinded.

Rescission of Policy on Regular Upgrading of Outpatient Program

153H-2012. Resolved, that the ADA policy, Regular Upgrading of Outpatient Program (*Trans*.1979:635) be rescinded.

Rescission of Policy on Special Assistant for Dental Affairs in Department of Defense

154H-2012. Resolved, that the ADA policy, Special Assistant for Dental Affairs in Department of Defense (*Trans*.1978:527) be rescinded.

Rescission of Policy on Extension of Dental Benefits

155H-2012. Resolved, that the ADA policy, Extension of Dental Benefits (*Trans*.1976:877) be rescinded.

Rescission of Policy on Unification of Health Services

156H-2012. Resolved, that the ADA policy, Unification of Health Services (*Trans*.1962:264) be rescinded.

Rescission of Policy on Compensation for Federally Employed Dentists

157H-2012. Resolved, that the ADA policy, Compensation for Federally Employed Dentists (*Trans*.1987:518) be rescinded.

Rescission of Policy on Support for Activated Self-Employed Dentists

158H-2012. Resolved, that the ADA policy, Support for Activated Self-Employed Dentists (*Trans*.1992:628) be rescinded.

NOT ADOPTED

Review of the ADA Bylaws

172. Resolved, that the ADA direct the appropriate entity to conduct a comprehensive review of the ADA *Bylaws*, and be it further

Resolved, that recommendations for changes to the *Bylaws* be brought forward to the 2013 ADA House of Delegates for consideration.

Amendment of the ADA *Bylaws* **Regarding Autonomy of the ADA Editor** (Council on Ethics, Bylaws and Judicial Affairs Resolution 48 and Reference Committee on Legal, Legislative and Public Affairs Matters Resolution 48RC): The Reference Committee reported as follows.

The Reference Committee agrees with the Board's recommendation to amend the *Bylaws* so as to increase the editorial autonomy of *JADA's* editor. The Reference Committee believes that additional language in the second resolving clause is in order to clarify that this editorial autonomy includes autonomy over *JADA's* scientific-based content. The Committee's addition is double underscored.

48RC. Resolved, that the ADA *Bylaws*, Chapter VII. BOARD OF TRUSTEES, *Section 90*. POWERS, Subsections D. through K., be amended as set forth below (additions <u>underscored</u>):

Chapter VII. BOARD OF TRUSTEES, Section 90. POWERS:

- D. Cause to be published in, or to be omitted from, any official publication of the Association any article in whole or in part <u>relating to ADA policies</u>, <u>advocacy efforts and legislative agendas</u>.
- E. Appoint an editor of The Journal of the American Dental Association.
- F. Appoint an editorial board whose members have been nominated by the editor of *The Journal* of the American Dental Association.

and that Chapter VII, *Section 90* Subsections currently lettered E. through K. be re-lettered as G. through M., respectively.

and be it further

Resolved, that the ADA *Bylaws*, Chapter XVII. PUBLICATIONS, *Section 10*. OFFICIAL JOURNAL, be amended as set forth below (additions <u>underscored</u>):

Chapter XVII. PUBLICATIONS, Section 10. OFFICIAL JOURNAL:

D. EDITOR OF THE JOURNAL. Except as otherwise provided in the powers of the Board of Trustees under these *Bylaws*, as provided in Chapter VII, Section 90D, the editor of *The Journal* of the American Dental Association shall have the authority to determine the editorial content of *The Journal*, including scientific-based content, and shall, with the assistance of an editorial board nominated by the editor and appointed by the Board of Trustees, establish and maintain a written editorial policy for *The Journal*. Dr. Green moved the adoption of Resolution 48RC in lieu of Resolution 48 (Supplement:6001).

Speaking in support of Resolution 48RC, Dr. David H. McCarley, Texas, said, "I was chair of the subcommittee that addressed the autonomy of the editor. I would speak in favor of this resolution and the one in lieu of also. We did a lot of research on this ... I know that there's a feeling out there among editors that they would like to have complete autonomy, but the name of the journal that you look at is the *Journal of the American Dental Association*, and, as such, it is taken by most people [as] the mouthpiece of the ADA. The problem we have is when you have legislative agendas or you have advocacy efforts or you have something with policy, if we have articles in there, and sometimes it's timing, if we [have] articles in there that are contrary to what our policies are, or any of the advocacy or the legislative agendas, it can be a real problem if we're up on the Hill. And so in those particular instances, we feel that the Board of Trustees needs to be reviewing these articles and making sure that they're not in conflict so that we don't have a problem that would cost us millions of dollars So we agree with the autonomy of the editor. As this is written, the editor will have more autonomy than they have right now. ..."

Dr. Gavin Harrell, North Carolina, moved to amend the second resolved clause by substituting the words "autonomy over" for "authority to determine" between the words "shall have the" and "the editorial content." Speaking to the amendment, Dr. Harrell said, "We felt like that clarifies the intent."

Seeing no one at the microphones, the Speaker called for a vote on the amendment. On vote, the amendment was not adopted.

A delegate from California moved to amend by addition in the first resolving clause under item "D" the words "except as otherwise noted in Chapter XVII, Section 10D" after the word "agendas" and in the second resolving clause after the words "D. EDITOR OF THE JOURNAL." amend by deletion of the words "Except as otherwise provided in the powers of the Board of Trustees under the *Bylaws* as provided in Chapter VII, Section 90D."

In speaking to the amendment, the delegate said, "We still have not fulfilled the charge from the House last year, Resolution 72H-2011, in which I quote, 'to suggest new language for the bylaws consistent with the principles supported by the World Association of Medical Editors' (WAME). Specifically, current *Bylaws* allow the Board of Trustees editorial control of *JADA* and are, therefore, in conflict with the WAME guidelines. While we appreciate the efforts of CEBJA to divide the autonomy between the Board and the editor, any exceptions as currently stated in the second resolving clause cancels out the concept of autonomy ... We feel this amendment speaks to the editorial content of *JADA*. The editorial content of all other official publications, such as the *ADA News*, remains under the authority of the Board. This amendment fulfills the intent and the directions given by this House."

Dr. Brian K. Shue, California, said, "I speak in favor of this amendment. Just last week at their annual conference, the American Association of Dental Editors, also known as AADE, voted in favor of the concept of complete autonomy for the editor of the *Journal of the American Dental Association*. This is consistent with AADE's policies and the official position on autonomy for all dental editors. The AADE was founded by dental leaders from the American College of Dentists with the intent to raise the standards in ethics in dental journalism. I urge a vote in favor of this amendment to support the credibility and integrity of the *Journal of American Dental Association*."

Dr. David H. McCarley, Texas, (a member of the Council on Ethics, Bylaws and Judicial Affairs) spoke in opposition to the amendment, saying, "Again, this is something that we dealt with in depth. We feel that the resolution that we have, we have given them as much autonomy as we can."

Dr. Gerald Gelfand, California, spoke in opposition to the amendment, saying, "What is being lost in this discussion is the fact that there's a disclaimer in the *Journal*. And that disclaimer says, in essence, that the opinions of the authors of the scientific articles do not necessarily represent the opinions of the Association. We must trust our editor ... If we don't trust our editor, then we ought to get a new editor, but having full autonomy is what being the editor is all about."

Dr. Kerry K. Carney, California; Mark T. Barsamian, Michigan; and Dr. Edward H. Segal, Illinois; also spoke in support of the amendment to Resolution 48RC.

Dr. Robert J. Hanlon, Jr., California, also spoke in opposition to the amendment.

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, the amendment was not adopted.

Dr. Prabu Raman, Missouri, spoke in support of Resolution 48RC, saying, "It has been mentioned already [that] this is, after all, the *Journal of the American Dental Association*. So we need to have some control. I think CEBJA has done a very good job of coming up with a balance. All the scientific parts, of course, the editor has complete autonomy. Well, even the editorial part; we have to have some control. In reality, the editor already enjoys complete autonomy. ... We need to still have the responsibility and the authority to give the guidelines to the *Journal*."

Dr. Mert N. Aksu, Michigan, requested a point of information saying, "My understanding is that last year's House resolution was to pass bylaws changes that were in compliance with the World Medical Association. And it seems as though with this exclusionary clause, that they would not be in compliance, that what the House asked for and not what we got. Secondly, it's my understanding that if we're not in compliance with the World Medical Association editors, that there's a possibility that the Journal could be delisted from Medline."

At the Speaker's request, Mr. Michael Springer, publisher, *JADA*, responded, "I'm not aware of any delisting that would occur as a result of this. This is really more a matter of editorial policy, but not an official requirement of being listed in Medline, to my knowledge."

The Speaker said, "This needed to be brought into compliance. And you're right, there was a resolution. What I understand was that they attempted to do that with this. ... It doesn't have to be exact."

Dr. W. Mark Donald, Mississippi, moved to vote immediately. The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, Resolution 48RC was adopted in lieu of Resolution 48 by a two-thirds (2/3) majority vote.

48H-2013. Resolved, that the ADA *Bylaws*, Chapter VII. BOARD OF TRUSTEES, Section 90. POWERS, Subsections D. through K., be amended as set forth below (additions <u>underscored</u>):

Chapter VII. BOARD OF TRUSTEES, Section 90. POWERS:

- D. Cause to be published in, or to be omitted from, any official publication of the Association any article in whole or in part <u>relating to ADA policies</u>, <u>advocacy efforts and legislative agendas</u>.
- E. Appoint an editor of The Journal of the American Dental Association.
- F. Appoint an editorial board whose members have been nominated by the editor of *The Journal* of the American Dental Association.

and that Chapter VII, *Section 90* Subsections currently lettered E. through K. be re-lettered as G. through M., respectively.

and be it further

Resolved, that the ADA *Bylaws*, Chapter XVII. PUBLICATIONS, Section 10. OFFICIAL JOURNAL, be amended as set forth below (additions <u>underscored</u>):

Chapter XVII. PUBLICATIONS, Section 10. OFFICIAL JOURNAL:

D. EDITOR OF THE JOURNAL. Except as otherwise provided in the powers of the Board of Trustees under these *Bylaws*, as provided in Chapter VII, Section 90D, the editor of *The Journal* of the American Dental Association shall have the authority to determine the editorial content of *The Journal*, including scientific-based content, and shall, with the assistance of an editorial board nominated by the editor and appointed by the Board of Trustees, establish and maintain a written editorial policy for *The Journal*.

Amendment of the ADA *Bylaws* Regarding Filling of Council Vacancies (Council on Ethics, Bylaws and Judicial Affairs): The Reference Committee reported as follows.

The Reference Committee agrees with the Board of Trustees that the present *Bylaws* provision for filling Council vacancies is a fair and equitable solution, and sees no reason to change that provision.

49. Resolved, that the second paragraph of Chapter X. COUNCILS, *Section 70*. VACANCY of the ADA *Bylaws* be amended as follows (additions <u>underscored</u>; deletions stricken):

If the term of the vacated council position has less than fifty percent (50%) of a full four year term remaining at the time the successor member is appointed or elected, the successor member shall be eligible for election to a new, consecutive four-year term. If fifty percent (50%) or more of the vacated term remains to be served at the time of the appointment or election, the successor member shall not be eligible for another term. In the event of a vacated council position, the successor member serving on that council for the first time shall complete the vacated term and shall be eligible to serve a subsequent four-year term. Alternatively, the successor to be appointed to fill a council vacancy may be a former member of that council, provided that the former member has not previously filled a vacancy on that council and is not serving as a member of another council. Time served on a council is limited to one full term and one partial term.

Dr. Green moved Resolution 49 (Supplement:6004).

Speaking in support of Resolution 49, Dr. Gary S. Davis, Pennsylvania, said, "As a past member and past chair of CAPIR, I submit to you that the ADA, the councils, and districts are best served when we have a full and fully informed representation on our councils. In CAPIR, and in many, if not all councils, it takes at least a year, year and a half, to come up to speed on all the programs and their language of our councils. Limiting representatives to serve as little as two years and one meeting due to a vacancy or having open seats because a district wants to wait a meeting so that their representative can serve a full term is a three-way loss. Let's vote for always having full councils and fully informed councils by supporting CEBJA's statement."

Dr. Walter Chinoy, New Jersey, spoke in support of Resolution 49, saying, "I'm on the bylaws committee of CEBJA, which wrote this resolution, and there were some situations where we're aware of where there were vacancies in councils, and the potential appointee said I'm not taking the position until less than half the term remains so I can serve a full four year term. This eliminates the problem. But, most important, there's a safeguard in the resolution which prevents abuse. There's a limit of partial terms and a full term to avoid the problem of someone serving a very, very lengthy term arranging for people to be appointed and resign. So there is a term limit here, and it solves a small problem."

Dr. David H. McCarley, Texas, also spoke in support of Resolution 49.

Seeing no one at the microphones, The Speaker called for a vote. On vote, Resolution 49 was not adopted.

State Public Affairs (SPA) Grant Funding (Eighth Trustee District Resolution 120): The Reference Committee reported as follows.

The Reference Committee supports the work and assistance provided to constituent societies by the State Public Affairs (SPA) program. While traditionally the program has held a contingency fund to provide for unanticipated issues in the states, the overall budget is a vital consideration.

Therefore, while the budget amount offered within the proposed 2013 budget as submitted by the Board is \$400,000 less than the 2012 budget, we are confident that both the Board and the Association as a whole retain their strong commitment to the SPA program and advocacy and will authorize supplemental appropriations if required.

120. Resolved, that for the 2013 budget year funding of the State Public Affairs (SPA) program be increased in the amount of \$400,000 to a total of \$3.5 million for the 2013 budget year.

Dr. Green moved Resolution 120 (Supplement:6038).

Dr. Kurt S. Lindemann, Montana, said, "I speak in favor of Resolution 120 to restore the SPA funding to the 2012 levels. SPA funding for small states is extremely important. In my small state, we were able to successfully defeat a move by denturists and dental hygienists to dissolve our state board and create two separate boards, a board of dentists and a board of oral health providers. SPA funding was crucial in defeating this and ultimately protected the population in our state. Currently, we are facing potential legislation that would increase denturists' scope of practice to include much of what you and I do on a regular basis. We, as a state with 650 members, without SPA funding would be at a significant disadvantage in defeating these issues that could set precedents for other states. Two final points. Just because we restore funding to the 2012 levels does not require it to be spent. Not funding does make it more cumbersome for states to timely receive funding when a crisis occurs."

As a point of information, Dr. John B. Nase, Pennsylvania, asked the dollar amount spent for SPA in 2012.

At the Speaker's request, Dr. Kathleen T. O'Loughlin responded, "For this past year, I think it was \$3.1 [million dollars]. \$400,000 was returned to reserves or will be returned to reserves."

Dr. Andrew J. Kwasny, Pennsylvania, spoke in opposition to Resolution 120, saying, "The fact that we have not used the amount of funding that's budgeted for the SPA program over the last two years demonstrates the efficiency of the program in developing toolkits over the same issues that we have been fighting in the different states. So this is a perfect example, since we haven't used the amount of budget, the amount of money that's been budgeted for the SPA program, that it is an increasingly effective program and it can be used by all the states based on the toolkits that have been developed for the program."

Dr. James M. Maragos, Illinois, spoke in opposition to Resolution 120, saying, "[I am] part of the district that initially sponsored this. Through our discovery through researching this and checking with our trustee and other people involved with it, we found out that there is a mechanism, being the SPA Oversight Committee, that can nimbly react to crises in different states. And, for that reason, we feel that you should vote 'no' on this. Our concern was, initially, that a whole Board meeting would have to be convened to initiate the SPA, but the way it's set up now is very effective, and I think it's going to do the job."

Dr. Douglas S. Hadnot, Montana, spoke in support of Resolution 120, saying, "Even though we've had funding at, I believe, \$3.5 million last year and we didn't spend it all, that's great, but quite frankly, we never know what issue is going to be coming around the corner tomorrow or next month. And having the money available in the budget is a tremendous tool that we can have at our disposal to fight the many issues that are coming down the road. Out of the last five years, all of funding has not been spent, and that's great, but it makes it so much better if it is readily available. ..."

Dr. Robert W. Payne, Florida, moved to vote immediately. The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, Resolution 120 was not adopted.

Declaring an Employee Dentist's Bill of Rights (Fourteenth Trustee District Resolution 165): The Reference Committee reported as follows.

While the Reference Committee understands and agrees with the concept and the underlying rationale for the resolution, the Reference Committee also agrees with testimony it received during the hearings that expressed concerns about potential unintended consequences of some of the individual items in the proposed Bill of Rights. There were several of these issues. For example, with respect to item number six, which provides that an employee dentist has the right to refuse to provide care for which he/she will not be compensated, it was observed that in the case of an employee dentist who performs a substandard procedure, the work would need to be redone and be redone at no additional cost, and so the provisions of item six could disadvantage the well-being of the practice. The Reference Committee also noted that the title "Bill of Rights" suggested mandatory compliance in all circumstances while the Reference Committee believes the provisions might more appropriately serve as instructional "guidelines." Finally, the Reference Committee believed that the provisions of item five, regarding reporting unethical or illegal behavior, may mistakenly be interpreted to state that reporting would in all circumstances be protected by whistleblower laws, which vary in the scope and breadth of their coverage across different jurisdictions. Accordingly, the Reference Committee recommends that Resolution 165 be referred to the appropriate ADA agenc(ies) for further study and report back to the 2013 House of Delegates.

165. Resolved, that the American Dental Association adopts the following as a statement of fair practices in employing dentists:

The Employee Dentist's Bill of Rights*

- 1. An employee dentist has the right not to be penalized or terminated for exercising appropriate professional judgment in patient assessment, diagnosis or treatment.
- 2. An employee dentist has the right to refuse to deliver a prosthetic device that he/she believes does not represent an acceptable standard of care.
- 3. An employee dentist has the right to participate in selecting a lab to fabricate prostheses for which they are responsible.
- 4. An employee dentist has the right to refuse to use materials and techniques which he/she finds unacceptable or for which they feel unqualified.
- 5. An employee dentist has the right and responsibility to report unethical or illegal behavior by employers and other employees with the protection of whistleblower laws.
- 6. An employee dentist has the right to refuse to provide care for which he/she will not be compensated.
- 7. An employee dentist has the right to expect appropriate and ethical billing practices by his/her employer.
- 8. An employee dentist has the right to expect employers to maintain facilities and equipment to accepted standards.
- 9. An employee dentist has the right to expect that HIPAA, OSHA and CDC guidelines are being enforced and adhered to.
- 10. An employee dentist has the right to perpetual access to the records of a patient he/she has treated, in the event of peer review, board complaint or lawsuit.

- 11. An employee dentist has the right to be a member of the professional organization of his/her choice.
- 12. An employee dentist has the right to abide by ADA Principles of Ethics and Code of Professional Conduct without obstruction by their employers.
- 13. An employee dentist has the right to refuse to perform treatment not justified by his/her own diagnosis.

*Dentists are advised that employment contracts may have provisions that conflict with these rights and the ADA recommends that dentists seek legal counsel when considering how contracts affect their professional rights and responsibilities.

and be it further

Resolved, that the Association will publish and promote this statement to dentist employers and employees, and be it further

Resolved, that the Association encourages constituent societies to utilize this statement to facilitate legislative and regulatory measures to ensure the fair and ethical treatment of dentist employees and the patients that they treat.

Dr. Green moved that Resolution 165 (*Supplement*:6125) be referred to the appropriate ADA agenc(ies) for study and report to the 2013 House of Delegates.

Dr. David R. Larson, Pennsylvania, spoke against referral, saying, "... I just don't want to see this go anywhere. Why give something this problematic to a committee to give them work so it can come back next year so we can vote 'no.' The committee has a lot of other work to do. They don't need this. It has multiple problems. It's overall just something the ADA does not need to get into. I don't want to give the committee busy work. ..."

Dr. Allison B. House, Arizona, moved to amend Resolution 165, items 5 and 6, as follows (additions underlined; deletions are stricken).

- 5. <u>An employee dentist has the right to expect their employer to comply with applicable dental</u> <u>practice statutes and regulations.</u> An employee dentist has the right and responsibility toreport unethical or illegal behavior by employers and other employees with the protection of whistleblower laws.
- 6. An employee dentist has the right to refuse to provide care for which he/she will not be compensated.
- 7. <u>6.</u> An employee dentist has the right to expect appropriate and ethical <u>business and</u> billing practices by his/her employer.

The Speaker said, "This is a motion to refer ... our rules say any of these subsidiary motions that come out [of a reference committee] can be considered as main motions, which allows them to be fully debated and amended. So we are going to allow this amendment."

Speaking to the amendment, Dr. House said, "So there were concerns raised in the Reference Committee and the original Bill of Rights. This amendment should alleviate those concerns. I'd like to speak about the amended resolution. Dr. Thompson and I had talked about some of the challenges I faced when I was working for a nondentist owner. The employee Bill of Rights came out of that discussion. Things like high speed handpieces only being sterilized once a week, nonprecious metal crowns being billed as gold. There was the day that I arrived and discovered my assistant had been assigned a hygiene room and was to do prophies on adult patients all day. The most challenging day was when I arrived, and there was a lady in my chair prepared for full mouth extractions, and the denture that I was [to] deliver had been made by an assistant. No dentist had ever examined her. Once the Employee Bill of Rights had been written, we looked at it through the lens of an employer. I believe that we, as ADA owner dentists, can easily provide this kind of clean and ethical office [policy]. None of the rights that are listed here are new. They are all pulled from our *ADA Code of Ethics* and are from employment law. It is simply written for the dental employee so that they know that the ADA has their back."

Dr. Glenn M. Okihiro, Hawaii, spoke in support of the amendment, saying, "It makes it a lot clearer. It removes the major objections I heard at the Reference Committee. Having been an employee a few years ago, long time ago, it would have helped me when I was a young person trying to make a living and I had no clue as to some of these other issues going on. So I think this would make it easier for us to move forward and really help our younger members."

Dr. Richard A. Weinman, Georgia, spoke in opposition to the amendment, saying, "An employee dentist already has the right to expect this. All those things that were mentioned were, I believe, illegal in our states and in our dental practice acts. And I don't exactly know what a right to expect means, what does that do to anything, because it's not a law, it's not a rule. And these are already things that shouldn't happen. I think we need to have some of the things that referral will do to help this, but this language actually is too ambiguous."

Dr. Michael R. Thompson, Arizona, spoke in support of the amendment to Resolution 165.

Dr. Christopher M. Hasty, Georgia, spoke in opposition to the amendment.

A delegate from the floor moved to vote immediately. The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, the amendment to Resolution 165 was adopted.

Dr. Stanley L. Brysh, Wisconsin, spoke in support of referral, saying, "In listening to some of the previous testimony, I can understand all of the concerns voiced by my colleague[s], however, I'm a general practice residency program director and this particular resolution as it stands now gives me the willies, because this will be an absolute nightmare for me trying to have any sort of a discipline in my program if I've got residents refusing to do this because they don't like the material, et cetera, et cetera. So I would like to see this go back to the appropriate people so that they can take that into consideration ..."

Dr. Gary S. Davis, Pennsylvania, spoke against referral, saying, "With all due respect to the makers of this resolution and our past speakers, I don't care how much you study this document, it will be bad for employee and employee dentists. It places a wedge between colleagues. ..."

Dr. Christopher M. Hasty, Georgia, spoke in support of referral, saying, "As an owner dentist, I already adhere to the *Principles of Ethics and Code of Professional Conduct* when dealing with my patients and my employees. I believe these principles already provide a guide on how to run my business. I believe this resolution as it's written would tie my hands and tie other owner dentists' hands in running a business appropriately and will mandate us to run our business how this resolution states."

Dr. Dennis J. Charlton, Pennsylvania, speaking against referral said, "I would really like this to go away, but let's make it go away by referring it, and let somebody study it a little bit. ..."

Dr. Samuel E. Selcher, Pennsylvania, said, "... Either refer or kill it, but don't pass it."

Dr. David H. McCarley, Texas, and Dr. Ariane R. Terlet, California, spoke in support of referral.

Dr. John R. Roberts, Indiana, moved to vote immediately. The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, Resolution 165, as amended, was referred to the appropriate ADA agenc(ies) for further study and report back to the 2013 House of Delegates.

165. Resolved, that the American Dental Association adopts the following as a statement of fair practices in employing dentists:

The Employee Dentist's Bill of Rights*

- 1. An employee dentist has the right not to be penalized or terminated for exercising appropriate professional judgment in patient assessment, diagnosis or treatment.
- 2. An employee dentist has the right to refuse to deliver a prosthetic device that he/she believes does not represent an acceptable standard of care.
- 3. An employee dentist has the right to participate in selecting a lab to fabricate prostheses for which they are responsible.
- 4. An employee dentist has the right to refuse to use materials and techniques which he/she finds unacceptable or for which they feel unqualified.
- 5. An employee dentist has the right and responsibility to report unethical or illegal behavior by employers and other employees with the protection of whistleblower laws.
- 6. An employee dentist has the right to refuse to provide care for which he/she will not be compensated.
- 5. An employee dentist has the right to expect their employer to comply with applicable dental practice statutes and regulations.
- 6. An employee dentist has the right to expect appropriate and ethical <u>business and</u> billing practices by his/her employer.
- 7. An employee dentist has the right to expect employers to maintain facilities and equipment to accepted standards.
- 8. An employee dentist has the right to expect that HIPAA, OSHA and CDC guidelines are being enforced and adhered to.
- 9. An employee dentist has the right to perpetual access to the records of a patient he/she has treated, in the event of peer review, board complaint or lawsuit.
- 10. An employee dentist has the right to be a member of the professional organization of his/her choice.
- 11. An employee dentist has the right to abide by ADA Principles of Ethics and Code of Professional Conduct without obstruction by their employers.
- 12. An employee dentist has the right to refuse to perform treatment not justified by his/her own diagnosis.

*Dentists are advised that employment contracts may have provisions that conflict with these rights and the ADA recommends that dentists seek legal counsel when considering how contracts affect their professional rights and responsibilities.

and be it further

Resolved, that the Association will publish and promote this statement to dentist employers and employees, and be it further

Resolved, that the Association encourages constituent societies to utilize this statement to facilitate legislative and regulatory measures to ensure the fair and ethical treatment of dentist employees and the patients that they treat.

Report of the Reference Committee on Membership and Related Matters

The Report of the Reference Committee on Membership and Related Matters was presented by Dr. Ray Cohlmia, Oklahoma, chair. The other members of the Committee were: Dr. Steven Ellinwood, Indiana; Dr. John Gerding, Illinois; Dr. Zacharias Kalarickal, Florida; Dr. Puneet Kochhar, New Hampshire; Dr. William Nantz, Texas; Dr. Kevin Sessa, Colorado; Dr. Alexa Vitek, Michigan; and Dr. Rex Yanase, California.

Consent Calendar (Reference Committee on Membership and Related Matters Resolution 182): The Reference Committee reported as follows.

The Reference Committee on Membership and Related Matters presents the following consent calendar for consideration of the House of Delegates. The appended Resolution 182 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 182, 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 51, 51B, 67 and made an editorial change to 171.

182. Resolved, that the recommendations of the Reference Committee on Membership and Related Matters on the following resolutions be accepted by the House of Delegates.

Resolution 50RC—ADOPT in lieu of Resolution 50 (*Downloadable ADA Member Logos, Supplement*:3000); \$: 24,000; FTE: 0

Resolution 51RC—ADOPT in lieu of Resolution 51 and 51B (*Amendment of ADA Bylaws Regarding Dues of Active Members, Supplement*:3002); \$: None in 2013; \$: 1,951,104 Revenue in 2014 ongoing; FTE: 0

Resolution 67—ADOPT (*Amendment of ADA Bylaws Regarding Benefits of Affiliate Members, Supplement*:3016); \$: None; FTE: 0 (Resolution of Special Interest)

Resolution 69—ADOPT (Association Policies to be Maintained recommended by the Council on Membership, Supplement:3017); \$: None; FTE: 0 (Moot)

Resolution 70—ADOPT (*Amendment of ADA Policy on Alternate Methods of Dues Payment, Supplement:*3019); \$: None; FTE: 0

Resolution 71S-1—ADOPT in lieu of Resolution 71 (*Amendment of Policy on Consumer Directories, Supplement*:3020); \$: None; FTE: 0

Resolution 72—ADOPT (*Rescission of Policy on New Dentist Representation, Supplement*:3022); \$: None; FTE: 0

Resolution 73—ADOPT (Amendment of Policy on Requirement for Membership Maintenance in ADA for Fellows of the American College of Dentists, the USA Section of the International College of Dentists and the Pierre Fauchard Academy, Supplement:3023); \$: None; FTE: 0

Resolution 77—ADOPT (*ADA Policy to be Maintained on Need of Dental Public Health Education and Oral Health Services in Underserved Countries as Recommended by the Division of Global Affairs, Supplement*:3029); \$: None; FTE: 0 (Moot)

Resolution 78—ADOPT (*Amendment of ADA Policy on Donation of ADA Library Materials, Supplement*:3031); \$: None; FTE: 0

Resolution 80—ADOPT (*Rescission of ADA Policy on Membership in FDI World Dental Federation, Supplement*:3032); \$: None; FTE: 0

Resolution 81—ADOPT (*Rescission of ADA Policy on Membership in FDI World Dental Federation—Actions Taken by UNESCO, Supplement*:3034); \$: None; FTE: 0

Resolution 82—ADOPT in lieu of Resolution 82S-1 (*Amendment of ADA Policy on Changes in ADA Strategic Plan, Supplement*:3036); \$: None; FTE: 0

Resolution 160RC—ADOPT in lieu of Resolution 160 (*Extending New Dentist Discount Program, Supplement*:3037); \$: None; FTE: 0

Resolution 167—NOT ADOPT (*Rescission of Policy on Sponsorship or Endorsement of a National Professional Liability Insurance Program, Supplement*:3038); \$: None; FTE: 0

Resolution 171—REFER (*ADA Membership Logo, Supplement*:3052); \$: None; FTE: 0 (Resolution of Special Interest)

Resolution 173—NOT ADOPT (*Collaboration with Dental Schools to Promote Private Practice of Dentistry, Supplement*:3051); \$: 199,905 for first year, with \$76,000 ongoing; FTE: 0.5

Dr. Cohlmia moved the adoption of Resolution 182.

The Reference Committee identified Resolution 67 and 171 as items of special interest, as such; they were automatically removed from the consent calendar. Resolution 69 and 77 were ruled moot based on the adopted of Resolution 170H-2012.

Delegates from the floor requested the removal of Resolutions 51RC, 82,160RC, and 173 from the consent calendar.

On vote, Resolution 182, as amended, was adopted.

182H-2012. Resolved, that the recommendations of the Reference Committee on Membership and Related Matters on the following resolutions be accepted by the House of Delegates.

Resolution 50RC—ADOPT in lieu of Resolution 50 (*Downloadable ADA Member Logos, Supplement*:3000); \$: 24,000; FTE: 0

Resolution 70—ADOPT (*Amendment of ADA Policy on Alternate Methods of Dues Payment, Supplement*:3019); \$: None; FTE: 0

Resolution 71S-1—ADOPT in lieu of Resolution 71 (*Amendment of Policy on Consumer Directories, Supplement*:3020); \$: None; FTE: 0

Resolution 72—ADOPT (*Rescission of Policy on New Dentist Representation, Supplement*:3022); \$: None; FTE: 0

Resolution 73—ADOPT (Amendment of Policy on Requirement for Membership Maintenance in ADA for Fellows of the American College of Dentists, the USA Section of the International College of Dentists and the Pierre Fauchard Academy, Supplement:3023); \$: None; FTE: 0

Resolution 78—ADOPT (*Amendment of ADA Policy on Donation of ADA Library Materials, Supplement*:3031); \$: None; FTE: 0

Resolution 80—ADOPT (*Rescission of ADA Policy on Membership in FDI World Dental Federation, Supplement*:3032); \$: None; FTE: 0

Resolution 81—ADOPT (*Rescission of ADA Policy on Membership in FDI World Dental Federation—Actions Taken by UNESCO, Supplement*:3034); \$: None; FTE: 0

Resolution 167—NOT ADOPT (*Rescission of Policy on Sponsorship or Endorsement of a National Professional Liability Insurance Program, Supplement*:3038); \$: None; FTE: 0

Note: For the purpose of a fully documented record, the complete test of the resolutions presented in Resolution 182H follows:

ADOPTED

Downloadable ADA Member Logos

50H-2012. Resolved, that the downloadable ADA member logos, without the year of issue, be made available for members.

Amendment of ADA Policy on Alternate Methods of Dues Payments

70H-2012. Resolved, that the ADA policy "Alternate Methods of Dues Payment" (*Trans*.1988:456) be amended as follows (additions are <u>underscored</u>; deletions are <u>stricken</u>):

Resolved, that those constituent and/or component societies that have not offered their membership an alternative method of dues payment, be urged to do so as soon as possible, <u>be</u> urged to offer an alternative method of dues payment, and be it further **Resolved**, that the Association offer its assistance in recommending such a plan to those constituent and/or component societies that request such assistance.

Amendment of Policy on Consumer Directories

71H-2012. Resolved, that the ADA policy "Consumer Directories" (*Trans.*1976:930) be amended as follows (additions are <u>underscored</u>; deletions are <u>stricken</u>):

Resolved, that constituent and component dental societies be encouraged to produce or cooperate in producing produce, develop, maintain and update ethical "consumer directories" of dentists in their areas which will provide appropriate information to the public, and be it further **Resolved**, that constituent and component societies consider cooperating be urged to actively communicate with responsible state or local consumer organizations in the production the availability of such directories on component, constituent and ADA Web sites.

Rescission of Policy on New Dentist Representation

72H-2012. Resolved, that the ADA policy on New Dentist Representation (*Trans*.1990:576) be rescinded.

Amendment of Policy on Requirement for Membership Maintenance in ADA for Fellows of the American College of Dentists, the USA Section of the International College of Dentists and the Pierre Fauchard Academy

73H-2012. Resolved, that the ADA policy "Requirement for Membership Maintenance in ADA for Fellows of the American College of Dentists, the USA Section of the International College of Dentists and the Pierre Fauchard Academy" (*Trans*.1989:538) be amended as follows (additions are <u>underscored</u>; deletions are <u>stricken</u>):

Resolved, that the American College of Dentists, the USA Section of the International College of Dentists and the Pierre Fauchard Academy be formally advised upon request on an annual ongoing basis when a member is dropped from the roster of the ADA, and be it further **Resolved,** that the ACD, USA Section of the ICD and the Pierre Fauchard Academy be encouraged, when legally feasible, to require continuing membership in the ADA for those members in good standing.

Amendment of ADA Policy on Donation of ADA Library Materials

78H-2012. Resolved, that the ADA policy on Donation of ADA Library Materials (*Trans.* 1993:684) be amended as follows (deletions are stricken):

Resolved, that the ADA donate its appropriate excess and outdated library materials to Medical Books for China International or any other organizations that is in need of these materials, and be it further

Resolved, that the ADA encourage its allied dental organizations to also donate their excess materials.

Rescission of ADA Policy on Membership in FDI World Dental Federation

80H-2012. Resolved, that Resolution 21-1963-H Membership in FDI World Dental Federation (*Trans*.1963:264) be rescinded.

Rescission on ADA Policy on Membership in FDI World Dental Federation—Actions Taken by UNESCO

81H-2012. Resolved, that Resolution 69-1975-H Actions Taken by UNESCO (*Trans.*1975:740) be rescinded.

NOT ADOPTED

Rescission of Policy on Sponsorship or Endorsement of a National Professional Liability Insurance Program

167. Resolved, that the ADA policy on Sponsorship or Endorsement of a National Professional Liability Insurance Program (*Trans*.1995:603) be rescinded.

Amendment of ADA *Bylaws* **Regarding the Dues of Active Life Members** (Council on Membership Resolution 51, Board of Trustees Resolution 51B and Reference Committee on Membership and Related Matters Resolution 51RC): The Reference Committee reported as follows.

Based on the testimony heard about communications to the affected members, the Reference Committee moves the adoption of Resolution 51RC. The Standing Committee on Constitution and Bylaws approves the wording of Resolution 51 and 51B as submitted. The wording of Resolution 51RC has been approved by the Speaker of the House of Delegates.

51RC. Resolved, that the ADA *Bylaws*, Chapter I. MEMBERSHIP, Section 20. QUALIFICATIONS, PRIVILEGES, DUES AND SPECIAL ASSESSMENTS, Section B. LIFE MEMBER, Subsection c.

DUES AND SPECIAL ASSESSMENTS, paragraph 1, be amended as follows (new language <u>underscored</u>; deletions stricken):

(1) ACTIVE LIFE MEMBERS. The dues of life members who have not fulfilled the qualifications of retired membership pursuant to Chapter I, Section 20C of these *Bylaws* with regard to income related to dentistry shall be fifty percent (50%) seventy-five percent (75%) of the dues of active members, due January 1 of each year. In addition to their annual dues, active life members shall pay fifty percent (50%) seventy-five percent (75%) of any active member special assessment, due January 1 of each year.

and be it further

Resolved, that this becomes effective in the 2014 membership year.

Dr. Cohlmia moved the adoption Resolution 51RC in lieu of Resolutions 51 (*Supplement*:3002) and 51B (*Supplement*:3002).

A delegate from the floor moved to substitute Resolution 51 for Resolution 51RC.

51. Resolved, that the ADA *Bylaws*, Chapter I. MEMBERSHIP, Section 20. QUALIFICATIONS, PRIVILEGES, DUES AND SPECIAL ASSESSMENTS, Section B. LIFE MEMBER, Subsection c. DUES AND SPECIAL ASSESSMENTS, paragraph 1, be amended as follows (new language <u>underscored</u>; deletions stricken):

(1) ACTIVE LIFE MEMBERS. The dues of life members who have not fulfilled the qualifications of retired membership pursuant to Chapter I, Section 20C of these *Bylaws* with regard to income related to dentistry shall be fifty percent (50%) seventy-five percent (75%)* of the dues of active members, due January 1 of each year. In addition to their annual dues, active life members shall pay fifty percent (50%) seventy-five percent (75%)* of any active member special assessment, due January 1 of each year.

*The dues and special assessment percentage for those members who attained active life membership classification prior to the adjournment *sine die* of the 2012 House of Delegates shall remain at the same percentage as they had upon entry into this category, and until such time that they move to another membership category.

Speaking to the motion, the delegate said, "Just two minutes [ago] we passed a resolution on the consent calendar to spend \$800,000 supporting the ADA brand, both internally and externally. I'm concerned that by reneging on our promise to our existing members who already have this decrease in their dues will have an adverse effect on our brand image. Many seem to feel that there will be little consequences to this action, that these members are more than willing and able to afford this. I disagree. I think you have all heard of the little company called Netflix. One similar type action has created potentially irreparable damage to their brand, as well as significant financial loss. Let's not break a pledge to our existing life member and let's not be another Netflix."

Dr. Thomas S. Kelly, Ohio, said, "I support substitution of Resolution 51 in lieu of 51RC. As you can see on the screen of financial impact here, Resolution 51RC has no revenue for our Association. Resolution 51, which you're asking me to consider is more fiscally responsible and will increase revenues by greater than \$310,000 and then that current surplus and deficit would then decrease by \$310,000. In addition, Resolution 51 allows us to be fair and respectful to the more than 12,000 current active life members to minimize the risk of loss of membership and the further erosion of our important market share."

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 substitute Resolution 51 for Resolution 51RC was not adopted in lieu of Resolution 51B since it failed to receive a two-thirds (2/3) affirmative vote.

Dr. Walter Chinoy, New Jersey, spoke in opposition to Resolution 51RC, saying, "When I joined this organization, there was no such thing as active life and retired life. There was only life members who got free dues for life. And then several years later, we created active life, they had to pay 50%, and I know for a fact in the state of New Jersey that we lost members because of that, because they felt we broke a promise. And I don't want to break a promise twice. I think one of our core values that we spoke about earlier is that we have an organization that keeps its word. And I don't feel good that we broke it once, and I'll feel worse if we break it twice. Just remember, if we lose members because of this, getting 50% of something is better than getting 75% of nothing."

Dr. Kevin D. Sessa, Colorado, moved to vote immediately. The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, Resolution 51RC was not adopted.

Dr. Virginia A. Hughson-Otte, California, moved the adoption Resolution 51B.

51B. Resolved, that the ADA *Bylaws,* Chapter I. MEMBERSHIP, Section 20. QUALIFICATIONS, PRIVILEGES, DUES AND SPECIAL ASSESSMENTS, Section B. LIFE MEMBER, Subsection c. DUES AND SPECIAL ASSESSMENTS, paragraph 1, be amended as follows (new language <u>underscored</u>; deletions stricken):

(1) ACTIVE LIFE MEMBERS. The dues of life members who have not fulfilled the qualifications of retired membership pursuant to Chapter I, Section 20C of these *Bylaws* with regard to income related to dentistry shall be fifty percent (50%) seventy-five percent (75%) of the dues of active members, due January 1 of each year. In addition to their annual dues, active life members shall pay fifty percent (50%) seventy-five percent (75%) of any active member special assessment, due January 1 of each year.

Speaking in support of Resolution 51B, Dr. Hughson-Otte said, "Times are changing. This membership category was brought about for a reason. If we didn't have active life, as one other speaker already said, we would have active members and retired members. And the fact that we're already giving a dues break to these members is wonderful as long as the Association can afford to do it. But the bottom line here is, as we're being fiducially responsible in this House, we need to be able to have the flexibility to address certain issues through member dues, member categories in order to help us do what we do best for our members, and that's provide those services. And that's the reason they're members."

Dr. Samuel E. Selcher, Pennsylvania, spoke in support of Resolution 51B, "I take exception with the concept, because you've done something in the past, that it's a guarantee that it's going to happen in the future. How many people here pay the same dues now you paid ten years ago? Nobody. It's an annual proposition. Now, the next question is, the active life members, what benefits are they receiving from their benefit? Advocacy? Did we have any legislation passed that allowed them to continue to earn their income? I would say the answer is yes. They may be much better able to pay, but as long as you're receiving your income, you're receiving the benefit. It is not unreasonable to pay for it."

Dr. Marshall H. Mann, Georgia, asked the Treasurer to provide the dues impact Resolution 51B would have if passed and not passed.

At the Speaker's request, Dr. Leone responded, saying, "Well, if this particular resolution passes it would generate \$1.9 million in revenue. Balance that against what you see as your deficit situation right now ... it would negate all but \$30,000 worth of the deficit position you have right now."

Speaking in support of Resolution 51B, Dr. Bradley W. Barnes, Illinois, said, "In 2010, our state house of delegates dealt with the same resolution. ... Twenty years ago, the average age of retirement was 63. Today it's over 67. We're working longer. We're retiring later. Thus, our members used to move from the active members to retired members to retired life members. Now, they typically move from active members to active

life members to retired life members. Three years ago in our ISDS House of Delegates, we put forth the resolution to move from 50% to 75% dues for this group. In the legislative process, one of our members with whom this resolution would affect amended it to 100% dues, and it was passed. There was a concern that we might lose members. We have lost 17 members. We chose not to complicate the process by grandfathering members in and we also have guidelines in place for part-time and members suffering from financial hardship. In our district, this change has been very successful and very positively received."

Dr. G. Lewis Mitchell, Jr., Alabama, also spoke in support of Resolution 51B.

Dr. Thomas J. Schripsema, New Mexico, moved to vote immediately. The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, Resolution 51B was adopted by a two-thirds (2/3) affirmative vote.

51H-2012. Resolved, that the ADA *Bylaws*, Chapter I. MEMBERSHIP, Section 20. QUALIFICATIONS, PRIVILEGES, DUES AND SPECIAL ASSESSMENTS, Section B. LIFE MEMBER, Subsection c. DUES AND SPECIAL ASSESSMENTS, paragraph 1, be amended as follows (new language <u>underscored</u>; deletions stricken):

(1) ACTIVE LIFE MEMBERS. The dues of life members who have not fulfilled the qualifications of retired membership pursuant to Chapter I, Section 20C of these *Bylaws* with regard to income related to dentistry shall be fifty percent (50%) seventy-five percent (75%) of the dues of active members, due January 1 of each year. In addition to their annual dues, active life members shall pay fifty percent (50%) seventy-five percent (75%) of any active member special assessment, due January 1 of each year.

Amendment of ADA *Bylaws* **Regarding Benefits of Affiliate Members** (Council on Membership Resolution 67): The Reference Committee reported as follows.

The Reference Committee heard testimony on Resolution 67. After considerable discussion, the Reference Committee moves the adoption of Resolution 67. The Standing Committee on Constitution and Bylaws approves the wording of Resolution 67 as submitted.

67. Resolved, that the ADA *Bylaws, Chapter* I. MEMBERSHIP, Section 20. QUALIFICATIONS, PRIVILEGES, DUES AND SPECIAL ASSESSMENTS I. AFFILIATE MEMBER, b. PRIVILEGES be amended as follows: (additions are <u>underscored</u>; deletions are <u>stricken</u>).

b. PRIVILEGES. An affiliate member in good standing shall receive annually a membership card, have access to the members-only content areas of ADA.org, be entitled to attend any scientific-session of this Association, purchase items through the ADA Catalog at the member rate and receive such other a set of products and services as are authorized by the Board of Trustees in collaboration with the Council on Membership.

c. DUES AND SPECIAL ASSESSMENTS. The dues of affiliate members shall be <u>established by</u> the Board of Trustees. The Board of Trustees shall be authorized to deviate from the established affiliate member dues rate to: (1) promote affiliate memberships in a selected jurisdiction, and (2) to recognize economic circumstances in least developed countries eligible for special fee criteria as established by the FDI World Dental Federation. Affiliate member dues shall be twelve dollars (\$12.00) for those members practicing in least developed and low income countries eligible for special fee criteria as established by the Fédération Dentaire Internationale and seventy-five dollars (\$75.00) for other such members, due January 1 each year. Affiliate members shall be exempt from the payment of any special assessment.

Dr. Cohlmia moved the adoption of Resolution 67 (Supplement:3016).

In response to a point of information, the Speaker stated that if Resolution 67 was adopted, then Resolution 171 would be moot.

Dr. Jeremy M. Albert, Florida, moved to refer Resolution 67 to the Council on Membership, saying, "It is my understanding that [the] Council on Membership is commissioning a dues pricing study that will be completed in February 2013. I would like to refer this resolution back to them until that is completed and analyzed. We have just passed a resolution where we're asking our most loyal members to pay more dues, and I feel that this resolution will give the Board the opportunity to reduce the dues for affiliate members, and I think that sends a bad message to our membership."

Dr. Thomas S. Kelly, Ohio, spoke against referral, saying, "This resolution is coming from our Council on Membership. We already studied this issue. Resolution 67 allows the Board, in collaboration with the Council on Membership, to decide what privileges, access, [and] products are available to those members. It allows the Board, in collaboration with the Council on Membership, to decide the appropriate dues level for those affiliate membership categories. This resolution, in fact, does refer the responsibilities of this category with regard to privileges and dues back to the appropriate agency to decide what those proper things are. ..."

Speaking against referral, Dr. W. Ken Rich, trustee, Sixth District, said, "[I am] also a member of the FDI delegation. ... I believe this gives latitude and in the arena that we're speaking about, in the international arena, it is necessary to give the Board latitude or someone latitude to set the dues differently if necessary or to set the products that are given as part of membership differently for different countries. We are not talking about just the United States now. The reason for that [is] that some countries are very, very poor. Some are not. And that latitude has to be granted to some entity in order to make this thing work. So to send it back, I feel, is inappropriate at this time. It is truly an international issue we're dealing with, and it's truly different from setting the dues in the United States."

Dr. Nancy R. Rosenthal, Pennsylvania, also spoke in opposition to referral.

Dr. W. Mark Donald, Mississippi, requested a point of information, saying, "I would like a definition of a set of products. What's included in a set of products for the affiliate member?"

With permission from the Speaker, Dr. O'Loughlin responded, "Affiliate members are able to access the *Journal* primarily electronically. They also are significant purchasers through our products and development services. Often they buy products and we ship them to them."

Dr. Donald asked if the affiliate member was able to get the ADA logo decals and was considered an ADA member.

Dr. O'Loughlin responded, "They are an affiliate member of the ADA. They don't get the decal. But, as you know, you can download the [ADA member] logo."

Dr. Jean E. Bainbridge, Texas, said, "I speak in favor of this. We have only 2,400 affiliate members at present, and it is an area that we can expand. We need to allow the Council and the Board to have the latitude to expand the market, and by giving that responsibility to the appropriate people, we will be able to be more effective in approaching other potential affiliate members."

Dr. Terry L. Fiddler, Arkansas, moved to vote immediately. The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, the motion to refer was not adopted.

Dr. Jonathan S. Dubin, Georgia, moved to amend Resolution 67 by addition between the words, "a set of products" and "and services" the words "with the exception of the ADA member logo." Speaking to the amendment, Dr. Dubin said, "As an affiliate member, they can use that logo in countries that are not the

United States, and they could advertise as dental tourism and present themselves as an ADA [member], when they in fact are an affiliate member ... and don't hold themselves to the ADA standards."

Dr. Stephen J. Zuknick, Florida, requested a point of information about the legality of removing one membership benefit, saying, "We had heard in another association that attempted it, that it was illegal."

At the Speaker's request, Mr. J. Craig Busey, general counsel, responded, "It's our view that if you put it into the *Bylaws* in the definition of benefits available to the members, that it would pass legal muster. In those areas where it's been challenged, our understanding is that the *Bylaws* did not distinguish between the benefits available to various members and that the attempt was made in a different way."

Dr. Mark A. Bauman, New York, spoke in opposition to the amendment to Resolution 67, saying, "This is sort of throwing out the baby with the bathwater. We do have a strong issue of illegal use of the logo, which, frankly, we cannot do anything about. It is an unenforceable international issue. I will leave it up to the Board and the Council to determine, in general, what set of products and leave the legitimate use of the logo intact."

Dr. Thomas S. Kelly, Ohio, also spoke in opposition to the amendment to Resolution 67.

Dr. Terry L. Fiddler, Arkansas, moved to vote immediately. The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, the amendment to Resolution 67 was not adopted.

Dr. Terry L. Fiddler, Arkansas, moved to vote immediately. The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, Resolution 67 was adopted by a two thirds (2/3) affirmative vote.

67H-2012. Resolved, that the ADA *Bylaws, Chapter* I. MEMBERSHIP, Section 20. QUALIFICATIONS, PRIVILEGES, DUES AND SPECIAL ASSESSMENTS I. AFFILIATE MEMBER, b. PRIVILEGES be amended as follows: (additions are <u>underscored</u>; deletions are <u>stricken</u>).

b. PRIVILEGES. An affiliate member in good standing shall receive annually a membership card, have access to the members-only content areas of ADA.org, be entitled to attend any scientific session of this Association, purchase items through the ADA Catalog at the member rate and receive such other a set of products and services as are authorized by the Board of Trustees in collaboration with the Council on Membership.

c. DUES AND SPECIAL ASSESSMENTS. The dues of affiliate members shall be <u>established by</u> the Board of Trustees. The Board of Trustees shall be authorized to deviate from the established affiliate member dues rate to: (1) promote affiliate memberships in a selected jurisdiction, and (2) to recognize economic circumstances in least developed countries eligible for special fee criteria as established by the FDI World Dental Federation. Affiliate member dues shall be twelve dollars (\$12.00) for those members practicing in least developed and low income countries eligible for special fee criteria as established by the Fédération Dentaire Internationale and seventy-five dollars (\$75.00) for other such members, due January 1 each year. Affiliate members shall be exempt from the payment of any special assessment.

The Speaker declared Resolution 171 (ADA Membership Logo, Supplement: 3052) moot.

Amendment of ADA Policy on Changes in ADA Strategic Plan (Board of Trustees Resolution 82 and Fifth Trustee District Resolution 82S-1): The Reference Committee reported as follows.

The Reference Committee heard testimony on Resolution 82 and Resolution 82S-1. Based on the testimony of the roles of the Board of Trustees and House of Delegates as it relates to the ADA Strategic Plan, the Committee moves the adoption of Resolution 82.

82. Resolved, that the ADA policy on "Changes in ADA Strategic Plan" (*Trans*.1997:714) be amended to read as follows (additions are underscored; deletions are stricken):

Resolved, that the ADA <u>Board of Trustees be urged to</u> establish a mechanism for <u>seek</u> input from communities of interest, <u>including representatives from the House of Delegates</u>, in the <u>development of</u> to any substantive changes to the ADA Strategic Plan. after the initial review by the Board of Trustees, and be it further</u>

Resolved; that any comments resulting from this review be referred to the Board of Trustees for consideration or possible action

Dr. Cohlmia moved the adoption of Resolution 82 (*Supplement*:3036) in lieu of Resolution 82S-1 (*Supplement*:3036a).

A delegate from the floor requested a point of information, saying, "... I think the strategic plan has evolved and changed quite a bit over the past 12 years. Is there any way that we can find out how the strategic plan works now? What is the process right now?"

At the request of the Speaker, Dr. O'Loughlin responded, "The process previous to this year was the Strategic Planning Committee, which was a combination of some Board of Trustee members and some ad hoc members, not necessarily delegates, but members of the general ADA community, would convene twice a year to review the progress on the plan, there has been a plan in place for many years, and then to work with the Board to develop the next strategic plan. This process was considered duplicative and redundant so the Board assumed full responsibility for the development of this strategic plan and the review and results on an annual basis and the Strategic Planning Committee voted to sunset itself this year when they recognized the redundant effort and difficulty in coordinating two groups. Currently we have a planning session every December. We have expanded it to include not only the Board but some members of the House, specifically, depending on what the topic is, and we have included some senior staff in that planning session. Right now we are in between the three-year plan. We're right in the middle [of the] 2011-2014 plan. So the focus has been on reviewing the results achieved against that plan. Starting this coming year in 2013, we will develop a much broader community of interest to begin the development of the process for developing the next strategic plan. And we anticipate that we will be drawing on members from the House. Mr. Bowman is in charge of this process and because we're in the middle of a transition, I will leave it to Jerry [Bowman] to answer any other questions about it."

Seeing no one at the microphones, the Speaker called for a vote on Resolution 82. On vote, Resolution 82 was adopted in lieu of Resolution 82S-1.

82H-2012. Resolved, that the ADA policy on "Changes in ADA Strategic Plan" (*Trans.*1997:714) be amended to read as follows (additions are underscored; deletions are stricken):

Resolved, that the ADA <u>Board of Trustees be urged to</u> establish a mechanism for <u>seek</u> input from communities of interest, <u>including representatives from the House of Delegates</u>, in the <u>development of</u> to any substantive changes to the ADA Strategic Plan, after the initial review by the Board of Trustees, and be it further</u>

Resolved, that any comments resulting from this review be referred to the Board of Trustees for consideration or possible action

Extending New Dentist Discount Program (First Trustee District Resolution 160 and Reference Committee on Membership and Related Matters Resolution 160RC): The Reference Committee reported as follows.

The Committee heard considerable testimony on Resolution 160. After testimony, it was determined that the wording of the resolution as written implied that the action would be taken, when in fact, this resolution only establishes the study of the impact of the resolution. Therefore, the Reference Committee proposes the following resolution to substitute for Resolution 160 for clarification and moves its adoption.

160RC. Resolved, the 2012 House of Delegates directs the appropriate agencies to study the impact of extending the duration of the time frame for the ADA Reduced Dues Program, and be it further. **Resolved**, that the findings from the appropriate agencies be reported to the 2013 House of Delegates.

Dr. Cohlmia moved the adoption of Resolution 160RC in lieu of Resolution 160 (Supplement:3037).

Dr. Dennis R. Price, Kentucky, moved to substitute Resolution 160 for Resolution 160RC.

160. Resolved, the ADA Council on Membership be requested in its annual report to the ADA 2014 House of Delegates to report on the benefits and the financial impact of extending the reduced dues period for the New Dentist Dues Discount Program.

Speaking to the substitution, Dr. Price said, "I would also plan to recommend to not adopt [Resolution 160]. ... [Resolution] 160RC is recommending just another study. We don't see a whole lot of difference between the two, but the background information in [Resolution] 160 is more descriptive of what they want to do."

Seeing no one at the microphones, The Speaker called for a vote on the amendment. On vote, the motion to substitute Resolution 160 for Resolution 160RC was not adopted.

Speaking against Resolution 160RC, a delegate from the floor said, "At the risk of sounding like a bitter active life member, which I am not either bitter or an active life member yet, I do have a daughter three years out of dental school that practices with me, so I am sensitive to the young dentists. But I am speaking against [Resolution 160RC]. Rather than doing yet another study concerning graduated dues for new dentists over ten years, I would urge the Council on Membership to use information that they have from many previous studies to determine the best ways to convey the value of ADA membership, and to influence young dentists to remain ADA members. The potential reduced dues savings to young dentists over ten years instead of the current five-year graduated dues structure I think is insignificant to each individual young dentist. Maybe at [\$100] to \$200 per year. They each spend that amount or more for their cell phone and Internet connections each month, and I would argue that we're dealing with an individual's priorities. We need to encourage these young dentists to take ownership in the ADA and to reassure them of its true value to them and their chosen profession. So I would urge against this."

Dr. Nancy R. Rosenthal, Pennsylvania, said, "I'd like to remind you that the Council on Membership is now engaged in a long time financial strategic study of dues structure. If this is passed, it will be incorporated into this existing structure."

Dr. Terry L. Fiddler, Arkansas, moved to vote immediately. The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, Resolution 160RC was adopted.

160H-2012. Resolved, the 2012 House of Delegates directs the appropriate agencies to study the impact of extending the duration of the time frame for the ADA Reduced Dues Program, and be it further,

Resolved, that the findings from the appropriate agencies be reported to the 2013 House of Delegates.

Collaboration With Dental Schools to Promote Private Practice of Dentistry (Sixth Trustee District Resolution 173): The Reference Committee reported as follows.

The Committee heard testimony on Resolution 173. After testimony and clarification of a cost implication of \$199,905 for the first year, with \$76,000 ongoing and with a salary cost of 0.5 FTE, the Reference Committee moves Resolution 173 with a recommendation to vote no.

173. Resolved, that the ADA Board of Trustees formulate and institute an action plan to collaborate with schools of dentistry to promote the private practice dentistry, and be it further **Resolved,** that the Board of Trustees formulate and institute an action plan to collect membership data that accurately reflects practice ownership and employment by entities, and be it further **Resolved,** that the Board of Trustees report progress made in this regard through ADA publications and make a report to the 2013 House of Delegates.

Dr. Colhmia moved Resolution 173 (Supplement: 3053).

Dr. Prabu Raman, Missouri, moved to refer Resolution 173 to the Council on Membership, saying, "[I am] the maker of this resolution. I would like to ask [that] this be referred to the [Council] and not just be pushed away. This is much too important for that to be not adopted now. ..."

Dr. Mark R. Zust, Missouri, spoke in support of referral, saying, "The vast majority of our membership is made up of private practice dentists, yet the private practice dentists do not have a particular advocate in a dental school, whereas the corporate dentistry is there all the time. I agree with referral so that we can have some study on it and see if we want to take some action next year."

Dr. Mark A. Bauman, New York, spoke against referral, saying, "[I am the] incoming chair on the Council on Membership. [The] ADA already has adequate means for exploring all options such as the ADA success program, giving fair and balanced options to dental students, and I do not feel this is necessary."

Dr. Randall H. Ogata, Washington, spoke against referral, saying, "[I am] also on the Council on Membership, but also an ADA Success Speaker. This is already ongoing and we're doing it on a yearly basis with the D1's, the D2's, the D3's, and the D4's. They're given every practice opportunity, and we discuss those options with them. So it's not just private practice. It's everything, military and residencies. All those things are brought to their attention."

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 motion to refer Resolution 173 to the Council on Membership was not adopted.

Seeing no one at the microphones, The Speaker called for a vote on Resolution 173. On vote, Resolution 173 was not adopted.

New Business

Dr. Eva F. Ackely, Florida requested that new business Resolution 185 be taken up before Resolution 184.

There were no objections.

Requirement for Specialty Recognition (Ninth Trustee District Resolution 185)

185. Resolved, the ADA will not take any application for recognition of a specialty in dentistry until CDEL has completed a review of the requirements for specialty recognition and reported such recommendations to the House of Delegates for adoption.

Dr. Ronald Venezie, North Carolina, moved to amend Resolution 185 by addition of Resolution 184 as follows.

Resolved, that the Council on Dental Education and Licensure review the process and criteria for approving interest areas in general dentistry and recognizing dental specialties and report to the 2013 House of Delegates with appropriate recommendations on how to improve the process and evaluation criteria, and be it further

Resolved, the ADA will not take any application for recognition of a specialty in dentistry until CDEL has completed a review of the requirements for specialty recognition and reported such recommendations to the House of Delegates for adoption.

Speaking to the amendment, Dr. Venezie said, "I actually like both of the Resolutions. I don't see them as being mutually exclusive ... what I would like to do would be to amend by insertion of the resolving clause from 184 into 185. And I think we could approve both of them. So the amended language would read as follows. ... I think 185, in my opinion, doesn't sufficiently express the will of the House that you want CDEL to do the review, and I think that's what the resolve clause from 184 does. It says, do the review, and then the second resolve clause says don't take any new applications until the review has been completed. And I think that's clearer direction for us on CDEL and it really helps us so that we don't have applications coming in a gray period that we would have to somehow deal with."

Seeing no one at the microphones, The Speaker called for a vote on the amendment. On vote, the motion to insert the resolved clause from Resolution 184 into Resolution 185 was adopted.

Dr. Timothy B. Durtsche, Wisconsin, said, "We heard a lot of testimony in this past two days on specialty requirements, what they are, what they aren't. The process that's gone through this resolution asks for a review. CDEL has scheduled in 2013 already to make that review. The last time any changes were made substantial to the requirements was in 2001 and prior to that 1995. We currently have nine specialties. We're concerned about the fact that the ADA has been 80% general dentists, 20% specialty, versus the AMA, which is 80% specialty. AMA membership is now about 17%. So we're asking to look at this [and] report back to us. Until the process and the new requirements are done for both specialty recognition and interest areas in general dentistry, that no new applications be taken."

Requesting a point of information, Dr. Merle A. Nunemaker, Missouri, asked whether the ADA would run into any difficulties by saying we will not take any application.

With permission from the Chair, Mr. J. Craig Busey responded, "No, I don't believe you are. If you're reviewing the criteria, as long as we're not saying that it's a long-term issue that you wouldn't take the applications. If this is anticipated to occur during a one-year period, and since my understanding from my colleagues is that there are no applications pending at this time, you're not really foregoing anybody from that. So I think you're okay legally on that point."

Dr. Ronald Venezie, North Carolina, moved to vote immediately. The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, Resolution 185, as amended, was adopted.

185H-2012. **Resolved**, that the Council on Dental Education and Licensure review the process and criteria for approving interest areas in general dentistry and recognizing dental specialties and report to the 2013 House of Delegates with appropriate recommendations on how to improve the process and evaluation criteria, and be it further

Resolved, the ADA will not take any application for recognition of a specialty in dentistry until CDEL has completed a review of the requirements for specialty recognition and reported such recommendations to the House of Delegates for adoption.

Report of the Reference Committee on Budget, Business and Administrative Matters (Continued)

Approval of the 2013 Budget (continued): Dr. Edward Leone, Jr., treasurer, presented his report on the final 2013 budget saying, "Regarding Resolution 57, we are now at total revenue level of \$118,601,104 and at total expense of \$118,630,000. What we have is ... a deficit of \$29,000 with the status as we are right now."

A delegate from the floor requested a point of information, saying, "The reserve percent without a dues increase is at 43.71%. Is that an accurate percentage based on the fact that \$5 million that was designated last year has not been re-designated?"

Dr. Leone responded, "That number is net of the \$5 million designated fund, because that fund is still active and in effect until the end of this calendar year."

A delegate from the floor requested a point of information, saying, "Does that include the funding of the depreciation, as well?"

Dr. Leone responded in the affirmative.

The Speaker asked, "What would this take as a dues increase to balance this?"

The Treasurer responded, "No dues increase would be necessary. The \$512 status that exists in the *Bylaws* now would manage this just fine."

Dr. Zimmerman, chair, Reference Committee on Budget, Business and Administrative, moved the final budget with the recommendation to vote yes.

Seeing no one at the microphones, the Speaker called for a vote. On vote Resolution 57 was adopted.

57H-2012. Resolved, that the 2013 Annual Budget of revenues and expenses, including net capital requirements be approved.

Establishment of Dues Effective January 1, 2013 (Board of Trustees Resolution 58 and Reference Committee on Budget, Business and Administrative Matters Resolution 58RC): The Reference Committee reported as follows.

The Reference Committee acknowledges that the dues number is a moving target and desires a balanced budget. Therefore, the Reference Committee recommends that dues be set to cover the Association's full operating budget and the Capital Fund. Based on current knowledge, the worst case scenario is a dues increase of \$37.

58RC. Resolved, that the dues of ADA active members shall be five hundred forty-nine dollars (\$549.00), effective January 1, 2013.

Dr. Zimmerman moved the adoption of Resolution 58RC in lieu of Resolution 58 (Supplement:2064).

Dr. Idalia Lastra, Florida, moved to amend Resolution 58RC by substituting \$513 for \$549. Speaking to the amendment, Dr. Lastra said, "This gives us a surplus budget with some money that can be moved to reserves and it is fiscally responsible, especially in the economy that we're in for our members."

Dr. Merle A. Nunemaker, Missouri, requested a point of information, saying, "For each dollar of dues increase, what does that do to our reserve percentage?"

The Treasurer responded, "Each dollar represents approximately \$100,000 in revenue, just ball park. ... Regarding the percentage, once again, what you see on the board right now is net of the \$5 million that's

dedicated for SPA. On January first of 2013, that dedication, that restriction, rolls off the table and those \$5 million are then a part of our liquid reserves, once again, and that elevates our percentage back up to around 47%."

Dr. Nunemaker asked the bottom line number would be if dues were set at \$515.

The Treasurer said, "It would give you an additional \$300,000 in surplus."

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, the amendment was adopted.

With permission from the Chair, Dr. Leone provided additional information to the House, saying, "... Unfortunately, the ADA has lost market share in every year since 2006. Member retention is very strong, but we are not attracting enough new members to keep up with the growth in total population of practicing dentists. If this trend continues, the ADA will need more and more cost reductions each year in order to avoid deficits. As we decide how to allocate our scarce budget resources across many alternative programs, we need to be careful about programs that either benefit only a small percentage of members, or that don't give dentists a reason to join the ADA. Although the proposed 2013 budget marks a turning point in improving cost controls, we haven't yet identified the path to stabilize our market share. ... We are adding net new members in total, but they have components that are not keeping up with the growth of the total dental market, the population of dentists within their area. As a result, this will be a focus for future marketing efforts. Clearly, what we want to do is help those constituents that are below the average line to increase their market share. ... The biggest driver of dues revenue is full dues paying members. ... Since the average member gets a 39% discount, paying \$311 based on our \$512 current dues status, the number and percentage of members that pay full dues rate is steadily declining. ... Our costs of business keep going up, keep accelerating, yet the reliable portion of our revenue sources, dues revenue, have been increasing much, much slower than the trend for CPI. ... Our real dues rate after the discounts that occur over the entire population of our membership is that our real dues rate is declining when you compare it to CPI. ... And this is information that certainly we would like you to have in considering the final dues level for this year. ..."

Dr. Zimmerman asked what the projected surplus was for 2012.

Dr. Leone responded approximately \$2 million was projected.

Dr. Bernie P. Dishler, Pennsylvania, moved to amend the dues amount by substituting \$522 for \$513. Speaking to the amendment, Dr. Dishler said, "After hearing the report from the Treasurer just now, it's not going to bring us up to parity, but at least it's going to come closer, and if we do this for another few years, we are going to get up to the point where we should be."

Dr. Terry L. Fiddler, Arkansas, spoke against the amendment.

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, the amendment to substitute the dues amount \$522 for \$513 was adopted.

Dr. Cesar R. Sabates, Florida, spoke in opposition to Resolution 58RC as amended, saying, "I represent members that are hurting tremendously financially. They have had to make significant sacrifices in their practices. They don't have the benefit of having almost 50% in reserves. And I am speaking for those members in my community that they probably could afford this increase very easily, but for all of us that are dedicated, it's not a problem, but our problem with declining membership is because our members do not see the value and they don't feel the pride in being a member of the ADA."

Speaking in support of the resolution as amended, Dr. Samuel E. Selcher, Pennsylvania, said, "I am going to be perfectly honest, I would have been in favor of the other one. What I am saying to the House, if we listen to Dr. Leone, we can't keep doing what we're doing the way we did it. We have a decreasing membership percentage of this community. We have decreasing income. Our cost of governance is too high. We looked at decreasing the number of people here. We haven't seriously looked at and we have a group that is going to go back and look at that study, the number of councils, the number of people and we say, yes, it's good. ... We want benefits for the members. Benefits to the membership is not in a high cost of governance. If you keep doing what you did the same way and expect a different result, there's a definition for that. ..."

Dr. Jolene O. Paramore, Florida, said, "I speak against the \$522 dues. I believe that our members are hurting. We do not need this money."

Dr. Roger K. Newman, Montana, said, "I speak in favor of this amendment. With this modest increase at the ADA level, it leaves a little bit of opportunity to increase fees at the state level, which I think that those associations need to be able to do that, as well. That piece of pie in the pockets of our members is only so big and it shares a little bit of this opportunity with the states."

Dr. Marshall H. Mann, Georgia, moved to amend the dues amount by substituting \$517 for \$522. Speaking to the amendment, Dr. Mann said, "A \$5 dues increase would be more palatable to many people in this room. It would solve the problems and give us some money for reserves."

Dr. Mark M. Johnston, Michigan, spoke in opposition to the amendment, saying, "Before I left to come to the ADA meeting, it [had] already been reported in the *ADA News* that there would be a dues increase. ..."

Dr. Idalia Lastra, Florida, moved to vote immediately. The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, the motion to amend the dues amount from \$522 to \$517 was not adopted.

Dr. Dean G. Tourigny, Maine, moved to vote immediately. The motion to vote immediately was adopted by a two-thirds (2/3) affirmative vote.

On vote, Resolution 58RC, as amended, was adopted by a sixty percent (60%) affirmative vote.

58H-2012. Resolved, that the dues of ADA active members shall be five hundred forty-nine dollars (\$549.00) five hundred twenty-two dollars (\$522.00), effective January 1, 2013.

Recognition of Retiring Executive Directors: Mr. Daniel Buker, Florida Dental Association; Ms. Mary Kay Linn, Texas Dental Association; and Mr. William Zepp, Oregon Dental Association were recognized for their years of dedicated service.

Recognition of Retiring Delegates and Alternate Delegates: The Speaker requested that the House acknowledge the retiring members of the House of Delegates.

Point of Personal Privilege: Dr. Kevin R. Doring, Maryland, said, "I would like to congratulate and say goodbye to a man from Maryland who has done a fantastic job as our Speaker for an unprecedented last ten years, Dr. Tom Soliday."

Concluding Remarks of the Speaker: Dr. Soliday stated, "The actions of the House 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. Diane I. Hines, Michigan, moved to adjourn *sine die*. On vote, the House of Delegates adjourned *sine die* at 12:30 p.m.

Appendix 1

Delegate Allocation Calculation Procedure

The goals of allocating delegates to ADA constituent societies and federal dental services by the procedure summarized here are achieving as close to proportional representation of Association members as possible, ensuring that all Association members have representation in the House of Delegates regardless of the size of their constituent, providing representation to the members of the American Student Dental Association (ASDA) and maintaining the size of the House of Delegates as close to a target number of delegates as possible.

The target number of delegates in the House of Delegates, the minimum number of delegates for constituents and the five federal dental services and the number of delegates allocated to ASDA used in the procedure are as follows:

Target Number of Delegates in the House of Delegates	300
Constituent Societies (including the District of Columbia and the Federal Dental Services, but excluding the U.S. Virgin Islands): Minimum Number of Delegates	2
<u>U.S. Virgin Islands</u> : Minimum Number of Delegates	1
ASDA Number of Delegates (regardless of size)	3

The following procedure achieves the recited goals of delegate allocation. ASDA is allocated three delegates regardless of its size. The US Virgin Islands constituent is reviewed to determine if its respective membership total would allow it to receive at least one delegate under a true proportional allocation system. Then each state constituent society, including the District of Columbia Dental Society and each Federal Dental Service whose total membership would not result in the allocation of two delegates under a truly proportional allocation system is allocated two delegates.

Following the allocation of minimum delegates as outlined above, the remaining unallocated delegates of the total targeted 300 delegates are proportionally allocated among those constituents and federal dental services that did not receive a minimum delegate allocation. That allocation is then compared against the delegate allocation that those constituents would receive in a straight proportional allocation of delegates among all constituents and the federal dental services and the allocation is adjusted if a deficit is revealed.

Thus, the allocation procedure results in representation of all Association members in the House of Delegates while providing proportional allocation of delegates to all constituents and federal dental services except for those constituents and federal dental services whose membership requires an allocation of the appropriate minimum number of delegates. The process also results in a total delegate count at or near the target number of delegates specified (within approximately 9%).

The steps to perform the delegate allocation follow:

Delegate Allocation Procedure

A. Determine each constituent's true proportional delegate count. *The results of this step will be set aside and used for allocating delegates later in the process.*

- 1. Determine each voting constituent's percentage of membership based on total membership by dividing each constituent's total membership by the Association's total constituent membership (state, territorial and federal dental service membership).
- 2. Multiply the constituent's percentage of membership by the total number of constituent delegates set for the House of Delegates (Delegate target (300) minus ASDA delegates (3)), and round to the nearest whole number.
- B. Determine the minimum number of members needed to allocate one delegate. *This step of the process is used for determining the state, territorial and federal dental services constituencies that qualify for the minimum delegate allocation.*
 - 1. Assign one (1) delegate to the Virgin Islands Dental Association. The Virgin Islands Dental Association is excluded from the remaining delegate allocation calculation.
 - 2. Divide the Association's total constituent membership (constituent, and federal dental service membership but excluding the Virgin Islands Dental Association) by the total number of constituent delegates desired (Delegate target minus ASDA delegates and the Virgin Islands Dental Association delegate). The result is the minimum number of members needed by a territorial or federal dental service constituent to warrant an additional delegate.
 - 3. Because minimum number of delegates for constituents (except the Virgin Islands Dental Association) and each of the Federal Dental Services is set at 2, multiply the result obtained in step B.2 by 2. The result is the minimum number of state constituent members needed to be included in the delegate allocation calculation. State constituencies having membership below this result are allocated the minimum two delegates and excluded from the remaining delegate allocation calculation.
 - 4. The memberships of Federal Dental Services and constituents that receive the minimum delegate allocation pursuant to this step of the process are removed from the total membership number that is used in the remaining delegate allocation calculation. Thus, sum the membership of each of the constituents and federal dental services that received minimum delegate allocations pursuant to steps B.2 and B.3, above, and subtract the resulting total from the Association's total constituent membership to arrive at the non-minimum membership total to be used in the remaining delegate allocation process.
- C. Perform an allocation of the remaining delegates among the constituents and federal dental services that did not receive a minimum allocation of delegates pursuant to step B.2 and B3, above.
 - 1. Divide each non-minimum constituent's and federal dental service's membership by the nonminimum membership total determined in step B.4 to arrive at each non-minimum constituent's and federal dental service's percentage of the non-minimum membership total.
 - 2. Calculate the remaining number of delegates to be allocated by subtracting from the target number of delegates desired the delegates allocated to ASDA and the Virgin Islands Dental Association.
 - 3. For each non-minimum constituent and federal dental service, multiply its percentage of the non-minimum membership total determined in step C.1, above, and the remaining number of delegates as calculated in step C.2. Round the result to the nearest whole number.
 - 4. For each non-minimum constituent and federal dental service, multiply the result obtained in C.1 by the total number of constituent delegates set for the House of Delegates (Delegate target (300) minus ASDA delegates and the U.S. Virgin Island delegate (4)), and round to the nearest whole number.

- 5. For each non-minimum constituent and federal dental service, subtract the result obtained in step C.3 from the result obtained in step C.4. If the result is negative, use the result obtained in C.4 as that constituent's allocated delegate total. If the result is zero or positive, use the result obtained in C.3 as that constituent's allocated delegate total.
- D. Finalizing the delegate allocation.
 - 1. Add together the final delegate allocations for the non-minimum constituents and federal dental services as determined in step C.5, the minimum delegate allocations as determined in steps B.1 and B.2 and the ASDA delegates. The result is the total delegates allocated. The total delegates allocated should vary no more than 9% from the targeted number of delegates desired.
 - 2. Calculate the "fairness ratio" by dividing each constituent's percentage of total delegates (the constituent's delegates divided by the total delegates allocated as determined in step D.1) by its percentage of total membership calculated in step A. For non-minimum allocation constituents and federal dental services, the resulting number should deviate very little on either side of 1 (which indicates perfect fairness). For constituents having minimum delegate allocations, the resulting number will be higher; this is expected, as the minimum allocation is, by definition, greater than the delegate allocation calculated by a true proportional calculation.

Scientific Session

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Notes

Scientific Session

Moscone Center, San Francisco October 18–21, 2012

The 2012 Annual Scientific Session was held October 18–21, 2012, at the Moscone Center.

The scientific program was under the direction of the Council on ADA Sessions composed of the following members: Kent H. Percy, *chair*, Kennesaw, Georgia; Richard Andolina, Jr., 2012 ASDA liaison *ex officio*, Buffalo, New York; Robert E. Barsley, 2013 CLA general chair *ex officio*, Ponchatoula, Louisiana; Hugo F. Bertagni, Palatine, Illinois; Michael M. Blicher, 2013 CAS chair designate, Washington, DC; Barry I. Cohen, Drexel Hill, Pennsylvania; James R. Foster, Weslaco, Texas; Randy G. Fussell, Greenville, North Carolina; James E. Galati, Clifton Park, New York; Joseph F. Hagenbruch, 2012 Board liaison *ex officio*, Harvard, Illinois; Mark C.

Meire Abramoff Nancy Andrews Christos Angelopoulos Sarita Arteaga Kenneth Aschheim

James Bahcall Howard Bailit John Ball George Bambara Lois Banta **Chuck Barton** Shelrethia Battle-Siatita Toni Baughman David Beach Jean-Francois Bedard Kirk Behrendt Judy Bendit Habib Benzian Jen Blake Bill Blatchford **Diane Bosgieter** Lee Ann Brady Shirley Branam **Rosemary Bray** Sharon Brooks Jackson Brown

Robert Brown Jeff Brucia David Brunson Stephen Buchanan Mark Buczko Sherry Burns

Darrell Cain Tina Calloway Anthony Cardoza Steve Carstensen **Timothy Caruso Delwyn Catley** Keith Chertok Raymond Choi Gordon Christensen Sebastian Ciancio Jeffrey Cole Donald Coluzzi Mark Cool Luca Cordaro Hal Crossley Karen Crowley Eve Cuny Arthur Curley Adrian Curry

Huberty, 2012 program chair, Sheboygan, Wisconsin; William E. Lee, Lexington, Kentucky; Matthew A. Niewald, 2012 NDC liaison *ex officio*, Lees Summit, Missouri; David K. Okano, Rock Springs, Wyoming; Steven E. Parker, Massillon, Ohio; Gregory J. Peppes, Leawood, Kansas; John P. Pietrasik, Chelmsford, Massachusetts; Robert E. Roesch, Fremont, Nebraska; Richard K. Rounsavelle, Torrance, California; S. Shane Samy, Eugene, Oregon; Dennis D. Shinbori, 2013 CLA general chair *ex officio*, San Francisco, California; Neil E. Torgerson, Tallahassee, Florida; Catherine H. Mills, director, Chicago, Illinois.

The following were presenters at the 2012 Scientific Session:

Karen Davis B. Gail Demko Donald Dexter Glenn DuPont

Robert Edwab Michael Edwards David Ehsan Robert Elfer Kathy Ells Lawrence Emmott Jeffrey Esterburg

Allan Farman Robert Fazio Wesley Fleming John Flucke Cynthia Fong Lee Francis Julie Frantsve-Hawley

Mitchell Gardiner David Gates Steven Geiermann William Gianni Kimberley Gise Paul Glassman Michael Glick Martin Goldstein **Robert Gottlieb** Mary Govoni John Graeber Henry Gremillion **Rick Gross** Jane Grover Scott Gruwell David Guichet Susan Gunn Henrik Hansen **Richard Harold** Mel Hawkins **Timothy Hempton** Kevin Henner Kevin Henry

Kevin Henry Sally Hewett John Hexem Richard Hirayama Diane Hoelscher Christopher Holmgren A.J. Homicz Amphayvanh Homsavath Charles Hoopingarner David Hornbrook

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Laurie Houghton Mark Hyman

Karin Irani Allana Ivy-Barringer

Peter Jacobsen Cathy Jameson John Jameson Alan Jeroff Thomas Johnson Paul Jones

Parag Kachalia William Kane Luis Karakowsky Sheri Katz Lisa Koenig Nina Koziol Kenneth Kozlowski Gerard Kugel Frank Kyle

Marilyn Lantz Jacob Lee Jessica Lee Claudio Levato Roger Levin Harvey Levy Gregory Liberatore David Little Charles Loretto Tieraona Low Dog Denis Lynch

A. Lee Maddox John Maggio Robert Margeas Phyllis Martina Joseph Massad Rand Mattson Pamela McClain Mark McIntyre James McKee Dennis McTigue David Meinz Robert Merin Dan Meyer Bryan Michalowicz Dale Miles Jade Miller Mark Miller Ben Miraglia Aaron Molen John Molinari Gloria Monzon **Bud Mopper** Maria Mora Amy Morgan Craig Mukai

Suzanne Newkirk William Northway Brian Novy

Arthur O'Connor Kary Odiatu Uche Odiatu Trisha O'Hehir John Olmsted Ira Orenstein Ali Oromchian

Shannon Pace-Brinker Ray Padilla Peter Pang Ethan Pansick Jonathan Parker Edwin Parks Hema Patel Ronald Perry James Phero Laci Phillips Todd Phillips Mark Piper Tammara Plankers Gary Podschun Brad Potter Jeffery Price Gregory Psaltis

Louis Rafetto Michael Ragan Francisco Ramos-Gomez K. Vendrell Rankin Steve Ratcliff Kenneth Reed Nelson Rego John Reinhardt James Richeson Stephen Rickles Rick Ritt Nick Rogers Morton Rosenberg Ashleigh Shelby Rosette David Roshkind James Rozanski

Renee Samelson Steven Schimmele Tyler Scott Charlotte Senseny Lisa Shaw Naresh Shetty Lou Shuman Michael Silverman Lee Silverstein Stephen Simpson Jane Soxman Ann Spolarich Barbara Steinberg Sheila Strock John Svirsky

Robert Taft Leonard Tau James Tom Scott Tomar Mahmoud Torabinejad Geri True Donald Tyndall

Michael Unthank

William Van Dyk Lynn Van Pelt Andrew Ventura Robert Verceles Andrew Vorrasi Kelli Vrla Marko Vujicic

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Mazzola, Robert L., 2015, Miamisburg, Ohio Passeri, Lauri A., 2012, Wind Gap, Pennsylvania Poteet, Sarah A., ex officio, Dallas, Texas Prator, D. Mark, 2012, Wasilla, Alaska Riggins, Ronald D., 2013, ad interim, Moline, Illinois Toy, Bruce G., 2013, Stockton, California Vorrasi, Andrew G., 2014, Rochester, New York Wood, Rieger C., III, 2014, Tulsa, Oklahoma Preble, David M., director, Chicago, Illinois

Dental Education and Licensure Kinney, George J., Jr., 2012 (AADB), chair, Woodbury, Minnesota Venezie, Ronald D., 2014 (ADA), vice chair, Apex, North Carolina Antoon, James W., 2012 (ADA), Rockledge, Florida Boyle, Ann M., 2015 (ADEA), Alton, Illinois Boyle, James M., III, 2015 (ADA), York, Pennsylvania Dolan, Teresa, 2014 (ADEA), Gainesville, Florida Edwards, Michael D., 2013 (ADA), Wedowee, Alabama Javed, Tariq, 2013 (ADEA), Charleston, South Carolina Johnson, Charles E., 2012 (ADA), Moline, Illinois Lloyd, Patrick M., 2012 (ADEA), Columbus, Ohio Miller, Jade A., 2014 (AADB), Reno, Nevada Rhea, Ronald L., 2013 (ADA), Houston, Texas Robinson, William F., 2013 (AADB), Tampa, Florida Salierno, Christopher J., ex officio, Huntington, New York Simonian, Roger B., 2015 (ADA), Fresno, California Stenberg, Donna J., 2014 (ADA), Stillwater, Minnesota

Strathearn, Jeanne P., 2015 (AADB), West Hartford, Connecticut Hart, Karen, *director,* Chicago, Illinois

Dental Practice

Zust, Mark R., 2012, chair, St. Peters, Missouri Armstrong, Craig S., 2013, Houston, Texas Childs, Miranda, 2015, ad interim, Arkadelphia, Arkansas 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 Johnston, Jon J., 2013, Punxsutawney, Pennsylvania Knapp, Jonathan B., 2013, Bethel, Connecticut Maxwell, Charles, 2015, Johnsonville, South Carolina Newman, Roger K., 2012, Columbia Falls, Montana Sessa, Kevin D., 2014, Boulder, Colorado Sledd, Jamie L., 2012, Maple Grove, Minnesota Thomas, J. Mark, 2015, Seymour, Indiana Tippett-Whyte, Judee, 2012, Stockton, California Torbush, Douglas B., 2014, Conyers, Georgia Unger, Joseph G., 2015, Chicago, Illinois Unkenholz, Eric, ex officio, South Dakota Willey, James L., director, Chicago, Illinois

Ethics, Bylaws and Judicial Affairs

Lantz, Marilyn S., 2012, *chair*, Ann Arbor, Michigan Beard, Darryll L., 2015, Waterloo, Illinois Brooks, Dwyte E., 2013, Las Vegas,

Nevada

Chinoy, Walter I., 2013, Scotch Plains, New Jersey Curry, Barry D., 2015, Owensboro, Kentucky Esterburg, Jeffrey C., 2013, Medina, Ohio Foy, Patrick J., 2012, Minneapolis, Minnesota Henner, Kevin A., 2013, Deer Park, New York Himmelberger, Linda K., 2015, Berwyn, Pennsylvania 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 Senseny, Charlotte L., 2014, Torrance, California Williams, Laura, 2015, East Wenatchee, Washington Yanase, Rex R., ex officio, Torrance, California Elliott, Thomas C., Jr., director, Chicago, Illinois

Government Affairs

Weinman, Richard A., 2012, Atlanta, Georgia Black, Richard A., 2015, El Paso, Texas Bowen, Ronald S., 2013, Midvale, Utah Breault, Michael R., 2015, Schenectady, New York 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 Lebovics, Irving S., 2015, Los Angeles, California Lo Monaco, Carmine J., 2014, Newark, New Jersey Mooney, John J., 2012, Putnam, Connecticut Murray, Rhett L., ex officio, Aurora, Colorado Ray, Herbert L., Jr., 2013, Lower Burrell, Pennsylvania Testa, Ronald G., 2012, New Lenox, Illinois Vakil, Shamik S., ex officio, Newport News, Virginia Vlahos, Gus C., 2015, Dublin, Virginia Zent, Dennis J., ex officio, Angola, Indiana Spangler, Thomas J., Jr., director, Washington, D.C. **Members Insurance and Retirement Programs** Fink, Steven R., 2012, chair, Kinnelon, New Jersey Chaney, Mark S., 2015, New Orleans, Louisiana Coleman, Robert A., 2014, Livonia, Michigan Davidson, Madalyn M., ex officio, Tuscola, Illinois Dodge, Jeffrey E., 2013, Woonsocket, Rhode Island Dorris, George B., Jr., 2012, Shalimar, Florida Eisenhart, Craig A., 2012, Huntingdon, Pennsylvania Gillcrist, James A., 2015, Nashville, Tennessee Hettinger, Richard F., 2014, Sioux City, Iowa Jilek, Spencer S., 2012, Pasco, Washington Patel, Sanjay, 2015, Pittsburg, California 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 Schwartz, Timmothy J., 2015, Pekin, Illinois Weinberger, Mark J., 2012, Troy, New York Yarbrough, L. Wayne, 2014, Montgomery, Alabama Burgess, Karen B., interim director, Chicago, Illinois Membership Rosenthal, Nancy R., 2012, chair, Jenkintown, Pennsylvania Bainbridge, Jean E., 2013, Dallas, Texas Bauman, Mark A., 2013, Saratoga Springs, New York Durbin, Michael G., 2013, ad interim, Des Plaines, Illinois Cassidy, Kevin M., 2014, Topeka, Kansas Goad, J. Dale, 2013, Carrizozo, New Mexico Kelly, Thomas S., 2014, Beachwood, Ohio Lee, Natasha A., 2015, San Francisco, California Moore, T. Delton, 2012, Woodville, Mississippi Ogata, Randall H., 2014, Seattle, Washington Olson, Shelley Barker, 2015, Oxford, North Carolina Rich, Jonathan W., 2012, Dry Ridge, Kentucky Schwab, Brian M., 2014, ex officio, Fleetwood, Pennsylvania Shoemaker, Gene, 2015, Waukesha, Wisconsin Thomsen, Brett S., 2012, Omaha, Nebraska del Valle-Sepúlveda, Edwin A., 2015, Caguas, Peurto Rico Vouras, Lisa, 2012, Reading, Massachusetts Zuknick, Stephen J., 2014, Brandon, Florida Rauchenecker, Steven M., director, Chicago, Illinois

Scientific Affairs, Council on Wright, John Timothy, 2012, *chair,* Chapel Hill, North Carolina

Bruce, Daniel S., ex officio, Boise, Idaho Chalian, G. Garo, 2013, Castle Rock, Colorado Harrel, Stephen K., 2013, Dallas, Texas Hart, Thomas C., 2015, Chicago, Illinois Hellstein, John W., 2012, Iowa City, lowa Michalowicz, Bryan S., 2014, Minneapolis, Minnesota Noraian, Kirk W., 2014, Bloomington, Illinois Novy, Brian B., 2014, Newhall, California Plemons, Jacqueline M., 2013, Dallas, Texas Sauk, John J., 2012, Louisville, Kentucky Slavkin, Harold C., 2012, Los Angeles, California Sollecito, Thomas P., 2015, Philadelphia, Pennsylvania Streckfus, Charles F., 2012, Houston, Texas Thompson, Geoffrey A., 2015, Milwaukee, Wisconsin Truelove, Edmond L., 2014, Seattle, Washington Whitaker, S. Bryan, 2013, Springdale, Arkansas Williams, Ray C., 2015, Stony Brook, New York Zentz, Ronald, senior director, Chicago, Illinois

Commissions

Dental Accreditation Biermann, Michael E., 2013 (ADA), Portland, Oregon Benson, Byron, 2015 (AAOMR), Dallas, Texas Buchanan, Richard, 2012 (ADEA), South Jordan, Utah Burr, Kristi, 2014 (Public Member), Burton, Ohio Cangialosi, Thomas, 2015 (AAO), Shrewsbury, New Jersey Carlson, Eric R., 2013 (AAOMS), Knoxville, Tennessee Curran, Elizabeth, 2013 (NADL), Mesa, Arizona DiFranco, Geri Ann, 2013 (AABD), Park Ridge, Illinois Dodge, William, 2015 (ADEA), San Antonio, Texas Donly, Kevin, 2015 (AAPD), San Antonio, Texas Eliason, Joseph, 2013 (ASDA/ ADEA), San Francisco, California Gagliardi, Lorraine, 2012 (AADA), Pasadena. California Giasolli, Robert, 2014 (Public Member), Orange County, California Greenwell, Henry, 2014 (AAP), Louisville, Kentucky Knoernschild, Kent L., 2013 (ACP), Chicago, Illinois Messura, Judith, 2013 (AAHD/ ADEA), Winston-Salem, North Carolina Neville, Brad W., 2014 (AAOMP), Charleston, Kentucky Ray, Robert G., 2012 (AADB), Washington, DC Rivera-Nazario, Yilda M., 2013, (ADEA), San Juan, Puerto Rico Royeen, Charlotte, 2015 (Public Member), St. Louis, Missouri Schonfeld, Steven E., 2014 (ADA), Eureka, California Shepherd, Kathi, 2015 (ADHA), Detroit, Michigan Sherrard, James, 2015 (ADHA), Norwich, Connecticut Sims, Paul G., 2014 (AADB), Butte, Montana Tonelli, J. Steven, 2012 (ADA), North Reading, Massachusetts Tuneberg, Perry K., 2015 (ADA), Rockford, Illinois Wenckus, Christopher, 2012 (AAE), Chicago, Illinois White, B. Alexander, 2012 (AAPHD), Boston, Massachusetts Williams, John N., 2014 (ADEA), Indianapolis, Indiana

Ziebert, Anthony, *director,* Chicago, Illinois

National Dental Examinations

- Trager, Peter S., 2013 (ADA), *chair,* Marietta, Georgia
- Sill, J. Stephen, 2012 (AADB), vice chair, Las Vegas, Nevada

Byrne, B. Ellen, 2012 (ADEA), Richmond, Virginia Donahue, Jeri Ann, 2013 (AADB), Cheyenne, Wyoming Drisko, Connie, 2015 (ADEA), Augusta, Georgia Glass, Birgit J., 2013 (ADEA), San Antonio, Texas Gerosky, Mary Lou, 2014 (ADHA), Cleveland, Ohio Hersh, Robert A., 2015 (ADA), Freehold, New Jersey Peterson, Lorin D., 2014 (ADA), Cle Elum, Washington Podruch, LeeAnn, 2014 (AADB), Hatley, Wisconsin Shampaine, Guy, 2013 (AADB), Annapolis, Maryland Shannon, Kelley, 2014 (Public), Washington, DC Shisler, Adam, 2012 (ASDA), Houston, Texas Trinca, Samuel A., 2012 (AADB), Munroe, Louisiana VanderVeen, Michael Reggie, 2015 (AADB), Grand Rapids, Michigan Waldschmidt, David, director, Chicago, Illinois

Standing Committee

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Poteet, Sarah A., 2012, Dallas, Texas Radjabli, Edgar M., 2014, Cumberland, Maryland Schwab, Brian M., 2014, Fleetwood, Pennsylvania Unkenholz, Eric, 2012, Rapid City, South Dakota Vakil, Shamik S., 2013, Newport News, Virginia Yanase, Rex R., 2014, Torrance, California Lavick, Tera, *director*, Chicago, Illinois

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Van Sicklen, James H., programs co-chair
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Stephens, James D. Summerhays, Carol G. Weber, Walter G. Yarborough, Craig

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Bagus, Rene Bahrami, Paymon Balderama, Nenita Barkin, Michael Barnhart, Rachel Barthman, Jean Basco, Fedeliza Baysac, Maryanne Bean, Jeffrey Benjamin, Hibret Bennett, Christopher Bentley, Carsen Benton, Kim Berd, Josh Berg, Ron Bermudez, Ligia Beteta, Stephanie Beveridge, Stephen Bishop, Cary Bishop, Timothy Boardman, Rebecca Brandson, Laura Brattesani, Cynthia Brown, Carolyn Bruce, Gretchen Brunner, Marsha Bryant, Brenda Buchanan, Philip Bucher, Brian Buchman, Mark

Caliri, Susan Canham, Leslie Canham, Michael Capuli, Earl Carlson-Larson, Ruby Carpenter, William Carrasco, Gabriela

Carstensen, Stephen Castro, Raynato Chan, Clifton Chan, Raymond Chan, Ricci Chan-Fricke, Janet Chanco, Ann Chang, Caroline Chang, Chan Charlin, Cary Chauhan, Sukh Chee, Warren Chen, Eric Chen, Irene Chew, JeeEun Chew, Laura Chew, Rodney Chien, Natalie Chin, Harry Chiu, Samuel Cho, Pyung Choy, Gregory Choy, Norman Choy, Russell Chu, Raymond Chua, Derrick Chun, Brian Chung, Kenneth Clauson, Tamara Cohil, Kirk Cohn, Cherith Collins, Jonathan Conway, Mary Cook, Tracey Copeland, Frances Corey, Allan Cornell, Jennifer Corpuz-Bato, Maria Fe Crispin, Craig Cuevas, Ricardo Danford, Michael Davis, Karen Deb, Trisha DeFazio, Michael

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Henell, Linda

Hill. Monique

Hilton. Irene

Hite. Don

Ho, Robert

Hoang, Kelley

Hershey, Ryan

Hijazi, Adelaida

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Hochwald, Allison Hom, Grace Hooper, Brandon Hoyt, Paul Hsu, Tiffany Huang, Vivian Hubbs, Mary Huiras, William Huston, Jeffrey Hyder, Richard Ishkanian, Emily Jang, Calvert Jang, Corey Jang, Gail Jee, Stephanie Jensen, Maximillion Jha, Rachana Joesting, Michael Johnson, Erma Johnson, Kellie Jow, Helen Jue, Bonnie Jureviciute, Kamile Kamal Aldeen, Murtaja Kamat, Prajakta Karri, Shilpa Katakam, Manogna Kato-Louie, Elaine Kaur, Rupinderjit Kaza, Murthy Kessler, Melvin Khandwala, Smita Kidon, Kelly Kim, Kwang Kohli, Guneet Konovalenko, Zhanna Kravit, Jessica Krishnapuram, Harini Laemmle, Mark Laflamme, Michael Lai, Ross Lam, Joyce Le, Huong Le, Oanh Lee, Darryl Lee, Hanfu Lee, Natasha Lee, Peter Leung, Chi Leung, John

Lew, Michael Lin-Song, Doris Liu, Vivian Liviz, Anna Lo, Katrina Lofti, Mehrnegar Lopez, Emiliana Louie, Bradley Louie, Randall Low, Jobie Low, Kyle Low, Lester Low, Lyndon Lu, Pauline Lucero, Alexia Lum, Darwin Lundergan, William Luu, Casey Lyon-Muller, Lucinda Madera, Leonora Magtanong-Madrid, Rachelle Maramag, Faye Rashirl Marcos, Anthony Marcus, Dena Markova, Iveta Marks, Clifford Marquis, Danielle Martin, Brandon Martin, Elmer Martin, Leslie Martin, Rise Martin, Sam Martinez, Yajaira Masters, Antonette McGann, Gregory McFarland, Daniel Medina, Marissa Menage Bernie, Kristy Mendoza, Sally Miller, Arielle Miller, Christine Mitchem, Jesse Miyazato, Ken Montemayor, Phoebe-Elyn Mora, Noe Morcos, Charles Morehead, Bonnie Murray, Randall Murray, Sarah

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Tanglao, Elinore Taura, Clint Taylor, Russell Tecson, Nina Tertel, Nanette Thacher, Samuel Theurer, Andrew Thomas, Shinil Thompson, Nancy Tiller, Michael Tom, Franson Tran, Stephanie Tran, Thuy Travis, Michael Tu, Katarina Turoff, Mary Tyler, Claire

Underwood, Alfred Uriu, Gary

Vahdanian, Ramina Valchuk, Yevgeniya VanDyk, William VanSicklen, Andrew VanSicklen, Charles VanSicklen, Janet Varelas, Esmeralda Varimezova, Radka Veaco, Nicolas Ventanilla, Oscar Villanueva, Marlo Vlad, Miruna Vo, Katherine Voong, Lily

Wakode, Archana Weller, Paul West, Richard Wiley, Randall Williams, John Williamson, James Wong, Allen Wong, Benson Wong, Chelsea Wong, Hoi Sun Wong, Kimberly Wong, Les Wong, Ralan Woo, Suk Wu, Eric Wu, Janet Yang, Magnus Yang, Nathan Yarborough, Matthew Yee, Barbara

Yee, Barbara Yee, Bradley Yee, Della Yee, Julie Young, Eldon Young, Matthew Youngberg, Jeffrey Yount, Benjamin Yuen, Annie

Zabek, Gregory Zayas, Juan Appendix

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Notes

The American Dental Association was organized in Niagara Falls, New York, on August 3, 1859. The 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

_		Corresponding	Recording	Date of	Place of
Term	President	Secretary	Secretary	Meeting	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 1913–14 1914–15 1915–16 1916–17 1917–18 1918–19 1919–20	President H. C. Brown D. M. Gallie T. P. Hinman L. L. Barber W. H. G. Logan C. V. Vignes J. V. Conzett	General Secretary Otto U. King Otto U. King Otto U. King Otto U. King Otto U. King Otto U. King Otto U. King	Treasurer H. B. McFadden A. R. Melendy A. R. Melendy A. R. Melendy A. R. Melendy A. R. Melendy A. R. Melendy	Date of Meeting 1914 1915 1916 1917 1918 1919 1920	Place of Meeting Rochester, NY San Francisco (H of D only) Louisville New York Chicago New Orleans Boston
1919–20 1920–21	H. E. Friesell	Otto U. King	A. R. Melendy A. R. Melendy	1920	Milwaukee

American Dental Association

				Date of	Place of
Term	President	Secretary	Treasurer	Meeting	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

TermPresidentSecretaryTreasurerMeeting1936–37Leroy M.S. MinerH. B. PinneyR. H. Volland1937Atlantic City	
1936–37 Leroy M.S. Miner H.R. 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 or	nly)
1942–43 J. Ben Robinson H. B. Pinney R. H. Volland 1943 Cincinnati (H of D o	
1943–44 C. Raymond Wells H. B. Pinney R. H. Volland 1944 Chicago (H of D or	
1944–45 Walter H. Scherer H. B. Pinney R. H. Volland No meeting	5,
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 Miami-Miami Beac	h
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 1960 Philadelphia	
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	
1984–85John L. BombaJ. M. CoadyA. Kobren1985San 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
2011–12	William R. Calnon	K. T. O'Loughlin	Edward Leone	2012	San Francisco

Living Former Presidents, American Dental Association

Term 1976–1977 1982–1983 1986–1987 1988–1989 1991–1992 1992–1993 1993–1994 1994–1995 1995–1996 1996–1997	President Frank F. Shuler Burton H. Press Joseph A. Devine Arthur A. Dugoni Geraldine T. Morrow Jack H. Harris James H. Gaines Richard W. D'Eustachio William S. Ten Pas Gary Rainwater David A. Whiston	Term 2000–2001 2001–2002 2002–2003 2003–2004 2004–2005 2005–2006 2006–2007 2007–2008 2008–2009 2009–2010 2010–2011	President Robert M. Anderton D. Gregory Chadwick T. Howard Jones Eugene Sekiguchi Richard Haught Robert M. Brandjord Kathleen Roth Mark J. Feldman John S. Findley Ronald L. Tankersley Raymond F. Gist
1990–1997 1997–1998 1998–1999	David A. Whiston S. Timothy Rose	2010–2010 2010–2011 2011–2012	Raymond F. Gist William R. Calnon

2012 Attendance Record

MEETINGS

REGISTERED 1 2 3 4

Alternates Casey, Jeffery A., San Antonio, TX Clark, Keith L., Bristow, VA Alabama Delegates 5 Bishop, Deborah S., Huntsville Gamble, Howard R., Sheffield Ingram, William L., Huntsville Gamble, Howard R., Sheffield Ingram, William L., Huntsville Mitchell, G., Lewis, Jr., Gadsden Stevens, Alvin W., Jr., Birmingham Alternates Browder, Larry F., Montgomery Edwards, Michael, Wedowee Kent, Leigh W., Birmingham Steineker, Art, Montgomery Steineker, Art, Montgomery Steineker, Art, Montgomery Steineker, Art, Montgomery Steineker, S Eichler, David, North Pole Henry, Christopher H., Fairbanks Alternates Woller, Jonathan P., Fairbanks Alternates Woller, Jonathan P., Fairbanks Anternates 5 Barton, B A, Richmond, VA Bumann, Aaron M., Minneapolis, MN Calnon, Timothy, Spenceport, NY Papas, Michael C., Columbus, OH Rumple, Tyler J., Seattle, WA Alternates Cappeli	Air Force					
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Stevens, Alvin W., Jr., Birmingham • • • • Alternates Browder, Larry F., Montgomery • Edwards, Michael, Wedowee • Kent, Leigh W., Birmingham • Steineker, Art, Montgomery • Stiegler, Kim E., Mobile • Alaska Delegates 2 Eichler, David, North Pole • Henry, Christopher H., Fairbanks • Alternates Woller, Jonathan P., Fairbanks Alternates Barton, B A, Richmond, VA Bumann, Aaron M., Minneapolis, MN Calnon, Timothy, Spenceport, NY Pappas, Michael C., Columbus, OH Rumple, Tyler J., Seattle, WA Alternates Cappiello, Stephanie, Los Angeles, CA Greene, Colleen, Jamaica Plain, MA Lee, Jiwon, New York, NY Smallidge, Martin J., Pittsburgh, PA Youel, Benjamin, Chicago, IL Arizona Delegates 7 Cobb, Regina E., Kingman House, Allison B., Phoenix Hughes, Mark B., Glendale Jones, Gary O., Mesa Klemmedson, Daniel J., Tucson Olsen, Fred, III, Phoenix Shanahan, Bryan J., Flagst		•				
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Steineker, Art, Montgomery • Stiegler, Kim E., Mobile • Alaska • Delegates 2 • Eichler, David, North Pole • Henry, Christopher H., Fairbanks • Alternates • Woller, Jonathan P., Fairbanks • American Student Dental Association • Delegates 5 • Barton, B A, Richmond, VA • Bumann, Aaron M., Minneapolis, MN • Calnon, Timothy, Spenceport, NY • Pappas, Michael C., Columbus, OH • Rumple, Tyler J., Seattle, WA • Alternates • Cappiello, Stephanie, Los Angeles, CA • Greene, Colleen, Jamaica Plain, MA • Lee, Jiwon, New York, NY • Smallidge, Martin J., Pittsburgh, PA • Youel, Benjamin, Chicago, IL • Arizona • Delegates 7 • Cobb, Regina E., Kingman • House, Allison B., Phoenix • Hughes, Mark B., Glendale • Jones, Gary O., Mesa • <td></td> <td>•</td> <td></td> <td></td> <td></td> <td></td>		•				
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American Student Dental Association Delegates 5 Barton, B A, Richmond, VA Bumann, Aaron M., Minneapolis, MN Calnon, Timothy, Spenceport, NY Pappas, Michael C., Columbus, OH Rumple, Tyler J., Seattle, WA Alternates Cappiello, Stephanie, Los Angeles, CA Greene, Colleen, Jamaica Plain, MA Lee, Jiwon, New York, NY Smallidge, Martin J., Pittsburgh, PA Youel, Benjamin, Chicago, IL Arizona Delegates 7 Cobb, Regina E., Kingman House, Allison B., Phoenix Hughes, Mark B., Glendale Jones, Gary O., Mesa Klemmedson, Daniel J., Tucson Olsen, Fred, III, Phoenix Shanahan, Bryan J., Flagstaff Alternates Caputo, Anthony C., Tucson	Alternates					
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Delegates 5 Barton, B A, Richmond, VA Bumann, Aaron M., Minneapolis, MN Calnon, Timothy, Spenceport, NY Pappas, Michael C., Columbus, OH Rumple, Tyler J., Seattle, WA Alternates Cappiello, Stephanie, Los Angeles, CA Greene, Colleen, Jamaica Plain, MA Lee, Jiwon, New York, NY Smallidge, Martin J., Pittsburgh, PA Youel, Benjamin, Chicago, IL Arizona Delegates 7 Cobb, Regina E., Kingman House, Allison B., Phoenix Hughes, Mark B., Glendale Jones, Gary O., Mesa Klemmedson, Daniel J., Tucson Olsen, Fred, III, Phoenix Shanahan, Bryan J., Flagstaff Alternates Caputo, Anthony C., Tucson	American Chudant Dantal Accession					
Barton, B A, Richmond, VA Bumann, Aaron M., Minneapolis, MN Calnon, Timothy, Spenceport, NY Pappas, Michael C., Columbus, OH Rumple, Tyler J., Seattle, WA Alternates Cappiello, Stephanie, Los Angeles, CA Greene, Colleen, Jamaica Plain, MA Lee, Jiwon, New York, NY Smallidge, Martin J., Pittsburgh, PA Youel, Benjamin, Chicago, IL Arizona Delegates 7 Cobb, Regina E., Kingman House, Allison B., Phoenix Hughes, Mark B., Glendale Jones, Gary O., Mesa Klemmedson, Daniel J., Tucson Olsen, Fred, III, Phoenix Shanahan, Bryan J., Flagstaff Alternates Caputo, Anthony C., Tucson						
Bumann, Aaron M., Minneapolis, MN Calnon, Timothy, Spenceport, NY Pappas, Michael C., Columbus, OH Rumple, Tyler J., Seattle, WA Alternates Cappiello, Stephanie, Los Angeles, CA Greene, Colleen, Jamaica Plain, MA Lee, Jiwon, New York, NY Smallidge, Martin J., Pittsburgh, PA Youel, Benjamin, Chicago, IL Arizona Delegates 7 Cobb, Regina E., Kingman House, Allison B., Phoenix Hughes, Mark B., Glendale Jones, Gary O., Mesa Klemmedson, Daniel J., Tucson Olsen, Fred, III, Phoenix Shanahan, Bryan J., Flagstaff Alternates Caputo, Anthony C., Tucson		•	•			•
Calnon, Timothy, Spenceport, NY Pappas, Michael C., Columbus, OH Rumple, Tyler J., Seattle, WA Alternates Cappiello, Stephanie, Los Angeles, CA Greene, Colleen, Jamaica Plain, MA Lee, Jiwon, New York, NY Smallidge, Martin J., Pittsburgh, PA Youel, Benjamin, Chicago, IL Arizona Delegates 7 Cobb, Regina E., Kingman House, Allison B., Phoenix Hughes, Mark B., Glendale Jones, Gary O., Mesa Klemmedson, Daniel J., Tucson Olsen, Fred, III, Phoenix Shanahan, Bryan J., Flagstaff Alternates Caputo, Anthony C., Tucson		•	•	•	•	
Pappas, Michael C., Columbus, OH Rumple, Tyler J., Seattle, WA Alternates Cappiello, Stephanie, Los Angeles, CA Greene, Colleen, Jamaica Plain, MA Lee, Jiwon, New York, NY Smallidge, Martin J., Pittsburgh, PA Youel, Benjamin, Chicago, IL Arizona Delegates 7 Cobb, Regina E., Kingman House, Allison B., Phoenix Hughes, Mark B., Glendale Jones, Gary O., Mesa Klemmedson, Daniel J., Tucson Olsen, Fred, III, Phoenix Shanahan, Bryan J., Flagstaff Alternates Caputo, Anthony C., Tucson		•	•	•	•	•
Rumple, Tyler J., Seattle, WA Alternates Cappiello, Stephanie, Los Angeles, CA Greene, Colleen, Jamaica Plain, MA Lee, Jiwon, New York, NY Smallidge, Martin J., Pittsburgh, PA Youel, Benjamin, Chicago, IL Arizona Delegates 7 Cobb, Regina E., Kingman House, Allison B., Phoenix Hughes, Mark B., Glendale Jones, Gary O., Mesa Klemmedson, Daniel J., Tucson Olsen, Fred, III, Phoenix Shanahan, Bryan J., Flagstaff Alternates Caputo, Anthony C., Tucson		•	•	•	•	•
Cappiello, Stephanie, Los Angeles, CA Greene, Colleen, Jamaica Plain, MA Lee, Jiwon, New York, NY Smallidge, Martin J., Pittsburgh, PA Youel, Benjamin, Chicago, IL Arizona Delegates 7 Cobb, Regina E., Kingman House, Allison B., Phoenix Hughes, Mark B., Glendale Jones, Gary O., Mesa Klemmedson, Daniel J., Tucson Olsen, Fred, III, Phoenix Shanahan, Bryan J., Flagstaff Alternates Caputo, Anthony C., Tucson		•	•	•	•	•
Greene, Colleen, Jamaica Plain, MA Lee, Jiwon, New York, NY Smallidge, Martin J., Pittsburgh, PA Youel, Benjamin, Chicago, IL Arizona Delegates 7 Cobb, Regina E., Kingman House, Allison B., Phoenix Hughes, Mark B., Glendale Jones, Gary O., Mesa Klemmedson, Daniel J., Tucson Olsen, Fred, III, Phoenix Shanahan, Bryan J., Flagstaff Alternates Caputo, Anthony C., Tucson	Alternates					
Lee, Jiwon, New York, NY Smallidge, Martin J., Pittsburgh, PA Youel, Benjamin, Chicago, IL Arizona Delegates 7 Cobb, Regina E., Kingman House, Allison B., Phoenix Hughes, Mark B., Glendale Jones, Gary O., Mesa Klemmedson, Daniel J., Tucson Olsen, Fred, III, Phoenix Shanahan, Bryan J., Flagstaff Alternates Caputo, Anthony C., Tucson	Cappiello, Stephanie, Los Angeles, CA	•				
Smallidge, Martin J., Pittsburgh, PA Youel, Benjamin, Chicago, IL Arizona Delegates 7 Cobb, Regina E., Kingman House, Allison B., Phoenix Hughes, Mark B., Glendale Jones, Gary O., Mesa Klemmedson, Daniel J., Tucson Olsen, Fred, III, Phoenix Shanahan, Bryan J., Flagstaff Alternates Caputo, Anthony C., Tucson •	Greene, Colleen, Jamaica Plain, MA	•				
Youel, Benjamin, Chicago, IL Arizona Delegates 7 Cobb, Regina E., Kingman House, Allison B., Phoenix Hughes, Mark B., Glendale Jones, Gary O., Mesa Klemmedson, Daniel J., Tucson Olsen, Fred, III, Phoenix Shanahan, Bryan J., Flagstaff Alternates Caputo, Anthony C., Tucson	Lee, Jiwon, New York, NY	•				
Arizona Delegates 7 Cobb, Regina E., Kingman House, Allison B., Phoenix Hughes, Mark B., Glendale Jones, Gary O., Mesa Klemmedson, Daniel J., Tucson Olsen, Fred, III, Phoenix Shanahan, Bryan J., Flagstaff Alternates Caputo, Anthony C., Tucson		•				
Delegates 7 Cobb, Regina E., Kingman House, Allison B., Phoenix Hughes, Mark B., Glendale Jones, Gary O., Mesa Klemmedson, Daniel J., Tucson Olsen, Fred, III, Phoenix Shanahan, Bryan J., Flagstaff Alternates Caputo, Anthony C., Tucson	Youel, Benjamin, Chicago, IL	•				
Delegates 7 Cobb, Regina E., Kingman House, Allison B., Phoenix Hughes, Mark B., Glendale Jones, Gary O., Mesa Klemmedson, Daniel J., Tucson Olsen, Fred, III, Phoenix Shanahan, Bryan J., Flagstaff Alternates Caputo, Anthony C., Tucson	Arizona					
Cobb, Regina E., Kingman • • House, Allison B., Phoenix • • Hughes, Mark B., Glendale • • Jones, Gary O., Mesa • • Klemmedson, Daniel J., Tucson • • Olsen, Fred, III, Phoenix • • Shanahan, Bryan J., Flagstaff • • Alternates Caputo, Anthony C., Tucson •						
House, Allison B., Phoenix Hughes, Mark B., Glendale Jones, Gary O., Mesa Klemmedson, Daniel J., Tucson Olsen, Fred, III, Phoenix Shanahan, Bryan J., Flagstaff Alternates Caputo, Anthony C., Tucson	•	•	•	•	•	•
Hughes, Mark B., Glendale • • • • • • • • • • • • • • • • • • •		•	•	•	•	
Jones, Gary O., Mesa Klemmedson, Daniel J., Tucson Olsen, Fred, III, Phoenix Shanahan, Bryan J., Flagstaff Alternates Caputo, Anthony C., Tucson • • • • • • • • • • • • •		•	•	•	•	
Klemmedson, Daniel J., Tucson • • • • • • • • • • • • • • • • • • •		•	-			
Olsen, Fred, III, Phoenix Shanahan, Bryan J., Flagstaff • • • • • • • • • • • • • • • • • •	-	•				
Shanahan, Bryan J., Flagstaff • • • • • • • • • • • • • • • • • •		•	-	•	•	
Caputo, Anthony C., Tucson •		•	•	•	•	•
	Alternates					
Hooker, William J., Flagstaff	Caputo, Anthony C., Tucson	•				
	Hooker, William J., Flagstaff	•				

		MEETING				
	REGISTERED	1	2	3	4	
Lear, Lisa A., Tucson	•					
Pafford, Gregory M., Phoenix	•	•				
Robertson, Kirk J., Flagstaff	•					
Snyder, Randolph A., Yuma	•					
Thompson, Michael R., Scottsdale	•					
Arkansas						
Delegates 4						
Fiddler, Terry L., Conway	•	٠	•	•	٠	
Mason, Robert A., Fort Smith	•					
Skinner, Robert L., Fort Smith	•	•	•	•	•	
Whitis, H. Warren, Osceola	•	•	•	•	•	
Alternates						
Chase, Timothy D., Monticello	•					
Childs Bebee, Miranda, Arkadelphia	a •					
Jolly, Robert L., North Little Rock	•					
Army						
Delegates 2						
Hucal, George J., Springfield, VA	•	•	•	•	٠	
Patterson, Craig G., Lakewood, WA	•	•	•	•	•	
Alternates						
Pannes, Dianne D., Kapolei, HI	•					
Wong, M. Ted, San Antonio, TX	•					
California						
Delegates 67						
Berick, Joel D., San Diego	•	٠	•	•	٠	
Brattesani, Cynthia, San Francisco	•	•	•	•	٠	
Bromberg, Myron J., Reseda Calilung, Xerxez M., Irvine	•	•	•	•	•	
Campbell, Matthew J., Jr., Sacrame	ento •					
Carney, Kerry K., Benicia	•	•	•	•	•	
Cassat, D. D., San Diego	•	٠	•	•	٠	
Creasey, Jean L., Nevada City	•	•	•	•	٠	
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	•	٠	•	•	٠	
Ellison, Naomi L., Santa Monica	•	•	•	•	٠	
Felsenfeld, Alan L., Los Angeles Finney, Debra S., Folsom	•	•	•	•	•	
Gandola, Robert A., San Diego						
Garcia, Ernest L., Marysville	•	•	•	•	•	
Gelfand, Gerald, Woodland Hills	•	٠	•	•	٠	
Glasband, Gary L., Long Beach	•	•	•	•	٠	
Gordon, Douglas J., El Sobrante	•	•	•	•	•	
Hall, LaJuan, Brentwood Hanlon, Robert J., Jr., Escondido	•	•	•			
Hansen, Henrik, Fairfield	•	•	•	•	•	
Herman, Gary N., Valley Village	•	•	٠	•	•	
Holtzman, Jennifer S., Los Angeles		٠	٠	٠	٠	
Hughson-Otte, Virginia A., Valencia	•	•	•	•	•	
Kao, Richard T., Cupertino Keating, Kevin M., Sacramento	•	•	•	•	•	
Kend, Steven J., Torrance	•	•	•	•	•	
Lee, Natasha A., San Francisco	•	•	٠	•	•	

• Delegate or alternate attended the meeting; + Delegate or alternate attended a portion of the meeting.

			MEET	INGS
	REGISTERED	1	2	3
Maranon, George A., Los Angeles	•	•	•	•
Marcos, Carliza A., San Mateo	•	•	•	•
McCutcheon, Carol, Campbell	•	٠	٠	٠
Moore, Larry J., Chino Hills Moore, William J., Red Bluff	•	•	•	•
Namazikhah, M. S., Woodland Hills	•	•	•	•
Parker, Melanie, San Diego	•	٠	٠	•
Patel, Sanjay, Bay Point	•	•	•	•
Pisacane, John M., San Jose Robinson, Lindsey A., Grass Valley	•	•	•	•
Rockwell, Sean M., Grass Valley	•	•	•	•
Rollofson, Christy K., Elk Grove	•	٠	•	٠
Rollofson, Donald P., Elk Grove Sahota, Ruchi K., Fremont	•	•	•	•
Schinnerer, Donald M., San Ramon	1 •	•	•	•
Scott, Brian E., Palo Alto	•	٠	•	٠
Scott, Janice G., Stockton	•	•	•	•
Senseny, Charlotte L., Torrance Shue, Brian K., Brawley	•	•	•	•
Simonian, Roger B., Fresno	•	•	•	•
Soderstrom, Andrew P., Modesto	•	٠	•	•
Stein, Alan R., Northridge Stephens, James D., Palo Alto	•	•	•	•
Stewart, Thomas H., Bakersfield	•	•	•	•
Stratigopoulos, George J., San Die	go •	٠	•	•
Surabian, Stanley R., Fresno	•	•	•	•
Szotko, Scott O., Roseville Terlet, Ariane R., Berkeley	•	•	•	•
Thenard, Sharine V., Alameda	•	•	•	•
Tippett-Whyte, Judee, Stockton	•	٠	٠	•
Toy, Bruce G., Stockton Weber, Walter G., Campbell	•		•	•
Wood, James D., Jr., Cloverdale	•	•	•	•
Yanase, Rex R., Torrance	•	٠	•	•
Yarborough, Craig S., San Francisc	• 0	•	•	•
Alternates				
Abeldt, Philip J., Folsom				
Balais, Belinda L., Long Beach 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	•			
Cohen, Steven L., San Jose				
Cuevas, Ricardo A., Manteca	•			
Fitzgerald, Donald E., El Toro Ford, Julie H., Huntington Beach	•			
Gandhi, Devang M., Los Angeles				
Greenlaw-OToole, Julie L., Walnut	Creek			
Habjan, Denise A., Santa Ana Hawkins, Victor L., Carmichael	•			
Lebovics, Irving S., Los Angeles	•	•		
Lee, Arlene, Los Angeles	•			
Lenhart, Thomas E., II, Clayton	•			
Lloyd, Jeffrey D., Alta Loma Lojeski, Stephen M., Arcadia				
Lynds, Robert D., Paso Robles	•			
Marble, William L., Woodland	-			
Marongiu, Nicholas C., La Jolla Menold, Geralyn M., Hollister	•			
Mertzel, James E., Sunland				
Nadershahi, Nader A., San Francise	• 00			
Nagy, Richard J., Santa Barbara Nix, Ned L., San Jose	•		•	+
Noblett, William C., Berkeley	•			
Nuttor Donnio D. Enirfield				

			MEET	INGS
	REGISTERED	1	2	3
Oshaa Al Lama Linda				
Ochoa, Al, Loma Linda Batel, Bankai K, Salida	•			
Patel, Pankaj K., Salida	•			
Reed, Robert E., Bakersfield				
Reidy, Edward T., Santee	iono -			
Sayre-Carstairs, Lynn, San Luis Ob				
Schneider, William M., Walnut Cree	К			
Sciarra, Joseph P., Woodland Hills				
Seldin, Harriet F., San Diego				
Silvera, Andreia M., Los Angeles				
Stevenson, Robert D., Pomona				
Sugiyama, Janice M., Carpinteria	•			
Taira, Mark I., Los Angeles	•			
Tarica, Mark E., Beverly Hills				
Vyas, Narendra G., Fontana				
Wallis, Kenneth G., Santa Clara	•			
Weisberg, Rita, Santa Monica				
Woo, Debra A., Boulder Creek	•			

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Colorado

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Delegates 8					
Foster, Karen D., Aurora	•	•	•	•	٠
Hurst, Jeffery M., Lakewood	•	•	•	•	٠
Lurye, David C., Ridgway	•	•	•	•	٠
Morrow, Robert L., Walsh	•	•	•	•	•
Murray, Rhett L., Aurora	•	•	•	•	•
Peters, Kenneth S., Highlands Ranch	•	•	•	•	٠
Sessa, Kevin D., Boulder	•	•	•	•	٠
Utke, Calvin D., Colorado Springs	•	٠	٠	٠	٠
Alternates					
Field, Gary L., Colorado Springs	•				
Fuller, D. Diane, Denver	•				
Glick, Paul L., Littleton	•				
Kessler, Brett H., Denver	•				
Morrow, Carol M., Walsh	•				
Distant Theorem D. Front Oalling					

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/ Internated
Abeldt, Philip J., Folsom
Balais, Belinda L., Long Beach
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
Cohen, Steven L., San Jose
Cuevas, Ricardo A., Manteca
Fitzgerald, Donald E., El Toro
Ford, Julie H., Huntington Beach
Gandhi, Devang M., Los Angeles
Greenlaw-OToole, Julie L., Walnut Creek
Habjan, Denise A., Santa Ana
Hawkins, Victor L., Carmichael
Lebovics, Irving S., Los Angeles
Lee, Arlene, Los Angeles
Lenhart, Thomas E., II, Clayton
Lloyd, Jeffrey D., Alta Loma
Lojeski, Stephen M., Arcadia
Lynds, Robert D., Paso Robles
Marble, William L., Woodland
Marongiu, Nicholas C., La Jolla
Menold, Geralyn M., Hollister
Mertzel, James E., Sunland
Nadershahi, Nader A., San Francisco
Nagy, Richard J., Santa Barbara
Nix, Ned L., San Jose
Noblett, William C., Berkeley
Nutter, Dennis P., Fairfield

Connecticut

Pixley, Thomas R., Fort Collins

Scheidt, Michael J., Westminster

Schoemaker, Jeane L., Fort Morgan

Delegates 7					
Barton, Tatiana, Stamford	•	•	•	•	٠
Desrosiers, Mark B., Pomfret Center	•	•	•	•	•
Dubin, Gary K., Guilford	•	•	•	•	•
Hillgen, John J., Waterbury	•	•	•	•	•
Hindin, Allen, Danbury	•	•	•	•	•
Malon, Carolyn, Farmington	•	•	•	•	•
Mooney, John J., Putnam	•	•	٠	٠	٠

Alternates

Brady, Thomas V., Westbrook	•
Davis, Jon G., Fairfield	٠
Knapp, Jonathan B., Bethel	٠
MacDonnell, William A., West Hartford	٠
Piecuch, Joseph F., Simsbury	٠
Rutt, Martin J., Prospect	•
Tandy, Bruce, Vernon Rockville	•

Delaware

Delegates 2					
Cole, Jeffrey M., Wilmington	٠	•	•	•	•
Conaty, Thomas P., Wilmington	•	•	٠	٠	٠

• Delegate or alternate attended the meeting; + Delegate or alternate attended a portion of the meeting.

_			MEET		
r	REGISTERED	1	2	3	4
Alternates					
Calhoon, Charles D., Wilmington	٠				
Gregory, Victor L. Jr., Wilmington	•				
District of Columbia					
Delegates 2					
Cram, Sally, Washington, DC	•	•	•	•	•
Grogan, Patrick M., Washington, DC	٠	٠	٠	•	•
Alternates					
Richeson, James G. Jr., Washington,	DC •				
Singer, Alan H., Rockville, MD	•				
Florida					
Delegates 21					
Ackley, Eva F., New Port Richey	•	•	•	•	•
Addabbo, Frank M., Orlando	٠	٠	٠	•	٠
Allen, Nolan W., Clearwater	٠	٠	٠	٠	٠
Antoon, James W., Rockledge	٠	٠	٠	•	•
Bird, Gerald W., Cocoa	•	•	•	•	•
Brown, Andrew B., Orange Park Buckenheimer, Terry L., Tampa		•	•	•	•
Cohen, Lee R., Palm Beach Gardens	•	•	•	•	•
Eggnatz, Michael D., Weston	•	•	•	•	•
Fisher, Howard E., Fort Walton Beach	ı ●	•	٠	٠	٠
Hoffman, Charles W., Jupiter	•	•	٠	٠	•
Huot, Richard A., Vero Beach	•	•	•	•	•
Jernigan, Kim U., Pensacola Jordan, John R. Jr., West Palm Beac	• 1 •	•	•	•	•
Kalarickal, Zacharias J., Wesley Cha		•	•	•	•
Lastra, Idalia, Miami	•	•	•	•	•
Marshall, Bryan T., Weeki Wachee	٠	•	٠	٠	٠
Miller, Paul R., New Port Richey	•	•	٠	•	•
Paramore, Jolene O., Panama City Sabates, Cesar R., Coral Gables	•	•	•	•	•
Stevenson, Richard A., Jacksonville	•	•			
Alternates Albert, Jeremy M., New Port Richey	•				
Altschuler, Gary I., Gainesville	•				
Attanasi, Ralph C., Delray Beach	•				
Boden, David F., Port Saint Lucie	٠				
Gesek, Daniel J. Jr., Jacksonville	•				
Liddell, Rudolph T. III, Brandon Llano, Charles D., Lakeland					
Morgan, Joseph T., Lake Mary	•				
Pansick, Ethan A., Delray Beach	•				
Paul, John H., Lakeland	٠				
Payne, Robert W., Marianna	•				
Peña-Hall, Jeannette P., Miami Pruett, Henry F. Jr., Pensacola	•				
Romano, Rodrigo, South Miami	•				
Romer, Mark A., Lakewood Ranch	•				
Terry, Beatriz, Miami	٠				
Ward, Thomas H., Miami					
Winker, Wade G., Eustis	•				
Zuknick, Stephen J., Brandon	•				
Georgia					
Delegates 10					
Broderick, Thomas R., Savannah	•	•		•	•

Broderick, Thomas R., Savannah • <

			MEET	INGS	
	REGISTERED	1	2	3	4
Moses, Donna Thomas, Carrollton	•	•	•	•	•
Reynierson, James H., III, Evans	•	•	•	•	•
Tourial, Sidney R., Sandy Springs	•	•	•	•	•
Weinman, Richard A., Atlanta	•	•	•	•	•
Wolff, Carol M., Atlanta	•	٠	•	•	٠
Alternates					
Bickford, John F., Dallas	•				
Dubin, Jonathan S., Atlanta	•				
Field, Thomas C., Gainesville	•				
Harrington, John F. Jr., Milledgeville	•				
Mann, Marshall H., Rome	•				
Rainge, Louvenia A., Augusta	•				
Reich, Robin S., Smyrna	•				
Torbush, Douglas B., Convers	•				
Trager, Peter S., Sandy Springs	•				
Vernon, Michael O., Augusta	•				

Hawaii

Delegates 3					
Cassella, Edmund A., Honolulu	•	•	•	•	•
Fujimoto, Patsy K., Hilo	•	•	•	•	•
Nunokawa, Neil C., Wailuku	•	•		•	٠
Alternates					
Okihiro, Glenn M., Pearl City	•				
Shimizu, Curt S., Honolulu	•				
Teruya, Darrell T., Honolulu	•				
Idaho					
Delegates 3					
Bengtson, Gregory J., Lewiston	•	•	•	•	•

Bengtson, Gregory J., Lewiston	•	•	•	•	٠
Klure, Jack D., Meridian	•	•	•	•	٠
Mooney, John T., Pocatello	•	•	•	•	٠
Alternates Kulm, Jack C., Wendell	•				

Illinois

Delegates 20					
Barnes, Bradley W., Normal	•	•		•	•
Barnfield, Terry L., Salem	•	•	•	•	•
Beard, Darryll L., Waterloo	•	•	•	•	•
Bordenave Bishop, Susan, Peoria	•	•	•	•	•
Doroshow, Susan B., Skokie	•	•	•	•	•
Durbin, Michael G., Des Plaines	•	•	•	•	•
Elliott, Ian, Naperville	•	•	•	•	•
Fulton, David J. Jr., Waukegan	•	•	•	•	
Gerding, John H., Naperville	•	•	•	•	•
Holba, Richard S., Frankfort	•	•		•	•
Howell, J. Barry, Urbana	•	•		•	٠
Kattner, Paul F., Waukegan	•	•	•	•	٠
Kumamoto, David P., Chicago	•	•	•	•	٠
Maggio, Frank A., Elgin	•		•	•	٠
Noraian, Kirk W., Bloomington	•	•	•	•	٠
Segal, Edward H., Northbrook	•	•	•	•	٠
Soltys, Brian F., Rockford	•	•	•	•	٠
Tiersky, Terri S., Chicago	•	•	•	•	٠
Watson-Lowry, Cheryl D., Chicago	•	•	•	•	٠
Zehak, George R., Berwyn	•	٠	٠	٠	٠
Alternates					
Bitter, Robert N., Glenview	•				
Bona, Richard A. Jr., Lansing	•				
Caraba, Brian M., Glenview	•				

	MEET	INGS	
1	2	3	4

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REGISTERED

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Ciebien, Gerald J., Riverside
Danner, Michael D., Pekin
Dickey, Keith W., Alton
Evans, Keith A., Bloomington
Fijal, Phillip J., Des Plaines
Higgins, Michael S., Palatine
Kay, Douglas L., Oakbrook Terrace
Maddox, Brandon R., Springfield
Maragos, James M., La Grange
Markarian, Randall C., Swansea
Mousel, Barbara L., Chicago
Palliser, Paul A., Cary
Riggins, Ronald D., Moline
Starsiak, Mary A., Chicago
Unger, Joseph G., Chicago
Van Scoyoc, Stacey K., Bloomington
Von Heimburg, Petra, Barrington

Indiana

Delegates 9					
Asdell, Jay, South Bend	•	•	•	٠	٠
Burns, Jill M., Richmond	•	٠	•	•	٠
Dimond, Desiree S., Indianapolis	•	•	•	•	٠
Ellinwood, Steven P., Fort Wayne	•	•	•	٠	•
Holm, Steven J., Portage	•	٠	•	•	٠
Holwager, David R., Cambridge City	•	٠	•	•	٠
Leighty, Chad R., Marion	•	•	•	•	٠
Platt, Jeffrey A., Indianapolis	•	•	٠	٠	•
Roberts, John R., Connersville	•	•	٠	•	
Alternates					
Briscoe, Todd P., Fort Wayne	•				
Catey-Williams, Mara, Gas City	•				
Fridh, Daniel W., La Porte	•				٠
Phillips, Gregory E., Columbus	•				
Schechner, Terry G., Valparaiso	•				
Sertich, Louis R., Merrillville	•				
Szakaly, Martin R., South Bend	•				
Thomas, J. Mark, Seymour	•				
Wolf, David H., Indianapolis	•				
lowa					
Delegates 5					
Cochrane, Bruce R., Fort Dodge	•		•	•	•
Davidson, David W., Urbandale	•	•	•	•	•
Kegler, Daniel G., Independence	•	٠	•	•	•
Mariani, Mary L., Davenport	•	٠	•	•	•
Peckosh, Valerie B., Dubuque	•	•	٠	•	٠
Alternates					
Bokemper, Richard K., Sergeant Bluff	•				
Johnsen, David C., Iowa City	•				
Jullisell, David C., Iuwa City					
Kell, Kathryn A., Davenport	•				
	•				

Kansas

Delegates 4					
Herre, Craig W., Leawood	•	•	•	•	٠
Herwig, Robert V., Lenexa	•	•	•	•	٠
Oettmeier, Bert W. Jr., Leawood	•	•	•	•	•
Roufs, Brett A., Newton	٠	•	•	•	٠

	REGISTERED	1	2	3	4
Alternates					
Hale, Hal E., Wichita	•				
Hamel, David L., Marysville	•				
Wagle, Jaso E., Wichita	•				

MEETINGS

Kentucky

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Lee, william L., Lexington	•	•	
Moorhead, William J., Flemingsburg	•		
Norris, Terry L., Owensboro	•		
Price, Dennis R., Louisville	•		
Wall, Kevin S., Ft. Wright	•		

Louisiana

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Maine

Delegates 3					
Berube, R. Robert, Augusta	•	•	•	•	
Mazur-Kary, Michelle L., Auburn	•	•	•	•	٠
Zimmerman, Paul S., Winthrop	•	•	•	•	٠
Alternates					
	•				
Koelbl, James J., Portland Tourigny, Dean G., Biddeford	•				

Maryland

Delegates 7					
Brown, Wendy A., Columbia	•	•	•	•	٠
Doring, Kevin R., Edgewater	•	•	•	•	٠
Fridley, Arthur C., Temple Hills	•	•	•	•	٠
Martin, William F., III, Towson	•	•	•	•	٠
Nuger, Marc G., Glen Burnie	•	•	•	٠	٠
Wilson, Robert J., Jr., Gaithersburg	•	•	•	٠	٠
Ziomek, Mary M., Rockville	٠	•	٠	٠	٠
Alternates					
Christopher, Ann E., Baltimore	•				
Kelley, Richard M., Emmitsburg					
Mersinger, E. Duston, Hampstead					
Romaine, Diane D., Frostburg	•				

• Delegate or alternate attended the meeting; + Delegate or alternate attended a portion of the meeting.

2012 ATTENDANCE RECORD 551

MEETINGS REGISTERED 2 3 4 1

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Shepley, George R., Baltimore Slotke, Craig E., Baltimore

Massachusetts					
Delegates 13					
Becker, David B., Revere	•	•	•	•	•
Dennis, William R., Shrewsbury	•	•	•	•	٠
Friedman, Paula K., Boston	•	•	•	•	٠
Giamberardino, Anthony N., Medford	•	•	•	•	٠
Hjorth, Peter, Peabody	•	•	•	•	٠
Jusseaume, Michel A., Westport	•	•	•	•	٠
Lustbader, David, Quincy	•	•	•	•	٠
Marchand, Richard D., Yarmouth Port	•	•	•	•	٠
Martin, Raymond K., Mansfield	•	•	•	•	٠
Shea, Stephen J., Lancaster	•	•	•		٠
Swiderski, Edward, Uxbridge	•	•	•	•	٠
Wasserman, Michael H., Pittsfield	•	•	•	٠	٠
Welch, Edward J., Northampton	•		•	•	٠
Alternates					
Hanlon, Mary Jane, Lexington	•				
Moriarty, Janis C., Malden	•				
Owen, John C., Sherborn					
Raayai, Tofigh, Everett	•				
Silvius, Charles L., Revere	•				
Wise, Jay, Lee	•				
Zolot, Howard M., North Andover	•				

Michigan

Delegates 17					
Barsamian, Mark T., Garden City	•	•	•	•	٠
Burling, Charles K., Dowagiac	•	•	•	•	٠
Carter, John L., Midland	•	•	•	•	٠
Cilla, Brian L., Grandville	•	•	•	•	٠
Colbert, Curles C., Jr., Farmington Hills	•	•	•		٠
Hamerink, Howard A., Plymouth	•	•	•	•	٠
Harris, Stephen R., Farmington	•	•	•	•	٠
Johnston, Jeffrey W., Sterling Heights	•	•	•	•	٠
Johnston, Mark M., Lansing	•	•	•	•	٠
Makowski, Martin J., Clinton Township	•	•	•	•	
Meldrum, William S., Birmingham	•	•	•	•	٠
Merchant, Virginia A., Grosse Pointe	•	•	•	•	٠
Palm, Norman V., Grand Rapids	•	•	•	•	٠
Peters, Debra A., Grand Rapids	•	•	•	•	٠
Richards, Robert D., Hancock	•	•	•	•	٠
Smiley, Colette R., Rockford	•	•	•	•	٠
Tremblay, Robert, Huntington Woods	•	٠	•	٠	٠
Alternates					
Aksu, Mert N., Ann Arbor	•				
Dater, Steven M., Rockford	•				
Dawley, Joanne, Southfield	•				
DeGroat, Larry, Bingham Farms	•				
Hines, Diane I., Detroit	•				
Jeffers, Gary E., Northville	•				
Lantz, Marilyn S., Saline	•				
Murdoch-Kinch, Carol A., Ann Arbor	•				
Owens, Jerel, Detroit	•				
Ruskin, Danielle R., New Hudson	•				
Soto, Lisandra, Portage	•				
Tulak-Gorecki, Michele M., Warren	•				
Vitek, Alexa M., Dewitt	•				

			MEET	INGS	;
	REGISTERED	1	2	3	4
Minnesota					
Delegates 9					
Bergsrud, Michelle L., Minnetonka	•	٠	٠	٠	٠
Flor, Timothy J., Waseca	•	•	•	•	٠
Flynn, Michael T., Winona	•	•	•	•	٠
Perpich, Michael J., Saint Louis Pa	irk •	•	•	•	٠
Rose, Daniel E., Motley	•	•	•	•	•
Sjulson, Roger W., Fosston Taylor, Howard W., New Brighton	•	•	•	•	•
Templeton, R. B., Edina	•		•		
Zakula, Michael, Hibbing	•	•	•	•	•
Alternates					
Clouse, Julie E., New Brighton	•				
Foy, Patrick J., Minneapolis	•				
Jurkovich, Mark W., Chisago City					
Schmitt, Travis A., Austin	•				
Zenk, James, K., Montevideo	•				
Micciocippi					
Mississippi					
Delegates 3 Donald, W. Mark, Louisville	•	•	•	•	-
Dumas, James R., Jr., Prentiss	•				
Scarbrough, A. Roddy, Richton	•	•	•	•	•
	-	-	-	-	-
Alternates					
Kolodney, Harold, Jr., Jackson	•				
Moore, T. Delton, Woodville	•				
Rives, Robert W., Jackson	•				
Missouri					
Delegates 7					
Baker, Gary O., O'Fallon	•	•	•	•	•
Butler, Robert E., Webster Groves	•	•			•
Raman, Prabu, Kansas City	•	•	•	•	٠
Rice, William E., Webb City	•	•	•	•	٠
Struble, David A., Ozark	•	٠	•	•	٠
Weinand, Kenneth J., Independend	e •	•	•	•	٠
Zust, Mark R., Saint Peters	•	•	•	٠	•
Alternates					
Barbour, Lynne E., Kahoka	•				
Fox, Robert G., Cape Girardeau	•				
Niewald, Matt A., Lees Summit	•				
Nunemaker, Merle A., Kansas City	•				
Rapini, Vincent, Jr., Webster Grove	es •				
Roseman, Lori W., Saint Peters	•				
Sokolowski, Joseph E., Florissant	•				
Montana					
Delegates 2					
Hadnot, Douglas S., Lolo	•	٠	٠	٠	•
Newman, Roger K., Columbia Falls	6 •	•		٠	•
Alternates					
Gillette, E. Jane, Bozeman	•				
Lindemann, Kurt S., Kalispell	•				
Neve					

Navy

Delegates 2					
Michael, Joseph B., Norfolk, VA	•	•	•	•	•
Taft, Robert M., Bethesda, MD	•	•	٠	•	

	REGISTERED	1	MEET 2	INGS 3	4
<i>Alternates</i> Miksch, Vlasta, Dickerson, MD Wagner, Elaine C., Portsmouth, VA	•				
Nebraska					
Delegates 3					
Hinrichs, R. Mark, Lincoln Hodges, Eric D., Omaha	•	•	•	•	•
Morrison, Scott L., Omaha	•	٠	•	•	•
Alternates					
Nordstrom, William R., Omaha	_				
St. Germain, Henry A., Jr., Lincoln Wieting, Scott, York	•				
Nevada					
Delegates 3					
Miller, Jade A., Reno Rose, Stephen C., Las Vegas	•	•	•	•	•
Trujillo, Gilbert A., Reno	•	•	•	•	•
Alternates					
Handelin, Mark J., Reno	•				
New Hampshire					
Delegates 3					
Kochhar, Puneet, Rochester Reynolds, Glenda C., Belmont	•	•	•	•	•
Rosato, Richard J., Concord	•	٠	٠	•	•
Alternates					
Maguire, Robert M., Jr., Wolfeboro	•				
Simpson, Earle W., Jr., Bedford Welnak, Peter A., Keene	•				
Weinak, Feler A., Reene	·				
New Jersey					
Delegates 12					
Carotenuto, Frank, Roselle Park Chinoy, Walter I., Scotch Plains	•	•	•	•	•
Fink, Steven R., Kinnelon	•	٠	٠	•	•
Graham, Frank J., Teaneck Isaacson, Richard D., West Long Br	• anch	•	•	•	•
Krantz, Daniel B., Somerset	•	•	•	•	•
Messana, Michael M., East Rutherfo	ord •	•	•	•	•
Rempell, Jeffrey H., Clifton Rich, Barbara Ann, Cherry Hill	•	•	•	•	•
Riva, Richard D., Chatham	•		٠	•	•
Shekitka, Robert A., Newark Whitman, Sidney A., Hamilton Squa	re •	•	•	•	•
Whitman, Sidney A., Hamilton Squa	re •	•	•	•	•
Babinowich, Fredrick P., Mercerville					
Benkel, Herbert D., River Edge Clemente, Elizabeth A., Skillman	•				
Colton, Harris N., Cherry Hill	•				
Ghisalberti, Luciano, Ridgefield	•				
Giantomas, Robert A., Toms River Kahn, Richard B., New Brunswick	•				
LoMonaco, Carmine J., West Caldw	ell •				
Pomerantz, Kenneth, Union Sterritt, Frederic C., Belle Mead	•				
Yaskin, Robert W., Ocean City	•				

			MEET	INGS	5
I	REGISTERED	1	2	3	
New Mexico					
Delegates 3					
Merritt, Kennedy W., Clovis	•	•	•	•	
Moore, David T., Albuquerque	•	•	•	•	
Schripsema, Thomas J., Albuquerque	e •	٠	•	٠	
Alternates					
Brown, Michael P., Placitas	•				
Manz, Julius N., Farmington	•				
Moran, Stephen C., Roswell	٠				
New York					
Delegates 41 Andolina, Richard F., Hornell					
Barnashuk, Frank C., Orchard Park	•		•		
Bauman, Mark A., Saratoga Springs	•				
Bellohusen, Ronald M., Elmira	•				
Bresin, Howard J., Albany	•				
Buhite, Robert J., II, Rochester					
Chillura, Anthony E., New York					
Coleton, Stuart H., Chappagua			•		
Cuomo, Anthony M., Carmel			•		
Dolin, James F., Hicksville			•		
Doundoulakis, James H., New York		•	•		
Dowd, Brendan P., Niagara Falls			•		
Emmanuele, Roland C., Newburgh			•	•	
Epel, Lidia M., Rockville Centre			•		
Feinberg, Edward, Scarsdale	•	•	•	•	
Friedman, Joel M., New York	•	•	•	•	
Gehani, Chad P., Jackson Heights			•	•	
Gehani, Rekha C., Jackson Heights			•		
Gellert, Jonathan R., Lowville	•	•	•	•	
Henner, Kevin A., Deer Park	•	•	•	•	
Jhaveri, Viren L., Old Westbury	•	•	•	•	
Krishnan, Prabha, Forest Hills	•	•	•	•	
Lacey, Frederick J., Binghamton	•	•	•	•	
Leary, Paul R., Smithtown	•		•	•	
Liang, John J., Utica	•	•	•	•	
Lieb, Howard I. A., Staten Island	•	•	•	•	
Madonian, Margaret, Liverpool	•	•	•	•	
McIntyre, John S., Brooklyn	•	•	•	•	
Miller, David J., East Meadow	•	•	•	•	
Nasca, John J., Williamsville	•	•	•	•	
Palmaccio, Frank J., Plainview	•	•	•	•	
Peskin, Robert M., Garden City	•	•	•	•	
Ratner, Craig S., Staten Island	•	•	•	•	
Senzer, Jeffrey S., New York	•	•	•	•	
Shipper, David M., New York					
Stahl, Berry, Englewood	•	•	•	•	
Vittoria, Nick J., Islip Terrace	•	•	•	•	
Vorrasi, Andrew G., Rochester	•				
Weinberger, Mark J., Troy	•				
Weisfuse, Deborah, New York	•	-	-	-	
Wetzel, Frederick W., Schenectady	•	•	•	•	
Alternates					
Anvar, Bijan, Flushing					
Baum, Irving, Wappingers Falls	•				
Baumler, Jeffrey A., Niagara Falls	•				

Daum, ming, wappingers rais	•	
Baumler, Jeffrey A., Niagara Falls	٠	
Breault, Michael R., Schenectady	٠	
Constantine, John, Yonkers	٠	
Edwards, Maurice L., New York	٠	
Essig, Steven L., Ravena	٠	
Farrell, Scott J., Binghamton	٠	
Fitzgerald, James J., Garden City		
Gary, Chester J., Depew	٠	
Grassi, Michael D., Rochester	٠	

• Delegate or alternate attended the meeting; + Delegate or alternate attended a portion of the meeting.

			MEE	TINGS	;				MEET	INGS	;
	REGISTERED	1	2	3	4	I	REGISTERED	1	2	3	4
Herman, Richard P., New Windsor	•					Crowley, Joseph P., Cincinnati	•	•	•	•	•
Jaiswal, Meena, Massapequa	•					Fanno, James T., Canton	•	•	•	•	•
Kalman, Doron, Elmhurst						Gardner, Kim L., Chardon	•	•	•	•	•
Karp, William, Manlius	•					Halasz, Michael H., Kettering	•	•	•	•	•
Kennedy, Brian T., Troy	•					Hering, Denise L., Reynoldsburg	•	•	•	•	•
Kim, Paul J., New City	•					Hess, Roger, Lyndhurst	•		•	•	٠
Levine, Marci, New York						Jerome, Jennifer J., Akron	•	•	•	•	•
Levitt, Neal R., Webster	•					Kelly, Thomas S., Beachwood	•	•	•	•	٠
Maranga, Maria C., Aquabogue	•					Lemmo, Ronald P., Wickliffe	•	•	•	•	٠
Markowitz, Paul, Hauppauge	•					Moore, Steven R., West Chester	•	٠	•	•	٠
Marrone, Michael J., Niagara Falls						Paumier, Thomas M., Canton	•	•	•	٠	٠
Mears, Ernest, Jr., Oswego	•					Pelok, Brett S., Toledo	•	•	•	•	٠
Medrano, Lauro, Brooklyn	•					Smith, John P., Jr., Logan	•	٠	•	٠	٠
Miller, Edward J., New York	•	٠			•	Zucker, William J., Sandusky	•	٠	•	٠	٠
Modica, Joseph S., Buffalo	•					•••					
Patella, Paul A., Hartsdale	•					Alternates					
Pavlakos, Constantine G., Brooklyn	•					Adams, Roderick H., Jr., Cleveland	•				
Porcelli, Eugene G., Garden City	•					Burns, Richard H., Jr., New Philadelp	hia				
Quarcoo, Stephen T.M., Hollis	•					Connell, Christopher M., Lyndhurst	•				
Sandmann, Douglas A., Glenville	•					Farinacci, David J., North Canton	•				
Segelnick, Stuart, Brooklyn	•				•	Fields, Henry W., Jr., Columbus	•				
Shreck, Michael, New Hyde Park	•					Grbach, Bruce D., Mentor	•				
Silvestri, Mario A., Vestal	•					Haid, Tara L., Worthington	•				
Snyder, Steven I., Brentwood	•	٠				Kastner, Michael J., Toledo	•				
Sukmonowski, Patricia L., New York	<					Kyger, Billie S., Gallipolis	•				
Volland, Lawrence E., Lockport	•					Mazzola, Robert L., Miamisburg	•				
						Messina, Matthew J., Fairview Park	•				
North Carolina						Null, Scott A., Newark	•				
North Carolina						Schaeffer, Michael T., Cincinnati	•				
Delegates 10						Shaffer, Marybeth D., Leetonia	•				
Bolton, Cynthia A., Summerfield	•	٠	٠	٠	•	Simpson, Stephen P., Hudson	•				
Breeland, Nona I., Chapel Hill	•	٠	٠	٠	•	Wynn, Mary E., Cincinnati	•				
Card, Rex B., Raleigh	•	٠	٠	٠	•						
Harrell, James A., Jr., Elkin	•	٠	٠	٠	•	Oklahoma					
Jewell, Wilson O., Wilmington	•	٠	٠	٠	•						
Litaker, William M., Jr., Hickory	•	٠	٠	٠	•	Delegates 5					
Oyster, Gary D., Raleigh	•	٠	٠	٠	•	Bridges, C. Todd, Lawton	•	•	•	•	•
Plage, Robert G., Wilmington	•	٠	٠	•	•	Cohlmia, Raymond A., Oklahoma Cit	у •	•	٠	٠	•
Teague, J. Jackson, III, Asheville	•	٠	٠			Glenn, Stephen O., Tulsa	•	•	•	•	•
Williams, William E., Greenville	•	٠	٠	•	•	Jones, Krista M., Edmond	•	•	•	•	•
						Young, Stephen K., Oklahoma City	•	•	•	•	+
Alternates						A 14					
Cashion, Scott W., Greensboro	•					Alternates					
Chadwick, D. Gregory, Greenville	•					Auld, Douglas, McAlester	•				+
Cheek, Daniel K., Hillsborough	•					Berg, Tamara S., Yukon	•				
Davenport, C. Scott, Charlotte	•					Fagan, Timothy R., Enid	•				
Harrell, Gavin, Elkin	•					Wood, C. Rieger, III, Tulsa	•				
Hollowell, Robert P., Jr., Morrisville	•										
King, Rebecca S., Raleigh	•					Oregon					
McKaig, Bettie R., Raleigh	•										
Norman, Matthew, Greensboro	•					Delegates 6					
Venezie, Ronald, Apex	•			•	•	Asai, Rickland G., Portland	•	•	•	•	•
Weintraub, Jane A., Chapel Hill	•					Benson, Sean A., Baker City	•		•	•	•
						Dowsett, David J., Portland	•	•	•	•	•
North Dakota						Jones, Gregory B., Hermiston	•	•	•	•	•
						Larson, Judd R., Central Point	•	•	•	•	•
Delegates 2						Price, Jill M., Portland	•	•	•	•	•
Fallgatter, Alison M., Jamestown	•	•	•	•		Altornatos					
Seeley, Ron J., Williston	•	•	٠	•	٠	Alternates	-				
						Carneiro, K. David, Astoria	•				
Alternates						Stewart, Jeffery C. B., Portland	•	-			
Greer, Murray E., Minot	•				•	Timm, Steven E., Bend	•	•			
						Tucker, Thomas S., Klamath Falls	•				
Ohio						Watts, Renee E., Springfield	•				
						Young, Joni D., Salem	•				
Delegates 16											
Bronson, Mark E., Cincinnati	•	•	•	•	٠						
Casamassimo, Paul S., Columbus					-						

			MEE	TINGS		
I	REGISTERED	1	2	3	4	
Pennsylvania						Alternates
Delegates 18						Calitri, Paul W., Greenw
Charlton, Dennis J., Sandy Lake	•	•	•	•	•	Dodge, Jeffrey E., Woor
Davis, Gary S., Shippensburg	•	•	•	•	•	Verbeyst, John W., Paw
Dishler, Bernie P., Elkins Park	•	•	٠	٠	•	
Gamba, Thomas W., Philadelphia	•	•	٠	٠	•	South Carolina
Grove, John, Jersey Shore	•	•	•	•	•	Delegates 5
Heier, Ronald K., Malvern	•	•	•	•	•	Fair, Julian H., III, Wage
Himmelberger, Linda K., Devon Hoffman, R. D., Pittsburgh	•		•	•	•	Gardner, H. Lee, Jr., Ha
Kwasny, Andrew J., Erie						Jabbour, Elizabeth A., S
Larson, David R., Hummelstown	•	•	•	•	•	Mercer, James E., West
Newman, Wade I., Bellefonte	•	•	•	•	•	Watson, David F., Jr., G
Nordone, Thomas, Bryn Mawr	•	•	•	•	•	
Petraitis, Thomas C., Du Bois	•	•	•	•	•	Alternates
Ray, Herbert L., Jr., Leechburg	•	•	٠	٠	•	Edmonds, Thomas R., V
Ross, Joseph E., New Castle	•	٠	٠	٠	•	Moss, J. David, Florence Binkin, Cloria R. Manal
Selcher, Samuel E., Middletown	•	•	•	•	•	Pipkin, Gloria B., Monck Sanders, John J., Charl
Shuman, Michael S., Blandon	•	•	•	•	•	Wise, Edward M., Sr., B
Stavisky, Eli, Clarks Summit	•	•	•	•		Wise, Edward Wi., Ol., E
Alternates						South Dakota
Boyle, James M., York	•					
Bushick, Ronald D., Glen Mills Cantwell, Michelle, Lancaster						Delegates 2 Determan, Amber A., M
Chorazy, Chester J., Pittsburgh	•					Hajek, Thomas J., Huro
Clark, Richard J., III, Drexel Hill						hajok, monao ol, haro
Detwiler, Marianna M., Palmyra	•					Alternates
Goldberg, Jay M., Philadelphia						Bechtold, Monty D., Pie
Gross, Ronald B., Radnor	•					Meyer, Kamp R., Rapid
Johnson, Frederick S., Cleona	•					
Johnston, Jon J., Punxsutawney	•					Tannaaaaa
Logan, Bernadette A., Paoli						Tennessee
Mertens, Jeffrey W., Mc Murray						Delegates 7
Nase, John B., Harleysville	•					Avery, James G., Memp
Passeri, Lauri, Wind Gap						Beauchamp, K. Jean, C
Rosenthal, Nancy R., Jenkintown Sameroff, Jeffrey B., Pottstown	•					Hight, James R., Jr., Ja McNeely, David E., Jr., I
Schwab, Brian M., Blandon	•				•	Orwick-Barnes, Susan I
Wells, Jay R., III, Bethel Park	•				•	Osborn, John C., Mayna
·····, ···, ···, _····						Underwood, Thomas S.
Public Health Service						Alternates
Delegates 2						Bryant, Kevin P., Chatta
Bailey, William D., Atlanta, GA	•	•	٠	٠	•	Fain, Walter D., Knoxvil
Joskow, Renee W., Rockville, MD	•	•	٠	٠	•	Felts, Charles B., III., C
A 14						Malin, David M., Brentw Reeves, Tesa K., Pulas
Alternates						Robbins, Morris L., Jr., I
Van Pelt, Lynn C., Gaithersburg, MD Woods, Phillip D., Seattle, WA	•					Sullivan, John H., Lexin
Puerto Rico						Texas
Delegates 2						Delegates 23
Garcia-Perez, Hector M., Arecibo	•	•	•	+		Armstrong, Craig S., Ho
Gonzalez-Garcia, Ramon F., Guayna	ibo •	٠	٠	٠	•	Bainbridge, Jean E., Da
•••						Black, Richard C., El Pa
Alternates	lto a					Bogan, Douglas W., Ho
Cheverez Gonzalez, Pedro A., Toa A				+		Coleman, James P., Sa Duncan, David A., Ama
del-Valle Sepulveda, Edwin A., San J				т		Hall, Glen D., Abilene
						Harrison, Thomas C., K
Rhode Island						Heinrich-Null, Lisa A., V
Delegates 3						Herwig, Larry D., Dallas
Brown, Steven A., East Greenwich	•	•	•	•	•	Hunke, Philip H., McAlle
Connor, Francis A., Jr., Pawtucket	•	•	•	•	•	McCauley, Dan P., Mou
Royer, Marian A., Portsmouth	•	•	•	•	•	Miller, Donna G., Wood
						Moore, Alan B., Austin

			MEET	INGS	
	REGISTERED	1	2	3	4
Alternates					
Calitri, Paul W., Greenwich	•				
Dodge, Jeffrey E., Woonsocket	•				
Verbeyst, John W., Pawtucket	•				
South Carolina					
Delegates 5 Fair, Julian H., III, Wagener					
Gardner, H. Lee, Jr., Hartsville	•				
Jabbour, Elizabeth A., Spartanburg	•	•	•	•	•
Mercer, James E., West Columbia	•	•	•	•	•
Watson, David F., Jr., Greenville	•	•	٠	٠	•
Alternates					
Edmonds, Thomas R., West Columb	oia •				
Moss, J. David, Florence	•				
Pipkin, Gloria B., Moncks Corner	•				
Sanders, John J., Charleston Wise, Edward M., Sr., Beaufort	•				
wise, Luwalu wi., Sl., Deduluil	•				
South Dakota					
Delegates 2		_	-	_	_
Determan, Amber A., Mitchell Hajek, Thomas, J., Huron	•	•	•	•	•
Hajek, Thomas J., Huron	•	•	•	•	•
Alternates					
Bechtold, Monty D., Pierre	•				
Meyer, Kamp R., Rapid City	•				
Tennessee					
Delegates 7					
Avery, James G., Memphis	•		•	•	
Beauchamp, K. Jean, Clarksville	•	•	•	•	•
Hight, James R., Jr., Jackson	٠	•	•	•	•
McNeely, David E., Jr., Elizabethton		•	•	•	•
Orwick-Barnes, Susan M., Knoxville Osborn, John C., Maynardville	•		•		
Underwood, Thomas S., Nashville	•	•	•	•	•
Altornatos					
<i>Alternates</i> Bryant, Kevin P., Chattanooga	•				
Fain, Walter D., Knoxville	•				
Felts, Charles B., III., Chattanooga	•				
Malin, David M., Brentwood	•				
Reeves, Tesa K., Pulaski	•				
Robbins, Morris L., Jr., Memphis	•				
Sullivan, John H., Lexington	•				
Texas					
Delegates 23					
Armstrong, Craig S., Houston	•	•	•	•	•
Bainbridge, Jean E., Dallas	•	٠	٠	٠	٠
Black, Richard C., El Paso	•	•	•	•	٠
Bogan, Douglas W., Houston	•	•	•	•	•
Coleman, James P., San Antonio Duncan, David A., Amarillo	•	•	•	•	•
Hall, Glen D., Abilene	•				
Harrison, Thomas C., Katy	•	-	•	•	•
Heinrich-Null, Lisa A., Victoria	•	•	•	•	•
Herwig, Larry D., Dallas	•	•	•	•	٠
Hunke, Philip H., McAllen	•	•	٠	•	٠
McCauley, Dan P., Mount Pleasant	•	٠	٠	•	٠
Miller, Donna G., Woodway	•	•	•	•	•
Moore, Alan B., Austin	•	•	•	•	•

• Delegate or alternate attended the meeting; + Delegate or alternate attended a portion of the meeting.

2012 ATTENDANCE RECORD 555

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		-	_	-	-
Oneacre, Lee P., Flower Mound	•	•	•	•	•
Peppard, Richard M., Austin	•	٠	•	•	•
Rhea, Ronald L., Houston	•	•	•	•	•
Roberts, Matthew B., Crockett				•	•
				•	
Spradley, Larry W., Keller	•	•	•		•
Stuart, Michael L., Sunnyvale	•	•	•	٠	•
Walker, Carolyn B., San Antonio	•	•	•	•	•
Woodburn, David C., Amarillo	•	•	•	•	•
Worsham, Debrah J., Center					
Worsham, Debran e., Oemer	•	•	•	•	•
A 14					
Alternates					
Beltrane, Sheryl A., San Antonio	•				
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	•				
Hopson, Jerry J., Bonham	•				
Martin, Ralph E., Corpus Christi	•				
	•				
May, Amos D., Abilene	•				
McCarley, David H., Mc Kinney	•				
Morchat, Arthur C., Kilgore	•				
Nantz, William S., Beaumont	•				
Niessen, Linda C., Dallas					
	•				
Pendergrass, Tyler L., Amarillo	•				
Plemons, Jacqueline M., Dallas	•				
Sanders, Lance V., Austin	•				
Schwartz, Stephen F., Houston	•				
Wiggins, Robert E., Jr., Wiggins					
	•				
Utah Delegates 4					
Boseman, J. Jerald, Salt Lake City	•		•		•
Cowley, Mark V., Ogden					
Smith, A.J., Salt Lake City	•	•	•	•	•
Theurer, Scott, Logan	•				
			•		
Alternates			•		
Alternates Nielsen, R. Blake, Salt Lake City			•		
Nielsen, R. Blake, Salt Lake City	•		•		
Nielsen, R. Blake, Salt Lake City Radmall, Val L., Ogden	•		•		
Nielsen, R. Blake, Salt Lake City Radmall, Val L., Ogden Wiest, Gary B., Provo	• •		•		
Nielsen, R. Blake, Salt Lake City Radmall, Val L., Ogden	• • ity •	•	•		•
Nielsen, R. Blake, Salt Lake City Radmall, Val L., Ogden Wiest, Gary B., Provo Williamson, James M., Salt Lake C	• • ity •	•	•		•
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Nielsen, R. Blake, Salt Lake City Radmall, Val L., Ogden Wiest, Gary B., Provo Williamson, James M., Salt Lake C	• • ity	•	•		•
Nielsen, R. Blake, Salt Lake City Radmall, Val L., Ogden Wiest, Gary B., Provo Williamson, James M., Salt Lake C Vermont Delegates 2	• • •	•	•	•	•
Nielsen, R. Blake, Salt Lake City Radmall, Val L., Ogden Wiest, Gary B., Provo Williamson, James M., Salt Lake C Vermont Delegates 2 Averill, David C., Burlington	• • •	•	•	•	•
Nielsen, R. Blake, Salt Lake City Radmall, Val L., Ogden Wiest, Gary B., Provo Williamson, James M., Salt Lake C Vermont Delegates 2	ity •	•	•	•	•
Nielsen, R. Blake, Salt Lake City Radmall, Val L., Ogden Wiest, Gary B., Provo Williamson, James M., Salt Lake C Vermont Delegates 2 Averill, David C., Burlington Fisch, Judith M., Rutland	• • • •	•	•	•	•
Nielsen, R. Blake, Salt Lake City Radmall, Val L., Ogden Wiest, Gary B., Provo Williamson, James M., Salt Lake C Vermont Delegates 2 Averill, David C., Burlington Fisch, Judith M., Rutland Alternates	• • • •	•	•	•	•
Nielsen, R. Blake, Salt Lake City Radmall, Val L., Ogden Wiest, Gary B., Provo Williamson, James M., Salt Lake C Vermont Delegates 2 Averill, David C., Burlington Fisch, Judith M., Rutland Alternates Blanck, David R., Burlington	• • • •	•	•	•	•
Nielsen, R. Blake, Salt Lake City Radmall, Val L., Ogden Wiest, Gary B., Provo Williamson, James M., Salt Lake C Vermont Delegates 2 Averill, David C., Burlington Fisch, Judith M., Rutland Alternates	ity • •	•	•	•	•
Nielsen, R. Blake, Salt Lake City Radmall, Val L., Ogden Wiest, Gary B., Provo Williamson, James M., Salt Lake C Vermont Delegates 2 Averill, David C., Burlington Fisch, Judith M., Rutland Alternates Blanck, David R., Burlington	ity • • •	•	•	•	•
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Nielsen, R. Blake, Salt Lake City Radmall, Val L., Ogden Wiest, Gary B., Provo Williamson, James M., Salt Lake C Vermont Delegates 2 Averill, David C., Burlington Fisch, Judith M., Rutland Alternates Blanck, David R., Burlington McLean, David E., S. Burlington Veterans Affairs Delegates 2	ity • • •	•	•	•	•
Nielsen, R. Blake, Salt Lake City Radmall, Val L., Ogden Wiest, Gary B., Provo Williamson, James M., Salt Lake C Vermont Delegates 2 Averill, David C., Burlington Fisch, Judith M., Rutland Alternates Blanck, David R., Burlington McLean, David E., S. Burlington Veterans Affairs	ity •	•	•	•	•
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Nielsen, R. Blake, Salt Lake City Radmall, Val L., Ogden Wiest, Gary B., Provo Williamson, James M., Salt Lake C Vermont Delegates 2 Averill, David C., Burlington Fisch, Judith M., Rutland Alternates Blanck, David R., Burlington McLean, David E., S. Burlington Veterans Affairs Delegates 2 Arola, Patricia E., Washington, DC	ity •	•	•	•	•
Nielsen, R. Blake, Salt Lake City Radmall, Val L., Ogden Wiest, Gary B., Provo Williamson, James M., Salt Lake C Vermont Delegates 2 Averill, David C., Burlington Fisch, Judith M., Rutland Alternates Blanck, David R., Burlington McLean, David E., S. Burlington McLean, David E., S. Burlington Veterans Affairs Delegates 2 Arola, Patricia E., Washington, DC Ball, John D., Lees Summit, MO	ity •	•	•	•	•
Nielsen, R. Blake, Salt Lake City Radmall, Val L., Ogden Wiest, Gary B., Provo Williamson, James M., Salt Lake C Vermont Delegates 2 Averill, David C., Burlington Fisch, Judith M., Rutland Alternates Blanck, David R., Burlington McLean, David E., S. Burlington Veterans Affairs Delegates 2 Arola, Patricia E., Washington, DC Ball, John D., Lees Summit, MO Alternates	ity	•	•	•	•
Nielsen, R. Blake, Salt Lake City Radmall, Val L., Ogden Wiest, Gary B., Provo Williamson, James M., Salt Lake C Vermont Delegates 2 Averill, David C., Burlington Fisch, Judith M., Rutland Alternates Blanck, David R., Burlington McLean, David E., S. Burlington Veterans Affairs Delegates 2 Arola, Patricia E., Washington, DC Ball, John D., Lees Summit, MO Alternates Hatch, Craig L., Chagrin Falls, OH	• • • • •	•	•	•	•
Nielsen, R. Blake, Salt Lake City Radmall, Val L., Ogden Wiest, Gary B., Provo Williamson, James M., Salt Lake C Vermont Delegates 2 Averill, David C., Burlington Fisch, Judith M., Rutland Alternates Blanck, David R., Burlington McLean, David E., S. Burlington McLean, David E., S. Burlington Veterans Affairs Delegates 2 Arola, Patricia E., Washington, DC Ball, John D., Lees Summit, MO Alternates	iity •	•	•	•	•

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Delegate 1					
Wechter, Stuart M., St. Thomas	•	•	•	٠	٠
Virginia					
Delegates 10					
Barnes, Richard D., Hampton	•	•	•	•	•
Bell, Alonzo M., Alexandria	•	٠		٠	٠
Crabtree, Mark A., Martinsville	٠	٠	٠	•	٠
Howell, Ralph L., Jr., Suffolk	٠	•	٠	•	•
Hutchison, Bruce R., Centreville	•	•	•	•	•
Klima, Rodney J., Burke Norbo, Kirk, Waterford	•	•	•	•	•
Vlahos, Gus C., Dublin	•				
Weisberg, Edward J., Norfolk	•	•	•	•	•
Wood, Roger E., Midlothian	•	•	•	•	•
Alternates					
Abbott, Michael A., Salem					
Anderson, David C., Alexandria	•				
Certosimo, Alfred J., Mechanicsville					
Dougherty, William V., III, Falls Chui Galstan, Samuel W., Chester	•				
Link, Michael J., Newport News	•				
Olenyn, Paul T., Burke	•				
Reynolds, Elizabeth C., Richmond	•				
Sarrett, David C., Richmond	•				
Sherwin, J. Ted, Orange	•				
Washington					
Delegates 11					
Edgar, Bryan C., Federal Way	•	•	•	•	•
Edgar, Linda J., Federal Way	•	•	•	•	•
Houten, David, Kelso	•	٠	٠	•	٠
Lawton, Lawrence R., Mead	•	•	•	•	٠
Lo, John C., Lakewood	•	٠	٠	•	٠
Middaugh, Dan G., Seattle	•	•	•	•	•
Minahan, David M., Kenmore	•	•	•	•	•
Ribary, James L., Gig Harbor Walsh, Douglas P., Seattle	•				
Warner, Danny G., Vancouver	•				
Wentworth, Rodney B., Bellevue	•	•	•	•	•
Alternates	•				
Heyamoto, Gary E., Bothell Jennings, Mary S., Puyallup	•				
Ogata, Gregory Y., Sammamish	•				
Ogata, Randall, Seattle	•				
Smith, Mary K., Spokane	•				
Spektor, Michael D., Bellevue					
Taylor, Patrick E., Bellevue	•				
Wandell, Timothy E., Hoquiam	•				
Williams, Laura, E. Wenatchee	•				
West Virginia					

Delegates 3

Delegates 3					
Eder, B. S., South Charleston	•	٠	•	•	٠
Eller, David M., Huntington	•	٠	•	•	٠
Smith, J. Christopher, Charleston	•	٠	•	•	٠
Alternates					
Eckley, Brett, Beckley	•				
Jarrell, Jeffery S., Surveyor	•				
Leslie, Thomas W., Berkelev Springs	•				

Eckley, Brett, Beckley	
Jarrell, Jeffery S., Surveyor	
Leslie, Thomas W., Berkeley Springs	

			MEET	INGS	;
	REGISTERED	1	2	3	4
Wisconsin					
Delegates 9					
Brysh, L. Stanley, Madison	•	+	+	+	+
Durtsche, Timothy B., La Crosse	•	•	•	•	•
Kenyon, David J., Altoona	•	+	+	+	+
Kraig, Jeffrey J., Fond Du Lac	•	+	+	+	+
Moser, John R., Milwaukee	•	+	+	+	+
Murphy, Ned J., Racine	•	+	+	+	+
Raimann, Thomas E., Hales Corne	rs •	+	+	+	+
Rodriguez, Julio H., Brodhead	•	+	+	+	+
Stoll, Steven J., Neenah	•	+	+	+	+
Alternates					
Brennan, Robert J., Neenah	•	+	+	+	+
Clemens, David L., Wisconsin Dells Dowd, Allison L., Fitchburg	6 •	+	+	+	+

			MEET	INGS	;
	REGISTERED	1	2	3	4
Hebl, Monica, Milwaukee	•	+	+	+	+
Kaske, H. Michael, Twin Lakes	•	+	+	+	+
Lobb, William K., Mukwonago	•	+	+	+	+
Lofthouse, Richard M., Fennimore	•	+	+	+	+
Masak, John G., Appleton	•	+	+	+	+
Vandehaar, Kent L., Chippewa Falls	s •	+	+	+	+
Wyoming					
Delegates 2					
Okano, David K., Rock Springs	•	•	•	•	•
Roussalis, John E., II, Casper	•	•	•	•	•
<i>Alternates</i> Bergien, Tyler, Jackson Hokanson, Brian N., Gillette	•				

• Delegate or alternate attended the meeting; + Delegate or alternate attended a portion of the meeting.

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