ADA American Dental Association®

America's leading advocate for oral health

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Supplement to

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**Legislative, Health, Governance and Related Matters**

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**Membership and Related Matters**



**New Business**

Legislative, Health, Governance and Related Matters

Resolution No. 15 New

Report: NA Date Submitted: July 2014

Submitted By: Council on Ethics, Bylaws and Judicial Affairs

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: None

How does this resolution increase member value: Not Applicable

**AMENDMENT OF THE GUIDELINES GOVERNING THE CONDUCT OF CAMPAIGNS FOR ALL ADA OFFICES**

**Background:** (*Reports*:146).

**Amendment of the Guidelines Governing The Conduct of Campaigns for All ADA Offices:** The Council determined that the policy entitled "Guidelines Governing the Conduct of Campaigns for All ADA Offices" should be amended by the insertion of the word "timely" in paragraph 3 of the Guidelines to emphasize candidate invitations should be issued by district caucuses as early in the campaign year as possible for economic and conflict avoidance purposes. The Council recommends adoption of the following:

**Resolution**

**15. Resolved,** that paragraph number 3 of the policy entitled "Guidelines Governing the Conduct of Campaigns for All ADA Offices" (*Trans.*2012:417) be amended as indicated (addition underscored):

**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/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 timely 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.

**BOARD RECOMMENDATION: Vote Yes.**

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

***Dr. Fair was absent.**

Resolution No. 16 New

Report: NA Date Submitted: July 2014

Submitted By: Council on Ethics, Bylaws and Judicial Affairs

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health

How does this resolution increase member value: See Background

## AMENDMENT OF THE POLICY, THE DENTIST'S PLEDGE

**Background:** (*Reports*:148).

**Amendment of the Policy, The Dentist's Pledge:** The Council determined that the policy entitled "The Dentist's Pledge" should be amended for clarity so that the *Principles of Ethics and Code of Professional Conduct* are identified as the ADA's *Principles of Ethics and Code of Professional Conduct*. The Council further believes that the pledge should be transmitted to dental schools so that it can be used by the schools as appropriate as, for example, during white coat or graduation ceremonies. Consequently, the Council recommends adoption of the following resolution:

### Resolution

**16. Resolved,** that the policy entitled The Dentist's Pledge (*Trans.1991:598*) be amended as shown below (additions underscored, deletions ~~stricken through~~):

**Resolved,** that the following "Dentist's Pledge" be approved:

**The Dentist's Pledge**

I, (dentist's name), as a member of the dental profession, shall keep this pledge and these stipulations.

I understand and accept that my primary responsibility is to my patients, and I shall dedicate myself to render, to the best of my ability, the highest standard of oral health care and to maintain a relationship of respect and confidence. Therefore, let all come to me safe in the knowledge that their total health and wellbeing are my first considerations.

I shall accept the responsibility that, as a professional, my competence rests on continuing the attainment of knowledge and skill in the arts and sciences of dentistry.

I acknowledge my obligation to support and sustain the honor and integrity of the profession and to conduct myself in all endeavors such that I shall merit the respect of patients, colleagues and my community.

I further commit myself to the betterment of my community for the benefit of all of society.

I shall faithfully observe the American Dental Association's *Principles of Ethics and Code of Professional Conduct* ~~set forth by the profession~~.

All this I pledge with pride in my commitment to the profession and the public it serves.

and be it further

**Resolved,** that the pledge be transmitted to U.S. dental schools for use as appropriate.

**BOARD RECOMMENDATION: Vote Yes.**

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

***Dr. Fair was absent.**

Resolution No. 17 New

Report: NA Date Submitted: July 2014

Submitted By: Council on Ethics, Bylaws and Judicial Affairs

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health

How does this resolution increase member value: See Background

**AMENDMENT OF CHAPTERS XII AND XIII OF THE ADA BYLAWS: PROCEDURES FOR MEMBER DISCIPLINARY HEARINGS AND APPEALS**

**Background:** (*Reports*:150).

**Amendment of Chapters XII and XIII of the ADA *Bylaws*: Procedures for Member Disciplinary Hearings and Appeals:** Chapter XII of the *Bylaws* sets forth the governance basis for the ADA *Code*. Moreover, Chapters XII and XIII of the *Bylaws* are the source for the range of possible sanctions that exist for infractions of the ADA *Code* and the ADA's Member Conduct Policy. The bulk of the remainder of Chapters XII and XIII give procedural frameworks for enforcing the ADA *Code* and Member Conduct Policy. This year, the Council examined those portions of the *Bylaws* and determined that a number of important benefits could be achieved by removing the procedural material found in Chapters XII and XIII from the *Bylaws*. One positive result from that action is that a much more streamlined treatment of the governance aspects of the ADA *Code* and the Member Conduct Policy is possible; this adds clarity for leadership and members. Also, removal of the enforcement procedures relating to the ADA *Code* and the Member Conduct Policy allows that material to be presented in a style that is much more accessible and easier for members to understand. Finally, removal of enforcement procedures from the ADA *Bylaws* will allow revisions of those procedures to be adopted by a simple majority vote of the House of Delegates, rather than the two-thirds affirmative vote that is required to amend the *Bylaws*. This change will allow procedural revisions to be made more efficiently while still providing the House of Delegates oversight for such revisions.

To achieve these positive results, the Council is proposing that the ADA *Bylaws* be amended by moving the procedural material presently found in Chapters XII and XIII of the ADA *Bylaws* into a separate document entitled *ADA Procedures for Member Disciplinary Hearings and Appeals.*

In proposing these amendments to the House of Delegates, the Council wishes to emphasize several important points:

- There are no substantive changes proposed to the hearing and appeal procedures that have been removed from Chapters XII and XIII of the *Bylaws.* The entirety of the procedural framework present in Chapters XII and XIII remains in the separate document entitled *ADA Procedures for Member Disciplinary Hearings and Appeals.*

- Even though the procedural framework presented in the procedure manual remains unchanged, how that framework is presented has been substantially revised. The language used in the

procedure manual has been revised from the "bylaws-type" presentation that currently exists to a much more readable style and type of presentation so that procedural frameworks presented will be easier for state and local dental society volunteer leaders and staff and members to understand and follow.

- To ensure that the procedures continue to be readily accessible to state and local dental societies and to ADA members, it is proposed that the *ADA Procedures for Member Disciplinary Hearings and Appeals* be appended to the ADA *Bylaws*.

- As stated above, by removing the procedural material from the ADA *Bylaws*, those procedures can be revised by an affirmative vote of a simple majority of the House of Delegates rather than by a two-thirds vote. That fact is specifically noted in the proposed *Bylaws* amendments.

The following resolution is presented to the House of Delegates for its consideration:

**Resolution**

**17. Resolved,** that the procedures for disciplinary actions from Chapters XII and XIII be deleted from the *Bylaws* in the manner as follows, with revision of the remaining words for clarity as shown below (additions <u>underscored</u>, deletions ~~stricken through~~):

CHAPTER XII • PRINCIPLES OF ETHICS AND CODE OF PROFESSIONAL CONDUCT AND JUDICIAL PROCEDURE

*Section 10.* PROFESSIONAL CONDUCT OF MEMBERS: The professional conduct of a member of this Association shall be governed by the *Principles of Ethics and Code of Professional Conduct* of this Association and by the codes of ethics of the constituent and component societies within whose jurisdiction the member practices, or conducts or participates in other professional dental activities.

*Section 20.* DISCIPLINE OF MEMBERS:

A. CONDUCT SUBJECT TO DISCIPLINE. A member may be disciplined for (1) having been found guilty of a felony, (2) having been found guilty of violating the dental practice act of a state or other jurisdiction of the United States, (3) having been discharged or dismissed from practicing dentistry with one of the federal dental services under dishonorable circumstances, or (4) violating the *Bylaws*, the *Principles of Ethics and Code of Professional Conduct*, or the bylaws or code of ethics of the constituent or component society of which the accused is a member. For a member of a constituent society, disciplinary proceedings may be instituted by either the member's component or constituent society. Disciplinary proceedings against a direct member of this Association may be instituted by the Council on Ethics, Bylaws and Judicial Affairs of this Association.

B. DISCIPLINARY PENALTIES. A member may be disciplined for any of the offenses enumerated in Section 20A of this Chapter as follows:

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

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

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

d. PROBATION. Probation, to be imposed for a specified period and without loss of privileges with the exception of holding or seeking an elective or appointive office, may be administratively and conditionally imposed when circumstances warrant in lieu of a suspended disciplinary penalty. Probation shall be conditioned on good behavior. Additional reasonable conditions may be set forth in the decision for the continuation of probation. In the event that the conditions for probation are found by the society which preferred charges to have been violated, after a hearing on the probation violation charges in accordance with procedures set forth in the *ADA Procedures for Member Disciplinary Hearings and Appeals* ~~Chapter XII, Section 20C~~, the original disciplinary penalty shall be automatically reinstated; except that when circumstances warrant the original disciplinary penalty may be reduced to a lesser penalty. There shall be no right of appeal from a finding that the conditions of probation have been violated.

C. PROCEDURES FOR DISCIPLINARY HEARINGS AND APPEALS. The procedures for hearings and appeals conducted pursuant to this Chapter XII shall be set forth in the *ADA Procedures for Member Disciplinary Hearings and Appeals,* a copy of which shall be appended to the ADA *Constitution and Bylaws* and otherwise made freely available to members of the Association. The procedures set forth in the *ADA Procedures for Member Disciplinary Hearings and Appeals* shall be amendable by the House of Delegates on majority vote.

~~C~~D. DISCIPLINARY ~~PROCEEDINGS~~HEARINGS. Before a disciplinary penalty is invoked against a member, a hearing held pursuant to the procedures set forth in the *ADA Procedures for Member Disciplinary Hearings and Appeals* shall be held. ~~the following procedures shall be followed by the agency preferring charges:~~

~~a. HEARING. The accused member shall be entitled to a hearing at which the accused shall be given the opportunity to present a defense to all charges brought against the accused. The agency preferring charges shall permit the accused member to be represented by legal counsel.~~

~~b. NOTICE. The accused member shall be notified in writing of charges brought against the accused and of the time and place of the hearing, such notice to be sent by certified – return receipt requested letter addressed to the accused's last known address and mailed not less than twenty-one (21) days prior to the date set for the hearing. An accused member, upon request, shall be granted one postponement for a period not to exceed thirty (30) days.~~

~~c. CHARGES. The written charges shall include an officially certified copy of the alleged conviction or determination of guilt, or a specification of the bylaw or ethical provisions alleged to have been violated, as the case may be, and a description of the conduct alleged to constitute each violation.~~

~~d. DECISION. Every decision which shall result in censure, suspension, expulsion, or probation shall be reduced to writing and shall specify the charges made against the member. The facts which substantiate any or all of the charges, the verdict rendered, the penalty imposed or when appropriate the suspended penalty imposed and the conditions for probation, and a notice shall be mailed to the accused member informing the accused of the right to appeal. Within ten (10) days of the date on which the decision is rendered a copy thereof shall be sent by certified – return receipt requested mail to the last known address of each of the following parties: the accused member; the secretary of the component society of which the accused is a member, if applicable; the secretary of the constituent society of which the accused is a member, if applicable; the Chair of the Council on Ethics, Bylaws and Judicial Affairs of this Association; and the Executive Director of this Association~~.

~~D~~E. APPEALS. Before any penalty enumerated in Chapter XII, Section 20B, set forth in a decision following the hearing called for by Chapter XII, Section 20C and conducted pursuant to the *ADA Procedures for Member Disciplinary Hearings and Appeals* shall be final, ~~T~~the accused member has a right to appeal that decision, including any disciplinary sentence specified therein. Any such appeal shall be conducted within the timeframes and in accordance with the appeal procedures set forth in the *ADA Procedures for Member Disciplinary Hearings and Appeals*. ~~under sentence of censure, suspension or expulsion shall have the right to appeal from a decision of the accused's component society to the accused's constituent society by filing an appeal in affidavit form with the secretary of the constituent society. Such an accused member, or the component society concerned, shall have the right to appeal from a decision of the constituent society to the Council on Ethics, Bylaws and Judicial Affairs of this Association by filing an appeal in affidavit form with the Chair of the Council on Ethics, Bylaws and Judicial Affairs. Where the accused is a direct member of this Association, the accused member shall have the right of appeal from a disciplinary decision of a hearing panel of the Council on Ethics, Bylaws and Judicial Affairs to the Council by filing an appeal in affidavit form with the Chair of the Council on Ethics, Bylaws and Judicial Affairs. Members of the hearing panel shall not have the right to vote on the Council's decision on such an appeal.~~

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

~~No decision shall become final while an appeal therefrom is pending or until the thirty (30) day period for filing notice of appeal has elapsed. In the event of a sentence of expulsion and no notice of appeal is received within the thirty (30) day period, the constituent society shall notify all parties of the failure of the accused member to file an appeal. The sentence of expulsion shall take effect on the date the parties are notified. The component and constituent societies shall each determine what portion of their current dues and their special assessments, if any, shall be returned to the expelled member. Dues and special assessments paid to this Association shall not be refundable in the event of expulsion. The following procedure shall be used in processing appeals:~~

~~a. HEARINGS ON APPEAL. The accused member or the society (or societies) concerned shall be entitled to a hearing on an appeal, provided that such appeal is taken in accordance with, and satisfies the requirements of, Section 20D of this Chapter. The appellate agency hearing the appeal shall permit the accused member to be represented by legal counsel. A party need not appear for the appeal to be heard by an appellate agency.~~

~~b. NOTICE. The appellate agency receiving an appeal shall notify the society (or societies) concerned, or where applicable the hearing panel of the Council on Ethics, Bylaws and Judicial Affairs, and the accused member of the time and place of the hearing, such notice to be sent by certified—return receipt requested letter to the last known address of the parties to the appeal and mailed not less than thirty (30) days prior to the date set for the hearing. Granting of continuances shall be at the option of the agency hearing the appeal.~~

~~c. PREHEARING MATTERS. Prehearing requests shall be granted at the discretion of the appellate agency. In appeals to this Association's Council on Ethics, Bylaws and Judicial Affairs, the Council chair has the authority to rule on motions from the parties for continuances and other prehearing procedural matters with advice from legal counsel of this Association. The Council~~

~~chair may consult with the Council before rendering prehearing decisions.~~

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

~~e. RECORD OF DISCIPLINARY PROCEEDINGS. Upon notice of an appeal the agency which preferred charges shall furnish to the appellate agency which has received the appeal and to the accused member a transcript of, or an officially certified copy of the minutes of the hearing accorded the accused member. The transcript or minutes shall be accompanied by certified copies of any affidavits or other documents submitted as evidence to support the charges against the accused member or submitted by the accused member as part of the accused's defense. Where the agency preferring the charges does not provide for transcription of the hearing, the accused member, at the accused's own expense, shall be entitled to arrange for the services of a court reporter to transcribe the hearing.~~

~~f. APPEALS JURISDICTION. The agency to which a decision has been appealed shall be required to review the decision appealed from to determine whether the evidence before the society or agency which preferred charges against the accused member supports that decision or warrants the penalty imposed. The appellate agency shall not be required to consider additional evidence unless there is a clear showing that either party to the appeal will be unreasonably harmed by failure to consider the additional evidence. The parties to an appeal are the accused member and the society or agency which preferred charges. In appeals to the Council on Ethics, Bylaws and Judicial Affairs of this Association, the society which heard the first appeal may, at its option, participate in the appeal.~~

~~g. DECISION ON APPEALS. Every decision on appeal shall be reduced to writing and shall state clearly the conclusion of the appellate agency and the reasons for reaching that conclusion. The appellate agency shall have the discretion to (1) *uphold* the decision of the agency which preferred charges against the accused member; (2) *reverse* the decision of the agency which preferred charges and thereby exonerate the accused member; (3) *deny* an appeal which fails to satisfy the requirements of Section 20D of this Chapter; (4) *refer* the case back to the agency which preferred charges for new proceedings, if the rights of the accused member under all applicable bylaws were not accorded the accused; (5) *remand* the case back to the agency which preferred charges for further proceedings when the appellate record is insufficient in the opinion of the appellate agency to enable it to render a decision; or (6) *uphold* the decision of the agency which preferred charges against the accused member and reduce the penalty imposed.~~

~~Within thirty (30) days of the date on which a decision on appeal is rendered, a copy thereof shall be sent by certified—return receipt requested mail to the last known address of each of the following parties: the accused member, the secretary of the component society of which the accused is a member, if applicable, the secretary of the constituent society of which the accused is a member, if applicable, the Chair of the Council on Ethics, Bylaws and Judicial Affairs of this Association and the Executive Director of this Association.~~

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

~~F~~G. NON-COMPLIANCE. In the event of a failure of technical compliance with the procedural requirements of this Chapter or as set forth in the *ADA Procedures for Member Disciplinary Hearings and Appeals*, the agency hearing the appeal shall determine the effect of non-compliance.

CHAPTER XIII • PROCEDURES AND HEARINGS RELATING TO MEMBER CONDUCT POLICY

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

*Section 20*. DISCIPLINARY PROCEDURES AND HEARINGS:

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

B. PROCEDURES FOR HEARINGS AND APPEALS HELD UNDER THE ASSOCIATION'S MEMBER CONDUCT POLICY. The procedures for hearings and appeals conducted pursuant to this Chapter XIII shall be set forth in the *ADA Procedures for Member Disciplinary Hearings and Appeals*, a copy of which shall be appended to the ADA *Constitution and Bylaws* and otherwise made freely available to members of the Association. The procedures set forth in the *ADA Procedures for Member Disciplinary Hearings and Appeals* shall be amendable by the House of Delegates on majority vote.

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

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

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

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

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

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

~~C~~D. DISCIPLINARY PROCEEDINGS. Before a disciplinary penalty is invoked against a member for violating the Association's Member Conduct Policy, a hearing held pursuant to the procedures set forth in the *ADA Procedures for Member Disciplinary Hearings and Appeals* shall be held.~~the following procedures shall be followed by the Council on Ethics, Bylaws and Judicial Affairs and, as applicable, in the case of a trustee or an elective officer, reviewed by the House of Delegates:~~

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

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

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

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

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

~~D~~E. APPEALS TO FULL COUNCIL. Before any penalty enumerated in Chapter XIII, Section 20C, set forth in a decision following the hearing called for by Chapter XIII, Section 20D and conducted pursuant to the *ADA Procedures for Member Disciplinary Hearings and Appeals* shall be final, the

accused member has a right to appeal that decision, including any disciplinary sentence specified therein. Any such appeal shall be conducted within the timeframes and in accordance with the appeal procedures set forth in the *ADA Procedures for Member Disciplinary Hearings and Appeals.* ~~The accused member under sentence or recommended sentence of censure, suspension, expulsion, probation and/or removal from office shall have the right to appeal from a hearing panel decision to the full Council on Ethics, Bylaws and Judicial Affairs by filing an appeal in affidavit form with the chair of the Council on Ethics, Bylaws and Judicial Affairs of this Association. Members of the investigatory and hearing panels, and the Council representative from the accused's trustee district, shall be recused from the appeal.~~

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

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

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

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

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

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

~~e. RECORD OF DISCIPLINARY PROCEEDINGS. Upon notice of an appeal, the three-member~~

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

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

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

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

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

~~in the opinion of the Council on Ethics, Bylaws and Judicial Affairs to enable it to render a decision; or (6) *uphold* the decision of the three-member hearing panel but reduce the penalty imposed, except in cases in which the reduced penalty is probation, suspension and/or removal from office, in which case the Council's decision shall be a recommendation. The decision of the Council on Ethics, Bylaws and Judicial Affairs under this Section 20Eh of Chapter XIII shall be final and non-appealable in such cases only if the Council's decision does not result in a recommendation of probation, suspension, expulsion and/or removal from office.~~

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

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

~~E~~F. CONSIDERATION OF RECOMMENDED PROBATION, SUSPENSION, EXPULSION AND/OR REMOVAL FROM OFFICE OF TRUSTEES OR ELECTIVE OFFICERS BY HOUSE OF DELEGATES. The House of Delegates shall decide whether to accept or reject any ~~the~~ recommendation of a sentence of probation, suspension, expulsion and/or removal from office made pursuant to this Chapter XIII against Trustees or Elected Officers of this Association. Delegates and alternate delegates who participated in any portion of the procedures that resulted in such recommendation shall be ~~of the Council on Ethics, Bylaws and Judicial Affairs. Members, and as applicable, former members, of the Council on Ethics, Bylaws and Judicial Affairs who were sitting on the Council at any time during which charges were pending against an accused shall be~~ recused from deliberations under this Section 20F. A two-thirds (2/3) affirmative vote of the delegates present and voting is required to impose a disciplinary sentence of expulsion from membership ~~or~~ removal from office, suspension or probation.

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

~~G~~H. NON-COMPLIANCE. In the event of a failure of technical compliance with the procedural requirements of this Chapter or of the Procedures set forth in the *ADA Procedures for Member*

*Disciplinary Hearings and Appeals*, the Council on Ethics, Bylaws and Judicial Affairs shall determine the effect of non-compliance.

and be it further

**Resolved,** that the deleted procedures be revised for clarity and placed in a separate, newly established document as shown:

**ADA Procedures for Member Disciplinary Hearings and Appeals**

**I. INITIAL DISCIPLINARY HEARINGS HELD PURSUANT TO ADA *BYLAWS* CHAPTER XII**

The following procedures are to be followed by a society bringing ethics violation charges:

A. NOTICE. A society bringing charges against a member alleging a violation of Chapter XII, Section 20A of the ADA *Bylaws* shall issue a notice of charges that will meet the following specifications:

1. Charges Brought. The notice of charges will contain a detailed statement of all disciplinary charges brought against the accused member, including (a) an official certified copy of any alleged conviction or determination of guilt that is the basis for the disciplinary action, (b) description of the section(s) of the *Bylaws* or the ethical provisions alleged to have been violated, and/or (c) a description of the conduct alleged to constitute each violation.

2. Time of Hearing. The notice of charges shall contain notification of the date, time and place that a hearing on the charges will be held.

3. Delivery. The notice of charges shall be sent to the accused member by certified mail, return receipt requested. The notice of charges shall be addressed to the accused member's last known address and mailed not less than twenty-one (21) days prior to the date set for the hearing.

B. HEARING. Any member accused of a violation of Chapter XII, Section 20A of the ADA *Bylaws* is entitled to a hearing before a hearing body of the society bringing the charges.

1. Purpose. The purpose of a disciplinary hearing is to provide the accused member with the opportunity to present a defense to the charges brought against him or her.

2. Representation by Counsel. The society bringing the charges must allow the accused member to be represented by legal counsel at any hearing convened under these procedures.

3. Continuances. An accused member is entitled to one (1) hearing postponement. The postponement cannot exceed thirty (30) days. Additional requests for postponement may be granted or denied by the hearing body in its reasonable discretion.

C. DECISION.

1. Requirement of Written Decision. Every decision of a hearing body that imposes a penalty of censure, suspension, expulsion, or probation will be in writing. The written decision will:

(a) Contain a statement of the charge(s) made against the member;
(b) State the facts that support the charge(s) and the verdict arrived at by the hearing body;
(c) State the penalty imposed and, if the penalty is to be suspended during a period of probation, the length of the probationary period and any other conditions included in the probation; and

(d) Be sent to the accused member by certified mail, return receipt requested, and addressed to the accused member's last known address.
(e) Be sent to by certified mail, return receipt requested, to the last known address of each of the following:

(i) The secretary of the accused member's component society, if any;
(ii) The secretary of the accused member's constituent society, if applicable;
(iii) The Chair of the American Dental Association Council on Ethics, Bylaws and Judicial Affairs; and
(iv) The Executive Director of the American Dental Association.

D. NOTICE OF RIGHT TO APPEAL. Every written decision issued by a hearing body that imposes a penalty of censure, suspension, expulsion, or probation will be accompanied by a separate notice stating that the accused member has a right to appeal the decision. The notice of right to appeal will direct the member to Article II of these Procedures for Member Disciplinary Hearings and Appeals.

E. FINALITY OF DECISION. A decision will not become final while an appeal of it is pending or until the thirty (30) day period for filing a notice of appeal has expired.

1. Non-Appeal of Decision Containing Sentence of Expulsion. If a decision includes a sentence of expulsion and a notice of appeal is not received within the thirty (30) day period within which to appeal, the constituent society will notify all parties of the failure of the accused member to file an appeal. The sentence of expulsion will take effect on the date the parties receive such notice. The component and constituent societies shall each determine what portion of their current dues and special assessments, if any, shall be returned to the expelled member. Dues and special assessments paid to this Association will not be refunded to an expelled member.

**II. APPEALS FROM DISCIPLINARY DECISIONS ISSUED PURSUANT TO ADA *BYLAWS* CHAPTER XII**

The following procedures shall be followed in any appeal from a decision issued as a result of a disciplinary hearing pursuant to Chapter XII, Section 20D of the ADA *Bylaws*:

A. RIGHT TO APPEAL.

1. Disciplinary Decision of a Component Society. Any member shall have the right to appeal a disciplinary decision issued by the member's component society that imposes a penalty of censure, suspension, expulsion, or probation. That appeal shall be made to member's constituent society by filing a notice of appeal in affidavit form with the secretary of the constituent society.

2. Disciplinary Decision of a Constituent Society. Any member or component society shall have a right to appeal a disciplinary decision that is adverse to it that is issued by a constituent society. That appeal shall be made to the Council on Ethics, Bylaws and Judicial Affairs of this Association by filing a notice of appeal in affidavit form with the Chair of the Council on Ethics, Bylaws and Judicial Affairs.

3. Disciplinary Decision Adverse to a Direct Member. A direct member of this Association* shall have the right to appeal a disciplinary decision of a hearing panel of the Council on Ethics, Bylaws and Judicial Affairs that imposes a penalty of censure, suspension, expulsion, or probation. That appeal shall made to the Council on Ethics, Bylaws and Judicial Affairs of this

* *As defined in the second explanatory note to Chapter I. MEMBERSHIP, Section 20. QUALIFICATIONS, PRIVILEGES, DUES AND SPECIAL ASSESSMENTS, sub-section A. ACTIVE MEMBERS, paragraph a QUALIFICATIONS of the ADA* BYLAWS.

Association by filing a notice of appeal in affidavit form with the Chair of the Council on Ethics, Bylaws and Judicial Affairs. Members of the hearing panel that issued the decision being appealed shall have no right to vote on the Council's decision in such an appeal.

B. TIME TO APPEAL. An appeal from any decision shall not be valid unless the appeal is filed within thirty (30) days of the date the decision appealed from was issued.

C. TIME FOR THE FILING OF BRIEFS ON APPEAL. Briefs in appeals brought under this Article II must be filed in accordance with the following schedule:

1. Appellant's Initial Brief. If being filed, an initial brief supporting an appeal must be filed within sixty (60) days of the issue date of the decision being appealed.

2. Reply Brief. If being filed, a reply brief must be filed within ninety (90) days of the issue date of the decision being appealed.

3. Rejoinder Brief. If being filed, a rejoinder brief must be filed within one hundred five (105) days of the issue date of the decision being appealed.

D. TIME FOR APPEAL HEARING. No hearing shall be held within one hundred fifty (150) days of the issue date of the decision being appealed or forty-five (45) days after the last brief in the appeal was filed, whichever is later. Omission of briefs will not alter the date for the hearing of an appeal unless otherwise agreed to by the parties and the chair of the body hearing the appeal.

E. CONDUCT OF THE APPEAL HEARING. The following procedure shall be used in processing appeals:

1. Appeal Hearings. If the requirements of Sections A and B of this Article II are met, the party bringing the appeal shall be entitled to a hearing.

2. Parties to an Appeal. The parties to an appeal are the accused member and the society or body that brought the charges against the accused member. In appeals to the Council on Ethics, Bylaws and Judicial Affairs of this Association, the society which heard the first appeal, if any, may, at its option, participate in the appeal.

3. Right to be Represented by Counsel. The parties to an appeal shall be entitled to be represented by counsel in the appeal.

4. Appearance at Hearing not Required. A party to an appeal is not required to attend a hearing in an appeal brought pursuant to this Article.

5. Option to Conduct Telephonic Hearings. Upon the request by a party and the concurrence of all other parties, the body hearing the appeal may permit one or more of the parties to an appeal to participate in the hearing remotely via telephone or other suitable means. The decision whether to allow remote participation in an appeal hearing is discretionary with the body hearing the appeal and granting such a request can be subject to meeting reasonable terms and conditions set by the hearing body.

6. Hearing Notice. A body that receives a notice of appeal shall notify the society (or societies) concerned or, where applicable, the hearing panel of the Council on Ethics, Bylaws and Judicial Affairs, and the accused member of the time and place of the appeal hearing. Such notice shall be sent by certified mail, return receipt requested, to the last known address of each party to the appeal. The hearing notice should be mailed not less than thirty (30) days prior to the hearing date.

7. Hearing Continuances. Granting of hearing continuances shall be at the discretion of the hearing body.

8. Prehearing Matters. Prehearing requests shall be granted at the discretion of the hearing body. In appeals to this Association's Council on Ethics, Bylaws and Judicial Affairs, the Council chair has the authority to rule on requests from the parties for continuances and other prehearing procedural matters with advice from legal counsel of this Association. The Council chair may consult with the Council before rendering prehearing decisions.

9. Briefs. Each party to an appeal shall be entitled to submit a brief in support of the party's position. The briefs of the parties shall be submitted to the secretary of the constituent society or the Chair of the Council on Ethics, Bylaws and Judicial Affairs of this Association, as appropriate, in accordance with the prescribed briefing schedule. A copy of any brief filed in the appeal must be delivered to every other party in the appeal at the same time as the filing of the brief. The party initiating the appeal may choose to rely on the record and/or on an oral presentation and not file a brief.

10. Record of Disciplinary Proceedings. Upon notice of an appeal, the society or body that issued the decision being appealed shall provide to the body hearing the appeal and to the accused member a transcript, or an officially certified copy of the minutes, of the hearing accorded the accused member. Certified copies of any affidavits or other documents submitted as evidence to support or refute the charges against the accused member in the disciplinary hearing and any other material considered by the body issuing the decision being appealed will accompany the transcript or minutes. Where the body conducting the hearing resulting in the decision being appealed does not transcribe the hearing, the accused member, at the accused's own expense, is entitled to arrange for transcription of the hearing by a court reporter.

11. Appeals Jurisdiction. The body to which a decision has been appealed shall be required to review the decision appealed from to determine whether the evidence before the society or body which brought the charges against the accused member supports that decision or warrants the penalty imposed. The body hearing the appeal shall not be required to consider additional evidence unless there is a clear showing that a party to the appeal will be unreasonably harmed by failure to consider the additional evidence.

12. Decisions on Appeals. Every decision on appeal shall be in writing and must clearly state the conclusion of the hearing body and the reasons for that conclusion. The body hearing the appeal shall have the discretion to:

(a) *Uphold* the decision of the society or body that brought charges against the accused member;
(b) *Reverse* the decision of the society or body that brought the charges and thereby exonerate the accused member;
(c) *Deny* an appeal where it fails to satisfy the requirements of Chapter XII, Section 20D of the ADA *Bylaws*;
(d) *Refer* the case back to the body that brought the charges for new proceedings, if the rights of the accused member under all applicable bylaws were violated or if adopted disciplinary procedures were not followed to the detriment of the accused;
(e) *Remand* the case back to the agency that issued the charges for further proceedings when the record in the appeal is insufficient to enable the body hearing the appeal to form a conclusion concerning the correctness of the decision being appealed; or
(f) *Modify* the decision of the agency that issued the charges against the accused member by reducing the penalty imposed.

13. Delivery of the Appeal Decision to the Parties. Within thirty (30) days of the date on which a written decision on appeal is approved by the agency conducting the appeal, a copy of the written decision shall be sent by certified mail, return receipt requested, to the last known address of each of the following: the accused member; the secretary of the component society of which the accused is a member, if applicable; the secretary of the constituent society of which the accused is a member, if applicable; the Chair of the Council on Ethics, Bylaws and Judicial Affairs of this Association; and the Executive Director of this Association.

**III. MEMBER CONDUCT HEARINGS**

The following procedures will be followed by the Council on Ethics, Bylaws and Judicial Affairs in cases involving allegations of violations of the Member Conduct Policy of the Association:

A. CHARGES. Any member of the Association or the Association's staff will have the right to bring charges alleging a violation or violations of the Association's Member Conduct Policy. Charges must:

1. Be in writing.

2. Sent to the Chair of the Council on Ethics, Bylaws and Judicial Affairs.

3. Include an identification of the provision(s) of the Association's Member Conduct Policy alleged to have been violated and a detailed description of the conduct alleged to constitute the violation.

B. PRELIMINARY INVESTIGATION.

1. Selection. Upon receipt of charges alleging violation of the Member Conduct Policy, the Chair of the Council on Ethics, Bylaws and Judicial Affairs will select an investigatory panel of three (3) members of the Council.

2. Ineligible Council Member. The Council member from the Trustee District of the member accused of violating the Member Conduct Policy is ineligible to serve on the investigatory panel. The investigatory panel will conduct a preliminary investigation of the charges alleged and determine whether the allegations made in the charges sufficiently state a violation of the Member Conduct Policy.

C. NOTICE OF DETERMINATION OF INVESTIGATORY PANEL.

1. No Violation. If, upon preliminary investigation, the investigatory panel determines that the charges do not sufficiently state a violation of the Member Conduct Policy, the Association member or Association staff member bringing the charges will be advised in writing of the investigatory panel's determination. The investigatory panel's decision will be final and without right of appeal.

2. Determination of Possible Violation. If the investigatory panel determines that the charge does sufficiently state a violation of the Member Conduct Policy, the accused member shall be notified in writing.

3. Notice of Possible Violation. The notice of possible violation shall:

(a) Provide a specification of the charges brought against him or her;
(b) Specify the time and place of hearing on the charges brought against the accused member;
(c) Be sent via certified mail, return receipt requested, to the accused's last known address; and
(d) Be mailed not less than twenty-one (21) days prior to the date set for the hearing.

D. HEARING. The accused member shall be entitled to a hearing before a panel of three (3) members of the Council on Ethics, Bylaws and Judicial Affairs.

1. Hearing Panel Make Up. Members of the investigatory panel that investigated the allegations against the accused member and the Council member from the accused's trustee district are ineligible to sit on the hearing panel.

2. Purpose. The purpose of the hearing is to provide the accused member with an opportunity to present a defense to the charges brought against him or her.

3. Representation by Counsel. The accused member is entitled to be represented by legal counsel at the member conduct hearing.

4. Continuances. An accused member is entitled to one (1) hearing postponement. The postponement cannot exceed thirty (30) days. Additional requests for postponement may be granted or denied at the discretion of the chair of the Council on Ethics, Bylaws and Judicial Affairs, who may but need not consult with the Council or the hearing panel on the request.

E. DECISION.

1. Requirement of Written Decision. Every decision of a member conduct hearing panel will be in writing. The written decision will:

(a) Contain a statement of the charges made against the member;
(b) State the relevant facts;
(c) State the verdict arrived at by the hearing body; and
(d) State the penalty imposed or recommended and, if the penalty is to be suspended during a period of probation, the length of the probationary period and any other conditions included in the probation.

2. Mailing of Decision. Every hearing panel decision must be sent, by certified mail, return receipt requested, within ten (10) days of the written decision being approved by the hearing panel, to the last known address of each of the following:

(a) The accused member;
(b) The Association member or staff member who brought the charges;
(c) The secretary of the accused member's component society, if any;
(d) The secretary of the accused member's constituent society, if applicable;
(e) The Chair of the American Dental Association Council on Ethics, Bylaws and Judicial Affairs;
(f) The Executive Director of the American Dental Association; and, if applicable
(g) The Election Commission of the Association.

F. NOTICE OF RIGHT TO APPEAL. A written notice to the accused member informing the member of his or her right to appeal the decision of the hearing panel must accompany the copies of the decision sent pursuant to Section E2 of Article III of these procedures.

G. FINALITY OF DECISION. A decision will not become final while an appeal of the decision is pending or until the thirty (30) day period for filing notice of appeal has expired.

1. Non-Appeal of Decision Containing Sentence of Expulsion. If a decision includes a sentence of expulsion and no notice of appeal is received within the thirty (30) day period within which to appeal, the Council on Ethics, Bylaws and Judicial Affairs shall notify all parties of the failure of the accused member to file an appeal. The sentence of expulsion will take effect on the date the

parties receive such notice. The disciplined member's component and constituent societies shall each determine what portion of their current dues and special assessments, if any, shall be returned to the expelled member. Dues and special assessments paid to this Association will not be refunded to an expelled member.

**IV. MEMBER CONDUCT APPEALS**

The following procedures shall be followed in any appeal from a decision issued as a result of a member conduct hearing pursuant to Chapter XIII, Section 20D of the ADA *Bylaws*:

A. RIGHT TO APPEAL. Any member shall have the right to appeal a disciplinary decision issued by a member conduct hearing panel that imposes a penalty of censure, suspension, expulsion or probation on him or her to the full Council on Ethics, Bylaws and Judicial Affairs by filing an appeal in affidavit form with the chair of the Council on Ethics, Bylaws and Judicial Affairs of this Association.

B. TIME TO APPEAL. An appeal from any decision under this Article IV will not be valid unless the appeal is filed within thirty (30) days of the date the decision appealed from was issued.

C. TIME FOR FILING BRIEFS ON APPEAL. Brief in appeals brought under this Article IV will be filed according to the following schedule:

1. Appellant's Initial Brief. If being filed, an initial brief supporting an appeal must be filed within sixty (60) days after the date the decision being appealed was issued.

2. Reply Brief. If being filed, a reply brief supporting the decision appealed from must be filed by the Association member or staff member who lodged the member conduct complaint within ninety (90) days after the decision being appealed was issued.

3. Rejoinder Brief. If being filed, a rejoinder brief supporting an appeal must be filed within one hundred five (105) days after the date the decision being appealed was issued.

D. TIME FOR APPEAL HEARING. No hearing on an appeal will be held within one hundred fifty (150) days of the date the decision appealed from was issued or forty-five (45) days after the last brief in the appeal was filed, whichever is later. Omission of briefs will not alter the hearing date unless otherwise agreed to by the parties and the chair of the body hearing the appeal.

E. CONDUCT OF THE APPEAL HEARING. The accused member shall be entitled to a hearing on an appeal, provided that such appeal meets the requirements of this Article.

1. Council Members Hearing the Appeal. Members of the investigatory and hearing panels involved in the action being appealed and the Council representative from the accused member's Trustee District shall be recused from and will not take part in the appeal.

2. Parties to the Appeal. In any appeal of a decision under the Member Conduct Policy, the parties to such an appeal shall be the accused member and the Association member or the Association staff member who brought the charges.

3. Representation by Counsel. In any appeal, the accused member is entitled to be represented by legal counsel.

4. Attendance at Hearing. A party need not appear for the appeal to be heard by the Council on Ethics, Bylaws and Judicial Affairs.

5. Option to Conduct Telephonic Hearings. Upon the request by a party and the concurrence of all other parties, the Council on Ethics, Bylaws and Judicial Affairs may permit one or more of the parties to an appeal to participate in the hearing remotely via telephone or other suitable means. The decision whether to allow remote participation in an appeal hearing is discretionary with the Council and granting such a request can be subject to meeting reasonable terms and conditions set by the Council.

6. Hearing Notice. The Council on Ethics, Bylaws and Judicial Affairs shall notify the accused member; the Association member or Association staff member bringing the charges; the secretary of the accused member's component society, if applicable; and the secretary of the accused member's constituent society, if applicable of the time and place of the appeal hearing. The hearing notice will be sent by certified—return receipt requested letter to the last known addresses of the parties to the appeal and the other entities receiving notice. The notice of hearing is to be mailed not less than thirty (30) days prior to the hearing date.

7. Hearing Continuances. The granting of continuances shall be at the discretion of the Council on Ethics, Bylaws and Judicial Affairs.

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

9. Briefs. Each party to an appeal shall be entitled to submit a brief in support of the party's position. The briefs of the parties shall be submitted to the Chair of the Council on Ethics, Bylaws and Judicial Affairs of this Association in accordance with the prescribed briefing schedule. A copy of each brief filed in an appeal must be delivered to the opposing party in the appeal at the same time as the filing of the brief. The party initiating the appeal may choose to rely on the record and/or an oral presentation and not file a brief.

10. Record of Hearing. Upon receiving a notice of an appeal, the hearing panel of the Council on Ethics, Bylaws and Judicial Affairs that presided over the initial hearing shall furnish a transcript or an officially certified copy of the minutes of the hearing being appealed to the Council on Ethics, Bylaws and Judicial Affairs and the parties to the appeal. The transcript or minutes shall be accompanied by certified copies of any affidavits or other documents submitted as evidence to support the charges against the accused member or submitted by the accused as part of the accused's defense. If the hearing panel did not provide for transcription of the hearing, any party shall be entitled to arrange for the services of a court reporter to transcribe the hearing.

11. Appeals Jurisdiction. The Council on Ethics, Bylaws and Judicial Affairs is required to review the decision appealed from to determine whether the evidence before the hearing panel supports that decision or warrants the penalty(ies) imposed. The Council on Ethics, Bylaws and Judicial Affairs shall not be required to consider additional evidence unless there is a clear showing that a party to the appeal will be unreasonably harmed by failure to consider the additional evidence.

F. DECISION ON APPEALS

1. Appeals not Involving Recommended Probation, Suspension, Expulsion and/or Removal of a Trustee or Elective Officer.

(a) Written Decision. In any appeal that does not involve the recommended probation,

suspension, expulsion and/or removal from office of a trustee or elective officer, the decision of the Council on Ethics, Bylaws and Judicial Affairs shall be reduced to writing. The decision must clearly state the conclusion of the Council and the reasons for reaching that conclusion.
(b) Permissible Penalties. The Council shall have the discretion to:

(i) *Uphold* the decision of the hearing panel;
(ii) *Reverse* the decision of the hearing panel and thereby exonerate the accused member;
(iii) *Deny* an appeal that fails to satisfy the requirements of Chapter XIII, Section 20D of the ADA *Bylaws*;
(iv) *Refer* the case back to the hearing panel for new proceedings, if the rights enumerated under all applicable bylaws and procedures were not accorded the accused;
(v) *Remand* the case back to the member conduct hearing panel for further proceedings when the appellate record is insufficient in the opinion of the Council on Ethics, Bylaws and Judicial Affairs to enable it to render a decision; or
(vi) *Modify* the decision of the hearing panel by reducing the penalty imposed.

(c) Final Decision. The decision of the Council on Ethics, Bylaws and Judicial Affairs in an appeal not involving a recommended probation, suspension, expulsion and/or removal of a trustee or elective officer shall be final and non-appealable.
(d) Delivery of the Appeal Decision to the Parties. Within thirty (30) days of the date on which a final decision on appeal is approved by the Council on Ethics, Bylaws and Judicial Affairs, a copy of the written decision shall be sent by certified mail, return receipt requested, to the last known address of each of the following parties: the accused member; the Association member or Association staff member bringing charges; the secretary of the component society of which the accused is a member, if applicable; the secretary of the constituent society of which the accused is a member, if applicable; the Election Commission of the Association and the Executive Director of this Association.

2. Appeals Involving Recommended Probation, Suspension, Expulsion and/or Removal of a Trustee or Elective Officer.

(a) Written Decision. In any appeal that involves the recommended probation, suspension, expulsion or removal of a trustee or elective officer, the decision of the Council on Ethics, Bylaws and Judicial Affairs shall be reduced to writing. The decision must clearly state the conclusion of the Council and the reasons for reaching that conclusion.
(b) Permissible Penalties. The Council shall have the discretion to:

(i) Recommend *upholding* the decision of the hearing panel;
(ii) *Reverse* the recommended decision of the hearing panel and thereby exonerate the accused member;
(iii) Recommend *denial* of an appeal that fails to satisfy the requirements of Chapter XIII, Section 20D of the ADA *Bylaws*;
(iv) *Refer* the case back to the hearing panel for new proceedings, if the rights enumerated under all applicable bylaws and procedures were not accorded the accused;
(v) *Remand* the case back to the hearing panel for further proceedings when the appellate record is insufficient in the opinion of the Council on Ethics, Bylaws and Judicial Affairs to enable it to render a decision; or
(vi) *Modify* the decision of the hearing panel by reducing the penalty imposed, except in cases in which the reduced penalty is probation, suspension and/or removal from office, the Council's decision shall be a recommendation.

(c) Final Decision. The decision of the Council on Ethics, Bylaws and Judicial Affairs shall be final and non-appealable only in cases where the Council's decision does not result in the recommendation of a sentence of probation, suspension, expulsion and/or removal from

office.

(d) Delivery of the Appeal Decision in Cases not Involving Recommended Probation, Suspension, Expulsion and/or Removal from Office. Within thirty (30) days of the date on which a final decision that does not recommend probation, suspension, expulsion and/or removal from office is approved by the Council on Ethics, Bylaws and Judicial Affairs, a copy of the decision shall be sent by certified-return receipt requested mail to the last known address of each of the following parties: the accused trustee or elective officer; the Association member or Association staff member preferring charges; the secretary of the component society of which the trustee is a member, if applicable; the secretary of the constituent society of which the trustee or elective officer is a member, if applicable; the Election Commission and the Executive Director of this Association.

(e) Delivery of the Appeal Decision in Cases Involving Recommended Probation, Suspension, Expulsion and/or Removal from Office. Within thirty (30) days of the date on which a decision that recommends probation, suspension, expulsion and/or removal from office of a trustee or elective officer is approved by the Council on Ethics, Bylaws and Judicial Affairs, on appeal is rendered, a copy thereof shall be sent by certified mail, return receipt requested, to the last known address of each of the following parties: the accused trustee or elective officer; the Association member or Association staff member preferring charges; the Election Commission, the secretary of the component society of which the trustee or elective officer is a member, if applicable; the secretary of the constituent society of which the trustee or elective officer is a member, if applicable; and the Executive Director of this Association.

(f) Right to Respond. When a decision recommends that a trustee or elective official be sentenced to probation, expulsion, suspension and/or removal from office, that trustee or elected official has the right to respond in writing to the decision and recommendation. The response of the trustee or elective official must be delivered to the chair of the Council on Ethics, Bylaws and Judicial Affairs within thirty (30) days from the date the decision and recommendation was issued. The chair of the Council on Ethics, Bylaws and Judicial Affairs will forward the decision and recommendation, along with any response received from the trustee or elected official, to the Speaker of the House of Delegates, the Election Commission and the Association's Executive Director.

(g) Consideration of Decision by House of Delegates. Any decision that recommends probation, suspension, expulsion and/or removal from office of a trustee or elective officer shall be considered by the House of Delegates in accordance with Chapter XIII, Section 20F of the ADA *Bylaws.*

**BOARD RECOMMENDATION: Vote Yes.**

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

***Dr. Fair was absent.**

**Appendix 1**
**ADA *Bylaws* Chapters XII and XIII as Amended**

**CHAPTER XII • PRINCIPLES OF ETHICS AND CODE OF PROFESSIONAL CONDUCT AND JUDICIAL PROCEDURE**

*Section 10.* PROFESSIONAL CONDUCT OF MEMBERS: The professional conduct of a member of this Association shall be governed by the *Principles of Ethics and Code of Professional Conduct* of this Association and by the codes of ethics of the constituent and component societies within whose jurisdiction the member practices, or conducts or participates in other professional dental activities.

*Section 20*. DISCIPLINE OF MEMBERS:

A. CONDUCT SUBJECT TO DISCIPLINE. A member may be disciplined for (1) having been found guilty of a felony, (2) having been found guilty of violating the dental practice act of a state or other jurisdiction of the United States, (3) having been discharged or dismissed from practicing dentistry with one of the federal dental services under dishonorable circumstances, or (4) violating the *Bylaws*, the *Principles of Ethics and Code of Professional Conduct*, or the bylaws or code of ethics of the constituent or component society of which the accused is a member. For a member of a constituent society, disciplinary proceedings may be instituted by either the member's component or constituent society. Disciplinary proceedings against a direct member of this Association may be instituted by the Council on Ethics, Bylaws and Judicial Affairs of this Association.

B. DISCIPLINARY PENALTIES. A member may be disciplined for any of the offenses enumerated in Section 20A of this Chapter as follows:

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

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

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

d. PROBATION. Probation, to be imposed for a specified period and without loss of privileges with the exception of holding or seeking an elective or appointive office, may be administratively and conditionally imposed when circumstances warrant in lieu of a suspended disciplinary penalty. Probation shall be conditioned on good behavior. Additional reasonable conditions may be set forth in the decision for the continuation of probation. In the event that the conditions for probation are found by the society which preferred charges to have been violated, after a hearing on the probation violation charges in accordance with procedures set forth in the *ADA Procedures for Member Disciplinary Hearings and Appeals*, the original disciplinary penalty shall be automatically reinstated; except that when circumstances warrant the original disciplinary penalty may be reduced to a lesser penalty. There shall be no right of appeal from a finding that the conditions of probation have been violated.

C. PROCEDURES FOR DISCIPLINARY HEARINGS AND APPEALS. The procedures for hearings and appeals conducted pursuant to this Chapter XII shall be set forth in the *ADA Procedures for Member Disciplinary Hearings and Appeals,* a copy of which shall be appended to the ADA *Constitution and Bylaws* and otherwise made freely available to members of the Association. The procedures set forth in

the *ADA Procedures for Member Disciplinary Hearings and Appeals* shall be amendable by the House of Delegates on majority vote.

D. DISCIPLINARY HEARINGS. Before a disciplinary penalty is invoked against a member, a hearing held pursuant to the procedures set forth in the *ADA Procedures for Member Disciplinary Hearings and Appeals* shall be held.

E. APPEALS. Before any penalty enumerated in Chapter XII, Section 20B, set forth in a decision following the hearing called for by Chapter XII, Section 20C and conducted pursuant to the *ADA Procedures for Member Disciplinary Hearings and Appeals* shall be final, the accused member has a right to appeal that decision, including any disciplinary sentence specified therein. Any such appeal shall be conducted within the timeframes and in accordance with the appeal procedures set forth in the *ADA Procedures for Member Disciplinary Hearings and Appeals*

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

G. NON-COMPLIANCE. In the event of a failure of technical compliance with the procedural requirements of this Chapter or as set forth in the *ADA Procedures for Member Disciplinary Hearings and Appeals*, the agency hearing the appeal shall determine the effect of non-compliance.

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

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

*Section 20*. DISCIPLINARY PROCEDURES AND HEARINGS:

A. MEMBER CONDUCT SUBJECT TO DISCIPLINE. Any member charged with violating the Association's Member Conduct Policy shall be afforded a fair and impartial hearing conducted in accordance with the *ADA Procedures for Member Disciplinary Hearings and Appeals*.

B. PROCEDURES FOR HEARINGS AND APPEALS HELD UNDER THE ASSOCIATION'S MEMBER CONDUCT POLICY. The procedures for hearings and appeals conducted pursuant to this Chapter XIII shall be set forth in the *ADA Procedures for Member Disciplinary Hearings and Appeals*, a copy of which shall be appended to the ADA *Constitution and Bylaws* and otherwise made freely available to members of the Association. The procedures set forth in the *ADA Procedures for Member Disciplinary Hearings and Appeals* shall be amendable by the House of Delegates on majority vote.

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

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

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

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

otherwise provided herein.

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

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

D. DISCIPLINARY PROCEEDINGS. Before a disciplinary penalty is invoked against a member for violating the Association's Member Conduct Policy, a hearing held pursuant to the procedures set forth in the *ADA Procedures for Member Disciplinary Hearings and Appeals* shall be held.

E. APPEALS TO FULL COUNCIL. Before any penalty enumerated in Chapter XIII, Section 20C, set forth in a decision following the hearing called for by Chapter XIII, Section 20D and conducted pursuant to the *ADA Procedures for Member Disciplinary Hearings and Appeals* shall be final, the accused member has a right to appeal that decision, including any disciplinary sentence specified therein. Any such appeal shall be conducted within the timeframes and in accordance with the appeal procedures set forth in the *ADA Procedures for Member Disciplinary Hearings and Appeals.*

F. CONSIDERATION OF RECOMMENDED PROBATION, SUSPENSION, EXPULSION AND/OR REMOVAL FROM OFFICE OF TRUSTEES OR ELECTIVE OFFICERS BY HOUSE OF DELEGATES. The House of Delegates shall decide whether to accept or reject any recommendation of a sentence of probation, suspension, expulsion and/or removal from office made pursuant to this Chapter XIII against Trustees or Elected Officers of this Association. Delegates and alternate delegates who participated in any portion of the procedures that resulted in such recommendation shall be recused from deliberations under this Section 20F. A two-thirds (2/3) affirmative vote of the delegates present and voting is required to impose a disciplinary sentence of expulsion from membership, removal from office, suspension or probation.

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

H. NON-COMPLIANCE. In the event of a failure of technical compliance with the procedural requirements of this Chapter or of the Procedures set forth in the *ADA Procedures for Member Disciplinary Hearings and Appeals*, the Council on Ethics, Bylaws and Judicial Affairs shall determine the effect of non-compliance.

Resolution No. 18 New

Report: NA Date Submitted: July 2014

Submitted By: Council on Government Affairs

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Organizational Capacity-Obj. 6: Role and responsibility of each element of the tripartite clearly defined and agreed upon

How does this resolution increase member value: See Background

**AMENDMENT OF THE ADA BYLAWS REGARDING THE DUTIES OF THE COUNCIL ON GOVERNMENT AFFAIRS**

**Background:** (*Reports*:181).

**Amendment of the ADA *Bylaws* Regarding the Duties of the Council on Government Affairs:** Pursuant to House Resolution 1H-2013, the Council conducted a self-assessment at its January meeting. In summary, the Council believes it is effective as it provides quick, thoughtful feedback to staff and leadership on a wide variety of legislative and regulatory issues on virtually a weekly basis through use of a listserv. However, the Council believes it needs to do a better job of integrating strategic discussions into the Council agenda to help the Council be a little more forward looking. For the most part, the decision-making process between meetings is very efficient. The process of using the Council listserv works well for obtaining Council input and approving advocacy pieces sent to Congress (such as testimony) and to federal agencies (such as comments on proposed rules). However, staff could do a better job of explaining the changes made to the final documents as a result of Council recommendations; and it would be helpful if the Council received feedback on the response from the legislators and regulators in cases where a response was forthcoming. The time spent by volunteers cannot be reduced because of the volume and complexity of the issues this Council deals with as well as the fluid nature of the issues. The current balance between work done by staff and volunteers is about right.

The Council reviewed its bylaws and is recommending that portions of the bylaws that would micromanage the ADA's relationship with the federal dental services be amended to more accurately reflect what actually takes place. To this end, the Council is recommending that the subsections identified below that concern internal decision making in the federal dental services be deleted, which leaves in place the more general bylaws provisions providing for the Council to serve as a liaison and to formulate and recommend policies designed to advance the professional status of federally employed dentists.

**Resolution**

**18. Resolved,** that CHAPTER X. COUNCILS, *Section 120.* DUTIES, Subsection H. COUNCIL ON GOVERNMENT AFFAIRS, of the ADA *Bylaws* be amended as follows (additions underscored, deletions ~~stricken through~~):

H. COUNCIL ON GOVERNMENT AFFAIRS. The duties of the Council shall be to:

a. Encourage the improvement of the health of the public and to promote the art and science of dentistry in matters of legislation and regulations by appropriate activities.
b. Formulate and recommend policies related to legislative and regulatory issues and to governmental agency programs.
c. Formulate proposed legislation, approved by the Board of Trustees, that may be submitted to Congress and which will promote the art and science of dentistry in accordance with Association policies.
d. Disseminate information which will assist the constituent and component societies involving legislation and regulation affecting the dental health of the public.
e. Serve and assist the American Dental Association as a liaison with agencies of the federal government.
f. Advise other Association agencies charged with developing, recommending and/or implementing legislative policies adopted by the House of Delegates.
g. Serve as liaison for the American Dental Association with those agencies of the federal government which employ dental personnel and have dental care programs~~in direct dental care delivery programs and the dentists in those services~~.
~~h. Recommend programs and policies which will ensure that eligible beneficiaries of federal dental service programs have access to quality dental care.~~
~~i. Recommend programs and policies which promote an efficient and effective dental care delivery system within the federal dental services.~~
~~j. Assist in the development of dental workforce requirements and appropriate mobilization programs in times of emergency.~~
~~k.~~ h. Formulate and recommend policies which are designed to advance the professional status of federally employed dentists.
~~l. Monitor dental training programs conducted by the federal dental services.~~

So that, as amended, Subsection H reads as follows:

H. COUNCIL ON GOVERNMENT AFFAIRS. The duties of the Council shall be to:
a. Encourage the improvement of the health of the public and to promote the art and science of dentistry in matters of legislation and regulations by appropriate activities.
b. Formulate and recommend policies related to legislative and regulatory issues and to governmental agency programs.
c. Formulate proposed legislation, approved by the Board of Trustees, that may be submitted to Congress and which will promote the art and science of dentistry in accordance with Association policies.
d. Disseminate information which will assist the constituent and component societies involving legislation and regulation affecting the dental health of the public.
e. Serve and assist the American Dental Association as a liaison with agencies of the federal government.
f. Advise other Association agencies charged with developing, recommending and/or implementing legislative policies adopted by the House of Delegates.
g. Serve as liaison for the American Dental Association with those agencies of the federal government which employ dental personnel and have dental care programs.
h. Formulate and recommend policies which are designed to advance the professional status of federally employed dentists.

**BOARD RECOMMENDATION: Vote Yes.**

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

***Dr. Fair was absent.**

Resolution No. 23-27 New

Report: CEBJA Supplemental Report 1 Date Submitted: July 2014

Submitted By: Council on Ethics, Bylaws and Judicial Affairs

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: $1,113 Net Dues Impact: 0

Amount One-time _____ Amount On-going $1,113 FTE 0

ADA Strategic Plan Objective: None

How does this resolution increase member value: Not Applicable

**COUNCIL ON ETHICS, BYLAWS AND JUDICIAL AFFAIRS SUPPLEMENTAL REPORT 1 TO THE HOUSE OF DELEGATES: RECENT COUNCIL ACTIVITIES**

**Background:** This report summarizes activities undertaken and proposed resolutions adopted by the Council on Ethics, Bylaws and Judicial Affairs (the Council) since the preparation of the Council's annual report.

**Amendment of the ADA *Bylaws*: Striking "*Ex Officio*":** The Council received comment from the Speaker of the House of Delegates that the term "*ex officio*" is used incorrectly in some parts of the ADA *Bylaws*, and that there are probably misunderstandings of meaning of the term based on these uses. It was the request of the Speaker that the Council review the *Bylaws* for accurate and consistent use of the term and to recommend changes where the Council determined appropriate.

The American Institute of Parliamentarians' Standard Code of Parliamentary Procedure (the Standard Code) explains an *ex officio* member as follows (Page 190):

> Ex Officio Members of Committees
>
> The bylaws of some organizations provide that because of the office held, the president or other officers or holders of a position outside of the organization are automatically members of certain boards or committees. Such members are termed ex officio members. An ex officio member is not elected or appointed to a committee, but becomes a member when elected or appointed to a particular office. When the ex officio member ceases to hold office, that person's membership on the committee terminates, and the new holder of the office assumes the ex officio membership. For example, the president is often an ex officio member of all committees except the nominating committee, and the treasurer is usually an ex officio of the finance committee and is excluded from the audit committee.
>
> Unless the organization's governance documents provide otherwise, an ex officio has all the rights, responsibilities and duties of other members of the committee, including the right to vote. The ex officio is a full-fledged working member of the committee and is counted in determining a quorum. Any person who is not expected to be a regular working member of the committee should be designated as an advisory or consultant member instead of being given ex officio status. An advisory or consultant member has the right to attend meetings and participate in debate, but is not counted in determining a quorum and does not have the right to propose motions or vote.

It is the Council's observation that use of the term "*ex officio*" in the governance of the ADA is inconsistent

with the definition of the term in the Standard Code. For example, New Dentist Committee members that serve on councils of the ADA are referred to as "*ex officio*" members in the ADA *Bylaws* (CHAPTER VII BOARD OF TRUSTEES, *Section 140* COMMITTEES, Paragraph e) even though they are appointed to those positions by the Board of Trustees. The *ex officio* New Dentist Committee members of councils do not serve because of the offices they hold. In addition, it has been reported that many members mistakenly believe that the designation "*ex officio*" does not carry with it the right to vote. From the passage of the Standard Code quoted above, it is clear that this perception is erroneous – an *ex officio* member of a committee has all the rights of any other committee member unless the organization's governance documents specify otherwise.

The Council reviewed the use of the term "*ex officio*" in the *Bylaws* and determined that the confusion over the true meaning of the term "*ex officio*" could best be avoided by the deletion of that term from the ADA *Bylaws* and the inclusion of an indication where a specific member of a governance entity does not have the right to vote.

Consequently, the Council urges the adoption of the following resolution by the House of Delegates:

**23. Resolved,** that CHAPTER V. HOUSE OF DELEGATES, *Section 10.* COMPOSITION, Paragraph B. EX OFFICIO MEMBERS. of the ADA *Bylaws* be amended as follows (additions underscored, deletions ~~stricken through~~):

*Section 10*. COMPOSITION.

* * *

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

and be it further

**Resolved,** that CHAPTER VII. BOARD OF TRUSTEES, *Section 10*. COMPOSITION of the ADA *Bylaws* be amended as follows (additions underscored, deletions ~~stricken through~~):

*Section 10*. COMPOSITION: The Board of Trustees shall consist of one (1) trustee from each of the seventeen (17) trustee districts. Such seventeen (17) trustees, the President-elect and the two Vice Presidents shall constitute the voting membership of the Board of Trustees. In addition, the President, the Treasurer and the Executive Director of the Association, except as otherwise provided in the *Bylaws* shall be ~~*ex officio*~~ non-voting members of the Board ~~without the right to vote~~.

and be it further

**Resolved,** that CHAPTER VII. BOARD OF TRUSTEES, *Section 140*. COMMITTEES, Sub-paragraph e. of the ADA *Bylaws* be amended as follows (additions underscored, deletions ~~stricken through~~):

*Section 140*. COMMITTEES:

* * *

e. Serve as ~~*ex officio*~~ non-voting members~~, without the power to vote,~~ of councils and commissions of this Association on issues affecting new dentists; these appointments will be recommended by the Committee and assigned by the Board of Trustees.

and be it further

**Resolved,** that CHAPTER VIII, ELECTIVE OFFICERS, *Section 90*, DUTIES of the ADA *Bylaws* be amended as follows (additions underscored, deletions ~~stricken through~~):

*Section 90*. DUTIES:

A. PRESIDENT. It shall be the duty of the President to:

* * *

b. Serve as Chair and, except as otherwise provided in these *Bylaws*, ~~*ex officio*~~ non-voting member of the Board of Trustees and to perform such duties as are provided in Chapters V and VII of these *Bylaws*.

B. PRESIDENT-ELECT. It shall be the duty of the President-elect to:

* * *

b. Serve as a~~n *ex officio*~~ non-voting member of the House of Delegates ~~without the right to vote~~.

c. Serve as a~~n ex officio~~ member of the Board of Trustees.

C. FIRST VICE PRESIDENT. It shall be the duty of the First Vice President to:

* * *

b. Serve as a~~n *ex officio*~~ non-voting member of the House of Delegates ~~without the right to vote~~.

c. Serve as a~~n *ex officio*~~ member of the Board of Trustees.

D. SECOND VICE PRESIDENT. It shall be the duty of the Second Vice President to:

* * *

b. Serve as a~~n *ex officio*~~ non-voting member of the House of Delegates ~~without the right to vote~~.

c. Serve as a~~n *ex officio*~~ member of the Board of Trustees.

F. TREASURER. It shall be the duty of the Treasurer to:

* * *

h. Serve as a~~n *ex officio*~~ non-voting member of the House of Delegates ~~without the right to vote~~.

i. Serve as a~~n *ex officio*~~ non-voting member of the Board of Trustees ~~without the right to vote~~.

and be it further

**Resolved,** that CHAPTER X. COUNCILS, *Section 20.* MEMBERS, SELECTIONS, NOMINATIONS AND ELECTIONS, Paragraph A of the ADA *Bylaws* be amended as follows (additions underscored, deletions ~~stricken through~~):

*Section 20*. MEMBERS, SELECTIONS, NOMINATIONS AND ELECTIONS:

A.

* * *

Council on ADA Sessions shall be composed of nineteen (19) 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. In addition, the General Chair of the Local Arrangements Committee for the current year and the General Chair-elect for the succeeding year shall serve as ~~*ex officio*~~ members ~~with the right to vote~~ and shall not be eligible to serve as Council Chair.

* * *

Council on Government Affairs shall be composed of eighteen (18) 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. In addition, the chair of the political action committee shall be a~~n *ex officio*~~ non-voting member of the Council ~~without the power to vote~~. Consideration shall be given

to a candidate's experience in the military or other federal dental services. Members of the Council shall not be in the full-time employ of the federal government. Individuals called to active duty from the military reserves or national guard forces, providing such active duty has not been requested by the individual, shall not be considered to be in the full-time employ of the federal government.

**Composition of the Election Commission:** Presently, the ADA Election Commission's composition is as follows (*Trans.*2012:413):

> **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.

Experience with this composition over the last two election cycles has led to the recommendation that the Council sponsor a resolution amending Resolution 88H-2012 (*Trans.*2012:413) to add the vice chair of the Council as a member of the Election Commission. The composition of the Election Commission sought by the resolution would result in alleviating the following drawbacks:

1. As presently constituted, there is no member of the Commission that carries over from the immediately preceding year, so there is a substantial risk of discontinuity or inconsistency in the Commission's actions from year to year.

2. Absent special circumstances, the chair of the Commission steps into that role with very little, if any, knowledge of national-level campaigning for ADA offices.

Adding the Council's vice chair as a member of the Commission would allow the eventual chair of the Commission (absent extenuating circumstances, the Council's vice chair is nominated by acclamation each year to serve as the following year's chair) to participate on the Commission for one year prior to assuming the role of the Commission's chair. This first year on the Election Commission will provide a year's "learning curve" prior to assuming the chair of the Commission. The addition of the vice chair to the Commission will also provide a degree of "institutional memory" for the Commission in that the vice chair will serve for two consecutive years.

The addition of the vice chair will have an estimated financial impact of $1,113 occasioned by one overnight trip to Chicago to participate in the meeting between the candidates for President-elect and the Election Commission that normally occurs in December.

In view of the above, the Council urges the adoption of the following resolution by the House of Delegates:

> **24. Resolved,** that Resolution 88H-2012 (*Trans.*2012:413) be amended as follows (additions underscored, deletions ~~stricken through~~) (the resolution carries an estimated financial implication of $1,113.00):
>
> > **Resolved,** that the Election Commission will be composed of ~~three~~ four members: the President-Elect, Immediate Past President, ~~and~~ the chair of the Council on Ethics, Bylaws and Judicial Affairs and the vice-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.

**Amendment of CHAPTERS XII and XIII of the ADA *Bylaws* to Add the Option of a Non-Disciplinary Action:** As presently written, CHAPTERS XII and XIII of the ADA *Bylaws* only provide for disciplinary sanctions in the event that a violation of the ADA *Principles of Ethics and Code of Professional Conduct* (the ADA *Code*) (CHAPTER XII) or the Member Conduct Policy (CHAPTER XIII) is found. *Section* 20. DISCIPLINE OF MEMBERS, Paragraph B. DISCIPLINARY PENALTIES, of CHAPTER XII is illustrative:

> B. DISCIPLINARY PENALTIES. A member may be disciplined for any of the offenses enumerated in Section 20A of this Chapter as follows:
>
> a. CENSURE. Censure is a disciplinary sentence expressing in writing severe criticism or disapproval of a particular type of conduct or act.
>
> b. SUSPENSION. Suspension, subject to Chapter I, Section 30 of these *Bylaws*, means all membership privileges except continued entitlement to coverages under insurance programs are lost during the suspension period. Suspension shall be unconditional and for a specified period at the termination of which full membership privileges are automatically restored. A subsequent violation shall require a new disciplinary procedure before additional discipline may be imposed.
>
> c. EXPULSION. Expulsion is an absolute discipline and may not be imposed conditionally except as otherwise provided herein.
>
> d. PROBATION. Probation, to be imposed for a specified period and without loss of privileges with appointive office, may be administratively and conditionally imposed when circumstances warrant in lieu of a suspended disciplinary penalty. Probation shall be conditioned on good behavior. Additional reasonable conditions may be set forth in the decision for the continuation of probation. In the event that the conditions for probation are found by the society which preferred charges to have been violated, after a hearing on the probation violation charges in accordance with Chapter XII, Section 20C, the original disciplinary penalty shall be automatically reinstated; except that when circumstances warrant the original disciplinary penalty may be reduced to a lesser penalty. There shall be no right of appeal from a finding that the conditions of probation have been violated.

In the recent past, the Council has conducted disciplinary hearings where technical ethical violations have been found but where extenuating circumstances existed that resulted in at least some members of the Council believing that the imposition of any disciplinary penalty was unduly harsh. However, since there was a violation of the ADA *Code* found, the Council believed it was bound to issue some sanction.

As a result of those experiences, the Council believes it appropriate to amend CHAPTERS XII and XIII of the ADA *Bylaws* to provide for the option of issuing a non-disciplinary action such as letter of counsel when a member has committed a minor infraction of the ADA *Code* or Member Conduct Policy. As a non-disciplinary or administrative action, the letter of counsel would be a private communication between the Council and the member, with no record of the action being placed in the membership records of the counseled member. Also, given the private, non-disciplinary nature of the letter of counsel, there would be no right of appeal from a finding of a violation that results in the issuance of such a letter.

The Council thus urges the House of Delegates to amend CHAPTERS XII and XIII of the ADA *Bylaws* as set forth below:

**25. Resolved,** that *Section 20*. DISCIPLINE OF MEMBERS of CHAPTER XII PRINCIPLES OF ETHICS AND CODE OF PROFESSIONAL CONDUCT AND JUDICIAL PROCEDURE of the ADA *Bylaws* be amended by the addition of a new Paragraph C. as follows (additions <u>underscored</u>):

> <u>C. NON-DISCIPLINARY ACTION. In appropriate circumstances, a constituent or component society or, in the case of direct members, this Association, may issue a letter of counsel to a member as a non-disciplinary action for the member having been found to have committed a</u>

relatively minor infraction of the *Bylaws*, the *Principles of Ethics and Code of Professional Conduct* or the bylaws or code of ethics of a constituent or component society of which the accused is a member. Such a letter of counsel shall not be considered a disciplinary penalty but rather as a private administrative action and no record of such an action shall be placed in the member's membership records. Because the letter of counsel is considered an administrative action, there shall be no right to appeal the issuance of a letter of counsel.

and be it further

**Resolved,** that the remaining subsections of *Section 20*. DISCIPLINE OF MEMBERS of CHAPTER XII PRINCIPLES OF ETHICS AND CODE OF PROFESSIONAL CONDUCT AND JUDICIAL PROCEDURE of the ADA *Bylaws* be relettered accordingly.

**26. Resolved,** that *Section 20*. DISCIPLINARY PROCEDURES AND HEARINGS of CHAPTER XIII PROCEDURES AND HEARINGS RELATING TO MEMBER CONDUCT POLICY of the ADA *Bylaws* be amended by the addition of a new subsection C. as follows (additions underscored):

C. NON-DISCIPLINARY ACTION. In appropriate circumstances, this Association, through the Council on Ethics, Bylaws and Judicial Affairs, may issue a letter of counsel to a member as a non-disciplinary action for the member having been found to have committed a relatively minor infraction of the ADA Member Conduct Policy. Such a letter of counsel shall not be considered a disciplinary penalty but rather as a private administrative action and no record of such an action shall be placed in the member's membership records. Because the letter of counsel is considered an administrative action, there shall be no right to appeal the issuance of a letter of counsel.

and be it further

**Resolved,** that the remaining subsections of *Section 20*. DISCIPLINARY PROCEDURES AND HEARINGS of CHAPTER XIII PROCEDURES AND HEARINGS RELATING TO MEMBER CONDUCT POLICY of the ADA *Bylaws* be relettered accordingly.

**Amendment of Paragraph 5 of the Guidelines Governing the Conduct of Campaigns for All ADA Offices):** There are two documents that candidates for elective office refer to for campaign guidance early in the campaign year: 1) Guidelines Governing the Conduct of Campaigns for all ADA Offices (the Campaign Guidelines), approved by the House of Delegates; and 2) a campaign agreement that is negotiated by the candidates running for office. The starting point for those negotiations is the previous year's campaign agreement, but the candidates are free to accept, reject or modify any portion of the prior agreement so long as the guidance provided by the Campaign Guidelines is followed. Those two documents ultimately set the boundaries for the candidates' campaign activities.

Paragraph 5 of the Campaign Guidelines states:

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.

Prior to widespread adoption of the distribution of journals via the Internet, publications were thought of as restricted geographically. Now, however, with the Internet, state and local society publications can be distributed and accessed globally. The Council believes the Campaign Guidelines should be amended to provide instruction to the candidates and state societies on the issue of the publication of candidate articles in the Internet age.

Consequently, the Council urges the adoption of the following resolution by the House of Delegates:

**27. Resolved,** that Paragraph 5 of the Guidelines Governing the Conduct of Campaigns for All ADA Offices (*Trans*.2012:417) be amended as follows (additions underscored):

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. Online state dental journal news articles on and interviews of a Candidate are permissible if posted in the members' only section of the state dental association website within the candidate's district. Articles about a candidate's intention to run for office are permissible. Articles about why one person would make a better candidate are not permissible. Candidates are discouraged from participating in interviews on their leadership capacity with leadership or national journals that will be published within the timeframe of their campaign.

**Resolutions**

(Resolution 23:Worksheet:5037)
(Resolution 24:Worksheet:5040)
(Resolution 25:Worksheet:5041)
(Resolution 26:Worksheet:5042)
(Resolution 27:Worksheet:5043)

Resolution No. 23 New

Report: CEBJA Supplemental Report 1 Date Submitted: July 2014

Submitted By: Council on Ethics, Bylaws and Judicial Affairs

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: None

How does this resolution increase member value: Not Applicable

**AMENDMENT OF THE ADA BYLAWS STRIKING "EX OFFICIO"**

**Background:** (See CEBJA Supplemental Report 1 to the House of Delegates, Worksheet:5031)

**Resolution**

**23. Resolved,** that CHAPTER V. HOUSE OF DELEGATES, *Section 10.* COMPOSITION, Paragraph B. EX OFFICIO MEMBERS. of the ADA *Bylaws* be amended as follows (additions underscored, deletions ~~stricken through~~):

*Section 10*. COMPOSITION.

* * *

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

and be it further

**Resolved,** that CHAPTER VII. BOARD OF TRUSTEES, *Section 10*. COMPOSITION of the ADA *Bylaws* be amended as follows (additions underscored, deletions ~~stricken through~~):

*Section 10*. COMPOSITION: The Board of Trustees shall consist of one (1) trustee from each of the seventeen (17) trustee districts. Such seventeen (17) trustees, the President-elect and the two Vice Presidents shall constitute the voting membership of the Board of Trustees. In addition, the President, the Treasurer and the Executive Director of the Association, except as otherwise provided in the *Bylaws* shall be ~~*ex officio*~~ non-voting members of the Board ~~without the right to vote~~.

and be it further

**Resolved,** that CHAPTER VII. BOARD OF TRUSTEES, *Section 140*. COMMITTEES, Sub-paragraph e. of the ADA *Bylaws* be amended as follows (additions underscored, deletions ~~stricken through~~):

*Section 140*. COMMITTEES:

* * *

e. Serve as ~~*ex officio*~~ non-voting members~~, without the power to vote,~~ of councils and commissions of this Association on issues affecting new dentists; these appointments will be recommended by the Committee and assigned by the Board of Trustees.

and be it further

**Resolved,** that CHAPTER VIII, ELECTIVE OFFICERS, *Section 90*, DUTIES of the ADA *Bylaws* be amended as follows (additions underscored, deletions ~~stricken through~~):

*Section 90*. DUTIES:

A. PRESIDENT. It shall be the duty of the President to:

* * *

b. Serve as Chair and, except as otherwise provided in these *Bylaws*, ~~*ex officio*~~ non-voting member of the Board of Trustees and to perform such duties as are provided in Chapters V and VII of these *Bylaws*.

B. PRESIDENT-ELECT. It shall be the duty of the President-elect to:

* * *

b. Serve as a~~n *ex officio*~~ non-voting member of the House of Delegates ~~without the right to vote~~.

c. Serve as a~~n ex officio~~ member of the Board of Trustees.

C. FIRST VICE PRESIDENT. It shall be the duty of the First Vice President to:

* * *

b. Serve as a~~n *ex officio*~~ non-voting member of the House of Delegates ~~without the right to vote~~.

c. Serve as a~~n *ex officio*~~ member of the Board of Trustees.

D. SECOND VICE PRESIDENT. It shall be the duty of the Second Vice President to:

* * *

b. Serve as a~~n *ex officio*~~ non-voting member of the House of Delegates ~~without the right to vote~~.

c. Serve as a~~n *ex officio*~~ member of the Board of Trustees.

F. TREASURER. It shall be the duty of the Treasurer to:

* * *

h. Serve as a~~n *ex officio*~~ non-voting member of the House of Delegates ~~without the right to vote~~.

i. Serve as a~~n *ex officio*~~ non-voting member of the Board of Trustees ~~without the right to vote~~.

and be it further

**Resolved,** that CHAPTER X. COUNCILS, *Section 20.* MEMBERS, SELECTIONS, NOMINATIONS AND ELECTIONS, Paragraph A of the ADA *Bylaws* be amended as follows (additions underscored, deletions ~~stricken through~~):

*Section 20*. MEMBERS, SELECTIONS, NOMINATIONS AND ELECTIONS:

A.

* * *

Council on ADA Sessions shall be composed of nineteen (19) 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. In addition, the General Chair of the Local Arrangements Committee for the current year and the General Chair-elect for the succeeding year shall serve as ~~*ex officio*~~ members ~~with the right to vote~~ and shall not be eligible to serve as Council Chair.

* * *

Council on Government Affairs shall be composed of eighteen (18) 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. In addition, the chair of the political action committee shall be a~~n *ex officio*~~ non-voting member of the Council ~~without the power to vote~~. Consideration shall be given to a candidate's experience in the military or other federal dental services. Members of the Council shall not be in the full-time employ of the federal government. Individuals called to active duty from the military reserves or national guard forces, providing such active duty has not been requested by the individual, shall not be considered to be in the full-time employ of the federal government.

**BOARD RECOMMENDATION: Vote Yes.**

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

***Dr. Fair was absent.**

Resolution No. 24 New

Report: CEBJA Supplemental Report 1 Date Submitted: July 2014

Submitted By: Council on Ethics, Bylaws and Judicial Affairs

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: $1,113 Net Dues Impact: 0

Amount One-time _____ Amount On-going $1,113 FTE 0

ADA Strategic Plan Objective: None

How does this resolution increase member value: Not Applicable

## COMPOSITION OF THE ELECTION COMMISSION

**Background:** (See CEBJA Supplemental Report 1 to the House of Delegates, Worksheet:5033)

### Resolution

**24. Resolved,** that Resolution 88H-2012 (*Trans.*2012:413) be amended as follows (additions underscored, deletions ~~stricken through~~) (the resolution carries an estimated financial implication of $1,113.00):

**Resolved,** that the Election Commission will be composed of ~~three~~ four members: the President-Elect, Immediate Past President, ~~and~~ the chair of the Council on Ethics, Bylaws and Judicial Affairs and the vice-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.

**BOARD RECOMMENDATION: Vote Yes.**

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

***Dr. Fair was absent.**

Resolution No. 25 New

Report: CEBJA Supplemental Report 1 Date Submitted: July 2014

Submitted By: Council on Ethics, Bylaws and Judicial Affairs

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health

How does this resolution increase member value: See Background

**AMENDMENT OF CHAPTER XII OF THE ADA BYLAWS TO ADD THE OPTION OF A NON-DISCIPLINARY ACTION**

**Background:** (See CEBJA Supplemental Report 1 to the House of Delegates, Worksheet:5034)

**Resolution**

**25. Resolved,** that *Section 20*. DISCIPLINE OF MEMBERS of CHAPTER XII PRINCIPLES OF ETHICS AND CODE OF PROFESSIONAL CONDUCT AND JUDICIAL PROCEDURE of the ADA *Bylaws* be amended by the addition of a new Paragraph C. as follows (additions underscored):

C. NON-DISCIPLINARY ACTION. In appropriate circumstances, a constituent or component society or, in the case of direct members, this Association, may issue a letter of counsel to a member as a non-disciplinary action for the member having been found to have committed a relatively minor infraction of the *Bylaws*, the *Principles of Ethics and Code of Professional Conduct* or the bylaws or code of ethics of a constituent or component society of which the accused is a member. Such a letter of counsel shall not be considered a disciplinary penalty but rather as a private administrative action and no record of such an action shall be placed in the member's membership records. Because the letter of counsel is considered an administrative action, there shall be no right to appeal the issuance of a letter of counsel.

and be it further

**Resolved,** that the remaining subsections of *Section 20*. DISCIPLINE OF MEMBERS of CHAPTER XII PRINCIPLES OF ETHICS AND CODE OF PROFESSIONAL CONDUCT AND JUDICIAL PROCEDURE of the ADA *Bylaws* be relettered accordingly.

**BOARD RECOMMENDATION: Vote Yes.**

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

***Dr. Fair was absent.**

Resolution No. 26 New

Report: CEBJA Supplemental Report 1 Date Submitted: July 2014

Submitted By: Council on Ethics, Bylaws and Judicial Affairs

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health

How does this resolution increase member value: See Background

**AMENDMENT OF CHAPTER XIII OF THE ADA BYLAWS TO ADD THE OPTION OF A NON-DISCIPLINARY ACTION**

**Background:** (See CEBJA Supplemental Report 1 to the House of Delegates, Worksheet:5035)

**Resolution**

**26. Resolved,** that *Section 20*. DISCIPLINARY PROCEDURES AND HEARINGS of CHAPTER XIII PROCEDURES AND HEARINGS RELATING TO MEMBER CONDUCT POLICY of the ADA *Bylaws* be amended by the addition of a new subsection C. as follows (additions underscored):

C. NON-DISCIPLINARY ACTION. In appropriate circumstances, this Association, through the Council on Ethics, Bylaws and Judicial Affairs, may issue a letter of counsel to a member as a non-disciplinary action for the member having been found to have committed a relatively minor infraction of the ADA Member Conduct Policy. Such a letter of counsel shall not be considered a disciplinary penalty but rather as a private administrative action and no record of such an action shall be placed in the member's membership records. Because the letter of counsel is considered an administrative action, there shall be no right to appeal the issuance of a letter of counsel.

and be it further

**Resolved,** that the remaining subsections of *Section 20*. DISCIPLINARY PROCEDURES AND HEARINGS of CHAPTER XIII PROCEDURES AND HEARINGS RELATING TO MEMBER CONDUCT POLICY of the ADA *Bylaws* be relettered accordingly.

**BOARD RECOMMENDATION: Vote Yes.**

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

***Dr. Fair was absent.**

Resolution No. 27 New

Report: CEBJA Supplemental Report 1 Date Submitted: July 2014

Submitted By: Council on Ethics, Bylaws and Judicial Affairs

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: None

How does this resolution increase member value: Not Applicable

**AMENDMENT OF PARAGRAPH 5 OF THE GUIDELINES GOVERNING THE CONDUCT OF CAMPAIGNS FOR ALL ADA OFFICES**

**Background:** (See CEBJA Supplemental Report 1 to the House of Delegates, Worksheet:5036)

**Resolution**

**27. Resolved,** that Paragraph 5 of the Guidelines Governing the Conduct of Campaigns for All ADA Offices (*Trans*.2012:417) be amended as follows (additions underscored):

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. Online state dental journal news articles on and interviews of a Candidate are permissible if posted in the members' only section of the state dental association website within the candidate's district. Articles about a candidate's intention to run for office are permissible. Articles about why one person would make a better candidate are not permissible. Candidates are discouraged from participating in interviews on their leadership capacity with leadership or national journals that will be published within the timeframe of their campaign.

**BOARD RECOMMENDATION: Vote Yes.**

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

***Dr. Fair was absent.**

Resolution No. 29 New

Report: NA Date Submitted: July 2014

Submitted By: Eighth Trustee District

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Membership-Obj. 2: Market share will equal 70%

How does this resolution increase member value: See Background

## ACA DENTIST EXEMPTION FROM PEDIATRIC MANDATE

The following resolution was adopted by the Eight Trustee District and submitted on May 9, 2014 by Mr. Gregory A. Johnson, executive director, Illinois State Dental Society.

**Background:** Under the Affordable Care Act (ACA), pediatric dental coverage must be offered to employers purchasing major medical policies on the insurance exchanges (Marketplaces). These employers are not however, required to purchase the pediatric dental coverage.

For employers purchasing major medical policies, outside of the Marketplace, the ACA requires that the pediatric dental coverage be offered to employers and it is required to be purchased by employers. A majority of ISDS members are looking to obtain major medical coverage outside the Marketplace and are being mandated to purchase the pediatric dental benefit for their dependents 18 years of age and younger.

Blue Cross Blue Shield of Illinois (BCBS IL) is one of the largest insurers in Illinois. Within the "exclusions" section of their dental plan it states that, "no benefits will be provided under the contract for services by a dentist related to you by blood or marriage." This type of exclusionary language has been common in dental plans for years. Because of the ACA, dentists are now being forced to purchase plans, to insure their children that prohibit them from receiving insurance reimbursement benefits.

Thirty-two (32) states have a Marketplace that is operated solely by the federal government or by a state-federal partnership. These states may also have plans that contain the same type of dental plan exclusion.

### Resolution

**29. Resolved**, that the American Dental Association seek the appropriate federal relief, so that dentists are exempt from the requirement to purchase pediatric dental coverage for their dependents 18 years of age or younger.

**BOARD COMMENT:** The Board is sympathetic to the dilemma caused by many ACA requirements and supports the intent of the resolution. According to ADA's Government Affairs staff, while there may be no "net" additional financial implications, some current resources (estimated at about $50,000) will have to be redirected from other ADA legislative Initiatives. The Board believes that policy will be a more effective advocacy tool.

Accordingly, the Board proposes the following Board substitute:

**29B. Resolved,** that the American Dental Association supports efforts to eliminate the requirement for dentists to purchase pediatric dental coverage for their dependents 18 years of age or younger.

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

**BOARD VOTE: UNANIMOUS*.**

***Dr. Fair was absent.**

Resolution No. None N/A

Report: Board Report 3 Date Submitted: June 2014

Submitted By: Board of Trustees

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Organizational Capacity-Obj. 6: Role and responsibility of each element of the tripartite clearly defined and agreed upon

## REPORT 3 OF THE BOARD OF TRUSTEES TO THE HOUSE OF DELEGATES: EQUALITY OF TRUSTEE DISTRICTS

**Background:** The 2013 House of Delegates passed a delegate allocation proposal helping to make the allocation of delegates more reflective of membership numbers among the states. The new delegate allocation process does not address the size of districts or the allocation of delegates among the districts (as opposed to among the states). As a result, the House passed 97H-2013:

> **Resolved,** that the Board of Trustees be urged to examine the equality of the trustee districts in view of the passage of Resolution 2 and report back to the 2014 House of Delegates.

Working through its Governance Committee, the Board of Trustees explored the current status among the districts, noted how the district structure varies from a structure based on equal-sized districts and examined some possible approaches to redistricting. In its work, the Board determined that *how* to redistrict (assuming redistricting would take place) depends on answers to a limited number of very fundamental questions. It is clear that virtually any redistricting will be disruptive and time consuming and this raised an even more fundamental question of whether the House, the volunteer body most directly affected, wishes to pursue redistricting.

The Board believes that redistricting is possible, but only at the cost of significant disruption and a great deal of effort both in developing a plan and implementing it. For those reasons, the Board asks the House to move forward with the redistricting effort only if the House concludes the eventual outcome will be acceptable and worth the effort. The Board believes that only the House can answer this question and takes no position on it.

In this report, the Board will:

1. Review the current status of ADA policy on redistricting and the districts themselves so the House can answer the question whether redistricting is warranted given the potential disruption and effort involved;
2. Review the fundamental questions which must be answered to guide any redistricting process;
3. Offer to the House potential resolution language for developing a specific redistricting proposal so that, if the House determines it wishes to pursue this issue at all, some language is available to it.

This report is informational only; it proposes no resolution. If, after consideration of this report the House of Delegates wishes to take action, the Board offers some suggested resolution language in the body of this report.

**Current Status of ADA Policy and ADA Districts:** In 1986, the House established the following criteria for restructuring trustee districts *(Trans.1986:498)*:

> **36H-1986. Resolved,** the American Dental Association establishes the following criteria for considering any proposals for the restructure of its trustee districts:
>
> - The total number of trustee districts shall be sixteen*
> - No single state shall constitute more than one trustee district.
> - Any state or group of states attaining membership of 6,000 active, life and retired members and desiring to become a trustee district may petition the House of Delegates for reapportionment of trustee districts.
> - When any trustee district falls below membership of 4,500 active, life and retired members, the Board of Trustees shall develop a reapportionment proposal bringing all districts up to the minimum membership requirement.

**Note: this policy was editorially changed in 2000 to reflect addition of the 17th District.*

The Board notes that there has been no petition to redistrict, no current district has fallen below 4,500 members, and no additional state has gained membership of over 6,000.

There is, however, no question that the current districts are not well balanced when measured against the mathematical model of equal districts. (Similar situations exist within some states with respect to component societies.) Following is a list of the current districts, 2012 membership numbers and current delegate counts -- the data on which the current delegate allocation is based:

| ADA Districts | 2012 Membership | Assigned Delegates |
|---|---|---|
| District 1 | 9,886 | 31 Delegates |
| District 2 | 12,371 | 38 Delegates |
| District 3 | 5,473 | 17 Delegates |
| District 4 | 10,891 | 38 Delegates |
| District 5 | 6,025 | 18 Delegates |
| District 6 | 7,139 | 21 Delegates |
| District 7 | 8,330 | 26 Delegates |
| District 8 | 6,637 | 21 Delegates |
| District 9 | 8,611 | 26 Delegates |
| District 10 | 6,661 | 20 Delegates |
| District 11 | 7,967 | 25 Delegates |
| District 12 | 5,812 | 18 Delegates |
| District 13 | 22,763 | 70 Delegates |
| District 14 | 9,884 | 32 Delegates |
| District 15 | 8,860 | 27 Delegates |
| District 16 | 8,870 | 27 Delegates |
| District 17 | 6,442 | 20 Delegates |

For the convenience of the delegates, a map of the current districts is attached to this report as Appendix 1.

The following chart includes information on each constituent society within the Districts:

| | Number of Members | Number of Delegates | Percentage of Delegates |
|---|---|---|---|
| **District 1** | | | |
| Connecticut | 2,394 | 7 | 1.47% |
| Maine | 717 | 2 | .42% |
| Massachusetts | 5,076 | 16 | 3.37% |
| New Hampshire | 762 | 2 | .42% |
| Rhode Island | 552 | 2 | .42% |
| Vermont | 385 | 2 | .42% |
| | 9,886 | 31 | 6.53% |
| **District 2** | | | |
| New York | 12,371 | 38 | 8% |
| | | | |
| **District 3** | | | |
| Pennsylvania | 5,473 | 17 | 3.58% |
| | | | |
| **District 4** | | | |
| Delaware | 405 | 2 | .42% |
| DC | 451 | 2 | .42% |
| Maryland | 2,461 | 8 | 1.68% |
| New Jersey | 4,559 | 14 | 2.95% |
| Puerto Rico | 184 | 1 | .21% |
| Virgin Islands | 21 | 1 | .21% |
| Air Force | 707 | 2 | .42% |
| Army | 643 | 2 | .42% |
| Navy | 633 | 2 | .42% |
| Public Health Service | 316 | 2 | .42% |
| Veterans Affairs | 511 | 2 | .42% |
| | 10,891 | 38 | 8% |
| **District 5** | | | |
| Alabama | 1,664 | 5 | 1.05% |
| Georgia | 3,365 | 10 | 2.11% |
| Mississippi | 996 | 3 | .63% |
| | 6,025 | 18 | 3.79% |
| **District 6** | | | |
| Kentucky | 1,681 | 5 | 1.05% |
| Missouri | 2,326 | 7 | 1.47% |
| Tennessee | 2,392 | 7 | 1.47% |
| West Virginia | 740 | 2 | .42% |
| | 7,139 | 21 | 4.42% |
| **District 7** | | | |
| Indiana | 2,895 | 9 | 1.89% |
| Ohio | 5,435 | 17 | 3.58% |
| | 8,330 | 26 | 5.47% |
| **District 8** | | | |
| Illinois | 6,637 | 20 | 4.21% |
| | | | |
| | | | |

| | | | |
|---|---|---|---|
| **District 9** | | | |
| Michigan | 5,571 | 17 | 3.58% |
| Wisconsin | 3,040 | 9 | 1.89% |
| | 8,611 | 26 | 5.47% |
| | | | |
| **District 10** | | | |
| Iowa | 1,755 | 5 | 1.05% |
| Minnesota | 3,074 | 9 | 1.89% |
| Nebraska | 988 | 3 | .63% |
| North Dakota | 380 | 2 | .42% |
| South Dakota | 464 | 2 | .42% |
| | 6,661 | 21 | 4.42% |
| **District 11** | | | |
| Idaho | 827 | 3 | .63% |
| Montana | 663 | 2 | .42% |
| Oregon | 2,107 | 6 | 1.26% |
| Washington State | 4,029 | 12 | 2.53% |
| Alaska | 341 | 2 | .42% |
| | 7,967 | 25 | 5.26% |
| **District 12** | | | |
| Arkansas | 1,075 | 3 | .63% |
| Kansas | 1,217 | 4 | .84% |
| Louisiana | 1,887 | 6 | 1.26% |
| Oklahoma | 1,633 | 5 | 1.05% |
| | 5,812 | 18 | 3.79% |
| **District 13** | | | |
| California | 22,763 | 70 | 14.74% |
| | | | |
| **District 14** | | | |
| Arizona | 2,350 | 7 | 1.47% |
| Colorado | 3,165 | 10 | 2.11% |
| Hawaii | 964 | 3 | .63% |
| Nevada | 863 | 3 | .63% |
| New Mexico | 690 | 2 | .42% |
| Wyoming | 295 | 2 | .42% |
| Utah | 1,557 | 5 | 1.05% |
| | 9,884 | 32 | 6.74% |
| **District 15** | | | |
| Texas | 8,860 | 27 | 5.68% |
| | | | |
| **District 16** | | | |
| North Carolina | 3,401 | 10 | 2.11% |
| South Carolina | 1,846 | 6 | 1.26% |
| Virginia | 3,523 | 11 | 2.32% |
| | 8,770 | 27 | 5.68% |
| **District 17** | | | |
| Florida | 6,442 | 20 | 4.21% |
| | | | |
| | **152,522** | **475** | **100%** |

Although it is clear that the districts are not of equal size, in order to assess whether redistricting is warranted, it is useful to be aware of some of the more obvious areas of inequalities in the current system:

- District size, by member, varies by more than four times. For example, District 3 (Pennsylvania) has 5,473 members, while District 13 (California) has 22,763 members.
- Even excluding California, the largest district is more than twice the size of the smallest (*cf.* Districts 2 and 3).
- Michigan, Ohio and Massachusetts are each part of multi-state districts and each has more (Michigan), virtually the same (Ohio) or almost as many (Massachusetts) members as Pennsylvania, a single-state district.
- Six districts are below 7,000 in membership. Five are over 9,000.
- Measured as a percentage of national members, the Districts range from 3.58% (Dist. 3), 3.79% (Dist. 5 and 12), 8% (Dist. 2) and 14.74% (Dist. 13).
- Districts 1 and 5 are multi-state districts with a single state controlling a majority of district delegates.
- Districts 7 and 9 are two-state districts where one state controls a majority of district delegates.

The Board offers this information to the House without judgment. Do these disparities represent issues of sufficient importance to require change? More important, are the disparities sufficient to warrant reallocation, with all that may imply? If the House believes disparities are sufficient to warrant action and agrees on precisely what the problems are, then the Board asks the House to consider moving forward with the work needed to develop a redistricting proposal. If the House does not believe these conditions are met, no action is needed.

**Fundamental Questions Needing Answers for Any Redistricting:** If the House of Delegates wishes to pursue redistricting, the possibilities are nearly endless. To make the process more manageable, it is useful to agree upon certain fundamental principles to guide the decisions needed. The Board identified the following principles, phrased here as questions, which need to be answered for any redistricting to take effect:

1. Should each state remain intact in any redistricting? In other words, must (*e.g.*) California or New York remain within individual districts, as opposed to being divided up among districts? This is important for obvious reasons and several consequences flow naturally from it.
    a. If California is left intact, and rough equality among the districts is the goal, the targeted average size of each district would be 70. Based on reallocation approved last year, the House size is subject to a soft cap. The current size of the House, excluding ASDA, is 475. That would provide six or seven districts (*i.e*. Districts between 420 and 490 delegates).
    b. If large states may be divided among districts, the size of the districts could be determined based on other factors, but at the significant cost to the integrity of the large states.
2. Should no state have a majority of delegates within a multi-state district?
3. Should existing state groupings remain, to the extent feasible, intact?
4. If the number of districts is reduced considerably, should there be two trustees per district to minimize the burden on trustees? How might this affect appointments to councils?
5. How would a redistricting be implemented? If implementation were to be delayed to allow, for example, for current trustees and council members to finish out terms, the future districts would still need to work on future appointments and agreements among their constituent societies, even before the new districting became effective.

**Possible Redistricting Scenarios:** The Board is providing some examples of what redistricting might look like. These are not offered as recommendations, but as a tool to allow the House to see some of the issues implicated by redistricting.

1. Redistrict with seven districts using California as the target size

    a. California is the only single state district.
    b. One district containing New York would almost certainly be larger than average, assuming the House agrees with the principle that no single state should have a majority of delegates in a district.
    c. Would have some impact on almost every constituent society.

2. Reduce number of districts to sixteen

    a. Set the new floor for a single district at the level of District 5, with 6,025 members.
    b. Possible scenarios:
        - Place Pennsylvania in District 7 with Ohio for a total district size of 10,908.
        - Place Indiana into District 9 with Michigan and Wisconsin for a district size of 11,506.
    c. Minimal impact to the rest of the districts.
    d. Four to five year lead time needed for change.
    e. Note that this would likely set up the situation where one state in a multi-state district might control a majority of delegates from the district.
    f. Does not create equality among the districts but reduces inequality, *i.e.* District 13 with 22,763 compared to District 17 with 6,442 (currently, District 3 with 5,473).
    g. Creates equality in class sizes for trustees and councils, *i.e.* four members per class.
    h. Reduces size of ADA Board and councils respectively by one.

3. Reduce number of districts to twelve

    a. Possible scenarios:
        - No change in seven districts
            - District 1 ( 9,886)
            - District 2 (12,371)
            - District 4 (10,683)
            - District 13 (22,763)
            - District 14 ( 9,884)
            - District 15 ( 8,860)
            - District 16 the new floor ( 8,770)
        - Consolidation of districts
            - District 7 OH, PA (District 3) (10,908)
            - District 9 MI, WI, IN District 7 (11,506)
            - District 8 IL with District 10 (13,298)
            - District 6 with District 12 (12,941)
            - District 5 with District 17 (12,467)

    b. Note that this would likely set up the situation where one state in a multi-state district might control a majority of delegates from the district.
    c. Creates equality in class sizes for trustees and councils, three members per class.
    d. Reduces the size of the ADA Board and councils by five each.
    e. Significant change for reorganization of districts.
    f. Significant lead time needed for changes.
    g. District 13 remains significantly larger than any other district.

Of course, there are countless other possibilities. The Board's purpose in offering these examples is to highlight how the answers to the fundamental questions discussed above affects any resulting redistricting effort. For example, a move to closer equality in district size may result in one state controlling a district.

**Does the House Want to Pursue Redistricting?:** As the Board has noted, it believes that redistricting is possible, but only at the cost of significant disruption and a great deal of effort both in developing a plan and implementing it. For those reasons, the Board asks the House to move forward with the redistricting effort *only if the House* concludes the eventual outcome will be acceptable and worth the effort. The Board believes that only the House can answer this question and takes no position on it. In the event the House does decide to move forward, the Board offers it the following potential language for a resolution:

> **Resolved,** that the President appoint a task force of [number to be determined] House of Delegate members to develop a proposal for greater equality of district size to be presented to the 2015 House, and be it further
>
> **Resolved,** that the task force consist of [number to be determined] members, with no two members drawn from the same district, and be it further
>
> **Resolved,** that the task force address the fundamental questions raised in Board Report 3 (2014) and develop a scheme for implementing its proposal, including any *Bylaws* amendments which may be necessary.

If a resolution similar to this were to be passed, the costs for one year (depending on the size of the task force and frequency of meetings) would likely exceed $50,000, excluding staff time.[1]

To be clear, the Board is not proposing a resolution and no resolution will be placed before the House for consideration unless it is moved independently, consistent with the rules of the House.

## Resolutions

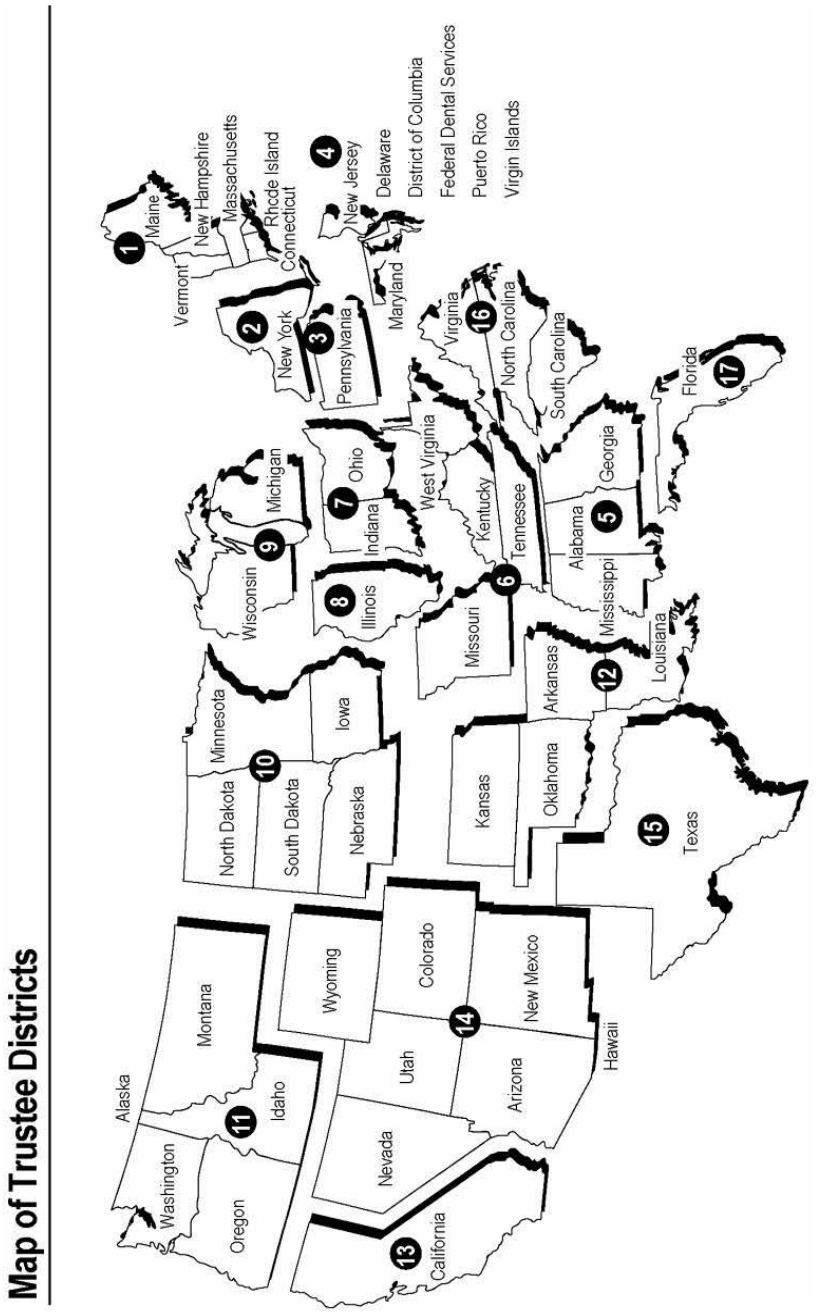
This report is informational and no resolutions are presented.

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

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

[1] For a simple calculation, assume a cost of $1,300 per person, per two-day meeting.

APPENDIX 1


Map of Trustee Districts
1
Maine
Vermont
New Hampshire
Massachusetts
Rhode Island
Connecticut
2
New York
3
Pennsylvania
4
New Jersey
Delaware
Maryland
District of Columbia
Federal Dental Services
Puerto Rico
Virgin Islands
5
Alabama
Georgia
Florida
6
Tennessee
Mississippi
Louisiana
7
Ohio
Indiana
West Virginia
Kentucky
8
Illinois
Missouri
9
Michigan
Wisconsin
10
Minnesota
North Dakota
South Dakota
Iowa
Nebraska
11
Montana
Idaho
Alaska
Washington
Oregon
12
Arkansas
Kansas
Oklahoma
13
California
Nevada
14
Wyoming
Colorado
Utah
New Mexico
Arizona
Hawaii
15
Texas
16
Virginia
North Carolina
South Carolina
17

Resolution No. 37-61 New

Report: CGA Supplemental Report 1 Date Submitted: September 2014

Submitted By: Council on Government Affairs

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health

How does this resolution increase member value: See Background

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

**Background:** This report provides a response to 2013 House of Delegates resolutions not addressed in the Council's annual report.

**Chair and Vice-Chair:** The Council forwarded the name of Dr. Richard C. Black to the Board of Trustees for approval as the Council's next chair and elected Dr. J. Barry Howell as vice-chair.

**The Strategic Plan of the American Dental Association:** In support of the strategic plan goals so dentists may succeed and excel throughout their careers and/or help improve public health outcomes through effective collaboration with other stakeholders, the Council submits the following supplemental report to the House of Delegates.

**Response to Assignments from the 2013 House of Delegates**

*ADA Advocacy Agenda.* Resolution 53H (*Trans.*2013:3078) states that the ADA's advocacy agenda should include ensuring dental school approval as Federally Qualified Health Centers (FQHCs) or facilitating their ability to work with FQHCs; protecting Graduate Medical Education (GME) funding for dental schools; working to increase Medicaid fees and seeking cost-based reimbursement for dental schools; working to increase the number of loan forgiveness programs and financial incentives for dental school graduates to practice in underserved areas; and addressing student loan reform.

The ADA has long advocated for programs enhancing the various initiatives addressed in this resolution and continues to do so. Dental schools cannot be designated FQHCs because some of the federal statutory requirements FQHCs must meet cannot be met by dental schools. For example, an FQHC must be governed by a community board composed of a majority (51 percent or more) of health center patients who represent the population served. However, a great deal is being done by the ADA and others to facilitate partnering between FQHCs and dental schools. Since the Robert Wood Johnson Foundation's original "Pipeline to Progress" grants over a decade ago, dental schools have been incorporating training opportunities within FQHCs as part of extramural educational options. In June 2014 the National Network for Oral Health Access (NNOHA), which is a safety-net provider organization composed of oral health practitioners, published "Partnering with Academic Institutions and Residency Programs to Develop Service Leaning Programs." The document discusses strategies for health centers to follow to establish service learning partnerships with dental schools that will provide valuable learning experiences for students while providing needed oral health care to FQHC patients. An ADA staff person serves on the NNOHA board and has encouraged FQHC outreach to dental schools.

Concerning GME funding, the ADA, working with the American Academy of Pediatric Dentistry (AAPD) and the American Dental Education Association (ADEA), has advocated for Title VII dental funding for general practice residencies and pediatric dental residencies for more than 20 years. The ADA is an active partner in the Health Professions and Nursing Education Coalition (HPNEC), which advocates for increased funding for federal programs that include scholarships for disadvantaged students, training for diversity, health career opportunities, and residencies for general practice, pediatric and public health dentistry. On May 30, 2014, virtually all members of the Organized Dentistry Coalition[1] sent a letter to the Health Resources and Services Administration to express concerns about the Obama Administration's Fiscal Year 2015 budget proposal regarding GME that could result in funding only residencies for physicians (family medicine, general internal medicine, general pediatrics and combined internal medicine and pediatrics). This concern was raised because there was no mention of dental residencies in the Administration's proposal. On June 19, HRSA sent a letter to the ADA recognizing the essential role oral health plays in ensuring overall health and expressly stating that dental residency programs are eligible for support within the Children's Hospital GME program.

Improving the dental Medicaid program requires active collaboration among constituent and component societies and the ADA. For its part, the ADA is undertaking a new program to increase Medicaid fees for dental providers in certain targeted states that will also benefit dental schools. The goal of this new Medicaid Project Plan is to help dentists succeed and meet the emerging demand for care among the Medicaid-covered population. Already well underway is an effort to reduce administrative burdens within state Medicaid programs through one of the Action for Dental Health (ADH) initiatives. The ADA lobbied for federal legislation designed to support the ADH, the Action for Dental Health Act 2014, H.R. 4395, at the Washington Leadership Conference (WLC). The ADA is also working to address unfair Medicaid audits that could chill participation in the program by supporting Representative Paul Gosar's (R-AZ) Medicaid RAC audit "Dear Colleague" letter (73 signatures) calling for the Centers for Medicare and Medicaid Services to work with the ADA to make the audit process more transparent and fair. Recognizing this is an issue that will have to ultimately be resolved at the state level, the ADA in June 2014 sent a letter to the National Governors Association asking for the governors support in changing the way in which Medicaid audits are being conducted with the goal of achieving administrative changes that will foster an environment of cooperation and education instead of raising the punitive burden to a level that discourages participation.

The ADA is very active in trying to address student loan reform and loan forgiveness. At the WLC, the ADA lobbied for support of a Senate bill and a House of Representatives bill. The Federal Student Loan Refinancing Act, S. 1066, authorizes anyone currently repaying Direct Loans (or a Federal Direct Consolidation Loan) to consolidate (or refinance) their loan(s) at a fixed rate of 4.0 percent (with a one-time origination fee of 0.4 percent). It would retroactively apply to all such loans taken out between July 1, 2006, and the date of the bill's passage. The bill has an additional 3 cosponsors as a result of the WLC, bringing the total to 9 cosponsors. The Student Loan Interest Deduction Act of 2013, H.R. 1527, would increase the allowable student loan interest deduction from $2,500/year to $5,000/year and also eliminate the legal limit (or cap) on how much income an individual can earn to claim the deduction. As a result of lobbying at the WLC, the bill has 8 new co-sponsors, now totaling 37. At the time of this writing, loan reform legislation failed to pass the Senate but the issue appears to be gaining momentum among many legislators who believe something has to be done to help new graduates cope with their excessive student loan burdens. In addition, the ADA's Center for Professional Success offers financial planning

[1] American Dental Association, Academy of General Dentistry, American Academy of Oral and Maxillofacial Pathology, American Academy of Pediatric Dentistry, American Academy of Periodontology, American Association of Endodontists, American Association of Oral and Maxillofacial Surgeons, American Association of Women Dentists, American Association of Orthodontists, American Dental Education Association, American Dental Student Association, American Society of Dentist Anesthesiologists, Hispanic Dental Association, National Dental Association

resources for students and new graduates on its web site as well as federal and state options for loan repayment.

*Sale of Dental Equipment to Illegal Practitioners.* Resolution 90H (*Trans.*2013:4071) states that the ADA should develop an advocacy strategy on the restriction of the sale of dental equipment for illegal dental purposes. The Food and Drug Administration (FDA) regulates the sale of medical devices, including a great many dental devices, with an eye toward protecting the consumer. According to the FDA, each individual device has an Indication for Use form that indicates its status as either an over-the-counter (OTC) device or a device where the sale, distribution and use of the device are restricted to prescription use (Rx). According to FDA staff, most dental devices are restricted to prescription use and any manufacturer that wants to have an Rx device sold as an OTC item would have to submit to FDA a new application as this is considered a change indication. Pursuant to FDA guidance[2] labeling of prescription devices requires either the statement "Caution: Federal law restricts this device to sale by or on the order of a (licensed healthcare practitioner)" or the symbol statement "Rx only." This guidance implements federal laws that limits the possession of prescription devices to practitioners licensed to use or order the devices, and would therefore act to limit sales to legitimate purchasers.[3] Grey market sales of dental equipment occur outside established distribution chains. The Council looked into what potential equipment suppliers may be doing to restrict purchase to legally authorized individuals. Reputable companies, such as eBay and Henry Schein, Inc., have policies warning against unauthorized purchasing. Sellers listing medical devices that require government authorization to distribute to third parties must include the following text: "The sale of this item may be subject to regulation by the U.S. Food and Drug Administration and state and local regulatory agencies. If so, do not bid on this item unless you are an authorized purchaser. If the item is subject to FDA regulation, I will verify your status as an authorized purchaser of this item before shipping of this item."

*Contingency Based Medicaid Audits.* Resolution 93H (*Trans.*2013:362) calls for the study of Medicaid audits including exploring options for improving the system and was originally addressed in CGA's annual report. Since that submission, the ADA continues to collaborate with CMS, AAPD, state dental Medicaid programs and RAC auditing organizations themselves as to how better to educate dentists about the value of program integrity, while calling for less onerous audits; which appear to be dismantling the current Medicaid dental infrastructure, rather than strengthening it. As reported to the ADA Board of Trustees at their July 2014 meeting, in alignment with its Action for Dental Health campaign, the ADA is continuing to:

- Review and evaluate audit information as shared by various Offices of Inspector Generals, CMS and state Medicaid programs for fairness and equity

- Develop courses to educate dentists about being responsible Medicaid providers, who avoid fraud and compliance allegations

- Share an inventory of promising practices to reduce administrative burdens, including ease of credentialing and establishing state dental Medicaid advisory committees

- Promote business models for maintaining practice viability while treating Medicaid patients, including a pre-scrubbing algorithm for use before submitting reimbursement claims

- Strengthen the dental safety network, including increasing contracting between FQHCs and private dentists through collaboration with the National Network for Oral Health Access (NNOHA) and the National Association of Community Health Centers (NACHC)

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[2] Guidance to Industry, Alternative to Certain Prescription Device Labeling Requirements, U.S. Department of Health and Human Services, Food and Drug Administration, Center for Devices and Radiological Health, Office of Compliance, 1/21/2000.

[3] 21 CFR 801.109

The Division of Government and Public Affairs will continue to monitor activity in this area and provide timely reports to the ADA Trustees and the 2015 House of Delegates.

**Policy Review**

The Council submits the following as a result of current policy review in accordance with Resolution 111H-2010, Regular Comprehensive Policy Review and Resolution 170H-2012.

**Recommendations—Policies to be Maintained**

The Council on Government Affairs reviewed the following policies and determined they should be maintained as written:

Funding for Non-Dental Providers Preventive Care (*Trans*.2004:300)
Increase Federal Medicaid Funding (*Trans*.2002:409)
Fee-For-Service Medicaid Programs (*Trans*.1999:957)
Elimination of Disparities in Coverage for Dental Procedures Provided Under Medicare (*Trans*.1993:705)
Amendments to ERISA to Achieve Greater Protections for Patients and Providers (*Trans*.1995:649)
Amendment of Employee Retirement Income Security Act (*Trans.*1994:644)
Employee Retirement Income Security Act (ERISA) Enforcement Activities (*Trans*.1992:622)
Amendment of Employee Retirement Income Security Act (*Trans*.1982:550; *Trans.*1989:561)
ERISA Reform (*Trans*.1998:738)
State Regulation of Advertising (*Trans*.1984:549)
ADA Support for Constituent Societies in Dealing with Dental Mid-Level Provider Proposals (*Trans*.2008:502)
Legislative Delegations (*Trans*.1995:648)
Testimony by Component and Constituent Societies (*Trans*.1979:637)
Adding the ADA Definition of Dentistry to Existing Dental Regulatory Provisions (*Trans*.2001:440)
States' Rights Affecting the Practice of Dentistry (*Trans*.1996:715)
Legislation Reflecting ADA Policy on Primary Dental Health Care Provider (*Trans.*1990:559)
Legislation Prohibiting Waiver of Patient Copayment/Overbilling (*Trans*.1990:534)
Use of Expert Witnesses in Liability Cases (*Trans*.1986:531)
Funding and Authority for Patient Protection (*Trans*.1983:560)
ADA Assistance in Legislative Initiatives (*Trans*.1982:513)
State Responsibility for Health, Safety and Welfare (*Trans*.1978:530)
Suggested Dental Practice Acts (*Trans*.1978:529)
Legislative Assistance by the Association (*Trans*.1977:948; *Trans*.1986:530)
Enforcement of State Dental Practice Acts (*Trans*.1976:921)
Recommendations and Guidelines for Assistance to Constituent Societies in Litigation of Dental Practice Acts (*Trans*.1958:278, 405)

**Recommendations—Policies to be Amended**

The Council on Government Affairs recommends that the policy "Advocate for Adequate Funding Under Medicaid Block Grants" (*Trans.*2011:498) be amended to make the policy clearer and applicable to any future block grant proposal and offers the following resolution:

**37. Resolved,** that the ADA policy, Advocate for Adequate Funding Under Medicaid Block Grants be amended to read as follows (additions <u>underscored</u>; deletions are ~~stricken~~):

**Resolved,** that the ADA advocate for adequate funding and <u>to ensure adequate</u> safeguards are in place to provide comprehensive oral health care to underserved children and adults in any legislation that would convert the federal share of Medicaid to a block grant to the states, and be it further

**Resolved,** that the ADA opposes ~~the proposed block grant in the event adequate funding and safeguards cannot be assured.~~ any such block grant proposal in the event adequate funding and safeguards cannot be assured to provide comprehensive oral health care to underserved children and adults.

The Council on Government Affairs recommends that the policy "Medicaid and Indigent Care Funding" be amended to reflect the current efforts to improve Medicaid included in the Action for Dental Health campaign.

**38. Resolved,** that the ADA policy on Medicaid and Indigent Care Funding (*Trans.*2006:338) be amended to read as follows (additions underscored; deletions are ~~stricken~~):

**Resolved,** that the ADA make lobbying for adequate funds to provide oral health care to ~~the~~ Medicaid and other indigent care populations ~~the highest~~ a high priority and that the constituent and component societies be urged to do the same, and be it further

**Resolved,** that ~~these organizations~~ the ADA and its constituent and component societies carry out an intensive educational program ~~through whatever means available~~, subject to current budgetary limits, to enlighten the public and government agencies of the value of oral health care and the consequences of untreated oral health disease to the overall health of our citizens and to health care payment systems, and be it further

**Resolved,** that the appropriate ADA agency study how to improve health outcomes through greater accountability and responsibility of ~~recipients~~ dental patients to the care, educational and preventive opportunities provided to them.

The Council on Government Affairs recommends that the policy "Federal Tax Credit/Voucher for Medicaid Dentist Providers" be amended to reflect current costs. When promulgated over 10 years ago in 2003, $4,000 in services might have been reasonable for a tax credit. All expenses are considerably higher today, so the tax credit "wished for" should be higher. Lastly, "rate consistent with the most recent ADA Survey of Dental Fees for that region or state" seems to conflict with the $4,000 requested.

**39. Resolved,** that the ADA policy on Federal Tax Credit/Voucher for Medicaid Dentist Providers (*Trans.*2003:383) be amended to read as follows (additions underscored; deletions are ~~stricken~~):

**Resolved,** that the American Dental Association seek to enact an annual federal tax credit/voucher to apply to the first ~~$4,000~~ $10,000 of Medicaid dental services provided by a licensed dentist, and be it further

**Resolved,** that these credits be based upon the most recent CDT codes and credited at a rate consistent with the most recent ADA Survey of Dental Fees for that region or state.

The Council recommends that the policy "Support of Current Medicaid Law and Regulations Regarding Dental Services" be amended to state what the ADA prefers versus what it does not prefer.

**40. Resolved,** that the ADA policy on Support of Current Medicaid Law and Regulations Regarding Dental Services (*Trans.*2010:603) be amended to read as follows (additions underscored; deletions are ~~stricken~~):

**Resolved,** that the Association ~~oppose attempts to alter~~ seek to retain federal statutes or regulations regarding the definition of "dental services" under ~~the~~ Medicaid ~~program if such alterations would permit such services to be delivered in a manner other than by a dentist or under the supervision of a dentist,~~ so they continue to require dental care services be delivered by a dentist or under the appropriate supervision of a dentist, and be it further

**Resolved,** that Association constituent societies encourage their members to enroll in Medicaid. ~~programs and provide dental services helping to ensure that EPSDT guidelines are met.~~

The Council recommends that the policy, "Maldistribution of the Dental Workforce" be amended by striking the requirement for a constituent survey as it is no longer relevant and amending subsections a, b, and c.

**41. Resolved,** that the ADA policy on Maldistribution of the Dental Workforce (*Trans.*2001:442) be amended to read as follows (additions underscored; deletions are ~~stricken~~):

**Resolved,** that appropriate agencies of the ADA develop a framework to help those states with a maldistribution of the dental workforce, and be it further

**Resolved,** that the framework may include, but is not limited to:

- Model legislation to help attract dentists to underserved areas of states. The legislation may include, but is not limited to:

  a. Tax ~~deductions~~ incentives for dentists practicing in underserved areas.

  ~~b. Tax rebates for dentists practicing in underserved areas.~~

  c. ~~Payback of in-state tuition waived if the new dentist practices in underserved areas.~~ Payback of all or a portion of dental school tuition if the new dentist practices in an underserved area.

  d. Scholarships for dental students and post-doctoral residents and students who practice in underserved areas after graduation.

  e. Loan forgiveness for dental students and post-doctoral residents and students who practice in underserved areas after graduation.

- Establishing a list of opportunities that are available from rural communities who are willing to provide financial support to dentists moving to their area.

- ~~A survey of the constituents on how each state is approaching regional workforce maldistribution. The ideas will be consolidated and made available to all constituents.~~

The Council recommends that the policy, "Advocating for ERISA Reform" be amended to remove outdated language.

**42. Resolved,** that the ADA policy, Advocating for ERISA Reform (*Trans.*2009:474) be amended to read as follows (additions underscored; deletions are ~~stricken~~):

**Resolved,** that the appropriate agencies of the ADA identify those features of ERISA that exempt some plans from state regulation to protect consumers, and be it further

**Resolved,** that the ADA aggressively seek legislation to change the Act to create these consumer safeguards under federal law or allow regulation of these plans by the states~~. and be it further~~

~~**Resolved,** that the Board provide a report to the 2010 House of Delegates on progress.~~

**Recommendations—Polices to be Rescinded**

The Council on Government Affairs reviewed the policy, "Clarification of Support for Federal Legislation to Facilitate Formation of Association Health Plans" and recommends rescission because this policy is no longer relevant due to changes in federal law. AHPs are no longer permitted under federal law after the enactment of the Patient Protection and Affordable Care Act (2010). The PPACA eliminated the ability of insurers to deny coverage based on a pre-existing health condition and ended high-risk pools established in the states to serve individuals deemed "uninsurable."

**43. Resolved**, that the ADA policy, Clarification of Support for Federal Legislation to Facilitate Formation of Association Health Plans (*Trans*.2003:382) be rescinded.

The Council on Government Affairs reviewed the policy, "Medicaid Co-Payment" and recommends rescission since Federal law permits state Medicaid programs to impose cost-sharing and premiums for most individuals over 100% FPL. In 2013, 40 states charged premiums for at least one beneficiary group in Medicaid and 45 states require copayments for certain beneficiaries. Examples of cost-sharing include copayments for doctor visits, inpatient/outpatient care, prescription drugs and use of the emergency room. Protections are in place to limit and/or exempt low-income pregnant women and children under age 19 from cost-sharing.

**44. Resolved,** that the ADA policy, Medicaid Co-Payment (*Trans*.2003:379) be rescinded.

The Council reviewed the policy, "Dentists Right to Opt Out of the Medicare Program" and recommends rescission because current law, pursuant to ADA actions with the Centers for Medicare and Medicaid Services, allows dentists to opt out of Medicare.

**45. Resolved,** that the ADA policy, Dentists Right to Opt Out of the Medicare Program (*Trans*.2001:437) be rescinded.

The Council reviewed the policy, "Guaranteed Dental Care for Medicaid Participants under Health System Reform" and recommends rescission as this policy is both outdated and support for adult dental services in Medicaid is part of more current policy. The Patient Protection and Affordable Care Act did not include coverage for dental benefits for adults eligible for Medicaid. Existing ADA policy, Support for Adult Medicaid Dental Services (*Trans*.2004:327), states support for adult dental services in Medicaid. Children are guaranteed dental services under existing Medicaid law and the provisions of the Early, Periodic, Diagnosis and Treatment Program (EPSDT).

**46. Resolved,** that the ADA policy, Guaranteed Dental Care for Medicaid Participants under Health System Reform (*Trans*.1995:648) be rescinded.

The Council reviewed the policy, "Improvements in Medicaid Program" and recommends rescission because Improving Medicaid is contained in other more current ADA policy, Medicaid and Indigent Care Funding (*Trans*.2006:338).

**47. Resolved,** that the ADA policy, Improvements in Medicaid Program (*Trans*.1995:648) be rescinded.

The Council reviewed the policy, "Medicaid Block Grants" and recommends rescission because the policy is duplicative of Advocate for Adequate Funding Under Medicaid Block Grants (*Trans*.2011:498), which suggest designating a portion of funds if Medicaid program funding changes to a block grant format.

**48. Resolved,** that the ADA policy, Medicaid Block Grants (*Trans*.1995:651) be rescinded.

The Council reviewed the policy, "Safeguards for Medicare's Health Maintenance Organizations" and recommends rescission because this policy is both outdated and its intent is unclear. Medicare has

programs and requirements in place applicable to insurance plans providing services to beneficiaries that address patient protection issues. HCFA no longer exists. The agency is now the Centers for Medicare and Medicaid Services (CMS).

**49. Resolved,** that the ADA policy, Safeguards for Medicare's Health Maintenance Organizations (*Trans*.1991:638) be rescinded.

The Council reviewed the policy, "Payment of Medicaid Benefits to Dental Schools" and recommends rescission because dental schools can already participate in Medicaid to provide dental services to eligible populations and receive reimbursement.

**50. Resolved,** that the ADA policy, Payment of Medicaid Benefits to Dental Schools (*Trans*.1977:902) be rescinded.

The Council reviewed the policies, "Deduction of Student Loan Interest," "Federal Educational Loans," "Federal Assistance for Dental Students," "Federal Lobbying Efforts That Support Dental Education," "Increased Support for Postgraduate Training Programs," "Increased Federal Funding for General Practice Residencies and Advanced Education in General Dentistry Programs," "Advocacy for Dental Education Funding," and "State Funding for Dental Education," and recommends rescission and replacing with the policies as provided in the following section of this report "Advocacy for Graduate Student Loan Programs," "Advocacy for Dental Education Infrastructure," and "Advocacy for Student Loan Forgiveness and Other Educational Debt Reduction Programs."

**51. Resolved,** that the ADA policy, Deduction of Student Loan Interest (*Trans*.2009:480) be rescinded.

**52. Resolved,** that the ADA policy, Federal Educational Loans (*Trans*.2002:409) be rescinded.

**53. Resolved,** that the ADA policy, Federal Assistance for Dental Students (*Trans*.1982:539) be rescinded.

**54. Resolved,** that the ADA policy, Federal Lobbying Efforts That Support Dental Education (*Trans*.2001:470) be rescinded.

**55. Resolved,** that the ADA policy, Increased Support for Postgraduate Training Programs (*Trans*.2005:337) be rescinded.

**56. Resolved,** that the ADA policy, Increased Federal Funding for General Practice Residencies and Advanced Education in General Dentistry Programs (*Trans*.2008:499) be rescinded.

**57. Resolved,** that the ADA policy, Advocacy for Dental Education Funding (*Trans*.2002:400) be rescinded.

**58. Resolved,** that the ADA policy, State Funding for Dental Education (*Trans*.2001:471) be rescinded.

**Recommendations—New Policies**

The Council recommends that the following policy, "Advocacy for Dental Education Infrastructure" be approved. The American Dental Association is committed to helping dental schools secure and maintain the personnel, facilities, equipment, and other resources necessary to educate tomorrow's dental workforce, conduct dental research, care for the underserved, and carry out other aspects of a dental school's mission. The Council on Government Affairs, the Council on Dental Education and Licensure, the New Dentist Committee, and the American Dental Student Association all consider it vital to have an express policy addressing the infrastructure needs of dental schools.

**59. Resolved,** that the ADA policy, Advocacy for Dental Education Infrastructure, be adopted.

**Resolved,** that the ADA supports expanding and enhancing postgraduate general, pediatric, and public health dental residency programs for dentists to obtain extended clinical training and experience in facilities that provide a disproportionate level of care to the underserved, and be it further

**Resolved,** that the ADA supports expanding and enhancing incentives for dental school graduates to enter and remain in academic teaching and research positions, and be it further

**Resolved,** that state and local dental societies be urged to seek increased state appropriations for dental education.

The Council recommends that the ADA create the policy, "Advocacy for Graduate Student Loan Programs." The Council on Government Affairs is extremely concerned about the alarming levels of educational debt that dental students face upon graduation.

In 2013, the average educational debt per graduating dental school senior was $215,145. Factoring out the 10.8 percent of dental school seniors who graduated with no debt, the average debt per graduating dental school senior was $241,097 ($209,150 for graduates from public dental schools and $283,978 for graduates from private and private state-related dental schools).

Moreover, over 73 percent of the 2013 graduating class used Direct Unsubsidized Stafford Loans to finance their dental education. The interest rate on Direct Loans taken out between July 1, 2006 and June 30, 2013, is fixed by law at 6.8 percent. The interest rate on Direct Loans taken out after July 1, 2013, could reach as high as 9.5 percent, depending on the prevailing interest on 10-year Treasury notes plus 3.6 percent.

The Council on Government Affairs, the Council on Dental Education and Licensure, the New Dentist Committee, and the American Dental Student Association all consider it vital to have a policy addressing the federal dental student loan programs on which the vast majority of dental students rely. Moreover, the councils consider it should be separate and distinct from those addressing other areas of public need, such as incentives to pursue certain career paths (e.g., practice in underserved areas, etc.).

**60. Resolved,** that the ADA policy, Advocacy for Graduate Student Loan Programs, be adopted.

**Resolved,** that the American Dental Association supports federal graduate student loan programs, with an emphasis on:

1. Minimizing the interest rate(s) and the total amount of interest that can accrue on federal graduate student loans;
2. Enabling federal graduate student loans to be refinanced more than once to take advantage of the current interest rate and economy;
3. Extending the period of deferment for repaying federal graduate student loans to the maximum extent practicable;
4. Expanding and enhancing the federal income tax deduction for student loan interest; and
5. Encouraging collaborative approaches to handling borrowers who fail (or are at risk of failing) to fully repay their federal graduate student loan(s) in the required time period.

The Council recommends that the ADA adopt the policy, "Advocacy for Student Loan Forgiveness and Other Educational Debt Reduction Programs."

One of the most widely recognized and most complex problems facing dentistry involves the distribution of dentists throughout the country, particularly in chronically underserved areas, such as inner cities,

remote rural areas, and American Indian/Alaska Native communities. Another gap in the nation's dental care infrastructure is the lack of dental professionals pursuing academic teaching and research positions and choosing careers in dental public health.

The Council on Government Affairs, the Council on Dental Education and Licensure, the New Dentist Committee, and the American Dental Student Association all consider it vital to have a distinct policy governing incentives for dental school graduates to help fill these and other gaps in the nation's dental care infrastructure. Moreover, the councils consider it important to keep this policy separate and distinct from others since it overlaps with multiple advocacy issues.

**61. Resolved,** that the ADA policy, Advocacy for Student Loan Forgiveness and Other Educational Debt Reduction Programs, be adopted.

**Resolved,** that the American Dental Association supports leveraging educational grants, scholarships, loan forgiveness, tax benefits, training opportunities, and other incentives to encourage dental professionals to practice in underserved areas, enter and remain in academic teaching and research positions, and fill other gaps in the nation's dental care infrastructure.

**Resolutions**

(Resolution 37:Worksheet:5064)
(Resolution 38:Worksheet:5065)
(Resolution 39:Worksheet:5066)
(Resolution 40:Worksheet:5067)
(Resolution 41:Worksheet:5068)
(Resolution 42:Worksheet:5070)
(Resolution 43:Worksheet:5071)
(Resolution 44:Worksheet:5073)
(Resolution 45:Worksheet:5075)
(Resolution 46:Worksheet:5077)
(Resolution 47:Worksheet:5079)
(Resolution 48:Worksheet:5081)
(Resolution 49:Worksheet:5083)
(Resolution 50:Worksheet:5085)
(Resolution 51:Worksheet:5087)
(Resolution 52:Worksheet:5089)
(Resolution 53:Worksheet:5091)
(Resolution 54:Worksheet:5093)
(Resolution 55:Worksheet:5095)
(Resolution 56:Worksheet:5097)
(Resolution 57:Worksheet:5099)
(Resolution 58:Worksheet:5101)
(Resolution 59:Worksheet:5103)
(Resolution 60:Worksheet:5104)
(Resolution 61:Worksheet:5106)

Resolution No. 37 New

Report: CGA Supplemental Report 1 Date Submitted: September 2014

Submitted By: Council on Government Affairs

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health

How does this resolution increase member value: See Background

**AMENDMENT OF POLICY ON ADVOCATE FOR ADEQUATE FUNDING UNDER MEDICAID BLOCK GRANTS**

**Background:** The Council on Government Affairs recommends that the policy "Advocate for Adequate Funding Under Medicaid Block Grants" (*Trans.*2011:498) be amended to make the policy clearer and applicable to any future block grant proposal and offers the following resolution:

**Resolution**

**37. Resolved,** that the ADA policy, Advocate for Adequate Funding Under Medicaid Block Grants be amended to read as follows (additions underscored; deletions are ~~stricken~~):

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

**Resolved,** that the ADA opposes ~~the proposed block grant in the event adequate funding and safeguards cannot be assured.~~ any such block grant proposal in the event adequate funding and safeguards cannot be assured to provide comprehensive oral health care to underserved children and adults.

**BOARD RECOMMENDATION: Vote Yes.**

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

Resolution No. 38 New

Report: CGA Supplemental Report 1 Date Submitted: September 2014

Submitted By: Council on Government Affairs

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health

How does this resolution increase member value: See Background

**AMENDMENT OF POLICY ON MEDICAID AND INDIGENT CARE FUNDING**

**Background:** The Council on Government Affairs recommends that the policy "Medicaid and Indigent Care Funding" be amended to reflect the current efforts to improve Medicaid included in the Action for Dental Health campaign.

**Resolution**

**38. Resolved,** that the ADA policy on Medicaid and Indigent Care Funding (*Trans.*2006:338) be amended to read as follows (additions underscored; deletions are ~~stricken~~):

**Resolved,** that the ADA make lobbying for adequate funds to provide oral health care to ~~the~~ Medicaid and other indigent care populations ~~the highest~~ a high priority and that the constituent and component societies be urged to do the same, and be it further

**Resolved,** that ~~these organizations~~ the ADA and its constituent and component societies carry out an intensive educational program ~~through whatever means available~~, subject to current budgetary limits, to enlighten the public and government agencies of the value of oral health care and the consequences of untreated oral health disease to the overall health of our citizens and to health care payment systems, and be it further

**Resolved,** that the appropriate ADA agency study how to improve health outcomes through greater accountability and responsibility of ~~recipients~~ dental patients to the care, educational and preventive opportunities provided to them.

**BOARD RECOMMENDATION: Vote Yes.**

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

Resolution No. 39 New

Report: CGA Supplemental Report 1 Date Submitted: September 2014

Submitted By: Council on Government Affairs

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health

How does this resolution increase member value: See Background

**AMENDMENT OF POLICY ON FEDERAL TAX CREDIT/VOUCHER FOR MEDICAID DENTIST PROVIDERS**

**Background:** The Council on Government Affairs recommends that the policy "Federal Tax Credit/Voucher for Medicaid Dentist Providers" be amended to reflect current costs. When promulgated over 10 years ago in 2003, $4,000 in services might have been reasonable for a tax credit. All expenses are considerably higher today, so the tax credit "wished for" should be higher. Lastly, "rate consistent with the most recent ADA Survey of Dental Fees for that region or state" seems to conflict with the $4,000 requested.

**Resolution**

**39. Resolved,** that the ADA policy on Federal Tax Credit/Voucher for Medicaid Dentist Providers (*Trans.*2003:383) be amended to read as follows (additions underscored; deletions are ~~stricken~~):

**Resolved,** that the American Dental Association seek to enact an annual federal tax credit/voucher to apply to the first ~~$4,000~~ $10,000 of Medicaid dental services provided by a licensed dentist, and be it further

**Resolved,** that these credits be based upon the most recent CDT codes and credited at a rate consistent with the most recent ADA Survey of Dental Fees for that region or state.

**BOARD RECOMMENDATION: Vote Yes.**

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

Resolution No. 40 New

Report: CGA Supplemental Report 1 Date Submitted: September 2014

Submitted By: Council on Government Affairs

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health

How does this resolution increase member value: See Background

**AMENDMENT OF POLICY ON SUPPORT OF CURRENT MEDICAID LAW AND REGULATIONS REGARDING DENTAL SERVICES**

**Background:** The Council recommends that the policy "Support of Current Medicaid Law and Regulations Regarding Dental Services" be amended to state what the ADA prefers versus what it does not prefer.

**Resolution**

**40. Resolved,** that the ADA policy on Support of Current Medicaid Law and Regulations Regarding Dental Services (*Trans.*2010:603) be amended to read as follows (additions underscored; deletions are ~~stricken~~):

**Resolved,** that the Association ~~oppose attempts to alter~~ seek to retain federal statutes or regulations regarding the definition of "dental services" under ~~the~~ Medicaid ~~program if such alterations would permit such services to be delivered in a manner other than by a dentist or under the supervision of a dentist,~~ so they continue to require dental care services be delivered by a dentist or under the appropriate supervision of a dentist, and be it further

**Resolved,** that Association constituent societies encourage their members to enroll in Medicaid. ~~programs and provide dental services helping to ensure that EPSDT guidelines are met.~~

**BOARD RECOMMENDATION: Vote Yes.**

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

Resolution No. 41 New

Report: CGA Supplemental Report 1 Date Submitted: September 2014

Submitted By: Council on Government Affairs

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health

How does this resolution increase member value: See Background

**AMENDMENT OF POLICY ON MALDISTRIBUTION OF THE DENTAL WORKFORCE**

**Background:** The Council recommends that the policy, "Maldistribution of the Dental Workforce" be amended by striking the requirement for a constituent survey as it is no longer relevant and amending subsections a, b, and c.

**Resolution**

**41. Resolved,** that the ADA policy on Maldistribution of the Dental Workforce (*Trans*.2001:442) be amended to read as follows (additions underscored; deletions are ~~stricken~~):

**Resolved,** that appropriate agencies of the ADA develop a framework to help those states with a maldistribution of the dental workforce, and be it further

**Resolved,** that the framework may include, but is not limited to:

- Model legislation to help attract dentists to underserved areas of states. The legislation may include, but is not limited to:

  a. Tax ~~deductions~~ incentives for dentists practicing in underserved areas.

  ~~b. Tax rebates for dentists practicing in underserved areas.~~

  c. ~~Payback of in-state tuition waived if the new dentist practices in underserved areas.~~ Payback of all or a portion of dental school tuition if the new dentist practices in an underserved area.

  d. Scholarships for dental students and post-doctoral residents and students who practice in underserved areas after graduation.

  e. Loan forgiveness for dental students and post-doctoral residents and students who practice in underserved areas after graduation.

- Establishing a list of opportunities that are available from rural communities who are willing to provide financial support to dentists moving to their area.

- ~~A survey of the constituents on how each state is approaching regional workforce maldistribution. The ideas will be consolidated and made available to all constituents.~~

**BOARD RECOMMENDATION: Vote Yes.**

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

Resolution No. 42 New

Report: CGA Supplemental Report 1 Date Submitted: September 2014

Submitted By: Council on Government Affairs

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health

How does this resolution increase member value: See Background

**AMENDMENT OF POLICY ON ADVOCATING FOR ERISA REFORM**

**Background:** The Council recommends that the policy, "Advocating for ERISA Reform" be amended to remove outdated language.

**Resolution**

**42. Resolved,** that the ADA policy, Advocating for ERISA Reform (*Trans.*2009:474) be amended to read as follows (additions underscored; deletions are ~~stricken~~):

**Resolved,** that the appropriate agencies of the ADA identify those features of ERISA that exempt some plans from state regulation to protect consumers, and be it further

**Resolved,** that the ADA aggressively seek legislation to change the Act to create these consumer safeguards under federal law or allow regulation of these plans by the states~~. and be it further~~

~~**Resolved,** that the Board provide a report to the 2010 House of Delegates on progress.~~

**BOARD RECOMMENDATION: Vote Yes.**

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

Resolution No. 43 New

Report: CGA Supplemental Report 1 Date Submitted: September 2014

Submitted By: Council on Government Affairs

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health

How does this resolution increase member value: See Background

**RESCISSION OF POLICY ON CLARIFICATION OF SUPPORT FOR FEDERAL LEGISLATION TO FACILITATE FORMATION OF ASSOCIATION HEALTH PLANS**

**Background:** The Council on Government Affairs reviewed the policy, "Clarification of Support for Federal Legislation to Facilitate Formation of Association Health Plans" and recommends rescission because this policy is no longer relevant due to changes in federal law. AHPs are no longer permitted under federal law after the enactment of the Patient Protection and Affordable Care Act (2010). The PPACA eliminated the ability of insurers to deny coverage based on a pre-existing health condition and ended high-risk pools established in the states to serve individuals deemed "uninsurable."

**Resolution**

**43. Resolved**, that the ADA policy, Clarification of Support for Federal Legislation to Facilitate Formation of Association Health Plans (*Trans*.2003:382) be rescinded.

**BOARD RECOMMENDATION: Vote Yes.**

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

**WORKSHEET ADDENDUM**
**COUNCIL ON GOVERNMENT AFFAIRS**
**ADA POLICY TO BE RESCINDED**

**Clarification of Support for Federal Legislation to Facilitate Formation of Association Health Plans (*Trans.*2003:382)**

**Resolved,** that the Association pursue federal legislation to facilitate the formation of association health plans if such plans benefit our members and include patient protections outlined in H.R.597 “The Patient Protection Act of 2003,” and be it further

**Resolved,** that the Association encourage constituent dental societies to support state legislation that establishes high-risk related insurance pools.

Resolution No. 44 New

Report: CGA Supplemental Report 1 Date Submitted: September 2014

Submitted By: Council on Government Affairs

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health

How does this resolution increase member value: See Background

**RESCISSION OF POLICY ON MEDICAID CO-PAYMENT**

**Background:** The Council on Government Affairs reviewed the policy, "Medicaid Co-Payment" and recommends rescission since Federal law permits state Medicaid programs to impose cost-sharing and premiums for most individuals over 100% FPL. In 2013, 40 states charged premiums for at least one beneficiary group in Medicaid and 45 states require copayments for certain beneficiaries. Examples of cost-sharing include copayments for doctor visits, inpatient/outpatient care, prescription drugs and use of the emergency room. Protections are in place to limit and/or exempt low-income pregnant women and children under age 19 from cost-sharing.

**Resolution**

**44. Resolved,** that the ADA policy, Medicaid Co-Payment (*Trans*.2003:379) be rescinded.

**BOARD RECOMMENDATION: Vote Yes.**

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

**WORKSHEET ADDENDUM**
**COUNCIL ON GOVERNMENT AFFAIRS**
**ADA POLICY TO BE RESCINDED**

**Medicaid Co-Payment (*Trans*.2003:379)**

**Resolved,** that the American Dental Association investigate changes to both federal statutes and regulations that will allow dentists enrolled in Medicaid to establish a co-payment for Medicaid eligible patients, or the parents or legal guardians of EPSDT eligible children and be it further,

**Resolved,** that the co-payment amount would be in addition to the normal reimbursement amount paid to the provider by Medicaid and would serve as the patient's investment in his/her own personal oral health care and well-being and be it further,

**Resolved,** that the appropriate ADA agency report to the 2004 House of Delegates.

Resolution No. 45 New

Report: CGA Supplemental Report 1 Date Submitted: September 2014

Submitted By: Council on Government Affairs

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health

How does this resolution increase member value: See Background

**RESCISSION OF POLICY ON DENTISTS RIGHT TO OPT OUT OF THE MEDICARE PROGRAM**

**Background:** The Council reviewed the policy, "Dentists Right to Opt Out of the Medicare Program" and recommends rescission because current law, pursuant to ADA actions with the Centers for Medicare and Medicaid Services, allows dentists to opt out of Medicare.

**Resolution**

**45. Resolved,** that the ADA policy, Dentists Right to Opt Out of the Medicare Program (*Trans*.2001:437) be rescinded.

**BOARD RECOMMENDATION: Vote Yes.**

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

**WORKSHEET ADDENDUM**
**COUNCIL ON GOVERNMENT AFFAIRS**
**ADA POLICY TO BE RESCINDED**

**Dentists Right to Opt Out of the Medicare Program (*Trans*.2001:437)**

**Resolved**, that the American Dental Association seek federal legislation that provides dentists with the right to opt out of the Medicare program and engage in private contracts with Medicare beneficiaries for payment of dental services.

Resolution No. 46 New

Report: CGA Supplemental Report 1 Date Submitted: September 2014

Submitted By: Council on Government Affairs

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health

How does this resolution increase member value: See Background

**RESCISSION OF POLICY ON GUARANTEED DENTAL CARE FOR MEDICAID PARTICIPANTS UNDER HEALTH SYSTEM REFORM**

**Background:** The Council reviewed the policy, "Guaranteed Dental Care for Medicaid Participants under Health System Reform" and recommends rescission as this policy is both outdated and support for adult dental services in Medicaid is part of more current policy. The Patient Protection and Affordable Care Act did not include coverage for dental benefits for adults eligible for Medicaid. Existing ADA policy, Support for Adult Medicaid Dental Services (*Trans.*2004:327), states support for adult dental services in Medicaid. Children are guaranteed dental services under existing Medicaid law and the provisions of the Early, Periodic, Diagnosis and Treatment Program (EPSDT).

**Resolution**

**46. Resolved,** that the ADA policy, Guaranteed Dental Care for Medicaid Participants under Health System Reform (*Trans.*1995:648) be rescinded.

**BOARD RECOMMENDATION: Vote Yes.**

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

**WORKSHEET ADDENDUM**
**COUNCIL ON GOVERNMENT AFFAIRS**
**ADA POLICY TO BE RESCINDED**

**Guaranteed Dental Care for Medicaid Participants under Health System Reform (*Trans*.1995:648)**

**Resolved,** that the Association urges that any health system reform plan that is passed by Congress guarantees dental care for those categories of people eligible under Medicaid at that time.

Resolution No. 47 New

Report: CGA Supplemental Report 1 Date Submitted: September 2014

Submitted By: Council on Government Affairs

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health

How does this resolution increase member value: See Background

## RESCISSION OF POLICY ON IMPROVEMENTS IN MEDICAID PROGRAM

**Background:** The Council reviewed the policy, "Improvements in Medicaid Program" and recommends rescission because Improving Medicaid is contained in other more current ADA policy, Medicaid and Indigent Care Funding (*Trans*.2006:338).

### Resolution

**47. Resolved,** that the ADA policy, Improvements in Medicaid Program (*Trans*.1995:648) be rescinded.

**BOARD RECOMMENDATION: Vote Yes.**

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

**WORKSHEET ADDENDUM**
**COUNCIL ON GOVERNMENT AFFAIRS**
**ADA POLICY TO BE RESCINDED**

**Improvements in Medicaid Program (Trans.1995:648)**

**Resolved,** that constituent societies, in cooperation with the ADA, be urged as a priority item, to seek uniform benefits, adequacy of payments and voluntary practitioner participation and then seek expansion of Medicaid benefits for all segments of the indigent population.

Resolution No. 48 New

Report: CGA Supplemental Report 1 Date Submitted: September 2014

Submitted By: Council on Government Affairs

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health

How does this resolution increase member value: See Background

**RESCISSION OF POLICY ON MEDICAID BLOCK GRANTS**

**Background:** The Council reviewed the policy, "Medicaid Block Grants" and recommends rescission because the policy is duplicative of Advocate for Adequate Funding Under Medicaid Block Grants (*Trans*.2011:498), which suggest designating a portion of funds if Medicaid program funding changes to a block grant format.

**Resolution**

**48. Resolved,** that the ADA policy, Medicaid Block Grants (*Trans*.1995:651) be rescinded.

**BOARD RECOMMENDATION: Vote Yes.**

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

**WORKSHEET ADDENDUM**
**COUNCIL ON GOVERNMENT AFFAIRS**
**ADA POLICY TO BE RESCINDED**

**Medicaid Block Grants (*Trans*.1995:651)**

**Resolved,** that the ADA take the position that, if the block grant concept for funding Medicaid becomes law, a designated portion of the block grant be allocated for dental care, and be it further

**Resolved,** that the ADA encourage constituent societies to initiate legislation to mandate a portion of the block grant for dental care.

Resolution No. 49 New

Report: CGA Supplemental Report 1 Date Submitted: September 2014

Submitted By: Council on Government Affairs

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health

How does this resolution increase member value: See Background

**RESCISSION OF POLICY ON SAFEGUARDS FOR MEDICARE'S HEALTH MAINTENANCE ORGANIZATIONS**

**Background:** The Council reviewed the policy, "Safeguards for Medicare's Health Maintenance Organizations" and recommends rescission because this policy is both outdated and its intent is unclear. Medicare has programs and requirements in place applicable to insurance plans providing services to beneficiaries that address patient protection issues. HCFA no longer exists. The agency is now the Centers for Medicare and Medicaid Services (CMS).

**Resolution**

**49. Resolved,** that the ADA policy, Safeguards for Medicare's Health Maintenance Organizations (*Trans.*1991:638) be rescinded.

**BOARD RECOMMENDATION: Vote Yes.**

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

**WORKSHEET ADDENDUM**
**COUNCIL ON GOVERNMENT AFFAIRS**
**ADA POLICY TO BE RESCINDED**

**Safeguards for Medicare's Health Maintenance Organizations (*Trans*.1991:638)**

**Resolved,** that the American Dental Association urge the Health Care Financing Administration (HCFA) to assure adequate administrative safeguards, including appropriate funding under the Medicare HMO authority, to protect the health of patients.

Resolution No. 50 New

Report: CGA Supplemental Report 1 Date Submitted: September 2014

Submitted By: Council on Government Affairs

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health

How does this resolution increase member value: See Background

**RESCISSION OF POLICY ON PAYMENT OF MEDICAID BENEFITS TO DENTAL SCHOOLS**

**Background:** The Council reviewed the policy, "Payment of Medicaid Benefits to Dental Schools" and recommends rescission because dental schools can already participate in Medicaid to provide dental services to eligible populations and receive reimbursement.

**Resolution**

**50. Resolved,** that the ADA policy, Payment of Medicaid Benefits to Dental Schools (*Trans*.1977:902) be rescinded.

**BOARD RECOMMENDATION: Vote Yes.**

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

**WORKSHEET ADDENDUM**
**COUNCIL ON GOVERNMENT AFFAIRS**
**ADA POLICY TO BE RESCINDED**

**Payment of Medicaid Benefits to Dental Schools (*Trans*.1977:902)**

**Resolved,** that the American Dental Association supports the belief that the Medicaid-eligible population should enjoy the same access to dental care as the general population, and be it further

**Resolved,** that inasmuch as treatment performed by dental students under direct supervision of a dentist is one of the traditional ways in which the public receives dental care, the American Dental Association supports payment of Medicaid benefits to dental schools.

Resolution No. 51 New

Report: CGA Supplemental Report 1 Date Submitted: September 2014

Submitted By: Council on Government Affairs

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health

How does this resolution increase member value: See Background

**RESCISSION OF POLICY ON DEDUCTION OF STUDENT LOAN INTEREST**

**Background:** The Council reviewed the policies, "Deduction of Student Loan Interest," "Federal Educational Loans," "Federal Assistance for Dental Students," "Federal Lobbying Efforts That Support Dental Education," "Increased Support for Postgraduate Training Programs," "Increased Federal Funding for General Practice Residencies and Advanced Education in General Dentistry Programs," "Advocacy for Dental Education Funding," and "State Funding for Dental Education," and recommends rescission and replacing with the policies as provided in the following section of this report "Advocacy for Graduate Student Loan Programs," "Advocacy for Dental Education Infrastructure," and "Advocacy for Student Loan Forgiveness and Other Educational Debt Reduction Programs."

**Resolution**

**51. Resolved,** that the ADA policy, Deduction of Student Loan Interest (*Trans*.2009:480) be rescinded.

**BOARD RECOMMENDATION: Vote Yes.**

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

**WORKSHEET ADDENDUM**
**COUNCIL ON GOVERNMENT AFFAIRS**
**ADA POLICY TO BE RESCINDED**

**Deduction of Student Loan Interest (*Trans*.2009:480)**

**Resolved,** that the ADA will encourage and seek legislation that will increase the amount of interest from student loans that is deductible from income taxes and eliminate the income cap completely, and be it further

**Resolved,** that the ADA Council on Government Affairs draft and lobby for legislation that aims to reduce student loan interest rates that are more consistent with current market driven rates, while maintaining the established interest rate ceiling, and allow for the consolidation of existing and future loans.

Resolution No. 52 New

Report: CGA Supplemental Report 1 Date Submitted: September 2014

Submitted By: Council on Government Affairs

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health

How does this resolution increase member value: See Background

**RESCISSION OF POLICY ON FEDERAL EDUCATIONAL LOANS**

**Background:** The Council reviewed the policies, "Deduction of Student Loan Interest," "Federal Educational Loans," "Federal Assistance for Dental Students," "Federal Lobbying Efforts That Support Dental Education," "Increased Support for Postgraduate Training Programs," "Increased Federal Funding for General Practice Residencies and Advanced Education in General Dentistry Programs," "Advocacy for Dental Education Funding," and "State Funding for Dental Education," and recommends rescission and replacing with the policies as provided in the following section of this report "Advocacy for Graduate Student Loan Programs," "Advocacy for Dental Education Infrastructure," and "Advocacy for Student Loan Forgiveness and Other Educational Debt Reduction Programs."

**Resolution**

**52. Resolved,** that the ADA policy, Federal Educational Loans (*Trans*.2002:409) be rescinded.

**BOARD RECOMMENDATION: Vote Yes.**

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

**WORKSHEET ADDENDUM**
**COUNCIL ON GOVERNMENT AFFAIRS**
**ADA POLICY TO BE RESCINDED**

**Federal Educational Loans (*Trans*.2002:409)**

**Resolved,** that the American Dental Association lobby to allow federal educational loans to be refinanced more than once to take advantage of the current interest rate and economy, and be it further

**Resolved,** that the American Dental Association inform students and new dentists of the limits on refinancing student loans through student programs (Smart Start), etc.

Resolution No. 53 New

Report: CGA Supplemental Report 1 Date Submitted: September 2014

Submitted By: Council on Government Affairs

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health

How does this resolution increase member value: See Background

**RESCISSION OF POLICY ON FEDERAL ASSISTANCE FOR DENTAL STUDENTS**

**Background:** The Council reviewed the policies, "Deduction of Student Loan Interest," "Federal Educational Loans," "Federal Assistance for Dental Students," "Federal Lobbying Efforts That Support Dental Education," "Increased Support for Postgraduate Training Programs," "Increased Federal Funding for General Practice Residencies and Advanced Education in General Dentistry Programs," "Advocacy for Dental Education Funding," and "State Funding for Dental Education," and recommends rescission and replacing with the policies as provided in the following section of this report "Advocacy for Graduate Student Loan Programs," "Advocacy for Dental Education Infrastructure," and "Advocacy for Student Loan Forgiveness and Other Educational Debt Reduction Programs."

**Resolution**

**53. Resolved,** that the ADA policy, Federal Assistance for Dental Students (*Trans*.1982:539) be rescinded.

**BOARD RECOMMENDATION: Vote Yes.**

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

**WORKSHEET ADDENDUM**
**COUNCIL ON GOVERNMENT AFFAIRS**
**ADA POLICY TO BE RESCINDED**

**Federal Assistance for Dental Students (*Trans*.1982:539)**

**Resolved,** that the American Dental Association supports the principle of federal programs of assistance for dental students provided that no requirements or conditions are imposed upon dental schools with respect to enrollment, curriculum, personnel, administration or the admission of applicants and provided that students, who participate in federal assistance programs, not be penalized by conditions which might adversely affect their education or future careers.

Resolution No. 54 New

Report: CGA Supplemental Report 1 Date Submitted: September 2014

Submitted By: Council on Government Affairs

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health

How does this resolution increase member value: See Background

**RESCISSION OF POLICY ON FEDERAL LOBBYING EFFORTS THAT SUPPORT DENTAL EDUCATION**

**Background:** The Council reviewed the policies, "Deduction of Student Loan Interest," "Federal Educational Loans," "Federal Assistance for Dental Students," "Federal Lobbying Efforts That Support Dental Education," "Increased Support for Postgraduate Training Programs," "Increased Federal Funding for General Practice Residencies and Advanced Education in General Dentistry Programs," "Advocacy for Dental Education Funding," and "State Funding for Dental Education," and recommends rescission and replacing with the policies as provided in the following section of this report "Advocacy for Graduate Student Loan Programs," "Advocacy for Dental Education Infrastructure," and "Advocacy for Student Loan Forgiveness and Other Educational Debt Reduction Programs."

**Resolution**

**54. Resolved,** that the ADA policy, Federal Lobbying Efforts That Support Dental Education (*Trans.*2001:470) be rescinded.

**BOARD RECOMMENDATION: Vote Yes.**

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

**WORKSHEET ADDENDUM**
**COUNCIL ON GOVERNMENT AFFAIRS**
**ADA POLICY TO BE RESCINDED**

**Federal Lobbying Efforts That Support Dental Education (*Trans*.2001:470)**

**Resolved,** that the appropriate agencies of the Association be urged to continue federal lobbying efforts that support dental education, and be it further

**Resolved,** that these lobbying efforts address: 1) expanding the tax deductibility of the interest on educational debt, student scholarships and loan repayments and providing for deductions for dental faculty; 2) expanded Graduate Medical Education support for dentistry; and 3) increased support for the provision of dental services to underserved populations, and be it further

**Resolved,** that the Association continue to work collaboratively with the American Dental Education Association in these legislative efforts, and be it further

**Resolved,** that the Association search out other like-minded organizations, foundations, or entities that may wish to join in this legislative effort.

Resolution No. 55 New

Report: CGA Supplemental Report 1 Date Submitted: September 2014

Submitted By: Council on Government Affairs

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health

How does this resolution increase member value: See Background

**RESCISSION OF POLICY ON INCREASED SUPPORT FOR POSTGRADUATE TRAINING PROGRAMS**

**Background:** The Council reviewed the policies, "Deduction of Student Loan Interest," "Federal Educational Loans," "Federal Assistance for Dental Students," "Federal Lobbying Efforts That Support Dental Education," "Increased Support for Postgraduate Training Programs," "Increased Federal Funding for General Practice Residencies and Advanced Education in General Dentistry Programs," "Advocacy for Dental Education Funding," and "State Funding for Dental Education," and recommends rescission and replacing with the policies as provided in the following section of this report "Advocacy for Graduate Student Loan Programs," "Advocacy for Dental Education Infrastructure," and "Advocacy for Student Loan Forgiveness and Other Educational Debt Reduction Programs."

**Resolution**

**55. Resolved,** that the ADA policy, Increased Support for Postgraduate Training Programs (*Trans.*2005:337) be rescinded.

**BOARD RECOMMENDATION: Vote Yes.**

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

**WORKSHEET ADDENDUM**
**COUNCIL ON GOVERNMENT AFFAIRS**
**ADA POLICY TO BE RESCINDED**

**Increased Support for Postgraduate Training Programs (*Trans*.2005:337)**

**Resolved,** that the ADA encourage and support the expansion of postgraduate training for dental school graduates, and be it further

**Resolved,** that the ADA seek to increase federal support for CODA accredited postdoctoral dental training programs.

Resolution No. 56 New

Report: CGA Supplemental Report 1 Date Submitted: September 2014

Submitted By: Council on Government Affairs

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health

How does this resolution increase member value: See Background

**RESCISSION OF POLICY ON INCREASED FEDERAL FUNDING FOR GENERAL PRACTICE RESIDENCIES AND ADVANCED EDUCATION IN GENERAL DENTISTRY PROGRAMS**

**Background:** The Council reviewed the policies, "Deduction of Student Loan Interest," "Federal Educational Loans," "Federal Assistance for Dental Students," "Federal Lobbying Efforts That Support Dental Education," "Increased Support for Postgraduate Training Programs," "Increased Federal Funding for General Practice Residencies and Advanced Education in General Dentistry Programs," "Advocacy for Dental Education Funding," and "State Funding for Dental Education," and recommends rescission and replacing with the policies as provided in the following section of this report "Advocacy for Graduate Student Loan Programs," "Advocacy for Dental Education Infrastructure," and "Advocacy for Student Loan Forgiveness and Other Educational Debt Reduction Programs."

**Resolution**

**56. Resolved,** that the ADA policy, Increased Federal Funding for General Practice Residencies and Advanced Education in General Dentistry Programs (*Trans.*2008:499) be rescinded.

**BOARD RECOMMENDATION: Vote Yes.**

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

**WORKSHEET ADDENDUM**
**COUNCIL ON GOVERNMENT AFFAIRS**
**ADA POLICY TO BE RESCINDED**

**Increased Federal Funding for General Practice Residencies and Advanced Education in General Dentistry Programs (*Trans*.2008:499)**

**Resolved,** that the American Dental Association advocate for increased federal funding for primary care postdoctoral training programs (i.e., general practice residencies [GPR], pediatric dentistry programs, and advanced education in general dentistry [AEGD] programs) to ameliorate national access to dental care issues and enhance opportunities for extended clinical training and experience.

Resolution No. 57 New

Report: CGA Supplemental Report 1 Date Submitted: September 2014

Submitted By: Council on Government Affairs

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health

How does this resolution increase member value: See Background

**RESCISSION OF POLICY ON ADVOCACY FOR DENTAL EDUCATION FUNDING**

**Background:** The Council reviewed the policies, "Deduction of Student Loan Interest," "Federal Educational Loans," "Federal Assistance for Dental Students," "Federal Lobbying Efforts That Support Dental Education," "Increased Support for Postgraduate Training Programs," "Increased Federal Funding for General Practice Residencies and Advanced Education in General Dentistry Programs," "Advocacy for Dental Education Funding," and "State Funding for Dental Education," and recommends rescission and replacing with the policies as provided in the following section of this report "Advocacy for Graduate Student Loan Programs," "Advocacy for Dental Education Infrastructure," and "Advocacy for Student Loan Forgiveness and Other Educational Debt Reduction Programs."

**Resolution**

**57. Resolved,** that the ADA policy, Advocacy for Dental Education Funding (*Trans.*2002:400) be rescinded.

**BOARD RECOMMENDATION: Vote Yes.**

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

**WORKSHEET ADDENDUM**
**COUNCIL ON GOVERNMENT AFFAIRS**
**ADA POLICY TO BE RESCINDED**

**Advocacy for Dental Education Funding (*Trans*.2002:400)**

**Resolved,** that the appropriate ADA agencies and constituent dental societies work in cooperation with the local dental education community, to increase advocacy efforts at the local levels in support of increased funding for dental education.

Resolution No. 58 New

Report: CGA Supplemental Report 1 Date Submitted: September 2014

Submitted By: Council on Government Affairs

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health

How does this resolution increase member value: See Background

**RESCISSION OF POLICY ON STATE FUNDING FOR DENTAL EDUCATION**

**Background:** The Council reviewed the policies, "Deduction of Student Loan Interest," "Federal Educational Loans," "Federal Assistance for Dental Students," "Federal Lobbying Efforts That Support Dental Education," "Increased Support for Postgraduate Training Programs," "Increased Federal Funding for General Practice Residencies and Advanced Education in General Dentistry Programs," "Advocacy for Dental Education Funding," and "State Funding for Dental Education," and recommends rescission and replacing with the policies as provided in the following section of this report "Advocacy for Graduate Student Loan Programs," "Advocacy for Dental Education Infrastructure," and "Advocacy for Student Loan Forgiveness and Other Educational Debt Reduction Programs."

**Resolution**

**58. Resolved,** that the ADA policy, State Funding for Dental Education (*Trans*.2001:471) be rescinded.

**BOARD RECOMMENDATION: Vote Yes.**

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

**WORKSHEET ADDENDUM**
**COUNCIL ON GOVERNMENT AFFAIRS**
**ADA POLICY TO BE RESCINDED**

**State Funding for Dental Education (*Trans*.2001:471)**

**Resolved,** that constituent dental societies be urged to give the highest priority to lobbying efforts that support expansion of state subsidies for dental education, and be it further

Resolved, that these efforts include expansion of state appropriations for loan forgiveness and scholarship programs, and increased support for provision of dental services to underserved populations, and be it further

**Resolved,** that the constituent dental societies, in cooperation with the local dental education community, build coalitions/alliances at the state level to support dentistry's legislative initiatives to expand funding for dental education.

Resolution No. 59 New

Report: CGA Supplemental Report 1 Date Submitted: September 2014

Submitted By: Council on Government Affairs

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health

How does this resolution increase member value: See Background

## ADVOCACY FOR DENTAL EDUCATION INFRASTRUCTURE

**Background:** The Council recommends that the following policy, "Advocacy for Dental Education Infrastructure" be approved. The American Dental Association is committed to helping dental schools secure and maintain the personnel, facilities, equipment, and other resources necessary to educate tomorrow's dental workforce, conduct dental research, care for the underserved, and carry out other aspects of a dental school's mission. The Council on Government Affairs, the Council on Dental Education and Licensure, the New Dentist Committee, and the American Dental Student Association all consider it vital to have an express policy addressing the infrastructure needs of dental schools.

### Resolution

**59. Resolved,** that the ADA policy, Advocacy for Dental Education Infrastructure, be adopted.

**Resolved,** that the ADA supports expanding and enhancing postgraduate general, pediatric, and public health dental residency programs for dentists to obtain extended clinical training and experience in facilities that provide a disproportionate level of care to the underserved, and be it further

**Resolved,** that the ADA supports expanding and enhancing incentives for dental school graduates to enter and remain in academic teaching and research positions, and be it further

**Resolved,** that state and local dental societies be urged to seek increased state appropriations for dental education.

**BOARD RECOMMENDATION: Vote Yes.**

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

Resolution No. 60 New

Report: CGA Supplemental Report 1 Date Submitted: September 2014

Submitted By: Council on Government Affairs

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health

How does this resolution increase member value: See Background

## ADVOCACY FOR GRADUATE STUDENT LOAN PROGRAMS

**Background:** The Council recommends that the ADA create the policy, "Advocacy for Graduate Student Loan Programs." The Council on Government Affairs is extremely concerned about the alarming levels of educational debt that dental students face upon graduation.

In 2013, the average educational debt per graduating dental school senior was $215,145. Factoring out the 10.8 percent of dental school seniors who graduated with no debt, the average debt per graduating dental school senior was $241,097 ($209,150 for graduates from public dental schools and $283,978 for graduates from private and private state-related dental schools).

Moreover, over 73 percent of the 2013 graduating class used Direct Unsubsidized Stafford Loans to finance their dental education. The interest rate on Direct Loans taken out between July 1, 2006 and June 30, 2013, is fixed by law at 6.8 percent. The interest rate on Direct Loans taken out after July 1, 2013, could reach as high as 9.5 percent, depending on the prevailing interest on 10-year Treasury notes plus 3.6 percent.

The Council on Government Affairs, the Council on Dental Education and Licensure, the New Dentist Committee, and the American Dental Student Association all consider it vital to have a policy addressing the federal dental student loan programs on which the vast majority of dental students rely. Moreover, the councils consider it should be separate and distinct from those addressing other areas of public need, such as incentives to pursue certain career paths (e.g., practice in underserved areas, etc.).

### Resolution

**60. Resolved,** that the ADA policy, Advocacy for Graduate Student Loan Programs, be adopted.

**Resolved,** that the American Dental Association supports federal graduate student loan programs, with an emphasis on:

1. Minimizing the interest rate(s) and the total amount of interest that can accrue on federal graduate student loans;
2. Enabling federal graduate student loans to be refinanced more than once to take advantage of the current interest rate and economy;
3. Extending the period of deferment for repaying federal graduate student loans to the maximum extent practicable;

4. Expanding and enhancing the federal income tax deduction for student loan interest; and
5. Encouraging collaborative approaches to handling borrowers who fail (or are at risk of failing) to fully repay their federal graduate student loan(s) in the required time period.

**BOARD COMMENT:** The Board fully supports the resolution with two additional provisions that will provide further guidance to the ADA Washington Office staff as they lobby Congress on this important issue.

**60B. Resolved,** that the ADA policy, Advocacy for Graduate Student Loan Programs, be adopted.

**Resolved,** that the American Dental Association supports federal graduate student loan programs, with an emphasis on:

1. Minimizing the interest rate(s) and the total amount of interest that can accrue on federal graduate student loans;
2. Allowing interest to accrue but not compound;
3. Enabling federal graduate student loans to be refinanced more than once to take advantage of the current interest rate and economy;
4. Extending the period of deferment for repaying federal graduate student loans to the maximum extent practicable;
5. Expanding and enhancing the federal income tax deduction for student loan interest;
6. Providing a mechanism by which repayment can be earnings contingent; and
7. Encouraging collaborative approaches to handling borrowers who fail (or are at risk of failing) to fully repay their federal graduate student loan(s) in the required time period.

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

**Vote: Resolution 60B**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| BUCKENHEIMER | Yes | FEINBERG | Yes | KIESLING | Yes | STEVENS | Yes |
| COLE | Yes | GOUNARDES | Yes | KWASNY | Yes | SUMMERHAYS | Yes |
| CROWLEY | Yes | HAGENBRUCH | Yes | ROBERTS | Yes | YONEMOTO | Yes |
| DOW | Absent | ISRAELSON | Yes | SCOTT | Yes | ZENK | Yes |
| FAIR | Yes | JEFFERS | Yes | SHENKIN | Yes | ZUST | Yes |

Resolution No. 61 New

Report: CGA Supplemental Report 1 Date Submitted: September 2014

Submitted By: Council on Government Affairs

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health

How does this resolution increase member value: See Background

**ADVOCACY FOR STUDENT LOAN FORGIVENESS AND OTHER EDUCATIONAL DEBT REDUCTION PROGRAMS**

**Background:** The Council recommends that the ADA adopt the policy, "Advocacy for Student Loan Forgiveness and Other Educational Debt Reduction Programs."

One of the most widely recognized and most complex problems facing dentistry involves the distribution of dentists throughout the country, particularly in chronically underserved areas, such as inner cities, remote rural areas, and American Indian/Alaska Native communities. Another gap in the nation's dental care infrastructure is the lack of dental professionals pursuing academic teaching and research positions and choosing careers in dental public health.

The Council on Government Affairs, the Council on Dental Education and Licensure, the New Dentist Committee, and the American Dental Student Association all consider it vital to have a distinct policy governing incentives for dental school graduates to help fill these and other gaps in the nation's dental care infrastructure. Moreover, the councils consider it important to keep this policy separate and distinct from others since it overlaps with multiple advocacy issues.

**Resolution**

**61. Resolved,** that the ADA policy, Advocacy for Student Loan Forgiveness and Other Educational Debt Reduction Programs, be adopted.

**Resolved,** that the American Dental Association supports leveraging educational grants, scholarships, loan forgiveness, tax benefits, training opportunities, and other incentives to encourage dental professionals to practice in underserved areas, enter and remain in academic teaching and research positions, and fill other gaps in the nation's dental care infrastructure.

**BOARD RECOMMENDATION: Vote Yes.**

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

Resolution No. 65 New

Report: N/A Date Submitted: August 2014

Submitted By: Fourteenth Trustee District

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Goal: Membership-Obj. 1: Leaders and Advocates in Oral Health

How does this resolution increase member value: See Background

**ETHICS AND STANDARDS FOR INTERNET ADVERTISING IN THE DENTAL PROFESSION**

The following resolution was adopted by the Fourteenth Trustee District and transmitted on August 24, 2014, by Dr. A.J. Smith, chair, Resolutions Committee.

**Background:** The principles of our ethics remain constant, but they are continuously challenged in the Information Age. Internet marketing, social media and consultants to manage a practice's online image present us with situations that simply were not imagined when the *Principles of Ethics and Code of Professional Conduct* was developed. These challenges include the use of "keywords" and search engine optimization to gain competitive advantage. Manipulating patient reviews and hyping practice capabilities may intentionally or unintentionally mislead patients which is a clear ethical problem. A careful and targeted review of our ethical standards in light of the prevalence of internet marketing and the advent of online reputation management is not only timely, but necessary to preserve the public's trust in the dental professionalism.

**Resolution**

**65. Resolved,** that the appropriate ADA agency review section 5.f of *Principles of Ethics and Code of Professional Conduct* as it applies to the use of the internet in marketing, and be it further

**Resolved,** that the appropriate ADA agency explore the unethical use of "keywords," claims of unrecognized specialties, the misuse of patient reviews and promotional practices for search engine optimization, by dentists or those with whom they contract, and be it further

**Resolved,** that a report on activities and findings be presented to the 2015 House of Delegates.

**BOARD RECOMMENDATION: Vote Yes.**

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

Resolution No. 66 New

Report: N/A Date Submitted: August 2014

Submitted By: Fourteenth Trustee District

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health

How does this resolution increase member value: See Background

**ENFORCING REGULATIONS CONCERNING ONLINE MARKETPLACES AND THE SALE OF DENTAL SUPPLIES/MATERIALS**

The following resolution was adopted by the Fourteenth Trustee District and transmitted on August 24, 2014, by Dr. A.J. Smith, chair, Resolutions Committee.

**Background:** Dentistry is a profession that utilizes a unique assortment of materials and supplies. Many of these materials have some degree of hazard, which could have untoward consequences if improperly handled or used in the wrong situation. Dentists are specifically educated in the use, handling, management, and infection control of these materials. As such, the FDA and other regulatory agencies have restricted the sale and distribution of many of the materials used in the practice of Dentistry to dentists, or under the order of a dentist.

Since the creation of the Internet, online marketplaces, such as eBay and Craigslist have proliferated. While these marketplaces have many beneficial qualities, regulated dental materials are frequently sold on these sites, without confirmation that the buyer is a dentist.

Furthermore, over the past few years, multiple cases have been reported in the United States of unlicensed individuals providing dental care. One way to help curb these incidences is to enforce the restriction of the sale of regulated dental materials to dentists. Eliminating the illicit market to procure the regulated materials used in dental treatment, will preclude unlicensed individuals from attempting to treat people and protect them from harm.

**Resolution**

**66. Resolved,** that the ADA petition the appropriate federal agencies to enforce the rules and regulations governing the sale of regulated dental supplies and materials, and be it further

**Resolved,** that a report on these activities be made to the 2015 House of Delegates

**BOARD COMMENT:** The Board is sympathetic with the intent of this resolution but believes it is not necessary as the ADA's current policy, *Sale of Dental Equipment to Illegal Practitioners* (*Trans.*2013:4071) already states that the ADA should develop an advocacy strategy on the restriction of the sale of dental equipment for illegal dental purposes and the Food and Drug Administration (FDA) has already issued guidance to implement federal laws limiting the sale of dental equipment to licensed practitioners. As reported in the Council on Government Affairs' Supplemental Report to the 2014 House of Delegates, the Council looked into what potential equipment suppliers may be doing to restrict purchase to legally authorized individuals. According to the FDA, most dental devices are restricted to

prescription use and any manufacturer that wants to have an Rx device sold as an over-the-counter (OTC) item would have to submit to FDA a new application as this is considered a change indication. FDA labeling guidance of prescription devices requires either the statement “Caution: Federal law restricts this device to sale by or on the order of a (licensed healthcare practitioner)” or the symbol statement “Rx only.” This guidance implements federal laws that limits the possession of prescription devices to practitioners licensed to use or order the devices and would therefore act to limit sales to legitimate purchasers. Reputable companies, such as eBay and Henry Schein, Inc., currently have policies warning against unauthorized purchasing. Sellers listing medical devices that require government authorization to distribute to third parties must include the following text: “The sale of this item may be subject to regulation by the U.S. Food and Drug Administration and state and local regulatory agencies. If so, do not bid on this item unless you are an authorized purchaser. If the item is subject to FDA regulation, I will verify your status as an authorized purchaser of this item before shipping of this item.”

**BOARD RECOMMENDATION: Vote No.**

**Vote: Resolution 66**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| BUCKENHEIMER | No | FEINBERG | No | KIESLING | No | STEVENS | No |
| COLE | No | GOUNARDES | No | KWASNY | No | SUMMERHAYS | No |
| CROWLEY | No | HAGENBRUCH | No | ROBERTS | No | YONEMOTO | No |
| DOW | Absent | ISRAELSON | No | SCOTT | No | ZENK | No |
| FAIR | No | JEFFERS | No | SHENKIN | No | ZUST | No |

Resolution No. 70-90 New

Report: CAPIR Supplemental Report 1 Date Submitted: September 2014

Submitted By: Council on Access, Prevention, and Interprofessional Relations

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going 0 FTE 0

ADA Strategic Plan Objective: Organizational Capacity-Obj. 6: Role and responsibility of each element of the tripartite clearly defined and agreed upon

How does this resolution increase member value: Not Applicable

**COUNCIL ON ACCESS, PREVENTION AND INTERPROFESSIONAL RELATIONS SUPPLEMENTAL REPORT 1 TO THE HOUSE OF DELEGATES: ADA POLICY REVIEW**

**Background:** The Council considered a portion of the Association's Access, Prevention, and Interprofessional Relations related polices for review, as directed by Resolution 111H-2010 and 170H-2012, Review of Association Policies (*Trans.*2010:603;*Trans.*2012:370*).* A total of 35 ADA policies were reviewed by the Council with assistance from its relevant subcommittees.

**Policies to be Maintained**

The Council concluded that the following ADA policies should be maintained as written:

The Alaska Native Oral Health Access Task Force - Strategies to Assure Access to Quality Health Care for Native Alaskans (*Trans.*2004:291; *Trans.*2010:521)

Prevention and Control of Dental Disease Through Improved Access to Comprehensive Care (*Trans.*1979:357, 596)

Summary of Recommendations, Report 5 of the Board of Trustees to the House of Delegates, on Prevention and Control of Dental Disease Through Improved Access to Comprehensive Care (*Trans.*1979:357, 596)

Access to Dental Services for the Underserved (*Trans.*2000:500)

**Policies to be Amended**

The Council recommends that the policy, "Manufacturer Sponsorship of Dental Programs and Promotional Activities" be amended to make this policy current and offers the following resolution:

**70. Resolved,** that the ADA policy on Manufacturer Sponsorship of Dental Programs and Promotional Activities (*Trans.*1989:571) be amended to read as follows (additions underscored; deletions are ~~stricken~~):

~~**Resolved,** that the ADA Board of Trustees, through appropriate agencies, communicate current policies on dental health care to the dental industry, and be it further~~

**Resolved**, that ~~both~~ the ADA and the dental industry coordinate programs promoting dental health in the best interests of the American public.

The Council recommends that the policy, "Health Planning Guidelines" be amended to make this policy current and offers the following resolution:

**71. Resolved,** that the ADA policy on Health Planning Guidelines (*Trans.*1983:545) be amended to read as follows (additions underscored; deletions are ~~stricken~~):

**Resolved**, that the following health planning guidelines be adopted:

1. The Association supports a voluntary system of cooperative health planning at the state and local level.
2. Health planning should be directed at locally determined efforts to improve access to health care and avoid ~~restrain unnecessary~~ duplication of effort to maximize limited ~~institutional health care~~ resources.
3. ~~Dental offices not receiving public subsidies should be exempt from certificate of need type of review.~~
4. ~~Health planning should function primarily as an informational and educational resource of the community without federally mandated regulatory authority.~~
5. Dentists should have equal input along with other health care providers.
6. Public and private sector financing for health planning should ~~not be accompanied by federally mandated requirements or conditions which determine the objectives or scope of activities of health planning bodies~~ have adequate appropriations designated to accomplish the stated objectives.

The Council recommends that the policy, "Vision Statement on Access for the Underserved" be amended to make this policy current and offers the following resolution:

**72. Resolved,** that the ADA policy on Vision Statement on Access for the Underserved and Promotional Activities (*Trans.*2004:321) be amended to read as follows (additions underscored; deletions are ~~stricken~~):

**Resolved**, that the American Dental Association ~~and its members will continue working with policymakers~~ support efforts to establish programs and services that improve access to oral health care, while maintaining a single standard of oral health care.

The Association thereby:

- ~~Rejecting programs and policies that marginalize oral health, and instead supporting those that recognize~~Recognizes that oral health is integral to overall health and can affect a person's self-esteem, ability to learn and employability.
- ~~Acknowledging~~ Acknowledges that ~~the degree of~~ oral health disparities and the extent and severity of untreated dental disease—especially among underserved children—is unacceptable.
- ~~Committing,~~ Commits through ~~both~~ advocacy and direct action, to identify and implement ~~commonsense~~, market-based solutions that capitalize on the inherent strengths of the American dental care system.

The Council recommends that the policy, "Inclusion of Basic Oral Health Education in Nondental Health Care Training Programs" be amended to make this policy current and offers the following resolution:

**73. Resolved,** that the ADA policy on Inclusion of Basic Oral Health Education in Nondental Health Care Training Programs (*Trans.*1995:609) be amended to read as follows (additions underscored):

**Resolved,** that the Association encourage the inclusion of basic oral health education, such as the Smiles for Life curriculum, in the curricula of nondental health care professional training programs.

The Council recommends that the policy, "Women's Oral Health: Patient Education" be amended to make this policy current and offers the following resolution:

**74. Resolved,** that the ADA policy on Women's Oral Health: Patient Education (*Trans.*2001:428) be amended to read as follows (additions underscored; deletions are ~~stricken~~):

**Resolved,** that the ADA work with federal and state agencies, constituent and component dental societies and other appropriate organizations to incorporate oral health education information into health care educational outreach efforts directed at ~~low-income~~ mothers and their children and be it further

**Resolved**, the ADA work with the obstetric community to ensure that ~~low-income~~ pregnant women are provided relevant oral health care information during the perinatal period.

The Council recommends that the policy, "Patient Safety" be amended to make this policy current and offers the following resolution:

**75. Resolved,** that the ADA policy on Patient Safety (*Trans.*2001:429) be amended to read as follows (additions underscored; deletions are ~~stricken~~):

~~**Resolved,** that the American Dental Association communicate its commitment to improve patient safety to health care organizations that have or are developing patient safety initiatives, and be it further~~

**Resolved,** the Association work in cooperation with constituent and component dental societies and other major health care organizations ~~including but not limited to the Joint Commission on Accreditation of Healthcare Organizations, American Medical Association and American Hospital Association, to develop~~ encourage the development of collaborative projects regarding patient safety, and be it further

**Resolved,** that appropriate Association agencies disseminate information on patient safety to the membership.

The Council recommends that the policy, "Tobacco and Harm Reduction" be amended to make this policy current and offers the following resolution:

**76. Resolved,** that the ADA policy on Tobacco and Harm Reduction (*Trans.*2003:358) be amended to read as follows (additions underscored; deletions are ~~stricken~~):

**Resolved**, that the American Dental Association supports legislation that authorizes the Food and Drug Administration's regulation of all tobacco products, including tobacco products with risk reduction or exposure reduction claims, explicit or implicit, and any other products offered to the public to promote reduction in or cessation of tobacco use, and be it further

**Resolved,** that the Association supports regulation of all tobacco products in order to ensure meaningful access to a science base for evaluation of the effects of all tobacco products, and be it further

**Resolved,** that the Association supports regulation of all tobacco products in order to ensure that assessment, including extensive premarket testing, and surveillance are completed, to secure

data to serve as a basis for developing and implementing appropriate public health measures, and be it further

**Resolved,** that ~~if legislation is passed to authorize the FDA to regulate all tobacco products,~~ the Association ~~urges~~ supports the FDA to authorize the use of harm reduction strategies only as a component of a comprehensive national tobacco control program that emphasizes abstinence-oriented prevention and treatment.

The Council recommends that the policy, "Tobacco Free Schools" be amended to make this policy current and offers the following resolution:

**77. Resolved,** that the ADA policy on Tobacco Free Schools (*Trans.*2009:419) be amended to read as follows (additions underscored; deletions are ~~stricken~~):

**Resolved,** that the American Dental Association recognizes that a tobacco-free school environment is the cornerstone of a comprehensive policy intended to prevent and reduce tobacco addiction in young people, and be it further

**Resolved,** that the ADA support the adoption of tobacco free school laws or policies that incorporate the guidelines developed by the Centers for Disease Control and Prevention for school-based health programs to prevent tobacco use and addiction, and be it further

~~**Resolved,** that the ADA provide a link on its website of existing resources to assist those at the state and local levels who are interested in pursuing tobacco free school environments, and be it further~~

**Resolved,** that the ADA ~~urge~~ supports collaboration by its members and dental societies ~~to collaborate~~ with students, parents, school officials and members of the community to establish tobacco free schools.

The Council recommends that the policy, "Non-Dental Providers Notification of Preventive Dental Treatment for Infants and Young Children" be amended by revising the title to exclude "for Infants and Young Children." In addition, the Council recommends the policy be amended to make it current and offers the following resolution:

**78. Resolved,** that the ADA policy on Non-Dental Providers Notification of Preventive Dental Treatment for Infants and Young Children (*Trans.*2004:303) be amended to read as follows (additions underscored; deletions are ~~stricken~~):

**Non-Dental 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, and be it further

**Resolved,** that risk assessments, screenings or oral evaluations of ~~infants and young children~~ patients by non-dentists are not to be considered comprehensive dental exams, and be it further

**Resolved,** that it is essential that non-dentists who provide preventive dental services ~~to an infant or young child notify a dentist of the custodial parent/legal guardians choosing as to what services were rendered and~~ refer the patient to a dentist for a comprehensive examination and to establish a dental home.

The Council recommends that the policy, "Non-Dental Providers Completing Educational Program on Oral Health" be amended to clarify this policy and offers the following resolution:

**79. Resolved,** that the ADA policy on Non-Dental Providers Completing Educational Program on Oral Health (*Trans.*2004:301) be amended to read as follows (additions underscored; deletions are ~~stricken~~):

**Resolved,** that only dentists, physicians, and their properly supervised and trained designees, be allowed to provide dental services to ~~infants and young children~~ patients of all ages, and be it further

**Resolved,** that anyone that provides 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 appropriate for ~~this~~ the age groups under their care, and be it further

**Resolved,** that the ADA urge constituent societies to support this policy.

The Council recommends that the "Definition of Dental Home" be amended to clarify this policy and offers the following resolution:

**80. Resolved**, that the definition of "dental home" (*Trans.*2005:322; *Trans.*2010:548) be amended to read as follows (additions underscored; deletions are ~~stricken~~):

*Dental Home*. The ongoing relationship between the dentist who is the Primary Dental Care Provider and the patient, which includes comprehensive oral health care, beginning ~~no later than~~ before age one, and continuing throughout the patient's lifetime, with appropriate referral as necessary.

If the new Definition of Dental Home is adopted, the Council further recommends that the definition of "Primary Dental Care" to be consistent with the definition of "Dental Home" and offers the following resolution:

**81. Resolved**, that the definition of Primary Dental Care (*Trans.*1994:668; *Trans.*2010:562; *Trans.*2012:441) be amended to read as follows (additions underscored; deletions are ~~stricken~~):

*Primary Dental Care.* The dental care provided by a licensed dentist to patients beginning ~~no later than~~ before age one and throughout their lifetime. Primary dental care is directed to evaluation, diagnosis, patient education, prevention, treatment planning 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.

If the new Definition of Dental Home is adopted, the Council further recommends that Principle 6 of the "Principles for Developing Children's Oral Health Programs" be amended to be consistent with the definition of "Dental Home" and offers the following resolution:

**82. Resolved,** that Principle 6 of the Principles for Developing Children's Oral Health Programs (*Trans.*2012:444) be amended to read as follows (additions underscored; deletions are ~~stricken~~):

6. Parents and caregivers should establish a dental home with a dentist ~~by the child's first birthday~~ before age one to determine appropriate preventive and restorative treatment.

**New and Rescinded Polices**

*Hospital Privileges for Dentists*

The Council recommends that the policy, "Guidelines for Hospital Dental Services" be rescinded in favor of adoption of proposed updated policy, and offers the following resolution:

**83. Resolved,** the American Dental Association believes that all dentists who practice in hospitals should be eligible for hospital privileges. These privileges include performance of history and physical examinations, diagnosis, treatment and admission in accordance with their education, training and current competence, and be it further

**Resolved,** that Guidelines for Hospital Dental Services (*Trans.*1991:618) be rescinded.

*Development of Dental Health Education*

The Council recommends that the policy, "Promotion of Dental Health Education" be rescinded in favor of adoption of proposed updated policy, and offers the following resolution:

**84. Resolved,** that the ADA Council on Access, Prevention, and Interprofessional Relations be consulted, along with the Council on Dental Practice, Council on Scientific Affairs, and Council on Government Affairs, along with all other appropriate ADA agencies in the ongoing development of Association dental health education materials and professional aids for use by members, constituent and component dental societies, and the public at-large, and be it further

**Resolved,** that the ADA policy on Promotion of Dental Health Education (*Trans.*1963:288) be rescinded.

*Early Detection and Prevention of Oral Cancer*

The Council recommends that the policy, "Prevention and Early Oral Cancer Detection" be rescinded in favor of adoption of proposed updated policy, and offers the following resolution:

**85. Resolved,** that the American Dental Association recognizes that early oral cancer diagnosis has the potential to have a significant impact on treatment decisions and outcomes, and supports routine visual and tactile examinations, particularly for patients who are at risk including those who use tobacco or who are heavy consumers of alcohol, and be it further

**Resolved,** that the Association supports state and local Association sponsored education activities to promote the prevention and early detection of oral cancer to those who use tobacco, alcohol or both, and be it further

**Resolved,** that the ADA policy on Prevention and Early Oral Cancer Detection (*Trans.*1996:681) be rescinded.

*Child Identification Programs*

The Council recommends that the policy, "Child Identification Program Partnerships" be rescinded in favor of adoption of proposed updated policy, and offers the following resolution:

**86. Resolved,** that the ADA supports child identification programs that include scientifically demonstrated valid dental related components, including the documentation of the child's dental home, and be it further

**Resolved,** that the ADA supports constituent and component dental societies promoting partnerships with sponsoring organizations of these child identification programs, and be it further

**Resolved,** that the ADA policy, Child Identification Program Partnerships (*Trans*.2003:360) be rescinded.

*Oral Health Education in Schools*

The Council recommends that the policy, "Advocacy Strategy for Oral Health Education" be rescinded in favor of adoption of proposed updated policy, and offers the following resolution:

**87. Resolved,** that the Council on Access, Prevention and Interprofessional Relations work with the Council on Government Affairs and other appropriate ADA agencies to develop and implement an advocacy strategy, based on the 2012 School Health Policies and Practices Study (SHPPS) data, to increase the number of school districts requiring oral health education for K-12 students, and be it further

**Resolved,** that the ADA supports the inclusion of the 2006 National Health Education Standards in the accreditation requirements for all public and private elementary and secondary schools, and be it further

**Resolved,** that the ADA supports the Food and Nutrition Service's proposed rule governing the content of school wellness policies required for local educational agencies (LEAs) participating in the National School Lunch Program and/or the School Breakfast Program, and be it further

**Resolved,** that the ADA supports dentists being included among the school health professionals on local school wellness policy team(s) of LEAs, to help ensure school wellness policies appropriately balance the nutritional benefits of consuming certain foodstuffs and the risk of tooth decay; to help ensure school policies promote lifelong mouth healthy behaviors, such brushing twice a day, flossing once a day, limiting consumption of sugary snacks and beverages, and seeing the dentist regularly; and to help ensure the recognition of the inextricable link between oral and overall health, and well-being; and be it further

**Resolved,** that the appropriate ADA agencies communicate this position to the proper internal and external educational agencies, organizations, and institutions, and be it further

**Resolved,** that the ADA's policy on Advocacy Strategy for Oral Health Education (*Trans*.2006:316) be rescinded.

*Community-Based Topical Fluoride Programs*

The Council recommends that two policies, "Topical Fluoride Programs" and "School Fluoride Mouthrinse Program" be rescinded in favor of adoption of a proposed updated policy, and offers the following resolution:

**88. Resolved,** the American Dental Association recognizes that community-based topical fluoride programs are safe and efficacious in reducing dental caries, and be it further

**Resolved,** that Topical Fluoride Programs (*Trans*.1963:42,287) and School Fluoride Mouthrinse Program (*Trans*.1983:544) be rescinded.

*Education for Dental Professionals in Recognizing and Reporting Abuse*

The Council recommends that the policies, "Child Abuse" and "ADA Efforts to Educate Dental Professionals in Recognizing and Reporting Abuse and Neglect" be rescinded in favor of adoption of a proposed updated policy, and offers the following resolution:

**89. Resolved**, that the ADA supports educating dental professionals to recognize abuse and neglect across all age groups and reporting such incidences to the proper authorities as required by state law, and be it further

**Resolved**, that the ADA Efforts to Educate Dental Professionals in Recognizing and Reporting Abuse and Neglect (*Trans.*1996:683) and Child Abuse (*Trans.*1993:707) be rescinded.

*Prevention and Control of Early Childhood Caries*

The Council recommends that the "Statement on Early Childhood Caries" be rescinded in favor of adoption of a proposed updated statement, and offers the following resolution:

**90. Resolved,** that the following policy on Prevention and Control of Early Childhood Caries be adopted:

**Prevention and Control of Early Childhood Caries**

1. The American Dental Association recognizes Early Childhood Caries (ECC) as the presence of one or more decayed, noncavitated or cavitated lesions, missing due to caries, or filled tooth surfaces in any primary tooth in a child under the age of six. In children younger than three years of age, any sign of smooth-surface caries is indicative of severe early childhood caries (S-ECC). From ages three through five, one or more cavitated, missing (due to caries) or filled smooth surfaces in primary maxillary anterior teeth or a decayed, missing, or filled score of greater than or equal to four at age 3, greater than or equal to five at age 4, or greater than or equal to six at age 5 surfaces also constitutes S-ECC.

2. The Association recognizes that oral health is an important part of overall health. ECC is a health problem throughout the population that poses a significant health burden in specific at-risk communities.

3. The Association recommends health professionals and the public recognize that a child's teeth are susceptible to decay as soon as they begin to erupt and that ECC is a multifactorial, transmissible disease that is reversible in its early stages and its progression is affected by many different risk and protective factors.

4. The Association recommends parents and guardians, as a child's first tooth erupts, to:
    - Schedule the child's first dental visit. Children should have a Dental Home before age one.
    - Begin brushing twice daily with no more than a smear (rice-sized amount) of fluoride toothpaste for children younger than 3 years old and a pea-sized amount of fluoride toothpaste for children 3 to 6 years old. This recommendation is taken from the ADA Council on Scientific Affairs *Fluoride Toothpaste Use for Young Children,* JADA*,* February 2014.

5. The Association recommends its members educate parents, including expectant parents, and caregivers about establishing a Dental Home before age one, provide them with oral health education based on the child's developmental needs and explain methods for reducing the risk for ECC, including specific details of how to reduce risk factors and promote protective factors.

6. The Association recommends state and local dental societies act as a resource for the medical community and public health programs (e.g., Women, Infants and Children [WIC] and Head Start). Dentistry can be instrumental in educating other health professionals and the public about risk factors for ECC and the importance of the establishment of a Dental Home before age one.

7. The Association recognizes that the unique characteristics of ECC should be considered in selecting treatment protocols that are based on a child's individual risk.

8. The Association, recognizing that the science surrounding ECC continues to evolve, encourages research activities to study risk factors, preventive practices, disease management strategies and new technologies to address the challenges posed by this multifactorial disease.

and be it further

**Resolved,** that the Statement on Early Childhood Caries (*Trans.*2000:454) be rescinded.

**Resolutions**

(Resolution 70:Worksheet:5119)
(Resolution 71:Worksheet:5120)
(Resolution 72:Worksheet:5121)
(Resolution 73:Worksheet:5122)
(Resolution 74:Worksheet:5123)
(Resolution 75:Worksheet:5124)
(Resolution 76:Worksheet:5125)
(Resolution 77:Worksheet:5126)
(Resolution 78:Worksheet:5127)
(Resolution 79:Worksheet:5128)
(Resolution 80:Worksheet:5129)
(Resolution 81:Worksheet:5130)
(Resolution 82:Worksheet:5131)
(Resolution 83:Worksheet:5132)
(Resolution 84:Worksheet:5134)
(Resolution 85:Worksheet:5136)
(Resolution 86:Worksheet:5138)
(Resolution 87:Worksheet:5140)
(Resolution 88:Worksheet:5143)
(Resolution 89:Worksheet:5145)
(Resolution 90:Worksheet:5147)

Resolution No. 70 New

Report: CAPIR Supplemental Report 1 Date Submitted: September 2014

Submitted By: Council on Access, Prevention, and Interprofessional Relations

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Organizational Capacity-Obj. 6: Role and responsibility of each element of the tripartite clearly defined and agreed upon

How does this resolution increase member value: Not Applicable

**AMENDMENT OF POLICY ON MANUFACTURER SPONSORSHIP OF DENTAL PROGRAMS AND PROMOTIONAL ACTIVITIES**

**Background:** (See CAPIR Supplemental Report 1, Worksheet:5110)

**Resolution**

**70. Resolved,** that the ADA policy on Manufacturer Sponsorship of Dental Programs and Promotional Activities (*Trans.*1989:571) be amended to read as follows (additions underscored; deletions are ~~stricken~~):

~~**Resolved,** that the ADA Board of Trustees, through appropriate agencies, communicate current policies on dental health care to the dental industry, and be it further~~

**Resolved**, that ~~both~~ the ADA and the dental industry coordinate programs promoting dental health in the best interests of the American public.

**BOARD RECOMMENDATION: Vote Yes.**

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

Resolution No. 71 New

Report: CAPIR Supplemental Report 1 Date Submitted: September 2014

Submitted By: Council on Access, Prevention, and Interprofessional Relations

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Organizational Capacity-Obj. 6: Role and responsibility of each element of the tripartite clearly defined and agreed upon

How does this resolution increase member value: Not Applicable

**AMENDMENT OF POLICY ON HEALTH PLANNING GUIDELINES**

**Background:** (See CAPIR Supplemental Report 1, Worksheet:5111)

**Resolution**

**71. Resolved,** that the ADA policy on Health Planning Guidelines (*Trans.*1983:545) be amended to read as follows (additions underscored; deletions are ~~stricken~~):

**Resolved**, that the following health planning guidelines be adopted:

1. The Association supports a voluntary system of cooperative health planning at the state and local level.
2. Health planning should be directed at locally determined efforts to improve access to health care and avoid ~~restrain unnecessary~~ duplication of effort to maximize limited ~~institutional health care~~ resources.
3. ~~Dental offices not receiving public subsidies should be exempt from certificate of need type of review.~~
4. ~~Health planning should function primarily as an informational and educational resource of the community without federally mandated regulatory authority.~~
5. Dentists should have equal input along with other health care providers.
6. Public and private sector financing for health planning should ~~not be accompanied by federally mandated requirements or conditions which determine the objectives or scope of activities of health planning bodies~~ have adequate appropriations designated to accomplish the stated objectives.

**BOARD RECOMMENDATION: Vote Yes.**

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

Resolution No. 72 New

Report: CAPIR Supplemental Report 1 Date Submitted: September 2014

Submitted By: Council on Access, Prevention, and Interprofessional Relations

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Organizational Capacity-Obj. 6: Role and responsibility of each element of the tripartite clearly defined and agreed upon

How does this resolution increase member value: Not Applicable

**AMENDMENT OF POLICY ON VISION STATEMENT ON ACCESS FOR THE UNDERSERVED AND PROMOTIONAL ACTIVITIES**

**Background:** (See CAPIR Supplemental Report 1, Worksheet:5111)

**Resolution**

**72. Resolved,** that the ADA policy on Vision Statement on Access for the Underserved and Promotional Activities (*Trans.*2004:321) be amended to read as follows (additions underscored; deletions are ~~stricken~~):

**Resolved**, that the American Dental Association ~~and its members will continue working with policymakers~~ support efforts to establish programs and services that improve access to oral health care, while maintaining a single standard of oral health care.

The Association thereby:

- ~~Rejecting programs and policies that marginalize oral health, and instead supporting those that recognize~~Recognizes that oral health is integral to overall health and can affect a person's self-esteem, ability to learn and employability.
- ~~Acknowledging~~ Acknowledges that ~~the degree of~~ oral health disparities and the extent and severity of untreated dental disease—especially among underserved children—is unacceptable.
- ~~Committing,~~ Commits through ~~both~~ advocacy and direct action, to identify and implement ~~commonsense~~, market-based solutions that capitalize on the inherent strengths of the American dental care system.

**BOARD RECOMMENDATION: Vote Yes.**

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

Resolution No. 73 New

Report: CAPIR Supplemental Report 1 Date Submitted: September 2014

Submitted By: Council on Access, Prevention, and Interprofessional Relations

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Organizational Capacity-Obj. 6: Role and responsibility of each element of the tripartite clearly defined and agreed upon

How does this resolution increase member value: Not Applicable

**AMENDMENT OF POLICY ON INCLUSION OF BASIC ORAL HEALTH EDUCATION IN NONDENTAL HEALTH CARE TRAINING PROGRAMS**

**Background:** (See CAPIR Supplemental Report 1, Worksheet:5111)

**Resolution**

**73. Resolved,** that the ADA policy on Inclusion of Basic Oral Health Education in Nondental Health Care Training Programs (*Trans.*1995:609) be amended to read as follows (additions underscored):

> **Resolved,** that the Association encourage the inclusion of basic oral health education, such as the Smiles for Life curriculum, in the curricula of nondental health care professional training programs.

**BOARD RECOMMENDATION: Vote Yes.**

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

Resolution No. 74 New

Report: CAPIR Supplemental Report 1 Date Submitted: September 2014

Submitted By: Council on Access, Prevention, and Interprofessional Relations

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Organizational Capacity-Obj. 6: Role and responsibility of each element of the tripartite clearly defined and agreed upon

How does this resolution increase member value: Not Applicable

**AMENDMENT OF POLICY ON WOMEN'S ORAL HEALTH: PATIENT EDUCATION**

**Background:** (See CAPIR Supplemental Report 1, Worksheet:5112)

**Resolution**

**74. Resolved,** that the ADA policy on Women's Oral Health: Patient Education (*Trans.*2001:428) be amended to read as follows (additions underscored; deletions are ~~stricken~~):

**Resolved,** that the ADA work with federal and state agencies, constituent and component dental societies and other appropriate organizations to incorporate oral health education information into health care educational outreach efforts directed at ~~low-income~~ mothers and their children and be it further

**Resolved**, the ADA work with the obstetric community to ensure that ~~low-income~~ pregnant women are provided relevant oral health care information during the perinatal period.

**BOARD RECOMMENDATION: Vote Yes.**

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

Resolution No. 75 New

Report: CAPIR Supplemental Report 1 Date Submitted: September 2014

Submitted By: Council on Access, Prevention, and Interprofessional Relations

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Organizational Capacity-Obj. 6: Role and responsibility of each element of the tripartite clearly defined and agreed upon

How does this resolution increase member value: Not Applicable

**AMENDMENT OF POLICY ON PATIENT SAFETY**

**Background:** (See CAPIR Supplemental Report 1, Worksheet:5112)

**Resolution**

**75. Resolved,** that the ADA policy on Patient Safety (*Trans.*2001:429) be amended to read as follows (additions underscored; deletions are ~~stricken~~):

~~**Resolved,** that the American Dental Association communicate its commitment to improve patient safety to health care organizations that have or are developing patient safety initiatives, and be it further~~

**Resolved,** the Association work in cooperation with constituent and component dental societies and other major health care organizations ~~including but not limited to the Joint Commission on Accreditation of Healthcare Organizations, American Medical Association and American Hospital Association, to develop~~ encourage the development of collaborative projects regarding patient safety, and be it further

**Resolved,** that appropriate Association agencies disseminate information on patient safety to the membership.

**BOARD RECOMMENDATION: Vote Yes.**

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

Resolution No. 76 New

Report: CAPIR Supplemental Report 1 Date Submitted: September 2014

Submitted By: Council on Access, Prevention, and Interprofessional Relations

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Organizational Capacity-Obj. 6: Role and responsibility of each element of the tripartite clearly defined and agreed upon

How does this resolution increase member value: Not Applicable

**AMENDMENT OF POLICY ON TOBACCO AND HARM REDUCTION**

**Background:** (See CAPIR Supplemental Report 1, Worksheet:5112)

**Resolution**

**76. Resolved,** that the ADA policy on Tobacco and Harm Reduction (*Trans*.2003:358) be amended to read as follows (additions underscored; deletions are ~~stricken~~):

**Resolved**, that the American Dental Association supports legislation that authorizes the Food and Drug Administration's regulation of all tobacco products, including tobacco products with risk reduction or exposure reduction claims, explicit or implicit, and any other products offered to the public to promote reduction in or cessation of tobacco use, and be it further

**Resolved,** that the Association supports regulation of all tobacco products in order to ensure meaningful access to a science base for evaluation of the effects of all tobacco products, and be it further

**Resolved,** that the Association supports regulation of all tobacco products in order to ensure that assessment, including extensive premarket testing, and surveillance are completed, to secure data to serve as a basis for developing and implementing appropriate public health measures, and be it further

**Resolved,** that ~~if legislation is passed to authorize the FDA to regulate all tobacco products,~~ the Association ~~urges~~ supports the FDA to authorize the use of harm reduction strategies only as a component of a comprehensive national tobacco control program that emphasizes abstinence-oriented prevention and treatment.

**BOARD RECOMMENDATION: Vote Yes.**

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

Resolution No. 77 New

Report: CAPIR Supplemental Report 1 Date Submitted: September 2014

Submitted By: Council on Access, Prevention, and Interprofessional Relations

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Organizational Capacity-Obj. 6: Role and responsibility of each element of the tripartite clearly defined and agreed upon

How does this resolution increase member value: Not Applicable

**AMENDMENT OF POLICY ON TOBACCO FREE SCHOOLS**

**Background:** (See CAPIR Supplemental Report 1, Worksheet:5113)

**Resolution**

**77. Resolved,** that the ADA policy on Tobacco Free Schools (*Trans.*2009:419) be amended to read as follows (additions underscored; deletions are ~~stricken~~):

**Resolved,** that the American Dental Association recognizes that a tobacco-free school environment is the cornerstone of a comprehensive policy intended to prevent and reduce tobacco addiction in young people, and be it further

**Resolved,** that the ADA support the adoption of tobacco free school laws or policies that incorporate the guidelines developed by the Centers for Disease Control and Prevention for school-based health programs to prevent tobacco use and addiction, and be it further

~~**Resolved,** that the ADA provide a link on its website of existing resources to assist those at the state and local levels who are interested in pursuing tobacco free school environments, and be it further~~

**Resolved,** that the ADA ~~urge~~ supports collaboration by its members and dental societies ~~to collaborate~~ with students, parents, school officials and members of the community to establish tobacco free schools.

**BOARD RECOMMENDATION: Vote Yes.**

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

Resolution No. 78 New

Report: CAPIR Supplemental Report 1 Date Submitted: September 2014

Submitted By: Council on Access, Prevention, and Interprofessional Relations

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Organizational Capacity-Obj. 6: Role and responsibility of each element of the tripartite clearly defined and agreed upon

How does this resolution increase member value: Not Applicable

**AMENDMENT OF POLICY ON NON-DENTAL PROVIDERS NOTIFICATION OF PREVENTIVE DENTAL TREATMENT FOR INFANTS AND YOUNG CHILDREN**

**Background:** (See CAPIR Supplemental Report 1, Worksheet:5113)

**Resolution**

**78. Resolved,** that the ADA policy on Non-Dental Providers Notification of Preventive Dental Treatment for Infants and Young Children (*Trans.*2004:303) be amended to read as follows (additions underscored; deletions are ~~stricken~~):

**Non-Dental 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, and be it further

**Resolved,** that risk assessments, screenings or oral evaluations of ~~infants and young children~~ patients by non-dentists are not to be considered comprehensive dental exams, and be it further

**Resolved,** that it is essential that non-dentists who provide preventive dental services ~~to an infant or young child notify a dentist of the custodial parent/legal guardians choosing as to what services were rendered and~~ refer the patient to a dentist for a comprehensive examination and to establish a dental home.

**BOARD RECOMMENDATION: Vote Yes.**

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

Resolution No. 79 New

Report: CAPIR Supplemental Report 1 Date Submitted: September 2014

Submitted By: Council on Access, Prevention, and Interprofessional Relations

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Organizational Capacity-Obj. 6: Role and responsibility of each element of the tripartite clearly defined and agreed upon

How does this resolution increase member value: Not Applicable

**AMENDMENT OF POLICY ON NON-DENTAL PROVIDERS COMPLETING EDUCATIONAL PROGRAM ON ORAL HEALTH**

**Background:** (See CAPIR Supplemental Report 1, Worksheet:5114)

**Resolution**

**79. Resolved,** that the ADA policy on Non-Dental Providers Completing Educational Program on Oral Health (*Trans.*2004:301) be amended to read as follows (additions underscored; deletions are ~~stricken~~):

**Resolved,** that only dentists, physicians, and their properly supervised and trained designees, be allowed to provide dental services to ~~infants and young children~~ patients of all ages, and be it further

**Resolved,** that anyone that provides 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 appropriate for ~~this~~ the age groups under their care, and be it further

**Resolved,** that the ADA urge constituent societies to support this policy.

**BOARD RECOMMENDATION: Vote Yes.**

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

Resolution No. 80 New

Report: CAPIR Supplemental Report 1 Date Submitted: September 2014

Submitted By: Council on Access, Prevention, and Interprofessional Relations

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Organizational Capacity-Obj. 6: Role and responsibility of each element of the tripartite clearly defined and agreed upon

How does this resolution increase member value: Not Applicable

## AMENDMENT OF DEFINITION OF DENTAL HOME

**Background:** (See CAPIR Supplemental Report 1, Worksheet:5114)

### Resolution

**80. Resolved**, that the definition of "dental home" (*Trans.*2005:322; *Trans.*2010:548) be amended to read as follows (additions underscored; deletions are ~~stricken~~):

> *Dental Home*. The ongoing relationship between the dentist who is the Primary Dental Care Provider and the patient, which includes comprehensive oral health care, beginning ~~no later than~~ before age one, and continuing throughout the patient's lifetime, with appropriate referral as necessary.

**BOARD RECOMMENDATION: Vote Yes.**

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

Resolution No. 81 New

Report: CAPIR Supplemental Report 1 Date Submitted: September 2014

Submitted By: Council on Access, Prevention, and Interprofessional Relations

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Organizational Capacity-Obj. 6: Role and responsibility of each element of the tripartite clearly defined and agreed upon

How does this resolution increase member value: Not Applicable

## AMENDMENT OF DEFINITION OF PRIMARY DENTAL CARE

**Background:** (See CAPIR Supplemental Report 1, Worksheet:5114)

### Resolution

**81. Resolved**, that the definition of Primary Dental Care (*Trans.*1994:668; *Trans.*2010:562; *Trans.*2012:441) be amended to read as follows (additions underscored; deletions are ~~stricken~~):

> *Primary Dental Care.* The dental care provided by a licensed dentist to patients beginning ~~no later than~~ before age one and throughout their lifetime. Primary dental care is directed to evaluation, diagnosis, patient education, prevention, treatment planning 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.

**BOARD RECOMMENDATION: Vote Yes.**

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

Resolution No. 82 New

Report: CAPIR Supplemental Report 1 Date Submitted: September 2014

Submitted By: Council on Access, Prevention, and Interprofessional Relations

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Organizational Capacity-Obj. 6: Role and responsibility of each element of the tripartite clearly defined and agreed upon

How does this resolution increase member value: Not Applicable

**AMENDMENT OF THE PRINCIPLES FOR DEVELOPING CHILDREN'S ORAL HEALTH PROGRAMS**

**Background:** (See CAPIR Supplemental Report 1, Worksheet:5114)

**Resolution**

**82. Resolved,** that Principle 6 of the Principles for Developing Children's Oral Health Programs (*Trans.*2012:444) be amended to read as follows (additions underscored; deletions are ~~stricken~~):

6. Parents and caregivers should establish a dental home with a dentist ~~by the child's first birthday~~ before age one to determine appropriate preventive and restorative treatment.

**BOARD RECOMMENDATION: Vote Yes.**

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

Resolution No. 83 New

Report: CAPIR Supplemental Report 1 Date Submitted: September 2014

Submitted By: Council on Access, Prevention, and Interprofessional Relations

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Organizational Capacity-Obj. 6: Role and responsibility of each element of the tripartite clearly defined and agreed upon

How does this resolution increase member value: Not Applicable

**HOSPITAL PRIVILEGES FOR DENTISTS**

**Background:** (See CAPIR Supplemental Report 1, Worksheet:5115)

**Resolution**

**83. Resolved,** the American Dental Association believes that all dentists who practice in hospitals should be eligible for hospital privileges. These privileges include performance of history and physical examinations, diagnosis, treatment and admission in accordance with their education, training and current competence, and be it further

**Resolved,** that Guidelines for Hospital Dental Services (*Trans.*1991:618) be rescinded.

**BOARD RECOMMENDATION: Vote Yes.**

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

**WORKSHEET ADDENDUM**
**COUNCIL ON ACCESS, PREVENTION AND INTERPROFESSIONAL RELATIONS**
**ADA POLICY TO BE RESCINDED**

**Guidelines for Hospital Dental Services (*Trans.*1991:618)**

**Guideline I: Medical Staff Bylaws, Rules and Regulations**
There is a single medical staff that includes dentists who are eligible for all categories of medical staff membership.

**Guideline II: Clinical Privileges**
Dentist members of the medical staff participate in the development of the scope and extent of clinical privileges granted to a dentist.

**Guideline III: Admission, Management and Discharge of Patients**
Qualified dentist members of the medical staff are granted privileges to admit, manage and discharge their patients.

**Guideline IV: Organizational Structure**
The medical/dental staff organization provides a framework within which duties and functions of the dental service can be carried out effectively.

**Guideline V: Department or Section Meetings**
Regularly scheduled meetings of the dental department/section are consistent with the medical/dental staff bylaws.

**Guideline VI: Financial, Facility and Personnel Resources**
As a department/service involved in the budget process of the hospital, the dental department/service is provided adequate resources to meet the mission of the department/service and to assure efficient delivery of optimal oral health care.

**Guideline VII: Infection Control**
Sterilization and infection control procedures are in compliance with currently recognized standards.

**Guideline VIII: Emergency Dental Care**
Oral health care is included in the emergency service of the hospital.

**Guideline IX: Pathology Services**
All specimens removed during surgical procedures are properly identified and, where appropriate, sent to the pathologist for laboratory examination.

**Guideline X: Library Services**
The hospital provides library services appropriate for professional needs of the dental service.

**Guideline XI: Medical Records**
Dental records are part of the patient's medical record in accordance with the standard procedure of the hospital.

**Guideline XII: Quality Improvement**
The dental service maintains and participates in a quality improvement program consistent with Joint Commission on Accreditation of Healthcare Organizations standards.

Resolution No. 84 New

Report: CAPIR Supplemental Report 1 Date Submitted: September 2014

Submitted By: Council on Access, Prevention, and Interprofessional Relations

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Organizational Capacity-Obj. 6: Role and responsibility of each element of the tripartite clearly defined and agreed upon

How does this resolution increase member value: Not Applicable

**DEVELOPMENT OF ASSOCIATION DENTAL HEALTH EDUCATION MATERIALS**

**Background:** (See CAPIR Supplemental Report 1, Worksheet:5115)

**Resolution**

**84. Resolved,** that the ADA Council on Access, Prevention, and Interprofessional Relations be consulted, along with the Council on Dental Practice, Council on Scientific Affairs, and Council on Government Affairs, along with all other appropriate ADA agencies in the ongoing development of Association dental health education materials and professional aids for use by members, constituent and component dental societies, and the public at-large, and be it further

**Resolved,** that the ADA policy on Promotion of Dental Health Education (*Trans.*1963:288) be rescinded.

**BOARD RECOMMENDATION: Vote Yes.**

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

**WORKSHEET ADDENDUM**
**COUNCIL ON ACCESS, PREVENTION AND INTERPROFESSIONAL RELATIONS**
**ADA POLICY TO BE RESCINDED**

**Promotion of Dental Health Education (1963:288)**

**Resolved,** that constituent and component dental societies be encouraged to support the dental health education efforts of the American Dental Association by actively promoting the use of Association dental health education materials and professional aids.

Resolution No. 85 New

Report: CAPIR Supplemental Report 1 Date Submitted: September 2014

Submitted By: Council on Access, Prevention, and Interprofessional Relations

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Organizational Capacity-Obj. 6: Role and responsibility of each element of the tripartite clearly defined and agreed upon

How does this resolution increase member value: Not Applicable

## EARLY DETECTION AND PREVENTION OF ORAL CANCER

**Background:** (See CAPIR Supplemental Report 1, Worksheet:5115)

### Resolution

**85. Resolved,** that the American Dental Association recognizes that early oral cancer diagnosis has the potential to have a significant impact on treatment decisions and outcomes, and supports routine visual and tactile examinations, particularly for patients who are at risk including those who use tobacco or who are heavy consumers of alcohol, and be it further

**Resolved,** that the Association supports state and local Association sponsored education activities to promote the prevention and early detection of oral cancer to those who use tobacco, alcohol or both, and be it further

**Resolved,** that the ADA policy on Prevention and Early Oral Cancer Detection (*Trans*.1996:681) be rescinded.

**BOARD RECOMMENDATION: Vote Yes.**

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

**WORKSHEET ADDENDUM**
**COUNCIL ON ACCESS, PREVENTION AND INTERPROFESSIONAL RELATIONS**
**ADA POLICY TO BE RESCINDED**

**Prevention and Early Oral Cancer Detection (*Trans.*1996:681)**

**Resolved,** that the American Dental Association, recognizing that early detection is critical for decreasing the morbidity and mortality associated with oral and pharyngeal cancer, encourages its members to promote early oral cancer detection through periodic extraoral and intraoral examinations, and be it further

**Resolved,** that the Association and constituent societies promote prevention and early detection of oral cancer through public education activities.

Resolution No. 86 New

Report: CAPIR Supplemental Report 1 Date Submitted: September 2014

Submitted By: Council on Access, Prevention, and Interprofessional Relations

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Organizational Capacity-Obj. 6: Role and responsibility of each element of the tripartite clearly defined and agreed upon

How does this resolution increase member value: Not Applicable

## CHILD IDENTIFICATION PROGRAMS

**Background:** (See CAPIR Supplemental Report 1, Worksheet:5115)

### Resolution

**86. Resolved,** that the ADA supports child identification programs that include scientifically demonstrated valid dental related components, including the documentation of the child's dental home, and be it further

**Resolved,** that the ADA supports constituent and component dental societies promoting partnerships with sponsoring organizations of these child identification programs, and be it further

**Resolved,** that the ADA policy, Child Identification Program Partnerships (*Trans*.2003:360) be rescinded.

**BOARD RECOMMENDATION: Vote Yes.**

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

**WORKSHEET ADDENDUM**
**COUNCIL ON ACCESS, PREVENTION AND INTERPROFESSIONAL RELATIONS**
**ADA POLICY TO BE RESCINDED**

**Child Identification Program Partnerships (*Trans.*2003:360)**

**Resolved,** that constituent and component dental societies be encouraged to investigate partnerships with organizations sponsoring child identification programs that include scientifically demonstrated valid dental-related components.

Resolution No. 87 New

Report: CAPIR Supplemental Report 1 Date Submitted: September 2014

Submitted By: Council on Access, Prevention, and Interprofessional Relations

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Organizational Capacity-Obj. 6: Role and responsibility of each element of the tripartite clearly defined and agreed upon

How does this resolution increase member value: Not Applicable

## ORAL HEALTH EDUCATION IN SCHOOLS

**Background:** (See CAPIR Supplemental Report 1, Worksheet:5116)

### Resolution

**87. Resolved,** that the Council on Access, Prevention and Interprofessional Relations work with the Council on Government Affairs and other appropriate ADA agencies to develop and implement an advocacy strategy, based on the 2012 School Health Policies and Practices Study (SHPPS) data, to increase the number of school districts requiring oral health education for K-12 students, and be it further

**Resolved,** that the ADA supports the inclusion of the 2006 National Health Education Standards in the accreditation requirements for all public and private elementary and secondary schools, and be it further

**Resolved,** that the ADA supports the Food and Nutrition Service's proposed rule governing the content of school wellness policies required for local educational agencies (LEAs) participating in the National School Lunch Program and/or the School Breakfast Program, and be it further

**Resolved,** that the ADA supports dentists being included among the school health professionals on local school wellness policy team(s) of LEAs, to help ensure school wellness policies appropriately balance the nutritional benefits of consuming certain foodstuffs and the risk of tooth decay; to help ensure school policies promote lifelong mouth healthy behaviors, such brushing twice a day, flossing once a day, limiting consumption of sugary snacks and beverages, and seeing the dentist regularly; and to help ensure the recognition of the inextricable link between oral and overall health, and well-being; and be it further

**Resolved,** that the appropriate ADA agencies communicate this position to the proper internal and external educational agencies, organizations, and institutions, and be it further

**Resolved,** that the ADA's policy on Advocacy Strategy for Oral Health Education (*Trans*.2006:316) be rescinded.

**BOARD RECOMMENDATION: Vote Yes.**

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

**WORKSHEET ADDENDUM**
**COUNCIL ON ACCESS, PREVENTION AND INTERPROFESSIONAL RELATIONS**
**ADA POLICY TO BE RESCINDED**

**Advocacy Strategy for Oral Health Education (2006:316)**

**Resolved,** that the Council on Access, Prevention and Interprofessional Relations work with the Council on Government Affairs and other appropriate ADA agencies to develop and implement an advocacy strategy, based on the 2006 School Health Policies and Programs Study (SHPPS) data, to increase the number of school districts requiring oral health education for K-12 students, and be it further

**Resolved,** that the ADA supports the inclusion of the 2006 National Health Education Standards in the accreditation requirements for all public and private elementary and secondary schools, and be it further

**Resolved,** that the appropriate ADA agencies communicate this position to the proper external educational organizations and institutions.

Resolution No. 88 New

Report: CAPIR Supplemental Report 1 Date Submitted: September 2014

Submitted By: Council on Access, Prevention, and Interprofessional Relations

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Organizational Capacity-Obj. 6: Role and responsibility of each element of the tripartite clearly defined and agreed upon

How does this resolution increase member value: Not Applicable

## COMMUNITY-BASED TOPICAL FLUORIDE PROGRAMS

**Background:** (See CAPIR Supplemental Report 1, Worksheet:5116)

### Resolution

**88. Resolved,** the American Dental Association recognizes that community-based topical fluoride programs are safe and efficacious in reducing dental caries, and be it further

**Resolved,** that Topical Fluoride Programs (*Trans*.1963:42,287) and School Fluoride Mouthrinse Program (*Trans*.1983:544) be rescinded.

**BOARD RECOMMENDATION: Vote Yes.**

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

**WORKSHEET ADDENDUM**
**COUNCIL ON ACCESS, PREVENTION AND INTERPROFESSIONAL RELATIONS**
**ADA POLICY TO BE RESCINDED**

**Topical Fluoride Programs (*Trans.*1963:42, 287)**

The American Dental Association has long recognized the safety and efficacy of community water fluoridation programs (*Trans.*1950:224; 1953:224). In recent years, the Association has taken a more vigorous stand on the need for communities to obtain the benefits of this public health measure and accelerated the tempo of its promotional activities (*Trans.*1962:44).

Studies have shown that topical fluoride applications lead to a lesser, but substantial, reduction in the incidence of dental caries. The Association has endorsed this procedure and recommended that it be used routinely in private dental offices and in school and community dental health programs in areas where the drinking water is deficient in fluoride. In the interest of the health of children who live in rural areas, children who live in communities where the public water supplies have not been fluoridated to date, and children who live in recently fluoridated communities and who have not had an opportunity to drink fluoridated water from birth, the Association strongly urges the employment of this safe, though more costly, procedure.

**School Fluoride Mouthrinse Programs (*Trans.*1983:544)**

**Resolved,** that the American Dental Association endorses school fluoride mouthrinse programs consistent with guidelines set by the National Institute of Dental and Craniofacial Research as being effective for the prevention of dental caries.

Resolution No. 89 New

Report: CAPIR Supplemental Report 1 Date Submitted: September 2014

Submitted By: Council on Access, Prevention, and Interprofessional Relations

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Organizational Capacity-Obj. 6: Role and responsibility of each element of the tripartite clearly defined and agreed upon

How does this resolution increase member value: Not Applicable

## EDUCATING DENTAL PROFESSIONALS IN RECOGNIZING AND REPORTING ABUSE

**Background:** (See CAPIR Supplemental Report 1, Worksheet:5117)

### Resolution

**89. Resolved**, that the ADA supports educating dental professionals to recognize abuse and neglect across all age groups and reporting such incidences to the proper authorities as required by state law, and be it further

**Resolved**, that the ADA Efforts to Educate Dental Professionals in Recognizing and Reporting Abuse and Neglect (*Trans.*1996:683) and Child Abuse (*Trans.*1993:707) be rescinded.

**BOARD RECOMMENDATION: Vote Yes.**

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

**WORKSHEET ADDENDUM**
**COUNCIL ON ACCESS, PREVENTION AND INTERPROFESSIONAL RELATIONS**
**ADA POLICY TO BE RESCINDED**

**ADA Efforts to Educate Dental Professionals in Recognizing and Reporting Abuse and Neglect (*Trans.*1996:683)**

**Resolved,** that the ADA expand existing efforts to educate dental professionals to recognize abuse and neglect beyond that of children alone, to include women, elders, people with developmental disabilities, the physically challenged and any other person who might be the object of abuse or neglect, and encourage training programs on how to report such abuse and neglect to the proper authorities as required by state law, and be it further

**Resolved,** that the ADA initiate a dialogue with other professional organizations, such as the American Medical Association to ensure that all health care professionals are working toward the same goals, and be it further

**Resolved,** that these actions will not diminish any existing programs and that the ADA seek out existing programs in the dental community to try to coordinate them on a national level.

**Child Abuse (*Trans.*1993:707)**

**Resolved,** that the ADA urge its members to become familiar with and report all physical signs of child abuse that are observable in the normal course of the dental visit and report the suspected cases to the proper authorities consistent with state laws, and be it further

**Resolved,** that the appropriate agencies of the ADA and its constituent and component societies be urged to develop resource material and make training courses available to its members on this subject, and be it further

**Resolved,** that the appropriate agencies of the ADA monitor state and federal legislative and regulatory activity
on child abuse and make information on this subject available to members on request.

Resolution No. 90 New

Report: CAPIR Supplemental Report 1 Date Submitted: September 2014

Submitted By: Council on Access, Prevention, and Interprofessional Relations

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Organizational Capacity-Obj. 6: Role and responsibility of each element of the tripartite clearly defined and agreed upon

How does this resolution increase member value: Not Applicable

## PREVENTION AND CONTROL OF EARLY CHILDHOOD CARIES

**Background:** (See CAPIR Supplemental Report 1, Worksheet:5117)

### Resolution

**90. Resolved,** that the following policy on Prevention and Control of Early Childhood Caries be adopted:

**Prevention and Control of Early Childhood Caries**

1. The American Dental Association recognizes Early Childhood Caries (ECC) as the presence of one or more decayed, noncavitated or cavitated lesions, missing due to caries, or filled tooth surfaces in any primary tooth in a child under the age of six. In children younger than three years of age, any sign of smooth-surface caries is indicative of severe early childhood caries (S-ECC). From ages three through five, one or more cavitated, missing (due to caries) or filled smooth surfaces in primary maxillary anterior teeth or a decayed, missing, or filled score of greater than or equal to four at age 3, greater than or equal to five at age 4, or greater than or equal to six at age 5 surfaces also constitutes S-ECC.

2. The Association recognizes that oral health is an important part of overall health. ECC is a health problem throughout the population that poses a significant health burden in specific at-risk communities.

3. The Association recommends health professionals and the public recognize that a child's teeth are susceptible to decay as soon as they begin to erupt and that ECC is a multifactorial, transmissible disease that is reversible in its early stages and its progression is affected by many different risk and protective factors.

4. The Association recommends parents and guardians, as a child's first tooth erupts, to:
   - Schedule the child's first dental visit. Children should have a Dental Home before age one.
   - Begin brushing twice daily with no more than a smear (rice-sized amount) of fluoride toothpaste for children younger than 3 years old and a pea-sized amount of fluoride toothpaste for children 3 to 6 years old. This recommendation is taken from the ADA Council on Scientific Affairs *Fluoride Toothpaste Use for Young Children,* JADA*,* February 2014.

5. The Association recommends its members educate parents, including expectant parents, and caregivers about establishing a Dental Home before age one, provide them with oral health education based on the child's developmental needs and explain methods for reducing the risk for ECC, including specific details of how to reduce risk factors and promote protective factors.

6. The Association recommends state and local dental societies act as a resource for the medical community and public health programs (e.g., Women, Infants and Children [WIC] and Head Start). Dentistry can be instrumental in educating other health professionals and the public about risk factors for ECC and the importance of the establishment of a Dental Home before age one.

7. The Association recognizes that the unique characteristics of ECC should be considered in selecting treatment protocols that are based on a child's individual risk.

8. The Association, recognizing that the science surrounding ECC continues to evolve, encourages research activities to study risk factors, preventive practices, disease management strategies and new technologies to address the challenges posed by this multifactorial disease.

and be it further

**Resolved,** that the Statement on Early Childhood Caries (*Trans.*2000:454) be rescinded.

**BOARD RECOMMENDATION: Vote Yes.**

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

**WORKSHEET ADDENDUM**
**COUNCIL ON ACCESS, PREVENTION AND INTERPROFESSIONAL RELATIONS**
**ADA POLICY TO BE RESCINDED**

**Statement on Early Childhood Caries (2000:454)**

1. Early Childhood Caries is defined as the presence of one or more decayed (non-cavitated or cavitated lesions), missing (due to caries) or filled tooth surfaces in any primary tooth in a preschool-age child between birth and 71 months of age. The term "Severe Early Childhood Caries" refers to "atypical" or "progressive" or "acute" or "rampant" patterns of dental caries.

2. The Association recognizes that early childhood caries is a significant public health problem in selected populations and is also found throughout the general population.

3. The Association urges health professionals and the public to recognize that a child's teeth are susceptible to decay as soon as they begin to erupt. Early childhood caries is an infectious disease. There are many aspects of early childhood caries; baby bottle tooth decay is recognized as one of the more severe manifestations of this syndrome.

4. The Association urges parents and guardians, as a child's first tooth erupts, to consult with their dentist regarding:

    - Scheduling the child's first dental visit. It is advantageous for the first visit to occur within six months of eruption of the first tooth and no later than 12 months of age, and
    - Receiving oral health education based on the child's developmental needs (also known as anticipatory guidance).

5. The Association urges its members to educate parents (including expectant parents) and caregivers about reducing the risk for early childhood caries:

    <u>Role of Bacteria</u>
    - Because cariogenic bacteria (especially *mutans streptococci*) are transmitted soon after the first teeth erupt, decreasing the mother's mutans levels may decrease the child's risk of developing ECC. The Association recommends that parents, including expectant parents, be encouraged to visit a dentist to ensure their own oral health.

    <u>Nutrition</u>
    - Infants and young children should be provided with a balanced diet in accordance with the *Dietary Guidelines for Americans* published by the U.S. Department of Agriculture and the U.S. Department of Health and Human Services.
    - Unrestricted, at-will consumption of liquids, beverages and foods containing fermentable carbohydrates (e.g. juice drinks, soft drinks, milk, and starches) can contribute to decay after eruption of the first tooth.

    <u>Bottle Feeding</u>
    - Unrestricted and at-will intake of sugary liquids during the day or while in bed should be discouraged.
    - Infants should finish their bedtime and naptime bottle before going to bed.

    <u>Breast Feeding</u>
    - Unrestricted, at-will nocturnal breastfeeding after eruption of the child's first tooth can lead to an increased risk of caries.

Use of a Cup

- Children should be encouraged to drink from a cup by their first birthday.
- At will, frequent use of a training cup should be discouraged.

Home Care

- Proper oral hygiene practices, such as cleaning an infant's teeth following consumption of foods, liquids, or medication containing fermentable carbohydrates, should be implemented by the time of the eruption of the first tooth.
- A child's teeth should be periodically checked at home according to the directions of the dentist.

6. The Association urges state and local dental societies to be a resource for the medical community and public health programs (e.g. Women, Infants and Children [WIC] and Head Start). Dentistry can be instrumental in educating professionals and the public about risk factors for ECC.

7. The Association recognizes that the unique characteristics of ECC should be considered in selecting treatment protocols.

8. The Association, recognizing that the science surrounding early childhood caries continues to evolve, encourages research activities to study risk factors and preventive practices and should continue to seek a cure for early childhood caries.

Resolution No. 91-96 New

Report: CAPIR Supplemental Report 2 Date Submitted: September 2014

Submitted By: Council on Access, Prevention and Interprofessional Relations

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 8

ADA Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health

How does this resolution increase member value: See Background

**COUNCIL ON ACCESS, PREVENTION AND INTERPROFESSIONAL RELATIONS: SUPPLEMENTAL REPORT 2 TO THE HOUSE OF DELEGATES: CAPIR UPDATE AND ACTION FOR DENTAL HEALTH OVERVIEW**

**Background:** Many of CAPIR's most intense activities involve member engagement, support, and expansion of Action for Dental Health initiatives. Some initiatives have been embraced and activated in many states while other activities are examples of the commitment of dentists in making a difference. CDHC activities of CAPIR rely on funding for states through the State Public Affairs program.

**CDHC:** The Community Dental Health Coordinator (CDHC) program has evolved to a restarting position in the original pilot states of Pennsylvania, Oklahoma and Arizona. Central College of New Mexico will begin its first class in late August and Illinois anticipates two colleges beginning classes in the spring of 2015. The "Basic" curriculum of the CDHC, which excludes scaling and temporization skills, continues to be popular with most states as no changes are necessary to the State Dental Practice Acts.

**Engaging Native American Communities:** Council on Access, Prevention and Interprofessional Relations (CAPIR) continues to provide technical assistance to integrate Community Dental Health Coordinators into the Navajo Nation Community Health Representative (CHR) program. Navajo CHRs are preparing to enter the CDHC training offered by Central New Mexico Community College in Albuquerque. At the 2014 Arizona Native American Oral Health Summit, CAPIR staff will address representatives of Native American tribes within Arizona about the importance of incorporating oral health into comprehensive tribal health plans drawing upon the success of the Navajo Nation ten-year health plan. Government Affairs staff continues to update the Indian Health Service Area Dental Officers about the plethora of ways that organized dentistry is working to improve Native American health in order to seek greater support from IHS, especially with Missions of Mercy and efforts to eradicate early childhood caries, which is rampant among Native American children.

**Medicaid Initiative-*Building upon the Power of 3:*** This Action for Dental Health Initiative continues to provide technical assistance to constituent societies in building the case for greater dentist participation in Medicaid, which includes:

- Developing courses to educate dentists about being responsible Medicaid providers
- Developing an inventory of *promising practices* to reduce administrative burdens, including ease of credentialing and establishing state dental Medicaid advisory committees
- Developing business models for maintaining practice viability while treating Medicaid patients, including a *pre-scrubbing* algorithm for use before submitting reimbursement claims

- Strengthening the FQHC/dental safety network, including increasing contracting between FQHCs and private dentists through collaboration with the National Network for Oral Health Access (NNOHA) and the National Association of Community Health Centers (NACHC)

Success measures include increasing the number of dentists participating and the number of Medicaid patients receiving care. Metrics to assess improvements in population health are also being considered.

**Geriatric and Special Needs Populations:** Training for representatives from ten state dental associations will be held September 26 to equip them with the knowledge and skills to support state dental association activity in long-term care. "Dentistry in Long-Term Care: Creating Pathways to Success," a multi-module CE course, will be launched on ADA's Center for Professional Success website, September 15.

**ER Diversion:** Emergency Room Referral Programs have expanded into several types of models. In addition to the "Dentist's Partnership" of *Pay It Forward* in Calhoun County, Michigan, there are private practice models (Wisconsin and Illinois), retainer models of hospital/oral surgeon collaborations and specialty models, which utilize community health centers/oral surgeons in referral clinics.

**Choosing Wisely Dental Website:** The Choosing Wisely Dental Website Committee is in the process of developing content for the website. Content will include five pediatric and five adult recommendation statements regarding dental diagnosis or treatment. All content on the website will be supported by scientific evidence. Launch of the new website is anticipated for late fall, 2014.

**Fluoridation:** From the beginning of 2014 through mid-July, more than 60 communities in 23 states were faced with some type of fluoridation activity that required action by member dentists or the local/state dental society. While the issue did not come to a vote in all instances, dentists and their collaborators took action in the vast majority of cases to retain successful fluoridation programs. In 2014, challenges (some not yet resolved) have occurred in communities, including but not limited to, Dallas, TX; Houston, TX; Washington Suburban Sanitary Commission (suburban Maryland/DC), MD; Baltimore, MD; Traverse City, MI; Boyne City, MI; Valparaiso, IN; Healdsburg, CA; Philadelphia, PA; Lee County Utilities (Fort Myers), FL; Sheridan, WY; Salina, KS; Bethel, ME; Farmington, MO; Gloucester, MA; Rockport, MA and the Kennebunk, Kennebunkport and Wells (KKW) Water System, ME. CAPIR has provided technical assistance to members and dental societies on an individual basis and via the ADA Fluoridation Tool Kit. Letters of support for fluoridation from ADA have been sent to a number of communities at the request of the local/state dental society.

**Resolution 87H-2013, National Oral Health Reports:** National foundations that are engaged in the development, legislative lobbying and promotion of public oral health initiatives and alternative workforce models periodically release research and position papers to support their proposed solutions. The association is at risk for marginalization in the policy debate over access to care and alternative workforce efforts if the conclusions of such reports, drawn from erroneous data or omissions, are unchallenged.

Resolution 87H-2013 (*Trans.*2013:361) called for the ADA to challenge reports found to contain errors when it was determined that such challenge was appropriate to support the legislative and communications activities of the association and provided up to $50,000 in funding to secure an external consultant analysis of such reports. Utilization of science based data and fact-checking of these reports can further support the ADA's positions and the states' contributions to access efforts.

At its June 2014 meeting the Board of Trustees directed staff to pursue the retrospective analysis of such research papers published by and on behalf of the Pew Foundation and the WK Kellogg Foundation related to oral health disparities, public health programs and workforce models. CAPIR, Science and the Health Policy Institute staff have been solicited to identify appropriate consultants to be retained for this effort and to undertake the review. An initial pool of potential consultants has been developed and selection of a consultant is expected by the end of Q3 2014.

**Shared Leadership and Advocacy: Private Practice and Federally Qualified Health Center (FQHC) Dentists:** Strengthening the public health infrastructure was a foundational premise within the ADA's Universal Healthcare Reform document, *Improving Oral Health in America* (*Trans*.2008:429). This encouragement of public and private sector partnering was reaffirmed in the ADA's *Action for Dental Health: Dentists Making a Difference* campaign, which calls for increasing access to care by private practice dentists contracting with FQHCs. Through contracting, private dentists are able to help safety net facilities expand their capacity to provide care to underserved populations (primarily children on Medicaid) without increasing "bricks and mortar" expenses and/or overhead costs; while, at the same time, enhancing their own practice viability.

Patients benefit because quality oral health care can be delivered quickly and efficiently, alleviating much of the backlog experienced by many health center dental programs. Access to dental specialty services can also be heightened. Such contracting allows private dentists to address the needs of underserved populations without contending with many of the administrative burdens associated with their state dental Medicaid program.[1]

CAPIR and the Council on Government Affairs (CGA) advocate for greater familiarity and collaboration among dentists working in the public and private sectors in response to Board of Trustees Resolution B-91-2008.[2] The importance of collaboration and networking was reaffirmed in the ADA's 2011-2014 Strategic Plan and within Resolution 39H-2010 *(Trans. 2010:561)*.[3] About 70% of dentists working within FQHCs are ADA members.[4] Yet these dentists are not often found mingling with their private practice counterparts at the local dental society gathering. Encouraging greater familiarity among private practicing dentists and those working within FQHCs serves many purposes:

- With the success of President George W. Bush's second presidential initiative that added 1000 new health center sites and the increase of Medicaid-eligible individuals seeking care created by the passage of the Affordable Care Act, the number of experienced dental directors able to provide leadership and guidance to health center dental programs has not kept pace. Inexperienced new dental graduates benefit from the presence and experience of seasoned dental practitioners to not only hone their dental skills, but to learn to cope with the challenges of overseeing the managerial, budgeting and supervisory demands of a dental practice that is housed within the larger confines of an interdisciplinary health center with competing fiscal interests.[5]

  Such "mentoring" can be accomplished one-on-one between an experienced practitioner and the dental director. There is also a benefit to be gained from private dental practitioners serving upon the clinical and/or financial committees of the health center's Board of Directors offering advice related to

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[1] For more information, see *Expansion of Dental Services in Safety Net Clinics Policy Statement*, California Dental Association, January 2011 at http://www.cda.org/Portals/0/pdfs/policy_statements/policy_safety_net_clinics.pdf .

[2] Resolution B-91-2008 reads: **Resolved,** that in an effort to enhance its advocacy networks and the advocacy networks of constituent societies, the ADA shall:

- Reach out to ADA member dentists working in health centers and/or those working as private practitioners who are Medicaid providers for participation in the ADA grassroots program.
- Develop coalitions with national organizations that have mutually shared oral health access goals and objectives with the ADA.
- Encourage constituent societies to reach out to ADA member dentists working in health centers and/or those working as private practitioners who are Medicaid providers for participation in the ADA grassroots program.
- Encourage constituent societies to develop coalitions with state organizations that have mutually shared oral health access goals and objectives with the ADA and the constituent society

[3] ADA Res. 39H-2010 *(Trans.2010.561)*, *ADA Commitment to Dialogue and Engagement to Improve the Public's Oral Health,* encouraged greater collaboration to improve public health outcomes.

[4] Bolin, Kenneth Anthony, *Survey of Health Center Oral Health Providers: Dental Salaries, Provider Satisfaction and Recruitment and Retention Strategies,* National Network for Oral Health Access (2010). See http://www.nnoha.org/nnoha-content/uploads/2013/07/Survey-of-Health-Center-Oral-Health-Providers.pdf.

[5] The ADA policy on Health Centers *(Trans.2005:338)* calls upon constituent dental society to establish a joint initiative with the primary care association in their state to address oral health care access and facilitate the formation of dental advisory boards with Health Centers in their area.

oral health program management. Such a position often leads to an invitation to join the Board of Directors.

- CAPIR sponsors *The ABCs of FQHCs*, a continuing dental education session offered at the ADA Annual Meeting, to provide private practice dentists with general information about how an FQHC is organized, governed, and funded. This well-received course will be presented for the fifth time at the 2014 meeting in San Antonio.

- The ADA sponsors the annual National Primary Oral Health Conference, presented by the National Network for Oral Health Access (NNOHA) for oral health professionals working with FQHCs and other dental safety net programs. ADA leadership has had a consistent strong presence at this conference, speaking at plenary sessions and meeting with the NNOHA Board of Directors to facilitate greater collaboration.

- The ADA continues to encourage the National Association of Community Health Centers (NACHC) to advocate more for strengthening an integral oral health component within FHQCs. There has been a long history of minimal support for oral health within NACHC advocacy agenda, but recently, Dr. Gary Wiltz, the chair of the NACHC Board of Directors, publicly apologized to NNOHA members for his organization's less than stellar support of oral health and promised to change that stance. CAPIR staff has been meeting regularly with NACHC leadership to assist with that promise.

All of these benefits of greater familiarity between private dentists and those working in health centers begin with a simple invitation to participate as active members of organized dentistry. In light of *Members First 2020*, the new ADA Strategic Plan 2015-2019, objective 1: *The public will recognize the ADA and its members as leaders and advocates in oral health*, the Council on Access, Prevention and Interprofessional Relations submits the following resolutions to the House of Delegates:

**91. Resolved**, that the ADA assist with local outreach to dentists working within health centers to actively participate in component society activities, in order to meet colleagues, participate in continuing education, and increase their networking opportunities, and be it further

**Resolved**, that component and constituent dental societies encourage dentists working within health centers to aspire to and assume leadership positions within organized dentistry.

**92. Resolved,** that the ADA encourage private dental practitioners and health center dental directors to share their clinical and management expertise.

**93. Resolved**, that the ADA reach out to the National Association of Community Health Centers (NACHC) and the National Network for Oral Health Access (NNOHA) to collaborate to educate their members about the benefits of contracting and encourage such relationships between private dental practitioners and Federally Qualified Health Centers.

**Importance of Oral Health during Pregnancy:** Pregnancy is a unique period during a woman's life and is characterized by complex physiological changes, which may adversely affect oral health. At the same time, oral health is key to overall health and well-being. Preventive, diagnostic, and restorative dental treatment is safe throughout pregnancy and is effective in improving and maintaining oral health. Yet, in many cases, neither pregnant women nor health professionals understand that oral health care is an important component of a healthy pregnancy. [6]

Women's health has emerged as a significant issue in the nation's health agenda.

[6] Oral Health Care During Pregnancy Expert Workgroup, 2012, *Oral Health Care During Pregnancy: A National Consensus Statement*. Washington, DC: National Maternal and Child Oral Health Resource Center. See http://www.mchoralhealth.org/PDFs/OralHealthPregnancyConsensus.pdf.

- One of the principle recommendations within the Framework for Oral Health, cited within *Oral Health in America: A Report of the Surgeon General*, was a call to change perceptions regarding oral health and disease so that oral health becomes an accepted component of general health.[7]

- The oral health care of women is important for the health of women as well as for the effects it has on their children. The oral health status of children has been linked both with the oral health status of their mother as well as their mother's educational level.[8] Needed dental treatment can be provided throughout pregnancy; however, the time period between the 14th and 20th week is ideal.

- Although oral health care for pregnant women is safe and effective, less than half of women receive oral health care or counseling during pregnancy. The reasons for low use of oral care during pregnancy are similar to those of other populations, such as cost and low reimbursement for dentists, but reasons also include misconceptions by both professionals and patients about the safety of dental care for pregnant women.[9]

- Although over 40% of all pregnant women have medical insurance through Medicaid, many of them are not covered for oral health care because only about half of state Medicaid programs pay for the oral health care of pregnant women. In addition, some women report being erroneously informed to not visit the dentist during pregnancy.[10]

- In addition to providing pregnant women with oral health care, educating them about preventing and treating dental caries is critical, both for women's own oral health and for the future oral health of their children. Evidence suggests that most infants and young children acquire caries-causing bacteria from their mothers. Providing pregnant women with counseling to promote healthy oral health behaviors may reduce the transmission of such bacteria from mothers to infants and young children, thereby delaying or preventing the onset of caries.[11]

- Several national organizations have undertaken efforts to promote oral health for pregnant women, including the American Academy of Pediatric Dentistry (AAPD), the American Academy of Pediatrics (AAP), the American Academy of Periodontology, the American Academy of Physician Assistants, the American College of Nurse-Midwives (ACNM), the American College of Obstetricians and Gynecologists (ACOG) and the American Dental Association (ADA), who have issued statements and recommendations for improving oral health care during pregnancy. The New York State Department of Health, the California Dental Association Foundation, and others have developed guidelines for perinatal oral health care.[12]

- In 2011, the Health Resources and Services Administration's Maternal and Child Health Bureau, in collaboration with ACOG and ADA, and coordinated by the National Maternal and Child Health Bureau, gathered 29 organizations together to promote the use of guidelines addressing oral health during the perinatal period. This expert workgroup reviewed policies from federal agencies and national organizations, recent literature, and existing guidelines on oral health care during pregnancy.

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[7] U.S. Department of Health and Human Services. *Oral Health in America: A Report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health, 2000.
[8] IOM (Institute of Medicine), 2011, *Advancing Oral Health in America*. Washington, DC: The National Academies Press, pp.41.
[9] *Ibid,* p.42.
[10] IOM (Institute of Medicine) and NRC (National Research Council). 2011. *Improving access to oral health care for vulnerable and underserved populations.* Washington, DC: The National Academies Press.
[11] Oral Health Care During Pregnancy Expert Workgroup, 2012. *Oral Health Care During Pregnancy: A National Consensus Statement--Summary of an Expert Workgroup Meeting*. Washington, DC: National Maternal and Child Oral Health Resource Center.
[12] New York State Department of Health, 2006. *Oral Health Care During Pregnancy and Early Childhood: Practice Guidelines.* Albany, NY: New York State Department of Health. See http://www.health.ny.gov/publications/0824.pdf and CDA Foundation. 2010. *Oral Health During Pregnancy & Early Childhood: Evidence-Based Guidelines for Health Professionals.* Sacramento, CA: CDA Foundation. http://www.cdafoundation.org/Portals/0/pdfs/poh_guidelines.pdf.

The workgroup identified common ground to increase health professionals' awareness of the importance and safety of women's oral health care during pregnancy through the promotion of evidence-based science.

*Oral Health Care During Pregnancy: A National Consensus Statement* was developed to help health professionals, program administrators and staff, policymakers, advocates, and other stakeholders respond to the need for improvements in the provision of oral health services to women during pregnancy. Ultimately, the implementation of this guidance within this consensus statement should bring about changes in the health-care-delivery system and improve the overall standard of care.

- Establish relationships with prenatal care health professionals in the community and coordinate health care for the pregnant woman. Consult when addressing high-risk pregnancies or when considering the following:

    - Co-morbid conditions that may affect management of oral problems (e.g., diabetes, hypertension, pulmonary or cardiac disease, or bleeding disorders).
    - The use of intravenous sedation or general anesthesia.
    - The use of nitrous oxide as an adjunctive analgesic to local anesthetics.[13]

The ADA has been an active participant in the implementation phase of distributing this national consensus statement to dental and non-dental health professionals to raise their awareness of the importance of oral health during pregnancy. At the 2013 ADA Annual Meeting in New Orleans, volunteers from the Alliance of the American Dental Association, the ADA and Henry Schein Cares launched a new initiative to bring bilingual dental health education to expectant mothers, new mothers/caregivers and newborns.[14] There is still a need to inform dentists about the safety of providing oral health care to women throughout their pregnancy.

In light of *Members First 2020*, the new ADA Strategic Plan 2015-2019, objective 1: *The public will recognize the ADA and its members as leaders and advocates in oral health*, the Council on Access, Prevention and Interprofessional Relations submits the following resolutions to the House of Delegates:

**94. Resolved,** that the ADA urge all pregnant women and women of child-bearing age to have a regular dental examination.

**95. Resolved,** that the ADA acknowledges that preventive, diagnostic and restorative dental treatment to promote health and eliminate disease is safe throughout pregnancy and is effective in improving and maintaining the oral health of the mother and her child.

[13] Oral Health Care During Pregnancy Expert Workgroup, 2012. *Oral Health Care During Pregnancy: A National Consensus Statement--Summary of an Expert Workgroup Meeting*, *op. cit.*, p.6. For more information about addressing high-risk pregnant women, see http://www.health.ny.gov/publications/0824.pdf.

[14] These efforts are supported by the ADA policy on Women's Oral Health: Patient Education *(Trans.*2001.428), which resolved that the ADA work with the obstetric community to ensure that low-income pregnant women are provided relevant oral health care information.

**Designate Individuals with Intellectual Disabilities as a Medically Underserved Population:** Resolution 94-2013 was referred to CAPIR for study and report to the 2014 House of Delegates. In reviewing Resolution 94-2013, a clarification was provided on the definitions of medically underserved area, medically underserved population and intellectual disability. As there is technically no current designation available as a dentally underserved population, it was recommended that the term "and dentally" not be included in the proposed resolution. Following discussion, the Council voted to transmit to the 2014 House of Delegates the following resolution:

> **96. Resolved,** that the American Dental Association support a simplified process across appropriate governmental agencies to designate individuals with intellectual disabilities as a medically underserved population, and be it further
>
> **Resolved,** that the ADA seek to collaborate with the American Medical Association and the American Academy of Developmental Medicine and Dentistry to promote this process to appropriate governmental agencies.

**Resolutions**

(Resolution 91:Worksheet:5158)
(Resolution 92:Worksheet:5159)
(Resolution 93:Worksheet:5160)
(Resolution 94:Worksheet:5161)
(Resolution 95:Worksheet:5162)
(Resolution 96:Worksheet:5163)

Resolution No. 91 New

Report: CAPIR Supplemental Report 2 Date Submitted: September 2014

Submitted By: Council on Access, Prevention and Interprofessional Relations

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 8

ADA Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health

How does this resolution increase member value: See Background

**ASSISTANCE TO DENTISTS WORKING WITHIN HEALTH CENTERS**

**Background:** (See CAPIR Supplemental Report 2, Worksheet:5154)

**Resolution**

**91. Resolved**, that the ADA assist with local outreach to dentists working within health centers to actively participate in component society activities, in order to meet colleagues, participate in continuing education, and increase their networking opportunities, and be it further

**Resolved**, that component and constituent dental societies encourage dentists working within health centers to aspire to and assume leadership positions within organized dentistry.

**BOARD RECOMMENDATION: Vote Yes.**

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

Resolution No. 92 New

Report: CAPIR Supplemental Report 2 Date Submitted: September 2014

Submitted By: Council on Access, Prevention and Interprofessional Relations

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 8

ADA Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health

How does this resolution increase member value: See Background

**DENTAL PRACTITIONERS AND HEALTH CENTER DIRECTORS SHARING CLINICAL AND MANAGERIAL EXPERIENCE**

**Background:** (See CAPIR Supplemental Report 2, Worksheet:5154)

**Resolution**

**92. Resolved,** that the ADA encourage private dental practitioners and health center dental directors to share their clinical and management expertise.

**BOARD RECOMMENDATION: Vote Yes.**

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

Resolution No. 93 New

Report: CAPIR Supplemental Report 2 Date Submitted: September 2014

Submitted By: Council on Access, Prevention and Interprofessional Relations

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 8

ADA Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health

How does this resolution increase member value: See Background

**RELATIONSHIPS BETWEEN PRIVATE DENTAL PRACTITIONERS AND FQHCS**

**Background:** (See CAPIR Supplemental Report 2, Worksheet:5154)

**Resolution**

**93. Resolved**, that the ADA reach out to the National Association of Community Health Centers (NACHC) and the National Network for Oral Health Access (NNOHA) to collaborate to educate their members about the benefits of contracting and encourage such relationships between private dental practitioners and Federally Qualified Health Centers.

**BOARD RECOMMENDATION: Vote Yes.**

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

Resolution No. 94 New

Report: CAPIR Supplemental Report 2 Date Submitted: September 2014

Submitted By: Council on Access, Prevention and Interprofessional Relations

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 8

ADA Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health

How does this resolution increase member value: See Background

**DENTAL EXAMINATIONS FOR PREGNANT WOMEN AND WOMEN OF CHILD-BEARING AGE**

**Background:** (See CAPIR Supplemental Report 2, Worksheet:5156)

**Resolution**

**94. Resolved,** that the ADA urge all pregnant women and women of child-bearing age to have a regular dental examination.

**BOARD RECOMMENDATION: Vote Yes.**

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

Resolution No. 95 New

Report: CAPIR Supplemental Report 2 Date Submitted: September 2014

Submitted By: Council on Access, Prevention and Interprofessional Relations

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 8

ADA Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health

How does this resolution increase member value: See Background

**DENTAL TREATMENT DURING PREGNANCY**

**Background:** (See CAPIR Supplemental Report 2, Worksheet:5156)

**Resolution**

**95. Resolved,** that the ADA acknowledges that preventive, diagnostic and restorative dental treatment to promote health and eliminate disease is safe throughout pregnancy and is effective in improving and maintaining the oral health of the mother and her child.

**BOARD RECOMMENDATION: Vote Yes.**

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

Resolution No. 96 New

Report: CAPIR Supplemental Report 2 Date Submitted: September 2014

Submitted By: Council on Access, Prevention and Interprofessional Relations

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 8

ADA Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health

How does this resolution increase member value: See Background

**DESIGNATION OF INDIVIDUALS WITH INTELLECTUAL DISABILITIES AS A MEDICALLY UNDERSERVED POPULATION**

**Background:** (See CAPIR Supplemental Report 2, Worksheet:5157)

**Resolution**

**96. Resolved,** that the American Dental Association support a simplified process across appropriate governmental agencies to designate individuals with intellectual disabilities as a medically underserved population, and be it further

**Resolved,** that the ADA seek to collaborate with the American Medical Association and the American Academy of Developmental Medicine and Dentistry to promote this process to appropriate governmental agencies.

**BOARD RECOMMENDATION: Vote Yes.**

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

Resolution No. 98 New

Report: N/A Date Submitted: August 2014

Submitted By: Fourteenth Trustee District

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Goal: Membership-Obj. 1: Leaders and Advocates in Oral Health (Required)

How does this resolution increase member value: See Background

**COMMUNICATION OF STATE ADVOCACY EFFORTS**

The following resolution was adopted by the Fourteenth Trustee District and transmitted on August 24, 2014, by Dr. A.J. Smith, chair, Resolutions Committee.

**Background:** The ADA's advocacy efforts on issues of importance is impressive. State dental societies in different parts of the country often face similar challenges and the Association's State Public Affairs program (SPA) not only provides needed and appreciated support to advocacy efforts going on in those states, but communicates "lessons learned" and distributes battle tested materials and resources to other states facing the same challenges. Unfortunately, members outside those states have little knowledge or understanding of how issues are being handled or the invaluable role the ADA plays in addressing them. Monitoring and cataloging these efforts to communicate them on a consistent basis will show dentists the value of membership and encourage and prepare them for challenges they are likely to face in their states. The *ADA News* is the most read Association publication and could be utilized to disseminate this information.

**Resolution**

**98. Resolved,** that information the ADA collects on significant state legislative issues and SPA-supported activities be shared in member-accessible Association printed and electronic publications, and that the reports be updated on a monthly basis, and be it further

**Resolved,** that a progress report be presented to the 2015 House of Delegates.

**BOARD COMMENT:** The Board agrees that sharing information on advocacy efforts in the states is vital to advance our support for members and the public. State issues are currently reported through an array of outlets, each designed to reach different audiences. Those platforms include the periodic *State Legislative Report*, *the Leadership Update*, Government & Public Affairs monthly e-publications and State Public Affairs Tool Kits as well as timely stories in *ADA News*. The Association also supports the exchange of advocacy ideas and trends in the states by sponsoring the annual ADA Lobbyist Conference. While the Board is mindful that any report must respect each state's need to not disclose both strategic and tactical information, we must still strive to inform members of significant public policy trends affecting the profession across the nation. Therefore, the Board offers the following substitute resolution:

**98B. Resolved,** that the ADA publish updates on state legislative and regulatory issues via ADA.org and other platforms as appropriate, not less than quarterly to provide members with timely information on policy trends with the potential to impact each constituent.

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

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

Resolution No. 101 New

Report: N/A Date Submitted: September 2014

Submitted By: First Trustee District

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: $500,000 Net Dues Impact:

Amount One-time Amount On-going $500,000 FTE 1.0

ADA Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health

How does this resolution increase member value: See Background

## ADA SOCIAL MEDIA CAMPAIGN ON WATER FLUORIDATION

The following resolution was submitted by the First Trustee District and transmitted on September 15, 2014, by Dr. Judith M. Fisch, chair, First District Caucus.

**Background:** Due to the ongoing anti-fluoride group activities and whereas the values of optimally fluoridated water is recognized as a safe, effective and cost efficient aid in reducing dental decay across all socio-economic boundaries, and realizing the advantage that small groups can achieve in spreading misinformation utilizing the internet, the following resolution is proposed.

### Resolution

**101. Resolved,** that the American Dental Association implement a proactive social media campaign and websites to promote to the public, the safe, positive effects of optimal water fluoridation to decrease the incidence of dental decay in communities.

**BOARD COMMENT:** The ADA currently offers extensive resources and support for community water fluoridation communication and education efforts, including public information, social media postings, ADA spokespeople trained to interact with the media, special sections on ADA.org and a comprehensive toolkit for state and local society use. The Board supports the intent of the resolution to proactively expand these communication and education efforts in public, social, and digital media. However, the Board believes the significant expenditure and staff support required should be further examined and vetted by the appropriate ADA agency. Further, specific outcome metrics should be developed for on-going program monitoring.

The financial implication identified accommodates expansion of social and digital communication through key word search and social media marketing, both of which require direct funding, as will provision of local campaign websites. Additional content creation and management of the on-going effort will also be required. It is also anticipated that further coordination of messaging and training for state and local dental societies must be implemented since fluoridation decisions, approvals and organized opposition are community based, requiring additional staff support and engagement as part of the campaign at the state and local level.

**BOARD RECOMMENDATION: Vote Yes on Referral to the appropriate Association agencies.**

**BOARD VOTE: Vote Yes.**

**Vote: Resolution 101**

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|---|---|---|---|---|---|---|---|
| BUCKENHEIMER | Yes | FEINBERG | Yes | KIESLING | No | STEVENS | Yes |
| COLE | Yes | GOUNARDES | Yes | KWASNY | Yes | SUMMERHAYS | Yes |
| CROWLEY | No | HAGENBRUCH | Yes | ROBERTS | Yes | YONEMOTO | Yes |
| DOW | Yes | ISRAELSON | Yes | SCOTT | No | ZENK | No |
| FAIR | Yes | JEFFERS | Yes | SHENKIN | No | ZUST | No |

Resolution No. 102 New

Report: N/A Date Submitted: September 2014

Submitted By: Board of Trustees

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: None

How does this resolution increase member value: Not Applicable

## VOTING PRIVILEGES OF CHAIR OF THE BOARD OF TRUSTEES

**Background:** Under existing *Bylaws*, the President is an ex officio member of the Board of Trustees, without the right to vote, except "in the case of a tie," *Bylaws*, Ch. VII, Sec.130B. That provision provides, in full: "CHAIR. The Chair shall preside at all meetings of the Board of Trustees. The Chair shall cast the deciding vote in case of a tie."

There is an ambiguity in this provision. A "deciding" vote is one vote that decides the outcome. In the case of a tie, however, there is a decision: the motion or resolution fails because of the lack of a majority. (An exception is the case of selection of one person to fill a nomination or position, in which case a tie vote is not a decision and an additional vote must be cast until someone is selected, nominated, or elected.) Thus, the existing *Bylaws* arguably require the President to cast a "deciding" vote in the case of a tie even though the issue being voted on is, in fact, decided.

The Board feels that this confusion should be eliminated and proposes an amendment to the *Bylaws* to make clear that the President does not have the right to cast a vote on the Board except in instances where a tie vote does not determine the outcome of the vote pursuant to the parliamentary authority recognized by the Association. This will clarify that the President generally does not vote but does allow a vote in those few instances in which a tie is not decisive.

As Chair of the Board, the President is intended to be a facilitator of Board discussions and, as such, typically does not engage in debate. It would be anomalous for a Board member to have the right to vote but not engage in debate. Moreover, by generally not voting, the President is better able to project a neutral presence on issues before the Board. At the same time, the amendment proposed by the Board prevents gridlock in those few situations where a tie vote is not dispositive.

If the President is not acting as Chair due to absence or temporary incapacity as defined in the *Bylaws*, the voting member acting as Chair would likewise not have a right to vote on any matter.

Accordingly, the Board proposes the following resolution for the House's consideration.

### Resolution

**102. Resolved**, that CHAPTER VII. BOARD OF TRUSTEES, *Section 130*. OFFICERS, *Subsection* B. DUTIES, *Paragraph* a. CHAIR of the ADA *Bylaws* shall be amended as follows (additions underscored, deletions ~~stricken through~~):

B. DUTIES.

a. CHAIR. The Chair shall preside at all meetings of the Board of Trustees. The Chair may ~~shall~~ cast a vote only in instances where there is a tie vote and the tie does not by itself determine the outcome of the vote. ~~cast the deciding vote in deciding vote in case of a tie~~.

**BOARD RECOMMENDATION: Vote Yes.**

**BOARD VOTE: UNANIMOUS**

Resolution No. 105 New

Report: N/A Date Submitted: September 2014

Submitted By: Fifth Trustee District

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health

How does this resolution increase member value: See Background

**DEVELOPMENT OF RESOURCE MATERIALS FOR MEMBERS CONCERNING DENTAL INSURANCE AND RAC AUDITS**

The following resolution was submitted by the Fifth Trustee District and transmitted on September 15, 2014, by Dr. Howard Gamble, chair, Fifth Trustee District.

**Background:** A key issue for Capitol Hill visits during the 2014 Washington Leadership Conference was requesting Members of Congress to sign-on to Representative Gosar's "Dear Colleague" letter requesting CMS to issue guidelines to states on a fair and transparent Medicaid Recovery Audit Contractor (RAC) Program.

Insurance Audits by Third Party Payers has for some time been a part of the interaction between dentists and the "Payer" industry. Audit activity has increased in some areas of the country by Third Party Payers and by contractors of the Center for Medicare and Medicaid Services. It appears audits are becoming more intrusive, punitive and retro-active in nature. Dentists selected for audit may be unsure of their immediate response and how to proceed in responding to audits other than contacting their personal attorney.

The Fifth Trustee District believes that it would be an excellent member benefit for the ADA Legal Division or other appropriate ADA agency, to provide members with general information/ guidelines/next steps they could consider beyond the member seeking legal advice from their personal attorney.

**Resolution**

**105. Resolved,** that the ADA Legal Division or the appropriate ADA agency develop information/guidelines/next steps materials as a resource for members concerning dental insurance and/or RAC Audits by Third Party Payers, and be further

**Resolved,** that the appropriate ADA agency expedite development the information/guidelines/next steps materials, so that they can be made available to members as quickly as possible.

**BOARD RECOMMENDATION: Vote Yes.**

**Vote: Resolution 105**

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|---|---|---|---|---|---|---|---|
| BUCKENHEIMER | Yes | FEINBERG | Yes | KIESLING | Yes | STEVENS | Yes |
| COLE | Yes | GOUNARDES | Yes | KWASNY | Yes | SUMMERHAYS | Yes |
| CROWLEY | Yes | HAGENBRUCH | Yes | ROBERTS | Yes | YONEMOTO | Yes |
| DOW | Absent | ISRAELSON | Yes | SCOTT | Yes | ZENK | Yes |
| FAIR | Yes | JEFFERS | Yes | SHENKIN | Yes | ZUST | Yes |

Resolution No. N/A N/A

Report: CC Supplemental Report 1 Date Submitted: September 2014

Submitted By: Council on Communications

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health

How does this resolution increase member value: See Background

**COUNCIL ON COMMUNICATIONS SUPPLEMENTAL REPORT 1 TO THE HOUSE OF DELEGATES: ACTION FOR DENTAL HEALTH PROGRESS REPORT**

**Background:** This report supplements the Council on Communications Annual Report by providing more detailed metrics related to the ADA's public relations initiative (Resolution 75H-2012).

**The Power of Three and Action for Dental Health: Dentists Making a Difference:** The Power of Three is a renewed focus on the member, grounded by three primary areas of collaboration, one of which is the ADA's Action for Dental Health (ADH) movement. ADH strongly demonstrates local, state and national collaboration to provide leadership on access to dental health issues. As awareness, understanding and support of ADH grows, so does the opportunity to redefine the conversation about access issues, positively influence legislative agendas federally and in the states, and provide member value by positively impacting the reputation of member dentists.

**Resolution 75H-2012: Initiative to Enhance the Image and Advance the Reputation and Brand of the ADA:** In collaboration with the ADA's national public relations firm FleishmanHillard, and with strategic oversight provided by the Council on Communications, the public relations initiative in 2014 focused on growing the Action for Dental Health: Dentists Making a Difference (ADH) movement among dental society leaders and grassroots members as well as promoting ADH to legislators and top tier media.

The success of ADH is being measured via achievement of the ADH program goals which are tied to Healthy People 2020 oral health goals; top tier media placements and tone of media stories (known as media sentiment); and key opinion leaders' awareness, perception and understanding of the ADA as a leader on access to dental health issues.

**Metrics:**

Progress toward the ADH communications goals are as follows:

- **Position ADA as the leading advocate for dental health by putting forth a nationally coordinated plan to address the dental health crisis in America** (Nationally coordinated Action for Dental Health plan developed and launched in May 2013 at the Washington Leadership Conference)

- **Assert ADA leadership and change the conversation about access to dental health** (ongoing through state and federal lobbying efforts, including lobbying for the Action for Dental Health Act 2014; and local and national media outreach)

- **Broaden awareness and boost belief in ADA's approach among influencers, media and policymakers** (Results described in further detail in this report include: baseline quantitative key opinion leader research conducted and evaluated in 2014; metrics "scorecard" measuring top tier media volume and sentiment tracked on a quarterly basis; Action for Dental Health: Year One Report to Congress created and utilized by Washington Leadership Conference attendees to lobby for the Action for Dental Health Act 2014; ADH video created to broaden awareness among multiple target audiences)

- **Generate understanding of ADH programs among state dental societies** (ongoing via member communications and meetings such as the ADA Lobbyist Conference and Management Conference. One year after the launch, every state has engaged in at least one ADH program)

- **Provide tools and resources to dental societies to successfully build, launch and promote programs** (initial ADH toolkit launched 2013; individual ADH "how to" program toolkits completed and are now being augmented with publicity resources; fluoridation toolkit completed in 2013 and has been accessed 263 times through Q2 2014; Give Kids A Smile and Missions of Mercy toolkits completed in September 2014)

**Key Opinion Leader Survey Results:** The ADA in collaboration with FleishmanHillard designed and fielded a quantitative survey to key opinion leaders as the first of annual tracking measurements. **This is intended as knowledge to be used internally to continue to shape Action for Dental Health activities and is not for public distribution.**

*Methodology.* The survey was administered online, February 21-April 1, to a nationally representative geographic group of 2,000 respondents comprised of four unique audiences: **Healthcare** (work in healthcare or a health-related industry); **Health Engagement** (have a strong interest in health-related issues); **Community Activity** (active in the community through volunteerism, donations, serving on a committee for a non-profit or charity group, etc.); and **News Enthusiast** (regular consumer of news and an influencer of friends, family and colleagues based on news and current events in the community.)

*Key findings.*

- Two-thirds of respondents say that untreated dental disease is at a crisis level. They believe it is worst among low income adults.

- The ADA is highly recognized by an overwhelming majority of respondents (92%), much higher than all other organizations (W. K. Kellogg Foundation at 49% was second most recognized).

- Without prompting, 20% cite the ADA as the organization currently active in helping to solve the dental crisis. This is 5 times higher than any other organization.

- The ADA is favored by a 4 to 1 margin as the leading organization to help solve the lack of access to dental care. The Pew Research Center and W.K. Kellogg Foundation were not cited by respondents.

- Nearly 3 out of 4 respondents (71%) prefer a "community based approach" led by local dentists to improve access to dental care over the alternative of allowing non-dentists to perform dental care (29%).

- "Give Kids A Smile" is the most widely recognized program helping to provide access to dental care.

- Expanding dental coverage through Medicaid is viewed as the top overall solution by 61% of respondents.

- Less than a year after launch and with no advertising budget to support it, a remarkable 14% of respondents have heard of Action for Dental Health and of those, 75% are aware that the ADA is the driving force behind it.

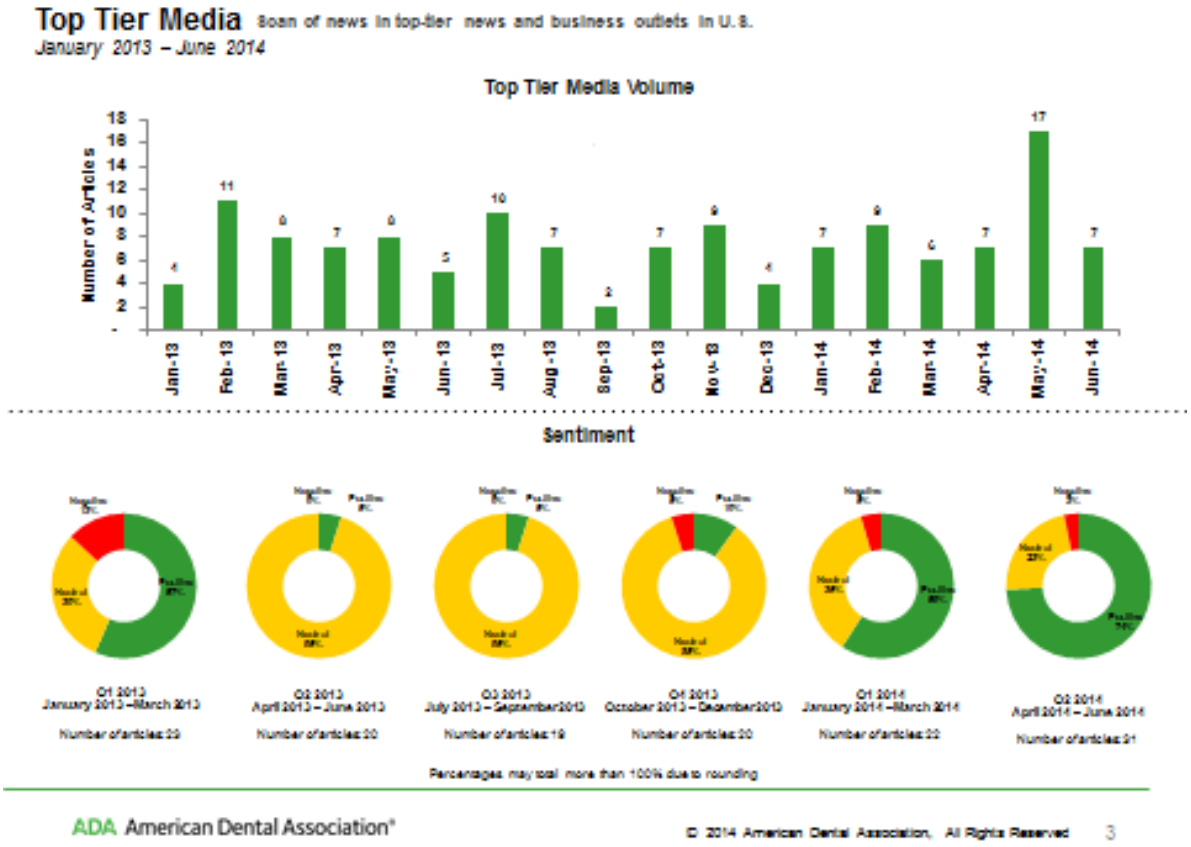
These findings indicate that key opinion leaders view the ADA as a leader on access to dental health issues because of the efforts of ADA member dentists through our Action for Dental Health movement. These findings were shared with dental society leaders to encourage them to continue to engage members in participating in ADH programs and to promote ADH programs to their state legislators and local media.

**Report to Congress and Action for Dental Health Act:** In Q2 of 2014, our work with FleishmanHillard focused on outreach timed to coincide with the ADA's Washington Leadership Conference in May. Action for Dental Health Year One 2014: A Report to Congress was created which details the progress of Action for Dental Health through stories of dentists helping underserved people in communities across the country. Aimed at Congressional representatives and staff, administration officials, ADA members, allied health organizations and media, the report is 20 pages in length with an accompanying one-page (double-sided) executive summary handout for Washington Leadership Conference attendees to distribute during their Hill visits. Washington Leadership Conference attendees lobbied for passage of several bills including the Action for Dental Health Act of 2014 introduced by Representative Robin Kelly (D-IL) to provide $20 million annually in funding for grants to improve essential oral health care for lower income adults. The Report to Congress can also be used by state dental societies to advance state legislative agendas and promote ADH programs to state legislators and local media. As of August, the Action for Dental Health Act has bipartisan support and 41 co-sponsors.

**Action for Dental Health Video and Map:** Also during the Washington Leadership Conference, the ADA unveiled a new video describing the Action for Dental Health movement. The video is featured on ADA.org/action and was shared via ADA social media and with dental society leaders via e-publications and ADA meetings. As of mid-August, the video was viewed 704 times and will continue to be shared with external audiences such as legislators, media and allied health professionals to continue to build awareness and support for the ADH movement. Also featured on ADA.org/action is an U.S. map with overlays for each Action for Dental Health program populated with a number of key statistics to visually demonstrate the impact dentists are making through Action for Dental Health in communities across the country.

**Recent Media Coverage and Metrics:** With the assistance of FleishmanHillard, the ADA continues to increase proactive outreach as well as respond to national media on public affairs issues. A summary of top tier media placements since the last supplemental report to the House through July 2014 is included as Appendix 1.

As indicated in the Council's Annual Report, in Q1 2014, top tier media sentiment (coverage that is positive, neutral or negative about the ADA) reached an all-time high at 59% positive. However, in Q2, that number was surpassed--top tier media sentiment reached 74% positive due largely to media stories about various ADA recommendations such as the new recommendation to use a grain of rice size smear of fluoride toothpaste for children younger than 3 years old and younger to prevent tooth decay; fluoridation, dental visit frequency; and the involvement of Greg Biffle in ADA Give Kids A Smile NASCAR events.




During Q3-4, Action for Dental Health efforts will focus on national media outreach promoting stories of people who have been helped by ADA member dentists via Action for Dental Health programs throughout the country.

**ADH Dental Society Toolkit Development:** Following the launch of Action for Dental Health last year, strategies and resources were identified to assist state and local dental societies in establishing their own ADH programs. As part of this effort, ADH toolkits were developed for each program – housed on ADA Connect – to serve as a how-to guide for state dental societies. These toolkits include detailed examples, best practices and shared learning experiences aimed at initiating and implementing various programs from the ground up. Most toolkits include a "10-point plan" that provides a user-friendly guide to developing each initiative. The Councils on Access, Prevention and Interprofessional Relations and Government Affairs provided strategic oversight to the development of the toolkits. During Q3-4 of 2014, the toolkits will be augmented with template materials to help dental societies promote their ADH programs to local media.

**State Public Affairs Integration:** In 2013, FleishmanHillard was named as the national public affairs consulting firm for the ADA's State Public Affairs (SPA) program, which provides greater operational efficiencies as well as alignment of communications strategies and messaging among national, state and local dental societies. Members of FH's national ADA team also support the agency's work on the ADA's SPA program. As such, state and national communications surrounding Action for Dental Health are becoming closely aligned.

The SPA Oversight Workgroup, the governing body responsible for awarding SPA grants, will now consider a state's ADH activity as part of the criteria used to determine whether to award SPA grant requests. Recent examples include three SPA grants for CDHC sabbaticals in New Mexico, Vermont and Florida.

**Future Planning, Outreach:** The public relations initiative is a multi-year endeavor intended to change the conversation and position the ADA and member dentists as the nation's leading advocates for oral health. Planning for 2015 will take place in January to continue proactive and responsive media outreach in support of the Action for Dental Health movement. Progress will be measured and reported in the ADA operating plan on a quarterly basis. The Council on Communications will continue to provide volunteer oversight to the initiative.

## Resolutions

This report is informational and no resolutions are presented.

**Appendix 1**

**HuffingtonPost blog** post by immediate past President Dr. Robert Faiella (Oct. 2, 2013)

**ADA Missions of Mercy during ADA's 2013 Annual Meeting** (November 3, 2013) -- The MOM event generated significant local media coverage in New Orleans including the Times Picayune online newspaper and the local ABC, NBC, CBS and FOX affiliate television stations. An ADA media spokesperson was interviewed by several of the TV stations.

**Kaiser Health News, USA Today and Detroit Free Press** story on an emergency room referral program in Michigan (Nov. 16, 2013)

**Reuters Health**: "Don't neglect oral health in frail and elderly" (November 4, 2013)

**Ozymandias**: "Healthcare without teeth" (November 18, 2013) – quotes Dr. Norman. *Ozymandias is a daily digital magazine that provides information about news and culture for the Change Generation.*

**Nonprofit Quarterly**: "Dental Weaknesses in ACA healthcare insurance coverage" (November 19, 2013) – cites information from the ADA's HPRC. *Nonprofit Quarterly is the nonprofit sector's leading management journal. It began as a print journal that provided research-based articles for nonprofits about management and government, as well as public policy and philanthropy. It later broke off from its parent company and created a daily news feed on its website.*

**New York Times**: "A gap in the affordable care act" (December 16, 2013)

**Wall Street Journal**: "Obamacare isn't good for your teeth" (January 24, 2014) – cites information from Dr. Norman

**Association of Healthcare Journalists**: "Free clinics mark Children's Dental Health Month" (February 6, 2014) – quotes immediate past ADA president Dr. Faiella

**ABC News Radio** (February 7, 2014): "Dentists Treat at Risk Kids" – interview with ADA President Dr. Norman about Give Kids A Smile

**ABC News.com**: "Kids and Cavities a Rotten Combo" (February 11, 2014) – quotes ADA spokesperson Dr. Jonathan Shenkin and references ABC News Twitter chat (see next entry)

**ABC News Twitter chat on children's dental health** (February 11, 2014) – In observance of National Children's Dental Health Month, ABC News' Dr. Richard Besser hosted a twitter chat and ADA spokesperson Dr. Jonathan Shenkin participated addressing a variety of topics including sealants, a child's first dental visit, early childhood caries and Action for Dental Health (ADH) as prevention is a major focus of Action for Dental Health. Tweets from the ADA were among the most popular contributed. The total reach of the Twitter chat was 584,175 with 2.85 million timeline deliveries on Twitter.

**New York Times Well Blog** (February 12, 2014) – Focuses on new, evidence-based recommendation from ADA's Council on Scientific Affairs that a "grain of rice" size amount of fluoride toothpaste should now be used for children under age 3

**CNN.com**: “Opinion: The real crisis in America's ERs” (February 12, 2014) – an opinion article by Dr. Norman that focuses on the use of emergency rooms by people suffering from untreated dental disease and describes Action for Dental Health

**U.S. News and World Report.com**
Reporter Kimberly Leonard interviewed Dr. Norman in person on February 6, 2014 and attended the Give Kids a Smile Event at Howard University in Washington, D.C. and published a story the following month.

**Catholic Health World** (April 15, 2014) – The Catholic Hospital Association profiled the ER referral program on the front page of its periodical and cited the value of this initiative.

**Politico** (May 19, 2014) posted an article about the ADA’s Action for Dental Health: Year One Report to Congress.

**Washington Post** editorial (July 14, 2014) – The Washington Post published an editorial supporting the addition of dental therapists. The editorial noted the ADA’s opposition to dental therapists and also cited Action for Dental Health.

Resolution No. N/A N/A

Report: Board Report 10 Date Submitted: September 2014

Submitted By: Board of Trustees

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: None

How does this resolution increase member value: See Background

**REPORT 10 OF THE BOARD OF TRUSTEES TO THE HOUSE OF DELEGATES: ANNUAL REPORT OF THE STATE PUBLIC AFFAIRS PROGRAM OVERSIGHT COMMITTEE**

**Oversight Workgroup History and Status:** The State Public Affairs (SPA) Program is in its seventh year of public affairs program funding in 2014. The ADA Board of Trustees (BOT) created a Volunteer Oversight Workgroup for the program in 2009 with a revised membership and charge made in 2012.

The SPA Volunteer Oversight Workgroup oversees the administration of the State Public Affairs Program (SPA). The Oversight Workgroup holds monthly conference calls (or ad hoc as required) throughout the year.

During these calls, the Oversight Workgroup receives updates on activities in the states and addresses budget issues and grant decisions. The Workgroup also develops selection criteria and approves the applications of states for participation in the SPA Program. In addition, the Oversight Workgroup assesses the effectiveness of each participating state through mid-year and end-of-year reviews.

The members of the Workgroup, two from the Council on Government Affairs (CGA), one from the Council on Communications (CC), and two members of the BOT, are appointed by the President to serve on the Workgroup annually. The members of the 2014 SPA Volunteer Oversight Workgroup are: Dr. Carmine LoMonaco (CGA – chair), Dr. Steven Gounardes (BOT), Dr. Gary Yonemoto (BOT), Dr. George Shepley (CC) and Dr. Richard Black (CGA).

As of this writing the Workgroup recently reauthorized constituent grants for the 3rd & 4th quarters of 2014.

**Financial Summary:** The 2013 ADA House of Delegates approved a budget for the program for 2014 in the amount of $2.9 million, a decrease of $200,000 from 2013. Even with this decrease, the Workgroup has been able to allocate funds to support constituent public affairs challenges and capacity building across the country and maintain a small reserve for unanticipated challenges.

- After setting aside administrative costs, research costs and a contingency fund, $1.981 million is available for grants to states. This reflects a reduction of approximately $225,000 as compared to 2013. Of that amount $1.027 million has been allocated as grants to enrolled states (with the working assumption each grant will be renewed at the mid-year).

- As of this writing approximately $300,000 remains unallocated for 2014.

- Additionally, it is anticipated the SPA budget will again be reduced in 2015 as part of an association-wide effort to garner budget savings.

**Report of State Activities:** The ADA SPA project continues to provide strategic direction, support and day-to-day oversight for public affairs activities undertaken by state dental societies in 20 states. Collectively, the project helps guide public affairs programs within the states, assisting the states in identifying their own active solutions for expanding access to oral care, helping states counter efforts to remove fluoride from municipal water supplies and providing resources to tackle these and other emerging issues for the dental profession at the state level. This ongoing engagement has helped to enhance the effectiveness of state public affairs programs and shared learning across states, while allowing each state to pursue campaigns and tackle public affairs challenges in a manner appropriate to its own needs.

Additionally, the SPA program has developed into one of the primary vehicles for coordination and support for the ADA's **Action for Dental Health** (ADH) project, an initiative to effectively reduce barriers to oral health care both locally and nationally by developing workable projects to: provide care now; strengthen the dental safety net; and enhance prevention and education.

**Workforce:** Workforce challenges continue to escalate with SPA providing assistance to states with legislative challenges including **Connecticut, the District of Columbia, Kansas, Maine, New Hampshire, New Mexico, North Dakota, Vermont, and Washington**. The SPA investments enable the state to counter the threats and demonstrate what states are doing to expand access. Other enrolled states are preparing for these challenges as the situation unfolds in their respective jurisdictions.

Advocates for midlevel providers continue to press their case aggressively. The Kellogg Foundation and the Pew Charitable Trusts Children's Dental Campaign have committed millions of dollars over many years now to organize oral health coalitions in various states and advance alternative workforce legislation. As a result of these resources and an increased aggressiveness among workforce advocates, there continues to be a significant number of states considering workforce legislation in 2014.

To counter these threats and demonstrate what states are doing to expand access to care, SPA continue to work with the states to identify proactive access solutions, provide strategic direction, offer media relations advice, support local lobbyists and develop communications materials to support the targeted states. As communication around this issue develops, SPA monitors progress, counsels on strategy and shares resources across state lines. For example, SPA has developed a workforce toolkit that includes strategies and materials states can use, as well as information developed by adversaries so state dental societies know what to expect from Pew, Kellogg and their allies. The toolkit is available on ADA Connect and is periodically updated.

Additionally, SPA continues to conduct, bi-weekly workforce calls with states facing these threats. The calls help the states learn what to expect from Kellogg, Pew and other groups pushing workforce positions – how they buy ads, pitch Op-Eds and organize coalitions. The states use this knowledge-sharing to draft active plans to address access issues and help strengthen their communications. States targeted by Kellogg, Pew and others seeking to establish alternative workforce models are invited to join these calls.

In 2014 a new twist has been added to the debate with the filing of a bill in Washington to permit tribal entities to hire dental therapists certified or licensed in other states (currently only Alaska and Minnesota).

In the end, the only state where legislation was enacted in 2014 was in Maine, where a vastly amended dental hygiene therapy law was signed by the governor in late May. The measure creates a pathway for a dental hygienist to add therapy scope to their license, but will be required to work under the direct supervision of a dentist.

Additionally, the foundation community is renewing its support for their advocacy efforts on dental workforce, thereby guaranteeing the promotion of dental therapy as an access to core solution, continues to be a challenging issue for the next several years.

**Fluoride:** There has been a noticeable uptick in anti-fluoride activity around the country in recent months. In some states ADA and the state associations have worked collaboratively with Pew in an effort to maintain the appropriate levels of fluoride in community water supplies (although Pew has already announced they will be leaving fluoridation activities as of March, 2015). Other states, meanwhile, have supported local campaigns to add fluoride to water supplies. While anti-fluoridation advocates have been attempting to have the Dallas city council repeal fluoridation, no action has been taken. Additionally, while anti-fluoride advocates have had ballot language approved for a statewide referendum in Colorado to eliminate fluoridation, no petitions have yet been circulated and the window to do so is rapidly closing. Regardless, the number of individuals with access to community water fluoridation continues to grow across the nation.

**Native American Project:** The purpose of the Native American Oral Health Care Project is to identify workable solutions to dental care issues facing tribes in Arizona, New Mexico, North Dakota and South Dakota. The local consultants and state executive directors continue to hold meetings throughout the states with tribal leaders in order to engage Native Americans on access to care issues.

In 2013, expanded efforts to initiate new ways to reach out to Native students to bring them into the dental professions were developed and CDHC discussions among several tribes began in earnest. North Dakota has used these advancements to engage in CDHC discussions in their state and bring a Mission of Mercy to tribal lands in 2013. Further, North Dakota Dental Association (NDDA) has been in a leader in discussions to break down some of the credentialing barriers presented within the Indian Health Service system.

Meanwhile, the South Dakota Dental Association (SDDA), in concert with the Delta Dental Foundation of South Dakota, was awarded a CMS Healthcare Innovation Award to improve Native American oral health in 2012. A portion of this has been used to develop a modular CDHC training to add oral health skills and understanding to existing Community Health Workers.

In 2011, New Mexico became the first state to authorize a CDHC in statute. New Mexico Dental Association (NMDA) is in discussions with a New Mexico Community College to develop a CDHC program and hopes to have a program ready by the Fall 2014 semester. Further, NMDA is considering hosting its' first Native American Oral Health summit, to build on the successes these meeting have fostered in other states.

In Arizona, AzDA has conducted regional roundtables with tribal representatives from 18 of the 22 Native American tribes in the state. These meetings have focused on oral health literacy, preventive programs, CDHC, the educational pipeline, and coalition building. Additionally, AzDA has been awarded a DentaQuest Development grant to support the work of the Native Oral Health Alliance they have founded as an outgrowth of this work. One of the most tangible pipeline project possibilities is in discussion with the San Carlos Apache Tribe.

Jointly, Arizona and New Mexico are working with the Navajo Nation to develop a 10 year oral health plan for the tribal government and to sponsor a pathway into dental assisting and the New Mexico CDHC program as of Fall, 2014.

Working with the states, SPA continues to steer the strategic direction of the project and ensure all state associations involved are sharing information. A bi-weekly Native American call is now conducted in order for all four states to have an opportunity to speak with each other. The group plans to discuss, among other things, goals and processes for reporting outcomes with regards to CDHC, the education pipeline and the translation of work on the ground in the states to the formation of national policy as well as develop specific workgroups for each specific topic.

As of this writing SPA is working with the Washington State Dental Association to bring its SPA grant into the Native American project.

**SPA Resources:** SPA has developed a series of documents to help state societies and associations. These resources prevent states from having to "reinvent the wheel" and further encourage states to share information. Working together the ADA staff along with the national SPA consultant, Chlopak, Leonard, Schechter & Associates (CLS), and later FleishmanHillard (FH), periodically update these resources to include recent initiatives. These resources include:

- **Bank of Legislative Solutions:** lists legislative initiatives various states have undertaken to address access challenges, which dental societies have developed and/or supported;
- **Case Studies:** provides in-depth analysis of different states' legislative accomplishments;
- **Social Media Guide:** offers a step-by-step guide on how to use social media to more successfully engage important audiences;
- **Dentist Salary Talking Points:** lays out appropriate talking points when asked about the economics of the dental profession and dentist earnings in general, especially as the cost of care remains an unfortunate barrier to access during these lean economic times;
- **Dentists as Doctors Handbook:** outlines easily implementable initiatives to strengthen the perception of dentists as highly-skilled medical professionals; and
- **Coalition Guide:** explains how building coalitions can strengthen your position on oral health, and how to build and manage a successful coalition.

**State Activities-Details:**

| STATE | ISSUES |
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| Arizona | • Native American Project as described above. |
| California | • California Dental Association (CDA) has taken an active role in defining the California Health Benefits Exchange, a mandate from the national health care legislation.<br>• CDA is focusing on educating the legislature, their staff and other policy makers on how dental is different, and must be treated as so as they craft the Exchanges.<br>• Creation of a state dental director position.<br>• Legislation to require a minimum medical loss ratio for dental plans.<br>• The information gathered in CA has helped to inform other states as to challenges and opportunities in the implementation process when they are at different stages of exchange development. |

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| Colorado | • Colorado Dental Association (CDA) has prepared for workforce legislation that did not materialize in 2014, although proponents continue to hold conversations in the state.<br>• CDA used that development to help pass a partial restoration of adult dental Medicaid benefits and work to develop new ways to bring dentists to more remote areas of the state.<br>• Colorado is working with the Rural Hospital Assn. to develop an Emergency Department (ED) referral project in the eastern part of the state.<br>• The Assn. is promoting a "Take 5" program among its members, urging them to accept at least 5 Medicaid patients to help provide wider access to dental care. |
| Connecticut | • Each year the Connecticut State Dental Association (CSDA) faces another effort by workforce proponents to pass an Advanced Dental Hygiene Practitioner (ADHP) bill. In 2014, no legislation moved forward. However, CSDA did succeed in passing legislation to establish due process in the Recovery Audit Contractor (RAC) audits created by the ACA. |
| District of Columbia | • A member of the Washington, DC City Council introduced legislation to expand city sealant and topical fluoride programs and study alternative dental workforce models. With SPA assistance, District of Columbia Dental Society (DCDS) has engaged a lobbyist, activated members to lobby and is working to develop a counter legislative proposal. |
| Hawaii | • A mid-year addition to the program, Hawaii is facing a number of reputational and policy challenges. These issues came to the fore after an anesthesia fatality in the state. This built on a growing feeling among some policymakers that alternative dental delivery provisions should be considered.<br>• Currently, Hawaiian Dental Association (HDA) has engaged a public affairs firm and is working to develop an active and aggressive agenda and program to position HDA as the thought leader on oral health issues in the states. This will be an essential position to capture heading into the 2015 legislative session. |
| Idaho | • Idaho State Dental Association (ISDA) continues to face a number of challenges including: countering the claims of workforce proponents that the state lacks adequate dentist capacity; preventing dental hygienists from expanding their scope of practice or establishing |

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| | a separate board; restoring adult dental Medicaid; opening the DentaQuest provider panel developing the state-based health insurance exchange. Additionally, the very active hygiene assn. continues to explore ways to advance ADHP. Further, denturists are using this opportunity to attempt to modify their scope and regulatory systems.<br><br>• ISDA made significant strides in all these areas in large part because of the SPA funding. In particular, ISDA has shown significant progress in demonstrating quantifying the state's dentist capacity with credible data.<br><br>• Also, ISDA has started actively educating legislators on access and workforce issues. |
| Kansas | • Kansas Dental Association (KDA) continues to face an aggressive campaign from the Kellogg Foundation, including advertising and support of DHAT-type legislation. A new development is the addition of Americans for Prosperity to the proponents' coalition.<br><br>• In response to this challenge, KDA has engaged an additional public affairs firm specifically to lobby and create messaging for tea party/libertarian legislators affiliated with Americans for Prosperity and like-minded groups.<br><br>• KDA's continued to work on implementation of the legislation they passed to provide for volunteer dental licenses for retired dentists to donate care to underserved populations and an expansion of locations where charitable dental care can be provided, as well as other access solutions including the development of a 3rd level of Expanded Function Hygienist.<br><br>• In 2014 KDA is seeking to expand the number of dental school seats reserved for Kansas applicants by providing funding directly to the schools. |
| Maine | • Maine had an extremely busy 2013 legislative session with increased pressure by workforce advocates that rolled straight into 2014. In 2013, the dental hygiene therapist legislation passed in the House but stalled in the Senate. As the measure is sponsored by the Speaker of the House, this was a very serious challenge. After exceptionally pitched political battles, amended legislation was enacted as described above.<br><br>• MDA is seeking several grants to expand their existing ED referral programs and institute care coordinators across the state. |

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| Missouri | • Missouri Dental Association (MDA) was successful in passing its non-covered services bill in 2013.<br><br>• Separately, MDA continued to hold off workforce advocates from introducing legislation this session. A state representative has already articulated plans to introduce an alternative workforce bill in 2014.<br><br>• It also has a strong focus on prevention as an integral part of the solution. It started a new public education campaign called "Your Mouth is Talking," which has been positively received by legislators, news media and other influencers.<br><br>• MDA was successful in securing the restoration of adult Medicaid benefits in 2014. |
| Montana | • Denturists and hygienists attempted to create a separate, non-dentist regulatory board and increase scope. Montana Dental Association (MDA) was successful in halting these proposals in 2013, but regulatory wrangling continues and may spill over into the next session.<br><br>• MDA is also expanding a broad public awareness campaign.<br><br>• In 2014, MDA has engaged a new public affairs consultant. |
| New Hampshire | • Workforce continues to be a particularly hot issue in the state. New Hampshire Dental Society (NHDS) was successful in defeating a dental hygiene therapy bill again in 2013. However, the pressure continued to mount in 2014. Without the votes to move the bill in the full Senate, the bill was amended to become a study of dental delivery systems with the support of NHDS. The study is due back to the legislature in November, 2015.<br><br>• To counter, NHDS has been a leader in implementing ADH. A supplemental grant was approved for NHDS to hire a dentist as a part-time ADH coordinator who is working to increase access for 0 – 3 year olds, ED interventions and school-based sealant programs. |
| New Mexico | • Native American Project as described above.<br><br>• During the 2013 legislative session, New Mexico Dental Association (NMDA) was again successful in defeating a dental hygiene therapy bill. However, Kellogg has made a significant investment in the state and SPA anticipates continued pressure. SPA's hope |

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| | is the Governor will not approve putting the bill on the docket for 2014, thereby preventing it from being heard this year.<br><br>• NMDA is working with a New Mexico Community College to develop a CDHC program at the college and hopes to have a program ready in Fall of 2014. Last year, a SPA approved CDHC demonstration project is proving the viability of the model in NM and providing exceptionally promising initial results. |
| North Dakota | • Native American project as described above.<br><br>• A bill to introduce dental therapy to ND was introduced in the 2013 legislative session. When North Dakota Dental Association (NDDA) had been successful in halting the progress of the measure the sponsor was granted the ability to change the bill to a study. That was approved, but to date no funding has been provided to facilitate the report. However, a legislative committee has been holding interim hearings on the issue in 2014 and Pew has become interested in the state. |
| Pennsylvania | • Pennsylvania Dental Association (PDA) is a member of the Pennsylvania Coalition for Oral Health, which gives the association an important avenue for building support for its policies and initiatives for improving access to care. However, the risk of other interests becoming involved in the Coalition for Oral Health could lead to the introduction of a workforce proposal if PDA does not maintain a leadership role.<br><br>• PDA is working for the restoration of funding for the Donated Dental Services Program and enactment of assignment of benefits legislation.<br><br>• Defluoridation efforts and anti-amalgam efforts continue to pop-up periodically in the state.<br><br>• PDA has approval in the 2nd half of 2014 for three months to phase out of the program. |
| Puerto Rico | • The Colegio was approved for a public affairs effort to work on bills amending the Comprehensive Health Insurance system of the Commonwealth, seeking an agreement with the Dental Board to permit the Colegio to expand CE and licensure facilitation and amending a pharmacy bill to not sweep dentists in with physicians. |
| Rhode Island | • A new challenge arose in 2013 when the state began to inspect dental offices and shut them down without due process. Rhode Island Dental Association (RIDA) successfully filed suit asking that the inspections be |

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| | stopped and a due process protocol be established.<br><br>• For 2014 RIDA is approved to work toward rewriting its practice act to prevent this type of abuse in the future. |
| South Dakota | • Native American Project as described above. |
| Vermont | • Vermont State Dental Society (VSDS) faced several challenges including a workforce measure pushed by a Kellogg-backed coalition. As such, VSDS was more aggressive and proactive in providing access solutions, successfully introducing a comprehensive oral health care package. The workforce legislation was approved by the Senate Government Operations committee, but ultimately held by the Senate Finance committee, despite majority support in the chamber.<br><br>• To address the challenge VSDS has engaged an additional lobbying firm funded by SPA to advocate directly to legislative leadership.<br><br>• VSDS was successful in convincing legislators not to take any workforce actions until a "Dental Landscape Study" commissioned by the Department of Health is completed.<br><br>• Additionally, VSDS was successful in securing a 3% dental Medicaid increase.<br><br>• Lastly, to promote tangible oral health solutions, VSDS sponsored a CDHC pilot, additional funds for the "Tooth Tutor" program and expanding loan repayment and loan forgiveness programs for dentists.<br><br>• Hearings held by U.S. Senator Bernie Sanders and introduced legislation add to the volatility of the political environment in VT, but the dentists in Vermont have worked diligently to open up lines of communication with the Senator. |
| Washington | • Dental hygiene-therapy legislation will again be considered in 2014. One bill would institute it statewide and a new, second bill would only authorize tribal entities to hire and use therapists. With this development, Washington State Dental Association (WSDA) is currently negotiating to join the SPA Native American project.<br><br>• WSDA is also working to expand existing ER referral projects to other areas of the state. |
| Wisconsin | • Wisconsin Dental Association (WDA) has been aggressive in efforts to expand their reach including maximizing opportunities for increased positive news |

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| | coverage and expanded legislative and regulatory outreach.<br><br>• Additionally, WDA is continually working to stem an effort by an Alderman in Milwaukee to defluoridate that water system. In response a "rapid response" fluoride team has been developed.<br><br>• WDA was approved for the remainder of 2014 with the anticipation of being phased out of the program in 2015. |

**Resolutions**

This report is informational and no resolutions are presented.

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

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

Resolution No. 108 New

Report: N/A Date Submitted: September 2014

Submitted By: Eleventh Trustee District

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: None

How does this resolution increase member value: See Background

**CHANGING VOTING REQUIREMENTS FOR BYLAWS CHANGES**

The following resolution was adopted by the Eleventh Trustee District and transmitted on September 27, 2014, by Ms. Cindy Fletcher, caucus coordinator

**Background:** As the American Dental Association (ADA) embarks on the enormous task of implementing the "Power of Three" concept, now more than ever the ADA organization needs to be more nimble in making necessary changes within the organization. In recent years, a number of *Bylaws* changes aimed at simply updating the ADA's ability to conduct affairs within a reasonable framework have been defeated despite the fact that a majority of the House of Delegates voted in favor. In several cases, issues failed with more than 60% of the vote, but short of the necessary two-thirds (2/3). The ADA, in fact all of organized dentistry, must have the ability to stay relevant if we are to survive.

The ADA has begun to roll out the "Power of Three" plan which emphasizes the need for difficult decisions as to which part of the Tripartite is best equipped to meet the needs of our members in a multitude of areas. This cannot be accomplished if every time a *Bylaws* change is needed two-thirds (2/3) of House members must agree.

The mandatory two-thirds (2/3) vote is mentioned eight (8) times in the current *Bylaws*. They address the following issues:

- Suspension of constituent representation in the House of Delegates
- Removal of a Trustee
- Removal of an elected Officer
- Expulsion of a member
- Special assessment
- Introduction of New Business
- Change the *Bylaws*

Most all deal with issues that involve some form of "due process" and should be resolved by a two-thirds (2/3) vote. This resolution is only addressing Chapter XXII. AMENDMENTS. All other references to a two-thirds (2/3) vote remain.

Changing the *Bylaws* in order to stay ahead of the current environment and be in a position to execute bold new initiatives; should be subject to 60% "supermajority" rule. The entire Tripartite is faced with the daunting challenge to stay relevant in an increasingly evolving world.

To quote the "Open Letter," addressing the "Power of Three"…

> This represents a fundamental shift in how we currently think about working with each other. The Tripartite is a complex system. What we do know is that negative membership trends are not sustainable. We must adapt to the changing environment and market. We also know that the national association can't dictate this change management effort. We need to create a common vision of the future together and achieve that vision together.

This may be our last chance to "right the ship" or perhaps more appropriately "remodel the ship." Let's remove what has been an insurmountable barrier to needed change and meet these challenges by allowing a 60% "supermajority" of our House of Delegates to implement needed structural and policy changes.

**Resolution**

**108. Resolved,** that CHAPTER XXII. AMENDMENTS, *Section 10*. PROCEDURE, of the ADA *Bylaws* be amended as follows (additions underscored; deletions stricken through):

> *Section 10.* PROCEDURE: These Bylaws may be amended at any session of the House of Delegates by a ~~two-thirds (2/3)~~ sixty percent (60%) affirmative vote of the delegates present and voting, provided the proposed amendments shall have been presented in writing at a previous session or previous meeting of the same session.

**BOARD RECOMMENDATION: Received after the September Board of Trustees session.**

# Membership and Related Matters

Resolution No. 19 New

Report: NA Date Submitted: July 2014

Submitted By: Council on Membership

Reference Committee: E (Membership and Related Matters)

Total Net Financial Implication: None Net Dues Impact: None

Amount One-time _____ Amount On-going _____ FTE 0

ADA Strategic Plan Objective: Organizational Capacity-Obj. 6: Role and responsibility of each element of the tripartite clearly defined and agreed upon

How does this resolution increase member value: Not Applicable

## AMENDMENT OF POLICY ON TRIPARTITE MEMBERSHIP APPLICATION PROCEDURES

**Background:** (Reports:202)

### Resolution

**19. Resolved,** that the ADA Policy on Tripartite Membership Application Procedures (*Trans.*1998:685) be amended so that the policy reads as follows (additions are underscored; deletions are ~~stricken~~):

**Resolved,** that the ADA urges ~~constituent~~ state dental societies to review their own membership application procedures to ensure ~~there are no barriers to membership~~ that they support a consistent application process that minimizes membership barriers and presents a positive member experience, and be it further

**Resolved,** that the ADA urges the use of its ~~the Tripartite Membership Application.~~ Tripartite System and its related software

**BOARD RECOMMENDATION: Vote Yes.**

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

***Dr. Fair was absent.**

Resolution No. 36 New

Report: N/A Date Submitted: September 2014

Submitted By: Second Trustee District

Reference Committee: E (Membership and Related Matters)

Total Net Financial Implication: ($361,530) reduction in dues revenue Net Dues Impact: ($3.26)

Amount One-time _____ Amount On-going ($361,530) FTE 0

ADA Strategic Plan Objective: 2.2 Design unique member benefit programs targeting market segments

How does this resolution increase member value: This resolution addresses the ADA mission statement of commitment to members. It recognizes those who have been most loyal to the Association with a dues waiver for those who have attained the age of 80 and have been a member for 50 years.

**AMENDMENT OF ADA *BYLAWS* REGARDING AMERICAN DENTAL ASSOCIATION DUES ASSESSMENTS EXEMPTION FOR ACTIVE LIFE MEMBERS**

The following resolution was adopted by the New York State Dental Association and transmitted on August 4, 2014 by Dr. Mark Feldman, executive director, New York State Dental Association.

**Background:** Becoming an ADA Life Member is a noted milestone in our members' professional career. It symbolizes a commitment to service, ethics and professionalism and to the organization. Active Life Members receive a dues reduction at reaching the age of 65 with 40 years of ADA membership. It would seem appropriate to further acknowledge those who have attained the age of 80 and have actively supported the ADA with 50 years of membership with special recognition and thanks and the granting of a dues exemption. This resolution is being proposed to the House of Delegates of the American Dental Association (ADA) by the Second Trustee District (New York State Dental Association) for consideration at its upcoming ADA Annual Session:

**36. Resolved,** that Chapter I, Section 20Bc(1) of the *Bylaws* of the American Dental Association be amended as follows (new language underscored; ~~deletions stricken through~~):

(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 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 seventy-five percent (75%) of any active member special assessment, due January 1 of each year. An active life member who has been an active and/or life member in good standing for a total of fifty (50) years, and has attained the age of eighty (80) years in the previous calendar year shall be exempt from the payment of dues and assessments.

and be it further

**Resolved**, that constituent and component societies of the American Dental Association be urged to adopt similar amendments to their bylaws.

**BOARD COMMENT:** The Board appreciates the thoughtful work of the New York State Dental Association and values those members who have been long-time members of the American Dental

Association. In considering all factors of the proposed *Bylaws* change, including the financial impact, the further fragmentation of membership categories, and the complexity of administration this additional dues category will cause, the Board believes the best course of action is to refer the proposed *Bylaws* change to the appropriate ADA agencies for consideration and request a report of the findings be made to the 2015 House of Delegates.

**BOARD RECOMMENDATION: Vote Yes on Referral.**

**Vote: Resolution 36**

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| BUCKENHEIMER | Yes | FEINBERG | Yes | KIESLING | Yes | STEVENS | Yes |
| COLE | Yes | GOUNARDES | Yes | KWASNY | Yes | SUMMERHAYS | Yes |
| CROWLEY | Yes | HAGENBRUCH | Yes | ROBERTS | Yes | YONEMOTO | Yes |
| DOW | Absent | ISRAELSON | Yes | SCOTT | Yes | ZENK | Yes |
| FAIR | Yes | JEFFERS | Yes | SHENKIN | No | ZUST | Yes |

Resolution No. 64 New

Report: N/A Date Submitted: August 2014

Submitted By: Fourteenth Trustee District

Reference Committee: E (Membership and Related Matters)

Total Net Financial Implication: $50K to $80K Net Dues Impact: $0.45 to $0.72

Amount One-time _____ Amount On-going _____ FTE 0.10

ADA Strategic Plan Objective: Membership-Obj. 3: 10% increase in assessment of member value

How does this resolution increase member value: See Background

**STUDENT LOAN MEMBERSHIP BENEFIT**

The following resolution was adopted by the Fourteenth Trustee District and transmitted on August 24, 2014, by Dr A.J. Smith, chair, Resolutions Committee.

**Background:** There is little doubt that among the most important and difficult problems currently facing the profession is out-of-control student debt. It threatens traditional delivery systems and our ability to sustain and improve membership levels. While a complex problem, providing a member benefit that allowed student debt to be refinanced at a lower rate would increase the value of membership and entice young indebted dentists to look to the Association as an important resource throughout their careers. Even a modest interest rate improvement would more than offset the cost of membership dues. As members the other valuable benefits would be readily apparent.

**Resolution**

**64. Resolved,** that the ADA attempt to negotiate a long-term agreement with a reputable national lender to establish a member benefit that would provide dental students a lower interest rate educational loan as long as ADA membership is maintained.

**BOARD COMMENT:** Earlier this year, ADA staff, at the direction of the ADA Board of Trustees, began exploring the possibility of partnering with a financial institution to help new dentists refinance their student loans at lower interest rates than the current market. Initial research with several stakeholders in the student loan market revealed that this is a much more complex problem with many underlying issues that must be thoroughly investigated to understand the current borrowing environment and identify potential opportunities to provide member benefits.

As a result, the ADA has issued an RFP to identify a qualified consultant to educate the ADA on the graduate student loan marketplace, and to report on the current conditions in the market for student loans from the perspective of dental students, recent dental school graduates, as well as financial institutions and to understand the needs of these borrowers and to make recommendations to the ADA on potential opportunities to partner with specific entities capable of entering into an agreement with the ADA to provide member benefit programs. Those member benefits may include but are not limited to dental student debt management services, student loan programs including gap loans and/or student debt refinancing options.

It is expected that this due diligence will enable the Membership Council and the ADA Board of Trustees to select appropriate courses of action to help new dentists in the area of debt management in the near term. The Board will report on the results of this work to the 2015 House.

**BOARD RECOMMENDATION: Vote Yes on Referral.**

**Vote: Resolution 64**

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| BUCKENHEIMER | Yes | FEINBERG | No | KIESLING | No | STEVENS | Yes |
| COLE | Yes | GOUNARDES | Yes | KWASNY | Yes | SUMMERHAYS | Yes |
| CROWLEY | No | HAGENBRUCH | Yes | ROBERTS | Yes | YONEMOTO | Yes |
| DOW | Absent | ISRAELSON | Yes | SCOTT | Yes | ZENK | Yes |
| FAIR | Yes | JEFFERS | Yes | SHENKIN | No | ZUST | Yes |

Resolution No. 104 New

Report: NA Date Submitted: September 17, 2014

Submitted By: Dr. Barbara Mousel, delegate, Illinois

Reference Committee: E (Membership and Related Matters)

Total Net Financial Implication: 104---$40,000; 104B---$0 Net Dues Impact: 104---$0.36

Amount One-time 104---$40,000 Amount On-going FTE 0.25

ADA Strategic Plan Objective: Membership-Obj. 3: 10% increase in assessment of member value

How does this resolution increase member value: See Background

**CONTINUATION OF THE STAND ALONE ANNUAL NEW DENTIST CONFERENCE AS A VISIBLE MEMBER BENEFIT FOR NEW DENTIST ADA MEMBERS**

The following resolution was submitted by Dr. Barbara Mousel, delegate, Illinois, and transmitted on September 17, 2014.

**Background:** The 28th ADA New Dentist Conference took place in Kansas City, Missouri in July 2014. At the Conference, the ADA Board of Trustees informed the ADA New Dentist Committee of their decision to eliminate the New Dentist Conference, without a formal plan to replace it. This was announced only to the members of the ADA New Dentist Committee, and was not communicated to the general attendees at the meeting. This decision comes as a surprise to many new dentist ADA members, as the Conference is overwhelmingly regarded as a very worthwhile event and receives consistent positive and enthusiastic evaluations from its attendees. Attendees value the small setting, the leadership programming and interactions, socializing with and learning from peers, and attending quality, affordable CE with others in the same career stage.

The Conference is typically three days, with a full day focused on leadership development and the remainder offering CE on clinical topics particularly relevant to new dentists. The leadership day typically offers a Q & A panel featuring the ADA President and Executive Director, and various opportunities throughout the day for attendees to network with the Board of Trustees. Attendees are able to have a candid two-way conversation with ADA leadership and educate them about what matters most to new dentists. The leadership day also includes a hot topics roundtable discussion and an idea exchange. The idea exchange generates a great deal of discussion as attendees share programming successes and failures with their cohorts from around the country, and also serves as a springboard for new recruitment and retention endeavors for attendees to take back to their components and states to implement. For this very reason, the reach of the Conference is far greater than just the number of people who are physically at the conference.

The reasons cited for elimination of the Conference as a standalone meeting include cost and failure to meet arbitrarily assigned metrics. It has been suggested that the Conference be completely absorbed by ADA Annual Session, in order to reach more new dentists. At present, the only effort to replace the three-day standalone New Dentist Conference is to offer new dentists attending Annual Session a 20% discount on a select CE track which includes eight courses and a $25,000 stipend to enhance a presence at the ADA Annual Meeting.

There are several disadvantages to eliminating the standalone New Dentist Conference and redirecting its attendees to register for Annual Session instead. Perhaps the greatest loss is the very visible, tangible, and unique member benefit targeting one of the demographics the ADA says it is most interested in growing. On its surface, this change may be viewed as sending a message of indifference to this valuable demographic. The New Dentist Conference offers a very focused, intimate meeting environment, where attendees can truly get to know and learn from each other, compared to the anonymity of a large, sprawling conference such as Annual Session. Additionally, Annual Session is much longer in duration compared to the New Dentist Conference, making it more difficult for new dentists, who typically have young families and new practices, to attend. The New Dentist Conference is generally held at easily accessible, more affordable venues, compared to the top-tier cities chosen to host Annual Sessions. Both the location and the longer duration of Annual Session, as well as the potential for the unique focus on matters of most interest and concern to the new dentist (which the standalone provided) could make it less attractive on top of making it financially more difficult for new dentists to attend, and receive a cost-effective benefit, especially since they are likely in the midst of repaying student loans, practice loans, or both.

Regarding the issue of attendance, the Conference has averaged 345 registrants per year since 1992. By redirecting new dentists to Annual Session, the emphasis appears to be on quantity over quality. Approximately 1,000 new dentists attend Annual Session; however, many of them do not hold or desire to hold leadership positions within their state or component. They are new dentists in the general membership, and have a lower level of involvement than the average attendee of the New Dentist Conference. Attendees of the Conference have very different objectives because they already hold leadership positions or are aspiring leaders. Fostering leadership as is done on the small scale at the New Dentist Conference will not be able to be duplicated on the larger stage of Annual Session.

Regarding the issue of cost, the Conference has been revenue-neutral since 2010 when studying direct costs. In fact, in 2014, sponsorship and registration fees exceeded direct costs for a net gain of $112,963. When adding indirect costs such as staff time and travel for the Board, the 2014 Conference ran at a loss of $118,688. However, to say that staff time and travel for the Board should be the reason for discontinuing a highly-regarded member benefit would be short sighted. The ADA operates a great deal of programs, all of which require staff time, and many of which require travel by ADA leaders; that fact alone should not be grounds for elimination of these programs. The ADA is constantly making investments for the betterment of the organization. New dentist membership is critically important to maintaining the ADA's membership market share, which in turn, is key to the long-term strength of the ADA. Thus new dentists are worth investing in for the future of the organization, and the ADA should remain committed to programs that focus on growing, not marginalizing, this demographic.

**Financial Impact:** Dependent upon attendance at 2015 New Dentist Conference.

**Resolution**

**104. Resolved**, that the Board of Trustees be urged to reinstate the New Dentist Conference as a standalone conference for 2015, and be it further

**Resolved**, that the Board of Trustees be urged to request the Council on ADA Sessions use their expertise and negotiating authority to assist the New Dentist Committee in planning a reinstated standalone meeting associated with the New Dentist Conference, and be it further

**Resolved,** that the ADA President be urged to appoint a special committee comprised of four ADA member new dentists, two members of the ADA Board of Trustees, three Delegates from the ADA House of Delegates and appropriate ADA staff, to study this matter, with a report to be presented to the 2015 ADA House of Delegates regarding a plan for future New Dentist events.

**BOARD COMMENT:** The Board appreciates the sentiment and concern of the delegate and others regarding the ADA New Dentist Conference. New dentists are a key member segment and critical to the future of the ADA; the Board is very focused on meeting the needs and exceeding the expectations of new dentists. The Board carefully weighed the options for the New Dentist Conference prior to deciding to move the event to America's Dental Meeting, beginning in 2015, with a focus on preserving the unique value and intimacy of the standalone conference. Engaging significantly more new dentists and exposing new dentist members to ADA's premier dental meeting were also critical decision criteria.

In the past five years, the New Dentist Conference engaged 220 new dentists on average per year. The annual meeting touched more than 1,300 new dentists on average per year during the same period.

The New Dentist Committee has *Bylaws* responsibility to provide the Board of Trustees with expertise on issues affecting new dentists. The budget for the 2015 New Dentist Conference was retained and enhanced so that additional programming could be developed. Historically, the New Dentist Committee has one *ex officio* to the Council on ADA Sessions (CAS). Two additional NDC representatives to CAS were recently approved by the Board of Trustees to ensure that the new dentist perspective is being considered in the Council's work.

The Board will review the success of the integrated model at the ADA 2015 and ADA 2016 and is committed to reviewing the best course of action going forward from there, based on those findings. Accordingly, the Board is proposing the following substitute resolution:

> **104B. Resolved,** that the Board of Trustees monitor and evaluate the New Dentist Conference, as a meeting within a meeting, during ADA 2015 and ADA 2016 and report to the 2017 House with an evaluation of whether the New Dentist Conference should remain a meeting within a meeting, during the annual meeting, or should be reinstated as a standalone conference or some other option, to be determined, based on findings at the time.

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

**Vote: Resolution 104**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| BUCKENHEIMER | Yes | FEINBERG | Yes | KIESLING | Yes | STEVENS | Yes |
| COLE | Yes | GOUNARDES | Yes | KWASNY | Yes | SUMMERHAYS | Yes |
| CROWLEY | Yes | HAGENBRUCH | Yes | ROBERTS | Yes | YONEMOTO | Yes |
| DOW | Absent | ISRAELSON | Yes | SCOTT | Yes | ZENK | Yes |
| FAIR | Yes | JEFFERS | Yes | SHENKIN | Yes | ZUST | Yes |

Resolution No. N/A N/A

Report: Board Report 9 Date Submitted: September 2014

Submitted By: Board of Trustees

Reference Committee: E (Membership and Related Matters)

Total Net Financial Implication: None Net Dues Impact: None

Amount One-time _____ Amount On-going _____ FTE 0

ADA Strategic Plan Objective: Membership-Obj. 3: 10% increase in assessment of member value

How does this resolution increase member value: See Background

**REPORT 9 OF THE BOARD OF TRUSTEES TO THE HOUSE OF DELEGATES: ANNUAL REPORT OF THE NEW DENTIST COMMITTEE**

**Background:** The New Dentist Committee serves as the voice of the new dentist within the American Dental Association, representing new dentists' views to the ADA Board of Trustees and other agencies. It monitors and anticipates new dentist needs and advocates for the development of member benefits, services, and resources to facilitate professional and practice success. The Committee fosters the next generation of leadership within organized dentistry by building community and facilitating new dentist leadership development at the state, local and national level of the ADA.

**Committee Composition:** The following individuals served as members of the New Dentist Committee in 2013-2014: Dr. Brian Schwab, Pennsylvania, chair; Dr. Michael LeBlanc, Kansas Dr. Dan Bruce, Idaho; Dr. Eric Childs, Michigan; Dr. Rachel Hymes, Tennessee; Dr. Jill McMahon, Illinois; Dr. Emily Ishkanian, Nevada; Dr. Chris Hasty, Georgia; Dr. Andrea Janik, Texas; Dr. Irene Marron-Tarrazzi, Florida; Dr. Heather Maupin, Indiana; Dr. Timothy Oh, Maine; Dr. Edgar Radjabli, Maryland; Dr. Ryan Ritchie, Minnesota; Dr. Justin Norbo, Virginia; Dr. Rex Yanase, California; Dr. Kendra Zappia, New York.

The Committee's liaisons include Jenna Hatfield-Waite, American Student Dental Association and Federal Dental Services consultants, LCDR Dea Brueggemeyer (U.S. Navy), CPT Archie Cook (U.S. Air Force), CPT Jillian Dettloff-Seglem (U.S. Army), LCDR Justin Vos (U.S. Public Health), Dr. Samuel Willens (U.S. Veterans Affairs).

**Supporting the Strategic Plan: Activities, Results and Accomplishments**

The New Dentist Committee supports the 2011-2014 ADA Strategic Plan goals to provide support to members so that they may succeed and excel throughout their careers.

**Success Dental Student Programs:** To help dental students achieve professional success and position the ADA as a valuable resource, volunteer dentist members present the Success programs to dental students at dental schools. The Success program consists of four programs, one for each year of dental school. All programs are available to every school every year. During the 2013-2014 academic year, the ADA presented 99 Success programs in 43 dental schools, reaching more than 7,500, or 34%, of dental students. This level of participation is on par with recent years.
Three state dental societies hosted Success programs in 2013-2014, and at least two other societies participated in programs hosted by a dental school. The fall 2013 and spring 2014 Success schedules were posted on ADA Connect and state and local dental societies were invited to attend these programs

via the *Membership Contacts & Connection* e-newsletter. Two Success programs were coordinated or initiated by an ASDA leader in 2013-2014. Success is promoted to ASDA leadership via the *ASDA Leader* e-newsletter.

The Success Dental Student Programs are presented at no cost to dental schools or dental students; sponsorship helps underwrite the cost of the program. In 2013, the ADA received $145,000 in sponsorship revenue for the 2013-2014 Success programs, an increase of $50,000 over the previous year. All but one of the six sponsors of the 2013-2014 programs has renewed their commitment for the upcoming program cycle. Sponsors report that the opportunity to interact face-to-face with dental students is the greatest benefit to sponsorship of the Success programs. Sponsors are invited to attend fourth-year programs, however, a number of schools have strict no-vendor policies that prohibit sponsors from participating in the Success programs. Additionally, there were at least two instances last year where a Success program sponsor was considered a competitor to a product endorsed by the state dental society. These challenges will be considered in the development of any new student outreach programs by the ADA.

While program evaluations from students, speakers and schools are consistently positive, with numeric ratings in the top quintile, comments from the evaluations provide more relevant information about the impact of the program. Comments from students reveal that they value hearing relatable, engaging speakers share their experiences with life as a dentist. They also preferred shorter presentations and content that was applicable to them at their current stage in dental school. Volunteer speakers rated the program content lower than in previous years, and several speakers recommended an “overhaul” of the program content to make it more substantive. Participating schools generally found the program to be valuable, though they noted that accommodating multiple, multi-hour presentations in the busy academic calendar is difficult. Although the majority of dental schools had not included their state or local dental society in their Success programs, the vast majority believed that their participation would be valuable.

In January, the New Dentist Committee recommended including information on Evidence Based Dentistry (EBD), as well as the work of the New Dentist Committee, the New Dentist Network, and ASDA in the Success presentations. Additionally, in 2013, the Board of Trustees recommended that the Committee include more information on student loan debt in the Success presentations. The PowerPoint presentations were updated for the 2014-2015 year based on these recommendations and the new programs launched August 1. Additional promotions to increase the visibility of the Success program among state and local dental societies as well as ASDA leader involvement will be increased.

At its meeting in July, the New Dentist Committee resolved to establish a workgroup to explore and oversee the development of a new student outreach program along with guests from ASDA and other ADA agencies. This new program would launch August 2015 for the 2015-2016 academic year. The new product is intended to replace or redefine the Success program, and is a key tactic of the Dental School Strategy.

**Leadership Development and Recognition:** New dentists represent about 24% of dentists overall. Bringing the new dentist perspective to leadership in the ADA and the state and local societies is an important role of the New Dentist Committee.

The New Dentist Network engages new dentists, develops leaders and contributes to and influences resources that add member value. It has over 800 contacts and is comprised of new dentist committees and volunteers, ASDA leaders and society staff at all three levels of the ADA. ASDA leaders were invited into the Network in 2014 to encourage continued involvement after dental school. An ADA Connect community for the Network has been built and will be launched later this year.

A total of 38 or 72% of state dental societies have a new dentist committee and a table with this information can be found in Appendix 1. The New Dentist Committee reaches out to societies without a committee to support the development of one and/or to help societies enhance its current Committee. Free workshops are available to the societies and two have been scheduled for 2014. Additionally, the Wisconsin Dental Association is in the process of developing a committee and new dentists with the Iowa Dental Association are interested in starting a committee after participating in the 2014 New Dentist Conference.

Each year, the New Dentist Committee recognizes outstanding committees, programs and individuals for their accomplishments in leadership. This year, the New Dentist Committee recognized the following winners of the New Dentist Awards:

- Golden Apple Award for New Dentist Leadership:
  Dr. Dustin Burleson, Greater Kansas City Dental Society

- Golden Apple Award for New Dentist Legislative Leadership:
  Dr. Christopher Herzog, Washington State Dental Association

- New Dentist Committee Outstanding Program Award of Excellence:
  San Antonio District Dental Society Committee on the New Dentist

- Outstanding New Dentist Committee Award:
  Illinois State Dental Society New Dentist Committee

**New Dentist Engagement and Outreach:** Supporting state and local dental societies with new dentist member engagement is one way the New Dentist Committee can impact membership. A 2014 new dentist outreach plan was developed for the Florida Dental Association New Dentist Committee to increase membership and engagement among new dentists in the state. Staff is working closely with the New Dentist Committee to implement the plan. Similar plans for other dental societies are in development, and this approach supports the larger Power of Three initiative.

The New Dentist Committee, New Dentist Network members and staff participated in various events throughout the country to encourage new dentist involvement and demonstrate member value for new dentists, including the ADA Recruitment & Retention Conference, a New Dentist Network Leader Event in Illinois and Florida, the Midwest Dental Conference in Kansas City and others.

**Supporting the Dental School Strategy:** The New Dentist Committee held a dental school outreach strategic discussion at its meeting in July. One area of focus for the Committee is the revision of the Success Dental Student Program. A workgroup to overhaul the Success program has been established. The New Dentist Committee also participated in the advisory team for the dental school strategy.

As a result of New Dentist Committee outreach, more regular communications among new dentist committee members and students are occurring. New Dentist Committee members reported the following interactions with students and new dentists in state and local societies this past year: volunteering at dental charity events, participation in Signing Day programs, participation in new dentist and/or student receptions at state meetings, sitting on a panel at dental school events, speaking at Success programs and others.

Additionally, New Dentist Committee Alumni Dr. Chris Salierno spoke at the ASDA National Leadership Conference in November and Dr. Ruchi Sahota spoke during the ASDA Annual Session opening session in Anaheim, CA in March. New Dentist Committee and Office of Student Affairs staff attended the meeting and participated in the vendor fair providing students with information on ADA benefits and networked with students. The New Dentist Committee also participated in the ADEA Dental Student Virtual Fair in February. Attendees had the opportunity to interact with the New Dentist Committee participants.

**New Dentist Conference:** The 2014 ADA New Dentist Conference was held July 17-19 in Kansas City where 400 registered for the meeting. A full day of leadership programming kicked off the conference and featured a keynote address, several breakout sessions and an interactive Hot Topics in the Round session with ADA leaders. Nearly all the members of the ADA Board of Trustees participated in this year's Conference. In addition, the American Dental Political Action Committee (ADPAC) Board held its meeting in conjunction with the New Dentist Conference so that they could interact with new dentists. The Conference offered up to 13 hours of CE. Attendees gave positive evaluations of the leadership, clinical and practice management programming.

Of the 400 who registered for the meeting, 233 (almost 60%) were new dentists, 29 were dental students, 19 were Officers and Members of the Board and 15 were New Dentist Committee members. Of the 233 new dentists, 23 were 2014 graduates. The remainder was a mix of other dentist attendees, speakers, sponsors, society staff, ADA staff and guests. This was the most well-attended conference since San Diego in 2010.

The New Dentist Committee worked closely with the Dean of the University of Missouri – Kansas City (UMKC) to encourage student attendance at the conference. Fourth year dental students were invited to attend a reception hosted by both the New Dentist Committee and the BOT and was held the evening before the conference in a location near the school. In collaboration with the MDA and KDA, UMKC sponsored conference registration for the fourth year dental students and 2014 UMKC graduates. There were a total of 40 dental students and 2014 graduates from UMKC.

The chart below outlines a five-year trend for the Conference attendance.

| ***New Dentist Conference Attendance 2010-2014*** | | | | | |
|---|---|---|---|---|---|
| ***Year*** | **2014** *KC* | **2013** *Denver* | **2012** *DC* | **2011** *Chicago* | **2010** *San Diego* |
| ***Total Attendees*** | 400 | 300 | 263 | 330 | 409 |
| ***New Dentist Attendees*** | 233 | 178 | 166 | 206 | 281 |
| ***Repeat Attendees**** | 33 | 23 | 15 | 30 | 22 |
| ***New Attendees**** | 223 | 168 | 143 | 206 | 250 |

****Excludes ADA Board Members, Sponsors, Speakers and ADA Staff. This number was estimated based on past attendee records since the 2003 New Dentist Conference.*

The New Dentist Conference will be refashioned at the ADA Annual Meeting, beginning with the 2015 meeting in Washington D.C. The budget for the New Dentist Conference was retained in the 2015 NDC budget; however, there are expected economies of scale that should allow for reduction in duplication of costs and work with this move. The New Dentist Committee will work in collaboration with Council on ADA Sessions to determine the format and programming for the re-envisioned Conference. At its July meeting, the New Dentist Committee agreed to establish a workgroup to develop a vision and mission for new dentist programming expansion at the ADA Annual Meeting.

**2014 ADA Annual Meeting**: The New Dentist Committee works to encourage new dentists to attend the ADA Annual Meeting, monitors participation, collaborates with the Council on ADA Sessions (CAS) to cosponsor a track for new dentists and evaluates the track's success. This year their collaboration led to a 20% discount off the fee courses in the New Dentist Track. The New Dentist Committee regularly promotes the meeting, specifically the New Dentist Reception, and developed a new dentist guide to the meeting highlighting all activities of interest to new dentists.

The chart below outlines a five-year trend for new dentist attendance at annual session.

| ***Annual Session New Dentist Attendance 2009-2013*** | | | | | |
|---|---|---|---|---|---|
| ***Year*** | **2013** *New Orleans* | **2012** *San Fran* | **2011** *Vegas* | **2010** *Orlando* | **2009** *Hawaii* |
| ***Total Dentists*** | 7,225 | 10,147 | 7,732 | 6,931 | 7,405 |
| ***New Dentist Attendees*** | 1,063 | 1,727 | 1,479 | 1,150 | 1,356 |

**New Dentist Membership:** At the end of 2013, more than 30,000 (65.8%) new dentists are members of the ADA, which is slightly higher than ADA membership market share for all active licensed dentists, which is at 65.5%. While the number of new dentist members is increasing, the market share has decreased since last year, when it was 66.2% at the end of 2012. This is due to market growth. The continuation of the reduced dues program, increased marketing communications as well as new dentist outreach at the local level helps to recruit and retain this segment. The following chart demonstrates the trend over the past 10 years.

**Advocacy**: About 10% of new dentists are members of ADPAC. The number of new dentist participants at the Washington Leadership Conference doubled in 2014 from 2013, from 16 to 32. One of the reasons for this increase is that ADPAC is now funding an additional new dentist Action Team Leader (ATL) for every state. ADPAC started this initiative in 2013 and continued in 2014, with the efforts directly related to the collaboration between New Dentist Committee and ADPAC. These increased efforts mean that new dentists and societies are more aware of the value of new dentist participation.

**New Dentist Communications:** To help new dentists succeed in their practice and personal lives, the New Dentist Committee published four issues of *ADA New Dentist News*, which is distributed to new dentists and dental students as a wrap on the ADA News. The New Dentist Now blog reached its one-year anniversary in July. The blog can be found at http://newdentistblog.ada.org/. The *New Dentist Now* blog has had 25,772 total visits from its launch on June 17, 2013 through mid-August 2014. Increasing new and repeat traffic is an area of opportunity and an updated communications plan is in development to build awareness and drive traffic.

## Emerging Issues and Trends

As the voice of the new dentist, the New Dentist Committee is the key agency to monitor professional issues and trends for the newest dental practitioners. In this role, the New Dentist Committee reviews and makes recommendations regarding financial and debt issues, licensure information, practice patterns and other emergent issues.

**New Dentist Representation:** The New Dentist Committee continues to monitor new dentist participation at the House of Delegates and works with their state and local dental societies to increase new dentist participation in leadership overall. New dentist representation in the House of Delegates is slowly increasing. The following chart represents the number of new dentists for the past four years:

| ***Year*** | ***2014*** | ***2013*** | ***2012*** | ***2011*** |
|---|---|---|---|---|
| ***ND Delegates*** | 8 (1.7%) | 7 (1.5%) | 7 (1.5%) | 6 (1.3%) |
| ***ND Alternate Delegates*** | 23 (6.5%) | 18 (4.8%) | 8 (1.9%) | 7 (1.6%) |
| ***Total*** | 31 | 25 | 15 | 13 |

**2014 data as of July 24. The final demographic report will be available after the close of the House of Delegates.*

At the 2013 House of Delegates, there were three districts that did not have a new dentist on its delegation: Districts 12, 15, and 16. The remaining districts had at least one new dentist delegate or alternate delegate in 2013. Seventy-one percent of new dentist delegates were women and 56% of the new dentist alternates were women. In 2014, six members of the NDC will serve as delegates and alternates. The *Manual of the House of Delegates* indicates which delegates are new dentists by an asterisk.

**Student Debt***:* Board Report 13 to the 2013 House of Delegates (Supplement 2013:3036) reported on the findings of a workgroup on dental education and dental student debt. At its July meeting, the New Dentist Committee discussed the student debt issue and its impact on new dentists. The New Dentist Committee approved a collaboration effort with ADA Business Resources, and other ADA agencies, to explore potential loan products and financial management resources for dentists.

**Ethical Considerations in Licensure***:* The New Dentist Committee monitors trends in dental education and helps to facilitate improvements in the dental licensure process. At its July meeting, the New Dentist Committee determined that the ethical and financial consideration of live patient examinations for licensure is a pressing issue for dental students and new dentists. The Committee is urging the Council on Dental Education and Licensure to share the results of its current licensure study with the Committee, and in light of the results, urge the Council on Ethics, Bylaws and Judicial Affairs to re-evaluate the ADA's policy on the use of patients in the clinical examination process.

**New Dentist Issues:** At its July meeting, the New Dentist Committee, in its advisory role, determined that the following are the most pressing issues/concerns of new dentists in 2014:

- Student debt and financial management
- Employment/Job Opportunities
- Reimbursement and third-party issues
- Preventative care and access to care
- Workforce issues: Mid-level providers providing care
- Group Practice trends and ADA resources for dentists as small business owners
- Maintaining best practices for communication strategies

The New Dentist Committee recommends that the Board consider such issues in its work.

## Responses to House of Delegates Resolutions

The New Dentist Committee did not have any assignments from the 2013 House of Delegates.

## Self-Assessment

The New Dentist Committee completed its self-assessment in accordance with Resolution 1H-2013 and submitted it to the Board at its July 2013 meeting. The report was referred to the Governance Committee, a standing committee of the Board, for review. A joint workgroup of the Governance Committee and the New Dentist Committee was established to accomplish the shared goal of enhancing the New Dentist Committee impact as an advisory committee of the Board. At the time of this report, discussions with members of the Governance and New Dentist Committees were underway to identify key areas of responsibility where the new dentist perspective can be especially valued.

## Policy Review

The New Dentist Committee was not scheduled to review any policies in 2014.

## Summary of Resolutions

The New Dentist Committee is not submitting resolutions for consideration in 2014.

**Committee Minutes**

For more information on recent activities, see the Committee's minutes and unofficial major actions on ADA.org.

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

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

**Appendix I**

| States With New Dentist Committees | |
|---|---|
| Alabama Dental Association | Council |
| Arizona Dental Association | Council |
| Arkansas Dental Association | Ad hoc committee |
| California Dental Association | Standing committee |
| Colorado Dental Association | Standing committee |
| Connecticut State Dental Association | Subcommittee of a council or committee |
| Florida Dental Association | Subcommittee of a council or committee |
| Georgia Dental Association | Standing Committee |
| Hawaii Dental Association | Board appointed committee |
| Idaho State Dental Association | Standing committee |
| Illinois State Dental Society | Standing committee |
| Indiana Dental Association | Council |
| Kansas Dental Association | Subcommittee of a council or committee |
| Kentucky Dental Association | Ad hoc committee |
| Louisiana Dental Association | Council |
| Maine Dental Association | Standing Committee |
| Massachusetts Dental Society | Standing committee |
| Maryland State Dental Association | Standing committee |
| Minnesota Dental Association | Standing committee |
| Missouri Dental Association | Standing committee |
| Mississippi Dental Association | Subcommittee of a council or committee |
| Montana Dental Association | Standing committee |
| North Carolina Dental Society | Standing committee |

| | |
|---|---|
| North Dakota Dental Association | Ad hoc committee |
| New Hampshire Dental Society | Standing committee |
| New Jersey Dental Association | Standing committee |
| Nevada Dental Association | Board appointed committee |
| New York State Dental Association | Subcommittee of a council or committee |
| Ohio Dental Association | Subcommittee of a council or committee |
| Oklahoma Dental Association | Standing committee |
| Oregon Dental Association | Standing Committee |
| Pennsylvania Dental Association | Council |
| Rhode Island Dental Association | Subcommittee of a council or committee |
| South Carolina Dental Society | Standing Committee |
| Tennessee Dental Association | Standing committee |
| Texas Dental Association | Standing committee |
| Vermont State Dental Society | Standing committee |
| Wyoming Dental Association | Standing committee |

Resolution No. 107 New

Report: N/A Date Submitted: September 2014

Submitted By: Sixteenth Trustee District

Reference Committee: E (Membership and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Organizational Capacity-Obj. 6: Role and responsibility of each element of the tripartite clearly defined and agreed upon

How does this resolution increase member value: See Background

**AMENDMENT OF ADA *BYLAWS* TO PERMIT THE OPTIONAL DELEGATION BY STATE SOCIETIES OF DUES COLLECTION TO THE ADA**

The following resolution was adopted by the Sixteenth Trustee District and transmitted on September 29, 2014, by Mr. Phil Latham, executive director, South Carolina Dental Association.

**Background:** Aptify software has been deployed in many constituents. This software allows for a more seamless interface between the ADA and constituents in key areas like membership data. It will allow for the possibility of the ADA collecting dues for state societies.

Some constituents may find collection of dues an onerous burden they wish not to continue. By making the following change in the ADA *Constitution and Bylaws*, the House of Delegates enables the possibility of the ADA's collection of dues on behalf of states who request it.

Therefore, the following bylaws change is needed:

**Resolution**

**107. Resolved,** that Chapter II Constituent Societies, Section 30 Powers and Duties, Subsection E of the ADA *Bylaws* be amended as follows (new language underscored):

> E. It shall be its duty to collect membership dues and any special assessment for this Association in conformity with Chapter 1, Section 20, of these Bylaws. At its option, any constituent dental society may delegate to the ADA the collection of membership dues pursuant to this provision.

**BOARD RECOMMENDATION: Received after the September Board of Trustees session.**

**REPORT OF PRESIDENT**

Mr. Speaker, members of the House, and my dear friends and colleagues:

Good afternoon.

Author John Steinbeck once said: “A journey is a person in itself – no two are alike.”

Well, the journey that's taken me to this moment - as I conclude my service as the 150th ADA President - has been an extraordinary one.

It’s taken me to places I never dreamed I’d visit. It’s allowed me to make friends I never knew I’d meet. It’s given me the opportunity to serve dentistry in ways I never knew possible.

My journey began when I was a boy in Cary, North Carolina. When I was growing up, my dentist, one of two in my small town, inspired me to enter the dental profession. He thought it was a perfect match since I loved science and I was intrigued with the clinical side of dentistry. And he was right! I am sure many of you here in the House today could relay a similar experience.

It’s a lesson for all of us, that we often have the chance to influence the next generation of dentists. In many ways, we can provide guidance for our patients interested in a career in dentistry and that gives us a unique opportunity to shape the future of our profession. We should take that responsibility seriously.

I have spent a 37 year career as a practicing dentist, and yet I've always believed a dentist's journey should be about more than just going to the office every day. It should be about giving back to our profession in some meaningful way – through teaching, or mentoring, or volunteering.

In my case, I've been honored to serve organized dentistry as a volunteer leader at many levels, culminating in my presidency.

I know that everyone in this room shares my passion and I commend you for your service for our profession.

Over the last two years, traveling the country, I have emphasized the importance of growing our membership market share by addressing today’s challenges and by delivering real value and solutions to our members.

Rising student debt is putting great financial strain on our new dentists and potentially may limit their career options.

We're seeing shifting ways of delivering dental services, increasing consumerism and greater competition within the industry.

Our economy continues to struggle and many Americans - especially low income adults - don't have the coverage needed to maintain proper dental health. This, of course, has led to a decline in dental visits and a rise in trips to emergency rooms for those suffering from dental pain.

That reality is weighing heavily on our students and young graduates, the demographic which we desperately need to attract as members.

Last week at our 16th District caucus, we had five students representing the four dental schools in our district participate in our discussions and they shared their concerns for their future with the entire

delegation. In fact, we asked them to pose questions of their choice to the President Elect candidates and one question was very telling.

The students wanted to know how the ADA could help address their main concerns of student debt, opportunities for employment, changing practice models and their perception that we have an oversupply of dentists due to less demand for dental services in the face of increased student enrollments.

Now, more than ever, dental professionals need a strong and dynamic ADA to help them in these challenging times, as well as to promote and enhance the dental health of the American public.

The award winning author, Peter Drucker, says about change "The greatest danger in times of turbulence is not the turbulence; it is to act with yesterday's logic."

Fortunately for us, we haven't had to act blindly or with yesterday's logic thanks to the ADA's Health Policy Institute– formerly the Health Policy Resources Center.

Marko Vujicic and his team are providing us constant data on the transitions happening in dentistry including a wealth of information on a wide range of topics, from dental utilization rates to the impact of the Affordable Care Act.

The work they're doing is invaluable in helping us determine how we as a profession can best move forward.

When thinking about how we should respond to our challenges, I'm reminded of a quote from O.Henry, a great American author who hailed from my hometown of Greensboro and who also had a special connection to San Antonio as well, having lived here in the "Alamo City," during the 1890s working as a newspaper editor.

Many of his short stories were set here, featuring individuals who struggled to make their way through life's challenges.

A line from one of those stories – "A Fog in Santone" – offers guidance to us as we navigate our association through the challenges facing the dental profession:

**"We may achieve climate," O.Henry wrote, "but weather is thrust upon us."**

Put another way: in life, we can try to control our environment – our "climate." But no matter how hard we try, sometimes circumstances arise that pop up without warning. Much like bad weather does.

Now we can't *prevent* bad weather. We can't stop tornadoes or keep thunderstorms from happening or block hurricanes. But we *can* control how we deal with them by taking the steps required to protect ourselves, our loved ones and our property in an emergency.

By working together, we can protect our members and our profession, we can help members thrive and prosper in this challenging new climate, and we can build a stronger and more dynamic ADA for the next generation.

**This year, we've started down that path.**

Traditionally, the President's Farewell address is an opportunity to talk about the year's accomplishments and provide some thoughts for the future. So, for the next few minutes, I want to let you know how we are responding to this changing environment.

In my House of Delegates speech last year, I previewed a new collaborative vision that would be unveiled this year. We call it the Power of Three because it emphasizes stronger collaboration among all three levels of our organization: the local, the state and the national.

The Power of Three aims to make sure the ADA, at every level, remains a dynamic and vibrant association that helps every member succeed.

Earlier this year, the Board of Trustees sent an open letter to leaders at all levels of the ADA asking for your endorsement for this vision, and I want to thank the hundreds of you that responded with your support.

And at its heart, this initiative has meant transforming the ADA in new and innovative ways – ways that help us be even more productive in engaging our members and ensuring they continue to be the key focus of our work.

The strength of the Power of Three is essential to the successful implementation of our new Strategic Plan, Members First 2020.

The Plan's mission, "to help all members succeed," reflects the efforts we've been making to enhance the member experience and ensure the ADA remains a strong, dynamic and growing organization.

Members First 2020 involves three goals that provide a road map to success:

First, our **Membership Goal** seeks to **increase ADA member value and engagement.**

Second, our **Financial Goal** aims to **ensure ADA remains financially stable in the years to come.**

Third, our **Organizational Capacity Goal** calls for **all levels of the ADA to be able to meet our members' needs.**

Even though the Strategic Plan doesn't take effect until January, this year we've already made progress toward their implementation through the Power of Three collaborations already under way.

In many ways, our Membership Goal is at the heart of all the changes we're making at the ADA.

If we are to grow our membership and market share, we must do two things:

**Retain** the members we already have – to remind them of the benefits of being part of the ADA.

**Attract and recruit** new members – from every segment of the dental profession – and demonstrate to them how membership can measurably improve their lives.

All of us have a responsibility to help create a more inclusive organization that represents the growing diversity that exists in dentistry, especially among our younger professionals.

**Engaging dental students and new dentists is instrumental to this effort.**

This year, we've embarked on a major effort to connect with emerging dental professionals.

Dr. Feinberg and I, along with Dr. O'Loughlin, have visited many of our dental schools with the intent of having a meaningful conversation with the students and faculty about how we can help them, now and in the future.

By providing younger dental professionals with the tools for success, we aren't only building stronger connections with this important demographic – but by promoting their individual success, we're strengthening our entire profession, and preparing it for the next generation.

On Monday, Dr. O'Loughlin will talk more in-depth about the importance of engaging younger dental professionals, and the progress we've made toward that objective.

Another key part of our Membership Goal is educating the public on the benefits of having an ADA member as their dentist.

We need to reinforce that, as ADA members, we are dedicated to several core values:

- **An adherence** to a strict code of ethics.
- **A commitment** to evidence and scientific-based dentistry in our profession and our practices.
- And **a dedication** to enhancing Americans' dental health.

After all, being an ADA member isn't just about what ADA can do for us. It's about what we can do to promote our profession. And it's about how we can be good stewards of public health.

This year, to show that the ADA does have solutions to access disparities, we rolled out the Action for Dental Health, a comprehensive approach designed to help people in our country who are experiencing a crisis with their dental care.

I'm very proud of the thousands of dental professionals who are making a difference for the underserved in their communities.

The Action for Dental Health is composed of three distinct focus areas:

First, **provide care now** to people who are suffering from untreated disease.

Second, **strengthen and expand the public/private safety net**.

And third, **promote disease prevention and dental health education.**

After only one year, I'm pleased to report every state has started at least one initiative under the Action for Dental Health.

To me, that is a testament to the Power of Three.

Thanks to the efforts of our local and state societies, countless Americans are seeing increased access to better dental health.

One great example of dentists at work for the underserved will happen right here in San Antonio on Sunday.

That's when hundreds of dental professionals from around the country will participate at ADA's annual Mission of Mercy event to provide free care to thousands of people in need.

I encourage you to visit **ada.org/action** to learn more about how you can get involved in the Action for Dental Health, and join your colleagues in making a difference on behalf of the underserved.

The second goal of the Strategic Plan – **ensuring ADA's financial stability** – is also a crucial part of our association's future.

Put simply – without proper funding, we cannot carry out the operations necessary to fulfill our objectives and assist our members.

I'm pleased to report some positive news on the financial front.

Last year we saw a significant increase in our net assets, which rose to above $100 million for the first time since 2007.

And following several years of stagnant revenues, 2012 and 2013 saw positive growth for the ADA.

The growth was especially encouraging because it was driven by increasing non-dues revenue, which ADA has made a key objective.

By increasing our member utilization of existing products and services, and pursuing new markets and financial opportunities, I am confident we can continue this trend.

The third and final goal of the Strategic Plan **is ensuring ADA has sufficient organizational capacity to meet our members' needs.**

We're identifying the strengths that exist at each level of the ADA – utilizing the best ideas and services from each in order to deliver a first-rate, seamless member experience.

Sometimes states and local associations are better positioned to assist members. Their local knowledge, presence and direct relationships with members are invaluable when it comes to recruitment and retention efforts.

But sometimes the national association is better equipped to help members in a more comprehensive way, such as with federal advocacy and research and data interpretation from the Health Policy Institute.

At the end of the day, it really shouldn't matter what level of the ADA delivers a program or service. What matters is the quality of the service and the value to our members.

But for this new way of doing business to succeed, collaboration is crucial. That's why this year, each level of the ADA – local, state and national – have been working together to:

- Clarify our roles and responsibilities
- Eliminate duplication of efforts
- Enhance cooperation and communications with each other, and
- Identify things to stop doing to focus on what we each do best.

This year, we've already started making this vision a reality.

We're **streamlining operations and utilizing technology to create a seamless member experience.**

We're assisting many state societies and their local associations' transition to a single technology platform, Aptify, that's helping us stay in touch with members more effectively.

We're also building a stronger and more harmonious identity across all three levels of our association by working closely with state and local societies to create more coordinated branding and website templates.

Giving our brand a more consistent look and feel across all ADA's levels will help us connect better with members and the public alike.

As we fully implement the new strategic plan, look for new and exciting ways that we can all deliver the kind of customer service that will make ADA membership an absolute must for any dentist in the United States.

I am proud of the efforts we've taken this year to enhance collaboration, engage members and ensure we're operating as efficiently as possible as an organization.

I believe we are off to a good start and I look forward to the energetic leadership Dr. Maxine Feinberg – your next president – will provide in moving us forward with those goals.

However, I'd also like to provide a word of caution.

Last year in my address to the House of Delegates, I told you a story about Coach Dean Smith and his unfortunate decline in health and how that was a lesson about seizing the moment and not squandering opportunities.

Well, now is the time for us to act, to seize the moment– we have momentum behind the Power of Three and an opportunity to reinvigorate the ADA.

My advice to you is this**: Don't be Complacent, Stay involved, and** keep challenging yourself to find new ways that you can make a difference.

Be a mentor to a young colleague.

If you know a non-member, ask them to join.

If you know a member who hasn't renewed, encourage them to do so.

Remember, we're all in this together. We have it within all of us to make that extra effort to reach out and tell our colleagues about the advantages of ADA membership, and how it can support them in this new environment.

Or, as Coach Smith might have observed: don't just sit on your hands on the bench or in the stands. Support your team – our ADA team – to help us achieve success for our membership and our profession.

In *his* farewell speech to America more than 60 years ago, President Harry Truman noted how challenging he found the pressures of the office.

It's easy to understand why – he became President at a very difficult period in our nation's history. At the time, the Cold War was heating up: the Soviet Union had just developed nuclear weapons, the Korean War was raging in East Asia…it was a very tense time for Americans and the entire world.

But throughout it all, President Truman provided strong and forceful leadership that helped set the stage for the collapse of Communism in Eastern Europe decades later. But, as he noted in his farewell speech as president, he didn't face these challenges by himself. Speaking to the American people from the Oval Office, he said:

**"Through all of it, through all the years that I have worked here in this room, I have been well aware I did not really work alone – that you were working with me.'**

I echo that statement to all of you here in this hall, and watching online. These are very transformative times for the ADA. I thank you for the help and guidance you showed me during the past year.

Being President of the ADA isn't a "one person job." It requires the help and support of many people, both inside and outside our Association.

So I'd like to thank a few people:

Dr. Feinberg for her support and counsel and I wish her the best in her role as president next year.

I want to thank the Board of Trustees for their commitment to excellence and the faith they placed in me as their presiding officer. They made it easy for me to facilitate their work.

As volunteer leaders we rely on our talented, dedicated staff, who, in my opinion, are without question our most valuable asset.

Thank you, Dr. O'Loughlin, for your inspired leadership as our Executive Director.

And I certainly would not be here today without the love and support of my family and staff, some who are here.

Four members of our dental team are with us today: Vickie Griffin, Zora Majic, Stacy Craig, and Lisa Wilson. Michelle and Katie Phillips unfortunately could not make the trip.

My family members here are my mother, Barbara Norman and my mother in law, Claire Brown, my son and partner, Dr. Matt Norman, my daughter Emily Richards and her husband Brian. Matt's wife, Chandler and my granddaughter Claire are back home in North Carolina but I know they are here in spirit.

And of course, I could not have fulfilled my obligations as president without the unwavering support from my biggest fan, adviser, and the love of my life, my wife, Sharon.

I love all you guys.

In conclusion,

I've come a long way since my early days in Cary, North Carolina.

I am grateful for all the opportunities being a dental professional has given me.

Including the opportunity to work in a practice with my son.

I want the ADA to be there for him - and the next generation of dentistry - just like it was for me and my generation.

And it will be - if we continue to work together. Because together, we're stronger than the sum of our parts.

Together, we can ensure the ADA remains a strong and vital organization for generations to come.
It has been the greatest honor of my professional career to serve as your President, and to be a part of a legacy that's lasted more than 150 years.

It's an experience I will cherish forever. Thank you.

Respectfully submitted,
Charles H. Norman, D.D.S.
President, American Dental Association

Resolution No. 109 New

Report: NA Date Submitted: October 10, 2014

Submitted By: Fourteenth Trustee District

Reference Committee: E (Membership and Related Matters)

Total Net Financial Implication: None Net Dues Impact: None

Amount One-time _____ Amount On-going _____ FTE 0

ADA Strategic Plan Objective: Membership-Obj. 3: 10% increase in assessment of member value

How does this resolution increase member value: See Background

**NEW DENTIST CONFERENCE ALTERNATIVES**

The following resolution was adopted by the Fourteenth Trustee District and submitted on October 10, 2014 by Dr. A. J. Smith, chair, Resolutions Committee.

**Background:** Incorporating the New Dentist Conference into America's Dental Meeting has organizational and financial advantages, but while having programming targeted toward new dentists is important and should be continued, it gives the appearance that the Association places less value on this important segment of our members and potential members. When we are clearly struggling to maintain our membership market share with this group it seems foolish to give this impression.

The impact of the conference is more important than just the numbers that actually attend. The conference empowers young leaders by giving them a forum on their issues. It is a tangible benefit targeted toward a segment that finds many of the services the Association offers to be less relevant to their needs. Unlike the America's Dental Meeting, it is usually held at a time that is more amenable to dentists with young families. Nevertheless, the conference is arguably not a very cost-effective service when the Association is looking for efficiencies in everything we do. It is clearly not the Association's intent to abandon the New Dentist Conference, but that will not be the perception of many that it serves.

Allowing constituent dental societies to host the conference in conjunction with their annual meeting might preserve some of the unique aspects of the conference while gaining efficiencies of "piggy-backing" on local arrangements that are already in place. It would allow the ADA staff to spend less time on organizational matters and focus on creating resources that could support new dentist programming in other venues including America's Dental Meeting. The constituents would benefit by increased registrations at their meetings and receive insights into attracting and serving new dentists at future meetings. New dentists would continue to have the opportunity to attend a unique meeting in different regions with appropriate programming and forums. The Association would benefit by continuing to get two "bites of the apple," with new dentist programming at both meetings. Such a project would be a tangible illustration of our "Power of Three" commitment.

One disadvantage of such a plan is that it would be perceived to be somewhat less ADA-centric. One alternative would be a leadership development conference for new dentists designated by their constituents at the ADA headquarters to provide an opportunity to create young Association champions and develop skills among future leaders. The logistics of such a meeting, showcasing Association resources, would be far easier in Chicago than at remote locations around the country.

This resolution asks the ADA to consider creative solutions other than simply rolling the New Dentist Conference into our annual meeting. Hopefully this activity will communicate to new dentists our commitment to seek unique and relevant programming to serve their needs and interests.

**Resolution**

**109. Resolved,** that the appropriate agencies of the ADA study the feasibility of holding an annual New Dentist Conference in conjunction with a constituent or regional meeting by providing appropriate programming, marketing and informational resources to the host meeting planners, and be it further

**Resolved,** that the appropriate agencies of the ADA consider hosting a New Dentist Leadership meeting in Chicago to allow new dentists, designated by their constituent society, to receive organizational and leadership training, and be it further

**Resolved,** a report on these activities be made to the 2015 House of Delegates.

**BOARD RECOMMENDATION: Received after the September Board of Trustees session.**

# New Business

Resolution No. 119 New ■ Substitute ☐ Amendment ☐

Report: N/A Date Submitted: October 13, 2014

Submitted By: Second Trustee District

Reference Committee:

Total Net Financial Implication: None Net Dues Impact: 0

Amount One-time Amount On-going

ADA Strategic Plan Goal: Leaders and Advocates in Oral Health (Required)

## PARTICIPATION OF REFERENCE COMMITTEE MEMBERS IN DISTRICT DELIBERATIONS

The following resolution was adopted by the Second Trustee District and submitted on October 13, 2014, by Dr. Mark J. Feldman, secretary, Second Trustee District.

**Background:** It is incontrovertible that reference committees serve a vital and important function to the deliberations of the American Dental Association House of Delegates. In essence they facilitate the processing of an expansive agenda of resolutions enabling them to be disposed in a relatively short time. According to our parliamentary authority, the American Institute of Parliamentarians Standard Code of Parliamentary Procedure (AIPSC), reference committees "…should be large enough to provide a reasonable cross section of the membership…" AIPSC also states in part that "[m]embers of a reference committee should be appointed with the assurance that they have the knowledge and experience in the assigned subject matter; have no likely conflicts of interest; and will do the work of the committee…" To accomplish this, the trustees of the American Dental Association are asked to recommend candidates who satisfy those criteria. And when the final determination is made by the President, the most competent and knowledgeable individuals will have been appointed.

With that in mind it would appear counterintuitive for a trustee district's representative on a given reference committee to be deprived of the right to provide insight on the resolutions his committee will be considering, when caucusing within the trustee district. Granted a reference committee member should absolutely avoid discussion of issues outside of the caucus in order to prevent any undue influence that could be perceived as a conflict of interest. But as the most knowledgeable individual on a given subject, the reference committee member should not be instructed to refrain from offering insight within the caucus. To assure that this occurs, the following resolution is offered for consideration tom the House of Delegates:

### Resolution

**119. Resolved**, that the House of Delegates adopt policy that would not restrict a member of a trustee district's caucus appointed to serve on one of the reference committees, from offering commentary during the trustee district caucus's deliberations, and be it further

**Resolved**, that the Manual of the House of Delegates be appropriately amended to reflect this policy.

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