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Legislative, Health, Governance and Related Matters

Resolution No. 1 NewReport: N/A Date Submitted: March 2016Submitted By: Board of TrusteesReference 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

1 **BYLAWS AMENDMENT TO PROVIDE THE AMERICAN STUDENT DENTAL ASSOCIATION THE** 2 **RIGHT TO INTRODUCE NEW BUSINESS AT THE HOUSE OF DELEGATES**

3 **Background:** The American Student Dental Association (ASDA) is represented in the House of
4 Delegates by five student members of this Association. The ASDA delegation sits together on the House
5 floor, caucuses, and generally works in the same manner as trustee districts. Indeed, in most respects,
6 the ASDA delegation is provided with the same privileges as trustee districts, with one significant
7 exception: the ASDA delegation does not have the privilege to introduce new business less than fifteen
8 days prior to the opening of the annual session or to introduce new business at the last session of the
9 House, as trustee districts do.

10 Consequently, the ASDA delegation must lobby trustee districts to identify an advocate willing to put
11 forward new business to the House of Delegates on its behalf. Even if the full ASDA delegation strongly
12 supports an initiative, because there is no mechanism in place, the ASDA delegates must expend
13 considerable effort to move forward new business. Ultimately, ASDA delegates are put in the position
14 where they must rely on a trustee district, which may not have a strong interest in pursuing the
15 introduction of new business on the ASDA delegation's behalf. The current structure creates an
16 unnecessary burden on the ASDA delegation to have its voice heard and potentially deprives the House
17 of Delegates from timely considering business brought forward from an agency having a unique
18 perspective.

19 The Board believes that ASDA should have the same rights as district delegations with respect to
20 submitting new business to the House of Delegates. This delegation should have the same right as other
21 delegations to propose new business; having that right will benefit not only ASDA but also the ADA.
22 Accordingly, the Board proposes the following resolution to accomplish this.

23 **Resolution**

24 **1. Resolved**, that Chapter V, Section 130 A.e. of the ADA *Bylaws* be amended as follows (additions
25 underscored):

26 INTRODUCTION OF NEW BUSINESS. No new business shall be introduced into the House of
27 Delegates less than 15 days prior to the opening of the annual session, unless submitted by a
28 Trustee District or the American Student Dental Association Delegation. No new business shall
29 be introduced into the House of Delegates at the last meeting of a session except when such new
30 business is submitted by a Trustee District or the American Student Dental Association

1 Delegation and is permitted to be introduced by a two- thirds (2/3) affirmative vote of the
2 delegates present and voting. The motion introducing such new business shall not be debatable.
3 Approval of such new business shall require a majority vote except new business introduced at
4 the last meeting of a session that would require a bylaw amendment cannot be adopted at such
5 last meeting. Reference Committee resolutions shall not be deemed new business, and be it
6 further,

7 **Resolved**, that conforming changes be made to the Standing Rules of the House of Delegates.

8 **BOARD RECOMMENDATION: Vote Yes.**

9 **BOARD VOTE: UNANIMOUS.**

Resolution No. 2 NewReport: N/A Date Submitted: March 2016Submitted By: Board of TrusteesReference 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

1 APPOINTMENT OF COUNCIL CHAIRS, CONSULTANTS AND ADVISORS

2 **Background:** The current ADA *Bylaws* do not allow the Councils to select their own chairs, consultants
3 or advisors, at least not without Board approval. While Board approval is granted as a matter of routine,
4 the Board is very aware that the Council members themselves are best positioned to know who should
5 serve as chair and who will best serve them as consultants or advisors. Because Councils themselves
6 are better positioned than the Board to make these decisions, eliminating Board approval poses very little
7 risk and simplifies our governance operations. The Board recommends that the Councils be empowered
8 to make these appointments, with notification to the Board, but without the need to seek Board approval.

9 **Council Chairs:** Currently, Councils nominate a member of the Council to serve as chair, for approval by
10 the Board. Because all members of the Councils (with the exception of CDEL, which includes (4) four
11 AADB members and four (4) AADE members selected by their respective agencies) are themselves
12 nominated by the Board of Trustees,¹ the Board already has sufficient oversight over the pool of
13 candidates for Council chairs. It is the Board's belief that Councils themselves are in the best position to
14 judge from among their members who should serve as chair. Indeed, Councils already select the vice
15 chairs and, in most cases, the vice chair is routinely nominated as chair in the following year. Moreover,
16 the process of nominating council chairs, reporting the nomination to the Board and requiring the formality
17 of a Board vote, produces unneeded complexity. The Board recognizes that this burden is not great, but
18 allowing Councils to select their own chairs is one small step towards simplification of our governance
19 processes. For all these reasons, the Board is proposing that Councils be authorized to select their own
20 chairs and that the selections simply be reported to the Board.

21 **Council Consultants and Advisors:** Councils routinely make use of unpaid consultants with particular
22 expertise to aid them in carrying out their work. (The term "advisors" is not typically used and for the sake
23 of simplicity, the Board suggests deleting it.) At present, our *Bylaws* give each Council the authority to
24 nominate consultants for Board approval. Every year, the Board is asked, as a matter of routine, to
25 approve hundreds of consultants. In addition, if a new consultant is needed but had not been anticipated,
26 the President is authorized by Board Rule to approve him or her. This takes place routinely as well. In
27 almost every case, the Board (or the President) approves every consultant.

28 The Board already provides certain rules (as authorized in the *Bylaws*) which must be followed in
29 selecting consultants for nomination. For example, consultants must possess technical qualifications

¹ One exception, in accordance with the *Bylaws*, is in the event of a vacancy. In that event, the president shall appoint a members to fill such vacancy until a successor is elected by the next House of Delegates.

essential to the program of the Council or Commission. The consultant must comply with existing conflict of interest rules. If the consultant is a dentist eligible for Association membership, he or she must be a member. These rules would remain in place. Instead of the added complexity of the rules being administered by the Councils and then the consultants being approved by the Board, the Board proposes simplifying the process by requiring notification to the Board, but not Board approval.

Accordingly, the Board proposes the following resolution:

Resolution

2. Resolved, that *Bylaws*, Chapter X, Section 40, be amended as follows (additions underscored and deletions ~~stricken through~~):

Bylaws, Chapter X, Section 40. CHAIRS: One member of each council shall be ~~appointed~~ selected annually by each council from among its members ~~the Board of Trustees~~ to serve as chair, with written notification to the Board of Trustees, with exception of the Council on Dental Education and Licensure. The Chair of the Council on Dental Education and Licensure shall be selected from nominations submitted by the Council, with written notification to the Board of Trustees, provided that every other year, the ~~nominee chair selected~~ shall be a member of the Council elected by the House of Delegates in accordance with Section 20. Members, Selections, Nominations and Elections, of this Chapter of the *Bylaws*, and be it further,

Resolved, that *Bylaws, Chapter X, Section 50. CONSULTANTS, ADVISERS AND STAFF* be amended as follows:

Chapter X, Section 50. CONSULTANTS; ~~ADVISERS AND STAFF, A. CONSULTANTS AND ADVISERS.~~ Each council shall have the authority to ~~nominate~~ appoint consultants and advisers in conformity with rules and regulations established by the Board of Trustees except as otherwise provided in these *Bylaws*. The councils shall inform the Board in writing of the selection consultants in conformity with rules and regulations established by the Board of Trustees.

BOARD RECOMMENDATION: Vote Yes.

BOARD VOTE: UNANIMOUS.

Resolution No. 3 NewReport: N/A Date Submitted: March 2016Submitted By: Board of TrusteesReference 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

1 REVISIONS TO PROCESS FOR CERTIFICATE FOR INTERNATIONAL VOLUNTEER SERVICE

2 **Background:** Since at least 1974, the Association has recognized members who have participated in
3 international volunteer work with a certificate acknowledging that work. In reviewing cumbersome and
4 inefficient processes, the Board's Governance Committee identified the process for award of these
5 certificates as meriting simplification.

6 At present, for a qualified member to receive a certificate, the following steps must be followed:

- 7 • He or she must supply evidence of dates of service
- 8 • He or she must provide a detailed breakdown of activities undertaken and their value by means of
- 9 a letter from the director of the international program or other appropriate person
- 10 • He or she must be nominated by a state or local society, a federal dental service or dental school
- 11 (in the case of student members)
- 12 • The local or state society, or commanding officer or dean must verify, in writing, that the
- 13 nominated person is a member in good standing
- 14 • The nominations must be presented to the Board of Trustees for vote.

15 All of this was purportedly overseen by two agencies at different times, neither of which exists any longer.
16 In fact, the work, which is primarily clerical, was and is performed by staff.

17 The current process is burdensome and unnecessary. The certificate is from the American Dental
18 Association yet requires state or local societies (or federal dental services or deans) to nominate
19 individuals. Depending on the resources available to these organizations or individuals, the nomination
20 process may easily be overlooked. Moreover, these organizations or individuals must verify, in writing,
21 that the nominee is a member of the Association in good standing. This is information already available
22 at the national level. In addition, the risk to the Association is minimal to non-existent and does not
23 warrant direct Board involvement.

24 The Board believes this process should be simplified to require proof of participation in a qualified
25 program. Rather than require nominations from state or local societies, or federal dental services or
26 deans, third-party nominations should be permitted but not required. Self-nomination should also be
27 permitted. Rather than requiring proof of the status of the individual as a member in good standing by
28 these third parties, the national Association staff should be charged with this verification, and the state or
29 local societies, or federal dental services or deans should simply be notified of the awards. This will allow
30 these entities to celebrate the awards as they see fit while eliminating the administrative burden on them.
31 Finally, rather than requiring a Board vote on the certificates, the Board should be free to develop rules

1 and processes to allow the ministerial vetting of candidates for the certificate by staff and awarded
2 accordingly.

3 In order to accomplish this, two House resolutions from 1974 and 2002 need to be rescinded (these
4 approved certain criteria and placed program responsibility on the Council on International Relations and
5 the Committee on International Programs and Development, neither of which exist any longer).
6 Accordingly, the Board proposes the following resolution for the House' consideration:

7 **Resolution**

8 **3. Resolved**, that the Board of Trustees be urged to develop eligibility criteria and a process for
9 awarding certificates of recognition for international humanitarian work, and be it further

10 **Resolved**, that Resolutions 68H-1974 (*Trans.*1974:699) and 28H-2002 (*Trans.*2002:383) be
11 rescinded.

12 **BOARD RECOMMENDATION: Vote Yes.**

13 **BOARD VOTE: UNANIMOUS.**

WORKSHEET ADDENDUM

ADA POLICIES TO BE RESCINDED

Certificate for International Volunteer Travel (*Trans.1974:699; 2002:383*)

68-1974-H. Resolved that the statement of criteria for awarding the Certificate of Recognition for Volunteer Service in a Foreign Country be approved, and be it further

Resolved, that the Council on International Relations be authorized to issue appropriate certificates of recognition to active, life, student or retired members of this Association who meet said criteria, and be it further

Resolved, that when feasible, Certificates also be presented to such individuals who have served abroad in the past.

28H-2002. Resolved, that the Committee on International Programs and Development, a standing committee of the Board of Trustees, be authorized to issue appropriate certificates of recognition for volunteer service in a foreign country to active, life, student or retired members of this Association who meet said criteria, and be it further

Resolved, that the Committee on International Programs and Development be authorized to review and modify the criteria for awarding the Certificate of Recognition for Volunteer Service in a Foreign Country.

Resolution No. 4-5 NewReport: Business of the House of Delegates Date Submitted: June 2016Submitted By: Task Force To Evaluate The Business of The House of DelegatesReference 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

**REPORT OF THE TASK FORCE TO EVALUATE THE BUSINESS OF THE HOUSE OF DELEGATES
(RESOLUTION 99H-2015)****Background:** In 2015, the House of Delegates adopted 99H-2015, which provides:**99H-2015. Resolved,** that a nine-member task force, to include the Speaker of the House of Delegates as a consultant, be formed to evaluate how the business of the House of Delegates is conducted with a report and specific recommendations made to the 2016 House. This report should include format, location and schedule, and be it further**Resolved,** that the task force meet electronically, and, if necessary, one time in person to complete these recommendations.

President Summerhays appointed the following members to the task force: Dr. Judee Tippet-Whyte, (chair); Dr. Deborah S. Bishop, Alabama; Dr. Prabha Krishnan, New York; Dr. William E. Lee, Kentucky; Dr. Chad R. Leighty, Indiana; Dr. Robert J. Manzanarez, New Mexico; Dr. Debra A. Peters, Michigan; Dr. Nipa R. Thakkar, Pennsylvania; and Dr. Paul S. Zimmerman, Maine. In addition, the Speaker of the House, Dr. Glen Hall, Texas, acted as a consultant to the task force.

Task Force Deliberations: The task force broke down its deliberations into four categories:

- First, the task force addressed the schedule of the House meetings.
- Second, the task force considered reforms to the election process at the House itself.
- Third, the task force considered governance changes to optimize the effectiveness and efficiency of the House of Delegates.
- Finally, the task force looked into the possibility of separating the House of Delegates from America's Dental Meeting.

This report will address each of these four areas and propose several resolutions for the House's consideration.

Schedule of House of Delegates Meetings: The starting point of the task force's work was Board Report 8 from 2015 and the resulting 98H-2015 adopted by the House of Delegates, which reads as follows:

1 **98H-2015. Resolved,** that no later than the 2017 House of Delegates, the meeting schedule of
2 the House of Delegates be modified to eliminate the fourth meeting of the House of Delegates.

3
4 Board Report 8 (2015) is attached to this report as Appendix 1. In Board Report 8 (2015), the Board
5 thoroughly reviewed the House schedule and made recommendations on how to shorten the length of the
6 House meetings. The House accepted the recommendation to shorten the meetings, while appropriately
7 reserving specific decisions on the schedule to the Speaker of the House.¹

8
9 The task force concluded that the recommendations by the Board, informed as they were by the advice of
10 the Speaker, merited significant deference. Those recommendations were thoughtful and thorough. So,
11 although the task force reviewed the entire House schedule, its recommendations largely track those
12 found in Board Report 8 (2015). Further, because the task force agreed that the specific schedule should
13 be left to the discretion of the Speaker, no resolutions are proposed or needed relating to the schedule of
14 the House itself.

15
16 In its deliberations, the task force was guided by the principle that the House should be efficient while
17 preserving full and productive debate. To accomplish this, the task force supported the Board's efforts to
18 shift non-deliberative presentations to the Friday meeting of the House, thereby freeing up as much time
19 as possible for deliberations on Monday. Likewise, the task force supported shifting voting for officers to
20 Sunday, this year (2016). Only a runoff election, if needed, will take place on Monday. (Later in this
21 report, the task force will address additional proposed changes to voting.)

22
23 In addition, the task force supported the Board's efforts to limit non-essential presentations to the House
24 and to shorten others, to the extent practical. The task force did feel, however, that ADPAC should be
25 allowed to present to the House on Friday, although Board Report 8 (2015) suggested eliminating this.
26 Instead of a second presentation by ADPAC on Monday, the results of ADPAC's campaign could be
27 simply reported to the House by the Speaker. The task force likewise concluded that the Executive
28 Director and the Treasurer should make their presentations to the House on Friday, instead of Monday.
29 Finally, the task force agreed with the conclusion in Board Report 8 (2015), to move the presentations for
30 honorary membership and distinguished service awards to times and places outside the House sessions.
31 All of this will free up significant time for House debate on Monday. Based on consultation with the
32 Speaker, the task force understands that each of these suggestions will be adopted.

33
34 In reaching its conclusions on the House schedule, the task force considered a number of other possible
35 changes to the schedule but eventually decided not to pursue them. For example, the task force
36 discussed at some length revisions to Saturday's Reference Committee schedule. Such revisions were
37 considered both to free up time on Monday and, perhaps, to allow more time for Continuing Education
38 (CE) for delegates on Saturday. The task force concluded that changes to Saturday's schedule were not
39 feasible, primarily due to the time needed for the reference committees to deliberate and draft their
40 reports, and for staff to finalize, post and print those reports. This process can sometimes extend into the
41 morning hours of Sunday and so a recommendation to shift reference committee hearings to later in the
42 day is not feasible. Many districts have small delegations and need reference committee hearings
43 staggered so their delegates may attend each hearing. Also, limiting debate by shortening reference
44 committee hearings may ultimately lead to longer discussion on the floor of the House. In addition, while
45 recognizing the lack of opportunity for CE by delegates during annual session, the task force felt strongly
46 that the primary purpose of the delegates (and alternates) attending session is to advance the work of the
47 House and not to take CE.

48

¹ The reference committee report to 98RC (which was subsequently adopted) noted that the original resolution was too prescriptive "in that it required that certain events occur on certain days of the session, which the Reference Committee believes to be the province of the Speaker of the House of Delegates." The task force agrees with this conclusion.

1 The task force also considered asking that some presentations, such as those by the Treasurer and the
2 Executive Director, be videotaped in advance of session and posted online, rather than occurring during
3 the House session. After discussion, the task force did not support this proposal and felt it would detract
4 from the information delegates need for fully informed debate.

5
6 Other ideas considered by the task force included shifting the speech of the incoming president to Friday
7 from Monday. Not only would this free up more time on Monday for debate, it would also allow the
8 incoming president a better opportunity to shape House action at the beginning of his or her term. The
9 task force felt this idea merits consideration but recognizes the need to delay a decision on it until next
10 year, in order to assess how much time is needed for the Friday session of the House based on this
11 years' experience. Another consideration is whether this shift would place too many speeches on Friday,
12 thereby diluting their impact. The Speaker has indicated that he will consider this topic in the future.

13
14 The task force has concluded that no resolutions relating to the House schedule are needed. It has
15 worked closely with the Speaker and is confident that the schedule will be managed carefully. The task
16 force is similarly confident that the Speaker will monitor how the schedule works this year and continue to
17 make adjustments. As noted earlier, the task force agreed with the reference committee last year that
18 much of this should be left to the discretion of the Speaker. Finally, the task force was certain that the
19 Speaker will welcome input from House members on the schedule and that no further formal action by the
20 House or this task force is needed or appropriate.

21
22 **The Election Process:** The task force quickly concluded that a major diversion of time away from
23 deliberation is attributable to the current election process for officers. To be clear, the task force's focus
24 was solely on the balloting process and not on the campaigns or other aspects of elections under the
25 purview of the Election Commission.

26
27 The current balloting process is done electronically through the use of keypads, but relies on polling
28 practices borrowed from paper-ballot days. Delegates line up outside the polling area and, after an
29 identification process, gain access to the voting keypads as polling booths become available. Polls are
30 open from 6:30 a.m. to 8 a.m. However, the entire process can take much longer, especially if a second
31 ballot is needed, which takes place during the second meeting.

32
33 At the 2016 House of Delegates, voting will take place on Sunday, October 23, from 4 p.m. to 6 p.m.,
34 using the existing processes. Election results will be posted on the House of Delegates community of
35 ADA Connect as soon as they are available and verified and formally announced by the Speaker on
36 Monday morning. If a second ballot is needed on Monday, the Speaker will announce a short recess to
37 allow time for delegates to exit the House and return to the polls. As is discussed below, the task force is
38 proposing changes to this schedule and process for future years.

39
40 The task force supported the 2016 voting schedule and believed it will significantly free up time for
41 deliberations by the House on Monday. Nevertheless, the task force felt that the voting process can be
42 made more efficient in future years and is proposing changes to accomplish this.

43
44 The task force believes that its proposed changes to the voting process are significant enough that they
45 should be brought to the House for consideration. In any event, an amendment to the ADA *Bylaws* is
46 needed to change the requirement that polls be open for at least one and one-half (1-1/2) hours. Chapter
47 V. HOUSE OF DELEGATES, Section 150. ELECTION PROCEDURE.

48
49 The primary change proposed by the task force is to the location where officer elections will be held.
50 Using the existing hand-held electronic voting devices at the seats in the House of Delegates, each voting
51 member will be asked to vote at his or her seat. Instead of 90 minutes, the voting should take five
52 minutes and results would be immediately available. (The Speaker has informed the task force that
53 pursuant to the American Institute of Parliamentarians Standard Code of Parliamentary Procedure, voting
54 by electronic means does, in fact, constitute voting "by ballot," as is required by the *Bylaws*. Id.) This will

allow voting to shift back to Monday morning. It will be far quicker than the current process and far more efficient. If a run-off election is needed, it could be held immediately, without a need for the House to recess. Further, because voting on the House floor would not require build out of a voting area, there will be the potential for some cost savings as well. The task force appreciates the insight offered by task force member Dr. Debra Peters, who is speaker of the Michigan House of Delegates. Michigan transitioned to this method of elections and Dr. Peters noted that it went very smoothly and was readily accepted by the state delegates.

The task force discussed potential drawbacks to this approach. Arguably, voting on the House floor will make it slightly more difficult to maintain confidentiality of individual votes, as compared to voting in a partially enclosed booth. The task force believes this is easily addressed by delegates themselves, who can simply shield their electronic devices with their hand or under the table.

The task force also discussed the need for control over the voting process. Currently, this is assured through the delegates lining up to have credentials checked and voting in a secured voting area. While the House floor is more porous than the dedicated voting area, the task force believes that the House floor can be sufficiently controlled to address these concerns. In particular:

- As a threshold matter, regardless of access to the House floor, the total number of possible votes will be limited by the number of electronic devices capable of transmitting a vote. In other words, there is no danger of “packing the floor” with excess voters.
- Voting would take place on Monday morning. With the assistance of the Committee on Credentials, Rules and Order (CRO), only delegates with both a House pass and a voting card will be allowed on to the House floor. All others—alternates, guests, staff and anyone without the privilege to vote—will have to sit in the alternate or guest sections of the House. (The task force does not mean to be prescriptive on precisely *how* the House floor will be secured; that will be handled by the Speaker, CRO and staff. Alternate approaches may be followed.)

It is important to note that the House is always free to change the method of voting by resolution supported by a majority of the House. This provides further assurance as to the integrity of the process. If that integrity is in doubt, a delegate can move to vote, for example, by paper ballot. The task force did not believe this will be needed.

Because the election outcome will be known immediately, any run-off voting will take place shortly after the outcome is announced. As a result, the floor can easily be maintained as secure for the run off.

The House will need to be assured that the voting devices are working. The task force believed this can be addressed and noted that the same keypads used in the House are used now for elections, albeit in a dedicated voting area. Currently, CRO reviews the voting process and equipment in order to assure that the devices are effective. That will not change. CRO will be briefed on the use of the devices and how their operability is verified. In addition, if any delegate feels that his or her device is not working, he or she will be able to immediately request a replacement, before voting closes.²

Finally, the task force was concerned that the candidates should not feel the process lacks the appropriate formality, especially surrounding the announcement of the election outcome. The task force appreciates the amazing effort every candidate devotes to the election process and does not want that effort to go unrecognized. For this reason, the task force did not believe the results of the elections (i.e., actual vote counts) should be displayed, as is done with votes on resolutions. Instead, the task force believed, and the Speaker has indicated this will be the practice, that the CRO chair should receive the

² The task force wishes to point out that it is not possible to assess the effectiveness of the devices by simply being sure that 100% of voting delegates have voted. While the number of votes cast is known, delegates have the right not to cast a ballot.

1 results from the Association's contractor who handles the electronics of the meeting. The CRO chair will
2 be able to review the results and assure him or herself that the process operated effectively to assure the
3 validity of the results. Then, the CRO chair will deliver the results to the Secretary (and through the
4 Secretary to the Speaker). The Speaker will announce the results, as is done now. Also, as is done now,
5 the exact results will be available later for those interested.

6
7 In recent years, the House has taken advantage of technology and has gained efficiencies. The task
8 force believed it is time for the House of Delegates to take further advantage of the technology available
9 to it, so that the election process can be quicker and more efficient. Limited House action is needed to
10 effectuate these changes because they largely consist of changes in how existing processes are
11 implemented. The following proposed resolution will allow these changes to take place, effective in 2017.

12
13 **4. Resolved**, that effective with the 2017 House of Delegates, and subject to the discretion of the
14 Speaker to alter the process, voting for officers shall take place in the House of Delegates
15 through electronic voting on the House floor, and be it further

16
17 **Resolved**, that whenever voting for officers shall take place on the House floor, the floor of the
18 House shall be reasonably secured under the supervision of the Committee on Credential Rules
19 and Order to assure voting by credentialed delegates only, and be it further

20
21 **Resolved**, that effective with the 2017 House of Delegates, Chapter V. HOUSE OF
22 DELEGATES, *Section 150. ELECTION PROCEDURE* of the ADA *Bylaws* be amended as follows
23 (additions underscored; deletions ~~stricken through~~):

24
25 *Section 150: ELECTION PROCEDURE*

26
27 Elective officers, members of the Board of Trustees and members of councils and
28 committees shall be elected by the House of Delegates except as otherwise provided in
29 these *Bylaws*. Voting shall be by ballot, except that when there is only one candidate for
30 an office, council or committee, such candidate may be declared elected by the Speaker.
31 The Secretary shall provide facilities for voting. ~~The polls shall be open for at least one~~
32 ~~and one-half (1-1/2) hours.~~

33
34 a. When one is to be elected, and more than one has been nominated, the majority of the
35 ballots cast shall elect. In the event no candidate receives a majority on the first ballot,
36 the candidate with the fewest votes shall be removed from the ballot and the remaining
37 candidates shall be balloted upon again. This process shall be repeated until one (1)
38 candidate receives a majority of the votes cast.

39
40 b. When more than one is to be elected, and the nominees exceed the number to be
41 elected, the votes cast shall be non-cumulative, and the candidates receiving the greatest
42 number of votes shall be elected.

43
44 **Governance Changes:** The task force believed that a key to the efficient and effective operation of the
45 House is to minimize late-filed resolutions. Resolutions received close to the start of the House hinder
46 the ability of delegates to fully consider important issues and to make needed inquiries to fully understand
47 proposals. The result is that much time is spent on the House floor in uninformed debate. As most
48 delegates will recognize, often such resolutions end up being referred to the appropriate agency as a
49 result. In addition, the task force felt that resolutions submitted too late to be referred to a reference
50 committee are especially problematic.

Currently, only a trustee district may submit a resolution³ within 15 days of the opening of the House. *Bylaws*, Chapter V., Section 130. The right is absolute; no vote or any House action is required for the submission of such a resolution. Further, no resolution may be submitted at the last session of the House without a two-thirds vote of the House. Both provisions are addressed in CHAPTER V. HOUSE OF DELEGATES, Section 130, RULES OF ORDER, A. STANDING RULES AND REPORTS, e. INTRODUCTION OF NEW BUSINESS, of the *ADA Bylaws*:

Section 130: RULES OF ORDER

e. INTRODUCTION OF NEW BUSINESS. No new business shall be introduced into the House of Delegates less than 15 days prior to the opening of the annual session, unless submitted by a Trustee District. No new business shall be introduced into the House of Delegates at the last meeting of a session except when such new business is submitted by a Trustee District and is permitted to be introduced by a two-thirds (2/3) affirmative vote of the delegates present and voting. The motion introducing such new business shall not be debatable. Approval of such new business shall require a majority vote except new business introduced at the last meeting of a session that would require a bylaw amendment cannot be adopted at such last meeting. Reference committee recommendations shall not be deemed new business.

The task force is proposing two reforms:

1. Requiring a two-thirds vote of delegates present and voting to allow the introduction of new business less than 15 days prior to the opening of the House of Delegates. Once allowed to be introduced, the normal voting requirements for adoption would apply. (For example, a resolution proposing a new policy would require a simple majority and a *Bylaws* amendment would require a two-thirds vote to be adopted.)
2. Requiring unanimous consent for new business to be introduced after the close of the first session of the House—*i.e.*, too late to be referred to a reference committee.

This would allow all delegates to be fully informed and prepared to debate the resolutions. At the same time, important new business would still be able to be brought forward, provided that two-thirds of the House agrees that it needs to be heard that year. Failing that, the maker can bring the proposal forward the following year. The task force believes that the introduction of new business after the first session of the House (which would prevent referral to a reference committee) should rarely be permitted. The risk of uninformed, rushed decisions is clearly greatest in those situations. *Finally, the task force wishes to make clear that the limits on new business, both as currently exist and as proposed, do not apply to amendments to or substitute resolutions for pending resolutions or to resolutions proposed by reference committees.*

The task force recognizes that some delegations do not caucus until after arriving at the location of the House meeting itself, within the 15 day period at issue here. Despite this, caucus work groups and caucuses themselves can and should meet before then, in person or electronically, so that resolutions can be developed in a timely manner. Nevertheless, recognizing that this proposal would constitute an important change in how caucuses operate, the task force proposes that its recommendations on this issue not go into effect until 2017. The following proposed resolution will allow these changes to take place.

³ The task force is aware that the Board of Trustees is proposing a resolution to allow the American Student Dental Association (ASDA) to submit new business like a trustee district. That change could still be made and ASDA would be subject to the same limitations proposed here if the task force's proposed resolution is adopted.

1 **5. Resolved**, that effective with the close of the 2016 House of Delegates, CHAPTER V. HOUSE
2 OF DELEGATES, *Section 130. RULES OF ORDER, A. STANDING RULES AND REPORTS, e.*
3 INTRODUCTION OF NEW BUSINESS, of the ADA *Bylaws* be amended as follows (additions
4 underscored; deletions ~~stricken through~~):

5
6 *Section 130: RULES OF ORDER*

7
8 e. INTRODUCTION OF NEW BUSINESS. No new business shall be introduced into the
9 House of Delegates less than 15 days prior to the opening of the annual session, ~~unless~~
10 except when such new business is submitted by a Trustee District and is permitted to be
11 introduced by a two-thirds (2/3) affirmative vote of the delegates present and voting. The
12 motion introducing such new business shall not be debatable. No new business shall be
13 introduced into the House of Delegates ~~at the last meeting of a session after the close of~~
14 the first meeting of a session except when such new business is submitted by a Trustee
15 District and is permitted to be introduced by ~~the unanimous consent a two-thirds (2/3)~~
16 affirmative vote of the delegates present and voting. The motion introducing such new
17 business shall not be debatable. Approval of such new business shall require a majority
18 vote except new business introduced at the last meeting of a session that would require a
19 bylaw amendment cannot be adopted at such last meeting. Reference committee
20 recommendations shall not be deemed new business.

21
22 **Separating the House of Delegates from America's Dental Meeting:** Early in its deliberations, the
23 task force raised the idea of separating the House sessions from the rest of America's Dental Meeting.
24 The goal would be to maximize the flexibility to the House schedule and, if possible, to minimize costs.
25 Recognizing that the Council on Annual Sessions (CAS) has more information relating to the interplay
26 between the House of Delegates meetings and the rest of America's Dental Meeting, the task force
27 requested input from that council. A copy of CAS' response to that request is attached to this report as
28 Appendix 2. The task force thanks CAS for its thorough and informative response.

29
30 The Council on Annual Sessions recommended very strongly that the House continue to meet in
31 conjunction with America's Dental Meeting. The task force found CAS' explanation for its
32 recommendation persuasive. Separating the House from the rest of the meeting is simply not
33 economically feasible, primarily because of the significant economic concessions the Association
34 receives to support the House meeting as a result of it being held with the annual session itself. The task
35 force also notes that the size of the House of Delegates greatly reduces flexibility about where the House
36 can meet and would greatly drive up the cost of a separate House meeting. Until or unless the House is
37 greatly reduced in size, the task force agrees that a separate meeting is not feasible. The task force also
38 felt strongly that a separate House meeting would disenfranchise rank and file members who may wish to
39 testify at reference committee hearings or witness the House in session.

40
41 For all of these reasons, and as more fully stated by CAS itself, the task force recommended no action be
42 taken to separate the House from America's Dental Meeting.

43
44 The task force proposes the following resolutions for the House of Delegate's consideration.

45
46 **Resolutions**

47
48 (Resolution 4:Worksheet:5015)

49 (Resolution 5:Worksheet:5017)

1 **BOARD COMMENT:** The Board appreciates the fine work of the task force and thanks its members for
2 their service. The Board supports the proposed resolutions. In the task force's report, reference is made
3 that, this year, election results will be posted on Sunday evening. After consultation with the Speaker, the
4 Board wishes to note that this will not be the case. Instead, voting on Sunday will be by paper ballot. The
5 ballots will be collected, but not counted, until Monday morning and the results will be announced to the
6 House at that time. Any runoff election will be held Monday morning using the normal voting process.

APPENDIX 1

Resolution No. N/A New

Report: Board Report 8 Date Submitted: August 2015

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

How does this resolution increase member value: Not Applicable

REPORT 8 OF THE BOARD OF TRUSTEES TO THE HOUSE OF DELEGATES: SCHEDULE OF MEETINGS OF THE HOUSE OF DELEGATES

Background: In response to frustration voiced by some delegates and state society leaders about the length of time spent by delegates during the annual meeting, the Board of Trustees requested the Speaker of the House of Delegates and ADA staff to investigate the feasibility of shortening the length of the House of Delegates meeting beginning in 2016. To fulfill this request, the agenda of the House of Delegates was examined and each ceremonial and non-essential presentation was examined for its value to the business of the House of Delegates. The Board has concluded that it is feasible for the business of the House to be completed on Monday (third meeting), provided certain changes are instituted.

To complete the business of the House at the third meeting, the following changes to the agenda and meeting schedule of the House would be needed:

- Eliminate most ceremonial and non-essential presentations
- Convene the first meeting of the House of Delegates at 2 p.m., Friday (increase length of first meeting 1.5 hours / from 2 p.m. to 6 p.m.)
- Change the time for the Election of Officers and Trustees to Sunday (from 4 p.m. to 6 p.m.)
- Convene the second meeting of the House of Delegates, at 7:30 a.m., Monday (run-off elections Monday morning if needed)
- Change the time of the Installation Ceremony to the first order of business of the Third Meeting (following lunch on Monday)
- Commit to late adjournment at third meeting, Monday (eliminate need for fourth meeting, Tuesday)
- Shift Distinguished Service Award and Honorary Membership Presentations to a Board of Trustees meeting with ADA News coverage

These proposed changes should effectively remove the need for a fourth meeting, thus shortening the length of the meeting by one day. Although no Mega Topic Discussion is planned for 2015, the proposed schedule would certainly make it more difficult to schedule one in future years without impinging on district caucus meetings.

Potential changes from the traditional House of Delegates agenda and meeting schedule are identified, in detail, as follows:

Day One/Friday: First Meeting of the House of Delegates, ~~3:30 p.m.~~ 2:00 p.m.

APPENDIX 1

1. Meeting Called to Order by the Speaker of the House
2. Invocation
3. Pledge of Allegiance
4. Introduction of ADA Officers and Distinguished Guests
- ~~5. Welcoming Remarks from the General Chair of the Committee on Local Arrangements~~
- ~~6. Remarks of the Chair of the Council on Ethics, Bylaws and Judicial Affairs~~
7. Report of the Committee on Credentials, Rules and Order
 - *[Mandatory: Granting Credentials, Quorum, ADA Disclosure Policy, Adoption of Agenda, Adoption of the Minutes, Adoption of Referral of Reports and Resolution, withdrawn resolutions. Cut: Informational items / instead refer to Manual]*
8. Address of President
9. Report of the Executive Director [moved from Second Meeting]
10. Report of the Treasurer [moved from Second Meeting]
- ~~9. Presentation of the Distinguished Service Award~~
11. Reports of Board of Trustees
 - *[Mandatory: Approval of Council Nominations. Cut: recognition of retiring council members and memorial display]*
12. Nominations of Officers and Trustees
13. Referrals of Reports and Resolutions
14. New Business
- ~~14. Remarks by ADPAC Chair [suggest written report]~~
15. Closed Session
16. Adjournment

Day Two/Saturday: Reference Committee Day

Day Three/Sunday: Caucus Meeting Day

- Election of Officers and Trustees, 4-6 p.m. (election results to be posted on ADA Connect)

Day Four/Monday: *(Second and Third (final) Meeting of House of Delegates, 7:30 a.m. to close of business)*

Second Meeting of the House of Delegates, 7:30 a.m. to Noon

1. Meeting Called to Order by the Speaker of the House
- ~~2. Introduction of Distinguished Guests~~
- ~~3. Presentation of Honorary Membership~~
4. Report of Committee on Credentials, Rules and Order
5. Announcement of Election Results *(second ballot, if needed)*
6. Reports of Reference Committees of the House of Delegates

Third Meeting of the House of Delegates, 1 p.m. to close of business

1. Installation of Officers and Trustees *(First item of business 3rd Meeting)*
2. Address of Incoming President
- ~~3. Report of the Executive Director [Move to Friday]~~
- ~~4. Report of the Treasurer [Move to Friday]~~
3. Reports of Reference Committees - continued
4. New Business
5. Adjournment

~~Fourth Meeting of House of Delegates, 8:00 a.m.~~

- ~~1. Meeting Called to Order by the Speaker of the House~~
- ~~2. Report of Committee on Credentials, Rules and Order~~

APPENDIX 1

- ~~5. Remarks by ADPAC chair~~
- ~~6. Reports of Reference Committees—continued~~
- ~~7. Unfinished Business~~
- ~~8. New Business~~
- ~~9. Adjournment~~

Tuesday: New Board Meeting (*breakfast meeting*)

Social Activities: With this proposed schedule, the Networking Event would be moved in future years from Monday to Sunday night, from 7 p.m. to 10 p.m. There would be a slight overlap with the International VIP Reception, hosted by the President, which is scheduled from 6 p.m. to 7:30 p.m.

Financial Considerations: While these changes, if instituted by the House, would effectively shorten the meeting of the House of Delegates by one day, because a full day is anticipated to compete the business of the House during the Second and Third meetings, it is not anticipated that there would be any significant cost savings to the Association. However, districts and individual delegates may recognize some savings. For example, depending on the meeting location, some delegates may choose to travel on Monday evening, saving a hotel night and allowing a quicker return to their practices. The Board hopes these changes, if adopted by the House, would provide delegates and districts some new options to manage schedules and return to their practices earlier.

In accordance with the Rules of the House of Delegates in the *Manual of the House of Delegates*, under the section titled “Meeting Schedule and Order of Business,” any substantive consolidation or expansion of the meeting can take place only with the prior approval of the House.

The Board recognizes that this issue is one for the House to decide. To facilitate the business of the House, the Board is offering here an example of the type of resolution that a House member might offer to effectuate the changes discussed here.

Sample Resolution

Resolved, that the meeting schedule of the House of Delegates be modified to eliminate the fourth meeting of the House of Delegates, and be it further

Resolved, that the following schedule of meetings be implemented beginning at the meeting of the 2016 House of Delegates:

- Day One: First Meeting of the House of Delegates, from 2 p.m. to 6 p.m.
- Day Two: Reference Committee Hearings
- Day Three: Caucus Meetings
- Day Three: Election of Officers and Trustees, from 4 p.m. to 6 p.m.
- Day Four: Second and Third Meetings of the House of Delegates, from 7:30 to close of business

The Board wishes to emphasize that this report is informational only. The Board is not proposing any resolution in it.

BOARD RECOMMENDATION: Vote Yes to Transmit.

BOARD VOTE: UNANIMOUS.

APPENDIX 2

Date: March 10, 2016

To: Dr. Judee Tippet-Whyte, Chair, 2016 House of Delegates Task Force

From: Dr. James Van Sicklen, Chair, Council on ADA Sessions

Subject: Council on ADA Sessions' Response

Thank you Dr. Tippet-Whyte for requesting Council on ADA Sessions (CAS) input as you and your task force look at ways to improve efficiencies of the House of Delegates (HOD). CAS convened February 18 – 20 and as part of its business discussed the pros and cons of the HOD being held during the annual meeting.

After a thorough discussion with sound background information provided by CAS staff, CAS agreed that holding the HOD at the annual meeting is beneficial to the overall success of the meeting. CAS is concerned of possible negative impacts if the HOD would meet separately from the annual meeting.

Our primary concern is the overall loss of delegates and alternates not coming to the annual meeting at all. The overall percentage of members that attend the annual meeting ranges between 5-8% annually. CAS estimates that the percentage of delegates and alternates would not vary significantly from overall membership attendance. This is based on the fact that the vast majority of ADA members who serve on councils and commissions do not attend the annual meeting. CAS believes the same will happen with members who are delegates and alternates faced with many alternatives and limiting additional time out of the office.

CAS is also concerned about limiting access of members to the HOD and related meetings. It seems unlikely that a member would travel to a separate HOD meeting to participate in the governance process. This might not be a large concern some years but when a critical issue is facing dentistry being open, transparent and accessible to members should be a priority.

This is especially concerning with new dentists. This would seem to contradict the goal of moving the New Dentist Conference to meet in conjunction with the annual meeting so our younger, newer members can experience all aspects of the meeting including governance. If a delegate or alternate, they would surely forego the annual meeting as this second meeting becomes an insurmountable expense.

Over the years the council repeatedly sees via post meeting surveys, the desire of delegates to be able to participate more in the continuing education and exhibit hall aspects of the annual meeting. The council has tried several pilots to allow additional participation by delegates and alternates. As you consider an alternate HOD schedule, and assuming the

HOD will remain at the annual meeting, CAS would like to collaborate more to provide additional access to other aspects of the meeting to make their experience more rewarding.

Finally, a change of the HOD to a separate venue, does not necessarily mean a less expensive venue-even if in Chicago. Any alternate venue would not have the same negotiated room rates associated with the larger annual meeting. Additionally there are space requirements that would likely increase costs without leveraging the annual meeting room block.

If looking to Chicago for the alternate meeting, the only ballroom large enough to fit the existing size and set up of the House is at McCormick Place Convention Center. Current rental for the whole ballroom is \$16,000 a day. We currently have 4 days set up, 4 days of meetings and one day tear-down. This would be a total of \$144,000 in ballroom rental alone. Currently, any ballroom rental at a convention center is absorbed in the annual meeting / CAS budget.

Meeting rooms for all seventeen districts to hold meetings would still be needed at a hotel or the center potentially costing more in meeting room rental or in food and beverage minimums. There is no hotel meeting room rental or food and beverage minimums when meeting with the annual meeting.

If obtaining a hotel near the convention center is not possible (currently there is only one hotel near the convention center with another larger hotel scheduled to open in 2017) then shuttle costs will need to be factored in which when currently needed are absorbed by the annual meeting / CAS budget, not the HOD budget. There would still be staff costs for those who would need to stay at the hotel for a few nights along with their parking, taxi, per diem costs, etc. There would still be shipping costs if not currier costs getting materials from the office to the meeting venue. The average room rate at the Hyatt McCormick Place in September 2016 is \$450 plus sixteen percent occupancy tax.

The greatest cost to the ADA, however, would likely be the lost revenue associated with exhibit hall sales due to the decline of dentist attendees from the annual meeting. We are already seeing a reduction in the number of companies and the size of booth they purchase based on a couple years of lower attendance.

From the CAS perspective, a separation of the HOD from the Annual Meeting is not the best interest of our members.

chm

cc: Council on ADA Sessions

Jim Goodman, Vice President, Conferences and Continuing Education

Dr. Jeffery M. Cole, Board of Trustees Liaison to CA

Resolution No. 4 NewReport: Business of the House of Delegates Date Submitted: June 2016Submitted By: Task Force To Evaluate The Business of The House of DelegatesReference 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

THE ELECTION PROCESS**Background:** (See Task Force Report, Worksheet:5009).**Resolution**

4. Resolved, that effective with the 2017 House of Delegates, and subject to the discretion of the Speaker to alter the process, voting for officers shall take place in the House of Delegates through electronic voting on the House floor and be it further

Resolved, that whenever voting for officers shall take place on the House floor, the floor of the House shall be reasonably secured under the supervision of the Committee on Credential Rules and Order to assure voting by credentialed delegates only, and be it further

Resolved, that effective with the 2017 House of Delegates, Chapter V. HOUSE OF DELEGATES, *Section 150. ELECTION PROCEDURE* of the ADA *Bylaws* be amended as follows (additions underscored; deletions ~~stricken through~~):

Section 150: ELECTION PROCEDURE

Elective officers, members of the Board of Trustees and members of councils and committees shall be elected by the House of Delegates except as otherwise provided in these *Bylaws*. Voting shall be by ballot, except that when there is only one candidate for an office, council or committee, such candidate may be declared elected by the Speaker. The Secretary shall provide facilities for voting. ~~The polls shall be open for at least one and one-half (1-1/2) hours.~~

a. When one is to be elected, and more than one has been nominated, the majority of the ballots cast shall elect. In the event no candidate receives a majority on the first ballot, the candidate with the fewest votes shall be removed from the ballot and the remaining candidates shall be balloted upon again. This process shall be repeated until one (1) candidate receives a majority of the votes cast.

b. When more than one is to be elected, and the nominees exceed the number to be elected, the votes cast shall be non-cumulative, and the candidates receiving the greatest number of votes shall be elected.

1 **BOARD RECOMMENDATION: Vote Yes.**2 **Vote: Resolution 4**

ASAI	Yes	COLE	Abstain	GEHANI	Yes	ROBERTS	Yes
BITTER	Yes	CROWLEY	Yes	JEFFERS	Yes	ROBINSON	Yes
BLACK	Yes	FAIR	Yes	KLEMMEDSON	Yes	STEVENS	Yes
BUCKENHEIMER	Yes	FISCH	Yes	KWASNY	Yes	ZENK	Yes
COHLMIA	Yes	GAMBA	Yes	MARRON-TARRAZZI	Yes	ZUST	Yes

Resolution No. 5 NewReport: Business of the House of Delegates Date Submitted: June 2016Submitted By: Task Force To Evaluate The Business of The House of DelegatesReference 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

INTRODUCTION OF NEW BUSINESS**Background:** (See Task Force Report, Worksheet:5011).**Resolution**

5. Resolved, that effective with the close of the 2016 House of Delegates, CHAPTER V. HOUSE OF DELEGATES, *Section 130. RULES OF ORDER, A. STANDING RULES AND REPORTS, e. INTRODUCTION OF NEW BUSINESS*, of the ADA *Bylaws* be amended as follows (additions underscored; deletions ~~stricken through~~):

Section 130: RULES OF ORDER

e. INTRODUCTION OF NEW BUSINESS. No new business shall be introduced into the House of Delegates less than 15 days prior to the opening of the annual session, ~~unless~~ except when such new business is submitted by a Trustee District and is permitted to be introduced by a two-thirds (2/3) affirmative vote of the delegates present and voting. The motion introducing such new business shall not be debatable. No new business shall be introduced into the House of Delegates ~~at the last meeting of a session after the close of the first meeting of a session~~ except when such new business is submitted by a Trustee District and is permitted to be introduced by ~~the unanimous consent a two-thirds (2/3) affirmative vote~~ of the delegates present and voting. The motion introducing such new business shall not be debatable. Approval of such new business shall require a majority vote except new business introduced at the last meeting of a session that would require a bylaw amendment cannot be adopted at such last meeting. Reference committee recommendations shall not be deemed new business.

1 BOARD RECOMMENDATION: Vote Yes.**2 Vote: Resolution 5**

ASAI	Yes	COLE	Yes	GEHANI	Yes	ROBERTS	No
BITTER	Yes	CROWLEY	Yes	JEFFERS	Yes	ROBINSON	Yes
BLACK	Yes	FAIR	No	KLEMMEDSON	Yes	STEVENS	Yes
BUCKENHEIMER	No	FISCH	Yes	KWASNY	Yes	ZENK	Yes
COHLMIA	No	GAMBA	Yes	MARRON-TARRAZZI	No	ZUST	Yes

Resolution No. 6-7 NewReport: Amendments to the Guidelines Governing the Date Submitted: July 2016
Conduct of Campaigns for All ADA OfficesSubmitted By: ADA Election CommissionReference 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

REPORT OF THE ADA ELECTION COMMISSION TO THE HOUSE OF DELEGATES: AMENDMENTS TO THE GUIDELINES GOVERNING THE CONDUCT OF CAMPAIGNS FOR ALL ADA OFFICES

Background: Resolution 105H-2015 and 106H-2015 required modification to the existing *Election Commission Guidelines Governing the Conduct of Campaigns for all ADA Offices*. Resolutions 105H and 106H-2015 clarify the Election Commissions responsibility in the event of campaign rule violations.

In conjunction with the revision, Dr. Carol Gomez Summerhays appointed a work group to study and review the existing campaign guidelines. This document had been updated over the years, but a thorough review and revision had not been undertaken for several years. The work group consisted of: Drs. Douglas Auld, (Chair), Oklahoma; Maxine Feinberg, New Jersey; Michael Halasz, Ohio; Linda Himmelberger, Pennsylvania; Richard Rosato, New Hampshire; Ruchi Sahota, California; and consultants Drs. Glen Hall, Texas and Gary Roberts, Louisiana.

The work group met several times via teleconference to review the historical documents associated with the campaign guidelines and to determine what revisions were needed. While the work group found the overall document to be relevant, it determined that some aspects needed clarification and revision. The work group also studied a separate document, "*ADA Election Commission Guidelines Regarding Campaign Contributions and Expenditures*" (Appendix 3) that has been provided to potential candidates as a separate document. This document (last updated in 2010) provides information on acceptable sources for campaign contributions and limitations of expenditure and enforcement protocol. In reviewing these two documents, it was found that some information was repeated in each document.

Following its review of the noted documentation, the work group reached the consensus that for simplicity and to avoid redundancy, the two documents should be integrated into a single document. Additionally, in order to reinforce the importance of campaigns abiding by these regulations, the work group recommends that this combined document be renamed to "*Election Commission Rules Governing the Conduct of Campaigns for All ADA Offices*."

It is believed that the revised document provides clearer direction to potential candidates and clarifies and strengthens the rules regarding the conduct of campaigns. The attached Appendix 1 provides the original document with strikeout of deletions and underscored additions. Appendix 2 is a clean version of the amended document. For reference, Appendix 3 is the original document titled "*ADA Election Commission Guidelines Regarding Campaign Contributions and Expenditure*."

While meeting, the work group also discussed the two Election Commission consultants, currently the Speaker of the House and President-elect. The President-elect suggested, and the work group concurred, that the Election Commission and the Association would be better served by appointment of the campaign manager of the President-elect in place of the President-elect. The proposed change in the Election Commission consultants would allow the President-elect to be completely removed from any campaign controversies involving the President-elect candidates, one of whom will serve alongside the President-elect in the succeeding year. By naming the President-elect's campaign manager as a consultant in place of the President-elect, the Election Commission will continue to have the benefit of advice from a volunteer who has just completed a national campaign, while insulating the President-elect from any issues that may arise during a campaign. The work group proposes this change be made to the Election Commission composition beginning with the campaign for the 2017 elections.

Resolved, that the Election Commission will be charged with overseeing and adjudicating all issues of contested elections for ADA offices, and be it further

Resolved, that it shall be the duty of the Commission to (1) oversee and adjudicate all issues of contested elections for ADA offices; (2) meet with all candidates to negotiate cost-effective agreements on campaign issues such as promotional activities and gifts (which are limited to campaign pins), campaign literature, travel and electronic and other communication methods; (3) receive summaries of campaign revenues and expenses from candidates for all ADA elective offices; (4) inform anyone identified as being under a disciplinary sentence of suspension or probation for violating his or her duties to the constituent society within whose jurisdiction the member practices or to this Association that they are ineligible to seek elective or appointive office while under that disciplinary sentence; and (5) refer any dispute of eligibility to the Council on Ethics, Bylaws and Judicial Affairs, and be it further

Resolved, that the Election Commission will be composed of three members: the Immediate Past President, 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 and the President-elect's campaign manager will serve as consultants to the Election Commission, each without the right to vote.

Accordingly, the Election Commission proposes the following resolutions.

Resolutions

(Resolution 6:Worksheet:5021)

(Resolution 7:Worksheet:5022)

APPENDIX 1

Manual of the House of Delegates and Supplemental Information

Election Commission and Campaign Guidelines Rules

The Election Commission is composed of ~~four~~ three members: the ~~President-elect~~, Immediate Past President, and the chair and vice chair of the Council on Ethics, Bylaws and Judicial Affairs. The chair of the Council on Ethics, Bylaws and Judicial Affairs serves as commission chair. The Speaker and the President-elect's Campaign Manager will serve as consultants to the Election Commission. without the right to vote. In the event that one of the members is unavailable, a replacement member will be selected by the chair of the Council on Ethics, Bylaws and Judicial Affairs in consultation with the Election Commission.

The Election Commission is charged with (1) overseeing and adjudicating all issues of contested elections for ADA offices; (2) meeting with all candidates to negotiate cost-effective agreements on campaign issues such as promotional activities and gifts (which are limited to campaign pins), campaign literature, travel and electronic and other communication methods; (3) receiving summaries of campaign revenues and expenses from candidates for all ADA elective offices; (4) informing anyone identified as being under a disciplinary sentence of suspension or probation for violating his or her duties to the constituent society within whose jurisdiction the member practices or to this Association that they are ineligible to seek elective or appointive office while under that disciplinary sentence; and (5) referring any dispute of eligibility to the Council on Ethics, Bylaws and Judicial Affairs.

Election Commission Guidelines Rules Governing the Conduct of Campaigns for All ADA Elective Officers

The following ~~guidelines rules~~ govern the announcement and conduct of campaigns for ADA ~~elected~~ elective officers. These ~~guidelines rules~~ will be distributed annually to all candidates, delegates, alternate delegates and other parties of interest.

Announcing Candidacy

1. Candidates shall not formally announce their intent to run for office ~~until~~ before the final day of the annual session immediately preceding their candidacy. A formal announcement shall include, at a minimum, the name of the candidate and an identification of the office being sought. 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.

Travel and meeting attendance

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 President-elect may accept and attend any such event in a manner mutually agreed upon but only if all candidates have been invited.

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

- 1 3. District caucuses and state constituent societies shall issue timely invitations to the President-
2 elect candidates through the Office of the Executive Director. Caucuses and state meetings are
3 requested to provide an appropriate opportunity for the candidates to meet with their members. It
4 is recommended that such forums be structured to allow:

- 5
6 a) ~~to allow~~ all candidates to make presentations;
7 b) ~~to allow~~ caucuses freedom to assess candidates; and
8 c) ~~to allow~~ each candidate to respond to questions.
9

10 President-elect candidates shall negotiate a mutually agreeable travel schedule and when
11 mutually agreeable, may utilize electronic communications (e.g., Skype) to accommodate
12 conflicts with district schedules.
13

- 14 4. Notwithstanding any of these campaign rules, nothing in these rules shall prevent a candidate
15 from attending a meeting, conference or other event in his or her capacity as a trustee or other
16 officer or official of the ADA. Campaigning at such events when attending in an ADA capacity is
17 strictly prohibited.
18

- 19 5. Candidates shall not use campaign-sponsored social functions or hospitality suite/meetings
20 rooms on behalf of their candidacy at any regional, national or annual meeting. (This is not
21 intended, however, to limit candidates from holding campaign meetings for the purpose of
22 strategizing.) Campaign receptions are not to be held at the ADA Annual Session. Additionally, a
23 district that ~~annually~~ hosts a reception during the ADA annual session and is sponsoring a
24 candidate in a contested election, should not host ~~a the~~ reception prior to the officer elections; a
25 reception may be held after the election. Prior to the election, candidates shall not attend events
26 in or visit district hospitality suites. This prohibition shall not apply to a candidate visiting his or her
27 own district's hospitality suite or attending events hosted by their own district exclusively for the
28 district's members.
29

30 **Publications and media**

31

- 32 6. News articles on and interviews of a Candidate are permissible if published by a state dental
33 journal within the candidate's district, providing that the distribution of the journal is kept within the
34 district, with no intentional outside distribution. Online state dental journal news articles on and
35 interviews of a Candidate are permissible if posted in the members' only section of the state
36 dental association website within the candidate's district. Articles about a candidate's intention to
37 run for office are permissible. Articles about why one person would make a better candidate are
38 not permissible. Candidates are discouraged from participating in interviews on their leadership
39 capacity with leadership or national journals that will be published within the timeframe of their
40 campaign.
41

- 42 7. Candidates will not use a web page-either their own or their state associations. All candidates'
43 campaign statements and profiles, which appear in the ADA News will be posted on the
44 Association's website, ADA.org, in an area dedicated to candidates for ADA elective offices, and
45 on ADA Connect. Candidates are allowed to use the ADA email server and their ADA.org email
46 addresses.
47

- 48 8. Candidates should not knowingly seek to have their name, photo, appearance, and writings in
49 national trade or non-peer reviewed publications or websites during the campaign, and should
50 avoid submitting articles in non-peer reviewed paper or electronic publications. Candidates who
51 are participants ~~on~~ in a speaker's bureau or earn revenue by speaking nationally or regionally
52 must agree to avoid all unnecessary self-promotion during the campaign related to national
53 speaking engagements.
54

55 ~~The election process for the office of Treasurer may be preceded by a campaign strictly limited to~~
56 ~~visiting the district caucus meetings during the annual session. Candidates shall not be permitted~~

1 to distribute any tangible election material, including but not limited to printed matters, CD-ROMs,
2 audiovisual materials, pens, pins, stickers or other accessory items. Candidates shall not use
3 signs, posters or any electronic means of communication including but not limited to telephones,
4 television, radio, electronic and surface mail or the Internet. Candidates shall not attempt to raise
5 funds to support a campaign, or to conduct any social functions, hospitality suites or other
6 electioneering activities. The candidates' names and curriculum vitae, when applicable, will be
7 submitted to the House in the first mailing/posting of the year of the election.

8 9 **Literature**

- 10
11 9. No material may be distributed in the House of Delegates without obtaining permission from the
12 Secretary of the House. Materials to be distributed in the House of Delegates on behalf of any
13 member's candidacy for office shall be limited to printed matter on paper only and nothing else.
14 (A single distribution per candidate for each House of Delegates will be made. However, the
15 distribution could consist of more than one piece of printed matter as long as the materials are
16 secured together.)

17
18 Campaign literature will be limited to no more than one mailing. The distribution of literature in the
19 House of Delegates does not constitute a mailing.

20 21 **Contributions**

- 22
23 10. Contributions (including money and in kind services) are acceptable only from individual dentists,
24 family members and ADA constituent and component dental societies, which includes component
25 branches and study clubs recognized as part of the constituent society. Contributions from any
26 other sources are not permissible. No candidate will knowingly accept campaign contributions
27 which create the appearance of conflict of interest as reflected in Chapter VI of the ADA Bylaws.

28
29 Any contribution source that could be interpreted to be a conflict of interest or creates the
30 appearance of a conflict of interest must be reported to the Election Commission and the ADA
31 Board of Trustees. In the event a contribution source is deemed to be a conflict of interest or
32 creates the appearance of a conflict of interest, the candidates will be required to return the
33 contribution.

- 34
35 11. Candidates for all ADA elective offices should submit a summary of campaign contributions and
36 expenses to the Election Commission at the end of the campaign.

37 38 **Violations**

- 39
40 12. In the event of a violation of the House-approved rules, the Election Commission shall post its
41 report in the House of Delegates section on ADA Connect. Additionally, an email will be sent to all
42 delegates and alternate delegates with a working email address on file, alerting them that the
43 report has been posted.

44
45 If violations of the Campaign Agreement and Guidelines or Campaign Rules are determined to
46 have occurred, then the Election Commission, if it cannot resolve those violations between the
47 candidates, must report those violations to the House of Delegates. The Report of the Election
48 Commission will be given orally by the Chair of the Election Commission at the first meeting of
49 the House. If violations occur after that meeting, and before the election, then that information
50 must be shared with the caucuses by direct contact of the constituent executive directors or the
51 caucus chairs.

52 53 **Notification**

54

1 13. It is the responsibility of each candidate's campaign staff to inform state Executive Directors
2 within their districts of these election rules.

3
4 14. Any questions regarding these Guidelines-Campaign Rules should be directed to the chair of the
5 Election Commission for clarification, in the manner that is approved by the Election Commission.

6
7 Amended 2016

APPENDIX 2

Manual of the House of Delegates and Supplemental Information

Election Commission and Campaign Rules

The Election Commission is composed of three members: the Immediate Past President, and the chair and vice chair of the Council on Ethics, Bylaws and Judicial Affairs. The chair of the Council on Ethics, Bylaws and Judicial Affairs serves as commission chair. The Speaker and the President-elect's Campaign Manager will serve as consultants to the Election Commission. In the event that one of the members is unavailable, a replacement member will be selected by the chair of the Council on Ethics, Bylaws and Judicial Affairs in consultation with the Election Commission.

The Election Commission is charged with (1) overseeing and adjudicating all issues of contested elections for ADA offices; (2) meeting with all candidates to negotiate cost-effective agreements on campaign issues such as promotional activities and gifts (which are limited to campaign pins), campaign literature, travel and electronic and other communication methods; (3) receiving summaries of campaign revenues and expenses from candidates for all ADA elective offices; (4) informing anyone identified as being under a disciplinary sentence of suspension or probation for violating his or her duties to the constituent society within whose jurisdiction the member practices or to this Association that they are ineligible to seek elective or appointive office while under that disciplinary sentence; and (5) referring any dispute of eligibility to the Council on Ethics, Bylaws and Judicial Affairs.

Election Commission Rules Governing the Conduct of Campaigns for All ADA Elective Officers

The following rules govern the announcement and conduct of campaigns for ADA elective officers. These rules will be distributed annually to all candidates, delegates, alternate delegates and other parties of interest.

Announcing Candidacy

1. Candidates shall not formally announce their intent to run for office before the final day of the annual session immediately preceding their candidacy. A formal announcement shall include, at a minimum, the name of the candidate and an identification of the office being sought. 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.

Travel and meeting attendance

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. Candidates for the office of President-elect may accept and attend any such event in a manner mutually agreed upon but only if all candidates have been invited.

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

3. District caucuses and state constituent societies shall issue timely invitations to the President-elect candidates through the Office of the Executive Director. Caucuses and state meetings are

requested to provide an appropriate opportunity for the candidates to meet with their members. It is recommended that such forums be structured to allow:

- a) all candidates to make presentations;
- b) caucuses freedom to assess candidates; and
- c) 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. Notwithstanding any of these campaign rules, nothing in these rules shall prevent a candidate from attending a meeting, conference or other event in his or her capacity as a trustee or other officer or official of the ADA. Campaigning at such events when attending in an ADA capacity is strictly prohibited.
5. Candidates shall not use campaign-sponsored social functions or hospitality suite/meeting 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 hosts a reception during the ADA annual session and is sponsoring a candidate in a contested election should not host the reception prior to the officer elections; a reception may be held after the election. Prior to the election, candidates shall not attend events in or visit district hospitality suites. This prohibition shall not apply to a candidate visiting his or her own district's hospitality suite or attending events hosted by their own district exclusively for the district's members.

Publications and media

6. 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.
7. Candidates will not use a web page-either their own or their state associations. 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. Candidates are allowed to use the ADA email server and their ADA.org email addresses.
8. 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 in 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.

Literature

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.

Campaign literature will be limited to no more than one mailing. The distribution of literature in the House of Delegates does not constitute a mailing.

Contributions

10. Contributions (including money and in kind services) are acceptable only from individual dentists, family members and ADA constituent and component dental societies, which includes component branches and study clubs recognized as part of the constituent society. Contributions from any other sources are not permissible. No candidate will knowingly accept campaign contributions which create the appearance of conflict of interest as reflected in the ADA Bylaws.

Any contribution source that could be interpreted to be a conflict of interest or creates the appearance of a conflict of interest must be reported to the Election Commission and the ADA Board of Trustees. In the event a contribution source is deemed to be a conflict of interest or creates the appearance of a conflict of interest, the candidates will be required to return the contribution.

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.

Violations

12. In the event of a violation of the House-approved rules, the Election Commission shall post its report in the House of Delegates section on ADA Connect. Additionally, an email will be sent to all delegates and alternate delegates with a working email address on file, alerting them that the report has been posted.

If violations of the Campaign Agreement or Campaign Rules are determined to have occurred, then the Election Commission, if it cannot resolve those violations between the candidates, must report those violations to the House of Delegates. The Report of the Election Commission will be given orally by the Chair of the Election Commission at the first meeting of the House. If violations occur after that meeting, and before the election, then that information must be shared with the caucuses by direct contact of the constituent executive directors or the caucus chairs.

Notification

13. It is the responsibility of each candidate's campaign staff to inform state Executive Directors within their districts of these election rules.
14. Any questions regarding these Campaign Rules should be directed to the chair of the Election Commission for clarification, in the manner that is approved by the Election Commission.

Amended 2016

APPENDIX 3

ADA ELECTION COMMISSION GUIDELINES REGARDING CAMPAIGN CONTRIBUTIONS AND EXPENDITURES

The following guidelines were developed by the Election Commission, at the request of the House of Delegates, and are intended to provide candidates for ADA elected offices information on acceptable sources for campaign contributions; limitations on campaign expenditures; and enforcement protocols.

Acceptable Sources of Campaign Contributions

- Contributions (including money and in kind services) are acceptable only from individual dentists, family members and ADA constituent and component dental societies, which includes component branches and study clubs recognized as part of the constituent society. Contributions from any other sources are not permissible. No candidate will knowingly accept campaign contributions which create the appearance of conflict of interest as reflected in Chapter VI of the *ADA Bylaws*.
- Any contribution source that could be interpreted to be a conflict of interest or creates the appearance of a conflict of interest must be reported to the Election Commission. In the event a contribution source is deemed to be a conflict of interest or creates the appearance of a conflict of interest, the candidate will be required to return the contribution.

Limitation of Campaign Expenses

- Campaign literature will be limited to no more than one mailing. The distribution of literature in the House of Delegates does not constitute a mailing.
- Candidates will not use a web page—either their own or their state association's. Candidates' campaign statements and profiles that appear in the *ADA News* will be reprinted on the Association's web page, in the "Members Only" section of the *ADA News Today*. Candidates are allowed to use the ADA email server and their ada.org email addresses.

Enforcement Protocol

- In the event of a violation of the House-approved Campaign Guidelines, the candidates' negotiated agreement, or the Election Commission's guidelines, the candidate will be given the opportunity to correct the violation (possibly including the notification of the House of Delegates of the violation). If the violation cannot be corrected, if time constraints are limited, or if the candidate is unable to take action, then the violation will be reported to the House of Delegates by the Election Commission.

(October 2002; updated January 2010)

Resolution No. 6 NewReport: Amendments to the Guidelines Governing the Date Submitted: July 2016
Conduct of Campaigns for All ADA OfficesSubmitted By: ADA Election CommissionReference 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

AMENDMENTS TO THE ELECTION COMMISSION GUIDELINES GOVERNING THE CONDUCT OF CAMPAIGNS FOR ALL ADA OFFICES**Background:** (See Election Commission Report, Worksheet:5019).**Resolution****6. Resolved,** that the *Guidelines Governing the Conduct of Campaigns for All ADA Offices* be amended as shown in Appendix 1 (additions underscored and deletions ~~stricken through~~)**BOARD RECOMMENDATION: Vote Yes.****Vote: Resolution 6**

ASAI	Yes	COLE	Abstain	GEHANI	Yes	ROBERTS	Yes
BITTER	Yes	CROWLEY	Yes	JEFFERS	Yes	ROBINSON	Yes
BLACK	Yes	FAIR	Yes	KLEMMEDSON	Yes	STEVENS	Yes
BUCKENHEIMER	Yes	FISCH	Yes	KWASNY	Yes	ZENK	Yes
COHLMIA	Yes	GAMBA	Absent	MARRON-TARRAZZI	Yes	ZUST	Yes

Resolution No. 6S-1 AmendmentReport: Amendments to the Guidelines Governing the Date Submitted: September 2016
Conduct of Campaigns for All ADA OfficesSubmitted By: Ninth Trustee DistrictReference 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 TO RESOLUTION 6: ELECTION COMMISSION GUIDELINES GOVERNING THE
CONDUCT OF CAMPAIGNS FOR ALL ADA OFFICES**

The following amendment to Resolution 6 (Worksheet:5021) was adopted by the Ninth Trustee District and submitted on September 26, 2016, by Drs. Ned Murphy and Michele Tulak-Gorecki, delegation chairs.

Background: In keeping with the ADA's stated goal of keeping all House of Delegates documents paperless and in an electronic format, we believe it is time to require that all candidates are also held to that standard with their campaign literature. Because all candidates that will announce for elective office at this 2016 House have already had their literature printed, we believe this change should take effect for all candidates commencing at the close of the 2016 House of Delegates.

The amendments proposed in 6S-1 are in addition to those proposed in the original Resolution 6. For clarity, the additional amendments proposed by this resolution are shown in Appendix 1 with additions having double underlining, while deletions are shown with double ~~strike-throughs~~. Appendix 2 shows the *Guidelines Governing the Conduct of Campaigns for All ADA Offices* incorporating the amendments sought by both original Resolution 6 and this Resolution 6S-1.

Resolution

6S-1. Resolved, that effective at the close of the 2016 House of Delegates, the *Guidelines Governing the Conduct of Campaigns for All ADA Offices* be amended as shown in Appendix 1 (additions underscoring and double underscoring and deletions ~~stricken through~~ and ~~double stricken through~~).

BOARD RECOMMENDATION: Received after the September Board of Trustees meeting.

APPENDIX 1

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The Election Commission is charged with (1) overseeing and adjudicating all issues of contested elections for ADA offices; (2) meeting with all candidates to negotiate cost-effective agreements on campaign issues such as promotional activities and gifts (which are limited to campaign pins), campaign literature, travel and electronic and other communication methods; (3) receiving summaries of campaign revenues and expenses from candidates for all ADA elective offices; (4) informing anyone identified as being under a disciplinary sentence of suspension or probation for violating his or her duties to the constituent society within whose jurisdiction the member practices or to this Association that they are ineligible to seek elective or appointive office while under that disciplinary sentence; and (5) referring any dispute of eligibility to the Council on Ethics, Bylaws and Judicial Affairs.

Election Commission Guidelines Rules Governing the Conduct of Campaigns for All ADA Elective Officers

The following ~~guidelines rules~~ govern the announcement and conduct of campaigns for ADA ~~elected~~ elective officers. These ~~guidelines rules~~ will be distributed annually to all candidates, delegates, alternate delegates and other parties of interest.

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1. Candidates shall not formally announce their intent to run for office ~~until~~ before the final day of the annual session immediately preceding their candidacy. A formal announcement shall include, at a minimum, the name of the candidate and an identification of the office being sought. 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.

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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 President-elect may accept and attend any such event in a manner mutually agreed upon but only if all candidates have been invited.

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

- 1 3. District caucuses and state constituent societies shall issue timely invitations to the President-
2 elect candidates through the Office of the Executive Director. Caucuses and state meetings are
3 requested to provide an appropriate opportunity for the candidates to meet with their members. It
4 is recommended that such forums be structured to allow:

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10 President-elect candidates shall negotiate a mutually agreeable travel schedule and when
11 mutually agreeable, may utilize electronic communications (e.g., Skype) to accommodate
12 conflicts with district schedules.
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15 from attending a meeting, conference or other event in his or her capacity as a trustee or other
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20 rooms on behalf of their candidacy at any regional, national or annual meeting. (This is not
21 intended, however, to limit candidates from holding campaign meetings for the purpose of
22 strategizing.) Campaign receptions are not to be held at the ADA Annual Session. Additionally, a
23 district that ~~annually~~ hosts a reception during the ADA annual session and is sponsoring a
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25 reception may be held after the election. Prior to the election, candidates shall not attend events
26 in or visit district hospitality suites. This prohibition shall not apply to a candidate visiting his or her
27 own district's hospitality suite or attending events hosted by their own district exclusively for the
28 district's members.
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30 **Publications and media**

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- 32 6. News articles on and interviews of a Candidate are permissible if published by a state dental
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34 district, with no intentional outside distribution. Online state dental journal news articles on and
35 interviews of a Candidate are permissible if posted in the members' only section of the state
36 dental association website within the candidate's district. Articles about a candidate's intention to
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39 capacity with leadership or national journals that will be published within the timeframe of their
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43 campaign statements and profiles, which appear in the ADA News will be posted on the
44 Association's website, ADA.org, in an area dedicated to candidates for ADA elective offices, and
45 on ADA Connect. Candidates are allowed to use the ADA email server and their ADA.org email
46 addresses.
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- 48 8. Candidates should not knowingly seek to have their name, photo, appearance, and writings in
49 national trade or non-peer reviewed publications or websites during the campaign, and should
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51 are participants ~~on~~ in a speaker's bureau or earn revenue by speaking nationally or regionally
52 must agree to avoid all unnecessary self-promotion during the campaign related to national
53 speaking engagements.
54

55 ~~The election process for the office of Treasurer may be preceded by a campaign strictly limited to~~
56 ~~visiting the district caucus meetings during the annual session. Candidates shall not be permitted~~

1 to distribute any tangible election material, including but not limited to printed matters, CD-ROMs,
2 audiovisual materials, pens, pins, stickers or other accessory items. Candidates shall not use
3 signs, posters or any electronic means of communication including but not limited to telephones,
4 television, radio, electronic and surface mail or the Internet. Candidates shall not attempt to raise
5 funds to support a campaign, or to conduct any social functions, hospitality suites or other
6 electioneering activities. The candidates' names and curriculum vitae, when applicable, will be
7 submitted to the House in the first mailing/posting of the year of the election.

8 9 **Literature**

- 10
11 9. No material may be distributed in the House of Delegates ~~without obtaining permission from the~~
12 ~~Secretary of the House.~~ Materials to be distributed in to the House of Delegates on behalf of any
13 member's candidacy for office shall be limited to ~~printed matter on paper only and nothing else.~~
14 (A single distribution per candidate for each House of Delegates will be made electronic material
15 posted in the Candidates section on the ADA's Website. The posting should consist of one
16 electronic brochure per candidate. There is to be no mailing of Campaign literature. However,
17 the distribution could consist of more than one piece of printed matter as long as the materials are
18 secured together.)

19
20 Campaign literature will be limited to no more than one ~~mailing~~ posting. The distribution of
21 literature in the House of Delegates ~~does not constitute a mailing~~ is prohibited.

22 23 **Contributions**

- 24
25 10. Contributions (including money and in kind services) are acceptable only from individual dentists,
26 family members and ADA constituent and component dental societies, which includes component
27 branches and study clubs recognized as part of the constituent society. Contributions from any
28 other sources are not permissible. No candidate will knowingly accept campaign contributions
29 which create the appearance of conflict of interest as reflected in ~~Chapter VI~~ of the ADA Bylaws.

30
31 Any contribution source that could be interpreted to be a conflict of interest or creates the
32 appearance of a conflict of interest must be reported to the Election Commission and the ADA
33 Board of Trustees. In the event a contribution source is deemed to be a conflict of interest or
34 creates the appearance of a conflict of interest, the candidates will be required to return the
35 contribution.

- 36
37 11. Candidates for all ADA elective offices should submit a summary of campaign contributions and
38 expenses to the Election Commission at the end of the campaign.

39 40 **Violations**

- 41
42 12. In the event of a violation of the House-approved rules, the Election Commission shall post its
43 report in the House of Delegates section on ADA Connect. Additionally, an email will be sent to all
44 delegates and alternate delegates with a working email address on file, alerting them that the
45 report has been posted.

46
47 If violations of the Campaign Agreement and Guidelines or Campaign Rules are determined to
48 have occurred, then the Election Commission, if it cannot resolve those violations between the
49 candidates, must report those violations to the House of Delegates. The Report of the Election
50 Commission will be given orally by the Chair of the Election Commission at the first meeting of
51 the House. If violations occur after that meeting, and before the election, then that information
52 must be shared with the caucuses by direct contact of the constituent executive directors or the
53 caucus chairs.

54 55 **Notification**

56

1 13. It is the responsibility of each candidate's campaign staff to inform state Executive Directors
2 within their districts of these election rules.

3
4 14. Any questions regarding these Guidelines-Campaign Rules should be directed to the chair of the
5 Election Commission for clarification, in the manner that is approved by the Election Commission.

6
7 Amended 2016

APPENDIX 2

Manual of the House of Delegates and Supplemental Information

Election Commission and Campaign Rules

The Election Commission is composed of three members: the Immediate Past President, and the chair and vice chair of the Council on Ethics, Bylaws and Judicial Affairs. The chair of the Council on Ethics, Bylaws and Judicial Affairs serves as commission chair. The Speaker and the President-elect's Campaign Manager or appointee will serve as consultants to the Election Commission. In the event that one of the members is unavailable, a replacement member will be selected by the chair of the Council on Ethics, Bylaws and Judicial Affairs in consultation with the Election Commission.

The Election Commission is charged with (1) overseeing and adjudicating all issues of contested elections for ADA offices; (2) meeting with all candidates to negotiate cost-effective agreements on campaign issues such as promotional activities and gifts (which are limited to campaign pins), campaign literature, travel and electronic and other communication methods; (3) receiving summaries of campaign revenues and expenses from candidates for all ADA elective offices; (4) informing anyone identified as being under a disciplinary sentence of suspension or probation for violating his or her duties to the constituent society within whose jurisdiction the member practices or to this Association that they are ineligible to seek elective or appointive office while under that disciplinary sentence; and (5) referring any dispute of eligibility to the Council on Ethics, Bylaws and Judicial Affairs.

Election Commission Rules Governing the Conduct of Campaigns for All ADA Elective Officers

The following rules govern the announcement and conduct of campaigns for ADA elective officers. These rules will be distributed annually to all candidates, delegates, alternate delegates and other parties of interest.

Announcing Candidacy

1. Candidates shall not formally announce their intent to run for office before the final day of the annual session immediately preceding their candidacy. A formal announcement shall include, at a minimum, the name of the candidate and an identification of the office being sought. 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), travel, and electronic communications.

Travel and meeting attendance

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. Candidates for the office of President-elect may accept and attend any such event in a manner mutually agreed upon but only if all candidates have been invited.

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

3. District caucuses and state constituent societies shall issue timely invitations to the President-elect candidates through the Office of the Executive Director. Caucuses and state meetings are

requested to provide an appropriate opportunity for the candidates to meet with their members. It is recommended that such forums be structured to allow:

- a) all candidates to make presentations;
- b) caucuses freedom to assess candidates; and
- c) 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. Notwithstanding any of these campaign rules, nothing in these rules shall prevent a candidate from attending a meeting, conference or other event in his or her capacity as a trustee or other officer or official of the ADA. Campaigning at such events when attending in an ADA capacity is strictly prohibited.
5. Candidates shall not use campaign-sponsored social functions or hospitality suite/meeting 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 hosts a reception during the ADA annual session and is sponsoring a candidate in a contested election should not host the reception prior to the officer elections; a reception may be held after the election. Prior to the election, candidates shall not attend events in or visit district hospitality suites. This prohibition shall not apply to a candidate visiting his or her own district's hospitality suite or attending events hosted by their own district exclusively for the district's members.

Publications and media

6. 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.
7. Candidates will not use a web page-either their own or their state associations. 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. Candidates are allowed to use the ADA email server and their ADA.org email addresses.
8. 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 in 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.

Literature

9. No material may be distributed in the House of Delegates. Materials to be distributed to the House of Delegates on behalf of any member's candidacy for office shall be limited to electronic

material posted in the Candidates section on the ADA's Website. The posting should consist of one electronic brochure per candidate. There is to be no mailing of Campaign literature.

Campaign literature will be limited to no more than one posting. The distribution of literature in the House of Delegates is prohibited.

Contributions

10. Contributions (including money and in kind services) are acceptable only from individual dentists, family members and ADA constituent and component dental societies, which includes component branches and study clubs recognized as part of the constituent society. Contributions from any other sources are not permissible. No candidate will knowingly accept campaign contributions which create the appearance of conflict of interest as reflected in the ADA Bylaws.

Any contribution source that could be interpreted to be a conflict of interest or creates the appearance of a conflict of interest must be reported to the Election Commission and the ADA Board of Trustees. In the event a contribution source is deemed to be a conflict of interest or creates the appearance of a conflict of interest, the candidates will be required to return the contribution.

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.

Violations

12. In the event of a violation of the House-approved rules, the Election Commission shall post its report in the House of Delegates section on ADA Connect. Additionally, an email will be sent to all delegates and alternate delegates with a working email address on file, alerting them that the report has been posted.

If violations of the Campaign Agreement or Campaign Rules are determined to have occurred, then the Election Commission, if it cannot resolve those violations between the candidates, must report those violations to the House of Delegates. The Report of the Election Commission will be given orally by the Chair of the Election Commission at the first meeting of the House. If violations occur after that meeting, and before the election, then that information must be shared with the caucuses by direct contact of the constituent executive directors or the caucus chairs.

Notification

13. It is the responsibility of each candidate's campaign staff to inform state Executive Directors within their districts of these election rules.
14. Any questions regarding these Campaign Rules should be directed to the chair of the Election Commission for clarification, in the manner that is approved by the Election Commission.

Amended 2016

Resolution No. 7 NewReport: Amendments to the Guidelines Governing the Date Submitted: July 2016
Conduct of Campaigns for All ADA OfficesSubmitted By: ADA Election CommissionReference 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 TO THE ELECTION COMMISSION CONSULTANTS**Background:** (See ADA Election Commission Report, Worksheet:5020)**7. Resolved**, that Resolution 43H-2015, be amended as shown below (additions underscored and deletions ~~stricken through~~):**Resolved**, that the Election Commission will be charged with overseeing and adjudicating all issues of contested elections for ADA offices, and be it further**Resolved**, that it shall be the duty of the Commission to (1) oversee and adjudicate all issues of contested elections for ADA offices; (2) meet with all candidates to negotiate cost-effective agreements on campaign issues such as promotional activities and gifts (which are limited to campaign pins), campaign literature, travel and electronic and other communication methods; (3) receive summaries of campaign revenues and expenses from candidates for all ADA elective offices; (4) inform anyone identified as being under a disciplinary sentence of suspension or probation for violating his or her duties to the constituent society within whose jurisdiction the member practices or to this Association that they are ineligible to seek elective or appointive office while under that disciplinary sentence; and (5) refer any dispute of eligibility to the Council on Ethics, Bylaws and Judicial Affairs, and be it further**Resolved**, that the Election Commission will be composed of three members: the Immediate Past President, 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 and the President-elect's campaign manager will serve as consultants to the Election Commission, each without the right to vote.

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

Resolution No. 7S-1 AmendmentReport: Amendments to the Guidelines Governing the Conduct of Campaigns for All ADA Offices Date Submitted: September 2016Submitted By: Ninth Trustee DistrictReference 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 TO RESOLUTION 7: THE ELECTION COMMISSION CONSULTANTS

The following amendment to Resolution 7 (Worksheet:5022) was adopted by the Ninth Trustee District and submitted on September 26, 2016, by Drs. Ned Murphy and Michele Tulak-Gorecki, delegation chairs.

Background: The Ninth Trustee District is recommending an amendment to line 2 (Worksheet:5023a, Page 2 of 2) shown by double underscoring. It believes that should the President-elect's campaign manager be unable to serve for any reason, the candidates should be able to appoint a representative to serve on the Election Commission.

Resolution

7S-1. Resolved, that Resolution 43H-2015, be amended as shown below (additions underscoring and double underscoring and deletions ~~stricken through~~):

Resolved, that the Election Commission will be charged with overseeing and adjudicating all issues of contested elections for ADA offices, and be it further

Resolved, that it shall be the duty of the Commission to (1) oversee and adjudicate all issues of contested elections for ADA offices; (2) meet with all candidates to negotiate cost-effective agreements on campaign issues such as promotional activities and gifts (which are limited to campaign pins), campaign literature, travel and electronic and other communication methods; (3) receive summaries of campaign revenues and expenses from candidates for all ADA elective offices; (4) inform anyone identified as being under a disciplinary sentence of suspension or probation for violating his or her duties to the constituent society within whose jurisdiction the member practices or to this Association that they are ineligible to seek elective or appointive office while under that disciplinary sentence; and (5) refer any dispute of eligibility to the Council on Ethics, Bylaws and Judicial Affairs, and be it further

Resolved, that the Election Commission will be composed of three members: the Immediate Past President, 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

1 Affairs from among its members. The chair of the Council on Ethics, Bylaws and Judicial Affairs
2 shall serve as chair. The Speaker and the President-elect's campaign manager or appointee will
3 serve as consultants to the Election Commission, each without the right to vote.

4 **BOARD RECOMMENDATION: Received after the September Board of Trustees meeting.**

Resolution No. 8 NewReport: N/A Date Submitted: June 2016Submitted By: Board of TrusteesReference 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

1 **AMENDMENT FOR A ONE TIME ADJUSTMENT TO THE TERM OF SPEAKER OF THE HOUSE**

2 **Background:** At the 2018 House meeting, the terms of office for both the Treasurer and the Speaker of
3 the House will expire. In addition, four new trustees will join the Board as well as a Second Vice President
4 and a President-elect. The Board has concluded that such a large turnover in volunteer leadership
5 carries with it some risk. While the extent of that risk will vary based on the issues facing the Association
6 at that time, the Board has concluded that the risk can be easily mitigated to some degree by staggering
7 the terms of office for the Treasurer and the Speaker of the House. Both of these officers play an
8 important role in the operations of the Board and avoiding the loss of both at one time enhances the
9 continuity of leadership on the Board of Trustees.

10 The Board considered a number of approaches to this issue, including (1) permanently changing the term
11 of one of the officers (the Treasurer or Speaker) to four years, (2) extending the next term only of one of
12 the officers by one year, and (3) adding one year to the existing term of one of the officers. The Board
13 rejected the first approach because the end of the terms of office for the Treasurer and Speaker of the
14 House will still coincide every 12 years. Likewise, the Board rejected the second approach because it
15 does not prevent the situation of a very large turnover of volunteer leadership in 2018. The Board is
16 recommending the third approach, a one-time extension of the term of office of either the Treasurer or the
17 Speaker.

18 The Board is mindful that future candidates for these two offices will soon be considering whether to run
19 for office. Accordingly, the Board is making this proposal now, two years before the change will take
20 effect. In addition, the Board's Governance Committee consulted with both the current Treasurer and
21 Speaker about which officer's term should be extended by one year. Although the Speaker did not seek
22 an extension of his term, he is willing to accept it. The Committee, the Treasurer and the Board itself, all
23 agree that this is the best option.

24 Accordingly, the Board proposes an amendment to the *Bylaws* temporarily adding a single footnote.
25 Although the amendment takes the form of a footnote, the resolution nevertheless requires a two-thirds
26 majority vote for approval. The Board proposes the following resolution for the House's consideration:
27

Resolution

8. Resolved, that the ADA *Bylaws*, CHAPTER VIII. ELECTIVE OFFICERS, Section 50. Term of Office, be amended by the addition of a footnote, as underscored below:

CHAPTER VIII • ELECTIVE OFFICERS

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

* In order to stagger the terms of the Speaker of the House and the Treasurer, the term of the Speaker of the House in office for 2015-2018 shall be extended for one (1) year, and shall end at adjournment *sine die* of the 2019 House of Delegates. This footnote shall expire at adjournment *sine die* of the 2019 House of Delegates.

BOARD RECOMMENDATION: Vote Yes.

BOARD VOTE: UNANIMOUS.

Resolution No. 1-2015 NewReport: Board Report 3 (2015) Date Submitted: June 2015Submitted By: Board of TrusteesReference Committee: D (Legislative, Health, Governance and Related Matters)Total Net Financial Implication: None Net Dues Impact:

Amount One-time	Amount On-going	\$70,000 (2018)	FTE	0
		\$140,000		
		(thereafter)		

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

REPORT 3 (2015) OF THE BOARD OF TRUSTEES TO THE HOUSE OF DELEGATES: ELIMINATION OF OFFICES OF FIRST AND SECOND VICE PRESIDENTS

Background: As part of a comprehensive review of Association governance in 2012, the Board asked the House to consider eliminating the offices of first and second vice presidents. The resolution was held over because it sought to amend the *Constitution*; however, it was defeated in 2013. The Board believes that the rationale behind that resolution holds true today and that now is the time to revisit the issue. Accordingly, the Board is proposing a new resolution to eliminate these offices. The resolution will be held over until the 2016 House of Delegates meeting, therefore its impact would be phased in over several years with the sitting second vice president becoming first vice president at that time. Because candidates may have already announced an intent to run for the second vice president position, the election would be held in 2016 and the prevailing candidate will serve two years. However, no additional vice presidents will be selected thereafter.

The Board's governance report in 2012 stated:

Westman Suggestion #44. Eliminate the two Vice President positions. Unlike the position in many state societies, the position of ADA vice president does not automatically succeed to the office of President-elect and then President. Moreover, the stated purpose of these positions, to represent the House, is in fact served by the President and President-elect, as well as the entire Board. The Board has been well served by many very able and dedicated Vice Presidents and thanks each of them for their service. Nevertheless, the Board concludes that the positions add complexity to our governance (by increasing the size of the Board and adding additional elections).

The Board believes this statement is true today. The vice president positions do not automatically succeed to the office of President-elect and, contrary to what is often stated, the vice presidents do not uniquely represent the House of Delegates at the Board of Trustees. All officers are elected by the House and every Board member (including the vice presidents) owe a duty of loyalty to the Association, as opposed to the House of Delegates. And certainly having two vice presidents, in addition to 17 trustees, a President, a President-elect, a Treasurer and a Speaker, adds to the complexity of our governance both at the Board level and at the House (through elections).

Of course, the Board continues to agree that the Association has been exceptionally well served by our vice presidents over the years. In no way is the resolution proposed here meant to show any lack of gratitude for their fine work. But the Association has been equally well served by the many trustees, presidents, presidents-elect, treasurers and speakers who have served in those positions over the years. The Board is simply convinced that the Association should take steps, even small ones, to simplify its governance.

The Board of Trustees considered Resolution 106-2014 calling for a single vice president with a four-year term. After deliberation, the Board determined that they do not support this resolution and submits Resolution 1.

Accordingly, the Board proposes the following resolution, which will be held over for a year and be considered by the 2016 House of Delegates.

Resolution

1-2015. Resolved, that at the adjournment *sine die* of the 2017 House of Delegates, ARTICLE V. OFFICERS, *Section 10. ELECTIVE OFFICERS*, of the ADA *Constitution* shall be amended as follows (deletions ~~stricken~~):

ARTICLE V. OFFICERS

Section 10. ELECTIVE OFFICERS: The elective officers of this Association shall be a President, a President-elect, a First-Vice President, a ~~Second Vice President~~, a Treasurer and a Speaker of the House of Delegates, each of whom shall be elected by the House of Delegates.

and be it further

Resolved, that at the adjournment *sine die* of the 2018 House of Delegates, ARTICLE V. OFFICERS, *Section 10. ELECTIVE OFFICERS*, of the ADA *Constitution* shall be amended as follows (deletions ~~stricken~~):

ARTICLE V. OFFICERS

Section 10. ELECTIVE OFFICERS: The elective officers of this Association shall be a President, a President-elect, a ~~Vice President~~, a Treasurer and a Speaker of the House of Delegates, each of whom shall be elected by the House of Delegates.

and be it further

Resolved, that at the adjournment *sine die* of the 2017 House of Delegates, CHAPTER VI. CONFLICT OF INTEREST, of the ADA *Bylaws* shall be amended as follows (deletions ~~stricken~~):

CHAPTER VI. CONFLICT OF INTEREST

It is the policy of this Association that individuals who serve in elective, appointive or employed offices or positions do so in a representative or fiduciary capacity that requires loyalty to the Association. At all times while serving in such offices or positions, these individuals shall further the interests of the Association as a whole. In addition, they shall avoid:

- a. placing themselves in a position where personal or professional interests may conflict with their duty to this Association.
- b. using information learned through such office or position for personal gain or advantage.
- c. obtaining by a third party an improper gain or advantage.

As a condition for selection, each nominee, candidate and applicant shall complete a conflict of interest statement as prescribed by the Board of Trustees, disclosing any situation which might be construed as placing the individual in a position of having an interest that may conflict with his or her duty to the Association. Candidates for offices of President-elect, ~~Second Vice President~~, Treasurer, Speaker of the House, nominees for office of trustee, and nominees to councils and commissions shall file such statements with the Secretary of the House of Delegates to be made available to the delegates prior to election. As a condition of appointment, consultants, advisers and staff of Councils, Commissions and Special Committees, and each person nominated or seeking such positions, shall file conflict of interest statements with the executive director of this Association.

While serving in any elective, appointive or employed office or position, the individual shall comply with the conflict of interest policy applicable to his or her office or position, shall complete and file a conflict of interest statement for each year of service, and shall promptly report any situation in which a potential conflict of interest may arise.

The Board of Trustees shall approve any additional compliance activities that will implement the requirements of this chapter. The Board of Trustees shall render a final judgment on what constitutes a conflict of interest.

and be it further

Resolved, that at the adjournment *sine die* of the 2017 House of Delegates, CHAPTER VII. BOARD OF TRUSTEES, *Section 10. COMPOSITION*, of the ADA *Bylaws* shall be amended as follows (additions underscored, deletions ~~stricken~~):

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* members of the Board without the right to vote.

and be it further

Resolved, that at the adjournment *sine die* of the 2018 House of Delegates, CHAPTER VII. BOARD OF TRUSTEES, *Section 10. COMPOSITION*, of the ADA *Bylaws* shall be amended as follows (additions underscored, deletions ~~stricken~~):

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, and the President-elect ~~and the Vice President~~ 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* members of the Board without the right to vote.

and be it further

Resolved, that at the adjournment *sine die* of the 2017 House of Delegates, CHAPTER VII. BOARD OF TRUSTEES, *Section 130. OFFICERS*, Subsection A. CHAIR AND SECRETARY, of the ADA *Bylaws* shall be amended as follows (additions underscored, deletions ~~stricken~~):

Section 130. OFFICERS:

A. CHAIR AND SECRETARY. The officers of the Board of Trustees shall be the President of the Association who shall be the Chair, and the Executive Director of the Association who shall be the Secretary.

1 In the absence of the President, the office of Chair shall be filled by the President-elect and, in his
2 or her absence, by the ~~First or Second~~ Vice President in that order and, in their absence, a voting
3 member of the Board shall be elected Chair *pro tem*.

4 In the absence of the Secretary, the Chair shall appoint a Secretary *pro tem*.

5 and be it further

6 **Resolved**, that at the adjournment *sine die* of the 2018 House of Delegates, CHAPTER VII. BOARD
7 OF TRUSTEES, *Section 130. OFFICERS*, Subsection A. CHAIR AND SECRETARY, of the ADA
8 *Bylaws* shall be amended as follows (additions underscored, deletions ~~stricken~~):

9 *Section 130. OFFICERS:*

10 A. CHAIR AND SECRETARY. The officers of the Board of Trustees shall be the President of the
11 Association who shall be the Chair, and the Executive Director of the Association who shall be
12 the Secretary.

13 In the absence of the President, the office of Chair shall be filled by the President-elect and, in his
14 or her absence, ~~the Vice President in that order and, in their absence,~~ a voting member of the
15 Board shall be elected Chair *pro tem*.

16 In the absence of the Secretary, the Chair shall appoint a Secretary *pro tem*.

17 and be it further

18 **Resolved**, that at the adjournment *sine die* of the 2017 House of Delegates, CHAPTER VIII.
19 ELECTIVE OFFICERS, *Section 10. TITLE*, of the ADA *Bylaws* shall be amended as follows
20 (additions underscored, deletions ~~stricken~~):

21 *Section 10. TITLE:* The elective officers of this Association shall be President, President-elect,
22 ~~First Vice President, Second Vice President,~~ Treasurer and Speaker of the House of Delegates,
23 as provided in Article V of the *Constitution*.

24 and be it further

25 **Resolved**, that at the adjournment *sine die* of the 2018 House of Delegates, CHAPTER VIII.
26 ELECTIVE OFFICERS, *Section 10. TITLE*, of the ADA *Bylaws* shall be amended as follows
27 (additions underscored, deletions ~~stricken~~):

28 *Section 10. TITLE:* The elective officers of this Association shall be President, President-elect,
29 ~~Vice President,~~ Treasurer and Speaker of the House of Delegates, as provided in Article V of the
30 *Constitution*.

31 and be it further

32 **Resolved**, that at the adjournment *sine die* of the 2017 House of Delegates, CHAPTER VIII.
33 ELECTIVE OFFICERS, *Section 30. NOMINATIONS*, Subsection A, of the ADA *Bylaws* shall be
34 amended as follows (additions underscored, deletions ~~stricken~~):

35 *Section 30. NOMINATIONS:*

36 A. Nominations for the offices of President-elect and ~~Second Vice President~~ shall be made in
37 accordance with the order of business. Candidates ~~for these elective offices~~ shall be nominated
38 from the floor of the House of Delegates by a simple declaratory statement, which may be
39 followed by an acceptance speech not to exceed four (4) minutes by the candidate from the
40 podium, according to the protocol established by the Speaker of the House of Delegates.
41 Seconding a nomination is not permitted.

1 and be it further

2 **Resolved**, that at the adjournment *sine die* of the 2017 House of Delegates, CHAPTER VIII.
3 ELECTIVE OFFICERS, *Section 50. TERM OF OFFICE*, of the ADA *Bylaws* shall be amended as
4 follows (additions underscoring, deletions ~~stricken~~):

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

13 and be it further

14 **Resolved**, that at the adjournment *sine die* of the 2018 House of Delegates, CHAPTER VIII.
15 ELECTIVE OFFICERS, *Section 50. TERM OF OFFICE*, of the ADA *Bylaws* shall be amended as
16 follows (additions underscoring, deletions ~~stricken~~):

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

25 and be it further
26

27 **Resolved**, that at the adjournment *sine die* of the 2016 House of Delegates, CHAPTER VIII.
28 ELECTIVE OFFICERS, *Section 60. INSTALLATION*, of the ADA *Bylaws* shall be amended as follows
29 (additions underscoring, deletions ~~stricken~~):
30

31 *Section 60. INSTALLATION*: The elective officers shall be installed at the last meeting of the
32 annual session of the House of Delegates. The President-elect shall be installed as President at
33 the next annual session of the House following election. The Second Vice President shall be
34 installed as ~~First~~ Vice President at the next annual session of the House following election.

35 and be it further

36 **Resolved**, that at the adjournment *sine die* of the 2017 House of Delegates, CHAPTER VIII.
37 ELECTIVE OFFICERS, *Section 60. INSTALLATION*, of the ADA *Bylaws* shall be amended as follows
38 (additions underscoring, deletions ~~stricken~~):

39 *Section 60. INSTALLATION*: The elective officers shall be installed at the last meeting of the
40 annual session of the House of Delegates. The President-elect shall be installed as President at
41 the next annual session of the House following election. ~~The Second Vice President shall be~~
42 ~~installed as Vice President at the next annual session of the House following election.~~

43 and be it further

44 **Resolved**, that at the adjournment *sine die* of the 2017 House of Delegates, CHAPTER VIII.
45 ELECTIVE OFFICERS, *Section 80. VACANCIES*, Subsection A. VACANCY OF ELECTIVE OFFICE,

of the ADA *Bylaws* shall be amended as follows (additions underscored, deletions ~~stricken~~):

Section 80. VACANCIES:

A. VACANCY OF ELECTIVE OFFICE: In the event the office of President becomes vacant, the President-elect shall become President for the unexpired portion of the term. In the event the office of President becomes vacant for the second time in the same term or at a time when the office of President-elect is also vacant, the ~~First Vice President shall become President for the unexpired portion of the term. In the event the office of First Vice President becomes vacant, the Second Vice President shall become the First Vice President for the unexpired portion of the term.~~ A vacancy in the office of the ~~Second Vice President~~ shall be filled by a majority vote of the Board of Trustees. In the event of a vacancy in the office of Speaker of the House of Delegates, the President, with approval of the Board of Trustees, shall appoint a Speaker *pro tem*. In the event the office of President-elect becomes vacant by reason other than the President-elect succeeding to the office of the President earlier than the next annual session, the office of President for the ensuing year shall be filled at the next annual session of the House of Delegates in the same manner as that provided for the nomination and election of elective officers, except that the ballot shall read "President for the Ensuing Year." A vacancy in the office of Treasurer shall be filled by a majority vote of the Board of Trustees until the process of inviting applications, screening and nominating candidates and electing a new Treasurer has been completed by the Board of Trustees and the House of Delegates. The Treasurer *pro tem* shall be eligible for election to a new consecutive three (3) year term. The newly elected Treasurer shall be limited to two (2) consecutive terms of three (3) years each, excepting the case of a former Treasurer who has been elected Treasurer *pro tem* as provided in Chapter VIII, Section 30 of these *Bylaws*, who may serve one (1) additional year.

and be it further

Resolved, that at the adjournment *sine die* of the 2018 House of Delegates, CHAPTER VIII. ELECTIVE OFFICERS, *Section 80. VACANCIES*, Subsection A. VACANCY OF ELECTIVE OFFICE of the ADA *Bylaws* shall be amended as follows (additions underscored, deletions ~~stricken~~):

Section 80. VACANCIES:

A. VACANCY OF ELECTIVE OFFICE: In the event the office of President becomes vacant, the President-elect shall become President for the unexpired portion of the term. In the event the office of President becomes vacant for the second time in the same term or at a time when the office of President-elect is also vacant, ~~the Vice President shall become President for the unexpired portion of the term.~~ the Board of Trustees shall select a President from among the voting members of the Board of Trustees or any of the past presidents for the unexpired portion of the term. Such a selection can take place at either a regular or special session of the Board of Trustees which in either case shall be convened by the Secretary of the Board of Trustees, who shall preside until either a temporary chair from among the voting members of the Board of Trustees or a President is selected. ~~A vacancy in the office of the Vice President shall be filled by a majority vote of the Board of Trustees.~~ In the event of a vacancy in the office of Speaker of the House of Delegates, the President, with approval of the Board of Trustees, shall appoint a Speaker *pro tem*. In the event the office of President-elect becomes vacant by reason other than the President-elect succeeding to the office of the President earlier than the next annual session, the office of President for the ensuing year shall be filled at the next annual session of the House of Delegates in the same manner as that provided for the nomination and election of elective officers, except that the ballot shall read "President for the Ensuing Year." A vacancy in the office of Treasurer shall be filled by a majority vote of the Board of Trustees until the process of inviting applications, screening and nominating candidates and electing a new Treasurer has been completed by the Board of Trustees and the House of Delegates. The Treasurer *pro tem* shall be eligible for election to a new consecutive three (3) year term. The newly elected Treasurer shall be limited to two (2) consecutive terms of three (3) years each, excepting the case of a former

Treasurer who has been elected Treasurer *pro tem* as provided in Chapter VIII, Section 30 of these *Bylaws*, who may serve one (1) additional year.

and be it further

Resolved, that at the adjournment *sine die* of the 2017 House of Delegates, CHAPTER VIII. ELECTIVE OFFICERS, *Section 90. DUTIES*, Subsection C. FIRST VICE PRESIDENT, of the ADA *Bylaws* shall be amended as follows (additions underscored, deletions ~~stricken~~):

Section 90. DUTIES:

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

- a. Assist the President as requested.
- b. Serve as an *ex officio* member of the House of Delegates without the right to vote.
- c. Serve as an *ex officio* member of the Board of Trustees.
- d. Succeed to the office of President, as provided in this chapter of the *Bylaws*.

and be it further

Resolved, that at the adjournment *sine die* of the 2018 House of Delegates, CHAPTER VIII. ELECTIVE OFFICERS, *Section 90. DUTIES*, Subsection C. FIRST VICE PRESIDENT, of the ADA *Bylaws* shall be deleted in its entirety as follows (deletions ~~stricken~~):

~~*Section 90. DUTIES:*~~

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

- ~~a. Assist the President as requested.~~
- ~~b. Serve as an *ex officio* member of the House of Delegates without the right to vote.~~
- ~~c. Serve as an *ex officio* member of the Board of Trustees.~~
- ~~d. Succeed to the office of President, as provided in this chapter of the *Bylaws*.~~

and be it further

Resolved, that at the adjournment *sine die* of the 2017 House of Delegates, CHAPTER VIII. ELECTIVE OFFICERS, *Section 90. DUTIES*, Subsection D. SECOND VICE PRESIDENT, of the ADA *Bylaws* shall be deleted in its entirety as follows (deletions ~~stricken~~):

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

- ~~a. Assist the President as requested.~~
- ~~b. Serve as an *ex officio* member of the House of Delegates without the right to vote.~~
- ~~c. Serve as an *ex officio* member of the Board of Trustees.~~
- ~~d. Succeed to the office of First Vice President at the next annual session of the House of Delegates following election as Second Vice President.~~
- ~~e. Succeed immediately to the office of First Vice President in the event of vacancy not only for the unexpired term but also for the succeeding term.~~

and be it further

Resolved, that at the adjournment *sine die* of the 2017 House of Delegates, CHAPTER VIII. ELECTIVE OFFICERS, *Section 90. DUTIES*, Subsections E and F, of the ADA *Bylaws* be relettered as Subsections D and E, and be it further

Resolved, that at the adjournment *sine die* of the 2018 House of Delegates, CHAPTER VIII. ELECTIVE OFFICERS, *Section 90. DUTIES*, Subsections D and E of the ADA *Bylaws* be relettered as subsections C and D.

- 1 **BOARD RECOMMENDATION: Vote Yes.**
- 2 **BOARD VOTE: UNANIMOUS* (BOARD OF TRUSTEES CONSENT CALENDAR ACTION—NO**
- 3 **BOARD DISCUSSION)**
- 4 ***Dr. Gamba was not in attendance.**

Resolution No. 39 NewReport: N/A Date Submitted: August 2016Submitted By: Council on Government AffairsReference 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

1 **ANTITRUST REFORM**2 The following resolution was submitted by the Council on Government Affairs pursuant to House
3 Resolution 170H-2012, Reaffirming Existing ADA Policy.4 **Background:** The Council on Government Affairs reviewed ADA policy concerning antitrust reform. The
5 Council recommends that nine policies be rescinded and replaced with a single updated and consolidated
6 policy as presented below. This proposed new policy, also approved by the Council on Dental Benefit
7 Programs, eliminates redundancy and inconsistencies, while keeping key antitrust policy directives as
8 reflected in the rescinded policies.9 **Resolution**10 **39. Resolved,** that the ADA strongly supports eliminating the current insurance industry exemption
11 from anti-trust laws including support for legislation to clarify, amend or, if necessary, repeal the
12 McCarran-Ferguson Act's antitrust immunity for the business of health insurance, and be it further13 **Resolved,** that the ADA strongly opposes any legislation that would extend an antitrust exemption to
14 the insurance industry for information gathering endeavors such as collecting and distributing
15 information on cost and utilization of health care services, and be it further16 **Resolved,** that the ADA supports changes in federal antitrust laws that will enable dentists to practice
17 effectively within the health care system, and be it further18 **Resolved,** that the ADA supports legislative and regulatory activities to change the antitrust safe
19 harbor guideline for dental networks based on percentage of provider participation in favor of a
20 guideline relying on a health plan's market share, and be it further21 **Resolved,** that the ADA work closely with constituent and component societies to provide them the
22 most current and comprehensive antitrust information and guidance available, on an as-needed
23 basis, and be it further24 **Resolved,** that the ADA utilize appropriate resources to work with other provider groups to amend
25 antitrust laws to allow dentists and other providers to negotiate collectively with health care
26 purchasers, and be it further27 **Resolved,** that the ADA support effective regulation of insurance companies including: the
28 establishment of requirements for disclosure to dentists prior to signing network participation

contracts; and current and complete information relating to the establishment of payment reimbursement rates and claims experience, and be it further

Resolved, that the following ADA policies be rescinded:

- Insurance Industry Antitrust Exemption (*Trans.*1985:695; 1990:558)
- Antitrust Reform Relying on Market Power (*Trans.*1995:648)
- Antitrust Jurisdiction (*Trans.*1995:648)
- Antitrust Limitations (*Trans.*1994:643)
- Antitrust Reform (*Trans.*1994:637)
- Regulation of Insurance Companies (*Trans.*1986:531)
- Power and Funding of FTC; Unfairly Discriminatory Rulings (*Trans.*1979:635)
- FTC Rules That Adversely Affect the Public (*Trans.*1978:529)
- Jurisdiction of FTC and Application of Antitrust Laws (*Trans.*1976:891)

BOARD RECOMMENDATION: Vote Yes.

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

**WORKSHEET ADDENDUM
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ADA POLICIES TO BE RESCINDED**

Insurance Industry Antitrust Exemption (*Trans.1985:695; Trans.1990:558*)

Resolved, that the Association strongly opposes legislation that would extend an antitrust exemption to the insurance industry for certain activities including negotiation of agreements between insurers and providers and other information gathering endeavors such as collecting and distributing information on cost and utilization of health care services.

Antitrust Reform Relying on Market Power (*Trans.1995:648*)

Resolved, that the Association supports legislative and regulatory activities to change the current antitrust safe harbor guideline for dental networks based on percentage of provider participation in favor of a guideline relying on market power.

Antitrust Jurisdiction (*Trans.1995:648*)

Resolved, that the ADA actively support legislation which would eliminate the split of antitrust jurisdiction between the Federal Trade Commission and the Department of Justice by placing all non-private antitrust enforcement within the purview of the U.S. Department of Justice.

Antitrust Limitations (*Trans.1994:643*)

Resolved, that the ADA continue to work closely with constituent and component societies to provide the most current and comprehensive antitrust information and guidance available, on an as-needed basis, and be it further

Resolved, that the ADA Board of Trustees utilize appropriate resources to work with other provider groups to amend antitrust laws to allow dentists and other providers to negotiate collectively with health care purchasers.

Antitrust Reform (*Trans.1994:637*)

Resolved, that the Association supports changes in federal antitrust laws that will enable dentists to compete effectively within the health care system, and be it further

Resolved, that the ADA initiative in antitrust reform includes: repeal of McCarran-Ferguson; relief to permit components and/or constituent societies and the ADA-recognized specialty organizations to form networks of dentists with the ability to negotiate and contract with area and regional health plans and health alliances; and reforms that are not limited to the proposed medical model of antitrust reform, but will provide effective relief to practicing dentists consistent with the unique aspects of the dental care marketplace.

Regulation of Insurance Companies (*Trans.1986:531*)

Resolved, that the American Dental Association support more effective regulation of insurance companies including the establishment of requirements for disclosure of information relating to the establishment of rates, insurability and claims experience, and be it further

Resolved, that in pursuing these objectives, the Association explore all appropriate means, including support for legislation to clarify, amend or, if necessary, repeal the McCarran-Ferguson Act's antitrust immunity for the business of insurance.

Power and Funding of FTC; Unfairly Discriminatory Rulings (*Trans.1979:635*)

Resolved, that in the public interest the appropriate agencies of the American Dental Association continue to take affirmative action on the following items:

- 1 1. Support legislation to limit the power and funding of the FTC.
- 2 2. Communicate and where practical combine efforts with other groups to challenge all rulings that are unfairly
- 3 discriminatory to the dental profession.

- 4 3. Communicate with members of the American Dental Association as to the progress and effectiveness of
- 5 these actions.

6 **FTC Rules That Adversely Affect the Public (*Trans.1978:529*)**

7 **Resolved**, that the Board of Trustees use all needed resources immediately to combat the Federal Trade
8 Commission's proposed trade regulatory rules that adversely affect the public we serve and dental practice.

9 **Jurisdiction of FTC and Application of Antitrust Laws (*Trans.1976:891*)**

10 **Resolved**, that the American Dental Association, in cooperation with other like learned professions to be
11 determined by the Board of Trustees, seek legislation either by amendment of existing statutes or by the
12 creation of an entirely new bill that would exempt these associations from the enforcement jurisdiction of the
13 Federal Trade Commission and the application of the federal antitrust laws.

Resolution No. 40 NewReport: N/A Date Submitted: August 2016Submitted By: Council on Government AffairsReference 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 COMMUNITY HEALTH CENTERS

Background: In consultation with the Council on Scientific Affairs, the Council on Government Affairs submits this amended resolution to update and simplify the policy's language.

Resolution

40. Resolved, that the ADA policy on Community Health Centers (*Trans.2002:415*) be amended to read as follows (additions underscored; deletions are ~~stricken~~):

~~**Resolved,** that the appropriate agencies of the ADA lobby on the federal level to restructure the formula for determining health professional shortage areas and to improve oversight of Federally Qualified Health Centers and Community Health Centers, and to evaluate the efficiency and effectiveness of such centers in improving oral health under current reimbursement systems for indigent patients, and be it further~~

~~**Resolved,** that the Association request that constituent and component societies ask their members to participate on CHC and FQHC Boards of Directors or other administrative bodies to ensure the clinics' effectiveness in treating underserved patients in the community, and be it further~~

~~**Resolved,** that the Association encourage dialogue between constituent and component societies and CHCs located in their areas for the purpose of improving access through increased private contracting between CHCs and private sector dentists, and be it further~~

~~**Resolved,** that the Association approach the Department of Health and Human Services to establish a pilot program to facilitate CHC private contracting with dentists, and be it further~~

~~**Resolved,** that the Association seek to obtain upon request information concerning the number of clinic users in a particular CHC by age of the patients served and the codes of the procedures provided to those patients, as well as all payment categories to include but not limited to: Medicaid, SCHIP, sliding scale by category, insurance, full fee, etc.~~

Resolved, that the ADA shall, and constituent societies are urged to, continue to lobby to support the accurate, timely determination of federal and state dental health professional shortage area designations, and be it further

1 **Resolved**, that the ADA shall, and constituent societies are urged to, support efforts to improve
2 the efficiency and effectiveness of Federally Qualified Health Center oral health programs in order
3 to increase capacity to improve the oral health of underserved populations seeking care at these
4 facilities, and be it further,

5 **Resolved**, that ADA members are encouraged to participate on health center Boards of Directors
6 and other administrative bodies to ensure the clinics' effectiveness in treating underserved
7 patients in the community, and be it further

8 **Resolved**, that the Association encourage improving access to underserved populations through
9 increased private contracting between health centers and private sector dentists.

10 **BOARD RECOMMENDATION: Vote Yes.**

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

Resolution No. 41 NewReport: N/A Date Submitted: August 2016Submitted By: Council on Government AffairsReference 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 DENTAL CARE FOR CHILDREN WITH CRIPPLING DEFECTS

Background: In consultation with the Council on Access, Prevention and Interprofessional Relations, the Council on Government Affairs submits the following amended resolution to update the policy's heading and the policy's language.

Resolution

41. Resolved, that the ADA policy on "Dental Care for Children with Crippling Defects" (*Trans.*1963:287) be amended to read as follows (additions underscored; deletions are ~~stricken~~):

~~**Resolved**, that constituent and component dental societies be urged to aid in the development of appropriate programs to assure comprehensive dental care, including orthodontic treatment, for children afflicted with crippling defects, particularly oral clefts and other dentofacial deformities and be it further,~~

~~**Resolved**, that such programs be developed at the local level in accordance with the American Dental Association's policies on community dental health programs, and be it further~~

~~**Resolved**, that the cooperation and assistance of the Academy of Dentistry for the Handicapped, American Association of Orthodontists, American Cleft Palate Association and American Society of Dentistry for Children and any other organization be sought.~~

Dental Care for Children with Cleft Lip, Cleft Palate and other Craniofacial Anomalies

Resolved, that with the cooperation and assistance of the Academy of Dentistry for the Handicapped, American Association of Orthodontists, American Cleft Palate-Craniofacial Association, and American Society of Dentistry for Children American Academy of Pediatric Dentistry, constituent and component dental societies are urged to aid in the development of appropriate programs to assure comprehensive dental care, including orthodontic treatment, for children with a cleft lip, cleft palate or other craniofacial anomalies that limit a child's ability to maintain proper oral health and normal function, and be it further

Resolved, that such programs be developed at the local level in accordance with the American Dental Association's policies on community dental health programs.

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

Resolution No. 42 New

Report: N/A Date Submitted: August 2016

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

1 **AMENDMENT OF POLICY ON DENTISTS ON STAFFS OF LOCAL HEALTH DEPARTMENTS**

2 **Background:** In consultation with the Council on Scientific Affairs, the Council on Government Affairs
3 submits the following amended resolution to update and simplify the policy's language.

4 **Resolution**

5 **42. Resolved,** that the ADA policy on "Dentists on Staffs of Local Health Departments"
6 (*Trans.*1967:325) be amended to read as follows (additions underscoring; deletions are ~~stricken~~):

7 ~~**Resolved,** that component dental societies be urged to seek the appointment of a dentist to the~~
8 ~~staffs of existing local health departments and to those established in the future, and to report~~
9 ~~annually their success or failure to their constituent society and the American Dental Association.~~

10 **Resolved,** that component dental societies be urged to collaborate with the staff of local health
11 departments to better understand community health program structures, processes and
12 outcomes. Such collaboration may include periodic meetings with health department officials and
13 appointment of dentists to health departments.

14 **BOARD RECOMMENDATION: Vote Yes.**

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

Resolution No. 43 NewReport: N/A Date Submitted: August 2016Submitted By: Council on Government AffairsReference 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

1 AMENDMENT OF POLICY ON EVALUATION AND FULFILLMENT OF UNMET DENTAL NEEDS

2 Background: The ADA and its constituent and component dental societies have worked to identify areas
3 of unmet need, engage in and promote projects such as Missions of Mercy and Give Kids a Smile,
4 promote oral health literacy and prevention education and continues to work to implement initiatives that
5 address access through the Action for Dental Health campaign.

6 Resolution

7 43. Resolved, that the ADA policy on “Evaluation and Fulfillment of Dental Demand”
8 (*Trans.1977:936*) be amended to read as follows (additions underscored; deletions are ~~stricken~~):

9 ~~Resolved,~~ that all constituent dental societies be urged to assess the profession’s ability to meet
10 the dental care demand of its citizens, and be it further

11 ~~Resolved,~~ that constituent societies be encouraged to conduct professionally directed public
12 information programs to communicate the scope and content of these dental health care
13 programs to the general public, legislators and other public officials, and be it further

14 ~~Resolved,~~ that constituent societies be requested to report routinely these activities to the Board
15 of Trustees for dissemination to appropriate Association agencies.

16 Resolved, that constituent dental societies be encouraged to promote oral health using culturally
17 competent strategies for underserved communities and share these efforts with legislators and
18 other public health officials.

19 BOARD RECOMMENDATION: Vote Yes.

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

Resolution No. 44 NewReport: N/A Date Submitted: August 2016Submitted By: Council on Government AffairsReference 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

1 RESCISSION OF POLICY ON FEDERALLY QUALIFIED HEALTH CENTERS

2 **Background:** Federal law prohibits Federally Qualified Health Centers (FQHCs) from refusing care
 3 based on ability to pay. In fact, the law establishes a policy that *requires* FQHCs to serve all, regardless
 4 of their ability to pay. By design, public funding is not sufficient to meet all of the FQHCs expenses, so
 5 they must also serve individuals who can afford to pay. FQHCs are required to use a sliding fee schedule
 6 to accommodate uninsured/low-income individuals and accept Medicaid/CHIP patients. With an
 7 increased emphasis on access to oral health care services, such as the ADA's Action for Dental Health
 8 program, this policy could be viewed as counterproductive. Finally, it is not politically feasible given the
 9 very strong support in Congress for the current FQHC law by both parties.

10 Resolution

11 **44. Resolved,** that the ADA policy on "Federally Qualified Health Centers" (*Trans.*1997:676) be
 12 rescinded.

13 BOARD RECOMMENDATION: Vote Yes.

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

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

- 1
2
3
4 **Federally Qualified Health Centers (*Trans.1997:676*)**
5 **Resolved**, that federal legislation be sought which allows Federally Qualified Health Centers to offer
6 services only to indigent patients or patients with no other access to care, and be it further
7 **Resolved**, that a report on the progress of this legislation be submitted to the 1998 House of Delegates.

Resolution No. 45 NewReport: N/A Date Submitted: August 2016Submitted By: Council on Government AffairsReference 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

1 RESCISSION OF POLICY ON GUIDELINES FOR NEIGHBORHOOD HEALTH CENTERS

2 **Background:** Medicaid has grown and expanded since 1968 and the ADA has moved towards more
 3 collaborative engagement with Federally Qualified Health Centers to utilize private practicing dentists to
 4 improve efficiency and increase access to dental services. The Health Resources and Services
 5 Administration, through the Bureau of Primary Care, maintains oversight for health centers. Health
 6 centers are required to serve designated medically underserved populations comprised of migrant and
 7 seasonal farmworkers, the homeless or residents of public housing and designated medically underserved
 8 areas. Health centers must follow specific rules in order to maintain funding under section 330 of the
 9 Public Health Service Act to continue to operate. This includes maintaining staff who are appropriately
 10 licensed and credentialed.

11 While Neighborhood Health Centers do exist, the currently accepted generic umbrella term for such
 12 public health entities is Community Health Centers. The term "Neighborhood Health Center" is
 13 antiquated and does not reflect how Health Centers have evolved, particularly as outreach training sites
 14 for dental professionals. The Council has proposed new health center policy in an amended "Community
 15 Health Centers" (*Trans.* 2002:415) provision that calls for the ADA to support efforts to improve the
 16 efficiency and effectiveness of Federally Qualified Health Center oral health programs in order to increase
 17 capacity to improve the oral health of underserved populations seeking care at these facilities; to
 18 encourage ADA members to serve on health center Boards of Directors and other administrative bodies;
 19 to increase private contracting between health centers and private sector dentists; and to lobby to support
 20 the accurate, timely determination of federal and state dental health professional shortage area
 21 designations.

22 Resolution

23 **45. Resolved,** that the ADA policy on "Guidelines for Neighborhood Health Centers" (*Trans.* 1968:20,
 24 307) be rescinded.

25 BOARD RECOMMENDATION: Vote Yes.

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

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

Guidelines for Neighborhood Health Centers (*Trans.1968:20, 307*)

Because of special circumstances which may exist and because Neighborhood Health Centers have been established or are under way in many areas, the Association has developed the following guidelines on their operation:

1. Dental care should be provided through private practice or existing public facilities rather than at a Neighborhood Health Center when in the opinion of the local constituent dental society such existing facilities are available.
2. Where a Neighborhood Health Center is established, eligible patients should have the option to obtain care through private dental offices.
3. Dental aspects of Neighborhood Health Centers should be developed with consultation and cooperation of state and local dental societies.
4. An advisory committee from the component or constituent dental society should be established to provide liaison between the Neighborhood Health Centers and the dental profession. In instances where a Neighborhood Health Center has a formally constituted professional advisory board, a representative of the dental society should be included thereon.
5. Dentists who provide dental care at a Neighborhood Health Center must meet state licensure requirements.
6. Development and administration of the dental care programs of a Neighborhood Health Center should be under the control of a dentist.
7. Dental services provided at a Neighborhood Health Center should be of high quality with provision for periodic assessment of quality by a review committee of the appropriate local or constituent dental society.
8. Neighborhood Health Center programs should be coordinated with other publicly funded programs in the area to avoid duplication of funding, facilities and services.
9. A health education program including dental health should be provided to all beneficiaries of Neighborhood Health Centers.
10. Consideration should be given to using a dental service corporation as administrator or fiscal intermediary for Office of Economic Opportunity dental care programs.
11. Any experimental programs at Neighborhood Health Centers for teaching dental personnel or expanding the functions of auxiliary personnel should be under the supervision of a recognized dental school of the constituent dental society.

Resolution No. 46 NewReport: N/A Date Submitted: August 2016Submitted By: Council on Government AffairsReference 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 INCENTIVES FOR DENTAL SCHOOL GRADUATES TO WORK IN TRIBAL AREAS**Background:** The second resolving clause is deleted because the ADA-supported volunteer program has been discontinued.**Resolution****46. Resolved**, that the ADA policy on "Incentives for Dental School Graduates to Work in Tribal Areas" (*Trans.*2006:338) be amended to read as follows (additions underscored; deletions are ~~stricken~~):**Resolved**, that in collaboration with the Indian Health Service, the appropriate agencies of the Association investigate, develop and support new or enhanced programs and incentives for post-dental school programs and clinical experiences for recent graduates of CODA-accredited dental schools and CODA accredited programs of recognized dental specialties to work in remote American Indian/Alaska Native communities, and be it further~~**Resolved**, that the ADA develop and support opportunities for retired dentists to work in remote American Indian/Native Alaskan Communities and be it further~~**Resolved**, that the ADA will work with the U.S. Public Health Service, the Indian Health Service, and charitable foundations to establish a process whereby individuals may gain access through links on the ADA, ASDA and other webpage lists of the USPHS and IHS dental openings as well as access to information concerning relevant loan repayment programs within the USPHS and the IHS.**BOARD RECOMMENDATION: Vote Yes.****BOARD VOTE: UNANIMOUS. (BOARD OF TRUSTEES CONSENT CALENDAR ACTION—NO BOARD DISCUSSION)**

Resolution No. 47 NewReport: N/A Date Submitted: August 2016Submitted By: Council on Government AffairsReference 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

1 AMENDMENT OF POLICY ON DENTAL RESEARCH BY MILITARY DEPARTMENTS**2 Background:** In consultation with the Council on Scientific Affairs, the Council on Government Affairs
3 submits the following resolution to update and simplify the policy's language.**4 Resolution****5 47. Resolved,** that the ADA policy on "Dental Research by Military Departments" (*Trans.*1970:451)
6 be amended to read as follows (additions underscored; deletions are ~~stricken~~):**7 ~~Resolved,~~** that ~~the Department of Defense and the individual military departments be advised~~
**8 ~~that the American Dental Association regards dental research to be an indispensable and~~
**9 ~~essential activity of the military dental corps and that each of the military departments should be~~
**10 ~~encouraged to continue to support and encourage dental research in military facilities and~~
**11 ~~continue to assign qualified personnel to research programs so that the military and civilian~~
12 ~~populations can continue to benefit from the valuable advances of military dental research.~~**********13 Resolved,** that the ADA considers oral and craniofacial research to be an integral component of
**14 the military dental corps' mission and believes that each military branch should continue to
15 support such research at the basic and applied science levels.****16 BOARD RECOMMENDATION: Vote Yes.****17 BOARD VOTE: UNANIMOUS. (BOARD OF TRUSTEES CONSENT CALENDAR ACTION—NO**
18 BOARD DISCUSSION)

Resolution No. 48 NewReport: NA Date Submitted: August 2016Submitted By: Council on Government AffairsReference 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

1 AMENDMENT OF POLICY ON NEED FOR HIPAA STANDARDS REFORM

2 **Background:** Concerning the second resolving clause, following the ADA guidance will not ensure a
 3 presumption of compliance. The ADA's *Practical Guide to HIPAA Compliance* clearly identifies that the
 4 sample policies, procedures and forms are a starting point for developing a compliance program. There
 5 is "no one size fits all" compliance program. In addition, the guide only addresses compliance with
 6 Federal Laws and Regulations, dental practices will also need to comply with applicable State Laws and
 7 Regulations.

8 Regarding the third resolving clause, employee training is integral to HIPAA compliance; however,
 9 training does not absolve the practice from the consequences of HIPAA violations. Employees should be
 10 aware that violations of HIPAA may result in harm to patients, damage to the practice's reputation and, in
 11 the worst case, civil fines to the practice. Employees should know that violations of HIPAA policy could
 12 be cause for disciplinary actions including termination.

13 Concerning the fourth resolving clause, the Office of Civil Rights (OCR) in the Department of Health and
 14 Human Services is responsible for enforcement of HIPAA. Before the OCR imposes any finding in the
 15 event of a reported HIPAA violation, a thorough investigation is conducted. If the evidence indicates that
 16 the covered entity was not in compliance, OCR will attempt to resolve the case with the covered entity by
 17 obtaining voluntary compliance, corrective action and/or resolution agreement. Most Privacy and Security
 18 Rule investigations are concluded to the satisfaction of OCR through these types of resolutions. If the
 19 covered entity does not take action to resolve the matter in a way that is satisfactory, OCR may decide to
 20 impose civil money penalties (CMPs) on the covered entity. If CMPs are imposed, the covered entity may
 21 request a hearing in which an HHS administrative law judge decides if the penalties are supported by the
 22 evidence in the case. Complainants do not receive a portion of CMPs collected from covered entities; the
 23 penalties are deposited in the U.S. Treasury.

24 See: How OCR Enforces the HIPAA Privacy & Security Rules -
 25 <http://www.hhs.gov/ocr/privacy/hipaa/enforcement/process/howocrenforces.html>

Resolution

48. Resolved, that the ADA policy on “Need for HIPAA Standards Reform” (*Trans.*2003:384) be amended to read as follows (additions underscored; deletions are ~~stricken~~):

Resolved, that the appropriate agencies of the American Dental Association work with the dental specialty organizations and other health care associations to continue to make every effort to limit the adverse effects of the HIPAA regulations for dentists and their patients, and be it further

~~**Resolved**, that the appropriate agencies of the ADA seek enforcement regulations to provide that individual dentists who adopt the policies and procedures in the ADA HIPAA Privacy Kit are entitled to the presumption of compliance with the HIPAA privacy regulations, and be it further~~

~~**Resolved**, that the appropriate agencies of the ADA seek enforcement regulations that individual dentists who comply with the workforce training requirements of the HIPAA privacy and security regulations should not be held accountable for any violations of the privacy or security policies by that individual’s office staff, and be it further~~

~~**Resolved**, that the appropriate agencies of the ADA request that a written warning be issued before any fines are imposed and that the size of an organization and the financial impact of potential fines be considered if educational efforts have been not been successful in achieving compliance with HIPAA regulations, and be it further~~

Resolved, that the appropriate Association agency seek the establishment of reasonable transition periods between proposed new versions of the electronic dental claim standard so as to reduce the substantial financial burden placed on small providers, such as dentists, to implement new electronic claims standards, and be it further

Resolved, that the appropriate Association agency encourage educational efforts by HHS to clarify the HIPAA regulations and counter the misrepresentations and misunderstandings that interfere with the doctor-patient relationship and are impeding the effective delivery of quality health care.

BOARD RECOMMENDATION: Vote Yes.

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

Resolution No. 49 NewReport: N/A Date Submitted: August 2016Submitted By: Council on Government AffairsReference 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

1 RESCISSION OF POLICY ON PRESCRIPTION PRIVACY

2 Background: This policy is inconsistent with current case law and practice. Pharmacies are permitted to
3 disclose de-identified patient information without violating HIPAA and may disclose patient information for
4 marketing purposes with appropriate patient consent.

5 While several states have laws that attempt to restrict pharmacy disclosures of prescriber data, in a
6 Supreme Court decision dated June 23, 2011, WILLIAM H. SORRELL, ATTORNEY GENERAL OF
7 VERMONT, ET AL., PETITIONERS v. IMS HEALTH INC. ET AL. the court ruled that a Vermont law that
8 prohibits pharmacies from selling or disclosing prescriber-identifiable information for marketing purposes,
9 and precludes pharmaceutical manufacturers from using such information to market their products,
10 without the prescriber's consent, violates the First Amendment. Relative to current practice, the Centers
11 for Medicare & Medicaid Services (CMS) has prepared a public data set, the Medicare Provider Utilization
12 and Payment Data: Part D Prescriber Public Use File (PUF), with information on the prescription drugs
13 that individual physicians and other health care providers prescribed in 2013 under the Medicare Part D
14 Prescription Drug Program. The Part D Prescriber PUF is based on information from CMS's Prescription
15 Drug Event Standard Analytic File, which has final-action claims that are submitted by Medicare
16 Advantage Prescription Drug (MAPD) plans and by stand-alone Prescription Drug Plans (PDP). The new
17 dataset identifies providers using their National Provider Identifier (NPI) and the specific prescriptions that
18 were dispensed on their behalf, listed by brand name (if applicable) and generic name. For each
19 prescriber and drug, the dataset includes the total number of prescriptions that were dispensed, which
20 include original prescriptions and any refills, and the total drug cost. The total drug cost includes the
21 ingredient cost of the medication, dispensing fees, sales tax, and any applicable administration fees and
22 is based on the amount paid by the Part D plan, Medicare beneficiary, government subsidies, and any
23 other third-party payers. (see [http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-](http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Medicare-Provider-Charge-Data/Part-D-Prescriber.html)
24 [Trends-and-Reports/Medicare-Provider-Charge-Data/Part-D-Prescriber.html](http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Medicare-Provider-Charge-Data/Part-D-Prescriber.html))

25 Resolution

26 49. Resolved, that the ADA policy, Prescription Privacy (*Trans.2001:439*) be rescinded.

27 BOARD RECOMMENDATION: Vote Yes.

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

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

Prescription Privacy (*Trans.2001:439*)

Resolved, that the American Dental Association, through its appropriate agencies, investigate the problem of the dissemination of information about professionals' prescription writing practices by pharmacies and others and seek necessary legislation or regulations which would prohibit the release of an individual healthcare professional's prescription information or prescribing patterns to pharmaceutical companies, insurance companies or informational clearinghouses, and be it further

Resolved, that the ADA alert the U.S. Department of Health and Human Services to any overt violation of patients' privacy by dissemination of such prescription information and history especially as it relates to the regulation of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)..

Resolution No. 50 NewReport: N/A Date Submitted: August 2016Submitted By: Council on Government AffairsReference 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

1 AMENDMENT OF POLICY ON UTILIZATION OF DENTISTS BY INDIAN HEALTH SERVICE**2 Background:** In consultation with the Council on Scientific Affairs, the Council on Government Affairs
3 submits the following resolution to update the policy's language.**4 Resolution****5 50. Resolved,** that the ADA policy on "Utilization of Private Practitioners by Indian Health Service"
6 (*Trans.* 1987:519) be amended to read as follows (additions underscored; deletions are ~~stricken~~):**7 ~~Resolved,~~** that ~~the Indian Health Service be urged to expand the utilization of dentists in private~~
8 ~~practice to provide dental care to Alaska natives and American Indians.~~**9 Utilization of Dentists by Indian Health Service****10 Resolved,** that the ADA support federal appropriations to increase the number of dentists to meet
11 the needs of Alaska Natives and American Indians and be it further,**12 Resolved,** that the ADA collaborate with the Indian Health Service to seek ways to meet the
13 number of dentists needed to address current and future oral health needs of these populations,
14 including the use of dentists in private practice.**15 BOARD RECOMMENDATION: Vote Yes.****16 BOARD VOTE: UNANIMOUS. (BOARD OF TRUSTEES CONSENT CALENDAR ACTION—NO**
17 BOARD DISCUSSION)

Resolution No. 51 NewReport: N/A Date Submitted: August 2016Submitted By: Council on Government AffairsReference 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

1 AMENDMENT OF POLICY ON AVAILABILITY OF DENTISTS FOR UNDERSERVED POPULATIONS**2 Background:** The Council updated this policy to reflect current resources.**3 Resolution****4 51. Resolved**, that the ADA policy on "Availability of Dentists for Underserved Populations"
5 (*Trans.*1985:532) be amended to read as follows (additions underscored; deletions are ~~stricken~~):**6 Resolved**, that constituent societies be urged ~~be urged to develop and/or maintain programs to~~
7 participate in programs that encourage dentists to serve underserved populations and that offer
8 case management resources to enable dentists are available to provide treatment responsibility
9 ~~for access programs for the underserved, for remote areas, and~~ oral health care for
10 institutionalized and homebound individuals, including those who are physically, emotionally and
11 mentally disabled, and be it further**12 Resolved**, that constituent societies be urged to seek fiscal resources to provide case
13 management in support of dentists providing oral health care for these individuals, and be it
14 further**15 Resolved**, that ~~all constituent societies~~ the ADA, working with other affected organizations,
16 review or conduct studies on the availability and scope of dental programs for the treatment of
17 special needs populations, including physically, emotionally and mentally disabled patients.**18 BOARD RECOMMENDATION: Vote Yes.****19 BOARD VOTE: UNANIMOUS. (BOARD OF TRUSTEES CONSENT CALENDAR ACTION—NO**
20 BOARD DISCUSSION)

Resolution No. 52 New

Report: N/A Date Submitted: August 2016

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 COMPREHENSIVE LIST OF STATE PROGRAMS PROVIDING ORAL HEALTH SERVICES

Background: The following resolution was submitted by the Council on Government Affairs and the Council on Scientific Affairs to update and simplify the policy's language.

Resolution

52. Resolved, that the ADA policy on "Comprehensive List of State Programs Providing Oral Health Services" (*Trans.*1995:609) be amended to read as follows (additions underscored; deletions are ~~stricken~~):

Resolved, that each constituent and component dental society be encouraged to participate in state and local oral health coalitions to maintain a comprehensive listing of the numerous and varied programs ~~operating in its state~~ that provide oral health services to underserved and unserved individuals, and be it further

Resolved, that such a listing include programs sponsored by departments of public health, hospitals, educational institutions, civic and fraternal organizations, religious organizations and private initiatives.

BOARD RECOMMENDATION: Vote Yes.

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

Resolution No. 53 New

Report: N/A Date Submitted: August 2016

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

1 **RESCISSION OF POLICY ON FEDERAL LEGISLATION ESTABLISHING PARAMETERS FOR**
2 **FEDERALLY QUALIFIED HEALTH CENTERS**

3 **Background:** This information is currently publicly available from the Health Resources and Services
4 Administration's Uniform Data System and is available online.

5 **Resolution**

6 **53. Resolved,** that the ADA policy on "Federal Legislation Establishing Parameters for Federally
7 Qualified Health Centers" (*Trans.2004:325*) be rescinded.

8 **BOARD RECOMMENDATION: Vote Yes.**

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

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

4 **Federal Legislation Establishing Parameters for Federally Qualified Health Centers**
5 **(*Trans.2004:325*)**

6 **Resolved**, that Federally Qualified Health Centers (FQHCs) be required to issue an annual report that is
7 made available upon request that details the funds they receive and includes a census detailing the types
8 of patients the clinics have treated during the previous year, and be it further

9 **Resolved**, that the current policy be actively pursued by ADA legislative staff.

Resolution No. 54 NewReport: N/A Date Submitted: August 2016Submitted By: Council on Government AffairsReference 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 GUIDELINES FOR DENTAL SOCIETIES IN COOPERATING WITH CONSUMERS

Background: In consultation with the Council on Access, Prevention and Interprofessional Relations, the Council on Government Affairs recommends the following to update the policy and eliminate redundancy with other ADA policies.

Resolution

54. Resolved, that the ADA policy on "Guidelines for Dental Societies in Cooperating With Consumers" (*Trans.*1971:51, 486) be amended to read as follows (additions underscored; deletions are ~~stricken~~):

- ~~1. Obtain specific information on the requirements of existing programs and facilities, which can provide dental services to the indigent, children, or persons with special problems, such as the handicapped.~~
- ~~2. Provide detailed information on the available care facilities to all appropriate local agencies such as consumers' groups, health and welfare and social service agencies, schools and medical societies. Urge that the information be transmitted to those who can benefit from the programs. It is often necessary to instruct people on the use of existing care facilities or to inform them of their eligibility for care programs or financial assistance.~~
- ~~3. Identify special dental problems or areas without adequate dental services and interpret the needs to appropriate agencies and recommend how the problems may be resolved. Special dental problems might be lack of facilities to treat handicapped children or the aged or the homebound.~~
- ~~4. Review the operation of existing dental programs and treatment facilities for possible improvement or expansion. For instance, assess and expand existing programs for dental health educations, prevention and care through schools. If school dental inspections are provided, encourage the use of follow-up referrals to agencies for care of indigent children.~~
- ~~5. Seek the initiative in cooperating with existing health or community programs to foster the inclusion or expansion of dental services. Such programs include Head Start, School Health, Medicaid, and special programs for the handicapped.~~
- ~~6. Encourage service organizations and other community groups to take an interest in making dental services preventive attention or dental health education available to needy children or others, perhaps with identification of the program with the name of the organization.~~

- ~~7. Encourage dental schools or training programs for dental hygienists and dental assistants to take active part in community dental health education, preventive or other appropriate programs.~~
- ~~8. Seek consultation, cooperation and support from all agencies involved in community, health or social services including health, professional associations, schools, care facilities and social service agencies.~~
- ~~9. Seek consultation from consumers themselves on their needs and recommendations for improvement in dental resources. Plan program with people, not for them.~~
- ~~10. In all these activities, seek cooperation, support and involvement from all dental resources, including dental hygienists' and assistants' groups, and spouses' auxiliaries.~~

Resolved, dental societies are urged to collaborate with consumer focused organizations to promote and support oral health, science-based treatment rationale, and the educational foundation of the profession of dentistry.

BOARD RECOMMENDATION: Vote Yes.

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

Resolution No. 55 NewReport: N/A Date Submitted: August 2016Submitted By: Council on Government AffairsReference 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 HEALTH CENTERS

Background: In consultation with the Council on Scientific Affairs, the Council on Government Affairs submits the following resolution to update and simplify the policy's language.

Resolution

55. Resolved, that the ADA policy on Health Centers (*Trans.* 2005: 338) be amended to read as follows (additions underscored; deletions are ~~stricken~~):

~~**Resolved,** that the ADA work with federal regulatory officials and others to develop a system for addressing complaints between dentists and Health Centers (funded under section 330 of the Public Health Services Act), and be it further~~

~~**Resolved,** that the ADA seek a means of ensuring that health center grant reviewers receive accurate and complete information on the dental providers participating in the Medicaid program affecting the underserved populations that will be served by facilities under review for section 330 grants, and be it further~~

~~**Resolved,** that each constituent dental society be encouraged to establish a joint initiative with the primary care association in their state to address oral health care access and be encouraged to facilitate the formation of dental advisory boards with Health Centers in their area, and that constituent and component societies be urged to report on these efforts to the Council on Government Affairs, and be it further~~

~~**Resolved,** that the ADA monitor the various outreach initiatives between Health Centers and constituent and component dental societies and facilitate the formation of collaborate efforts among such parties to improve access to oral health care for the underserved populations, and be it further~~

~~**Resolved,** that the Council on Government Affairs include in its annual report to the House information gathered on these initiatives and other relevant activities related to Community Health Centers.~~

Resolved, that the ADA support collaboration between health centers and community private dental providers, especially those with specialty experience in disease management and those participating in the Medicaid program, and be it further

1 **Resolved**, that each constituent dental society is urged to collaborate with the primary
2 care association in their state to address oral health care access and is encouraged to
3 facilitate the formation of dental advisory boards within Health Centers in their area, and
4 be it further

5 **Resolved**, that constituent and component societies be urged to report on these efforts
6 to the Council on Government Affairs.

7 **BOARD RECOMMENDATION: Vote Yes.**

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

Resolution No. 56 NewReport: N/A Date Submitted: August 2016Submitted By: Council on Government AffairsReference 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 LEGISLATION REGARDING FEDERALLY QUALIFIED HEALTH CENTERS

Background: Federally Qualified Health Centers (FQHCs) currently offer services to patients under 200 percent of the federal poverty level on a sliding scale and are required by law to provide care to all individuals regardless of their ability to pay, including the uninsured and Medicaid/CHIP enrollees. Legislation is unnecessary. Annual reporting on services provided by FQHCs is publicly available from the Health Resources and Services Administration via the Uniform Data System.

Resolution

56. Resolved, that the ADA policy on “Legislation Regarding Federally Qualified Health Centers” (*Trans.* 1998:736) 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**

Legislation Regarding Federally Qualified Health Centers” (Trans. 1998:736)

Resolved, that the ADA continue to actively pursue federal legislation which requires Federally Qualified Health Centers (FQHCs) to offer services on a priority basis to indigent patients and patients with no other access to care and prepare draft legislation for this purpose, and be it further

Resolved, that the ADA pursue rule changes with the Bureau of Health Professions, Health Resources and Services Administration (HRSA) regarding operations of Federally Qualified Health Centers, which would give priority for fetal care to indigent patients with no other access to care, and be it further

Resolved, that the appropriate agencies of the ADA create a data bank for the purpose of collecting and coordinating information regarding rule changes and legislative issues in FQHCs, and be it further

Resolved, that all actions related to this resolution by the Association and any of its agencies be included in the annual report of the Council on Government Affairs on an annual basis to the House of Delegates.

Resolution No. 57 NewReport: N/A Date Submitted: August 2016Submitted By: Council on Government AffairsReference 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

1 AMENDMENT OF POLICY ON NATIONAL HEALTH SERVICE CORPS POLICY

2 Background: The National Health Service Corps (NHSC) is well established and current ADA policy
3 encourages the Association to work with others to expand the availability of NHSC loan repayments to
4 facilitate faculty recruitment (see Faculty Recruitment Incentives (*Trans.*2002:319)). This amended policy
5 is a more general statement of support for NHSC loan repayments for all interested dentists as it will help
6 address dental student debt problems while also improving access to oral health care services among
7 underserved populations. Licensed health care providers may earn up to \$50,000 toward student loans
8 in exchange for a two-year commitment at a NHSC-approved site. Also, recently the “Students to Serve
9 Loan Repayment Program” was expanded to include dental students who may earn up to \$120,000 in
10 their final year of school if they commit to serving at least three years at an approved NHSC site in a
11 Health Professional Shortage Area of greatest need.

12 ADA policy on Community Health Centers (*Trans.*2002:415), with amendments suggested by the Council
13 on Government Affairs, already addresses concerns over the designation of Health Professional Shortage
14 Areas with the newly proposed policy calling for the ADA and constituent societies to lobby to support the
15 accurate, timely determination of federal and state dental health professional shortage area designations.

16 Resolution

17
18 57. Resolved, that the ADA policy on National Health Service Corps Policy (*Trans.*1988:488) be
19 amended to read as follows (additions underlined; deletions are ~~stricken~~):
20

- 21** ~~1. The American Dental Association recognizes the concept of the National Health Service~~
22 ~~Corps (NHSC) as a temporary measure for making dental services available in areas without~~
23 ~~sufficient dental manpower and where additional private practitioners are not available.~~
- 24** ~~2. The Association believes that dentist placements should be assigned only to areas where a~~
25 ~~need and demand for dental care has been clearly identified and has been approved by the~~
26 ~~constituent and component dental societies.~~
- 27** ~~3. NHSC dentists should be licensed in and comply with the Board rules of the state in which~~
28 ~~they are assigned to practice dentistry.~~
- 29** ~~4. Constituent and component dental societies should regularly assess the degree and location~~
30 ~~of dental manpower shortages, if any, within their purview and should respond promptly, in~~
31 ~~agreement or disagreement to listings of shortage areas issued by the federal agencies.~~

- 1 ~~5. The ADA is opposed to the identification of shortage areas primarily on the basis of dentist-~~
2 ~~to population ratios without proper assessment of local demand for care and availability of~~
3 ~~dental manpower via customary trade areas, including those which cross state boundaries.~~
4 ~~6. NHSC dental offices should be operated as closely as possible to a private practice fee-for-~~
5 ~~service basis.~~

6
7 **Resolved,** that the ADA work to expand the availability of National Health Service Corps (NHSC)
8 loan repayments for dentists and dental students who agree to work in a NHSC-approved site.

9 **BOARD RECOMMENDATION: Vote Yes.**

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

Resolution No. 58 NewReport: N/A Date Submitted: August 2016Submitted By: Council on Government AffairsReference 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

1 **AMENDMENT OF POLICY ON ORAL HEALTH EDUCATION IN SCHOOLS**

2 **Background:** In consultation with the Council on Access, Prevention and Interprofessional Relations, the
 3 Council on Government Affairs updated and simplified the policy's language. The third resolving clause is
 4 deleted because the Food and Nutrition Service's rule referenced in that provision has been finalized.
 5 The fourth resolving clause is deleted as that issue has been incorporated into the new "Policies and
 6 Recommendations on Diet and Nutrition" proposed in Resolution 60, (Worksheet:5072).

7 **Resolution**

8 **58. Resolved,** that the ADA policy on "Oral Health Education in Schools" (*Trans.*2014:506) be
 9 amended to read as follows (additions underscored; deletions are ~~stricken~~):

10
 11 **Resolved,** that the Council on Access, Prevention and Interprofessional Relations work with the
 12 ~~Council on Government Affairs and other~~ appropriate ADA agencies ~~to develop and implement an~~
 13 ~~advocacy strategy, based on the 2012 School Health Policies and Practices Study (SHPPS) data,~~
 14 to increase the number of school districts requiring oral health education for K-12 students based
 15 on the 2012 School Health Policies and Practices Study (SHPPS) data, and be it further

16
 17 **Resolved,** that, where applicable, the ADA supports the inclusion of the ~~2006~~ current National
 18 Health Education Standards in the accreditation requirements for all public and private
 19 elementary and secondary schools, ~~and be it further~~

20
 21 **Resolved,** ~~that the ADA supports the Food and Nutrition Service's proposed rule governing the~~
 22 ~~content of school wellness policies required for local educational agencies (LEAs) participating in~~
 23 ~~the National School Lunch Program and/or the School Breakfast Program, and be it further~~

24
 25 **Resolved,** that the ADA supports dentists being included among the school health professionals
 26 on local school wellness policy team(s) of LEAs, to help ensure school wellness policies
 27 appropriately balance the nutritional benefits of consuming certain foodstuffs and the risk of tooth
 28 decay; to help ensure school policies promote lifelong mouth healthy behaviors, such brushing
 29 twice a day, flossing once a day, limiting consumption of sugary snacks and beverages, and
 30 seeing the dentist regularly; and to help ensure the recognition of the inextricable link between
 31 oral and overall health, and well-being; and be it further

1 ~~**Resolved**, that the appropriate ADA agencies communicate this position to the proper internal~~
2 ~~and external educational agencies, organizations, and institutions.~~

3
4 **BOARD RECOMMENDATION: Vote Yes.**

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

Resolution No. 59 NewReport: N/A Date Submitted: August 2016Submitted By: Council on Government AffairsReference 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 USE OF FEDERAL FUNDS TO PROVIDE LOAN REPAYMENT
GRANTS TO DENTISTS****Background:** In consultation with the Council on Scientific Affairs, the following resolution was submitted by the Council on Government Affairs to update and simplify the policy's language.**Resolution****59. Resolved**, that the ADA policy on "Use of Federal Funds to Provide Loan Repayment Grants to Dentists" (*Trans.*1992:599) be amended to read as follows (additions underscored; deletions are ~~stricken~~):~~**Resolved**, that the American Dental Association supports the use of federal funds to provide loan repayment grants to dentists in return for service in recognized underserved communities or population groups, and be it further~~~~**Resolved**, that the American Dental Association request that federal agencies which designate underserved agencies consult with constituent and component dental societies in the potentially affected areas before making such designations.~~**Use of Federal and State Funds to Provide Loan Repayments to Dentists****Resolved**, that the American Dental Association supports the use of federal and state funds to provide loan repayment opportunities to dentists in return for service in recognized underserved communities or population groups.**BOARD RECOMMENDATION: Vote Yes.****BOARD VOTE: UNANIMOUS. (BOARD OF TRUSTEES CONSENT CALENDAR ACTION—NO BOARD DISCUSSION)**

Resolution No. 60 NewReport: N/A Date Submitted: August 2016Submitted By: Council on Government AffairsReference 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

POLICIES AND RECOMMENDATIONS ON DIET AND NUTRITION

Background: The Council on Government Affairs and the Council on Access, Prevention, and Interprofessional Relations conducted a joint review of the ADA's eleven policy statements on diet and nutrition. The councils found that most of the policy statements are relevant and reasonably current; however, many appear to have been developed in isolation with overlapping content and council jurisdiction.

The councils believe it would benefit the ADA to have a comprehensive nutrition policy statement that is more strategic in nature. The goals in creating such a policy would be to:

- Establish a long-term vision for dentistry's role in promoting healthy diets.
- Consolidate existing policies that are relevant and current.
- Eliminate language that is duplicative or redundant.
- Encourage inter-council collaboration during future policy reviews.

CGA and CAPIR recommend that the ADA's eleven nutrition-related policy statements on diet and nutrition be rescinded to eliminate redundancy and update the positions presented, although some of the current policies are being incorporated into the new resolution. For example, the five added sugar resolutions adopted in 2015 are all included verbatim as individual resolving clauses in this new resolution.

In its place, the councils propose that a new, all-inclusive policy statement be adopted. The goal is to maintain the salient points from the Association's existing policies in the context of the latest health promotion concepts.

The headings "Access and Prevention" and "Government Affairs" have been inserted to make it easier for individuals accessing the policy in the future to quickly identify related policies and to better understand the comprehensive nature of the policy.

Referenced in the third resolving clause, the Council on Access, Prevention and Interprofessional Relations Supplemental Report 3 to the 2012 House of Delegates: Formulation a Strategic Approach for Addressing the Complex Emerging Issues Related to Oral Health and Nutrition in the United States is attached as Appendix 1 for your convenience.

Resolution

60. Resolved, that oral health depends on proper nutrition and healthy eating habits, and necessarily includes avoiding a steady diet of foods containing natural and added sugars, processed starches, and low pH-level acids, and be it further

Resolved, that the ADA acknowledges it is beneficial for consumers to avoid a steady diet of foods containing natural and added sugars, processed starches, and low pH-level acids as way to help maintain optimal oral health, and be it further

Resolved, that the ADA supports the findings and recommendations in the Council on Access, Prevention and Interprofessional Relations Supplemental Report 3 to the 2012 House of Delegates: Formulation a Strategic Approach for Addressing the Complex Emerging Issues Related to Oral Health and Nutrition in the United States (*Suppl.2012:4114*), and be it further

Dentist's Role in Nutrition and Oral Health

Resolved, that the ADA encourages dentists to routinely counsel their patients about the oral health benefits of maintaining a well-balanced diet and limiting the number of between-meal snacks, and be it further

Resolved, that the ADA encourages dentists to stay abreast of the latest science-based nutrition recommendations and nutrition-related screening, counseling, and referral techniques, and be it further

Resolved, that the ADA encourages dentists to serve on local school wellness planning boards to establish and maintain local school wellness policies that:

- Appropriately balance the nutritional benefits of consuming certain foodstuffs and the risk of tooth decay.
- 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.
- Reflect the inextricable link between oral health and overall health and well-being.

and be it further

Access and Prevention

Resolved, that the ADA supports its members by providing access to current information and educational materials, and cultivating learning opportunities (e.g., continuing education modules, etc.), for dentists to learn more about the relationship between diet, nutrition, and oral health—including latest science-based nutrition recommendations and nutrition-related screening and counseling techniques, and be it further

Resolved, that the ADA encourages collaborations with dietitians and other nutrition experts to raise interprofessional awareness about the relationship between diet, nutrition, and oral health, and be it further

Resolved, that the ADA supports projects, as appropriate and feasible, to educate the public about the oral health benefits of maintaining a healthy diet, and to encourage consumers to adopt healthier diets and establish better eating habits, and be it further

Resolved, that the ADA supports public information campaigns to reduce the amount of added sugars consumed in American diets, and be it further

Resolved, that the ADA encourages constituent and component dental societies to work with state and local officials to ensure locally-administered nutrition and food assistance programs have an oral health component (e.g., WIC, SNAP, NSLP, etc.), and be it further

Resolved, that the ADA encourages constituent and component dental societies to work with state and local school officials to prohibit schools from entering into contractual arrangements, including school pouring rights contracts, that incentivize schools to sell and aggressively advertise foods and beverages with high added sugar content on school grounds (e.g., providing free samples, posting signage, branding school equipment, sponsoring events, etc.).

Resolved, that the ADA supports the World Health Organization's 2015 Guideline on Sugar Intake for Adults and Children, and be it further

Government Affairs

Resolved, that the ADA should give priority to the following when advancing public policies on diet, nutrition, and oral health:

1. Ensuring government-supported nutrition education and food assistance programs (e.g., WIC, SNAP, NSLP, etc.) have an oral health component, such as and general guidelines that promote good oral health.
2. Encouraging federal research agencies to develop the body of high-quality scientific literature examining, among other things, the extent to which dental caries rates fluctuate with changes in total added sugar consumption, and over what period(s).
3. Maintaining the separate line-item declaration of added sugars content on Nutrition Facts labels, and listing the declared added sugars content in relatable terms (e.g., teaspoons, grams, etc.).
4. Supporting legislative and regulatory actions, as appropriate and feasible, to increase consumer awareness about the role dietary sugar consumption may play in maintaining optimal oral health, and the potential benefits of limiting added sugar consumption in relation to general and oral health.
5. Requiring third-party payers to cover nutrition counseling in dental offices as an essential plan benefit.

and be it further

Resolved, that the following ADA policies be rescinded:

- World Health Organization's 2015 Guideline on Sugar Intake or Adults and Children (*Trans.2015:187*)
- Federal Research to Investigate the Relationship Between Diet, Nutrition and Oral Health (*Trans.2015:192*)
- Legislative and Regulatory Action to Increase Consumer Awareness About Added Sugar Consumption (*Trans.2015:187*)
- Public Information Campaigns to Reduce Added Sugar Consumption (*Trans.2015:187*)
- Added Sugar Philosophy (*Trans.2015:187*)

- Policy on Obesity (*Trans.*2009:420; *Trans.*2013:343)
- Pouring Rights Contracts and Marketing of Soft Drinks to Children (*Trans.*2003:359; *Trans.*2013:343)
- Federal Nutrition and Food Assistance Programs (*Trans.*2009:474)
- Role of Sugar-Free Foods and Medications in Maintaining Good Oral Health (*Trans.*1998:745)
- Preventive Statement on Nutrition and Oral Health (*Trans.*1996:682)

BOARD RECOMMENDATION: Vote Yes.

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

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

**World Health Organization's 2015 Guideline on Sugar Intake or Adults and Children
(*Trans.2015:187*)**

Resolved, that ADA supports the World Health Organization's 2015 Guideline on Sugar Intake for Adults and Children.

**Federal Research to Investigate the Relationship Between Diet, Nutrition and Oral Health
(*Trans.2015:192*)**

Resolved, that the ADA encourages federal research agencies to further investigate the relationship between diet, nutrition, and oral health, particularly the extent to which dental caries incidence may fluctuate with changes in overall added sugar consumption.

Legislative and Regulatory Action to Increase Consumer Awareness About Added Sugar Consumption (*Trans.2015:187*)

Resolved, that the ADA supports legislative and regulatory actions, as appropriate and feasible, to increase consumer awareness about the role dietary sugar consumption may play in maintaining optimal oral health, and the potential benefits of limiting added sugar consumption in relation to general and oral health.

Public Information Campaigns to Reduce Added Sugar Consumption (*Trans.2015:187*)

Resolved, that the ADA supports public information campaigns to reduce the amount of added sugars consumed in American diets.

Added Sugar Philosophy (*Trans.2015:187*)

Resolved, that the ADA acknowledges it is beneficial for consumers to avoid a steady diet of foods containing natural and added sugars, processed starches, and low pH-level acids as a way to help maintain optimal oral health.

Policy on Obesity (*Trans.2009:420; Trans.2013:343*)

Resolved, that the ADA supports collaborative efforts with other health professionals (physicians, pediatricians, nurses, dieticians, nutritionists, etc.) to combat the growing problems of overweight and obesity, and be it further

Resolved, that the ADA supports collaborative efforts with other appropriate stakeholder organizations/agencies to educate professionals and the public regarding issues specific to nutrition and oral health, as well as the systemic/oral health relationship.

Pouring Rights Contracts and Marketing of Soft Drinks to Children (*Trans.2003:359; Trans.2013:343*)

Resolved, that the American Dental Association supports further study of the oral health effects of the increasing consumption of beverages containing sugars, carbonation or acidic components. These products are commonly referred to as "soft drinks," including but not limited to juice drinks, sports drinks and soda pop, and be it further

Resolved, that the Association supports constituent and component dental societies efforts to work with education officials, pediatric and family practice physicians, dietetic professionals, parent groups, and all other interested parties, to increase awareness of the importance of maintaining healthy vending choices in schools, and to encourage the promotion of beverages of high nutritional value, and be it further

Resolved, that the American Dental Association opposes contractual arrangements, including pouring rights contracts that influence consumption patterns that promote increased access to “soft drinks” for children.

Federal Nutrition and Food Assistance Programs (*Trans.2009:474*)

Resolved, that the Association, through its appropriate agencies, continue to gather the clinically relevant evidence and information concerning associations between diet, nutrition, and oral health, and be it further

Resolved, that the Association encourage continued support for federal nutrition and food assistance programs that provide nutrition services and education for infants, children, pregnant and parenting women, the elderly, and other vulnerable groups, and be it further

Resolved, that the Association encourage the appropriate government agencies to restrict access to non-nutritious foodstuffs that contribute to the advancement of tooth decay under federal nutrition and food assistance programs, and be it further

Resolved, that the Association encourage constituent and component dental societies to establish ongoing relationships with their state nutrition and food assistance program directors to ensure oral health promotion and caries prevention are appropriately reflected in those programs.

Role of Sugar-Free Foods and Medications in Maintaining Good Oral Health (*Trans.1998:745*)

Research and clinical experience have shown that abundant and frequent exposures to dietary fermentable substances enhance the ability of cariogenic bacteria to implant, colonize and increase acid production, which facilitates the carious process. Initial implantation and colonization of *mutans streptococci* is made possible even if the amounts of sucrose, a sugar commonly used in food manufacture, are very low. Thus, colonization is mainly influenced by the interaction of specific biochemical properties of the cariogenic bacterial strains with dietary substrates and the oral ecological environment.

Once cariogenic bacteria are established in dental plaque, their metabolic activity is stimulated by increases in the intake of fermentable carbohydrates but modulated by:

- the type of food containing sugars or starches consumed;
- the frequency of intake of such foods;
- oral hygiene status;
- availability of fluoride;
- salivary gland function;
- saliva composition; and
- other host factors.

Considering the ubiquity of cariogenic bacteria in most population groups, frequent consumption of sugar-containing foods, medications and chewing substances is recognized as having a strong potential to increase the risk of dental caries, although the severity and magnitude of the caries challenge produced by these foods varies between individuals and population groups.

In light of current laboratory and epidemiological research findings, the Association recognizes that it is neither advisable nor appropriate to eliminate from the American diet sugar-containing foods that provide

1 necessary energy value for optimal nutrition. However, it strongly recommends that major efforts be made
2 to eliminate sugars from oral suspensions, chewable tablets, pastilles and troches and to promote the use
3 of sugar-free foods or chewing substances in place of sugar-containing foods that involve a frequent
4 intake or repeated oral use. In these circumstances, use of these sugar-free foods will contribute to
5 improved oral health without any deleterious nutritional consequences.

6
7 **Preventive Statement on Nutrition and Oral Health (*Trans.1996:682*)**

8 **Resolved**, that with respect to nutrition and oral health, the Association encourage dentists to maintain
9 current knowledge of nutrition recommendations such as the *Dietary Guidelines for Americans*, published
10 by the U.S. Department of Agriculture and the U.S. Department of Health and Human Services, as they
11 relate to general and oral health and disease, and be it further

12
13 **Resolved**, that the Association encourage dentists to effectively educate and counsel their patients about
14 proper nutrition and oral health, including eating a well-balanced diet and limiting the number of between-
15 meal snacks, and be it further

16
17 **Resolved**, that the Association encourage constituent and component dental societies to work with
18 school officials to ensure that school food services, including vending services and school stores, provide
19 nutritious food selections, and be it further

20
21 **Resolved**, that the Association oppose targeting children in the promotion and advertisement of foods
22 low in nutritional value and high in cariogenic carbohydrates, and be it further

23
24 **Resolved**, that the Association encourage continued federal support for programs that provide nutrition
25 services and education for infants, children, pregnant women and the elderly, and be it further

26 **Resolved**, that the Association encourage the appropriate government agencies to prevent the
27 distribution of non-nutritious and highly cariogenic foodstuffs under federal nutrition service programs.

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Resolution No. N/A N/A

Report: CAPIR Supplemental Report 3 Date Submitted: September 2012

Submitted By: Council on Access, Prevention and Interprofessional Relations

Reference Committee: Dental Benefits, Practice and Health

Total Net Financial Implication: None Net Dues Impact: _____

Amount One-time _____ Amount On-going _____ FTE 0

ADA Strategic Plan Goal: Members (Required)

**COUNCIL ON ACCESS, PREVENTION AND INTERPROFESSIONAL RELATIONS SUPPLEMENTAL
REPORT 3 TO THE HOUSE OF DELEGATES: FORMULATING A STRATEGIC APPROACH FOR
ADDRESSING THE COMPLEX EMERGING ISSUES RELATED TO ORAL HEALTH AND NUTRITION IN
THE UNITED STATES**

Background: At its January 2011 meeting, the Council on Access, Prevention and Interprofessional Relations (CAPIR), held an extended discussion on soda and sweetened beverages noting that these items may contribute to caries risk across the life-span. Additionally, the Council was informed that the Council on Communications had discussed soda consumption by young children at its meeting earlier in January. At the January 2011 meeting, CAPIR adopted an action requesting the ADA Board of Trustees form an interagency workgroup to discuss soda consumption and caries risk in young children and develop potential policy. In April 2011, the Board of Trustees asked CAPIR to review the issue and seek input from other agencies, as appropriate, on the development of policies for consideration by the House of Delegates.

At its June 2011 meeting, CAPIR adopted the following resolution:

Resolved, that CAPIR approves the formation of an oral health and nutrition ad hoc advisory committee to consist of representatives from, but not limited to, the Council on Communications, Council on Dental Practice, Council on Scientific Affairs, Council on Government Affairs and the Council on Access, Prevention and Interprofessional Relations, and other experts to formulate a strategic approach for addressing the complex emerging issues related to oral health and nutrition in the United States and to submit a report to the 2012 HOD.

The chairs of the Councils noted above were contacted and asked to appoint members to the ad-hoc committee. An ad-hoc committee was formed consisting of the following member representatives:

Dr. Rocky Napier, Council on Access, Prevention and Interprofessional Relations, chair
Dr. Jonathan Shenkin, Council on Communications
Dr. Jon Johnston, Council on Dental Practice
Dr. Brian Novy, Council on Scientific Affairs
Dr. Mary Jennings, Council on Government Affairs

In addition, Teresa Marshall, Ph.D., R.D., CAPIR consultant on nutrition issues, acted as expert consultant for the Oral Health and Nutrition Ad Hoc Advisory Committee. Council directors were contacted and an ADA staff member from each participating Council was assigned to the Committee to act as a liaison. This report reflects the majority opinion of the Advisory Committee.

In preparation for the Committee's discussions, members received the following background documents:

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- the history and charge to the workgroup
- current ADA policies related to nutrition
- CAPIR reports on nutrition (June 2010-January 2012)
- links to nutrition-related content on ADA.org and nutrition-related products available through the *ADA Catalog*
- guidance from the ADA Board of Trustees urging focus on fulfilling the ADA's Strategic Plan Goals 1 and 4

On February 22, 2012, members of the Committee convened by phone for the first of three conference calls. Subsequent calls were held on March 3, 2012, and March 21, 2012.

Four main points penetrated all of the Committee's discussions.

1. Oral health is dependent on proper nutrition (eating a well-balanced diet).
2. Oral health is dependent on good eating habits (limiting snacking and eating in between meals [frequency of intake]).
3. It is not practical to classify some foods and beverages as being more or less harmful to oral health than others.
4. The best way to get people to adopt healthier diets and establish better eating habits is through a strong program of nutritional education that begins prenatally and continues throughout the life span.

Throughout the discussions, it became clear that the members' comments focused on four themes that could be used as a foundation in developing strategies to address issues related to oral health and nutrition.

- Best Available Science and Best Practices
- Role of Collaboration
- Communication/Education
- Development of Policy That Promotes Good Nutrition

Best Available Science and Best Practices: Additional evidence-based research is needed to ensure that the science base for nutritional education and recommendations are of the highest quality. However, while there will always be a desire for high-quality research, the fact is that it is extremely difficult to conduct randomized controlled nutritional studies on population groups. From an ethical perspective one cannot assign subjects to a cariogenic test group, thus nutritional studies rely heavily on the behavior of subjects. An individual's diet typically encompasses many food stuffs and intake patterns, each of which might have contradictory effects on caries and other health risks.

The Committee agreed that efforts are needed to determine how lower level evidence-based research, the best science that is currently available, can inform policy.

In this situation, identifying successful strategies, or best practices, that encourage individuals to adopt eating habits that maintain optimal oral health is key. In some cases, these best practices might best be determined at the state level by looking at state administered nutrition programs and populations. Consideration could be given to conducting pilot programs at this level through WIC or food stamp programs to see what actually works related to specific foods or eating patterns. The outcomes of these studies could inform further research and legislative strategies and policies.

Role of Collaboration: Dental providers need to be informed about their role in providing nutritional guidance to their patients and the role they can play in providing messaging about general health concerns such as obesity. Collaboration with primary health care providers and external agencies can also be an effective method to educate the public about the importance of good nutrition and the role good nutrition and good eating habits play in oral health. However, the dental community must first work to ensure that non-

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dental providers understand the value of good oral health and the role dental professionals can play in improving not only the public's oral but general health through nutritional education.

Educating non-dental primary care providers about the importance of good oral health and developing a working relationship with these providers on a one-to-one and organizational basis is imperative. Opportunities exist for dental professionals to create interprofessional relationships with non-dental providers. Relationships with obstetricians/gynecologists and the American Congress of Obstetricians and Gynecologists (ACOG), pediatricians and the American Academy of Pediatrics (AAP) and registered dietitians and the Academy of Nutrition and Dietetics (AND) are key to ensuring good nutrition information is provided to those involved in prenatal and early childhood health care. It is crucial that nutritional education and good eating habits be established early as it is extremely difficult to change eating habits once they are established. Additionally, good nutrition and eating habits are important factors in preventing dental disease especially early childhood caries that can be devastating to the health of young children. Noting that the risk of caries continues across the lifespan and may increase in older adults, it will also be important to work with those who provide health care to adults and elders. In light of the growing need for care of the baby boomer population, it will not be possible to ignore the need for effective preventive measures for this population.

ADA is currently involved in a number of collaborative projects with non-dental providers that provide opportunities to strengthen nutritional initiatives. For example, the ADA continues to collaborate with the AAP Section on Oral Health. Following the success of the ADAF funded program to train Chapter Oral Health Advocates, the ADA continues to work closely with AAP to ensure the importance of oral health remains a priority. ADA also continues its liaison activities with the American Medical Association and is a member of the National Diabetes Education Program.

ADA has also established collaborations with organizations that promote good health practices for children and their caretakers. For example, Sesame Workshop, the nonprofit educational organization behind Sesame Street, in partnership with Sam's Club and MetLife Foundation, has developed [Healthy Teeth, Healthy Me](#), a bilingual (English/Spanish), multimedia outreach initiative. The initiative leverages the power of the beloved Sesame Street characters to motivate children two to five years of age, their parents, and their caregivers, to care for children's oral health. On ADA's consumer Web site, [MouthHealthy.org](#), the section devoted to preschoolers contains the Sesame Street videos, one of which focuses on making good food choices and drinking water.

Communication/Education: As mandated by Congress, the *Dietary Guidelines for Americans (DGA)* are developed and released jointly by the U.S. Department of Agriculture (USDA) and the U.S. Department of Health and Human Services (HHS) every five years to ensure the public receives the most current, scientifically sound nutrition advice available. The DGA are *evidence-based* Federal recommendations written for use by policymakers and health/nutrition professionals and are designed to prevent and reduce diet-related chronic diseases, while promoting good health and healthy weight. The DGA are part of the majority of dental schools nutrition curricula and provide a science base for dentists to provide nutritional information to patients.

In addition, the USDA and HHS also develop DGA-based consumer messages and tools for the general public. The DGA was last revised in 2010 and a new icon, "MyPlate," replaced the pyramid icon in 2011. This colorful plate provides consumers an easy visual example of how to dish up proper portions for breakfast, lunch and dinner. The icon also emphasizes ideal portion sizes for fruit, vegetable, grains, protein and dairy food groups. One of the messages accompanying MyPlate recommends drinking water instead of sugary drinks. Consumers and health care professionals can visit www.ChooseMyPlate.gov to view the icon and dietary guidelines. There are also links to tools such as getting a personalized eating plan, healthy eating tips, weight loss information, menu planning, diet analysis and more.

Launched in June 2012, the ADA's consumer Web site, [MouthHealthy.org](#), provides information about nutrition for all ages from infants to elderly adults including links to "MyPlate."

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The ADA, along with 35 other groups in the dental community, formed the Partnership for Healthy Mouths, Healthy Lives and is collaborating with the Ad Council to produce a campaign that encourages good oral health. To raise the awareness of the importance of preventing dental disease, the campaign is designed to increase knowledge of prevention, including brushing with fluoride toothpaste, flossing, good nutrition and seeing a dentist on a regular basis. By capturing the attention of caregivers through catchy public messages, they hope to motivate the public to take the first step toward implementing a lifetime of solid oral health habits, including developing healthy eating habits.

Education plays an important role in changing the behaviors of patients. As mentioned previously, dentists can play a significant role in educating patients about the importance of good eating habits and should be prepared to take on that role. These efforts can help improve and maintain dental health and encourage good overall health. It is important to begin counseling at an early age starting with before the mother gives birth and continue throughout the lifespan. To encourage behavior change, messages to the patient should be positive, emphasizing what *should* be done, rather than what *should not* be done. Dentists may wish to collaborate with registered dietitians when additional assistance is indicated.

Development of Policy that Promotes Good Nutrition: Reimbursement for “nutritional counseling” currently suffers much the same fate as reimbursement for tobacco cessation. Parameters of exactly what activities over what time comprise “nutritional counseling” are vague. Published outcomes from nutritional counseling are extremely limited and so companies are unlikely to provide benefits even though a CDT code exists to identify this service. Until issues related to reimbursement for this service can be resolved, it is most unlikely nutritional counseling will become common place.

While the Ad Hoc Committee was not charged with making a recommendation regarding current ADA nutrition-related policy, members were provided all existing ADA nutrition-related policies as background. As discussions continued, members noted that policy, Preventive Health Statement on Nutrition and Oral Health (*Trans*.1996:682), appears to provide substantial support for ADA nutritional activities. This policy can be viewed as Appendix 1.

At its June 2012 meeting, CAPIR was provided an update on the status of the Ad Council Campaign and noted its positive educational messaging. In discussing the “carrot or stick” approach to behavior change, the Council noted that in the past, there have been attempts to legislate taxes on soda in several states that were expected to decrease sales in much the same way increased taxes/price of cigarettes decreases sales. During the CAPIR meeting, the Department of State Government Affairs was able to supply information on recent state efforts to pass this type of legislation. That summary is available as Appendix 2.

Suggested Strategies: The Ad Hoc Committee on Nutrition formulated the following strategies for future consideration by the Council:

- Determine how lower level evidence based research, the best science that is currently available, can inform policy.
- Support pilot programs that produce outcomes that could inform further research, legislative strategies and policies.
- Focus on education to change behavior.
- Develop materials to facilitate nutritional education as it relates to oral health (i.e., talking points, brochures, specific oral health information in DGA).
- Start nutrition education early, preferably prenatally, and continue educational efforts throughout the lifespan.
- Collaborate with non-dental providers both on a one-to-one basis and organizationally to increase their knowledge on the importance of oral health and how efforts to provide nutritional education can improve both oral and general health.
- Collaborate with ADEA/dental schools to ensure dentists receive nutritional training that prepares them to discuss nutrition related issues with patients.

- 1 • Encourage states to develop a state oral health plan that includes nutrition related initiatives
- 2 • Develop defined parameters that would encourage reimbursement for nutritional counseling. Pilot
- 3 test nutritional counseling for measurable outcomes.

4 **Resolutions**

5 This report is informational and no resolutions are presented.

6 Supplement Report 03 CAPIR

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Appendix 1

Preventive Health Statement on Nutrition and Oral Health (1996:682)

Resolved, that with respect to nutrition and oral health, the Association encourage dentists to maintain current knowledge of nutrition recommendations such as the *Dietary Guidelines for Americans*, published by the U.S. Department of Agriculture and the U.S. Department of Health and Human Services, as they relate to general and oral health and disease, and be it further

Resolved, that the Association encourage dentists to effectively educate and counsel their patients about proper nutrition and oral health, including eating a well-balanced diet and limiting the number of between-meal snacks, and be it further

Resolved, that the Association encourage constituent and component dental societies to work with school officials to ensure that school food services, including vending services and school stores, provide nutritious food selections, and be it further

Resolved, that the Association oppose targeting children in the promotion and advertisement of foods low in nutritional value and high in cariogenic carbohydrates, and be it further

Resolved, that the Association encourage continued federal support for programs that provide nutrition services and education for infants, children, pregnant women and the elderly, and be it further

Resolved, that the Association encourage the appropriate government agencies to prevent the distribution of non-nutritious and highly cariogenic foodstuffs under federal nutrition service programs, and be it further

Resolved, that Resolution 27-1973-H (*Trans.*1973:659), Sale of Sugar-Rich Products in Schools; Resolution 28-1973-H (*Trans.*1973:660), Food Product Labeling; Resolution 56-1974-H (*Trans.*1974:687), Amendment to National School Lunch Act and Federal Food Stamp Program; Resolution 24H-1978 (*Trans.*1978:500), Statement on Advertising of Sugar-Rich Products to Children over Television; Resolution 129H-1978 (*Trans.*1978:510), Reference to Sugar Substances in School Textbooks; Resolution 98H-1979 (*Trans.*1979:625), Report to the House of Delegates of Task Force on the Prohibition of the Sale of Confections in Schools; and Resolution 8H-1983 (*Trans.*1983:544), American Dental Association Support of Child Nutrition Programs, be rescinded.

Appendix 2

**APPENDIX 1
(RESOLUTION 60)
REFERENCE COMMITTEE D**

Soda Tax Activity in States

(2011 & 2012 proposals and status)

State	Proposed	Status	✓ = Distribution of funds for dental purposes
CA AB 669 2011	The legislature's stated intent was to diminish the human and economic costs of obesity and dental disease in California. Would have created a dedicated revenue source for health programs designed to prevent and treat childhood obesity and dental disease. The tax on bottled sweetened beverages and sweetened beverages distributed in this state shall be one cent (\$0.01) per fluid ounce. The fund created would be generally used for obesity issues and general health/activity promotion.	Did not pass in 2011; held over to 2012	20% to coordinate statewide childhood obesity prevention activities and to fund state-level childhood obesity prevention and children's dental programs . This funding shall support programs that use educational, environmental, policy, and other public health approaches that achieve the following goals: improve access to and consumption of healthy, safe, and affordable foods and beverages; reduce access to and consumption of calorie-dense, nutrient-poor foods; encourage physical activity; decrease sedentary behavior; and raise awareness about the importance of nutrition and physical activity to childhood obesity prevention. (Remaining percentages go to obesity prevention)
HI HB 1062 HB 1188 HB 1216 SB 1179 2011	1062 & 1188 would have specified a tax of \$.10 to \$.25 for containers up to 12 ounces or over 12 ounces (respectively). 1216 & 1170 would have created a tax without specific amounts.	Did not pass in 2011; held over to 2012	Obesity prevention
HI SB 2408 2012	Tax on sugar-sweetened beverages and deposit portions of the revenue generated to the community health centers special fund, the trauma system special fund, and the John A. Burns school of medicine medical loan forgiveness program special fund established and funded by additional revenue sources pursuant to this Act.	Failed	Moneys in the special fund shall be used to support the John A. Burns school of medicine medical loan forgiveness program for medical students graduating after May 1, 2013.
HI SB 3019 2012	The purpose of this Act is to establish a tax on sugar-sweetened beverages and deposit portions of the revenue generated to the community health centers special fund and the trauma system special fund.		Distribution (1) community health centers special fund established under section 321-1.65; and (2) the trauma system special fund established under section 321-22.5.
NE LB 753 2012	Provide for sales taxation of soft drinks as prescribed	Indefinitely Postponed	Obesity prevention
RI HB 5432 SB 295 2011	A soft drink tax would be set at a rate of one cent (\$0.01) per ounce would be created. The tax would be paid by the distributor, manufacturer or wholesaler. To be used for public health efforts and programs focused on the goal of eradicating obesity. "Soft drink"	Pending	Used for public health efforts and programs focused on the goal of eradicating obesity

**APPENDIX 1
(RESOLUTION 60)
REFERENCE COMMITTEE D**

	means any nonalcoholic beverage...containing sugar, corn syrup or any other high-calorie sweetener... "Soft drink" does not include "diet" or sugarless, low-calorie beverages.		
RI HB 7342 SB 2798 2012	Imposes a sugar-sweetened beverage tax upon every sugar-sweetened beverage, syrup, powder or other base product sold within the state of Rhode Island by a distributor, manufacturer, or wholesaler to a retailer or other purchaser, calculated as follows: (1) The tax on sugar-sweetened beverages shall be one dollar and twenty-eight cents (\$1.28) per gallon of sugar-sweetened beverage.	Pending	Obesity reduction
TN SB 521 HB 537 2011	Would have created a one cent per fluid ounce tax on any person manufacturing, producing, or importing or causing to be imported into this state and selling within this state bottled soft drinks that contain added sugar or caloric sweeteners.	Did not pass in 2011; held over to 2012	Unspecified in bill
VT HB151 2011	Would have imposed an excise tax on every distributor of \$0.01 per ounce upon sugar-sweetened beverages sold in the state. Proceeds are to be used for health-related initiative listed in the bill (dental not specifically listed).	Did not pass in 2011; held over to 2012	1/3 to "Vermont healthy weight initiative fund." 1/3 shall be deposited in the Catamount fund (state health insurance assistance program). 1/3 shall be used to fund the credit in 32 V.S.A. § 9413 and the administration of this chapter.
VT SB 615 2012	Imposes a \$0.01 per ounce upon sugar-sweetened beverages sold in the state. Imposes an excise tax of \$0.01 per ounce of syrup and powder sold in the state.		✓ Deposits 1/3 of collections into the Vermont oral health improvement fund (that would have been created under this bill) to: (1) support the Medicaid dental reimbursement rates; (2) support the VT dentists loan repayment program (3) support the Head Start and school-based Tooth Tutor program administered by the department of health; (4) support costs incurred by entities that own or control water systems in complying with the fluoridation requirements in this bill (5) support the Baby Bottle Tooth Decay education program administered by the department of health.

Resolution No. 65 NewReport: N/A Date Submitted: August 2016Submitted By: Council on Ethics, Bylaws and Judicial AffairsReference 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 TO SECTION 5.H. OF THE ADA PRINCIPLES OF ETHICS AND CODE OF PROFESSIONAL CONDUCT

Background: The professional landscape concerning the recognition of specialties has undergone dramatic change. Over the past several years, compelled by court decisions, states have begun to recognize specialties beyond the nine dental specialties recognized by the ADA. The Council on Ethics, Bylaws and Judicial Affairs (the Council) has been advised that the trend of states recognizing specialties in addition to those recognized by the ADA is expected to continue, either through voluntary state action or as the result of additional litigation. Faced with the changing environment concerning specialty recognition, the Council has examined the *ADA Principles of Ethics and Code of Professional Conduct* (the *Code*), and in particular Section 5.H. of the *Code*, *Announcement of Specialization and Limitation of Practice*, to ensure that the *Code* remains aligned with the legal landscape of specialty recognition in all jurisdictions and hereby proposes amendments to that section of the *Code*. Section 5.H. with the amendments proposed by the Council is appended hereto as **Appendix 1**.

Broadening the Specialties that can be Ethically Announced. Section 5.H. of the *Code* states: "The dental specialties recognized by the American Dental Association and the designation for ethical specialty announcement and limitation of practice are..." and then proceeds to list the nine dental specialties recognized by the ADA. As noted above, however, there is movement in certain jurisdictions to recognize areas of dentistry as specialties beyond those recognized through the specialty recognition process established by the ADA.

Consider a jurisdiction that recognizes oral medicine as a specialty and allows a dentist who has successfully completed an advanced dental education program in oral medicine accredited by the Commission on Dental Accreditation to announce as a specialist in oral medicine. A dentist who did so, however, might be accused of violating the *Code* because oral medicine is not one of the nine specialties recited for which "ethical specialty announcement" is presently permitted.

The Council proposes to amend Section 5.H. of the *Code* so that it aligns with the changes in the scope of specialty recognition in some jurisdictions. The amendment to Section 5.H. of the *Code* would permit educationally qualified dentists practicing in areas of dentistry recognized as specialties in their jurisdictions, but not by the ADA, to announce as specialists. The Council requested that the Council on Dental Education and Licensure (CDEL) review and comment on this proposed revision of Section 5.H. of the *Code* and have been informed that CDEL is supportive of the amendment.

1 *Exclusivity of Practice.* The other portion of Section 5.H. of the *Code* reviewed by the Council is that
2 which requires dentists announcing as specialists to limit their practices exclusively to the announced
3 specialty. Thus, as presently written, dentists cannot ethically practice any aspect of dentistry except for
4 the announced specialty or specialties. This is so even though the specialist dentists hold D.D.S. or
5 D.M.D. degrees and, in many jurisdictions, hold the exact same licenses awarded to general dentists after
6 successfully completing the exact same licensing examination as general dentists. Consequently, the
7 Council examined amending Section 5.H. to remove the exclusivity limitation
8

9 When the Council requested comment from CDEL with respect to this proposed amendment to Section
10 5.H. of the *Code*, CDEL responded that it had reservations concerning the proposal and suggested that
11 the Council request input from the specialty organizations concerning the exclusivity provisions of Section
12 5.H. The Council did so, asking the nine specialty organizations for their input on whether it was
13 necessary for specialists to practice exclusively in their areas of specialty in order to maintain the skill and
14 expertise needed to announce as a specialist and whether there were reasons other than maintenance of
15 skill and expertise for limiting a specialist's practice to an announced specialty.
16

17 Responses from six specialty organizations were received. One reply was not responsive of the inquiries
18 made and instead addressed the issue of a general dentist practicing in areas within the scope of a
19 specialty and general dentists using specialist designations in practice announcements. Four responses
20 indicated that exclusivity of practice was not believed to be required in order for specialists to maintain
21 their expertise in the specialty (although one response indicated that ability to maintain the appropriate
22 level of expertise in the specialty must be considered on an individual basis). In addition, three of the
23 responses received knew of no reason to restrict an announced specialist to practicing solely in the
24 announced specialty except if there was such a restriction imposed by license. Two responses received
25 from the specialty organizations indicated that the limitation of practice to the announced specialty is
26 needed to assure, protect and or inform the public and third parties such as payment programs and
27 professional liability insurers concerning the practitioner's expertise and concentration in providing
28 competent care in the specialty.
29

30 Having carefully considered the reservations expressed by CDEL and the views expressed by the
31 specialty organizations that responded to the Council's inquiries, the Council is of the belief that dentists
32 holding specialty degrees should be permitted to announce their specialty to the public and also be
33 permitted to practice to the full scope of the dental licenses that they hold so long as they maintain
34 adequate expertise in the specialty. A dentist's training – be it D.D.S. or D.M.D. degree alone, the
35 successful completion of a residency in general dentistry or the awarding of a specialty degree – is a fact
36 that is reasonably easy to verify.
37

38 Moreover, the Council does not believe there is any ethical impropriety in, for example, a dentist
39 announcing as a specialist while practicing other areas of dentistry so long as the dentist is permitted to
40 do so under the licensing provisions of the jurisdiction in which the dentist practices, the public is not
41 misled by the dentist's announcement, the announcement is not false in any material respect, and the
42 dentist maintains his or her level of skill and expertise in the specialty practice area and is clinically
43 competent in the other areas of dentistry in which the dentist practices. To the contrary, the existing
44 provision requiring exclusivity may be viewed as restricting dentists' ability to engage in free competition
45 and as creating a legal risk to the association. The removal of this restriction will alleviate that risk.
46

47 With respect to the concerns that the exclusivity provisions of Section 5.H. of the *Code* serve to assure,
48 inform and protect patients and the public, the Council notes that other provisions of the *Code* serve to
49 provide that protection. Section 2 of the *Code*, Nonmaleficence, reminds dentists that they have the duty
50 to refrain from harming patients. Section 2.A., Education, imposes the duty for dentists to keep their
51 knowledge and skills current, while Section 2.B., Consultation and Referral, obligates dentists to refer
52 patients whenever the welfare of the patient will be safeguarded or advanced by the referral. Section 4 of
53 the *Code* provides that dentists shall treat patients fairly; Section 5 imposes the duty to communicate
54 truthfully while Section 5.F. admonishes that dentists should not advertise in a manner that is false or

misleading in any material respect. The Council believes that, taken as a whole, the *Code* places sufficient ethical obligations upon dentists who announce as specialists and who wish to practice beyond the scope of the specialty to provide ample protection to the public.

The amendments proposed by the Council will support the primary goal of dentists as set forth in the Preface to the *Code* – benefitting the patient. For example, general dentists in rural parts of the country often by necessity refer patients to specialists located a substantial distance from where the referring dentist and patient are located. With the amendments proposed by the Council, the referring dentist and specialist can confer and agree, with the consent of the patient, to the completion of dental treatments by the specialist where the completion requires treatment beyond the scope of the specialty involved. Allowing treatment completion by specialists will save the patient time, as the treatment will be able to be completed without an additional trip to the referring dentist's office and potential discomfort that might arise between the visit to the specialist and the return visit to the referring dentist.

Based on the Council's considered review of Section 5.H. of the Code as summarized above, the Council recommends the adoption of Resolution 65.

Resolution

65. Resolved, that Section 5.H. of the ADA Principles of Ethics and Code of Professional Conduct be amended as set forth below (additions underscored, deletions ~~stricken through~~):

5.H. ANNOUNCEMENT OF SPECIALIZATION AND LIMITATION OF PRACTICE.

~~This section and Section 5.I are designed to help the public make an informed selection between the practitioner who has completed an accredited program beyond the dental degree and a practitioner who has not completed such a program. A dentist may ethically announce as a specialist to the public in any of the~~ The dental specialties recognized by the American Dental Association ~~including and the designation for ethical specialty announcement and limitation of practice are:~~ dental public health, endodontics, oral and maxillofacial pathology, oral and maxillofacial radiology, oral and maxillofacial surgery, orthodontics and dentofacial orthopedics, pediatric dentistry, periodontics, and prosthodontics, and in any other areas of dentistry for which specialty recognition has been granted under the standards required or recognized in the practitioner's jurisdiction, provided the dentist meets the educational requirements required for recognition as a specialist adopted by the American Dental Association or accepted in the jurisdiction in which they practice. Dentists who choose to announce specialization should use "specialist in" or "practice limited to" and shall devote a sufficient portion of their practice to the announced specialty or specialties to maintain expertise in that specialty or those specialties. Dentists whose practice is devoted exclusively to an announced specialty or specialties may announce that their practice "is limited to" that specialty or those specialties. ~~limit their practice exclusively to the announced dental specialties, provided at the time of the announcement such dentists have met in each recognized specialty for which they announce the existing educational requirements and standards set forth by the American Dental Association.~~ Dentists who use their eligibility to announce as specialists to make the public believe that specialty services rendered in the dental office are being rendered by qualified specialists when such is not the case are engaged in unethical conduct. The burden of responsibility is on specialists to avoid any inference that general practitioners who are associated with specialists are qualified to announce themselves as specialists.

GENERAL STANDARDS.

~~The following are included within the standards of the American Dental Association for determining the education, experience and other appropriate requirements for announcing specialization and limitation of practice:~~

1 ~~1. The special area(s) of dental practice and an appropriate certifying board must be approved by~~
2 ~~the American Dental Association or be recognized by the jurisdiction in which the dentist practices.~~

3
4 ~~2. Dentists who announce as specialists must have successfully completed an educational program~~
5 ~~accredited by the Commission on Dental Accreditation, two or more years in length, as specified by~~
6 ~~the Council on Dental Education and Licensure, or be diplomates of an American Dental~~
7 ~~Association recognized certifying board recognized by the American Dental Association or the~~
8 ~~jurisdiction in which the announcing dentist practices. The scope of the individual specialist's~~
9 ~~practice shall be governed by the educational standards for the specialty in which the specialist is~~
10 ~~announcing.~~

11 ~~3. The practice carried on by dentists who announce as specialists shall be limited exclusively to~~
12 ~~the special area(s) of dental practice announced by the dentist.~~

13
14 ~~STANDARDS FOR MULTIPLE SPECIALTY ANNOUNCEMENTS.~~

15 ~~The educational criterion for announcement of limitation of practice in additional specialty areas is~~
16 ~~the successful completion of an advanced educational program accredited by the Commission on~~
17 ~~Dental Accreditation (or its equivalent if completed prior to 1967) in each area for which the dentist~~
18 ~~wishes to announce. Dentists who are presently ethically announcing limitation of practice in a~~
19 ~~specialty area and who wish to announce in an additional specialty area must submit to the~~
20 ~~appropriate constituent society documentation of successful completion of the requisite education in~~
21 ~~specialty programs listed by the Council on Dental Education and Licensure or certification as a~~
22 ~~diplomat in each area for which they wish to announce.~~

23 * In the case of the ADA, the educational requirements include successful completion of an advanced
24 educational program accredited by the Commission on Dental Accreditation, two or more years in length,
25 as specified by the Council on Dental Education and Licensure, or being a diplomate of an American
26 Dental Association recognized certifying board for each specialty announced.

27 **BOARD RECOMMENDATION: Vote Yes.**

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

APPENDIX 1

5.H. ANNOUNCEMENT OF SPECIALIZATION AND LIMITATION OF PRACTICE.

A dentist may ethically announce as a specialist to the public in any of the dental specialties recognized by the American Dental Association including dental public health, endodontics, oral and maxillofacial pathology, oral and maxillofacial radiology, oral and maxillofacial surgery, orthodontics and dentofacial orthopedics, pediatric dentistry, periodontics, and prosthodontics, and in any other areas of dentistry for which specialty recognition has been granted under the standards required or recognized in the practitioner's jurisdiction, provided the dentist meets the educational requirements required for recognition as a specialist adopted by the American Dental Association or accepted in the jurisdiction in which they practice. Dentists who choose to announce specialization should use "specialist in" and shall devote a sufficient portion of their practice to the announced specialty or specialties to maintain expertise in that specialty or those specialties. Dentists whose practice is devoted exclusively to an announced specialty or specialties may announce that their practice "is limited to" that specialty or those specialties. Dentists who use their eligibility to announce as specialists to make the public believe that specialty services rendered in the dental office are being rendered by qualified specialists when such is not the case are engaged in unethical conduct. The burden of responsibility is on specialists to avoid any inference that general practitioners who are associated with specialists are qualified to announce themselves as specialists.

* In the case of the ADA, the educational requirements include successful completion of an advanced educational program accredited by the Commission on Dental Accreditation, two or more years in length, as specified by the Council on Dental Education and Licensure, or being a diplomate of an American Dental Association recognized certifying board for each specialty announced.

Resolution No. 66 NewReport: N/A Date Submitted: August 2016Submitted By: Council on Government AffairsReference 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

POLICIES AND RECOMMENDATIONS ON OCCUPATIONAL SAFETY AND HEALTH

Background: In consultation with the Council on Scientific Affairs, the Council on Government Affairs conducted a review of the ADA's policy statements on occupational safety and health as part of the ongoing effort to make sure ADA policies are relevant and current. The Council found that most of the policy statements are relevant and reasonably current; however, some appear to have been developed in isolation with overlapping content and no overall vision.

It would benefit the ADA to have a comprehensive occupational safety and health policy statement that is more strategic in nature. The goals in creating such a policy would be to:

- Establish a long-term vision for dentistry's role in preventing injury and illness in the dental office.
- Consolidate related policies that are relevant and current.
- Eliminate language that is duplicative or redundant.
- Encourage more inter-council collaboration during future policy reviews.

The new policy statement retains the salient points from the Association's existing policies (e.g., needlestick legislation), but presents them in a more current form to reflect the modern regulatory landscape.

The Council recommends that the following resolution entitled "Policies and Recommendations on Occupational Safety and Health" be adopted:

Resolution

~~**66. Resolved,** that dentists have a vested interest in preventing injury and illness in the dental office, which includes preventing exposure to infectious agents, waste anesthetic gas, allergens, damaging noise, ionizing radiation, and other hazards, and be it further~~

Resolved, that the ADA recognizes the importance of engineering and work practice controls recommended by the Occupational Safety and Health Administration (OSHA) and the Centers for Disease Control and Prevention in preventing the transmission of bloodborne pathogens from needlestick and other sharps-related injuries in dental settings, and be it further

1 **Resolved**, that the ADA encourages dentists to maintain knowledge of and compliance with federal
2 standards and other applicable regulations for eliminating or minimizing occupational exposure to
3 bloodborne pathogens and preventing injury and illness in dental settings, and be it further
4

5 **Resolved**, that it is the position of the American Dental Association that its members, in an effort to
6 promote a safe workplace, use materials in the dental health care setting that have been
7 appropriately labeled by the manufacturer or distributor to comply with the OSHA Hazard
8 Communication Standard, and for which the manufacturer/distributor has supplied a current safety
9 data sheet (SDS), and be it further
10

11 **Resolved**, that the ADA support its members by providing access to current information, forms, and
12 prototypes as needed to help them comply with occupational safety and health requirements affecting
13 dental health care settings, and be it further
14

15 **Resolved**, that the ADA encourages and supports fair systems of compliance with applicable state
16 and federal law(s) for preventing injury and illness in the dental office, and be it further
17

18 **Resolved**, that the following ADA policies be rescinded:
19

- 20 • OSHA and EPA Penalties and Inspections (*Trans.*1991:630)
- 21 • Needlestick Legislation (*Trans.*2000:505)
- 22 • Comprehensive Policy on Hazard Classification and Communication (*Trans.*2003:389;
23 *Trans.*2012:469)

24 **BOARD RECOMMENDATION: Vote Yes.**

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

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

OSHA and EPA Penalties and Inspections (*Trans.1991:630*)

Resolved, that the American Dental Association pursue the amendment of federal legislation and/or regulations that address the penalties assessed to health care offices of private practitioners for the failure to comply with federal laws and regulations of the Occupational Safety and Health Administration and the Environmental Protection Agency concerning hazard communications, infection control and waste disposal to provide that first time offenders be issued warnings and not fines, and be it further

Resolved, that the American Dental Association pursue the amendment of federal legislation and/or regulations that address procedures for inspections of health care offices of private practitioners to provide for adequate notification prior to inspection to avoid interruption of patient care.

Needlestick Legislation (*Trans.2000:505*)

Resolved, that the ADA opposes mandating any change from currently used intra-oral injection devices until an appropriate, safer device has been developed, tested and proven to be safer by appropriate regulatory and testing agencies.

Comprehensive Policy on Hazard Classification and Communication (*Trans.2003:389; Trans.2012:469*)

Resolved, that it is the position of the American Dental Association that its members, in an effort to promote a safe workplace, use only those materials in the dental office that have been appropriately labeled by the manufacturer or distributor to comply with OSHA's Hazard Communication Standard and for which the manufacturer/distributor has supplied a current material safety data sheet (MSDS), and be it further

Resolved, that the ADA supports the members by providing access to current information, forms and prototypes as needed to help them comply with OSHA requirements affecting dental office.

Resolution No. 67 NewReport: N/A Date Submitted: August 2016Submitted By: Council on CommunicationsReference Committee: D (Legislative, Health, Governance and Related Matters)Total Net Financial Implication: \$6.3 million Net Dues Impact: \$60

Amount One-time	<u>\$6.3 million</u>	Amount On-going	<u>\$6 million (2018 and 2019)</u>	FTE	<u>0</u>
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ADA Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health

How does this resolution increase member value: See Background

1 A THREE-YEAR INITIATIVE TO DRIVE UTILIZATION OF DENTAL SERVICES FOR ADA MEMBERS

2 Background: Health Policy Institute data show us that ADA members have capacity to see more
3 patients. They are not busy enough, and trend information shows that dental visits have been on the
4 decline.

5 At the 2015 House of Delegates, Resolution 90 *Marketing the ADA Member Brand* did not pass but was
6 referred to Communications. It read as follows:

7 90-2015. Resolved, that the ADA develop a media campaign to differentiate and improve the
8 brand of the ADA member dentists in the public eye. This campaign would cover social media
9 and/or print media and/or radio and/or television, and be it further

10 Resolved, that samples of this campaign be ready for the 2016 ADA House of Delegates for
11 review so that the campaign can be rolled out in 2017. In addition, budgetary estimates, with
12 funding options, should be presented for the distribution costs of the campaigns through the
13 various media outlets.

14 The Council supported the spirit of the resolution to encourage more people to see an ADA dentist, and
15 wanted to have appropriate audience research in hand before recommending a program to make the
16 most effective use of ADA resources. Audience research has been completed, and the Council believes
17 it is time to recommend a program to increase utilization of dental services, in essence to drive Americans
18 to see their ADA dentist.

19 Opportunity to Reach 40 Million Potential Patients

20 To identify the best opportunity to drive patients to ADA member chairs, the Division of Integrated
21 Marketing and Communications and the Health Policy Institute entered into a comprehensive consumer
22 research initiative with CSpace Health, a noted research company with deep expertise in consumer
23 persona research.

24 Through this eight-month research initiative, seven consumer personas were identified. A persona is a
25 fictional representation of a collection of beliefs and behaviors that help identify ideal audiences, in this
26 case large groups of consumers that represent an opportunity for ADA dentists.

27 The research revealed that only 30% of people are seeing a dentist on a regular basis, without fail. We
28 call this persona "Perfect Pat". Because Pat is going to the dentist regularly, we do not need to expend

marketing dollars on this audience. To effectively increase utilization of dental services, two key persona audiences were identified as offering the best opportunity for ADA dentists. These two personas represent 40 million adults in the United States, and have a dental benefit and/or have sufficient income to pay for regular dental care. We call these personas “Detached Derek” and “Responsible Rachel” and they represent 36% of U.S. adults. They believe in the importance of dental visits but for some reason are not following through with regular dental check-ups. The research identified messages that these two audiences will find compelling and will persuade them to see an ADA dentist.

The remaining five personas (a total of 34% of adults) all have significant financial and/or emotional barriers that would not be effectively solved through an advertising campaign and therefore are not targets in this campaign. The ADA’s advocacy efforts and programs included in the Action for Dental Health initiative are some of the ways the ADA is working to address the issues and challenges for these personas.

With the research complete, the ADA can move forward with a targeted program to get patients in the dental chair. With this estimated budget, and an opportunity of 40 million potential patients (36% of U.S. adults), ADA members will benefit if each gains only one new patient by supporting this initiative to get people with benefits and financial resources to visit an ADA dentist. Further information is included in Appendix 1.

Marketing Plan to Reach Key Patients

Based on research and benchmarking about key consumer audiences, the following three-year plan is recommended to drive utilization of dental services, with a total budget of \$18.3 million over the three years. The plan includes four main components:

Campaign Element	Budget
Find A Dentist Replace ADA Find A Dentist tool with new technology vendor to increase user friendliness and measurement. Includes integrating with state Find A Dentist tools.	\$300,000 (2017 only)
Paid search This element will ensure that when our target consumers search for a dentist on Google and other search engines that the ADA Find A Dentist tool comes up first.	\$2,500,000.00
National Digital Advertising and Content Marketing Because these audiences are younger and more accustomed to sourcing information on digital devices, such as phones, tablets and computers, our media buy will be 100% digital. This national overlay also includes ad placements on Facebook in addition to websites and apps.	\$2,950,000.00
State and Local Support	\$ 500,000.00

Matching funds to state and local societies who would like to amplify results in their respective areas. The ADA's agency can conduct the media buying for societies that do not have that resource, which will also enable savings and a more efficient media buy.	
Member Resources Tools for ADA members to use in marketing their practices and talking to their patients. These will include customizable digital and social assets, print materials and other resources specifically developed for member use.	\$50,000.00
	\$6,300,000 in 2017 \$6,000,000 in 2018 and in 2019

1 **Metrics to Measure Results**

2 The ultimate success is that ADA members report that they have welcomed more patients into their
3 practices and that they are busier. Because of the nature of how HPI surveys members, this data will
4 take time to accrue. In the meantime, the three-year program will measure other digital results, including
5 click-through rates on ads, visits to the ADA Find A Dentist tool and other forms of engagement, such as
6 shares on social media. This data will give us real-time results to help identify further opportunities. Prior
7 to launching the campaign, quarterly metrics will be in place to measure the success of the program.

8 **Resolution**

9 **67. Resolved**, that the initiative "Drive Utilization of Dental Services for ADA Members" be
10 approved, and be it further

11 **Resolved**, that the Council on Communications submit annual status updates to the House of
12 Delegates for the duration of the campaign.

13 **BOARD RECOMMENDATION: Vote Yes.**

14 **Vote: Resolution 67**

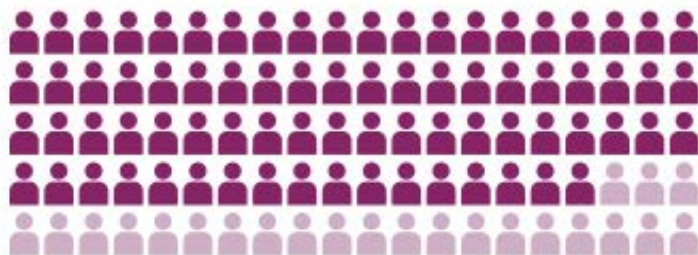
ASAI	Yes	COLE	Abstain	GEHANI	Yes	ROBERTS	Yes
BITTER	Yes	CROWLEY	Yes	JEFFERS	Yes	ROBINSON	Yes
BLACK	Yes	FAIR	No	KLEMMEDSON	Yes	STEVENS	Yes
BUCKENHEIMER	Yes	FISCH	Yes	KWASNY	Yes	ZENK	Yes
COHLMIA	Yes	GAMBA	Abstain	MARRON-TARRAZZI	No	ZUST	Yes

Initiative to Drive Utilization of Dental Services for ADA Members

Resolution from the
Council on Communications

How Do We Get More People in the Dental Chair?

What People Say...



77% of adults say they plan to visit the dentist within the next year.

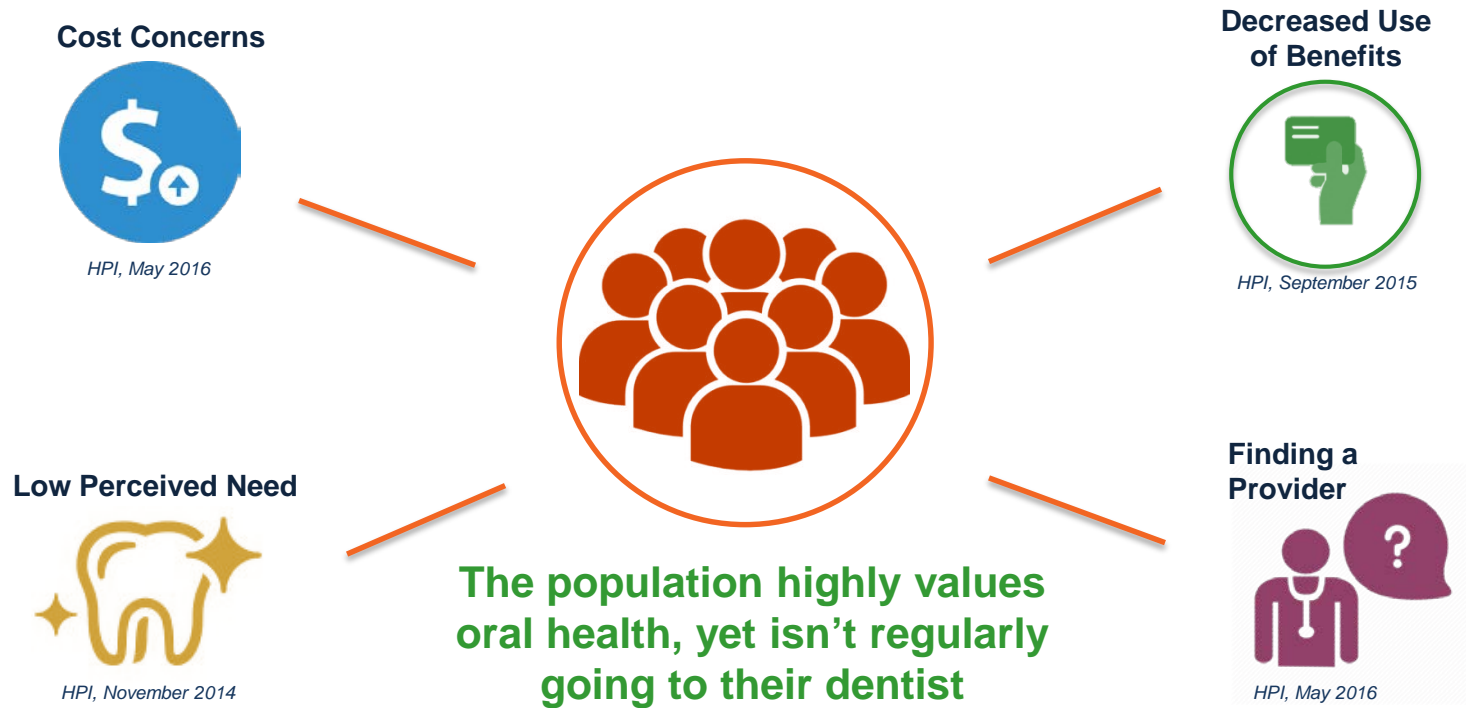
What People Do...



37% of adults actually visited the dentist within the last year.

Source: HPI Oral Health and Well-Being in the United States Survey 2015

Multiple Factors Impact Oral Care Decisions



Our Opportunity

Implement research-based
marketing campaign
to get more adults
to visit their ADA dentist regularly

First,
identify the right audience

Through extensive research initiative, ADA
learned who is the best opportunity to
increase number of patients

Completed 8-Month Research Initiative with HPI

c space health



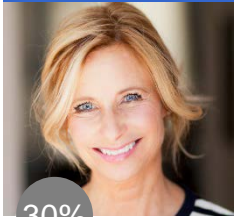
Our Seven Dental Consumer Personas

The dental users

The dental non-users

Incidence

**Perfect
Pat**



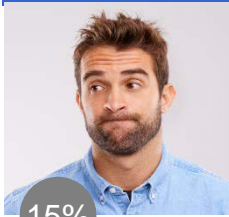
30%

**Responsible
Rachel**



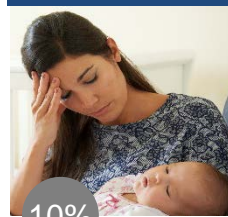
21%

**Detached
Derek**



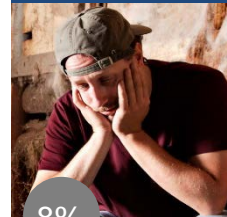
15%

**Stressed-Out
Sara**



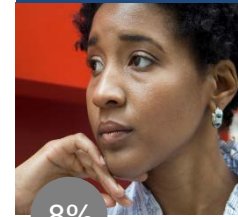
10%

**Burdened
Brian**



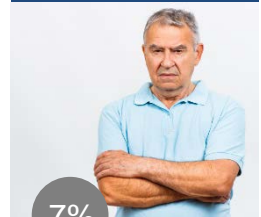
8%

**Fearful
Felicity**



8%

**Not Necessary
Neal**



7%

Derek and Rachel = best opportunity

36% = 40 million consumers

Most have dental benefit

Plus sufficient income to afford care

Detached Derek: 15% of U.S. Adults

*Sometimes I just
need a little
encouragement.*

Key Stats:

- ✓ **Benefit:** Nearly all have benefit
- ✓ **Income:** Almost all make more than \$40K
- ✓ **Age:** Skews younger (majority are 35-49)
- ✓ **Gender:** Slightly more likely to be a man (55%)
- ✓ **Setting:** Most likely to live in an urban setting (51%)
- ✓ **Ethnicity:** Most likely to be white (55%) or Hispanic (23%). Highest Asian American of all personas (10%)
- ✓ **Family Unit:** Most likely to live with kids (38%)



Responsible Rachel: 25% of U.S. Adults



I will go the extra mile to make sure I have great teeth.

Key Stats:

- ✓ **Benefit:** One-third don't have dental benefit
- ✓ **Gender:** Most women of any persona (65%)
- ✓ **Age:** Skews "middle aged" (60% are between 35 and 65)
- ✓ **Ethnicity:** Most likely to be white (54%) or African American (21%)

Next, design campaign to motivate audience to visit their ADA dentist regularly

4-Part Campaign

1 Improved Search



2 National Digital Advertising



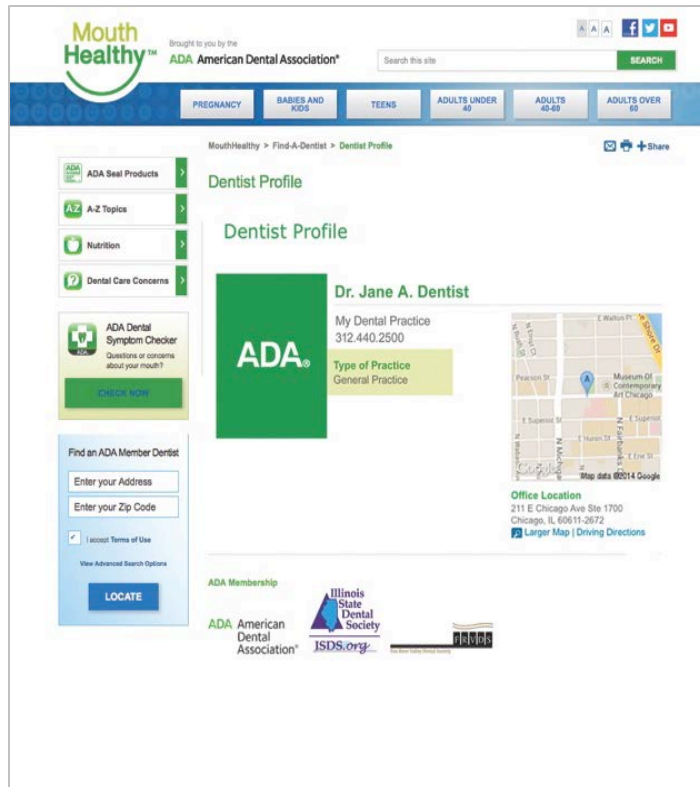
3 State & Local Support



4 Member Tools



1. Improve Search Via Find-A-Dentist

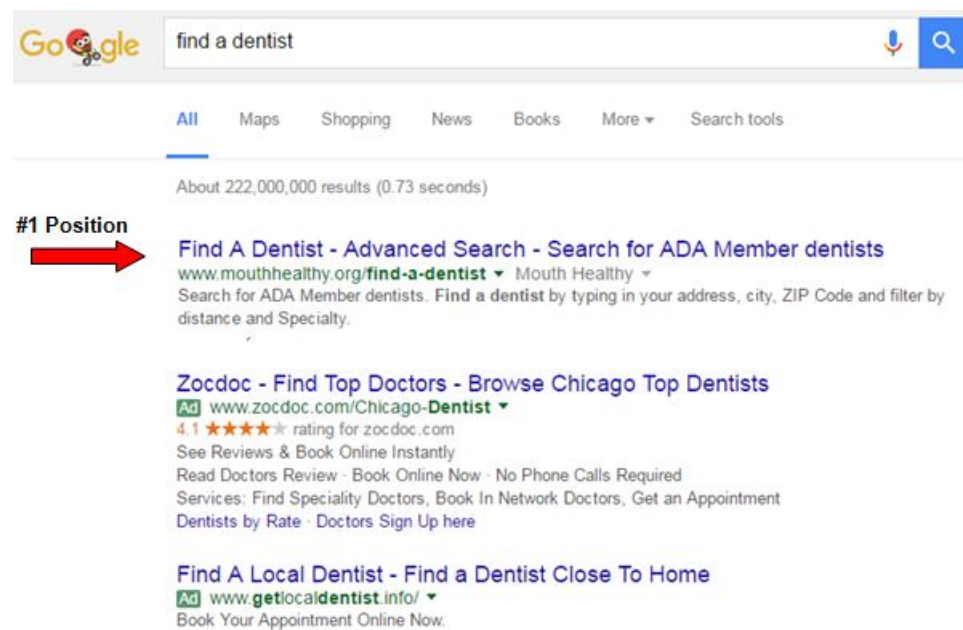


- New technology
 - More user friendly
 - Integrates better with states and locals
- Best measure of people searching for ADA member dentist

1. Improve Search with Paid Support

ADA is #1

When consumers search for a dentist on Google and other search engines



2. Digital Media Strategy

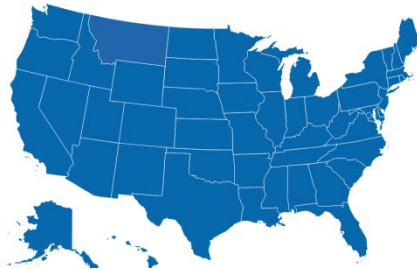
- Drive target audience to landing page using dynamic ads and video on websites and social media
- Reach people when they are already searching for health information

Audience Target



- Individuals 25-54
- Income of \$40K - \$100K
- College education

Geo-target: National



Timing



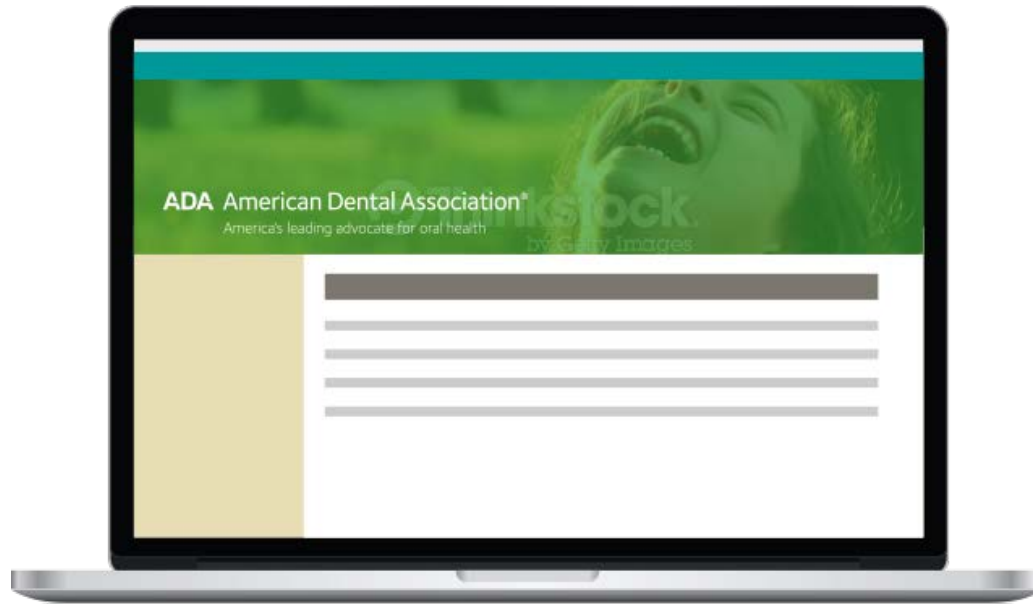
- Year-long media presence
- Waves of increased activity around campaign launch and milestones

What We'll Measure

- Clicks to landing page
- Use of "Find a Dentist" search
- Video views

2. Campaign Landing Page

- The campaign landing page will be designed to look and feel like the advertising, so our audience knows they're in the right place.



Desktop View



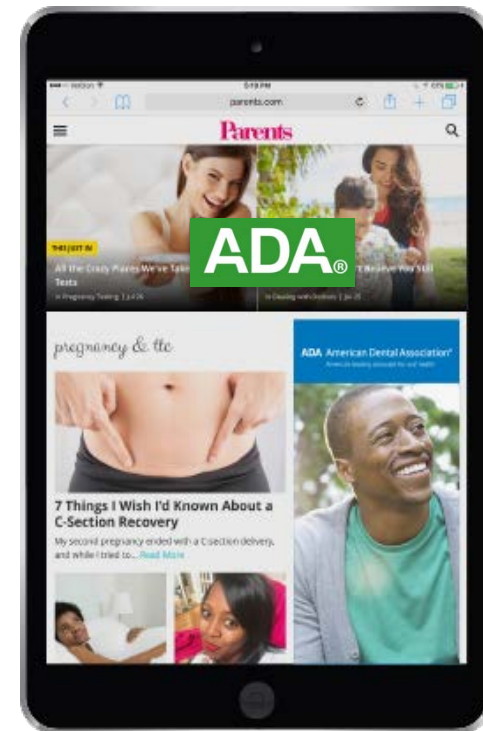
Mobile View

2. Digital Media Advertising & Content Marketing

Paid advertising includes video and animated banner ads across online publications, social media and video streaming sites



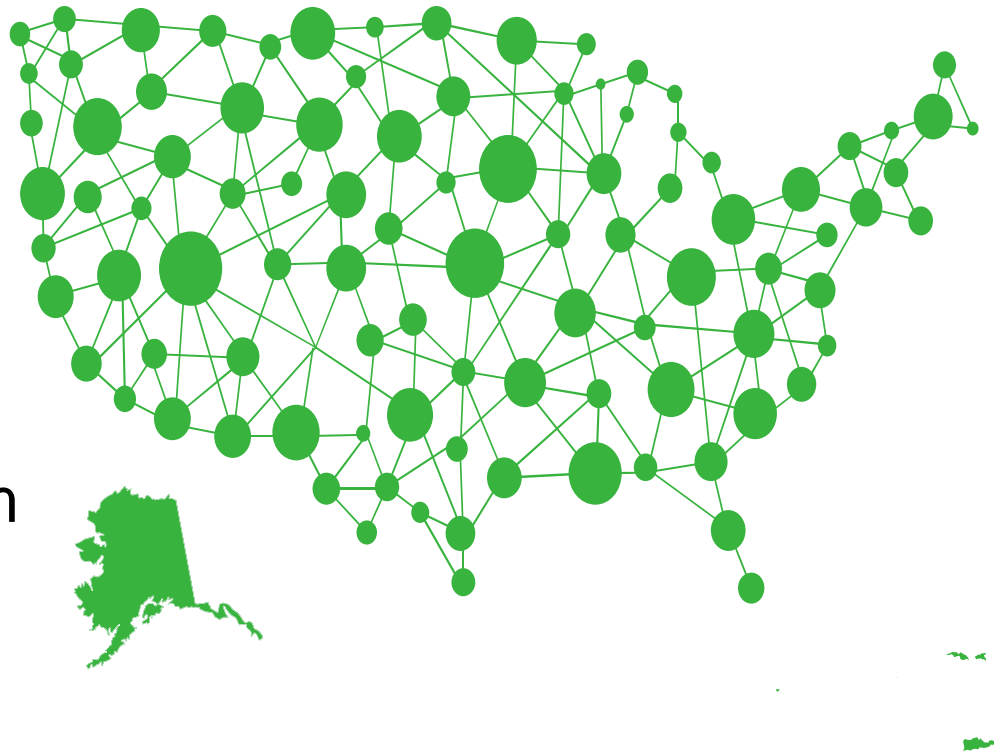
Tablet View



Tablet View

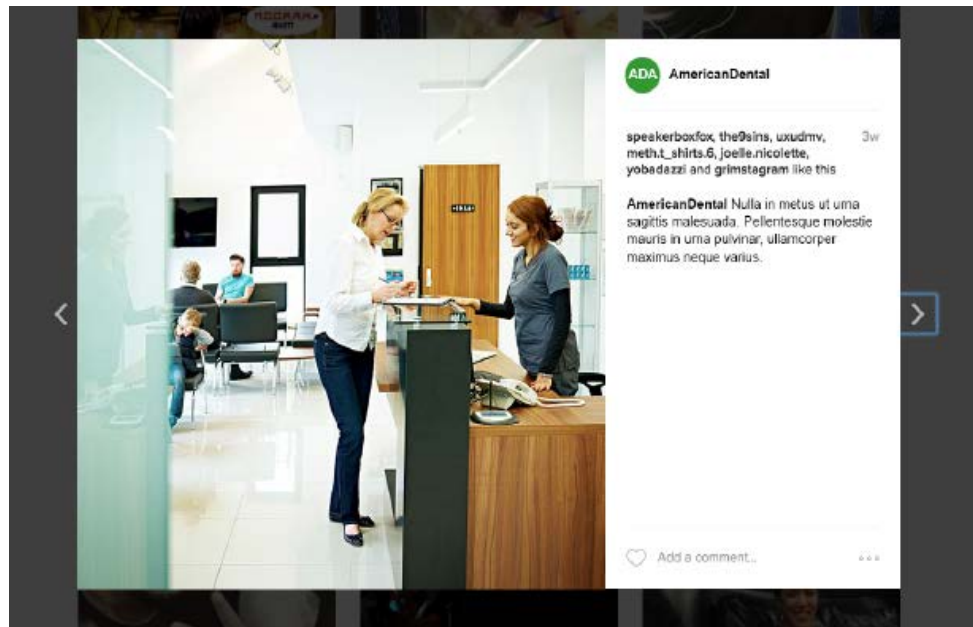
3. States and Locals

- Matching funds to amplify in states who want to increase attention
- Agency will assist with media buying
 - Frequent request from societies without resources to hire media agency



4. ADA Member Resources

Content for members to amplify campaign throughout their practices and social networks



Campaign Budget – Per Year/3 Years

Campaign Element	Budget
Find A Dentist Replace ADA Find A Dentist tool with new technology vendor to increase user friendliness and measurement. Includes integrating with state Find A Dentist tools.	\$300,000 (2017 only)
Paid search This element will ensure that when our target consumers search for a dentist on Google and other search engines that the ADA Find A Dentist tool comes up first.	\$2,500,000.00
National Digital Advertising and Content Marketing Because these audiences are younger and more accustomed to sourcing information on digital devices, such as phones, tablets and computers, our media buy will be 100 percent digital. This national overlay also includes ad placements on Facebook in addition to websites and apps.	\$2,950,000.00
State and Local Support Matching funds to state and local societies who would like to amplify results in their respective areas. The ADA's agency can conduct the media buying for societies that do not have that resource, which will also enable savings and a more efficient media buy.	\$ 500,000.00
Member Resources Tools for ADA members to use in marketing their practices and talking to their patients. These will include customizable digital and social assets, print materials and other resources specifically developed for member use.	\$50,000.00
Total Budget:	\$6,300,000 (2017) \$6,000,000 (2018 & 2019)

Resolution Adopted by Council on Communications

- **Resolved**, that the initiative “Drive Utilization of Dental Services for ADA Members” be approved.
- **Resolved**, that the Council on Communications submit status updates to the House of Delegates for the duration of the campaign.

Resolution No. 68 NewReport: N/A Date Submitted: August 2016Submitted By: Council on Access, Prevention and Interprofessional RelationsReference 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

1 **AMENDMENT OF POLICY ON OROFACIAL PROTECTORS**

2 **Background:** The Council considered a portion of the Association's Access, Prevention, and
 3 Interprofessional Relations related policies for review, as directed by Resolution 111H-2010, Regular
 4 Comprehensive Policy Review (*Trans.*2010:603).

5
 6 The Council, in consultation with the Speaker, has identified non-policy directives in "Orofacial Protectors"
 7 (*Trans.*1994:654; *Trans.*1995:613) and the directive clauses are being removed administratively at the
 8 request of the Council. The Council is of the opinion that the remaining wording of the policy on Orofacial
 9 Protectors is in need of amending for clarity and proposes the following:

10 **Resolution**

11 **68. Resolved**, that the policy on **Orofacial Protectors** be amended to read as follows (additions
 12 underscored; deletions are ~~stricken~~).

13 **Resolved**, that the American Dental Association recognizes the preventive value of orofacial
 14 protectors and endorses the use of orofacial protectors by all participants in recreational and
 15 sports activities with a significant risk of injury at all levels of competition including practice
 16 sessions, physical education and intramural programs, and be it further.

17 **Resolved**, that the ADA supports collaboration ~~work~~ with international and national sports
 18 conferences, sanctioning bodies, school federations and others to mandate the use of orofacial
 19 protectors.

20 **BOARD RECOMMENDATION: Vote Yes.**

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

Resolution No. 69 NewReport: N/A Date Submitted: August 2016Submitted By: Council on Access, Prevention and Interprofessional RelationsReference 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

1 USE OF HEALTH LITERACY PRINCIPLES FOR ALL PATIENTS

2 Background: A patient's level of literacy should not be assumed. Accordingly, dental professionals
3 should use health literacy principles when communicating to all patients to ensure that patients
4 understand and can make informed decisions regarding treatment options, post treatment instructions
5 and self-care for good oral health. The Council recommends adoption of a new policy, "Use of Health
6 Literacy Principles for All Patients."

7 Resolution

8 69. Resolved, that ADA supports the use of health literacy principles and plain language for **all**
9 patients and providers to make it easier for them to navigate, understand and use appropriate
10 information and services to help patients be stewards of their oral health.

11 BOARD RECOMMENDATION: Vote Yes.

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

Resolution No. 70 NewReport: N/A Date Submitted: August 2016Submitted By: Council on Access, Prevention and Interprofessional RelationsReference 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

1 SUPPORT OF SCIENCE FAIRS

2 **Background:** The Council reviewed the "Support of Science Fairs" (*Trans.*1959:206) and, in consultation
3 with the Speaker, has identified that it contains a non-policy directive which is being removed
4 administratively at the request of the Council. Noting that the situation it addressed is still relevant, the
5 Council recommends adoption of a new policy, "Support of Science Fairs."

6 Resolution

7 **70. Resolved,** that recognizing their educational value, the ADA supports dental society promotion
8 and participation in science fairs.

9 BOARD RECOMMENDATION: Vote Yes.

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

Resolution No. 71 New

Report: N/A Date Submitted: August 2016

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: None

Amount One-time	Amount On-going	FTE	0
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ADA Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health

How does this resolution increase member value: See Background

INTEGRATION OF ORAL HEALTH AND DISEASE PREVENTION PRINCIPLES IN HEALTH EDUCATION CURRICULA

Background: The Council reviewed “Integration of Oral Health and Disease Prevention Principles in Health Education Curricula” (*Trans.*1996:683) and, in consultation with the Speaker, has identified that it contains non-policy directives. The directive clauses are being removed administratively at the request of the Council. Noting that the situations it addressed are still relevant, the Council recommends adoption of a new policy, “Integration of Oral Health and Disease Prevention Principles in Health Education Curricula.”

Resolution

71. Resolved, the American Dental Association supports the integration of principles of oral health and disease prevention in science and health education curricula in elementary and secondary schools, colleges and universities to increase the knowledge of the relationship between oral health and overall health and to promote behaviors that reduce the risk of oral disease or injury.

BOARD RECOMMENDATION: Vote Yes.

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

Resolution No. 72 NewReport: N/A Date Submitted: August 2016Submitted By: Council on Access, Prevention and Interprofessional RelationsReference Committee: D (Legislative, Health, Governance and Related Matters)Total Net Financial Implication: None Net Dues Impact: NoneAmount 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

1 **ORAL EVALUATIONS FOR HIGH SCHOOL ATHLETES**

2 **Background:** The Council reviewed “Oral Exams for High School Athletes” (*Trans.*1990:533) and, in
3 consultation with the Speaker, has identified that it contains non-policy directives which are being
4 removed administratively at the request of the Council. Because the situation addressed is still relevant,
5 the Council recommends adoption of a new policy, “Oral Evaluations for High School Athletes”.

6 **Resolution**

7
8 **72. Resolved**, that the American Dental Association supports the inclusion of an oral evaluation by a
9 dentist to include counseling regarding oral-facial protection as part of the pre-participation physical
10 examination required for high school athletes.

11 **BOARD RECOMMENDATION: Vote Yes.**

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

Resolution No. 76 New

Report: N/A Date Submitted: August 2016

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: None

Amount One-time	Amount On-going	FTE	0
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ADA Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health

How does this resolution increase member value: See Background

1 POLICY ON DRINKING WATER IN SCHOOLS

2 **Background:** Drinking water contributes to good health. Because most children spend approximately
3 six hours at school each day, school policies and programs designed to provide access to safe, free
4 drinking water can play an important role in water consumption among children and adolescents.

- 6 • Ensuring that students have access to safe, free drinking water throughout the school
7 environment helps to increase students' overall water consumption.
- 8 • Drinking water has been shown to improve students' readiness to learn by increasing hydration
9 and cognitive function.
- 0 • Encouraging water consumption also helps limit excess weight gain if substituted for sugar-
1 sweetened beverages.
- 2 • Drinking water, if fluoridated, also helps prevent dental caries.

3 Up until this time, most school policies and programs have focused on reducing the availability and
4 consumption of sugar-sweetened beverages, rather than on increasing drinking water access and intake.

15 Unfortunately, free drinking water is not always readily accessible in schools.

6 At the federal level, the Healthy, Hunger-Free Kids Act of 2010 requires schools participating in the
7 National School Lunch Program (NSLP) to make free drinking water available to students during meal
8 times in the locations where the meals are served. The standards also require schools in the School
9 Breakfast Program (SBP) to make drinking water available when breakfast is served in the cafeteria.

20 In addition to the federal requirements, the Institute of Medicine and the Centers for Disease Control and
21 Prevention recommend that plain drinking water be available throughout the school day at no cost to
22 students. The American Academy of Pediatrics also recommends that children should have free access
23 to water, particularly during school hours.

24 District (local) school wellness policies set goals for nutrition, physical activity and other activities that
25 promote student wellness. Schools can include provisions to provide students with access to safe, free
26 drinking water to promote overall health in those wellness policies.

The Council on Access, Prevention and Interprofessional Relations recommends the adoption of the proposed policy on Drinking Water in Schools.

Resolution

76. Resolved, recognizing that safe, free drinking water is an essential component of student health and wellness, ADA supports the development of school drinking water policies, programs and procedures:

- designed to make safe, free drinking water readily available in multiple locations throughout the school day and at school-sponsored events and activities;
- that include water promotion strategies detailing the consumption of water as a healthy beverage, and
- that govern the purchase, placement, distribution and maintenance of systems designed to provide access to safe, free drinking water.

BOARD RECOMMENDATION: Vote Yes.

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

Resolution No. 77 NewReport: N/A Date Submitted: August 2016Submitted By: Council on Access, Prevention and Interprofessional RelationsReference 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 ADA BYLAWS REGARDING THE COUNCIL ON ACCESS, PREVENTION AND INTERPROFESSIONAL RELATIONS

Background: The Council on Access, Prevention, and Interprofessional Relations is proposing changes to its name, subject area responsibilities and composition, which are set forth in the ADA Bylaws, for purposes of clarity and accuracy.

The Council recognizes, as a result of the 2017 budget review and prioritization of resources in support of strategic priorities, that interprofessional relations is an association-wide endeavor, not a subject area responsibility that can or should be restricted to only one ADA agency or program. Interprofessional relations will remain integral to the Council's responsibilities for access and prevention. One example is the long standing relationship between the Council and the American Academy of Pediatrics for the purposes of preventing dental disease in children. However, interprofessional relations is also integral to the work of other ADA agencies such as the Council on Scientific Affairs and the Council on Dental Benefit Programs in the development of clinical guidelines and quality measures. Accordingly, the Council asks that "Interprofessional Relations" be removed from its name and subject area responsibilities.

In addition, the Council is requesting a change in its composition, to be reflective of the name change. The Council currently is made of nineteen voting members. Seventeen members are dentists from the ADA trustee districts. The two additional members represent physicians and hospital administrators, whose positions were established years ago when the Council title was the "Council on Community Health, Hospital, Institutional and Medical Affairs (CHHIMA). It was in 1994 that CHHIMA became CAPIR. The Council believes that eliminating these fixed positions from the Council composition will allow greater flexibility to interact with allied health groups via conference calls and webinars. (These positions are currently filled through one-year terms, so no one will lose a current position.) The name change will also reflect an intensified focus on advocacy for access programs and community prevention strategies.

Resolution

77. Resolved, that the ADA *Bylaws*, Chapter X. COUNCILS, Section 10. NAME, be amended as follows (new language = underscoring, deletions = ~~stricken~~):

Section 10. NAME: The councils of this Association

shall be: Council on ~~Access, Prevention and Interprofessional~~ Advocacy for Access and Prevention Relations

Council on ADA Sessions

Council on Communications

Council on Dental Benefit Programs

Council on Dental Education and Licensure

Council on Dental Practice

Council on Ethics, Bylaws and Judicial Affairs

Council on Government Affairs

Council on Members Insurance and Retirement Programs

Council on Membership

Council on Scientific Affairs

and be it further

Resolved, that the ADA *Bylaws*, Chapter X. COUNCILS, *Section 20*. MEMBERS, SELECTIONS, NOMINATIONS AND ELECTIONS, Subsection A, unnumbered paragraph two on the composition of the Council on Access, Prevention and Interprofessional Relations, be amended as follows (new language= underscoring, deletions=~~stricken~~)

Council on ~~Access, Prevention and Interprofessional Relations~~ Advocacy for Access and Prevention shall be composed of ~~nineteen (19)~~ seventeen (17) members, one (1) member from each trustee district whose terms of office shall be staggered in such a manner that four (4) members will complete their terms each year except every fourth year when five (5) members shall complete their terms. ~~In addition, there shall be one (1) member who is a physician and one (1) member who is a health care facility administrator nominated by the Board of Trustees.~~

and be it further

Resolved, that the ADA *Bylaws*, Chapter X. COUNCILS, *Section 60*. TERM OF OFFICE, be amended as follows (deletions=~~stricken~~):

Section 60. TERM OF OFFICE: The term of office of members of councils shall be four (4) years except as otherwise provided in these *Bylaws*. The tenure of a member of a council shall be limited to one (1) term of four (4) years except as otherwise provided in these *Bylaws*. A member shall not be eligible for appointment to another council or commission for a period of two (2) years after completing a previous council appointment. ~~The physician and the health care facility administrator, nominated by the Board of Trustees for membership on the Council on Access, Prevention and Interprofessional Relations, shall be elected for a one (1) year term; however, such member shall not be limited as to the number of consecutive one (1) year terms that he or she may serve.~~ The current recipient of the Gold Medal Award for Excellence in Dental Research shall serve on the Council on Scientific Affairs until the award is bestowed on the next honoree.

and be it further

Resolved, that the ADA *Bylaws*, Chapter X. COUNCILS, *Section 130. AREAS OF RESPONSIBILITY*, Subsection A. COUNCIL ON ACCESS PREVENTION AND INTERPROFESSIONAL RELATIONS, be amended as follows (new language=underscored; deletions=~~stricken~~):

A. COUNCIL ON ACCESS, ~~PREVENTION AND INTERPROFESSIONAL RELATIONS~~ ADVOCACY FOR ACCESS AND PREVENTION. The areas of subject matter responsibility of the Council shall be:

- a. Oral Health Literacy;
- b. Oral Disease Prevention and Intervention;
- ~~c. Interprofessional Relations;~~
- d. c. Access to Oral Healthcare; and
- ~~e.~~ d. Community Oral Health Advocacy

BOARD RECOMMENDATION: Vote Yes.

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

Resolution No. 78 NewReport: N/A Date Submitted: August 2016Submitted By: Council on Access, Prevention and Interprofessional RelationsReference 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

1 POLICIES AND RECOMMENDATIONS ON TOBACCO USE

2 Background: The Council on Access, Prevention, and Interprofessional Relations and the Council on
 3 Government Affairs conducted a joint review of the ADA's eight policy statements on tobacco use. The
 4 councils found that most of the policy statements are relevant and reasonably current; however, many
 5 appear to have been developed in isolation with overlapping content and council jurisdiction.

6 The councils believe it would benefit the ADA to have a comprehensive tobacco policy statement that is
 7 more strategic in nature. The goals in creating such a policy would be to:

- 8
- 9 • Establish a long-term vision for dentistry's role in promoting healthy diets.
- 10 • Consolidate existing policies that are relevant and current.
- 11 • Eliminate language that is duplicative or redundant.
- 12 • Encourage inter-council collaboration during future policy reviews.

13 CAPIR and CGA recommend that the ADA's eight tobacco-related policy statements be rescinded to
 14 eliminate redundancy and update the positions presented, although some of the current policies are being
 15 incorporated into the new resolution. For example, the tobacco-free schools policy adopted in 2014 is
 16 included as an individual resolving clause in this new resolution.

17 In its place, the councils propose that a new, all-inclusive policy statement be adopted. The goal is to
 18 maintain the salient points from the Association's existing policies in the context of the latest health
 19 promotion concepts.

20 The headings "Access and Prevention" and "Government Affairs" have been inserted to make it easier for
 21 individuals accessing the policy in the future to quickly identify related policies and to better understand
 22 the comprehensive nature of the policy

23 Resolution

24 **78. Resolved,** that the following policy entitled "Policies and Recommendations on Tobacco Use"
 25 be adopted:

26 *Dentist's Role in Preventing Tobacco Use*

27 The ADA supports professional education related to the importance of primary prevention of
 28 tobacco use.

1 The ADA urges its members to become fully informed about tobacco cessation intervention
2 techniques to effectively educate their patients to overcome their addiction to tobacco.

3 The ADA supports training and education for dental professionals to ensure that all clinicians in
4 the United States have the knowledge, skills and support systems necessary to inform the public
5 about the health hazards of tobacco products and to provide effective tobacco cessation
6 strategies.

7 The ADA urges dentists and health organizations to provide educational materials on tobacco use
8 prevention or cessation to patients and consumers developed by credible and trustworthy
9 sources with no ties to the tobacco industry or its affiliates.

10 *Access and Prevention*

11 The ADA continue to educate and inform its membership and the public about the many health
12 hazards attributed to the use of traditional and non-traditional tobacco products, including e-
13 cigarettes, e-cigarette cartridges, snus, dissolvable tobacco, tobacco gels, and other products
14 made or derived from tobacco.

15 The ADA encourages its members and dental societies to collaborate with students, parents,
16 school officials, and members of the community to establish tobacco-free schools, and be it
17 further

18 The ADA does not consider marketing some tobacco products as safer or less harmful to an
19 individual's health than others to be a viable public health strategy to reduce the death and
20 disease associated with tobacco use.

21 *Government Affairs*

22 The ADA should give priority to the following when advancing public policies to prevent tobacco
23 use:

- 24
25 1. Protecting and enhancing state and federal regulatory authority to ban or otherwise
26 prevent the use of traditional and non-traditional tobacco products;
27
- 28 2. Banning the sale of traditional and non-traditional tobacco products in all venues,
29 including through vending machines and the internet;
30
- 31 3. Levying significant excise taxes on traditional and non-traditional tobacco products;
32
- 33 4. Setting age restrictions for purchasers of traditional and non-traditional tobacco products;
34
- 35 5. Requiring oral health warning statements and graphic images on traditional and non-
36 traditional tobacco products;
37
- 38 6. Barring companies from marketing some traditional and non-traditional tobacco products
39 as being less harmful to the oral health than others;
40
- 41 7. Regulating exposure to environmental tobacco smoke (ETS);
42
- 43 8. Banning all forms of traditional and non-traditional tobacco product advertising and
44 marketing (including bans on free sampling);
45

9. Imposing licensure requirements for traditional and non-traditional tobacco product retailers;
10. Prohibiting the use of traditional and non-traditional tobacco products on public and private property, including government buildings and school campuses;
11. Requiring third-party payers to cover professionally administered tobacco cessation services (e.g., cessation counseling, prescription medications, etc.) as an essential plan benefit.

The ADA should encourage federal research agencies to develop the body of credible, peer-reviewed scientific literature examining, among other things:

1. The immediate and long-term effects of traditional and non-traditional tobacco product use on oral health;
2. The viability of new cessation products and strategies;
3. The validity of claims that some traditional and non-traditional tobacco products are less harmful to the oral cavity than others.

Governance

The ADA supports the adoption of tobacco free policies and accordingly, prohibits use of any tobacco products at all ADA sponsored meetings and conferences.

The ADA shall not accept advertisements from tobacco companies or groups aligned with the tobacco industry concerning tobacco use, prevention, or cessation in any of its official publications or media, including the Journal of the American Dental Association, ADA News, and ADA.org.

and be it further

Resolved, that the following ADA policies be rescinded:

- Policy and Recommendations Regarding Tobacco (*Trans.*1988:489; *Trans.*1990:533; *Trans.*1992:598)
- Tobacco Use Prevention and Education and Taxation of Tobacco Products (*Trans.*1993:709)
- Nicotine as an Addictive Substance (*Trans.*1995:609)
- Use of State Tobacco Settlement Funds (*Trans.*1999:923)
- Tobacco and Harm Reduction (*Trans.*2003:358; *Trans.*2014:504)
- National Action Plan for Tobacco Cessation (*Trans.*2003:361)
- Sources of Tobacco Use Prevention and Cessation Materials (*Trans.*2008:457)
- Tobacco Free Schools (*Trans.*2009:419; *Trans.*2014:504)

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 POLICIES TO BE RESCINDED

Policy and Recommendations Regarding Tobacco (*Trans.1988:489; Trans.1990:533; Trans.1992:598*)

1. The Association should continue to educate and inform its membership and the public about the many health hazards attributed to the use of tobacco products, particularly cigarettes, pipes, cigars and smokeless tobacco.
2. The Association is opposed to the advertising of cigarettes, pipes, cigars and smokeless tobacco products in both electronic and print media and supports national legislation to this effect.
3. The Association endorses the mandating or warning labels on tobacco products.
4. The Association urges continued research into the adverse health effects of tobacco use.
5. The Association prohibits smoking at all of its meetings and conferences.
6. The ADA constituent and component societies be urged to cooperate with the policy and actions established by this resolution.
7. The American Dental Association urges its members to become fully informed about tobacco cessation intervention techniques to effectively educate their patients to overcome their addiction to tobacco. This information should include education on the primary prevention of tobacco use.
8. The American Dental Association urges its individual members, dental societies, dental schools and related dental organizations to adopt antismoking policies for their offices and meetings, where such policies are not already in place.

Tobacco Use Prevention and Education and Taxation of Tobacco Products (*Trans.1993:709*)

Resolved, that the American Dental Association supports national and state legislation that would prohibit or limit the ways and places that tobacco advertising and promotion practices can be used, particularly that which appeals to children and teenagers, and be it further

Resolved, that the Association supports the enactment and enforcement of laws setting age restrictions for the sale of tobacco products in addition to bans on free sampling, and be it further

Resolved, that the Association also supports licensing requirements for sellers of tobacco products and enforcement of bans on the sale of tobacco products through vending machines, and be it further

Resolved, that the Association supports the enactment of federal and/or state legislation to significantly increase taxes on tobacco products as a means to discourage the initiation and continuation of tobacco use, and be it further

Resolved, that the Association supports the enactment and enforcement of legislation and regulations to reduce the exposure of nonsmoking adults and children to environmental tobacco smoke (ETS) with emphasis on facilities and activities that expose the greatest number of people to ETS for the longest periods of time, such as work places, schools, daycare centers, and health care facilities, and be it further

Resolved, that the Association urges federal, state and local governments to strengthen and expand their roles in tobacco-use education, prevention, research and cessation efforts.

Nicotine as an Addictive Substance (*Trans.1995:609*)

Resolved, that the Association supports legislation and/or regulation that acknowledges nicotine as an

addictive drug and that authorizes the Food and Drug Administration to regulate tobacco products as nicotine delivery devices and/or drugs, and be it further

Resolved, that such legislation and/or regulation be promptly enacted so that the use of nicotine is restricted.

Use of State Tobacco Settlement Funds (*Trans.1999:923*)

Resolved, that the American Dental Association urges that state tobacco settlement funds be targeted toward improving health and reducing the morbidity and mortality associated with tobacco-related diseases, especially oral diseases, in collaboration with health related organizations and agencies, and be it further

Resolved, that the American Dental Association urges that state tobacco settlement funds be used to improve access to care for underserved populations by increasing funding to dental programs such as Medicaid and the State Child Health Insurance Program, and be it further

Resolved, that the American Dental Association urges that a portion of state tobacco settlement funds be targeted toward tobacco control programs that reduce tobacco use, particularly in children and adolescents, and be it further

Resolved, that the American Dental Association continue to assist constituent dental societies in designing strategies to promote the use of state tobacco settlement funds in a manner consistent with Association policy.

Tobacco and Harm Reduction (*Trans.2003:358; Trans.2014:504*)

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 the Association 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.

National Action Plan for Tobacco Cessation (*Trans.2003:361*)

Resolved, that the American Dental Association supports the following proposals approved by the federal Interagency Committee on Smoking and Health in its 2003 national action plan for tobacco cessation:

1. establish a federally-funded National Tobacco Quitline network;
2. launch an ongoing, extensive paid media campaign to help Americans quit using tobacco;
3. include evidence-based counseling and medications for tobacco cessation in benefits provided to all federal beneficiaries and in all federally-funded healthcare programs;

4. invest in a new, broad and balanced research agenda (basic, clinical, public health, translational, dissemination) to achieve future improvements in the reach, effectiveness and adoption of tobacco dependence interventions across both individuals and populations;
5. invest in training and education to ensure that all clinicians in the United States have the knowledge, skills and support systems necessary to help their patients quit tobacco use; and
6. establish a Smokers' Health Fund by increasing the Federal Excise Tax on cigarettes by \$2.00 per pack (from the current rate of \$0.39 to \$2.39) with a similar increase in the excise tax on other tobacco products. At least 50% of this new revenue generated by this tax increase (at least \$14 billion of the estimated \$28 billion generated) should be earmarked to pay for the components of this action plan.

Sources of Tobacco Use Prevention and Cessation Materials (*Trans.2008:457*)

Resolved, that the American Dental Association urge dentists and health organizations to provide information or materials on tobacco use prevention or cessation to patients and consumers developed by credible and trustworthy sources with expertise in tobacco control, and be it further

Resolved, that the ADA urge dentists and health organizations to avoid providing patients and consumers information or materials on tobacco use prevention or cessation developed by tobacco companies or other groups aligned with the tobacco industry, and be it further

Resolved, that the Association not accept advertisements from tobacco companies or groups aligned with the tobacco industry concerning tobacco use prevention or cessation in any of its official publications, including, but not limited to, *The Journal of the American Dental Association* and *ADA News*.

Tobacco Free Schools (*Trans.2009:419; Trans.2014:504*)

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 supports collaboration by its members and dental societies with students, parents, school officials and members of the community to establish tobacco free schools.

Resolution No. 89 NewReport: N/A Date Submitted: October 2016Submitted By: Thirteenth District DelegationReference Committee: D (Legislative, Health, Governance and Related Matters)Total Net Financial Implication: \$175,000 Net Dues Impact: \$1.65Amount One-time Amount On-going \$175,000 FTE 0

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

How does this resolution increase member value: See Background

1 BOARD OF TRUSTEES COMPOSITION

2 The following resolution was adopted by the Thirteenth District Delegation and transmitted on October 11,
3 2016, by Jessica C. Barker, leadership development administrator, California Dental Association.

4 **Background:** The American Dental Association (ADA) is working to advocate for and protect our
5 profession and the patients we serve in an increasingly competitive and complex environment and during
6 a time when the profession is experiencing significant changes in practice modes, technology, and
7 reimbursement models. Adopting a governance model that reflects the best practices of organizations
8 with similar size and complexity to ADA would be beneficial to our mission in the face of these changes.
9

10 One simple and effective best practice the ADA could adopt would be adjusting the composition of the
11 Board of Trustees to include the participation of outside trustees (non-dentists) on the board. The
12 inclusion of outside directors/trustees is a recognized best practice in both association and corporate
13 board governance. Many national associations, including the American Medical Association, the
14 American Institute of CPAs and American Institute of Architects, include outside or public members on
15 their boards. Additionally, there are bodies at the ADA with outside members, such as the Audit
16 Committee and the CODA Board of Commissioners.

17
18 Outside board members would have the same duties and responsibilities as other members of the Board
19 of Trustees, sharing responsibility of advancing the ADA's mission and strategic plan. They would
20 provide the board an opportunity for more diverse perspective in these discussions and deliberations.
21 They may also bring expertise that the board desires to help it address the business and issues that
22 come before the board. Outside board members may also help reinforce the public's perception of ADA
23 as an advocate for oral health as well as for the safe and effective practice of dentistry.
24

25 The ADA Board would determine the criteria for selecting outside trustees. For example, criteria may
26 include prior corporate board experience, experience in healthcare related professions and industries,
27 business, technology or financial experience, or experience with significant organizational change
28 management.
29

30 In order to enact this proposal, the *Bylaws* would need to be modified to add two members to the Board,
31 identify their qualifications, and define a nomination process and a nominating body.
32

- 33 • Position Structure: The proposed two outside Board members would serve the same term and
34 tenure as the district trustees and have all the same responsibilities and accountability. Voting

rights are important to the success of these positions to ensure that the most qualified candidates are interested and can be secured as nominees, and that they share the same responsibility to the ADA as the district trustee members. This would increase the size of the full board to 26 (22 voting members). Any compensation for outside Board members would need to be determined based on the market for such service.

- Qualifications of Outside Board Members: The *Bylaws* currently define the qualifications for each position on the Board, and would need to be developed for the outside Board members. It is proposed that the outside Board members be non-dentist, non-employee, and not associated with the tripartite. This phrasing ensures that the selected members are truly independent from the dental community, and can present the desired expertise from other professions or experience.
- Nomination Process: The nominating body is proposed to be the Board, using a search process if needed, and guided by a selection process to be determined by the Board. Nominations would be made to the House of Delegates. The current election procedure accommodates the addition of these positions through the existing language (*Bylaws*, Chapter V, Section 150).

Resolution

89. Resolved, that in order to establish two outside trustee positions on the Board of Trustees, Chapter VII, *Section 10* of the ADA *Bylaws* be amended as follows (additions underscored, deletions ~~stricken through~~):

CHAPTER VII • BOARD OF TRUSTEES

Section 10. COMPOSITION: The Board of Trustees shall consist of one (1) trustee from each of the seventeen (17) trustee districts and two (2) outside trustees. * Such ~~seventeen (17)~~nineteen (19) 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 non-voting members of the Board.

* The nominations for the first two outside Trustees shall be presented to the 2017 House of Delegates for election, with their terms of service to commence at the conclusion of the 2017 House of Delegates. This footnote shall expire at the conclusion of the 2017 House of Delegates.

and be it further

Resolved, that Chapter VII, *Section 20* of the ADA *Bylaws* be amended as follows (additions underscored):

Section 20. QUALIFICATIONS: A district trustee must be an active, life or retired member, in good standing, of this Association and an active, life or retired member of one of the constituent societies of the trustee district which the trustee is elected to represent. An outside trustee may not be a dentist, member or employee of this Association or its constituent societies. Should the status of any trustee change in regard to the preceding qualifications during the trustee's term of office that office shall be declared vacant by the President and the President shall fill such vacancy as provided in Chapter VII, Section 80, of these *Bylaws*.

and be it further

1 **Resolved**, that Chapter VII, *Section 40* of the ADA *Bylaws* be amended by inserting a new
2 Subsection "C" as follows, with the remaining Subsection relettered to conform to the existing
3 format (additions underscored):
4

5 *Section 40. NOMINATION:*

6 C*. OUTSIDE TRUSTEES. For outside trustees, the nomination procedures shall be
7 determined by an elective process established by the Board of Trustees, which shall produce
8 a single nominee for each outside trustee position with the term of each outside trustee
9 position staggered from the other.* Until such time as the Speaker declares the nominee
10 elected pursuant to Paragraph A of Section 50 of this Chapter, the nomination may be
11 reconsidered by the Board during the appropriate annual session, provided that at no time
12 shall more than one nominee per position be presented by the Board for election. The House
13 of Delegates may vote to reject any such nominee and thereby compel the Board to select a
14 different nominee.
15

16 ~~**New section, the existing section C and subsequent sections will need to be renumbered to*~~
17 ~~*accommodate this addition. This language mirrors, where applicable, the process for*~~
18 ~~*selection of trustees nominated by districts.*~~
19

20 * In order to establish the required staggered terms for outside trustees, one of the first two
21 outside trustees elected shall be nominated to serve a term of two years while the other shall
22 be nominated to serve a full four year term. Thereafter, nominations for both outside trustees
23 shall be for full four year terms. This footnote shall expire at the conclusion of the 2019
24 House of Delegates.
25

26 and be it further
27

28 **Resolved**, that Chapter VII, Section 50A of the ADA *Bylaws* be amended as follows (additions
29 underscored, deletions ~~stricken through~~):
30

31 A. If there is only one (1) nominee ~~from~~ for a trustee ~~district~~ position, the Speaker shall
32 declare such nominee elected.
33

34 and be it further
35

36 **Resolved**, that Chapter VII, Section 100 of the ADA *Bylaws* be amended by inserting a new
37 Subsection "T" as follows (additions underscored):
38

39 T. Nominate outside trustees, including determining the process by which nominees for
40 outside trustee are selected.
41

42 **BOARD RECOMMENDATION:** Received after the September Board of Trustees meeting.

Resolution No. 90 NewReport: N/A Date Submitted: October 2016Submitted By: Sixth Trustee DistrictReference 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

1 **TRANSPARENCY IN ADA ELECTIONS**

2 The following resolution was adopted by the Sixth Trustee District and transmitted on October 4, 2016, by
3 Ms. Vicki Wilbers, executive director, Missouri Dental Association.

4 **Background:** Transparency is one of the core values of an ethical organization. Members can and
5 should expect transparency to provide them the confidence in their leadership required to move the
6 organization into the future. Public elections are reported by state, federal district, and locally at the
7 precinct level.

8 We believe that the tabulation of the votes by district will provide valuable information to the House of
9 Delegates, while protecting the secrecy of the individual ballot.

10 **Resolution**

11 **90. Resolved**, that starting at the close of the 2017 ADA House of Delegates the vote totals by district
12 of all ADA officer elections shall be reported to the House on ADA Connect within 24 hours of the
13 conclusion of the elections.

14 **BOARD RECOMMENDATION:** Received after the September Board of Trustees meeting.

Resolution No. 95 NewReport: N/A Date Submitted: October 2016Submitted By: Fourteenth Trustee DistrictReference Committee: D (Legislative, Health, Governance and Related Matters)Total Net Financial Implication: \$1,800 Net Dues Impact: \$0.17Amount One-time Amount On-going \$1,800 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

1 **CLARIFYING THE ROLE OF THE VICE PRESIDENTS**

2 The following resolution was adopted by the Fourteenth Trustee District and transmitted on October 21,
3 2016, by Dr. Anthony Caputo.

4
5 **Background:** Many vice presidents of the ADA have served with distinction. As members of the Board
6 of Trustees, their duties as outlined in Chapter VII, Section 100 are the same as other members of the
7 Board. Since they are elected by the House of Delegates, not a single trustee district, they really serve
8 as trustees at large. Traditionally, they have had a rich mix of committee and task force assignments.
9 They initiated the process of Board members communicating directly with the House regarding pertinent
10 issues in the vice president's communique. Some who are unfamiliar with the ADA *Bylaws* incorrectly
11 point to the duties assigned to the vice presidents as simply "assisting the President." The resolution
12 urges the president to utilize the vice president's unique talents to better distribute the workload of Board
13 members. In addition, this change to the *Bylaws* clarifies the responsibilities and duties of the vice
14 presidents as being the same as those trustees elected to represent a single district.

15 **Resolution**

16
17
18 **95. Resolved,** that the House of Delegates urges the President of the Association to appoint the
19 vice presidents to positions of responsibility as liaisons of the Board to councils, committees and
20 task forces.

Membership and Related Matters

Resolution No. 38 NewReport: NA Date Submitted: July 2016Submitted By: Council on ADA SessionsReference 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

COUNCIL ON ADA SESSIONS: REQUEST TO SUNSET THE COUNCIL AND FOR THE BOARD OF TRUSTEES TO ESTABLISH IT AS AN ADVISORY COMMITTEE ON ANNUAL MEETINGS

Background: *The primary responsibility of the Council on ADA Sessions (CAS) is to conduct the annual meeting, subject to the approval of the Board of Trustees. This is fundamentally a management function, as indicated in the ADA Bylaws, with oversight by the Board of Trustees, ADA's managing body.*

CHAPTER VII – *Section 100.* DUTIES [of Board of Trustees]: C. Determine the date and place for convening each annual session and provide for the management and general arrangements for each annual session as provided in Chapter XVI, Section 30.

CHAPTER XVI – SCIENTIFIC SESSION; *Section 20.* TIME AND PLACE: The scientific session of the Association shall be held annually at a time and place selected by the Board of Trustees. Such selection shall be made at least one (1) year in advance. *Section 30.* MANAGEMENT AND GENERAL ARRANGEMENTS: The Board of Trustees shall provide for the management of, and make all arrangements for, each scientific session unless otherwise provided in these *Bylaws*. *Section 40.* TRADE AND LABORATORY EXHIBITS: Products of the dental trade and dental laboratories and other products may be exhibited at each scientific session under the direction of the Board of Trustees and in accordance with rules and regulations established by that body. *Section 50.* ADMISSION: Admission to meetings of the scientific sessions shall be limited to members of this Association who are in good standing and to others admitted in accordance with rules and regulations established by the Board of Trustees.

In addition to the above specific management responsibilities of the Board of Trustees, the ADA *Bylaws* outline the duties of the Council on ADA Sessions as below. Please note that in 1948 the Council on Scientific Sessions was established replacing the standing committee of various names dating back to 1859 and the Committee of Arrangements.

CHAPTER X – COUNCILS; *Section 130.* Areas of Responsibility: B. COUNCIL ON ADA SESSIONS: The areas of subject matter responsibility of the Council shall be: a. The conduct of the annual session of the Association, except the House of Delegates, subject to the approval of the Board of Trustees as provided in the ADA *Bylaws*; and b. Plan and coordinate other Association sessions or regional meetings.

Because CAS does not focus its work on policy—a role appropriate for councils—but instead operates under the direct oversight of the Board of Trustees, CAS has concluded that its structure as a council does not

match its role. To better align its structure and its role, CAS has concluded that it should transition to become an advisory committee of the Board.

This conclusion is based on the fact that councils and the HOD are the policy making bodies of the organization and the annual meeting by virtue of its delivered member benefit, continuing education, networking, access to the dental market place, as well as all the *Bylaws* references to Board oversight clearly puts the work of this group as a management / administrative function of the organization.

As there is a stronger emphasis on increasing non-dues revenue, aligning its structure and function would allow CAS to be faster to react to needed business objectives and changing business conditions related to the meeting.

This conclusion of a change in reporting structure was reached through a council self-assessment conducted in accordance with House Resolution 1H-2013 (*Trans*.2013:339). Although the next CAS self-assessment was not due until 2019, recent evolution of the Council spurred former CAS chair, Dr. Robert Roesch to form a task force to self-assess in May of 2015 and confirmed by a unanimous CAS vote at their February 2016 meeting.

In deliberating concerning the implementation of the requested realignment, realizing the need for CAS to continue operating without interruption or loss of focus on the planning and execution of upcoming annual meetings for the Association, CAS agreed that, in the short term, the operational structure and make-up of CAS as reflected in the *Standing Rules for Councils and Commissions* and Chapter X of the ADA *Bylaws* would form the basis for its initial charter if the Council's recommendation is adopted by the House of Delegates.

Recommendation: For the Council on ADA Sessions to be sunset as a Council and that the Board of Trustees be urged to reestablish it as an advisory committee of the Board of Trustees.

Resolution

38. Resolved, that CHAPTER X. COUNCILS, Section 10 NAME be amended as follows (additions underscored and deletions ~~stricken through~~):

Section 10. NAME: The councils of this Association shall be:

Council on Access, Prevention and Interprofessional Relations

~~Council on ADA Sessions~~

Council on Communications

Council on Dental Benefit Programs

Council on Dental Education and Licensure

Council on Dental Practice

Council on Ethics, Bylaws and Judicial Affairs Council on Government Affairs

Council on Members Insurance and Retirement Programs

Council on Membership

Council on Scientific Affairs

and be it further

Resolved, that CHAPTER X. COUNCILS, Section 20 MEMBERS, SELECTIONS NOMINATIONS AND ELECTIONS be amended as follows (additions underscored and deletions ~~stricken through~~):

Section 20. MEMBERS, SELECTIONS, NOMINATIONS AND ELECTIONS:

A. The composition of the councils of this Association shall be as follows: In addition, a council may request an additional member who shall be a nonpracticing dentist member appointed in accordance with Chapter I, Section 20Db of these *Bylaws*.

* * *

1 Council on ADA Sessions shall be composed of nineteen (19) members, one (1) member from
2 each trustee district whose terms of office shall be staggered in such a manner that four (4)
3 members will complete their terms each year except every fourth year when five (5) members shall
4 complete their terms. In addition, the General Chair of the Local Arrangements Committee for the
5 current year and the General Chair elect for the succeeding year shall serve as members and
6 shall not be eligible to serve as Council Chair.

7 * * *

8 and be it further

9 **Resolved**, that CHAPTER X. COUNCILS, Section 130 AREAS OF RESPONSIBILITY be amended
10 as follows (additions underscored and deletions ~~stricken through~~):

11 Section 130. AREAS OF RESPONSIBILITY:

12 * * *

13 ~~B. COUNCIL ON ADA SESSIONS. The areas of subject matter responsibility of the Council shall~~
14 ~~be:~~

15 ~~a. The conduct of the annual session of the Association, except the House of Delegates, subject to~~
16 ~~the approval of the Board of Trustees as provided in the ADA Bylaws; and~~
17 ~~b. Plan and coordinate other Association sessions or regional meetings.~~

18 with subsections C through K of Chapter X, Section 130 of the ADA *Bylaws* being relettered
19 accordingly.

20 and be it further

21 **Resolved**, that the Board of Trustees is urged to establish an Advisory Committee on Annual
22 Meetings, charged with conducting, under the oversight of the Board of Trustees, the annual
23 meetings of the American Dental Association and such other Association meetings as the Board of
24 Trustees may direct, and be it further

25 **Resolved**, that the Board of Trustees is urged to allow the Advisory Committee on Annual Meetings
26 to operate under an *interim* charter that is based upon and utilizes the structure of the Council on
27 ADA Sessions as set forth in the Standing Rules of Councils and Commissions while a formal charter
28 is being developed so that the planning for future annual meetings of this Association can continue
29 uninterrupted.

30 **BOARD RECOMMENDATION: Vote Yes.**

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

33 ***Dr. Gamba was not in attendance.**

34
35

Resolution No. None N/AReport: Board Report 5 Date Submitted: July 2016Submitted By: Board of TrusteesReference Committee: E (Membership and Related Matters)Total Net Financial Implication: Unknown at this stage Net Dues Impact: _____

Amount One-time _____ Amount On-going _____ FTE _____

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

How does this resolution increase member value: See Background

**REPORT 5 OF THE BOARD OF TRUSTEES TO THE HOUSE OF DELEGATES: RESPONSE TO
RESOLUTIONS 104H-2014--PROGRESS REPORT ON NEW DENTIST CONFERENCE**

Background: The Board believes that providing an attractive New Dentist Conference within the ADA annual meeting will help fill the pipeline for future attendees at the ADA annual meeting, engage new dentists in membership and deliver member value to a key market segment. This report summarizes the metrics from the New Dentist Conference at ADA 2015 and highlights progress on the New Dentist Conference at ADA 2016 as directed by the 2015 House of Delegates.

104H-2014. Resolved, that the Board of Trustees monitor and evaluate the New Dentist Conference, as a meeting coinciding with America's Dental Meeting 2015, 2016 and 2017, ensuring that it will foster inclusiveness, leadership development, and provide opportunities for interaction and engagement with ADA Board of Trustees and other leadership, and be it further

Resolved, that the Board of Trustees report to the 2016 and 2017 House of Delegates on whether the ideals and atmosphere of the previous stand-alone New Dentist Conferences have been maintained, and be it further

Resolved, based on the findings of these reports, the Board of Trustees is urged to take timely and appropriate actions to ensure the New Dentist Conference be maintained as a meeting coinciding with America's Dental Meeting, or be reinstated as a stand-alone conference, or some other option in 2018.

New Dentist Conference 2015 Recap: The 2015 conference was successful. Approximately 400 new dentists registered for the meeting. The New Dentist Lounge and high-quality CE courses were among the most positive aspects of the new format. Other positive aspects include the opportunity to participate in the annual meeting activities, the keynote speaker and the casual seating at the CE courses.

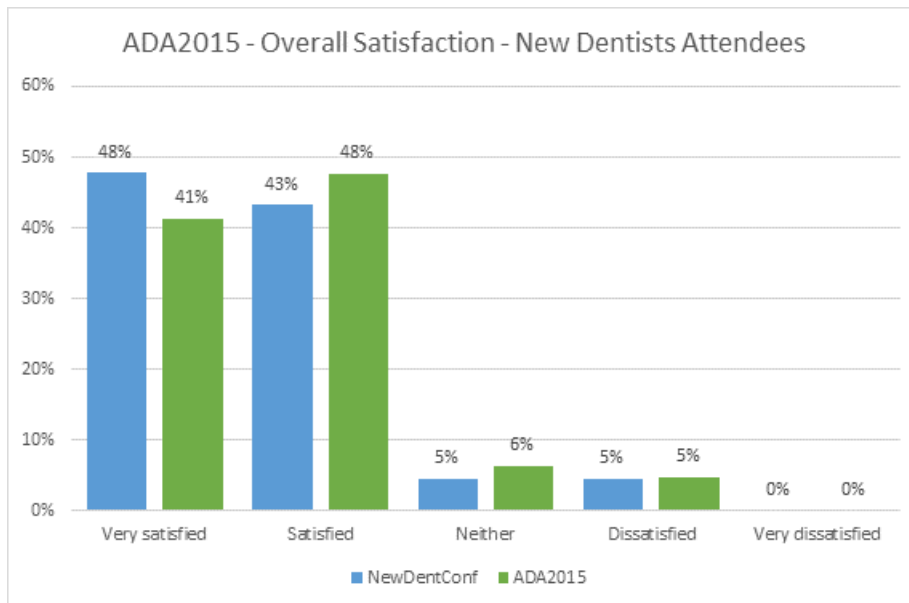
The New Dentist Committee received feedback that there was a desire for more networking, to offer CE for leadership day and more clear signage and program information for the Conference on-site. All feedback was considered and additional enhancements are in the works. In addition, the Board understands that the New Dentist Committee has heard concerns raised by new dentist leaders about the ability for the Conference to attract, engage and motivate new dentists to get involved in organized dentistry. The Committee will evaluate the successes and challenges of leadership development and engagement, which has been an important goal of the Conference, within the new format and report back to the Board next year. The Board recognizes that fostering inclusiveness, providing leadership development and engaging with attendees is key to the success of this new format. Continuing to gather

feedback and develop programming with new dentist input will help to meet these expectations. The Board believes that the new format is moving in the right direction to uphold the ideals and atmosphere of the previous stand-alone New Dentist Conference.

To effectively manage a conference such as this, the Board recognized the need for objective success measures. The Board adopted the following success measures, as recommended by its New Dentist Committee, and is pleased to report results against these measures:

Metric	2015 Results	Comments
Achieve 350 New Dentist Conference Registrants (range of 300-400)	396 Total	On Plan: There were 396 total registrants and about 327 new dentist registrants
Minimum of 30% of overall new dentist attendees from the annual meeting register for the Conference (range of 27-32%)	38% or 1,053	On Plan
Minimum of one new dentist leader from each state in attendance (excluding national NDC)	Approximately 62 leaders from 36 states registered (this excludes NDC members)	Off Plan: Leadership attendance at past New Dentist Conferences has varied, ranging from 16-33% of total conference registrants and about 75 leaders attending on average since 2000.
4.1 average evaluation on a 5 point scale (range 3.8-4.4)	4.3 score	On Plan: The Board is pleased with this result but notes that the follow-up survey had a lower response rate than desired; an on-site survey will be deployed for the 2016 conference

See the chart below for 2015 attendee satisfaction rates. The full survey results can be found in Appendix 1.



New Dentist Conference at ADA 2016: The New Dentist Conference at ADA 2016 will take place October 20–22 in the Colorado Convention Center in Denver. Registration and program information can be found at ADA.org/ndc. As of June 24, 64 new dentists have registered for the 2016 meeting. Based on feedback from last year, the 2016 Conference will provide increased signage and more communication to attendees on-site, more structured programming in the New Dentist Lounge to facilitate greater networking and will offer CE for the leadership day programming. The Board understands that its New Dentist Committee will discuss the new format at its February 2017 meeting. In addition, the Board will report the outcomes from the 2016 meeting to the 2017 House of Delegates.

The Board understands that addressing the needs of new dentists is critical to remaining relevant as an association and appreciates the ongoing efforts to enhance the New Dentist Conference at the ADA annual meeting as a prominent channel to engage new dentists.



BOARD RECOMMENDATION: Vote Yes to Transmit.

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






***Dr. Gamba was not in attendance.**

ADA 2015 - New Dentist Attendees





All_Q1. Did you attend ADA 2015 – America’s Dental Meeting in Washington, D.C.?

Response	Chart	Percentage	Count
Yes		99.1%	110
No		0.9%	1
		Total Responses	111












All_Q2. In general, how satisfied were you with ADA 2015?

Response	Chart	Percentage	Count
Very satisfied		43.0%	46
Satisfied		45.8%	49
Neither satisfied nor dissatisfied		5.6%	6
Dissatisfied		4.7%	5
Very dissatisfied		0.9%	1
		Total Responses	107








All_Q3. How likely are you to recommend the ADA annual meeting to a professional colleague?

Response	Chart	Percentage	Count
Very likely		64.5%	69
Somewhat likely		28.0%	30
Somewhat unlikely		5.6%	6
Not at all likely		1.9%	2
		Total Responses	107





All_Q4. Thinking about the event as a whole, which words/phrases best describe how you feel about your experience at ADA 2015?

Response	Chart	Percentage	Count
Excited		27.1%	29
Entertained		13.1%	14
Informed		50.5%	54
Motivated		44.9%	48
Overwhelmed		16.8%	18
Frustrated		11.2%	12
Satisfied		57.0%	61
Confused		1.9%	2
Taken care of		10.3%	11
Exhausted		15.0%	16
Energized		36.4%	39
Total Responses			107



All_Q5. What were your top reasons for attending ADA 2015?

Response	Chart	Percentage	Count
Go to continuing education courses		80.2%	85
Learn about new products or services and connect with vendors/suppliers in the exhibition		34.9%	37
For motivation and inspiration		21.7%	23
Gain insight on industry conditions/trends		16.0%	17
Network/share with peers in dentistry		43.4%	46
The event is located near me		32.1%	34
To combine the event with a vacation		23.6%	25
Total Responses			106

All_Q6. Overall, how effective was ADA 2015 in meeting your reasons for attending?

Response	Chart	Percentage	Count
Extremely effective		29.2%	31
Very effective		41.5%	44
Effective		17.0%	18
Somewhat effective		11.3%	12
Not at all effective		0.9%	1
		Total Responses	106





All_Q7. Did you attend the New Dentist Conference?

Response	Chart	Percentage	Count
Yes		40.6%	43
No		59.4%	63
		Total Responses	106

Gen_Q10. What were the factors in your decision not to attend the New Dentist Conference?

The 56 response(s) to this question can be found in the appendix.

Gen_Q11. What would need to change for you to decide to attend the New Dentist Conference?

Response	Chart	Percentage	Count
Reduce the extra fee for attending the New Dentist Conference		50.0%	29
Condense the agenda to 1 day, to enable more participation in general ADA 2015 programs		31.0%	18
Option to switch back and forth from New Dentist Conference programs to ADA 2015 programs		44.8%	26
More extracurricular activity options		8.6%	5

Go back to separate conference (not part of Annual Meeting)

Schedule the conference so it doesn't conflict with the House of Delegates and related business meetings

Other, please specify...

	8.6%	5
	12.1%	7
	17.2%	10
Total Responses		58

What would need to change for you to decide to attend the New Dentist Conference? (Other, please specify...)

#	Response
1.	More CE options
2.	I like the idea of the conference and think it will be beneficial to other new dentists but I personally had no interest in attending.
3.	More information about the conference
4.	
5.	
6.	Have other meetings on different days
7.	I have not felt that there was a lot of relevance for me at these meetings, other than networking... which I do with the HOD. I have owned my own practice as a sole practitioner for 9 years. The New Dentist Conference usually looks geared towards those that are right out of school and looking for a job or to get themselves started in their career.
8.	
9.	nothing
10.	my personal schedule didn't allow

Gen_Q12. Please indicate whether you agree or disagree with each statement below.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Total Responses
The ADA annual meeting has a professional atmosphere	27 (52.9%)	20 (39.2%)	4 (7.8%)	0 (0.0%)	0 (0.0%)	51

While at the ADA annual meeting, I felt welcomed	17 (33.3%)	27 (52.9%)	6 (11.8%)	0 (0.0%)	1 (2.0%)	51
While at the ADA annual meeting, I had the opportunity to network with colleagues and make new professional acquaintances	13 (25.5%)	21 (41.2%)	14 (27.5%)	3 (5.9%)	0 (0.0%)	51
I come away from ADA meetings feeling that the ADA is indeed America's leading advocate for oral health	19 (37.3%)	19 (37.3%)	9 (17.6%)	4 (7.8%)	0 (0.0%)	51
I feel a sense of community when I attend the ADA annual meeting	14 (27.5%)	24 (47.1%)	13 (25.5%)	0 (0.0%)	0 (0.0%)	51
I leave the ADA annual meeting more excited and inspired about dentistry	20 (39.2%)	24 (47.1%)	6 (11.8%)	1 (2.0%)	0 (0.0%)	51
I leave the ADA annual meeting ready to be more involved in organized dentistry	12 (24.0%)	18 (36.0%)	16 (32.0%)	4 (8.0%)	0 (0.0%)	50

Gen_Q13. Please rate the following events/activities/offerings:

	Excellent	Good	Fair	Poor	Total Responses
Online registration	15 (29.4%)	23 (45.1%)	11 (21.6%)	2 (3.9%)	51
Website	9 (17.6%)	25 (49.0%)	14 (27.5%)	3 (5.9%)	51
Mobile App	13 (27.7%)	22 (46.8%)	8 (17.0%)	4 (8.5%)	47
ADA Member Center	12 (24.0%)	31 (62.0%)	5 (10.0%)	2 (4.0%)	50
CE Verification/Mobile App assistance desk	20 (40.0%)	19 (38.0%)	8 (16.0%)	3 (6.0%)	50
Information/Hospitality assistance	16 (32.0%)	23 (46.0%)	8 (16.0%)	3 (6.0%)	50

On-site directional and branding signage

15 (30.0%) 28 (56.0%) 4 (8.0%) 3 (6.0%) 50

Gen_Q14. Did you attend the ADA's Opening General Session and Distinguished Speaker Series on Thursday morning, Nov. 5?

Response	Chart	Percentage	Count
Yes		0.0%	0
No		100.0%	51
Total Responses			51

Gen_Q14c. Why did you not attend the ADA's Opening General Session and Distinguished Speaker Series?







Response	Chart	Percentage	Count
Not interested		24.0%	12
Time of day		22.0%	11
Unaware of it		2.0%	1
Had not arrived yet		36.0%	18
Could not find the location		0.0%	0
Other, please specify...		16.0%	8
Total Responses			50

Why did you not attend the ADA's Opening General Session and Distinguished Speaker Series? (Other, please specify...)

#	Response
1.	i was in class
2.	1st time i haven't gone. Much lower profile speakers than before. ADA used to bring in A-listers
3.	Too early in the program. Should try to do it on a day more in the middle of event.
4.	The speaker was on Wednesday and not Thursday. I came on Thursday
5.	other speaking obligations took precedence
6.	Too Political
7.	I worked that day

8. I was a speaker host that day and the speaker wanted me in the lecture room at 8:00 am.

Gen_Q15. Which of the following topics are of most interest to you in future Distinguished Speaker Series?

Response	Chart	Percentage	Count
Business Innovation and Creativity		53.2%	25
Comedy and Entertainment		42.6%	20
Media Journalism and World Affairs		12.8%	6
Motivation and Inspiration		57.4%	27
Sports and Adventure		14.9%	7
Other, please specify...		2.1%	1
Total Responses			47

Which of the following topics are of most interest to you in future Distinguished Speaker Series? (Other, please specify...)

#	Response
1.	not sure



Gen_Q16. How would you rate the various forms of continuing education offered at the ADA 2015?

	Excellent	Good	Fair	Poor	Did not experience	Total Responses
Lectures	22 (45.8%)	16 (33.3%)	5 (10.4%)	1 (2.1%)	4 (8.3%)	48
Workshops	8 (16.7%)	9 (18.8%)	2 (4.2%)	0 (0.0%)	29 (60.4%)	48
Education in the round	5 (10.4%)	4 (8.3%)	3 (6.2%)	0 (0.0%)	36 (75.0%)	48
CE Live on the show floor	2 (4.2%)	9 (18.8%)	5 (10.4%)	0 (0.0%)	32 (66.7%)	48
Cadaver workshops	6 (12.5%)	1 (2.1%)	2 (4.2%)	0 (0.0%)	39 (81.2%)	48

Gen_Q16a. If there is a topic or course that was not offered this year but you would like to see offered in the future, please list it here:

The 7 response(s) to this question can be found in the appendix.



Gen_Q17. Did you attend the exhibit hall?

Response	Chart	Percentage	Count
Yes		97.9%	46
No		2.1%	1
Total Responses			47







Gen_Q17a. Why did you not attend the exhibit hall?


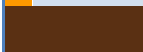

I would rather be at the Smithsonian

Gen_Q19. Did you personally make a practice-related purchase in the exhibit hall?

Response	Chart	Percentage	Count
Yes		48.9%	22
No		51.1%	23
Total Responses			45

Gen_Q20. Which of the following are most important to you when attending exhibits:

Response	Chart	Percentage	Count
Attend free CE opportunities		20.0%	9
Establish new business contacts		20.0%	9
Get free product samples		51.1%	23
Learn about new products or services		77.8%	35
Look for bargains/discounts		68.9%	31
Meet/network w/dental industry experts		26.7%	12

Meet/network with peers		8.9%	4
Purchase products or services		42.2%	19
Test/sample new products		66.7%	30
		Total Responses	45











Gen_Q21. Please list any exhibits/exhibitors that you were expecting but did not see?

The 8 response(s) to this question can be found in the appendix.

Gen_Q21a. Would you like to see more non-dental related exhibits such as cars, vacations, jewelry, etc.?

Response	Chart	Percentage	Count
Yes		15.9%	7
No		84.1%	37
		Total Responses	44




Gen_Q22. What actually prompted you to register for ADA 2015?

Response	Chart	Percentage	Count
Email from ADA		34.0%	16
JADA		10.6%	5
Preliminary Program		2.1%	1
An advertisement in a dental publication not from the ADA		6.4%	3
ADA News		8.5%	4
A direct mailing		14.9%	7
ADA website		10.6%	5
Social media		2.1%	1
Word of mouth/friend		17.0%	8
Other, please specify...		25.5%	12
		Total Responses	47





What actually prompted you to register for ADA 2015? (Other, please specify...)



#	Response
1.	delegate
2.	location
3.	Location
4.	planned 3 yrs in advance
5.	was an alternate delegate
6.	On an ADA board
7.	opportunity to speak/present
8.	I was going to be in DC at that time anyway to visit family, and learned that the ADA would be there too!
9.	I was a member of the ADA HOD.... it was required that I register for the ADA meeting.
10.	MSDA
11.	I go every year
12.	the location

Gen_Q23. When you plan your CE, do you prefer to use:








Response	Chart	Percentage	Count
Hard copy of the Preliminary Program		42.6%	20
Electronic copy of the Preliminary Program		31.9%	15
Online schedule builder eventScribe		25.5%	12
		Total Responses	47

Gen_Q24a. What is most important to you when choosing courses in advance?




Response	Chart	Percentage	Count
Timing		46.8%	22
Speaker		36.2%	17
Topic category (Business, Endodontics, etc.)		89.4%	42
Pricing		46.8%	22

Length (1 hour vs. 3 hours)		8.5%	4
Type of course (Lecture, workshop, CE on the show floor)		25.5%	12
		Total Responses	47



Gen_Q24b. What is most important to you when choosing courses on-site?

Response	Chart	Percentage	Count
Timing		44.4%	20
Speaker		26.7%	12
Topic category (Business, Endodontics, etc.)		55.6%	25
Pricing		26.7%	12
Length (1 hour vs. 3 hours)		6.7%	3
Type of course (Lecture, workshop, CE on the show floor)		28.9%	13
Availability (course is not full)		31.1%	14
		Total Responses	45

Gen_Q25. Would you like to see more education opportunities in shorter time frames (e.g. four 15 minute presentations on the same or similar topic)?

Response	Chart	Percentage	Count
Yes		12.8%	6
No		55.3%	26
Not sure		31.9%	15
		Total Responses	47

Gen_Q26. When you're on-site, how do you locate courses that you've already signed up for?

Response	Chart	Percentage	Count
Hard copy of Official Guide		27.7%	13
Mobile app		40.4%	19

Tickets received with your badge

57.4%	27
Total Responses	47

Gen_Q27. Please indicate which of the following social media channels you use:

Response	Chart	Percentage	Count
None, I don't use social media		12.8%	6
Facebook		78.7%	37
YouTube		38.3%	18
Instagram		36.2%	17
Pinterest		23.4%	11
Twitter		12.8%	6
Google+		27.7%	13
LinkedIn		23.4%	11
Snapchat		17.0%	8
Other, please specify...		0.0%	0
		Total Responses	47

Please indicate which of the following social media channels you use: (Other, please specify...)

Response

Gen_Q28. Please indicate your likelihood to attend upcoming New Dentist Conferences at the ADA annual meetings:

	Very likely	Somewhat likely	Somewhat unlikely	Not at all likely	Total Responses
ADA 2016 or New Dentist Conference in Denver, CO (Oct. 20-25, 2016)	8 (17.0%)	16 (34.0%)	13 (27.7%)	10 (21.3%)	47
ADA 2017 or New Dentist Conference in Atlanta, GA (Oct. 19-24, 2017)	2 (4.3%)	16 (34.0%)	18 (38.3%)	11 (23.4%)	47

Gen_Q29. Do you have any final comments or suggestions concerning the ADA annual meeting?

The 18 response(s) to this question can be found in the appendix.

New_Q40. How would you rate the following educational elements of the New Dentist Conference?

	Excellent	Good	Fair	Poor	Did not attend/participate	Total Responses
FXP touch – an interactive online element to CE courses where attendees can view presenter slides on their phone, interact in real-time with polling, ask the presenter questions, and more	17 (39.5%)	7 (16.3%)	4 (9.3%)	0 (0.0%)	15 (34.9%)	43
Welcome Session and Round Table Leadership Discussions on Thursday morning	5 (11.6%)	3 (7.0%)	7 (16.3%)	3 (7.0%)	25 (58.1%)	43
Keynote Speaker: Daymond John	18 (41.9%)	6 (14.0%)	0 (0.0%)	0 (0.0%)	19 (44.2%)	43
Congressional Update Session on Thursday afternoon	4 (9.3%)	7 (16.3%)	1 (2.3%)	4 (9.3%)	27 (62.8%)	43
"What Every Dentist Under 40 Needs to Know" Session by Marko Vujicic	9 (20.9%)	10 (23.3%)	2 (4.7%)	0 (0.0%)	22 (51.2%)	43

on Thursday afternoon						
CE courses on Friday	24 (55.8%)	16 (37.2%)	1 (2.3%)	1 (2.3%)	1 (2.3%)	43

New_Q40a. How would you rate the following experiences at the New Dentist Conference?



	Excellent	Good	Fair	Poor	Did not experience	Total Responses
Overall schedule of the conference	14 (32.6%)	19 (44.2%)	7 (16.3%)	3 (7.0%)	0 (0.0%)	43
Welcome Reception at the Smithsonian Museums	14 (32.6%)	5 (11.6%)	1 (2.3%)	1 (2.3%)	22 (51.2%)	43
New Dentist Awards Luncheon on Thursday	7 (16.3%)	14 (32.6%)	0 (0.0%)	5 (11.6%)	17 (39.5%)	43
Reception with the Board of Trustees on Thursday	4 (9.3%)	11 (25.6%)	1 (2.3%)	1 (2.3%)	26 (60.5%)	43
District lunch on Friday	10 (23.3%)	14 (32.6%)	5 (11.6%)	6 (14.0%)	8 (18.6%)	43
New Dentist Reception at Penn Social on Friday	17 (39.5%)	7 (16.3%)	4 (9.3%)	0 (0.0%)	15 (34.9%)	43
New Dentist Lounge	29 (67.4%)	7 (16.3%)	3 (7.0%)	0 (0.0%)	4 (9.3%)	43

New_Q41. Please indicate whether you agree or disagree with each statement below:

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Total Responses
While at the New Dentist Conference, I felt welcomed and included	17 (39.5%)	16 (37.2%)	8 (18.6%)	1 (2.3%)	1 (2.3%)	43

The New Dentist Conference gave me ample opportunity to network with colleagues and make new professional acquaintances	13 (30.2%)	19 (44.2%)	7 (16.3%)	4 (9.3%)	0 (0.0%)	43
I feel a sense of community when I attend the New Dentist Conference	10 (23.3%)	21 (48.8%)	6 (14.0%)	5 (11.6%)	1 (2.3%)	43
I left the New Dentist Conference with practical information that I can apply to my life as a dentist right away	18 (41.9%)	22 (51.2%)	2 (4.7%)	1 (2.3%)	0 (0.0%)	43
I left the New Dentist Conference motivated to be more involved in organized dentistry	12 (27.9%)	17 (39.5%)	9 (20.9%)	5 (11.6%)	0 (0.0%)	43



New_Q42. Did you attend the exhibit hall?

Response	Chart	Percentage	Count
Yes		97.7%	42
No		2.3%	1
Total Responses			43

New_Q42a. Why did you not attend the exhibit hall?









Just didn't attend

New_Q44. Did you personally make a practice-related purchase in the exhibit hall?

Response	Chart	Percentage	Count
Yes		46.3%	19
No		53.7%	22

Total Responses	41
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New_Q45. Which of the following are most important to you when attending exhibits?

Response	Chart	Percentage	Count
Attend free CE opportunities		23.8%	10
Establish new business contacts		16.7%	7
Get free product samples		47.6%	20
Learn about new products or services		71.4%	30
Look for bargains/discounts		40.5%	17
Meet/network w/dental industry experts		11.9%	5
Purchase products or services		42.9%	18
Test/sample new products		66.7%	28
Total Responses			42

New_Q46. Please list any exhibits/exhibitors that you were expecting but did not see?

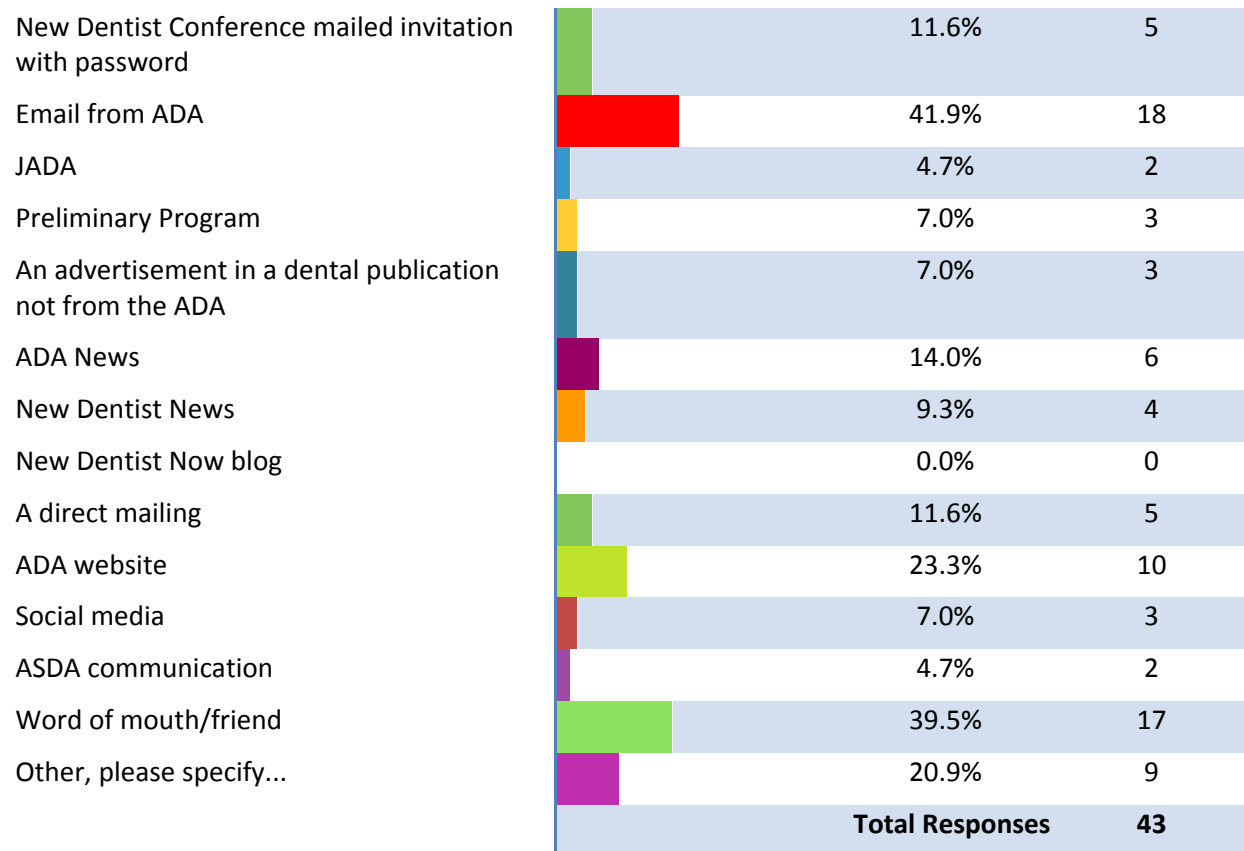
The 4 response(s) to this question can be found in the appendix.

New_Q46a. Would you like to see more non-dental related exhibits such as cars, vacations, jewelry, etc.?

Response	Chart	Percentage	Count
Yes		16.7%	7
No		83.3%	35
Total Responses			42

New_Q47. What actually prompted you to register for the New Dentist Conference?

Response	Chart	Percentage	Count
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What actually prompted you to register for the New Dentist Conference? (Other, please specify...)

#	Response
1.	For the CE and recommended by NVDS
2.	I have attended before and loved it.
3.	I have attended in years past and am also Chair of New Dentist Cmte for my state so it is encouraged!
4.	MDA sponsorship
5.	State NDC chair
6.	State dental society
7.	I'm involved in organized dentistry and I've had great experiences in previous years.
8.	I'm Illinois New Dentist Chair. Have attended multiple meetings. Stay involved with organized dentistry.
9.	Hotel discount

New_Q48. Overall, what did you enjoy most about the conference?

The 28 response(s) to this question can be found in the appendix.

New_Q49. Overall, what did you enjoy least about the conference?

The 29 response(s) to this question can be found in the appendix.

New_Q50. What types of programs would you like to see more of?

The 19 response(s) to this question can be found in the appendix.

New_Q51. If you could change anything about the conference, what would it be?

The 21 response(s) to this question can be found in the appendix.

New_Q52. Please indicate which of the following social media channels you use:

Response	Chart	Percentage	Count
None, I don't use social media		4.7%	2
Facebook		93.0%	40
YouTube		39.5%	17
Instagram		46.5%	20
Pinterest		34.9%	15
Twitter		23.3%	10
Google+		16.3%	7
LinkedIn		32.6%	14
Snapchat		23.3%	10
Other, please specify...		0.0%	0
Total Responses			43



Please indicate which of the following social media channels you use: (Other, please specify...)

#	Response
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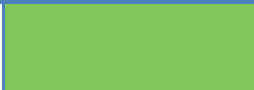








New_Q53. Please indicate your likelihood to attend upcoming New Dentist Conferences at the ADA annual meetings:

	Very likely	Somewhat likely	Somewhat unlikely	Not at all likely	Total Responses
ADA 2016 or New Dentist Conference in Denver, CO (Oct. 20-25, 2016)	22 (51.2%)	15 (34.9%)	1 (2.3%)	5 (11.6%)	43
ADA 2017 or New Dentist Conference in Atlanta, GA (Oct. 19-24, 2017)	16 (37.2%)	16 (37.2%)	6 (14.0%)	5 (11.6%)	43

All_QA. Please tell us who you are:

Response	Chart	Percentage	Count
Dentist		98.9%	89
Dentist - Graduate Student/Resident		1.1%	1
Total Responses			90

All_QB. What is your primary occupation?

Response	Chart	Percentage	Count
Full-time dental practice (30+ hours/week)		77.8%	70
Part-time dental practice (<30 hours/week)		10.0%	9
Dental School Faculty		1.1%	1
Part-time Faculty / Part-time Practice		1.1%	1
Armed Forces / Other Federal Services		4.4%	4
State or Local Government		0.0%	0
Hospital Staff Dentist		1.1%	1
Graduate Student/Resident		1.1%	1
Other Health / Dental Organization Staff		0.0%	0

Not in Practice Seeking Employment	2.2%	2
No Longer in Practice	0.0%	0
Other, please specify...	1.1%	1
Total Responses		90

What is your primary occupation? (Other, please specify...)

#	Response
1.	I own private practice and practice public health

All_QB1. Size of practice

Response	Chart	Percentage	Count
Solo practitioner		34.6%	27
Small group practice (2 to 4 dentists)		51.3%	40
Large group practice (5+ dentists)		14.1%	11
Total Responses			78







All_QB2. Your position

Response	Chart	Percentage	Count
Owner		34.6%	27
Partner		2.6%	2
Employee		46.2%	36
Independent Contractor		16.7%	13
Total Responses			78

















All_QC. Are you in a leadership role in your state or local dental society?

Response	Chart	Percentage	Count
Yes, state		16.7%	15
Yes, local		16.7%	15
No		66.7%	60
Total Responses			90



All_QD. How would you describe yourself?

Response	Chart	Percentage	Count
White or Caucasian		70.8%	63
Black or African American		5.6%	5
Asian		15.7%	14
Native Hawaiian or Other Pacific		0.0%	0
Other		5.6%	5
Prefer not to say		2.2%	2
		Total Responses	89

All_QE. What year did you earn your DDS or DMD?

Response	Chart	Percentage	Count
2000		1.1%	1
2001		0.0%	0
2002		0.0%	0
2003		1.1%	1
2004		0.0%	0
2005		0.0%	0
2006		13.3%	12
2007		5.6%	5
2008		13.3%	12
2009		8.9%	8
2010		15.6%	14
2011		7.8%	7
2012		8.9%	8
2013		11.1%	10
2014		5.6%	5
2015		7.8%	7
		Total Responses	90

All_QF. What is your gender?

Response	Chart	Percentage	Count
Female		63.3%	57
Male		36.7%	33
Total Responses			90

Appendix

Gen_Q10. What were the factors in your decision not to attend the New Dentist Conference? |

#	Response
1.	was a delegate, didn't have extra time
2.	Continuing education courses in the new dentist conference weren't appealing to me.
3.	Expensive
4.	Time
5.	Was not interested in attending.
6.	Did not want to pay extra money.
7.	Didn't want to
8.	Time
9.	Not enough information about provided about it.
10.	Not a new dentist
11.	Fees
12.	The courses that I attended conflicted with the new dentist conference classes. Secondly, the cost was a deterrant- but I did attend the social. It was a blast
13.	more \$
14.	Sold out when I signed up
15.	Not interested in the courses offered
16.	Cost
17.	Overpriced and leadership day didn't count for any CE so I opted to attend courses that counted for CE - plus I'm entering the specialty of dental public health so the NDC courses on Friday weren't applicable.
18.	I couldn't take all my staff and I've been practicing for almost 10 years and I didn't feel like quite a new dentist.
19.	not motivated to do so
20.	No time
21.	No reason just chose courses that were not a part of this subset
22.	Attended the AAWD meeting, which was on the same day as the new dentist conference
23.	Expense
24.	Time
25.	CE time conflict

26.	Price and events didn't seem that great
27.	Did not fit into my schedule. I attended the meeting with my staff and wanted to spend time with them.
28.	I was a speaker with obligations that did not allow me to attend the new dentist conference.
29.	time conflicts, cost
30.	Not interested in the topics
31.	Cost
32.	Already Purchased a practice
33.	Having to miss the events going on during the regular annual meeting. I don't like that I have to choose between the events of the ADA meeting and the New dentist conference. I'd prefer that they are kept separate so I can attend both. I also didn't want to pay extra money to attend a conference that was simultaneous with another conference I had already paid a full fee for.
34.	Scheduling conflict.
35.	My goal in attending ADA 2015 was to gain more clinical knowledge through CE courses, and the courses that were interesting for me were not part of the New Dentist Conference. I appreciate that there was a lot of effort put into organizing a New Dentist Conference, but I think it would have been nice if the New Dentist Conference was not so formal, and was just a place and/or organized times for New Dentists to meet when they are not involved in other general ADA 2015 courses/events. I think new dentists should be encouraged to attend all the offerings at ADA 2015, and not have to choose between being a new dentist and a dentist attending the ADA.
36.	I wanted to attend other paid-for courses in different topics. I am in the military located out of state- did not need to find a job, etc. I have had trouble enjoying FREE classes by topic.
37.	Other places that I needed to be at serving as part of the 8th district delegation.
38.	Seems to be catering to standard myths about millennials. Daymond John? Yikes.
39.	I am there to learn about new products and take some inspiring courses. I am not much on networking.
40.	Timing
41.	Time constraints
42.	Busy with other events
43.	Schedule
44.	Not sure about the benefits
45.	I had courses already in mind and other plans already
46.	I had other courses I was more interested in attending and I wanted to attend events with our entire office as a team,

47.	The courses offered versus those available in the general program, I was more interested in the general program overall.
48.	The additional cost was too high and I did not want to go to all the courses in the New Dentist track.
49.	new dentists are stupid
50.	I was there for ce only
51.	it conflicted with my schedule of getting inducted into ICD
52.	Too tired
53.	Cost
54.	I wanted to volunteer so I could attend lectures that I normally couldn't afford.
55.	my personal schedule didn't allow
56.	i was driving back and forth from fredericksburg and didn't feel like i would be able to participate in all of the events that were offered

Gen_Q16a. If there is a topic or course that was not offered this year but you would like to see offered in the future, please list it here: |

#	Response
1.	More dental public health related lectures
2.	not sure
3.	state law regarding Dentistry. How to hire staff people
4.	Orthodontics
5.	How to create excellent dental anatomy in one's large composite or amalgam restorations.
6.	Oral sedation
7.	Dermal Fillers

Gen_Q21. Please list any exhibits/exhibitors that you were expecting but did not see?

#	Response
1.	3M
2.	I was expecting more
3.	3M Espe
4.	3M, Kerr, various implant companies
5.	First year attending, so I don't know
6.	Taub Products

7.	Education "academies" such as SPEAR, Pankey, Dawson, LVI. Would like to see more books and electronic books stations to demo books and test them on tablets before I spend a lot of money on it.
8.	Dentsply implants

Gen_Q29. Do you have any final comments or suggestions concerning the ADA annual meeting? |

#	Response
1.	CE speakers are very focused on product promotion which is disappointing
2.	I enjoyed a great deal this year and was really excited about the Mobile App! However, when the app updated during the weekend of the conference, it deleted some notes I took the previous day, including the course code I jotted down-TRAGIC! No credit because of an electronic error! Please invest a little more in the app if we cannot have the option of getting a hard copy of the program in advance.
3.	Bring a future ADA annual meeting to Hawaii please!
4.	I would love to see more organization on the exhibits. A map with locations of vendors.
5.	extra fees for most general courses beyond sign up fee was bothersome. Very few free courses-ones that were seemed to be sales pitch. Disappointed in that- one of the main reasons i take my whole office staff is for CE together- i don't like the additional costs for classes. Also, We have been very frustrated trying to access speaker notes, PP presentations-whom they all said was available on the website. Nowhere to be found, called ADA and nobody knows how to do it-was transferred at least 3 times. can't download them off the computer. clearly a problem. hotel buses were nice and the evening event at the Smithsonians was very good and well done.
6.	Having better food, more variety with more reasonable prices, It is more expensive than buying food at the airport!
7.	My expectations were really high. I felt it was poorly organized, poor food options, and confusing. I attended the CDA conference in 2013 and that was much better
8.	The lounge/dining for speakers/presenters breakfast and lunch left much to be desired. The meals/food appeared to have little to no effort and the quality of the food was lacking. It has been much better in previous years but this year was very disappointing.
9.	None
10.	Courses were poorly described. Courses were not as expected, lectures were off topic and geared toward selling products or services. Very disappointed.
11.	Thanks for all of your work organizing a great event!
12.	This was my last year as a "new dentist" but even a few years ago, I have never felt that the new dentist conference could offer me something that I was unable to get at other meetings (Chicago Midwinter Meeting is less than an hour from me for CE courses and I attend 8 monthly meetings from my local component dental society, so I have all the CE that I need and a lot of networking opportunities already.)

13.	I paid alot to attend hands on courses and was disappointed that there was no handouts or references given for most of them. Nothing to refer back to.
14.	The registration website is very frustrating, hard to use and time consuming. Please update it!
15.	The presenters need to be more distinguished. I felt that I received some mediocre CE courses and was shocked that at America's dental meeting the presentations did not blow me away. In the future, I would like to see a selection committee for the topics and presenters so that I know my colleagues appreciate the knowledge, skill, and delivery methods of the information from each presenter. There should be a way to see the presenters past ratings based on reviews, similar to a google review. This would really help me select better courses and not just base my selections on the synopsis of the course.
16.	It was frustrating to pay 300 for a course and they didn't have the proper instruments to perform the procedures discussed.
17.	signing up for classes using ADA's website was painful. not user friendly at all.
18.	facilitating breastfeeding moms was very appreciated!!!

New_Q46. Please list any exhibits/exhibitors that you were expecting but did not see?

|

#	Response
1.	Nextlevel practice, oralid. Oraldna
2.	3m
3.	I couldn't find Lexi comp. they were they but didn't show upon the app so by the time I realized that they were there they had left
4.	Orabrush

New_Q48. Overall, what did you enjoy most about the conference? |

#	Response
1.	Socializing
2.	Quality of classes
3.	Catching up with old friends, quality of CE
4.	Huge variety at exhibit floor and ample CE courses
5.	I liked being in a smaller group with the new dentist conference but also have the benefit to the exhibit floor and other meetings.
6.	Fast-track CE targeted towards new dentists. The 1-hour sessions on Friday were phenomenal speakers! Hopefully the New Dentist conference continues to bring in such renowned and distinguished speakers in future years, as I will definitely attend.
7.	the CE classes on Friday of the New Dentist Conference - most were very informative, especially the adhesive dentistry one

8.	Although the New Dentist Conference was more disconnected than in years past, I did enjoy being exposed to the ADA Annual Session that I may not have attended otherwise. The New Dentist Lounge was awesome!
9.	Networking
10.	Large variety of classes, but it seemed like if there were fewer there could be more information covered. A lot of the speakers seemed rushed or that they didn't have enough time to discuss all they wanted. I enjoyed the ability to network with friends. The lounge was GREAT, what a nice treat to have a break area to visit and get refreshed and meet the trustees.
11.	The amount of exposure I got to everything. I felt well rounded when I left.
12.	I enjoyed the time to network, experience CE courses, and the ability to learn more about the field of dentistry throughout the conference
13.	Daymond John was a great choice for the speaker. Being able to have breakfast and lunch with the other attendees was great.
14.	The New Dentist CE courses on Friday were great and very informative!
15.	Networking, meeting new colleagues, social event
16.	I enjoyed the socials and getting to network with other dentists throughout the nation.
17.	Networking, catching up with friends from other cities and states
18.	Networking
19.	Learning about the different struggles new graduates are facing and what needs to be done about it from experienced dentists. Networking and support from the leaders.
20.	The CE courses were top quality. Daymond John was fantastic.
21.	New VIP area for new dentists with GREAT snacks, good coffee, where other attendees could see and want to be involved with New Dentist Conference.- THIS WAS THE BEST PART IN MY OPINION. Really, please have the exact same type of VIP area next year, please...pretty please.
22.	Smaller meeting
23.	The CE courses offered.
24.	Classes and location
25.	I thought the Friday programming for the New Dentist conference was excellent. Great courses, great speakers, very relevant information.
26.	Being able to do both the ADA and the new dentist. Combining them makes that possible. Without them being combined I can't afford to do both.
27.	Lee ann Brady and new dentist reception area
28.	Having the ability to network, learn about new opportunities in dentistry for growth and development. I enjoyed seeing advances in technology in dentistry as well. There is a lot of opportunities to advance our skill, knowledge and abilities as part of this conference. It

allows us to learn from other new dentists and hear what is going on in dentistry across the country.

New_Q49. Overall, what did you enjoy least about the conference? |

#	Response
1.	I enjoyed everything
2.	I didn't know about the handouts and had no opportunity to print them while I was in DC
3.	<p>The food options were very poor and I was very surprised the cafeteria was closed. The ADA in San Fran was more organized and had more food options.</p> <p>The staff at the new dentist luncheon were rude and for those of us that got out of lectures that ran late, we did not get seated or able to eat the lunch that was provided. Registration for the new dentist was confusing because the front desk was somewhat clueless about the process and special lanyards, etc.</p>
4.	No CE hours for Thursday's sessions
5.	expensive concession stands
6.	<p>The New Dentist Conference felt like an after thought. I didn't get the same sense of community as I did in years past. There were no closing remarks in the end, It felt too short. Because of all the other courses going on with the ADA a lot of people did not attend the New Dentist Track classes. It was also impossible for those who were delegates to attend the CE classes due to conflicting schedules. The lunches were not organized at all. While I understand this was a new experience being combined with annual session I felt like the New Dentist committee should have stepped up to make themselves more welcoming. For Example, Wednesday night when I went to the welcoming session in the hotel lobby there were no signs for where we were supposed to go, no one on the committee introduced themselves or even welcomed you. If it were not for previous friendships made at past conferences I would not have had anyone to go to the receptions with or known where the other New Dentist were hanging out in the evening. I hope the ADA can learn from this and revert back to a stand alone New Dentist Conference in the future.</p>
7.	<p>The exhibit floor closed on Saturday at 3pm and I wish it was open through end of day. Thurs and Friday were really busy with the new dentist conference and I had taken a course earlier in the day on Saturday.</p>
8.	No CE offered on Thursday as part of the new dentist conference.
9.	the Thursday events of the New Dentist Conference did not offer much about updates in clinical dentistry
10.	It's a double edge sword- since the NDC was held in conjunction with the Annual Session, many attendees had other obligations throughout the NDC, so they did not get to experience the entire conference. Therefore, it was not as inclusive as it felt in the past; it just seemed

	disconnected, almost an after-thought. Also, I missed having the time for districts from across the country to share recruiting ideas.
11.	It overlapped too much with classes I really wanted to take at the regular ADA meeting on Thursday. My class that was 10am-1pm did not have a long enough break for me to come grab lunch that day, and I didn't want to miss any of the class in order to get anything to eat "to go". It seemed like I was really disconnected from the ADA meeting if I tried to attend all the new dentist program on Thursday. I wish we would've had more time.
12.	I got a little confused by attending both sessions in the new dentist conference and the actually asda meeting. I would have liked to attend all of the sessions but there were too many other CE's that I was interested in as well. I was so exhausted running around that I didn't feel like socializing at the end of the day.
13.	I think that the schedule was somewhat off - as a new dentist, it is difficult to have a majority of the conference scheduled during the mid-week. We have limited ability to take off for the meeting, so events on Wednesday, Thursday, and CE on Friday made things difficult to attend.
14.	Honestly, I feel the ADA really let you guys down (and by extension New Dentists in general). They pay quite a bit of lip service to the desire to strengthen their young member base; however, it felt like the organization as a whole treated the New Dentist conference as an afterthought. The app did not include ANYTHING related to the new dentist conference (making it very challenging to try to coordinate schedules with the conference as a whole), the New Dentist Conference information was buried on the ADA registration website (when I signed up for the meeting I didn't even know what I had signed up for), and the schedule of CE at the general conference clearly didn't take the New Dentist into consideration at all. I had been excited to see Daymond John for months only to find out that I had to choose between getting credit for my CE course or seeing the keynote speech at my conference. I chose Daymond, and am glad I did, but when my primary reason for attending either conference was to attend CE courses from the top presenters in the country, it left me with a bad taste in my mouth. I think the NDC did a great job planning the event but were set up for failure by the organization as a whole.
15.	Thursday was not beneficial and not a good use of time. I went to other classes instead.
16.	Lack of participation on day 1, there was a pour turn out with then affected participation; I thought this was unfortunate for those there to present and speak; several missed a great day
17.	New dentist conference was not as well organized as in the past
18.	I did not like that the new dental conference and the ADA app were not in sync with each other. I was unable to easily follow the new dental conference on my mobile device
19.	I think the NDC got lost in the ADA meeting. I think numbers of new dentist were down in the actual NDC do to the fact that new dentists could go to other meetings and not just stay in the NDC. Also, when the option is to go to an event were you get usable CE vs. none (i.e, round tables, keynote speaker) we are more motivated to get the CE.
20.	Overwhelming
21.	Not enough time to go to the exhibit hall and check out new products since I am in a CE class.

22.	Everyone was so busy with the annual meeting, delegate responsibilities, and other receptions and events that there was little to no time for networking with new dentists.
23.	The district lunch was unfortunately not a district lunch. New dentists loved the food provided and enjoyed the lunch, most I engaged did not even know their district number, therefore, they did not sit at a table marked for their district, therefore, attendees that did know their district number could not sit at their occupied table... If the table markers were ,for example "District 8 ILLINOIS" it would have been obvious. Otherwise, people need a BIG SIGN/Key to inform them of what type of lunch and what their district is, OR multiple people greeting and explaining. IT'S IMPORTANT to note everyone I talked with loved the lunch and the benefit of not having to get a \$15 gyro or hot dog, but that it actually turned out to be not really a "district lunch." Thank You
24.	Lunch was not good and so noisy both days networking was poor
25.	Nothibg
26.	Most of the new dentist activities seemed to be directed toward young singles, not families. I would've attended more events if I could've included my family.
27.	<p>The Friday programming interfered with other courses- the Diode laser course (which seems to be a hot topic among new dentists), the Women's Dental association, etc.</p> <p>Also, there should be more breaks during the lectures. A 3 hour intense lecture can be hard and tiring to sit through straight.</p>
28.	The price of the hotels in DC was large even after the new dentist discount. It was worth it to be there, but the price of housing blew my CE budget.
29.	<p>Having a joint ADA/New Dentist Conference. I went between the ADA and New Dentist Conference in order to meet the my needs for advancing skill which prevented me from fully participating in the New Dentist Conference. I believe giving 100% attention to each conference by keeping them separate would be more beneficial to me as professional.</p> <p>Also, my husband who is a part of my daily professional life and is involved in my practice as a non-dentist could have benefited from some lectures, networking the New Dentist Lounge, keynote speaker address etc...but he was not welcome as part of the New Dentist Conference. I was very disappointed how this was presented to us upon arrival on the first day. It was very unprofessional when staff member told him he was not welcome as part of the New Dentist Conference right in front of me and others who were around. She said loudly that "You are not a dentist. This event is only for dentists and you cannot come in here." He did attend the Penn Social event but that was it. This isolation and disrespect could prohibit me from being more involved in organized dentistry. Our families are a part of what we do day to day and should be welcome not necessarily to all lectures and events but at least welcome to come to more then the reception. In speaking with others their spouses have been welcome in the past to attend more then the social. If spouses are not welcome it needs to be made very clear ahead of time.</p>

New_Q50. What types of programs would you like to see more of? |

#	Response
1.	Stress Relief
2.	More networking opportunities, maybe divided by region or district
3.	Having more detailed CE in certain subject areas rather than short general ones.
4.	networking, Sharing of ideas should be given a larger amount of time.
5.	Anesthesia, Pediatric Dentistry, Geriatric Dentistry
6.	Loved the fast track, would like to stay with those short lectures. Feel like I get more out of it. Great information all hour vs. an hour of good info spread over 3 hours.
7.	More public health topics.
8.	I liked the programs available. I will have to try the hands on stuff next time.
9.	More applicable, full length CE courses rather than shorter, hour long courses with limited practice applicability
10.	Oral medicine topics, special patient care, updates on clinical science (council on scientific affairs)
11.	More practical clinical knowledge/update courses.
12.	Practice management
13.	The business side of dentistry since we were not taught of that aspect much at school.
14.	Maybe keep the fast track courses but make them a little longer than an hour.
15.	Programs presented by new dentists for new dentists.
16.	CE leadership day
17.	Restorative
18.	I liked the ADA product reviews on curing lights in San Antonio. I very much missed that this year. It was my favorite part of San Antonio.
19.	Lectures on practice management. Lectures on how to incorporate social media into practice (to grow a practice). Discussions with financial advisors on how to manage student loan debt. Job opportunities in dentistry besides practice opportunities (corporate, education, etc)

New_Q51. If you could change anything about the conference, what would it be? |

#	Response
1.	More time between classes and social event
2.	Less expensive new dentist conference, place to print handouts
3.	Revert Back to the Stand alone conference.

4.	More availability for "first come, first serve" classes.
5.	Although I personally love the leadership portion of the NDC, I felt that this portion was less attended this year (likely because no CE is offered for this day.) Maybe more CE could have been offered? It was disappointing that more people were not present for our awesome guest speaker Daymond John!
6.	More time for the new dentist conf activities!!
7.	Having the new dentist conference the same week but not overlapping so much with everything would be nice.
8.	The opening round table made me ashamed of the members in my profession. This was my first ADA session. I have heard great things about the keynote speakers. The opening session should not be an episode of crossfire. This belongs in a smaller session for those who are interested in debating political policies in this country (and I agree that Washington DC is the place to do so). The ADA invited a speaker to the opening ceremony who was booed openly by the conference attendees for stating an unpopular opinion. This was disgusting, juvenile, and more than a little ridiculous. It also could have been anticipated by the event organizers.
9.	More attendance day 1
10.	Opportunities to get to the floor earlier
11.	Hour-long courses Friday afternoon were too short and speakers were rushed to get through their lecture material.
12.	Split the NDC and ADA back up.
13.	The new dentist conference was a great experience for me since it is my first one to attend and I don't think I will change anything about it. I was just confused where to go to about the district luncheon since there were no tags where the districts are located, so I just had to seat where I know someone and it may not be my district.
14.	I would make more time for new dentist networking.
15.	Lounge closer to meeting space ADPAC wasn't accessible Networking opportunities by district Auto sign up for receptions The Renaissance hotel was advertised online for \$169, our rate was more
16.	N/a
17.	The congressional part

18.	I took my daughter out of school for the conference because it was in Washington, D.C. and the educational value of being there. I probably won't attend another ada conference while I have school aged kids.
19.	Have the ADA product review
20.	Incredible wouldn't change a thing
21.	Keeping it separate from the ADA Dental Meeting. I believe that there are benefits to keeping these two events individual.

Resolution No. None N/AReport: N/A Date Submitted: July 2016Submitted By: Board of TrusteesReference 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: Membership-Obj. 2: Market share will equal 70%

How does this resolution increase member value: See Background

REPORT 6 OF THE BOARD OF TRUSTEES TO THE HOUSE OF DELEGATES: DENTAL SCHOOL STRATEGY

Background: The Association's ongoing work with dental students and dental schools is key to meeting its membership objectives. Significant work is underway and this report provides the House with an update on these efforts.

In 2013, in response to declining market share trends, the ADA conducted a study of membership trends and found that dentists' membership decisions tended to be fixed early in their careers and that alumni of certain dental schools were far more likely to remain members over their whole careers than alumni of other dental schools. As a result of these findings, an Advisory Team of staff and volunteers was formed and a three-pronged dental school strategy was developed. The three prongs of the dental school strategy are:

- to enhance member value for dental students and recent graduates
- to reduce barriers to membership for dental students and recent graduates
- to build relationships with dental schools at the state, local, and national level

The goals of the dental school strategy are to retain a 90% membership market share among recent dental school graduates (conversion); and achieve a 70% market share among new dentists 2-5 years post-graduation (retention).

Implementation of the dental school strategy began in the first quarter of 2014. The American Student Dental Association (ASDA) has been an important partner in this endeavor. Key activities, grouped by strategy, include:

Enhancing Member Value

- A new student audience page on ADA.org, "ADA for Dental Students," debuted in October 2014. This page, which can be found at ADA.org/student, provides predoctoral and predental students with access to relevant ADA information, benefits and resources and has had over 31,000 visits to date.
- In an effort to elevate awareness of the ADA brand among dental students and enhance our relationship with the American Student Dental Association (ASDA), the ADA has increased participation in ASDA meetings and events. In 2015 and 2016, the ADA was the top sponsor at all three ASDA national conferences and, when possible, collaborated with state and local dental societies to demonstrate the value of membership across all levels of the tripartite. Additionally, ADA

sponsored and participated in two new ASDA initiatives in 2016, [Predental Week](#) and [DAT Week](#), to increase awareness of ADA among predental students and promote ADA resources to this audience.

- Similarly, with the goal of elevating awareness of the ADA brand among dental school faculty and enhancing our relationship with the American Dental Education Association (ADEA), the ADA increased its participation in ADEA's 2015 and 2016 Annual Session and Exhibition by purchasing a booth in the exhibit hall and participating in key ADEA events, including sponsorship opportunities aligned with ADEA's annual Gies Awards banquet. To maximize ADA visibility and networking opportunities, ADA officers and key ADA staff also attend the annual Gies Awards banquet.
- In order to demonstrate ADA member value to dental school faculty, the ADA Center for Evidence-Based Dentistry has developed customized training workshops for faculty, and piloted them at three dental schools in 2015. The Center has also held Advanced EBD Workshops in collaboration with NYU College of Dentistry and an EBD Champions Conference at ADA 2015. In addition, as part of Client Services enhanced integrated approach with key ADA entities, ongoing collaboration with EBD to partner with state and local dental societies to bring EBD to their respective dental schools is now ongoing.
- At the request of the New Dentist Committee of the Board of Trustees, the ADA is exploring enhancing or revamping the ADA Career Center in order to provide a single resource for any dentist, but in particular, new graduates to begin, maintain and advance their career in dentistry. The Association is aware of ASDA's efforts as well and will work with ASDA so both organizations complement the other's efforts and avoid unneeded duplication. The new Career Center is expected to include: a comprehensive analysis of the dentist career marketplace; an online mapping tool to visually connect with job opportunities; a national job board solution, aligned with state and local dental society opportunities, which serves as the primary source for new graduates and other dentists to find career opportunities; and education and tools to undertake a successful job search. The desired result is to increase retention of new dentist membership in the 0-5 years after dental school. By meeting the top needs for new graduates, the ADA will further position itself for membership growth with the vital new dentist segment. The ADA plans to pilot the Career Center in a few select states in the fourth quarter of 2016 and, if no significant changes are required, to offer the Center via ADA.org and through the state branded web templates beginning in first quarter 2017.
- The New Dentist Committee has also asked the ADA to explore the viability of a Virtual Study Club Program. This is currently being investigated by the Department of Continuing Education with the goal of making a recommendation by September 2016.

Building Relationships with Dental Schools

- In an effort to strengthen the relationship between ADA and dental school deans, faculty, and student leaders, ADA officers visited over half of all dental schools between 2014 and 2016, often conducting informal "town hall" meetings to understand needs, interests and concerns of faculty and students. The ADA developed a toolkit of presentation materials to facilitate this outreach and scheduled two "virtual town hall" video-conference calls in 2016. State and local dental societies are invited to participate in these activities whenever possible.
- In August 2015, with oversight from the New Dentist Committee, the ADA launched the revamped ADA Success program. Formerly the Success Dental Student Program, ADA Success consists of a series of seven one-hour presentations on topics most relevant to dental students. Program topics include, "Managing Debt and Wealth," "All About Associateships," "Finding a Job," "Practice Management for All Dentists," "Understanding Employment Agreements," "Future of Dentistry" and a new topic, "Leadership and Ethics in Dentistry." More information can be found on the ADA Success program website, ADA.org/successprogram. The 2015-2016 program cycle exceeded expectations, with 159 programs scheduled at 43 dental schools, four state or local society events, three ASDA meetings, and one GPR program. Feedback from students and program hosts have averaged 4.6 and 4.5 out of five, respectively. Also, to address the changing demographics among dental students and to further showcase ADA's diversity and inclusion efforts, intentional efforts were put forth to

1 further diversify the ADA Success program speaker pool. The incoming 2016 Fall class of 52
2 speakers is the most diverse to date.

- 3 • The ADA is piloting a Student Ambassador program in Fall of 2016. The initial pilot will include two
4 dental student ambassadors at four schools. The ambassador will be a current dental student or
5 recent graduate that will serve as the main point of contact between a dental school and the ADA and
6 will distribute ADA materials, host events, collect student contact information, attend on-campus
7 milestones and collaborate with ASDA. ASDA is also being consulted on the recruitment and
8 application process for potential ambassadors. The pilot is done in cooperation with Colgate, largely
9 as a function of financial support and the management structure they are able to provide.

10 **Reducing Barriers to Membership**

- 11 • Capitalizing on new capabilities provided by Aptify, in 2014 the ADA enhanced its membership
12 operations for dental students resulting in faster activation of membership and delivery of benefits for
13 dental student members at auto-enrolled dental schools. Whereas new student members at auto-
14 enrolled schools previously would not have their ADA membership activated until ASDA remitted their
15 dues to the ADA, now, the ADA activates their membership upon creation of their membership
16 record. The ADA continues to work collaboratively with ASDA to improve student member data and
17 provide a high level of member service.
- 18 • National Signing Day, a program designed to facilitate conversion of fourth-year dental students to
19 ADA membership as dentists, has been in place since 2013 but has received increased focus as part
20 of the dental school strategy. National Signing Day is a designated time period, roughly February-
21 May, when state dental societies host events where fourth-year students apply for membership.
22 Participation has increased steadily since 2013, with 54 of eligible dental schools participating in 2016
23 as compared to 39 in 2013 and over 3,000 applications collected in 2016 as compared to roughly
24 1,000 in 2013. The transition to Aptify of many state and local dental societies in 2015 and the
25 development of an online National Signing Day application in 2016 has further enhanced the
26 program.
- 27 • In July 2015, in an effort to provide a seamless transition to membership for new dental school
28 graduates, the ADA converted the entire class of 2015 to Provisional membership, a direct
29 membership category of the ADA. Provisional membership allows recent dental school graduates to
30 maintain their membership for up to two years after graduation, while they are transitioning into
31 practice. Since then, the Department of Client Services has been working collaboratively with the
32 Department of Membership Operations and state dental societies to monitor, track, and transfer
33 Provisional members to Tripartite and other direct membership categories. An elevated focus on
34 conversion from Provisional to other active categories will remain a priority for the Division of Member
35 and Client Services through 2016.

36 **Moving forward:** Implementation of the dental school strategy remains a priority with a goal of creating a
37 meaningful member experience for dental students and recent graduates in order to help them succeed
38 and become lifelong members of the ADA. Given the level of importance of the dental school strategy
39 and its potential impact on filling the pipeline in support of ADA's Members First 2020 Strategic Plan, an
40 additional FTE position was allocated through the 2015 budgeting process to help support related
41 program activities. A new hire is slated for July 2016. Additionally, the 2017 proposed budget includes
42 \$100,000 to support the ADA Student Ambassador pilot.

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

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

46 ***Dr. Gamba was not in attendance.**

Resolution No. 79 NewReport: _____ Date Submitted: September 2016Submitted By: Council on MembershipReference 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: Membership-Obj. 2: Market share will equal 70%

How does this resolution increase member value: See Background

RESPONSE TO RESOLUTION 83H-2015: REWRITE OF CHAPTER 1 OF THE BYLAWS

Background: This report presents revisions to the membership chapter of the *Bylaws* in order to simplify the text, increase clarity and reduce barriers to membership. See Appendix 1 for revised language (additions are underscored, deletions stricken through). In addition, this report proposes approval of a new *Governance and Operational Manual of the American Dental Association*. The *Governance Manual*, which is organized in the same order of presentation as found in the *ADA Bylaws* will be used to house detailed organizational and procedural governance matters, such as membership privileges and dues, that are typically not incorporated into the bylaws of an organization. As drafted, the *Governance Manual* would be the property of the ADA House of Delegates.

This report, in part, responds to Resolution 83H, which states:

Resolved, that the appropriate agency of the American Dental Association rewrite CHAPTER I. MEMBERSHIP with the following suggestions in mind:

1. CHAPTER I. MEMBERSHIP be written in plain language such that a reasonable dentist, reading the CHAPTER for the first time, can understand it,

2. Section 20. A. ACTIVE MEMBER be re-written with the following subcategories. Each subcategory will describe Qualifications, Privileges, and Dues and Special Assessments:

- a. Active Member – Practicing
- b. Active Member – Retired
- c. Active Member – Non-practicing
- d. Active Member – Life Practicing
- e. Active Member – Life Retired
- f. Active Member – Faculty
- g. Active Member – Student
- h. Active Member – Post-graduate Student
- i. Active Member – Federal Dental Service
- j. Active Member – Honorary
- k. Active Member – Provisional
- l. Active Member – Associate
- m. Active Member – Affiliate

3. Active Member – Faculty, Active Member – Post-graduate Student, and Active Member – Federal Dental Service will not be required to have licenses as part of their Qualifications. They

will be eligible for membership in the constituent and component dental society in which they are located.

4. Years of membership of Active Member – Faculty, Active Member – Post-graduate Student, and Active Member – Federal Dental Service be counted for purposes of establishing eligibility for Active Member – Life Practicing and Active Member – Life Retired.

Bearing in mind that Resolution 83H contains suggestions, rather than mandates, the Council on Membership collaborated with the Council on Ethics, Bylaws and Judicial Affairs to draft these revisions for CHAPTER I. MEMBERSHIP of the ADA *Bylaws*. Thus, the report can be viewed not only as responsive to 83H-2015, but also as another step in the rewriting of the *Bylaws* pursuant to Resolution 118H-2014.

Given the large number of revisions necessary to achieve plain language and a streamlined CHAPTER I, the resolution presented does not include the customary strikethroughs and underlines tracking each revision from the current version. As a courtesy to those who prefer to consider the amendments to CHAPTER I that are proposed by reviewing an interlineated document, Appendix I of this report shows removed text as strikethroughs and added text with underlining.

A summary of the major changes between CHAPTER I of the current *Bylaws* and the revisions to Chapter I that are being proposed are found below:

- The revised CHAPTER I fulfills the request for plain language that can be easily understood by a reasonable dentist reading the *Bylaws* for the first time.
- Seven membership categories are reflected in this draft. Significant consideration was given to balancing the need to pare down the total number of categories while maintaining a place for every dentist within the structure. One change from the 2016 *Bylaws* is the elimination of the *Associate* category, which has permitted non-dentist experts, such as scientists or scholars, to join the ADA. As of year-end 2015 the ADA had seventeen Associate members.
- The current *Bylaws* requirement that an applicant have an active license was identified as a potential barrier to membership. New dental school graduates or residents may want to join while completing the licensure process; mandating a license is clearly a barrier to entry for these dentists seeking to join. A licensure requirement also presents barriers in circumstances that are less common, such as a dental school dean who is not licensed to practice in the state of his or her dental school and is therefore ineligible to participate in tripartite activity, thereby presenting a barrier for this dean to promote the value of tripartite membership to dental students. In this draft of CHAPTER I a member must hold a D.D.S., D.M.D. or equivalent degree; licensure is not a requirement for membership.
- Another change from the 2016 *Bylaws* is the elimination of the *Non-Practicing* category. The removal of licensure as an eligibility requirement would make those members categorized as non-practicing in 2016 eligible for active member status under this revision of CHAPTER I. As of year-end 2015, the ADA had seventy-three members in the Non-Practicing category.
- To simplify the *Bylaws*, tenure as a student member does not count toward qualifying for a *Life* membership. Presently, time as a student member does count toward life membership if the member held active membership prior to conversion to student membership.
- The *Provisional* membership designation has proven to be an especially useful category in assisting recent graduates with the process of transitioning into the appropriate membership classification. While acknowledging that the removal of the licensure requirement may make the *Provisional* membership classification unnecessary, the recommendation is to maintain the category in CHAPTER I at the present time.
- The proposed revision to CHAPTER I makes reference to a resource tentatively entitled, *The Governance and Organization Manual of the American Dental Association* (the *Governance Manual*). Adoption of the *Governance Manual* as a depository for detailed but critical organizational and procedural governance matters allows CHAPTER I of the *Bylaws* to be streamlined and made significantly easier to read. The adoption of the *Governance Manual* will also allow CHAPTER I of the *Bylaws* to contain only the most fundamental governance rules of the

ADA in keeping with governance and bylaws best practices. In addition, the adoption of the *Governance Manual*, in parallel with revised *Bylaws* will ensure necessary control over the governance of the Association while also facilitating responsive changes as is deemed necessary by the House of Delegates. A draft of the *Governance Manual* is appended to this report as Appendix 2.

Additionally, the revisions proposed to CHAPTER I of the Bylaws require a technical amendment to CHAPTER VII., Section 90 of the *Bylaws* to maintain continuity of the Board of Trustees' power to set the dues for the *International* membership classification currently provided for in CHAPTER I, Section 20.I.c. of the *Bylaws*.

Because the bylaws of constituent and component dental societies cannot be in conflict with ADA *Bylaws*, the proposed resolution provides that the revisions take effect at the conclusion of the 2017 House of Delegates session in order to allow sufficient time for constituent and component dental societies to revise their bylaws, as necessary. The Council on Membership therefore submits the following resolution for consideration by the 2016 House of Delegates:

Resolution

79. Resolved, that CHAPTER I of the ADA *Bylaws* be deleted in its entirety and be replaced by the following new Chapter I:

CHAPTER I • MEMBERSHIP

Section 10. CLASSIFICATION. The members of this Association shall be classified as follows:

Active Members
Life Members
Retired Members
Student Members
Honorary Members
Provisional Members
International Members

Section 20. MEMBERSHIP ELIGIBILITY

A. ACTIVE MEMBER. Any person holding a D.D.S., D.M.D. or equivalent degree shall be eligible to be an active member of this Association if he or she meets the following qualifications:

a. Maintains membership in good standing in this Association as that term is defined in these *Bylaws*; and

b. Is a member in good standing of the constituent and component* where the member either resides, or is employed or practices; or if not a member of such constituent and component is:

1. employed by or is serving on active duty in one of the federal dental services** on a full time basis and is not otherwise employed or practicing dentistry within the jurisdiction of a constituent or component; or

2. employed or practicing dentistry in a country other than the United States and is a graduate of a dental school or a graduate of a training program accredited by the Commission on Dental Accreditation; or

* As used herein, the term "constituent" means a dental association organized in a state or territory of the United States or in Washington, D.C. that is chartered by the ADA House of Delegates. The term "component" means a local dental association that may be created within the boundaries of a constituent by the constituent.

** The term "federal dental services" as used herein shall mean the dental departments of the Air Force, the Army, the Navy, the Public Health Service, the department of Veterans Affairs and other federal agencies.

3. otherwise ineligible for active membership in a constituent or component where the individual resides, is employed, or practices.

An individual qualifying pursuant to subsections b.1. through 3. shall be referred to as a "direct member."

B. LIFE MEMBER. Any person holding a D.D.S., D.M.D. or equivalent degree shall be eligible to be a life member of this Association if he or she meets the following qualifications:

a. Has been an active and/or retired member in good standing of this Association for at least thirty (30) consecutive years or a total of at least forty (40) non-consecutive years;

b. Reached the age of at least sixty-five (65) during the previous calendar year; and

c. Maintains membership in good standing in a constituent and component, if such exists, and in this Association.

d. A member may also qualify for life member status by having been a member of the National Dental Association for twenty-five (25) years and subsequently holding membership in this Association for at least ten (10) years and having reached the age of at least sixty-five (65) during the previous calendar year.

C. RETIRED MEMBER. Any person holding a D.D.S., D.M.D. or equivalent degree shall be eligible to be a retired member of this Association if he or she meets the following qualifications:

a. Has submitted to the individual's component and constituent or, if a direct member, to this Association, an affidavit attesting that the individual does not receive or earn income from any dentally-related activity; and

b. Maintains membership in good standing in a constituent and component, if such exists, and in this Association.

D. STUDENT MEMBER. Any person shall be eligible to be a student member of this Association if the individual meets the following qualifications:

a. Is enrolled as a predoctoral student of a dental school accredited by the Commission on Dental Accreditation of this Association; or

b. Is enrolled as a predoctoral student in a dental school listed in the World Directory of Dental Schools compiled by the FDI World Dental Federation; or

c. Holds a D.D.S., D.M.D. or an equivalent degree and is engaged full-time in an advanced training course of not less than one academic year's duration in an accredited school or residency program.

d. Student membership shall not be considered in the calculation of membership tenure needed to achieve life membership.

E. HONORARY MEMBER. Any person shall be eligible to be an honorary member of this Association if he or she meets the following qualifications:

a. Has made outstanding contributions to the advancement of the art and science of dentistry; and

b. Be elected an honorary member by the Board of Trustees.

F. PROVISIONAL MEMBER. An individual is a provisional member of this Association if he or she meets one of the following alternative qualifications:

1 a. Has received a D.D.S. or D.M.D. degree within the past twenty-four (24) months from a
2 dental school accredited by the Commission on Dental Accreditation of this Association and
3 is not eligible for tripartite or any other direct category of membership because he or she has
4 not established a place of practice. The provisional membership awarded under this
5 alternative shall terminate December 31 of the second full calendar year following the year in
6 which the degree was awarded;

7 or

8 b. Is a graduate of an unaccredited dental school who has been licensed within the past
9 twenty-four (24) months to practice dentistry in a jurisdiction in which there is a constituent
10 and has not established a place of practice. The provisional membership awarded under this
11 alternative shall terminate December 31 of the second full calendar year following the year in
12 which the license was awarded.

13 G. INTERNATIONAL MEMBER. An individual who is ineligible for any other classification of
14 membership and:

15 a. Is practicing dentistry or is employed in a dentally-related field in a country other than the
16 United States;

17 b. Has been classified as an international member upon application to the Board of Trustees
18 according to the specifications in the *Governance and Organizational Manual of the American*
19 *Dental Association* ("the *Governance Manual*"); and

20 c. Maintains membership in good standing in this Association.

21 *Section 30. PRIVILEGES.* Members shall receive such privileges and benefits as are listed in the
22 *Governance Manual*.

23 *Section 40. DUES AND SPECIAL ASSESSMENTS.* Except for International members, the dues
24 of members shall be the amount established annually by the House of Delegates in accordance
25 with the procedure set forth in the these *Bylaws*. In addition to annual dues, members shall pay
26 any outstanding special assessment that may be levied by the House of Delegates in accordance
27 with the procedure set forth in the *Governance Manual*.

28 *Section 50. DEFINITION OF "IN GOOD STANDING."*

29 A. To be in good standing, a member is required to meet the following criteria:

30 a. The member's payments of dues and special assessments, if any, are current if such
31 payment is required; and

32 b. Any additional criteria that may be imposed by the member's constituent or component.

33 B. A member under a disciplinary sentence of suspension shall be designated as "in good
34 standing temporarily under suspension" until the disciplinary sentence has terminated.

35 *Section 60. LAPSE OF MEMBERSHIP AND REINSTATEMENT.*

36 A. LAPSE OF MEMBERSHIP. Any member whose dues and any special assessment have not
37 been paid by March 31 of the current year or shall otherwise fail to meet the eligibility
38 requirements for membership shall cease to be a member of this Association.

39 B. REINSTATEMENT. Reinstatement of membership may be secured on payment of outstanding
40 dues and any special assessment of this Association and on meeting the remaining eligibility
41 requirements for membership.

1 *Section 70. WAIVER OF DUES AND SPECIAL ASSESSMENTS. Members may be eligible for a*
2 *full or partial waiver of the current year's dues and/or special assessments as set forth in the*
3 *Governance Manual.*

4 and be it further

5 **Resolved**, that the transition from the current CHAPTER I of the *Bylaws* to the revised CHAPTER I of
6 the *Bylaws* occur at the conclusion of the 2017 ADA House of Delegates; and be it further

7 **Resolved**, that the *Governance and Organizational Manual of the American Dental Association* as
8 set forth in Appendix 2 be adopted, effective at the conclusion of the 2017 House of Delegates, and
9 be it further

10 **Resolved**, that Chapter VII BOARD OF TRUSTEES, *Section 90 POWERS*, of the *ADA Bylaws* be
11 amended to include new subsection O. as follows (additions underscored), to be effective at the
12 conclusion of the 2017 House of Delegates:

13 O. Establish the annual dues of International members of this Association.

14 **BOARD RECOMMENDATION: Vote Yes.**

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

APPENDIX 1

1 Revision of CHAPTER I of the ADA *Bylaws* (additions are underscoring, deletions are ~~stricken through~~):

CHAPTER I • MEMBERSHIP

2 *Section 10.* CLASSIFICATION: The members of this Association shall be classified as follows:

3 Active Members

4 Life Members

5 Retired Members

6 ~~Nonpracticing Dentist Members~~

7 Student Members

8 Honorary Members

9 Provisional Members

10 ~~Associate Members~~

11 International Members

12 ~~Section 20. QUALIFICATIONS, PRIVILEGES, DUES AND SPECIAL ASSESSMENTS:~~ MEMBERSHIP
13 ELIGIBILITY

14 A. ACTIVE MEMBER. Any person holding a D.D.S., D.M.D. or equivalent degree shall be eligible to be an
15 active member of this Association if he or she meets the following qualifications:

16 a. ~~QUALIFICATIONS. An active member shall be a dentist who is licensed to practice dentistry (or~~
17 ~~medicine provided the physician has a D.D.S. or D.M.D. or equivalent dental degree) in a state or other~~
18 ~~jurisdiction of the United States and shall be~~ Maintains membership ~~in good standing of in this~~
19 ~~Association as that term is defined in these Bylaws; and~~

20 b. ~~—In addition, a dentist shall be~~ Is a member in good standing of this Association's the constituent and
21 component* societies where the member either resides, is employed or practices, unless; or if not a
22 member of such constituent and component is:

23 ~~{1.} the dentist is in the exclusive employment of by, or is serving on active duty in, one of the federal~~
24 ~~dental services**. A dentist is considered to be in the exclusive employ of one of the federal dental~~
25 ~~services when the dentist is under contract to provide dental services to the beneficiaries of the federal~~
26 ~~agency on a full-time basis and does not engage in private practice is not otherwise employed or~~
27 practicing dentistry within the jurisdiction of a constituent or component society; or

28 * As used herein, the term "constituent" means a dental association organized in a state or territory of the United States or in
29 Washington, D.C. that is chartered by the ADA House of Delegates. The term "component" means a local dental association that
30 may be created within the boundaries of a constituent by the constituent.

31 ** The term "federal dental services" as used herein shall mean the dental departments of the Air Force, the Army, the Navy, the
32 Public Health Service, the department of Veterans Affairs and other federal agencies.

2. ~~the dentist is employed or practicing dentistry in a country other than the United States and consequently is ineligible for membership in a constituent or component society and is a graduate of a dental school or a graduate of a training program accredited by the Commission on Dental Accreditation;~~
or

3. ~~the dentist is working as a dental school faculty member, dental administrator or consultant within the territorial jurisdiction of a constituent society and is otherwise ineligible for active membership in the a constituent or component society because the dentist is not licensed in the territorial jurisdiction of that constituent where the individual resides, is employed or practices.~~

An individual qualifying pursuant to subsections b.1. through 3. shall be referred to as a "direct member."

~~*Explanatory Notes:* The term "other jurisdiction of the United States" as used in this *Constitution and Bylaws* shall mean the District of Columbia, the Commonwealth of Puerto Rico, the Commonwealth of the Northern Mariana Islands and the territories of the United States Virgin Islands, Guam and American Samoa.~~

~~The term "federal dental services" as used in this *Constitution and Bylaws* shall mean the dental departments of the Air Force, the Army, the Navy, the Public Health Service, the department of Veterans Affairs and other federal agencies.~~

~~The term "direct member" as used in this *Constitution and Bylaws* shall mean a member in good standing who pursuant to Chapter I of these *Bylaws* does not hold membership in any constituent society of this Association.~~

~~b. PRIVILEGES.~~

~~(1) An active member in good standing shall receive annually a membership card and *The Journal of the American Dental Association*, the subscription price of which shall be included in the annual dues. An active member shall be entitled to attend any scientific session of this Association and receive such other services as are provided by the Association.~~

~~(2) An active member in good standing shall be eligible for election as a delegate or alternate delegate to the House of Delegates and for election or appointment to any office or agency of this Association, except as otherwise provided in these *Bylaws*.~~

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

~~c. DUES AND SPECIAL ASSESSMENTS.~~

~~Beginning January 1, 2006, and each year thereafter, the dues of active members shall be the amount established annually by the House of Delegates in accordance with the procedure set forth in Chapter V, Section 130Ad of these *Bylaws*. In addition to their annual dues, active members shall pay any special assessment, due January 1 of each year. Any dentist who satisfies the eligibility requirements for active membership and any of the following conditions shall be entitled to pay the reduced active member dues~~

*** An individual qualifying as an active member of this Association pursuant to subsections b.1 through b.3 of Section 20.A. of

Chapter I shall be referred to as a "direct member" of this Association.

and any special assessment stated under such satisfied condition so long as that dentist maintains continuous membership, subject to the further reductions permitted under the provisions of Chapter I, Section 20Ad of these Bylaws:

(1) Dentists, when awarded a D.D.S. or D.M.D. degree, shall be exempt from the payment of active member dues and any special assessment for the remaining period of that year and the following first full calendar year. Dentists shall pay twenty-five percent (25%) of active member dues and any special assessment for the second full calendar year following the year in which the degree was awarded, fifty percent (50%) of active member dues and any special assessment in the third year, seventy-five percent (75%) of active member dues and any special assessment in the fourth year and one hundred percent (100%) in the fifth year and thereafter.

(2) Dentists who are engaged full-time in (a) an advanced training course of not less than one (1) academic year's duration in an accredited school or a residency program in areas neither recognized by this Association nor accredited by the Commission on Dental Accreditation or (b) a residency program or advanced education program in areas recognized by this Association and in a program accredited by the Commission on Dental Accreditation shall pay thirty dollars (\$30.00) due on January 1 of each year until December 31 following completion of such program. For dentists who enter such a course or program while eligible for the dues reduction program, the applicable reduced dues rate shall be deferred until completion of that program. Upon completing the program, the dentist shall pay dues and any special assessment for active members at the reduced dues rate where the dentist left off in the progression. The dentist who is engaged full-time in (a) an advanced training course of not less than one (1) academic year's duration in an accredited school or residency program in areas neither recognized by this Association nor accredited by the Commission on Dental Accreditation or (b) a residency program or advanced education program in areas recognized by this Association and in a program accredited by the Commission on Dental Accreditation shall be exempt from the payment of any active member special assessment then in effect through December 31 following completion of such course or program.

(3) A graduate of a non-accredited dental school who has recently been licensed to practice dentistry in a jurisdiction in which there is a constituent dental society of the American Dental Association shall be exempt from payment of active member dues and any special assessment for the remaining period of the year in which the license was issued and the following first full calendar year. The newly licensed graduate of a non-accredited school shall pay twenty-five percent (25%) of active member dues and any special assessment the second calendar year following the year in which the license was obtained, fifty percent (50%) of active member dues and any special assessment in the third year, seventy-five percent (75%) of active member dues and any special assessment in the fourth year and one hundred percent (100%) in the fifth year and thereafter.

(4) A licensed dentist who has never been an active member of this Association and is ineligible for dues reduction as a new graduate under this Section of the Bylaws, shall pay fifty percent (50%) of active member dues and any special assessment in the first year of membership, and shall pay one hundred percent (100%) of active member dues and any special assessment in the second year and each year thereafter.

(5) The Board of Trustees may authorize limited dues reduction, up to fifty percent (50%) of active member dues and any special assessment for the purposes of promoting active membership in target U.S. markets through marketing campaigns recommended by the Council on Membership. This

~~reduction of active member dues and any special assessments shall be on a one-time only basis for these members.~~

~~d. ACTIVE MEMBERS SELECTED AFTER JULY 1 AND OCTOBER 1. Those members selected to active membership in this Association after July 1, except for those whose membership has lapsed for failure to pay the current year's dues and/or any special assessment, shall pay fifty percent (50%) of the current year's dues and fifty percent (50%) of any active member special assessment then in effect, and those selected after October 1, shall be exempt from the payment of the current year's dues and any active member special assessment then in effect on a one-time only basis.~~

B. LIFE MEMBER. Any person holding a D.D.S., D.M.D. or equivalent degree shall be eligible to be a life member of this Association if he or she meets the following qualifications:

a. QUALIFICATIONS. A life member shall be a member in good standing of this Association who (1) has Has been an active and/or retired member in good standing of this Association for thirty (30) consecutive years or a total of at least forty (40) non-consecutive years;

b. of active and/or retired membership or has been a member of the National Dental Association for twenty five (25) years and subsequently held at least ten (10) years of membership in the American Dental Association; (2) has attained Reached the age of at least sixty-five (65) years in during the previous calendar year; and

c. (3) has submitted an affidavit attesting to the qualifications for this category through said component and constituent societies, Maintains membership in good standing in a constituent and component, if such exist, and in this Association.

d. A member may also qualify for life member status by having been a member of the National Dental Association for twenty-five (25) years and subsequently holding membership in this Association for at least ten (10) years and having reached reached the age of at least sixty-five (65) during the previous calendar year.

~~—A dentist who immigrated to the United States may receive credit for up to twenty five (25) consecutive or total years of membership in a foreign dental association in order to qualify for the requirements for life membership.~~

~~—Years of student membership shall not be counted as active membership for purposes of establishing eligibility for life membership unless the dentist was an active member in good standing prior to becoming a student member.~~

~~—The Association will give notification to members who are eligible for life membership. Life membership shall be effective the calendar year following the year in which the requirements are fulfilled. Maintenance of membership in good standing in the member's constituent and component societies, if such exist, shall be a requisite for continuance of life membership in this Association.~~

b. PRIVILEGES. A life member in good standing of this Association shall receive annually a membership card. A life member shall be entitled to all the privileges of an active member, except that a retired life member shall not receive *The Journal of the American Dental Association* except by subscription.

~~—A life member under a disciplinary sentence of suspension or probation shall not be privileged to hold office, either elective or appointive, including delegate and alternate delegate, in such member's~~

1 ~~component and constituent societies and this Association. A life member under a disciplinary sentence~~
2 ~~of suspension shall also not be privileged to vote or otherwise participate in the selection of officials of~~
3 ~~such member's component and constituent societies and this Association.~~

4 ~~c. DUES AND SPECIAL ASSESSMENTS.~~

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

10 ~~(2) RETIRED LIFE MEMBERS. Life members who have fulfilled the qualifications of Chapter I, Section~~
11 ~~20C of these Bylaws with regard to income related to dentistry shall be exempt from payment of dues~~
12 ~~and any special assessment.~~

13 ~~(3) ACCEPTANCE OF BACK DUES AND SPECIAL ASSESSMENTS. For the purpose of establishing~~
14 ~~continuity of active membership to qualify for life membership, back dues and any special assessment,~~
15 ~~except as otherwise provided in these Bylaws, shall be accepted for not more than the three (3) years of~~
16 ~~delinquency prior to the date of application for such payment. The rate of such dues and/or any special~~
17 ~~assessment, except as otherwise provided in these Bylaws, shall be in accordance with Chapter I,~~
18 ~~Section 40 of these Bylaws.~~

19 ~~For the purpose of establishing continuity of active membership in order to qualify for life membership,~~
20 ~~an active member, who had been such when entering upon active duty in one of the federal dental~~
21 ~~services but who, during such federal dental service, interrupted the continuity of active membership~~
22 ~~because of failure to pay dues and/or any special assessment and who, within one year after separation~~
23 ~~from such military or equivalent duty, resumed active membership, may pay back dues and any special~~
24 ~~assessment for any missing period of active membership at the rate of dues and/or any special~~
25 ~~assessment current during the missing years of membership.~~

26 C. RETIRED MEMBER. Any person holding a D.D.S., D.M.D. or equivalent degree shall be eligible to be
27 a retired member of this Association if he or she meets the following qualifications:

28 a. QUALIFICATIONS. A retired member shall be an active member in good standing of this Association
29 who is now a retired member of a constituent society, if such exists, and is no longer earning income
30 from the performance of any dentally related activity. An affidavit attesting to qualifications for this
31 category must be submitted through said component and constituent society, if such exists.
32 Maintenance of active or retired membership in good standing in the member's component society and
33 retired membership in good standing in the member's constituent, if such exist, entitling such member to
34 all the privileges of an active member, shall be requisite for entitlement to and continuance of retired
35 membership in this Association. Has submitted to the individual's component and constituent or, if a
36 direct member, to this Association, an affidavit attesting that the individual does not receive or earn
37 income from any dentally-related activity; and

38 b. PRIVILEGES. A retired member in good standing shall be entitled to all the privileges of an active
39 member. Maintains membership in good standing in a constituent and component, if such exist, and in
40 this Association.

41 ~~A retired member under a disciplinary sentence of suspension or probation shall not be privileged to~~
42 ~~hold office, either elective or appointive, including delegate and alternate delegate, in such member's~~

~~component and constituent societies and this Association. A retired member under a disciplinary sentence of suspension shall also not be privileged to vote or otherwise participate in the selection of officials of such member's component and constituent societies and this Association.~~

~~c. DUES AND SPECIAL ASSESSMENTS. The dues of retired members shall be twenty-five percent (25%) of the dues of active members, due January 1 of each year. In addition to their annual dues, retired members shall pay twenty-five percent (25%) of any active member special assessment, due January 1 of each year.~~

~~D. NONPRACTICING DENTIST MEMBER.~~

~~a. QUALIFICATIONS. A nonpracticing dentist member shall be a dentist who is ineligible for any other classification of membership and:~~

~~(1) has a dental degree from any country;~~

~~(2) resides in the United States or its territories;~~

~~(3) does not hold a dental license in the United States nor has a revoked U.S. dental license;~~

~~(4) is not delivering patient care as a dentist for remuneration; and~~

~~(5) is a member in good standing of this Association, and the Association's constituent and component societies, if such exists.~~

~~b. PRIVILEGES.~~

~~(1) A nonpracticing dentist member in good standing shall receive annually a membership card and *The Journal of the American Dental Association*, the subscription price of which shall be included in the annual dues. A nonpracticing dentist member shall be entitled to attend any scientific session of this Association and receive such other services as are authorized by the Association.~~

~~(2) A nonpracticing dentist member in good standing shall be eligible for election to any council.~~

~~(3) A nonpracticing dentist member shall also be eligible for appointment as an additional member to any council, provided the council requests such additional nonpracticing membership representation and the Board of Trustees approves the council's request. Such members shall be appointed by the Board of Trustees. The tenure of an additional council member shall be one (1) term of four (4) years.~~

~~(4) A nonpracticing dentist member under a disciplinary sentence of suspension shall not be privileged to serve as a member of any council.~~

~~c. DUES AND SPECIAL ASSESSMENTS. The dues of nonpracticing dentists shall be fifty percent (50%) of the dues of active members, due January 1 of each year. In addition to their annual dues, nonpracticing dentists shall pay fifty percent (50%) of any active member special assessment, due January 1 of each year.~~

ED. STUDENT MEMBER. Any person shall be eligible to be a student member of this Association if the individual meets the following qualifications:

~~a. QUALIFICATIONS. A student member shall be is enrolled as a predoctoral student of a dental school accredited by the Commission on Dental Accreditation of this Association; or~~

~~b. Is enrolled as a predoctoral student of a dental school listed in the World Directory of Dental Schools compiled by the FDI World Dental Federation; or~~

c. Holds a D.D.S., D.M.D or an equivalent degree and a dentist eligible for membership in this Association who is engaged full-time in an advanced training course of not less than one academic year's duration in an accredited school or residency program.

d. Student membership shall not be considered in the calculation of membership tenure needed to achieve life membership.

~~b. PRIVILEGES. A student member in good standing of this Association shall receive annually a membership card and *The Journal of the American Dental Association*, the subscription price of which shall be included in the annual dues. A student member shall be entitled to attend any scientific session of this Association.~~

~~A student member under a disciplinary sentence of suspension shall not be privileged to serve as the American Student Dental Association's delegate or alternate delegate in this Association's House of Delegates.~~

~~e. DUES AND SPECIAL ASSESSMENTS.~~

~~(1) PREDOCTORAL STUDENT MEMBERS: The dues of predoctoral student members shall be five dollars (\$5.00) due January 1 of each year. Such student members shall be exempt from the payment of any special assessment.~~

~~(2) POSTDOCTORAL STUDENTS AND RESIDENTS: The dues of dentists who are student members pursuant to Chapter I, Section 20E shall be thirty dollars (\$30.00) due January 1 of each year. Such student members shall be exempt from the payment of any special assessment.~~

~~(3) Student membership terminates on December 31 after graduation or after completion of a residency or graduate work.~~

FE. HONORARY MEMBER. Any person shall be eligible to be an honorary member of this Association if he or she meets the following qualifications:

a. QUALIFICATIONS. An individual who has Has made outstanding contributions to the advancement of the art and science of dentistry, upon election by the Board of Trustees, shall be classified as an honorary member of this Association.; and

b. PRIVILEGES. An honorary member shall receive a membership card and *The Journal of the American Dental Association*. An honorary member shall be entitled to attend any scientific session of this Association and receive such other services as are authorized by the Board of Trustees. Be elected an honorary member by the Board of Trustees.

~~c. DUES AND SPECIAL ASSESSMENTS. Honorary members shall be exempt from payment of dues and any special assessment.~~

GF. PROVISIONAL MEMBER. An individual is a provisional member of this Association if he or she meets one of the following alternative qualifications:

a. QUALIFICATIONS. A provisional member shall be a dentist who:

(1) has Has received a D.D.S. or D.M.D. degree within the past twenty-four (24) months from a dental school accredited by the Commission on Dental Accreditation of the American Dental this Association

1 ~~and is not eligible for tripartite or any other direct category of membership because he or she has not~~
2 ~~established a place of practice. The provisional membership awarded under this alternative shall~~
3 ~~terminate December 31 of the second full calendar year following the year in which the degree was~~
4 ~~awarded; or shall be a graduate of an unaccredited dental school who has recently been licensed to~~
5 ~~practice dentistry in a jurisdiction in which there is a constituent dental society;~~

6 ~~or~~

7 ~~(2) b. Is a graduate of an unaccredited dental school who has been licensed within the past twenty-four~~
8 ~~(24) months to practice dentistry in a jurisdiction in which there is a constituent and has not established a~~
9 ~~place of practice. The provisional membership awarded under this alternative shall terminate December~~
10 ~~31 of the second full calendar year following the year in which the license was awarded. ; and~~

11 ~~(3) shall have applied for provisional membership within 12 months of graduation or licensure.~~

12 ~~b. Provisional membership shall terminate December 31 of the second full calendar year following the~~
13 ~~year in which the degree was awarded.~~

14 ~~b. PRIVILEGES. A provisional member in good standing shall be entitled to all the privileges of an active~~
15 ~~member except that a provisional member shall have no right to appeal from a denial of active~~
16 ~~membership in the Association.~~

17 ~~A provisional member under a disciplinary sentence of suspension shall not be privileged to hold office,~~
18 ~~either elective or appointive, including delegate and alternate delegate, in such member's component~~
19 ~~and constituent societies and this Association, or to vote or otherwise participate in the selection of~~
20 ~~officials of such member's component and constituent societies and this Association.~~

21 ~~c. DUES AND SPECIAL ASSESSMENTS. The dues and/or any special assessment of provisional~~
22 ~~members shall be the same as the dues and/or any special assessment of active members.~~

23 ~~H. ASSOCIATE MEMBER.~~

24 ~~a. QUALIFICATIONS. An associate member shall be a person ineligible for any other type of~~
25 ~~membership in this Association, who contributes to the advancement of the objectives of this~~
26 ~~Association, is employed in dental-related education or research, does not hold a dental license in the~~
27 ~~United States, and has applied to and been approved by the Board of Trustees.*~~

28 ~~b. PRIVILEGES. An associate member in good standing shall receive annually a membership card and~~
29 ~~*The Journal of the American Dental Association*, the subscription price of which shall be included in the~~
30 ~~annual dues. An associate member shall be entitled to attend any scientific session of this Association~~
31 ~~and receive such other services as are authorized by the Board of Trustees.~~

32 ~~c. DUES AND SPECIAL ASSESSMENTS. The dues of associate members shall be twenty-five percent~~
33 ~~(25%) of the dues of active members, due January 1 of each year. In addition to their annual dues,~~
34 ~~associate members shall pay twenty-five percent (25%) of any active member special assessment, due~~
35 ~~January 1 of each year.~~

* Individuals who are classified as associate members of this Association prior to the 1996 annual session of the House of Delegates but who are not employed full-time in dentally-related education or research by an accredited institution of higher education, may maintain their associate membership so long as other eligibility requirements are met and current dues and any special assessment are paid.

1 I.G. INTERNATIONAL MEMBER.

2 ~~a. QUALIFICATIONS.~~ An international member shall be a dentist individual who is ineligible for any other
3 classification of membership and:

4 ~~(1) is a.~~ Is practicing dentistry or is employed in a dentally-related field in a country other than the United
5 States;

6 ~~(2) has b.~~ Has been classified as an international member upon application to ~~and approval by the Board~~
7 of Trustees according to the specifications in the *Governance and Organizational Manual of the*
8 *American Dental Association* (the "*Governance Manual*"); and

9 ~~(3) is a c.~~ Maintains membership in good standing of this Association.

10 ~~b. Section 30. PRIVILEGES.~~ An international member in good standing shall receive a set of products
11 and services as are authorized by the Board of Trustees in collaboration with the Council on
12 Membership. Members shall receive such privileges and benefits as are listed in the *Governance Manual*.

13 ~~c. DUES AND SPECIAL ASSESSMENTS.~~ The dues of international members shall be established by the
14 Board of Trustees. The Board of Trustees shall be authorized to deviate from the established international
15 member dues rate to: (1) promote international memberships in a selected jurisdiction, and (2) to
16 recognize economic circumstances in least developed countries eligible for special fee criteria as
17 established by the FDI World Dental Federation. International member dues shall be due January 1 each
18 year. International members shall be exempt from the payment of any special assessment.

19 Section 40. DUES AND SPECIAL ASSESSMENTS. The dues of members shall be in the amount
20 established annually by the House of Delegates in accordance with the procedure set forth in these
21 *Bylaws*. In addition to annual dues, members shall pay any outstanding special assessment that may be
22 levied by the House of Delegates in accordance with the procedure set forth in the *Governance Manual*.

23 ~~Section 30 50. DEFINITION OF "IN GOOD STANDING."~~ A member of this Association whose dues and
24 any special assessment for the current year have been paid shall be in good standing. In addition, a
25 member who elects to pay dues and any special assessments via an approved installment payment plan
26 shall be in good standing provided that the installment payments are current. To remain in good standing,
27 a member may be required under the bylaws of the member's constituent or component society, to meet
28 standards of continuing education, pay any special assessment, cooperate with peer review bodies or
29 committees on ethics, or attend, if a newly admitted active member, a stated number of membership
30 meetings between the date of admission and the completion of the first calendar year of active
31 membership. If under a disciplinary sentence of suspension, such member shall be designated as "in
32 good standing temporarily under suspension" until the disciplinary sentence has terminated.

33 The requirement of paying current dues does not apply to retired life, honorary and those members of this
34 Association who pursuant to Section 50 of this Chapter have been granted dues waivers for the purpose
35 of determining their good standing. The requirement of paying any special assessment does not apply to
36 retired life, honorary, international, student and those members of this Association who pursuant to
37 Section 50 of this Chapter have been granted any special assessment waivers for purposes of
38 determining their good standing.

39 A. To be in good standing, a member is required to meet the following criteria:

40 a. The member's payments of dues and special assessments, if any, are current if such payment is
41 required;

b. Any additional criteria that may be imposed by the member's constituent or component.

B. A member under a disciplinary sentence of suspension shall be designated as "in good standing temporarily under suspension" until the disciplinary sentence has terminated.

~~Section 40-60.~~ LAPSE OF MEMBERSHIP AND REINSTATEMENT.

A. LAPSE OF MEMBERSHIP. Any member whose dues and any special assessment have not been paid by March 31 of the current year or shall otherwise fail to meet the eligibility requirements for membership shall cease to be a member of this Association. ~~Further, an associate member who terminates employment in dental-related education or research shall cease to be an associate member of this Association December 31 of that calendar year.~~

B. REINSTATEMENT. Reinstatement of ~~active, life, retired, nonpracticing dentist, student or international~~ membership may be secured on payment of appropriate outstanding dues and any special assessment of this Association and ~~on compliance with the pertinent bylaws and regulations of the constituent and component societies involved and this Association meeting the remaining eligibility requirements for~~ membership.

~~Section 50-70.~~ WAIVER OF DUES OR AND SPECIAL ASSESSMENTS RELATED ISSUES. Members may be eligible for a full or partial waiver of the current year's dues and/or any special assessments as set forth in the Governance Manual.

~~A. PAYMENT DATE AND INSTALLMENT PAYMENTS. Dues and any special assessment of all members are payable January 1 of each year, except for active and active life members who may participate in an installment payment plan. Such plan shall be sponsored by the members' respective constituent or component dental societies, or by this Association if the active or active life members are in the exclusive employ of, or are serving on active duty in, one of the federal dental services. The plan shall require monthly installment payments that conclude with the current dues and any special assessment amount fully paid by December 15. Transactional costs may be imposed, prorated to this Association and the constituent or component dental society. The installment plan shall provide for the expeditious transfer of member dues and any special assessment to this Association and the applicable constituent or component dental society.~~

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

~~C. WAIVERS FOR ACTIVE MEMBERS TEMPORARILY ACTIVATED TO FEDERAL SERVICE. An active member in good standing who pursuant to Chapter I of these Bylaws holds membership in a constituent and component society and is temporarily called to active duty with a federal dental service on a non-~~

* Members with disabilities who were granted dues and any special assessment disability waivers prior to the 2007 House of Delegates may continue to receive such waivers provided they are unable to practice dentistry within the definition of these Bylaws and they submit through the member's component and constituent societies, if such exist, to this Association, a medical certificate attesting to the disability and a certificate from said component and constituent societies, if such exist, attesting to the disability, upon request of the Association, during the exemption period.

1 career basis shall be exempt from the payment of dues to this Association during such military duty, but
2 not to exceed a period of three years.

3 ~~D. WAIVERS FOR ACTIVE MEMBERS WORKING FOR A HUMANITARIAN ORGANIZATION. An active~~
4 ~~member who is serving the profession by working full-time for a humanitarian organization and is~~
5 ~~receiving neither income nor a salary for such humanitarian service other than a subsistence amount~~
6 ~~which approximates a cost of living allowance shall be exempt from the payment of dues and any special~~
7 ~~assessment then in effect through December 31 following completion of such service provided that such~~
8 ~~humanitarian service is being performed continuously for not less than one (1) year and provided further~~
9 ~~that such member does not supplement such subsistence income by the performance of services as a~~
10 ~~member of the faculty of a dental or dental auxiliary school, as a dental administrator or consultant, or as~~
11 ~~a practitioner of any activity for which a license to practice dentistry or dental hygiene is required.~~

12 ~~E. CALCULATING PERCENTAGE DUES OR SPECIAL ASSESSMENTS. In establishing the dollar rate~~
13 ~~of dues or special assessments in this Chapter expressed as a percentage of active member dues or~~
14 ~~special assessments, computations resulting in fractions of a dollar shall be rounded up to the next whole~~
15 ~~dollar.~~

16

APPENDIX 2

GOVERNANCE AND ORGANIZATIONAL MANUAL OF THE AMERICAN DENTAL ASSOCIATION

Preface

This *Governance and Organizational Manual of the American Dental Association* (the “*Governance Manual*”) contains the general governance, organizational policies and processes of the American Dental Association and is the property of the ADA House of Delegates. The material contained herein shall be amendable by the House of Delegates upon majority vote unless otherwise specified herein.

For convenience to members, the material in the *Governance Manual* is organized to follow the same order of presentation found in the *ADA Constitution and Bylaws*.

The terms used in the *Governance Manual* shall have the same meaning as set forth in the *ADA Constitution and Bylaws*.

I. MEMBERSHIP MATTERS

A. Membership Privileges and Benefits.

The following is a list of privileges and benefits for each class of membership identified in the *ADA Bylaws*.

1. Active Members. Active members shall receive the following privileges and benefits, including:

An annual membership card;

A paid-up subscription to *The Journal of the American Dental Association*;

The entitlement to attend any ADA scientific session or meeting; and

Such other benefits and services as the ADA may from time to time make available to active members.

Active members in good standing are eligible for election as a delegate or alternate delegate to the ADA House of Delegates and are also eligible for election or appointment to any office or agency of the ADA except as may be otherwise provided in the *ADA Bylaws* or this *Governance Manual*.

Active members under a disciplinary sentence of suspension or probation are not entitled to hold elective or appointive office, including delegate and alternate delegate, in the ADA or the members’ constituents or components. Also, such suspended or probated active members may not vote or otherwise participate in the selection or election of officers or other officials of the ADA or the members’ components and constituents.

2. Retired Members. Retired members shall receive the same privileges and benefits as active members, including:

An annual membership card;

1 A paid-up subscription to *The Journal of the American Dental Association*;

2 The entitlement to attend any ADA scientific session or meeting; and

3 Such other benefits and services as the ADA may from time to time make available to retired
4 members.

5 Retired members in good standing are eligible for election as a delegate or alternate delegate to
6 the ADA House of Delegates and are also eligible for election or appointment to any office or
7 agency of the ADA except as may be otherwise provided in the ADA *Bylaws* or this *Governance*
8 *Manual*.

9 Retired members under a disciplinary sentence of suspension or probation are not entitled to
10 hold elective or appointive office, including delegate and alternate delegate, in the ADA or the
11 members' constituents or components. Also, such suspended or probated retired members
12 may not vote or otherwise participate in the selection of officers or officials of the ADA or the
13 members' components and constituents.

- 14 3. Life Members. Except as noted, life members shall receive the same privileges and benefits as
15 active members, including:

16 An annual membership card;

17 A paid-up subscription to *The Journal of the American Dental Association*;

18 The entitlement to attend any ADA scientific session or meeting; and

19 Such other benefits and services as the ADA may from time to time make available to life
20 members.

21 Life members in good standing are eligible for election as a delegate or alternate delegate to the
22 ADA House of Delegates and are also eligible for election or appointment to any office or agency
23 of the ADA except as may be otherwise provided in the ADA *Bylaws* or this *Governance Manual*.

24 Life members under a disciplinary sentence of suspension or probation are not entitled to hold
25 elective or appointive office, including delegate and alternate delegate, in the ADA or the
26 members' constituents or components. Also, such suspended or probated life members may
27 not vote or otherwise participate in the selection of officers or officials of the ADA or the
28 member' components and constituents.

29 Life members who also meet the eligibility requirements for retired membership shall qualify for
30 retired life membership. Retired life members shall receive all the privileges and benefits of active
31 members, except that retired life members shall not receive a paid-up subscription to *The Journal*
32 *of the American Dental Association*.

- 33 4. Student Members. Student members shall receive the following privileges and benefits, including:

34 An annual membership card;

35 A paid subscription to *The Journal of the American Dental Association*;

36 The entitlement to attend any ADA scientific session or meeting; and

37 Such other benefits and services as the ADA may from time to time make available to student
38 members.

1 Student members in good standing are eligible for election as a delegate or alternate delegate of
2 the American Student Dental Association to the ADA House of Delegates.

3 Student members under a disciplinary sentence of suspension or probation are not entitled to
4 serve as a delegate and alternate delegate of the American Student Dental Association to the
5 ADA House of Delegates.

- 6 5. Provisional Members. Except as noted, provisional members shall receive the same privileges and
7 benefits as active members, including:

8 An annual membership card;

9 A paid-up subscription to *The Journal of the American Dental Association*;

10 The entitlement to attend any ADA scientific session or meeting; and

11 Such other benefits and services as the ADA may from time to time make available to provisional
12 members.

13 Provisional members in good standing are eligible for election as a delegate or alternate delegate
14 to the ADA House of Delegates and for election or appointment to any office or agency of the
15 ADA except as may be otherwise provided in the ADA *Bylaws* or this *Governance Manual*.

16 Provisional members under a disciplinary sentence of suspension or probation are not entitled
17 to hold elective or appointive office, including delegate and alternate delegate, in the ADA.

18 Also, such suspended or probated provisional members may not vote or otherwise participate
19 in the selection of officers or officials of the ADA.

20 Provisional members shall not be entitled to appeal a denial of active membership in the
21 Association.

- 22 6. Honorary Members. Honorary members shall receive the following privileges and benefits,
23 including:

24 An annual membership card;

25 A paid-up subscription to *The Journal of the American Dental Association*;

26 The entitlement to attend any ADA scientific session or meeting; and

27 Such other benefits and services as the ADA Board of Trustees may from time to time make
28 available to honorary members.

29 Honorary members are not entitled to hold elective or appointive office, including delegate and
30 alternate delegate, in the ADA or the honorary members' constituents or components or to vote or
31 otherwise participate in the selection of officers or officials of the ADA.

- 32 7. International Members. International members shall receive such products and services as may be
33 authorized from time to time by the Board of Trustees in collaboration with the Council on
34 Membership.

35 B. Dues, Special Assessments and Related Financial Matters

- 36 1. Dues. Under the ADA *Bylaws*, the House of Delegates has the duty to annually set the dues of
37 active members for the ensuing year. Dues are due and payable on January 1, except where a
38 member has opted to pay dues in installments pursuant to a plan offered by the member's
39 constituent, in which case, dues are paid according to the plan's requirements.

1 The schedule of annual dues for each of the membership categories specified in the ADA *Bylaws* is
2 as follows:

3 Active Members:

4 From degree award through conclusion of the 1st full year following an award of a D.D.S. or
5 D.M.D. the member is exempt from the payment of dues.

6 2nd full year following degree award: Twenty-five percent (25%) of active member dues as set
7 by the House of Delegates pursuant to ADA *Bylaws*;

8 3rd full year following degree award: Fifty percent (50%) of active member dues as set by the
9 House of Delegates pursuant to the ADA *Bylaws*;

10 4th full year following degree award: Seventy-five percent (75%) of active member dues as set
11 by the House of Delegates pursuant to the ADA *Bylaws*; and

12 5th full year following degree award and above: One hundred percent (100%) of active member
13 dues as set by the House of Delegates pursuant to the ADA *Bylaws*.

14 Members becoming active members after July 1, except for those whose membership has
15 lapsed for failure to pay the current year's dues and/or any special assessment, shall pay fifty
16 percent (50%) of any annual dues then in effect. Those members becoming active members
17 after October 1, except for those whose membership has lapsed for failure to pay the current
18 year's dues and/or any special assessment, shall be exempt from the payment of the any
19 annual dues then in effect.

20 Retired Members: Twenty-five percent (25%) of active member dues as set by the House of
21 Delegates pursuant to the ADA *Bylaws*.

22 Life Members: Seventy-five percent (75%) of active member dues as set by the House of Delegates
23 pursuant to the ADA *Bylaws*.

24 Life members who also meet the eligibility requirements for retired membership shall be exempt
25 from the payment of dues.

26 Student Members: Pre-doctoral student members: Five Dollars (\$5.00). Post-doctoral students and
27 residents: Thirty Dollars (\$30.00).

28 Provisional Members: The obligation of provisional members to pay dues is the same as for active
29 members.

30 Honorary Members: Honorary members shall be exempt from the payment of dues.

31 International Members: The amount as set from time to time by the Board of Trustees. The Board
32 of Trustees can, however, deviate from the established dues rate for international members in order
33 to:

34 (a) promote international membership in the ADA in a selected jurisdiction; and

35 (b) recognize economic circumstances in those least developed countries eligible for special
36 fee criteria as established by the FDI World Dental Federation.

- 37 2. Special Assessments: Pursuant to the ADA *Bylaws*, the House of Delegates has the power to levy
38 special assessments. Any special assessment for a calendar year is due and payable on January
39 1, except where a member has opted to pay in installments pursuant to a plan offered by the

1 member's constituent, in which case, the special assessment is paid according to the plan's
2 requirements.

3 The schedule of special assessment allocation for each of the membership categories specified in the
4 ADA *Bylaws* is as follows:

5 Active Members:

6 From degree award through conclusion of the 1st full year following an award an award of a
7 D.D.S. or D.M.D. degree the member is exempt from the payment of any special assessment
8 then in effect.

9 2nd full year following degree award: Twenty-five percent (25%) of any special assessment then
10 in effect;

11 3rd full year following degree award: Fifty percent (50%) of any special assessment then in
12 effect;

13 4th full year following degree award: Seventy-five percent (75%) of any special assessment then
14 in effect; and

15 5th full year following degree award and above: One hundred percent (100%) of any special
16 assessment then in effect.

17 On a one-time only basis, those members becoming active members after July 1, except for
18 those whose membership has lapsed for failure to pay the current year's dues and/or any
19 special assessment, shall pay fifty percent (50%) of any special assessment then in effect. On
20 a one-time only basis, those members becoming active members after October 1, except for
21 those whose membership has lapsed for failure to pay the current year's dues and/or any
22 special assessment, shall be exempt from the payment of the any special assessment then in
23 effect.

24 Retired Members: Twenty-five percent (25%) of any special assessment then in effect.

25 Life Members: Seventy-five percent (75%) of any special assessment then in effect.

26 Life members who also meet the eligibility requirements for retired membership shall be exempt
27 from the payment of special assessments.

28 Student Members: Pre-doctoral, post-doctoral students and residents are exempt from the
29 payment of special assessments.

30 Provisional Members: The obligation of provisional members to pay any special assessment
31 then in effect is the same as for active members.

32 Honorary Members: Honorary members are exempt from the payment of special assessments.

33 International Members: International members are exempt from the payment of special
34 assessments.

35 3. Acceptance of Back Dues and Special Assessments: For purposes of establishing continuity of
36 active membership to qualify for life membership, back dues and any special assessment, except
37 as otherwise provided in these *Bylaws*, shall be accepted for not more than the three (3) years of
38 delinquency prior to the date of application for such payment. The rate of such dues and/or any
39 special assessment, except as otherwise provided in these *Bylaws*, shall be in accordance with
40 Chapter I, Section 40 of these *Bylaws*.

For the purpose of establishing continuity of active membership in order to qualify for life membership, an active member, who had been such when entering upon active duty in one of the federal dental services but who, during such federal dental service, interrupted the continuity of active membership because of failure to pay dues and/or any special assessment and who, within one year after separation from such military or equivalent duty, resumed active membership, may pay back dues and any special assessment for any missing period of active membership at the rate of dues and/or any special assessment current during the missing years of membership.

3. Limited Dues and Special Assessment Reduction Programs: Notwithstanding the foregoing policies on dues and special assessments, the following limited dues reduction programs are available in certain circumstances:

- A. New Graduate Dues Reduction Deferral. For dentists who are engaged full-time in an advanced training program of not less than one academic year's duration, post-doctoral or residency program while eligible for the new graduate active member dues and special assessment reduction program outlined above, the applicable reduced dues rate shall be deferred until completion of post-doctoral or residency program. Commencing at the start of the calendar year after the dentist completes the program, the dentist shall recommence paying dues and any special assessment for active members at the reduced dues rate where the dentist left off in the progression. During the period such dentist is engaged full-time in an advanced training course of not less than one (1) academic year's duration, post-doctoral or residency program, the dues and special assessment provisions for post-doctoral students and residents shall apply.
- B. First Time Member Ineligible for New Graduate Dues Reduction. A dentist who has never been an active member of this Association and is ineligible for dues and special assessment reduction as a new graduate under the provisions of the *Governance Manual*, shall pay fifty percent (50%) of active member dues and any special assessment in the first year of membership, and shall pay one hundred percent (100%) of active member dues and any special assessment in the second year and each year thereafter.
- C. Active Membership Promotion. The Board of Trustees may authorize limited dues reduction, up to fifty percent (50%) of active member dues and any special assessment then in effect for the purposes of promoting active membership in target U.S. markets through marketing campaigns recommended by the Council on Membership. This reduction of active member dues and any special assessments shall be on a one-time only basis for these members.
- D. Financial Hardship Waivers. Any members who have suffered a significant financial hardship that prohibits them from payment of their full dues and/or any special assessment may be excused from the payment of twenty-five percent (25%), fifty percent (50%), seventy-five percent (75%) or all of the current year's dues and/or any special assessment as determined by their constituents and components. The constituents and components shall certify the reason for the waiver, and the constituents and components shall provide the same proportionate waiver of their dues as that provided by this Association.*

* Members with disabilities who were granted dues and any special assessment disability waivers prior to the 2007 House of Delegates may continue to receive such waivers provided they are unable to practice dentistry within the definition of the *Bylaws* and they submit through the members' respective component and constituent, if such exist, to this Association, a medical certificate attesting to the disability and a certificate from said component and constituent, if such exist, attesting to the disability, upon request of the Association, during the exemption period.

1 E. Temporary Activation to Federal Service. An active member in good standing who is
2 temporarily called to active duty with a federal dental service on a non-career basis shall be
3 exempt from the payment of dues to this Association during such federal dental service duty,
4 but not to exceed a period of three years.

5 F. Full-Time Work for Humanitarian Organization. An active member who is serving the
6 profession by working full-time for a humanitarian organization and is receiving neither income
7 nor a salary for such humanitarian service other than a subsistence amount which
8 approximates a cost of living allowance shall be exempt from the payment of dues and any
9 special assessment then in effect through December 31 following completion of such service
10 provided that such humanitarian service is being performed continuously for not less than one
11 (1) year and provided further that such member does not supplement such subsistence
12 income by the performance of services as a member of the faculty of a dental or dental
13 auxiliary school, as a dental administrator or consultant, or as a practitioner of any activity for
14 which a license to practice dentistry or dental hygiene is required.

15 4. Calculating Percentage Dues or Special Assessments. In establishing the dollar rate of dues or
16 special assessments expressed as a percentage of active member dues or special assessments,
17 computations resulting in fractions of a dollar shall be rounded up to the next whole dollar.

18 C. Interim Services for Applicants.

19 A dentist who has submitted a complete application for active membership in this Association and the
20 appropriate constituent and component, if such exist, may on a one-time, interim basis: receive
21 complimentary copies of *The Journal of the American Dental Association* and the *ADA News*, have
22 access to the ADA.org member-only content areas and purchase items at the member rate through the
23 ADA Catalog. Such interim services shall terminate when the membership application has been
24 processed or within six (6) months of the application submission, whichever is sooner. Applicants shall
25 have no right of appeal from a denial of membership in the Association.

26 II. FINANCIAL MATTERS

27 A. Installment Payments. Any constituent or component may establish a plan for the installment payment
28 of dues and special assessments for active, life and provisional members. This Association may establish
29 a plan for the installment payment of dues and special assessments for active and life members who are
30 direct members of the Association. Any such installment plan shall require:

31 1. Monthly installment payments that conclude with the current dues and any special assessment
32 amount being paid by December 15; and

33 2. The expeditious transfer of installments of member dues and any special assessments collected to
34 this Association and any applicable constituent or component.

35 Any installment plan adopted under this provision of the *Governance Manual* may impose a reasonable
36 transaction fee upon the member. Transaction fees collected shall be prorated between this Association
37 and the constituent and component, if any, based on the amount of dues and special assessment
38 collected on each organization's behalf.

Resolution No. 80 NewReport: NA Date Submitted: September 2016Submitted By: Council on MembershipReference Committee: E (Membership and Related Matters)Total Net Financial Implication: \$250,000 Net Dues Impact: \$2.37Amount One-time Amount On-going \$250,000 FTE 0

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

How does this resolution increase member value: See Background

1 **FUNDING REQUEST TO SUPPORT MEMBER ENGAGEMENT**

2 **Background:** Engagement of students, residents and new dentists at the state and local dental society
3 levels is of critical importance. However, it can be difficult for these societies to invest in engagement
4 programs for a target audience that is highly mobile and may choose to practice and join in a different
5 location from where the engagement activity took place. Therefore it is appropriate to fund such "good of
6 the order" activities at the national level.

7 In recent years, these activities have been supported at the national level by the ADA Membership
8 Program for Growth (MPG.) Established by Resolution 48H-2010, \$500,000 was allocated each year to
9 fund a process for identifying, supporting and replicating innovative activities in order to increase ADA
10 membership market share. When the 2016 Budget reduced the amount to \$275,000, the Council on
11 Membership restricted applications to only cover those programs directed at students, residents and new
12 dentists. Purely social programs were not funded and repeat programs were discouraged. The 2017
13 budget does not contain any funding for MPG. While the ADA and the MPG program have not increased
14 membership market share, these grants were successful at providing necessary financial support for
15 member engagement. The Council on Membership oversaw the administration of MPG and is concerned
16 that without this funding there is no other ADA program that supports member engagement at the state
17 and local levels.

18 The Council on Membership therefore submits the following resolution for consideration by the 2016
19 House of Delegates:

Resolution

20 **80. Resolved,** that \$250,000 be appropriated in the 2017 Budget to fund a program overseen by the
21 Council on Membership to financially assist constituent and component societies to support member
22 engagement for outreach to dental students, dentists in an advanced dental education or residency
23 program, and new dentists 1-10 years out of dental school, and be it further

Resolved, that the Council on Membership require participants to demonstrate the membership-
related nature of the engagement activity to ensure that funding does not support purely social
events.

24 **BOARD COMMENT:** The Board acknowledges and appreciates the Council on Membership and its
25 efforts to improve member engagement. The Board also acknowledges the importance of trying fresh
26 ideas, measuring their effectiveness, and using that data to inform future decisions about resource
27 allocation.

While the Membership Program for Growth was admirable in its ambition and scope, it proved difficult to demonstrate a link between dental societies that received a grant and increased recruitment or retention. At one time a fresh idea, the lack of metrics to demonstrate effectiveness led to the conclusion that MPG should not be funded.

It is of concern to the Board that this proposal does not incorporate the lessons learned from MPG. While restricting the activity to students, residents and new dentists is a positive beginning, an even more narrow focus on a single target audience in a small number of states would allow for a limited and strategic test of member engagement while being more likely to produce meaningful metrics. Such a modest program could, if successful, be expanded in future years.

BOARD RECOMMENDATION: Vote No.

Vote: Resolution 80

ASAI	No	COLE	No	GEHANI	Yes	ROBERTS	No
BITTER	Yes	CROWLEY	No	JEFFERS	No	ROBINSON	No
BLACK	No	FAIR	No	KLEMMEDSON	Yes	STEVENS	No
BUCKENHEIMER	No	FISCH	Yes	KWASNY	No	ZENK	No
COHLMIA	No	GAMBA	Abstain	MARRON-TARRAZZI	No	ZUST	No

Resolution No. None N/AReport: Council on Membership Report 1 Date Submitted: September 2016Submitted By: Council on MembershipReference 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: Membership-Obj. 2: Market share will equal 70%

How does this resolution increase member value: See Background

IMPLEMENTATION OF A UNIFORM DUES TRANSACTION

Background: This is an informational, progress report on options for the development of a mechanism for a uniform dues transaction to simplify the member experience. The 2015 House of Delegates adopted Resolution 47H:

Resolved, that the ADA and all constituent societies begin discussions and collaborate to present uniform dues transaction options to simplify the member experience by no later than 2018, and be it further

Resolved, that the mechanism be developed, identifying all the appropriate details and issues, and be it further

Resolved, that a progress report on the assignment and related issues be submitted to the 2016 and 2017 House of Delegates.

The Council on Membership first identified eight possible elements that could be incorporated into a uniform dues transaction. In order to assist the Council, ADA staff convened a small number of state society membership staff for an informal conversation to assess both enthusiasm for and resistance to the individual proposals.

The Council identified four specific proposals for a uniform dues transaction where the state society perspective indicated that there was a greater likelihood of acceptance. For instance, having all constituent societies accept dues payments in installments, without specifying that those installments be for current year dues would allow the necessary flexibility for states that collect installments for future years but not the current year's dues. Given the widespread popularity of online interfaces for payments of all kinds, the Council agreed that permitting dues payments from a bank account using Automated Clearing House (ACH) withdrawals and/or credit and debit cards is a necessity as well as being a precondition for any kind of automatic dues renewal. And finally, having engaged in significant discussion about the value of auto-renewal of dues, the Council agreed that a willingness by constituent societies to permit auto-renewal was a necessary precondition to the ability to encourage auto-renewal as the default option in the future. The Council observed that these four proposals hold a greater likelihood of successful approval, and that widespread adoption of these four specifics could create a sturdy foundation for additional changes in the future that would further improve the member experience.

The Council intends to continue work pursuant to Resolution 47H with the following scope of options for development of a mechanism for a uniform dues transaction to simplify the member experience:

- 1 • All constituent societies accept dues payments in installments
- 2 • All constituent societies permit payment of dues using an Automated Clearing House (ACH)
- 3 • All constituent societies permit payment of dues with a credit or debit card
- 4 • All constituent societies permit auto-renewal of dues, with an opt-out option

Resolutions

5 This report is informational and no resolutions are presented.

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

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

Resolution No. None N/AReport: Council on Membership Report 2 Date Submitted: September 2016Submitted By: Council on MembershipReference 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: Membership-Obj. 2: Market share will equal 70%

How does this resolution increase member value: See Background

1 INVESTIGATE ENHANCEMENTS TO TRIPARTITE'S PRODUCT AND SERVICE OFFERINGS TO 2 MEET THE NEEDS OF MEMBER DENTISTS

3 **Background:** This is an informational report from the Council on Membership in response to Resolution
4 94H-2015—Investigate Enhancements to Tripartite's Product and Service Offerings to Meet the Needs of
5 Member Dentists, which states:

6 **Resolved,** that the appropriate ADA agencies investigate all dental practice support models and
7 determine how the tripartite may be able to enhance its product and service offerings to meet the
8 needs of all dentists, and be it further

9 **Resolved,** that the appropriate ADA agencies investigate whether organized dentistry can
10 recommend to members best-in-class providers of services that the ADA and state dental
11 societies cannot provide to the membership on their own, and be it further

12 **Resolved,** that the appropriate ADA agencies report their findings and any recommendations
13 related to these matters to the 2016 ADA House of Delegates.

14 **Practice Support Models:** Recently a number of practice support models have emerged that take on
15 some or all of the practice management functions that customarily have been the responsibility of an
16 owner-dentist. These practice support models vary widely from one another. In some, service
17 organizations may provide a few business functions such as dental team support or marketing that
18 attracts new patients. Other service organizations may purchase all of the business aspects of the
19 practice, with dentists forming professional corporations to oversee clinical care. Still other models do not
20 purchase physical assets, but contract with a dentist to perform all of the business functions of the
21 practice. These practice support models are organized into structures almost as numerous and varied as
22 the dentists who work within them.

23
24 Some of these practice support models can become large, and it is at this point where the benefits and
25 economies of scale may be more easily realized. For instance, a dental support organization (DSO) may
26 consolidate its billing among a small team of expert accounts receivable professionals. From marketing to
27 procurement, scale can provide benefits that are difficult for an individual owner-dentist to replicate. In
28 large, comprehensive DSOs, business services may include accounting and finance, business
29 development, credentialing, compliance, billing and collections, recruiting, training, information
30 technology, and human resources

The Role of Organized Dentistry: The American Dental Association offers a number of practice-related benefits to its members, including the Center for Professional Success (CPS), an online portal that houses a broad variety of information and resources on practice management, business education and continuing education opportunities as well as health and wellness information. The Guidelines for Practice Success™ (GPS™) are posted within CPS and provide practice management information on managing patients, office financials and marketing. Modules on managing the dental team and the regulatory environment will be posted before the end of 2016. Similarly, state and local dental societies provide practice-related benefits to their members.

ADABEI, the wholly-owned ADA subsidiary that manages endorsement programs under the name ADA Business Resources, endorses a number of providers that offer business processes that are useful to individual owner-dentists. Many state and local dental societies provide similar endorsements of brokers, contractors and other professionals offering products or services that align with the needs of owner-dentists. These endorsements are intended to identify best in class products and services with significant member savings at the local, state and national levels. A list of ADA Business Resources endorsement categories is found in Table 1:

Table 1—ADA Business Resources Endorsed Programs

Category	Endorsed Program
ADA Credit Cards	US Bank
Amalgam Recovery Program	HealthFirst
Apparel for Staff	Land's End
Appliances	Whirlpool
Credit Card Processing	Chase
Electronic Records Online Backup	The Digital Dental Record
Luxury Vehicles	Mercedes-Benz
Message On-Hold	In Touch Practice Communications
Payroll	Sure Payroll
Patient Financing	Care Credit
Practice Financing and Commercial Real Estate	Wells Fargo
Secure Communication Solutions	PBHS
Sharps Management	HealthFirst
Shipping	UPS
Website and Marketing Services	PBHS

When considering expensive items such as equipment or supplies, it might at first seem possible for the ADA to serve a similar function to one of the dental practice support models by aggregating a large number of dentists in order to achieve a bulk discount. Upon closer review this proves to be challenging. A practice model that is equipping dozens of identical operatories is better able to negotiate a discount than a professional association that has individual members interested in outfitting individual operatories designed to their unique specifications, the benefits of scale may not apply. Furthermore, endorsing a single supplier at a national level could have significant implications.

1 **Conclusion:** Given the breadth of resources available to member dentists at the local, state and national
2 levels, it can be challenging for an individual member to identify the resources that will serve his or her
3 needs. Through the use of member persona research and other tools, the ADA as well as state and local
4 societies are increasing their abilities to communicate the most appropriate bundles of member benefits
5 to a specific member dentist. The ADA Division of Member and Client Services provides assistance in
6 communicating existing member benefits to state and local dental societies through its Department of
7 Client Services.

Resolutions

8 This report is informational and no resolutions are presented.

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

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

Resolution No. 88 NewReport: NA Date Submitted: October 2016Submitted By: Fourth Trustee DistrictReference 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: Membership-Obj. 1: Leaders and Advocates in Oral Health

How does this resolution increase member value: See Background

1 STUDENT MEMBERS ELIGIBLE TO SERVE ON CONSTITUENT DELEGATIONS

2 The following resolution was submitted by the Fourth Trustee District and transmitted on October 3, 2016,
3 by Dr. Jeffrey M. Cole, trustee, Fourth District.

4 **Background:** There are 22,507 student members of the American Dental Association. Student members
5 hold leadership positions in many of the Constituent Societies and Trustee Districts of the ADA. Student
6 members serve as liaisons, without the right to vote, on councils and committees of the American Dental
7 Association. Some states allow student members to serve as voting members of their board of trustees,
8 board of directors, House of Delegates or governing body.

9 As a result, there are numerous student members with significant knowledge and governance experience
10 who have served in leadership roles in their constituent societies. They are dedicated, motivated,
11 energetic and passionate about our profession and organization. Unfortunately, the ADA *Bylaws* prevent
12 student members from serving as a delegate or alternate delegate to the ADA House of Delegates from
13 their constituent societies.

14 There are cases where constituent societies have desired to nominate outstanding student members for
15 election to delegations to the ADA House of Delegates. This is not possible under current ADA *Bylaws*.
16 Both the student member and the constituent society have been unable to achieve desired representation.

17 The proposed change in ADA *Bylaws* will not mandate any new or designated delegates. It will not have
18 any financial impact. It will only allow constituent societies an opportunity to consider a student member in
19 the final year of a pre-doctoral program to serve as a delegate or alternate delegate to the ADA House of
20 Delegates.

21 Therefore be it,

22 Resolution

23 **88. Resolved**, that the ADA *Bylaws* be amended to allow student members who are in the final year
24 of a pre-doctoral program and who are in good standing to serve on constituent society delegations to
25 the ADA House of Delegates, and be it further

26 **Resolved**, that the ADA *Bylaws*, CHAPTER I MEMBERSHIP, Section 20. QUALIFICATIONS,
27 PRIVILEGES, DUES AND SPECIAL I ASSESMENTS, E. STUDENT MEMBER, b. PRIVILEGES, be
28 amended as follows (additions underscoring and deletions ~~stricken through~~).

1 b. PRIVILEGES.

2 (1) A student member in good standing of this Association shall receive annually a membership
3 card and The Journal of the American Dental Association, the subscription price of which shall be
4 included in the annual dues. A student member shall be entitled to attend any scientific session of
5 this Association.

6 (2) A student member who is in the final year of a pre-doctoral program and in good standing
7 shall be eligible for election as a delegate or alternate delegate to the House of Delegates.

8 (3) A student member under disciplinary sentence of suspension shall not be privileged to serve
9 as the American Student Dental Associations delegate or alternate delegate, or a constituent's
10 delegate or alternate delegate in this Association's House of Delegates.

11 and be it further

12 **Resolved**, that the ADA *Bylaws*, CHAPTER II CONSTITUENT SOCIETIES, Section 100.
13 PRIVILEGE OF REPRESENTATION, be amended to read as follows:

14 Each state constituent dental society and the District of Columbia Dental Society shall be entitled
15 to a minimum number of two (2) delegates in the House of Delegates. Each territorial constituent
16 society and federal service shall be entitled to a minimum of two (2) delegates in the House of
17 Delegates if its total membership is equal to or greater than the size of the smallest state
18 constituent society: otherwise the territorial society or service shall receive one (1) delegate. The
19 remaining number of delegates shall be allocated as provided in Chapter V, Sections 10C and
20 10D. Each constituent society and each federal dental service may select from among its active,
21 life, ~~and retired~~ or student members who are in their final year of a pre-doctoral program, the
22 same number of alternate delegates as delegates and shall designate the alternate delegate who
23 shall replace an absent delegate.

24 and be it further

25 **Resolved**, that the ADA *Bylaws*, Chapter V HOUSE OF DELEGATES, SECTION 10, VOTING
26 MEMBERS and E. ALTERNATE DELEGATES, be amended as follows:

27 A. VOTING MEMBERS. The House of Delegates shall be composed of the officially certified
28 delegates of the constituent dental societies and of the five (5) federal dental services, who shall
29 be active, life, retired or student members who are in their final year of a pre-doctoral program
30 and five (5) student members of the American Student Dental Association who are certified
31 delegates from the American Student Dental Association. Proxy voting is explicitly prohibited;
32 however, an alternate delegate may vote when substituted for a voting member in accordance
33 with procedures established by the Committee on Credentials, Rules and Order.

 E. Alternate Delegates. Each constituent dental society and each federal dental service may
select from among its active, life, ~~or retired~~ or student members who are in their final year of a
pre-doctoral program, the same number of alternate delegates as delegates. The American
Student Dental Association may select from among its active members the same number of
alternate delegates as delegates.

34 **BOARD RECOMMENDATION: Received after the September Board of Trustees meeting.**

Resolution No. 92 NewReport: NA Date Submitted: October 2016Submitted By: Thirteenth Trustee DistrictReference 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: Membership-Obj. 2: Market share will equal 70%

How does this resolution increase member value: See Background

1 PERMITTING STUDENT MEMBERS IN DISTRICT DELEGATIONS TO THE HOUSE OF DELEGATES

2 The following resolution was submitted by the Thirteenth Trustee District and transmitted on October 17,
3 2016, by Ms. Jessica C. Barker, leadership development administrator, California Dental Association.

4 **Background:** Constituent and component dental societies share ADA's goal of ensuring a prepared and
5 qualified leadership pipeline throughout the tripartite and, in this effort, many are pursuing opportunities to
6 increase the number of leadership opportunities for student members. The ADA House of Delegates provides
7 a unique venue for student members to engage and interact with other constituent and component delegate
8 leaders in decision-making that benefits ADA but also helps to prepare them for future leadership roles
9 throughout the tripartite.

10 The leadership opportunities provided by the American Student Dental Association (ASDA), and the quality
11 with which these student leaders are prepared and engaged in the issues of ADA and organized dentistry is a
12 testament to the success of this leadership training model. The chance for districts to engage their student
13 members to participate at the ADA House through their delegation activities, in addition to the continued
14 opportunities through ASDA, is a valuable addition to this effort. Student members in constituent dental
15 societies would benefit from broader exposure to district and national leaders, and the ADA and constituents
16 would benefit from additional participation by students selected for such service by their districts.

17 Currently, the ADA House of Delegates delegate allocation model only permits districts to include
18 representation of active, life, and retired members, with student members only eligible through ASDA's
19 delegation. It is not the intent of this recommendation to change the existing formula or allocation
20 methodology, but rather, to permit districts to elect their constituents' student members to fill delegate or
21 alternate delegate positions, as long as the student is a member of the constituent society in the state in
22 which they reside.

23 Allowing states to include their student members within their delegations will aid in training future leaders and
24 provide opportunities for students to meet future colleagues from around the country. This will enhance all
25 members' understanding of critical issues and will sustain the focus on the best interests of ADA members as
26 a whole and into the future.

27 This focus on leadership development supports ADA's strategic plan objective to target student and new
28 dentist engagement programs, as follows:

29
30 Membership Goal: The ADA will increase member value and engagement
31 Objective 2.2 – Design unique member outreach and benefit programs targeting dental students and new
32 dentists

Resolution

92. Resolved, that student members be allowed to serve as delegates and alternate delegates as selected by any territorial constituent society in which they are a member, and be it further

Resolved, that the ADA *Bylaws* be amended as of the close of the 2016 House of Delegates to reflect these changes as follows (additions underscored, deletions ~~stricken through~~):

CHAPTER 1. MEMBERSHIP, Section 20. QUALIFICATIONS, PRIVILEGES, DUES AND SPECIAL ASSESSMENTS:

E. STUDENT MEMBER.

- a. QUALIFICATIONS. A student member shall be a predoctoral student of a dental school accredited by the Commission on Dental Accreditation of this Association, a predoctoral student of a dental school listed in the World Directory of Dental Schools compiled by the FDI World Dental Federation or a dentist eligible for membership in this Association who is engaged full time in an advanced training course of not less than one academic year's duration in an accredited school or residency program.
- b. PRIVILEGES. A student member in good standing of this Association shall receive annually a membership card and *The Journal of the American Dental Association*, the subscription price of which shall be included in the annual dues. A student member shall be entitled to attend any scientific session of this Association. A student member in good standing shall be eligible for election as a delegate or alternate delegate to the House of Delegates except as otherwise provided in these *Bylaws*. A student member under a disciplinary sentence of suspension shall not be privileged to serve as ~~the American Student Dental Association's~~ a delegate or alternate delegate in this Association's House of Delegates.

CHAPTER II. CONSTITUENT SOCIETIES, Section 100. PRIVILEGE OF REPRESENTATION:

Each state constituent dental society and the District of Columbia Dental Society shall be entitled to a minimum of two (2) delegates in the House of Delegates. Each territorial constituent society and federal service shall be entitled to a minimum of two (2) delegates in the House of Delegates if its total membership is equal to or greater than the size of the smallest state constituent society; otherwise the territorial society or service shall receive one (1) delegate. The remaining number of delegates shall be allocated as provided in Chapter V, Sections 10C and 10D. Each constituent society and each federal dental service may select from among its active, life, ~~and retired~~ and student members the same number of alternate delegates as delegates and shall designate the alternate delegate who shall replace an absent delegate.

CHAPTER V. HOUSE OF DELEGATES

Section 10. COMPOSITION

A. VOTING MEMBERS. The House of Delegates shall be composed of the officially certified delegates of the constituent dental societies and of the five (5) federal dental services, who shall be active, life, ~~or retired~~ or student members and five (5) student members of the American Student Dental Association who are officially certified delegates from the American Student Dental Association. Proxy voting is explicitly prohibited; however, an alternate delegate may vote when substituted for a voting member in accordance with procedures established by the Committee on Credentials, Rules and Order.

1 E. ALTERNATE DELEGATES. Each constituent dental society and each federal dental
2 service may select from among its active, life, ~~or~~-retired and student members the same
3 number of alternate delegates as delegates. The American Student Dental Association may
4 select from among its active members the same number of alternate delegates as delegates.

New Business

Resolution No. 96 NewReport: None Date Submitted: October 2016Submitted By: Thirteenth Trustee District

Reference Committee: _____

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

1 **RECONVENE TASK FORCE TO EVALUATE THE BUSINESS OF THE HOUSE**2 The following resolution was submitted by the Thirteenth District and transmitted on October 22, 2016, by
3 Jessica C. Barker, leadership development administrator, California Dental Association.4 **Background:** In response to Resolution 99H-2015 (*Trans:2015:288*), Dr. Carol Summerhays appointed
5 a task force to evaluate the business and schedule of the House of Delegates and report back to the
6 2016 House of Delegates. The task force met by conference calls and has completed their assignment.
7 However, the 13th District believes it is important to evaluate the recommended changes and determine
8 the impact these changes have on the deliberative process, scheduling of events and business of the
9 House.10 **Resolution**11 **96. Resolved**, that the 2015 Task force, in addition to the Speaker of the House, be reconvened
12 following the 2016 House of Delegates to review the implemented changes to the ADA House of
13 Delegates, and be it further,14 **Resolved**, the task force will meet by conference call and provide a report with any recommended
15 changes to the 2017 House of Delegates.

16 Res. 96

Resolution No. 102 NewReport: N/A Date Submitted: October 23, 2016Submitted By: Fourteenth Trustee DistrictReference Committee: Committee C (Dental Education, Science and Related Matters)Total Net Financial Implication: None Net Dues Impact: _____Amount One-time _____ FTE 0

ADA Strategic Plan Objective: None

How does this resolution increase member value: See Background

DEVELOPMENT OF NAME FOR INTEREST AREA OF OPERATIVE DENTISTRY

The following resolution 19 was adopted: Resolved, that operative dentistry is an interest area in general dentistry recognized by the American Dental Association and sponsored by the Academy of Operative Dentistry.

Background: "Operative dentistry" resides within the center of the wheelhouse of "general dentistry." Current specialties reside on the periphery of the central or "core" competencies present in all general dental practice. Other dental workforce participants (dental hygienists, ADHP, dental therapists) are grouping on the edge of the general dental practice sphere of influence and are seeking to move inside. Recognition of advanced education, research or "interest" in distinct areas of general dentistry deserves recognition, but these specific areas, or components of that recognition should also be closer to the periphery so as to not diminish the absolute strength of dentistry – a broad, well trained general dentistry based dental home. Perception becomes reality in the eyes of the public we serve when special distinctions are established. Those perceptions begin with a name that soon becomes a "brand." The recognition desired by the Academy of Operative Dentistry for an interest area with proposed outcomes of enhancing advanced operative dentistry education opportunities and research can be realized with more appropriate naming. An interest area that more accurately acknowledges the specific areas of expertise and focus serves both the profession and the public. An example of a possible name would be "operative dentistry education, research and technique development."

Resolution

102. Resolved that the Council on Dental Education and Licensure work with the Academy of Operative Dentistry to develop a name for a deserved interest area that more closely represents the expertise and focus described in the application.

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