

# 2016

Transactions

157th Annual Session  
Denver, Colorado  
October 21–24, 2016

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American Dental Association  
211 East Chicago Avenue  
Chicago, Illinois 60611

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# Minutes of the Board of Trustees

January 10–12

March 20–21

June 15–16

July 31–August 2

September 25–26

October 25

December 10–11

## Notes

## Minutes of the Board of Trustees

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January 10–11, 2016

Headquarters Building, Chicago

**Call to Order:** The second regular meeting of the Board of Trustees of the American Dental Association was called to order by Dr. Carol Gomez Summerhays, president, on Sunday, January 10, 2016, at 8:30 a.m., in the Board Room of the ADA Headquarters Building, Chicago.

**Roll Call:** Officers and members of the Board of Trustees in attendance were: Carol Gomez Summerhays, Gary L. Roberts, Thomas W. Gamba, Irene Marron-Tarrazzi, Glen D. Hall, Ronald P. Lemmo, Kathleen T. O'Loughlin, Rickland G. Asai, Robert N. Bitter, Richard C. Black, Terry L. Buckenheimer, Raymond A. Cohlmia, Jeffrey M. Cole, Joseph P. Crowley, Julian Hal Fair, III, Judith M. Fisch, Chad P. Gehani, Gary E. Jeffers, Daniel J. Klemmedson, Andrew J. Kwasny, Lindsey A. Robinson, Alvin W. Stevens, Jr., James K. Zenk, and Mark R. Zust.

Following the roll call, Dr. Hall announced that a quorum was present.

The following ADA staff were in attendance for all or portions of the meeting at the invitation of the president: Marcelo Araujo, vice president, Science Institute; Jerome K. Bowman, chief, Governance and Strategy Management; J. Craig Busey, Esq., general counsel; James Goodman, vice president, Conferences and Continuing Education; Sabrina King, chief, People Management; Toni Mark, chief technology officer; Stephanie Moritz, chief communications officer; David Preble, vice president, Practice Institute; Bill Robinson, vice president, Member and Client Services; Paul Sholty, chief financial officer; Michael D. Springer, senior vice president, Business and Publishing; Marko Vujicic, chief economist and vice president, Health Policy Institute; James Willey, senior director, Practice Institute; and Anthony Ziebert, senior vice president, Education/Professional Affairs.

Guests in attendance for a portion or portions of the meeting included: Joshua A. Austin, chair, Council on Communications; Christopher M. Hasty, chair, New Dentist Committee; and Craig W. Herre, vice chair, Council on Communications.

Others in attendance for all or portions of the meeting were: Caroline Brooks, coordinator, Board and House Matters; Tomisena Cole, senior manager, Board and House Matters; Thomas C. Elliott, Jr., Esq., deputy general counsel; Michael Glick, editor, *The Journal of the American Dental Association*; Jane Grover, director, Council on Access, Prevention and Interprofessional Relations; Jon Holtzee, director, State Government Affairs; Judith Jakush, editor, *ADA News*; Michelle Kruse, director, Administrative Services; Robert Quashi, director, Business Analyst; and Wendy Wils, Esq., deputy general counsel. Other ADA staff members were in attendance for specific agenda items.

Before consideration of business, Dr. Summerhays called attention to the ADA Disclosure Policy statement included on the meeting agenda and the requirement to disclose any conflicts of interest.

### Preliminary

#### Approval of Agenda and Consent Items

*Approval of Agenda.* Before requesting approval of the agenda, Dr. Summerhays asked if there were any items of new business. No items of new business were proposed. On vote, the Board adopted the agenda.

**B-1-2016. Resolved**, that the agenda be approved as the official order of business for the current meeting of the Board of Trustees except that the President may alter the order of the agenda when necessary to expedite business.

*Approval of Consent Calendar.* Dr. Summerhays reviewed the items on the proposed consent calendar; no items were removed from the consent calendar. On vote, the Board adopted the following resolution.

**B-2-2016. Resolved**, that the resolutions contained on the Consent Calendar for Board of Trustees consideration be approved and reports be filed.

### **Approval of Minutes of Previous Meeting of the Board of Trustees**

*Minutes of the October 4-5, 2015, Meeting of the Board of Trustees.* The following resolution was adopted (consent calendar item).

**B-3-2016. Resolved**, that the minutes of October 4-5, 2015, meeting of the Board of Trustees, as amended, be approved.

*Minutes of the November 10, 2015, Meeting of the Board of Trustees.* The following resolution was adopted (consent calendar item).

**B-4-2016. Resolved**, that the minutes of November 10, 2015, meeting of the New Board of Trustees be approved.

*Minutes of the November 30, 2015, Special Meeting of the Board of Trustees.* The following resolution was adopted (consent calendar item).

**B-5-2016. Resolved**, that the minutes of November 30, 2015, special session of the Board of Trustees be approved.

**Report on Mail Ballot Actions:** In accordance with the *Organization and Rules of the Board of Trustees*, the following mail ballot actions are required to be reported in the minutes of the next regular meeting of the Board of Trustees. Both mail ballot resolutions were unanimously adopted (consent calendar item).

#### *Mail Ballot No. 6—Approval of Nomination for Honorary Membership*

**B-135-2015. Resolved**, that the Board suspends its Rules relating to Honorary Membership, and be it further

**Resolved**, that Linda Hastings be awarded Honorary Membership in the American Dental Association.

#### *Mail Ballot No. 7—Approval of Task Nominations to the Task Force on Licensure*

**B-142-2015. Resolved**, that the Licensure Task Force of the Board of Trustees, with the following appointments as made by the President, be approved:

Dr. Gary Jeffers, chair (BOT)  
Dr. Dan Gesek (CDEL)  
Dr. Steve Holm (CDEL)  
Dr. Eric Childs (NDC)  
Dr. Robert Bitter (BOT and Trustee Liaison to CDEL)

## Reports of Standing Committees of the Board of Trustees

**Report of the Audit Committee:** On behalf of the Committee, Dr. Joseph P. Crowley, chair, presented the report of the Audit Committee's January 9, 2016, meeting. The report identified major topics discussed, reports received and actions taken. The Committee presented its recommendation on the following resolution for the Board of Trustees' consideration.

*ADA Expense Reimbursement Policy: Change to Submission of Receipts for Expenses Threshold Amount.* Dr. Crowley moved Resolution B-18 on behalf of the Audit Committee, with the recommendation to adopt. On vote, the Board of Trustees adopted B-18.

**B-18-2016. Resolved,** that the expense policies of the ADA be amended to reflect that submission of receipts for reimbursable expenses above the threshold amount of fifty dollars (\$50.00) shall be required for reimbursement and that submission of receipts for expenses below the threshold amount of fifty dollars (\$50.00) is not required.

**Report of the Budget and Finance Committee:** On behalf of the Committee, Dr. James Zenk, chair, presented the report of the Budget and Finance Committee's January 9, 2016, meeting. The report identified the major topics discussed, reports received and actions taken. The Committee presented its recommendations on the following resolutions for the Board of Trustees' consideration.

*Recommendations Regarding of ADA Asset Management.* On behalf of the Committee, Dr. Zenk moved Resolution 21 with a recommendation to adopt. Without objection, Resolution 21 was adopted by the Board of Trustees.

**B-21-2016. Resolved,** that ADA terminate its existing inflation protection managers, Jennison Natural Resources Commodity Real Return and Credit Suisse Commodity Real Return, and move the invested assets to the Principal Diversified Real Asset (DRA) Fund, as recommended by Ellwood Associates.

*Administrative Review - Change to Organization and Rules of the Board of Trustees.* As part of the Committee's Report, the treasurer presented budget process improvements. In particular, the budget process will shift focus placing emphasis on strategic plan criteria to drive the budget instead of the other way around. This will make sure resources are being directed to the most successful advancement of the strategic plan. Another change includes standardizing the program descriptions and the use of program categories along with a recommendation. Further, the Committee recommended changes to the composition of the Budget and Finance Committee, including the elimination of the Administrative Review Committee as part of the process.

On behalf of the Committee, Dr. Zenk moved Resolution 22 with a recommendation to adopt. On vote, Resolution 22 was adopted by the Board of Trustees.

**B-22-2016. Resolved,** that the Administrative Review Committee be abolished and its duties assigned to the Budget and Finance Committee, and be it further

**Resolved,** that the resolution previously adopted establishing the Administrative Review Committee be rescinded, and be it further

**Resolved,** that the Treasurer shall lead Budget and Finance Committee discussions relating to the budget development, and be it further

**Resolved,** that the President-elect be a member of the Budget and Finance Committee, and be it further

**Resolved**, that the Governance Committee be directed to make the conforming changes to the *Organization and Rules of the Board of Trustees*, and be it further

**Resolved**, that Governance Committee report to the Board the changes made to the *Organization and Rules of the Board of Trustees*.

*Report of the Division of Finance and Operations: Supplemental Appropriation Request – Mid-Year Hire of New Payroll Manager.* Dr. Zenk moved Resolution 8 with the Committee's recommendation to adopt. Without objection, Resolution 8 was adopted by the Board of Trustees.

**B-8-2016. Resolved**, that the following appropriation be made from the 2016 Contingent Fund and be allocated to the line item in the stated cost center in accordance with the terms of the supplemental appropriation request.

*Division of Finance and Operations*  
(Cost Center 090-1400-000)

**Staffing for transition of payroll system – up to \$60,000**

*Report of the Vice President, Science Institute: Carryover Budgeted Funds from 2015 to 2016.* Dr. Zenk moved Resolution 23 with the Committee's recommendation to adopt. Without objection, Resolution 23 was adopted by the Board of Trustees.

**B-23-2016. Resolved**, that the following appropriation be made from Reserves and be allocated to line items in the separately stated cost center in accordance with the terms of the supplemental appropriation request for a 2015 upgrade of the ADA EBD Clinical Practice Guideline Program project that could not be completed in 2015 so that the project can be completed in 2016:

*Division of Science*  
(Cost Center 020-1650-000)

**Upgrade of EBD Clinical Practice Guideline Program not completed in 2015 – up to \$40,000**

*Clarification of Strategic Plan Goal Surplus Definition.* On behalf of the Committee, Dr. Zenk moved Resolution 24 with a recommendation to adopt.

**B-24. Resolved**, that the delivery of a balanced budget that includes contributions to reserves shall be considered to satisfy the strategic plan objective to deliver a 'surplus' budget.

Dr. Zenk moved to amend Resolution 24 as follows (additional underlined; deletions ~~stricken~~).

**Resolved**, that the delivery of a ~~balanced~~ budget that increases net assets ~~includes contributions to reserves~~ shall be considered to satisfy the strategic plan objective to deliver a 'surplus' budget.

Speaking to the amendment, Dr. Zenk said, "...The only intent of this is to say that if we have more money at the end of the year than we do at the beginning of the year then the Strategic Plan is satisfied."

Following discussion, the motion to amend B-24 was adopted. On vote, Resolution B-24, as amended, was adopted by the Board of Trustees.

**B-24-2016. Resolved**, that the delivery of a budget that increases net assets shall be considered to satisfy the strategic plan objective to deliver a 'surplus' budget.

**Report of the Compensation Committee:** On behalf of the Compensation Committee, Dr. Hal Fair, III, chair, presented the report of the Compensation Committee's January 8, 2016, meeting. The report identified major

topics discussed, reports received and actions taken. The Committee presented its recommendations on the following resolutions for the Board of Trustees' consideration.

*Amendment to the Audit Committee Charter.* On behalf of the Committee, Dr. Fair moved Resolution B-19.

**B-19. Resolved**, that when the *Organization and Rules of the Board of Trustees* is next updated the sentence "The Committee shall conduct its work in closed session" will be deleted.

Dr. Züst moved that Resolution B-19 be referred to the Governance Committee to determine appropriate placement of the amendment in the *Organization and Rules of the Board of Trustees*. Without objection, Resolution B-19 was referred to the Governance Committee for further action.

*Compensation Committee Benchmark Study.* On behalf of the Committee, Dr. Fair moved Resolution 20 for the Board's consideration. Without objection, the Board of Trustees adopted Resolution B-20.

**B-20-2016. Resolved**, that the Compensation Committee commission a benchmark study of the pension and retirement benefit programs on a regular basis and that the next review occur during the 2018-19 timeframe, and be it further

**Resolved**, that the Compensation Committee report the results of the benchmark study to the Board upon its completion.

*Executive Director—2016 Goals.* A key responsibility of the Board of Trustees is to approve the Executive Director's annual goals. Dr. O'Loughlin presented her goals to the Board and discussed the link between her goals and the Members First 2020 Strategic Plan. On behalf of the Committee, Dr. Fair moved Resolution 26 for the Board's consideration. On vote, the Board adopted Resolution B-26.

**B-26-2016. Resolved**, that the 2016 goals for Dr. Kathleen O'Loughlin, as recommended by the Standing Committee on Compensation, be approved.

The approved 2016 goals for the Executive Director are appended (see page 159).

**Report of the Diversity and Inclusion Committee:** On behalf of the Diversity and Inclusion Committee, Dr. Terry Buckenheimer, chair, presented the report of the Committee's January 8, 2016, meeting. The report identified major topics discussed, reports received and actions taken.

**Report of the Governance Committee:** On behalf of the Governance Committee, Dr. Mark Züst, chair, presented the report of the Committee's January 9, 2016, meeting. The report identified major topics discussed, reports received and actions taken.

**Report of the Information Technology Committee:** On behalf of the Information Technology Committee, Dr. Joseph Crowley, chair, presented the report of the Committee's January 8, 2016, meeting. The report identified major topics discussed, reports received and actions taken.

**Report of the Pension Committee:** On behalf of the Pension Committee, Dr. Ronald Lemmo, chair, presented the report of the Committee's January 8, 2016, meeting. The report identified major topics discussed, reports received and actions taken.

**Report of the Strategic Planning Committee:** On behalf of the Strategic Planning Committee, Dr. Mark Züst, chair, presented the report of the Committee's January 8, 2016, meeting. The report identified major topics discussed, reports received and actions taken. The Committee presented its recommendation on the following resolution for the Board of Trustees' consideration.

*Amendments to the Members First 2020 Strategic Plan.* On behalf of the Strategic Planning Committee, Dr. Züst moved Resolution 16 with the Committee's recommendation to adopt. Without objection, Resolution 17 was adopted by the Board of Trustees.

**B-17-2016. Resolved**, that the strategies under Members First 2020 be amended as follows:

**Objective 2**

Strategy 2.1 ~~Develop and implement collaborative programs with entities that have access to large pools of potential members~~ Focus the message to connect with individual members, potential members and key market segments

Strategy 2.2 Design unique member outreach and benefit programs targeting dental students and new dentists ~~market segments~~

**Objective 6**

Strategy 6.1 ~~Act in the best interest of the member, rather than the organization when designing processes, programs and services~~ Simplify, standardize and rationalize how each level of the ADA operates and delivers programs and services and interacts with members, acting in the best interests of the member rather than the organization

and be it further

**Resolved**, that strategies 2.1, 2.2 and 6.1 are identified as ADA priorities under Members First 2020 for 2016 and 2017.

## **Communications and Marketing**

**Communications Update:** Ms. Moritz reported that the division has transitioned into three separate groups: Integrated Marketing, Communications and Digital Services. The reorganization will allow staff to be more responsive and effective across all communication platforms and encourages division staff to work across all divisions to coordinate and focus outgoing communications. Other activities included an update on activities relating to Action for Dental Health as well as a brief overview of the written report, Summary of Executive Communications Strategy and Key Audience Priorities for Officer Appearances.

### **Summary of Executive Communications Strategy and Key Audience Priorities for Officer**

**Appearances:** This informational report presented a targeted, proactive approach, to scheduling officers for speaking engagements (consent calendar item).

## **Conferences and Continuing Education**

**Report of the Vice President, Conferences and Continuing Education: Revised Dates and Location of the 2018 America's Dental Meeting:** This confidential report was discussed in closed session on Sunday, January 10, 2016 and contained two resolutions (B-14 and B-15).

## **Education and Professional Affairs**

**Credential Registration Portal and Third-Party Marketing Plan.** This report summarized the marketing plan for the credential registration portal and third-party payer portal and included a funding request to hire a consultant to advise the ADA on business processes and pricing, as well as identify "early adopter" payer customers and regional/state-by-state target marketing approach. The Board of Trustees adopted Resolution B-16.

**B-16-2016. Resolved**, that \$50,000 from the reserve fund be used to hire a consultant to advise the ADA on business processes and pricing for the third-party payer portal.

**Report of the Commission on Dental Accreditation: Informational Report on 2015 Research and Development Fund:** The Commission provided a summary on the 2015 Research and Development Fund activity (consent calendar item).

**Informational Report of the Joint Commission on National Dental Examinations: 2015 Research and Development Fund:** This report provided a summary of the Joint Commissions 2015 Research and Development Fund activity (consent calendar item).

## Finance and Operations

*Report of the Chief Financial Officer: Informational Report Regarding Officer Approvals of Expenditures from Capital Replacement Reserve:* In compliance with Board Resolution B-157-2015, Capital Reserve Spending Approval Process, Budget and Finance Committee submitted the following summary of approvals of spending from the capital replacement reserve fund.

1. Vera Institute of Justice 6 year New Lease for 2,696 square feet on the 9th floor in ADA Washington DC building. Total capital expenditures of \$127,676.
2. Goodweave USA 6 year New Lease for 1,844 square feet on the 9th floor in ADA Washington DC building. Total capital expenditures of \$101,892.
3. American Association of Dental Boards ("AADB") 5 year Lease Renewal for 1,215 square feet on the 7th floor in the ADA Chicago HQ building. Total capital expenditures of \$11,137.

As a result, because the total capital expenditure for each lease is less than \$500,000, these were respectfully submitted for approval to the officers of the Association. Dr. Carol Summerhays, Dr. Gary Roberts, and Ron Lemmo, Treasurer unanimously voted via email on Tuesday, December 1, 2015 to approve these expenditures.

*Informational Report on the Final Status of the 2015 Contingent Fund:* It was reported that a Contingent Fund of \$1 million was authorized in the 2015 budget. The Board of Trustees approved total supplemental requests in the amount of \$1,030,552, leaving a (deficit) balance of \$(30,552).

*2016 Contingent Fund:* It was reported that a Contingent Fund of \$1 million was authorized in the 2016 budget. The Board of Trustees received for consideration at this session one request for 2016 funding. Based on the favorable recommendation of the Budget and Finance Committee, the Board of Trustees adopted the funding request presented in Resolution B-8 (see page 148).

## Government and Public Affairs

**Report of the Senior Vice President, Government and Public Affairs: Federal and State Legislative, Regulatory and Public Affairs Update:** This report was presented by Mr. Jon Holtzee and Dr. Jane Grover and provided an update on federal and state legislative issues. Mr. Holtzee provided an overview of the appropriation measures enacted in December, 2015 with the passage of the federal omnibus appropriations bill. A number of dental programs received a significant increase in funding for FY 2016 vs FY 2015. Highlights include:

- CDC Division of Oral Health - \$15.8 million in 2015, \$18 million in 2016;
- HRSA Title VII General and Pediatric Dental Residencies - \$9 million for GPR in 2015, not less than \$10 million in 2016. \$10 million for pediatric dental residencies in 2015, not less than \$10 million in 2016;
- HRSA Maternal and Child Health Block Grants – an increase from \$3.8 million in 2015 for pre and post-natal oral health education to \$5million in 2016;
- IHS Division of Oral Health increased from \$174 million in 2015 to \$178.28 million in 2016

- CDC Opioid Prescription Drug Overdoses Prevention Activity – an increase from \$20 million to \$70 million in 2016.

On non-appropriation items, the ADA was also very successful. The prohibition on federal funding for midlevel providers was maintained. Additionally, the ADA led a coalition to prevent protective language from sheltering new tobacco products (e-cigarettes) from the FDA rule-making process. Further the Section 179 extension was approved providing dentists with the ability to deduct capital investments up to \$500,000 and then at a decreasing rate through \$2 million. Finally, the implementation of the ACA Medical Device and Cadillac taxes were delayed for another two years.

Dr. Grover described the Action for Dental Health initiatives, the collaborative efforts ADA has been making with some tribal nations and the growing success of the CDHC programs across the nation.

Part of this update addressed the complicated topic of Medicare opt out. A CPS resource is available to our members (<https://success.ada.org/en/practice/medicare/medicare>).

## Legal Affairs

**Report of the Division on Legal Affairs: Summary of Litigation and Other Matters:** This confidential report was presented during the attorney-client session.

## Member and Client Services

**Report of Council on Members Insurance and Retirement Programs: Great-West Financial Proposal to Redesign the MedCASH Insurance Plan:** The Board of Trustees adopted the following resolution (consent calendar action).

**B-6-2016. Resolved,** that the Great-West Financial proposal to redesign the ADA MedCASH supplemental insurance plan to provide enhanced long term care-type and critical illness care benefits for ADA members, as recommended by the Council on Members Insurance and Retirement Programs, be approved.

**Report of the Vice President, Member and Client Services: Darien Rowayton Bank (DRB) Update:** This report identified key issues and data accurate as of mid-November, 2015, approximately two months after the product was introduced to the market as a helpful solution to managing student debt. A verbal update on the relationship with DRB was given by Mr. Robinson.

Mr. Robinson reported that DRB offers attractive interest rates and loan terms for qualified borrowers and that ADA members receive an additional 25 basis point discount on their interest rate for as long as they are members. Dr. Asai asked if data can be made available that might correlate this member benefit to an increased number of members. Conversely, a concern was raised regarding the potential loss of new or current members declined for a loan. Mr. Robinson indicated that DRB cannot share personal information on who they deny and who they accept. Further, it would be hard to identify the specific reason a person joins the ADA or drops their membership. However, DRB may be able to look at that data and provide percentages. To provide context, Dr. O'Loughlin stated that the ADA currently loses 50% of the approximate 5,000 potential new graduate members each year. If the ADA were to lose 20%, the DRB benefit would still be a good trade-off. These numbers are available and can be shared with the Board.

Mr. Robinson indicated that debt consolidation for residents would be the next DRB product extension. For resident applicants, DRB would base their lending decision based on projected income.

## Practice Institute

### **Report of the Council on Dental Practice: ADA Opioid Prescribing and Abuse Prevention Initiative:**

This informational report briefed the Board on work undertaken on the ADA Opioid Prescribing and Abuse Prevention Initiative (consent calendar item).

### **Report of the Council on Dental Practice: Update on the Center for Dental Practice's Guidelines for Practice Success™ (GPS™):**

This informational report provided an update on the status of practice management model content and availability (consent calendar item).

**Report of the Council on Dental Practice: ADA Standards Program Volunteer Awards:** The Report provided information regarding the ADA Standards Volunteer Awards program; its history in recognizing outstanding program volunteers, and recommended candidates for the 2015 ADA Standards Committee on Dental Products (ADA SCDP) Volunteer Award and the 2015 ADA Standards Committee on Dental Informatics (ADA SCDI) Volunteer Award. The Board of Trustees adopted the following resolutions (consent calendar item).

**B-9-2016. Resolved,** that the 2015 SCDP volunteer award be presented to Mr. Richard Shapiro.

**B-10-2016. Resolved,** that the 2015 SCDI volunteer award be presented to Mary Licking, D.D.S.

**Report of the Council on Dental Benefit Programs: National Business Coalition on Health:** The Council reported that, upon approval by the president, the ADA will join the National Business Coalition on Health as a member of its National Health Leadership Council (consent calendar item).

## Science Institute

**Report of the Council on Scientific Affairs: Recent Council Activities:** This report provided information on the Council on Scientific Affairs activities (consent calendar item).

### **ADA Business Enterprises, Inc.**

**Report of ADABEI:** This informational report provided a summary of 2015 activities through September (consent calendar item).

## ADA Foundation

**Report of the ADA Foundation:** The informational report provided a summary of the ADA Foundation Board of Directors meeting held on December 16, 2016 (consent calendar item).

## Organizational/Other

**Report of the New Dentist Committee: Areas of Emphasis for 2016:** Dr. Christopher Hasty presented the report of the New Dentist Committee, which outlined high-impact areas the Committee intends to focus on in 2016. Dr. Hasty commented that the Committee will continue to have a subcommittee to address new dentist needs and present viable ideas to the Board of Trustees as they come up. Additional comments included the continued collaboration with the American Student Dental Association (ASDA) on dental school strategy, the Committee's continued review of the revamped Success Program and the Committee's continued collaboration with the Council on ADA Sessions on the integration of the New Dentist Conference with America's Dental Meeting.

**Report of the 2016 Humanitarian Award Nominating Committee:** The Board of Trustees adopted the following resolution (consent calendar item).

**B-7-2016. Resolved**, that Dr. Frank Andolino, New York, be approved as the 2016 recipient of the ADA Humanitarian Award.

**Report on the 2015 FDI Annual World Dental Congress:** This informational report provided a summary of the 104<sup>th</sup> FDI Annual World Dental Congress held at the Bangkok International Trade and Exposition Center from September 22 to 25, 2015 in Bangkok, Thailand (consent calendar item).

**Appointments to the Task Force on the House of Delegates:** This informational report identified presidential appointments to the nine-member task force formed in response of 99H-2015 (consent calendar item).

Dr. Judee Tipette-Whyte, California, chair  
Dr. Deborah Bishop, Alabama  
Dr. Prabha Krishnan, New York  
Dr. William Lee, Kentucky  
Dr. Chad Leighty, Indiana  
Dr. Robert Manzanares, New Mexico  
Dr. Debra Peters, Michigan  
Dr. Nipa Thakkar, Pennsylvania  
Dr. Paul Zimmerman, Maine  
Dr. Glen Hall, Speaker of the House of Delegates, consultant

**Report of the Division of Administrative Services: Review of the Guidelines for Nominations to ADA Councils, Commissions and the New Dentist Committee:** This report identified guidelines delineating the credentials and qualifications desired in nominees for council appointments as developed by their respective agencies.

**B-11. Resolved**, that the Guidelines for Nominations to Councils, Commissions and the New Dentist Committee be approved.

Dr. Zust moved to refer the report to the Governance Committee with a report to the next session of this Board. Hearing no objection, the report of Guidelines for Nominations to ADA Councils, Commissions and the New Dentist Committee was referred to the Governance Committee for consideration and report to the Board of Trustees at its March meeting.

**Transfer of International Humanitarian Fund to the ADA Foundation:** The Board of Trustees adopted the following resolution (consent calendar item).

**B-12-2016. Resolved**, that the investment fund of the ADA designated for international humanitarian causes be transferred to the ADA Foundation as a separate designated fund to support international humanitarian programs.

**Report on International Travel:** The Board of Trustees adopted the following resolution (consent calendar item).

**B-13-2016. Resolved**, that the international travel policy provisions relating to business class travel be suspended in 2016 with respect to the ADA Delegation and staff travel to the FDI Annual World Dental Congress.

**Report of the President:** Dr. Carol Summerhays presented a report that summarized her activities since her installation as President in Washington, D.C. (consent calendar item).

**Report of the President-elect (oral report).** Dr. Gary Roberts reported a summary of his activities since his installation as President-elect in Washington, D.C. Dr. Roberts announced that there will be a restructuring of the December 2016 Retreat to include, in addition to the two-day retreat, a day and a half Board meeting. For this December session, Dr. Roberts requested that the Board's Standing Committees meet via conference call. Dr. Roberts indicated that details would be forthcoming.

## Liaison Reports

**Report of Dr. Robert Bitter, Liaison to the Council on Dental Education and Licensure:** Dr. Bitter reported on his attendance at the December 10-11, 2015 Council on Dental Education and Licensure meeting (consent calendar item).

**Report of Dr. Hal Fair, III, Liaison to the Informatics and Standards Committee:** Dr. Fair presented an informational report highlighting key accomplishments of the Standards Committee on Dental Informatics (SCDI) since its inception in 1992. Dr. Fair noted that the work of the SCDI is a great member benefit that not many members may know about and the report contains important information that the Board may want to share with their members back home in their districts. Correspondingly, Dr. Preble indicated that a report would be forthcoming to the Board of Trustees regarding the result of efforts to harmonize competing code sets diagnostic coding.

**Report of Dr. Lindsey Robinson, Liaison to the Institute of Medicine (IOM) Literacy Roundtable:** Dr. Robinson briefed the Board of Trustees on work surrounding health literacy and, specifically, on transforming the ADA into a health literate organization. ADA involvement, through Dr. Robinson, in the IOM Health Literacy Roundtable was also described. Dr. Robinson is the only dentist in this group and her involvement assures that the voice of dentistry is heard. Part of her work involves a "dental collaborative," a first for IOM.

## Board Discussion

**ADA Foundation:** Based on discussion at the December 2015 Board of Trustees Retreat and in response to recent concerns expressed regarding the future of the Volpe Research Center's financial sustainability of the, Dr. Buckenheimer emphasized the significance of the relationship between the ADA and the American Dental Association Foundation (ADAF). This said, Dr. Buckenheimer expressed the need for increased communication between the ADA and ADAF to develop an understanding of ADA expectations in relation to funding and behavior.

At the request of the president, Dr. O'Loughlin informed the Board that up until 2011, the ADA grant to the ADAF was approximately \$4 million. Since then, the amount has been reduced by half to \$2 million, which now covers 100% of the ADAFs operating costs. During this time, the ADAF continues to stabilize their resources. However, in a recent meeting with the ADAF Executive Director, the ADA President, President-elect and Executive Director expressed the ADA Board of Trustees' desire to see a cleaner and more definitive development plan to help grow potential income to the ADAFs research enterprise to make up for the reduced funding from the ADA.

Dr. Buckenheimer moved Resolution B-25 for the Board's consideration. Discussion ensued on the proposed resolution. On vote, the Board of Trustees adopted Resolution 25 as presented.

**B-25-2016. Resolved,** that in any request by the ADA Foundation for annual grant funds from the ADA, the ADA Foundation provide an explanation of how it intends to allocate funds among administrative costs, philanthropy, and science/research, and be it further

**Resolved,** that the ADA Foundation be urged to present a report to the March 2016 ADA Board on its development/fundraising plan for the coming several years, and be it further

**Resolved**, that the ADA Foundation be urged to present a report to the March 2016 ADA Board on its 3-year business plan for the Volpe Research Center.

**Use of Royalty Reserves.** At the request of Dr. Zust, and without any objection, the agenda item regarding Use of Royalty Reserves was withdrawn.

## **New Business**

**Report of the President on FDI Advisory Committee Appointments.** Dr. Summerhays reported that several members of the ADA FDI Advisory Committee had expressed an interest in being nominated for vacant FDI Council and Committee positions in 2016. To avoid a conflict of interest, three members of the FDI Advisory Committee recused themselves from serving on the Committee at its upcoming meeting: Dr. Kathleen Roth, Dr. Carol Summerhays and Dr. James Zenk. To replace these individuals for the limited purpose of attending the FDI Advisory Committee meeting dealing with nominations and or participation in the selection of candidates, the President appointed Dr. Kathy Kell, Dr. Charles Norman and Dr. Alvin Stevens to serve in their stead.

## **Special Orders of Business/Special Appearances**

**Personas Presentation:** The session was conducted by Mr. Bill Robinson and Ms. Stephanie Moritz. In addition to ADA senior staff, guests in attendance included: Joshua A. Austin, chair, Council on Communications; Christopher M. Hasty, chair, New Dentist Committee; and Craig W. Herre, vice chair, Council on Communications. Mr. Robinson reported that the personas research will be used as a guide for ADA messaging strategy. The research was presented to the Board to help highlight areas where the Board might think differently than what members may think. The personas are not meant to be sent to members or communicated out. They are intended for the Board of Trustees and staff to use as a foundation for guiding ADA messaging strategy. This work is essential to guide ADA messaging to members and potential members. The research will shape ADA's messaging, but it is not the message itself. Mr. Robinson emphasized that this research is for internal use and use by the state societies. It must not be shared outside the ADA.

The persona research goes well beyond demographics and explores behavior, perceptions and feelings. It involved a review of the extensive research the ADA has already undertaken as well as in-depth personal interviews of members and a major survey. All this information was synthesized by an outside firm, as well as staff, in order to define the personas and identify our key insights, which will guide ADA messaging. This information provides a much better understanding of our members and potential members, and how to speak with them, and will affect almost everything the ADA does.

**Board of Trustees Strategic Discussion—Looking at Dental Therapists Through the Five Lenses of our Values:** The session was conducted by Dr. James Willey, Dr. Jane Grover and Mr. Jon Holtzee. In addition to ADA senior staff, guests in attendance included: Joshua A. Austin, chair, Council on Communications; Christopher M. Hasty, chair, New Dentist Committee; and Craig W. Herre, vice chair, Council on Communications.

Following a brief historical analysis that examined the current knowledge related to dental therapists from scientific, economic, accreditation and policy perspectives, trustees and officers were divided into five table discussion groups, each group being assigned to guide their discussion by looking at the dental therapists through one of the core value lenses.

- Commitment to Members
- Integrity

- Excellence
- Commitment to the Improvement of Oral Health
- Science/Evidence-Based

The questions posed to each table discussion were are follows:

- What about DTs complements the assigned value?
- What about DTs conflicts with the assigned value?
- What about DTs are the greatest concerns with the assigned value?
- What future state would address those concerns?

Summary of table discussions were shared with the entire group. The discussion concluded with a report on the status of dental therapists in the states and a group discussion on possible next steps. Subsequent to this discussion, Dr. Summerhays appointed an informal workgroup of the Board to review the strategic discussion and report back to the March Board.

**Presentation on the State of the Dental Market:** Dr. Marko Vujicic presented the state of the dental market. He identified trends in the dental market. Dental spending continues to be flat, as does the division of the sources for the spending. Dental care utilization, i.e., visits to dental offices, is more varied. Utilization by children continues to grow. This is driven primarily by lower income segments and public funding. Utilization by seniors is flat. Also, for the first time in a long time, there was no decrease in utilization by adults aged 19-64.

Dr. Vujicic reported that the ADA now has five years of data indicating the high numbers of individuals citing a perceived cost barrier to receiving dental care is receding. In particular, children and seniors are far less likely to cite cost as a barrier to receiving care.

Dental earnings declined from 2013 to 2014, albeit only slightly. This may reflect similar data relating to average U.S. Household income. The percentage of dentists who say they are "not busy enough" may be stabilizing. As with other issues, Dr. Vujicic commented the need for a few more years of data points to draw definitive conclusions.

**Presentation on Membership Data:** Ms. Becky Perry and Mr. Bill Robinson updated the Board on recent membership numbers and trends. Total membership is up for the year, although the number of full dues-paying members continues to decline. This has caused dues revenue to decrease. Mr. Robinson noted that trends indicate some improvement among students and new dentists though a significant portion of that improvement can be attributed to provisional membership. ADA market share is now 63.6%, a decrease of about one percent. This is due, primarily, to the increasing size of the market because the number of active licensed members has been relatively steady. The ADA gained members among women, full-time faculty, specialists, new dentists and foreign-trained dentists. However, the ADA continues to experience losses in net members among general practitioners.

### **Closed Session**

The Board convened a closed session on Sunday, January 10, 2016. The session was attended by the officers and members of the Board of Trustees. Unless otherwise noted, staff in attendance included the executive director, the general counsel, the deputies general counsel, and limited senior and administrative staff. The following topic was considered during the closed session: discussion of Report of the Vice President, Conference and Continuing Education.

The minutes of the closed session are separately recorded.

### **Attorney-Client Session**

An attorney-client session of the Board of Trustees was held on Sunday, January 10, 2016, from 4:37 p.m. to 4:48 p.m., in the Board Room of the ADA Headquarters Building, Chicago. Those in attendance included the officers and members of the Board of Trustees, the Speaker of the House of Delegates, the Executive Director, the General Counsel, and the Deputies General Counsel.

### **Adjournment**

With the conclusion of all items of business, and without objection, the first regular meeting of the ADA Board of Trustees adjourned *sine die* on Monday, January 11, 2016 at 2:12 p.m.

## Appendix 1 – 2016 Executive Director Goals

Strategic Plan Goals	ED 2016 Priority	2016 Strategy	Divisional Program/Project Priorities	2016 ED and QMR Success Measures/Target/Range
<p><b><u>Membership Goal:</u> The ADA will increase member value and engagement.</b></p> <p>Objective 1: The public will recognize the ADA and its members as leaders and advocates in oral health.</p> <p><i>1.1 Align public awareness efforts across the tripartite concerning oral health issues</i></p> <p><i>1.2 Position ADA membership as a positive differentiating factor for patients</i></p> <p><i>1.3 Promote oral health through advocacy and science</i></p>	<p><b>Profitable Member Growth year over year</b></p> <p><b>Promote ADA Code of Ethics as a Differentiator</b></p> <p><b>Promote and Grow SEAL program</b></p> <p><b>Build the Pipeline</b></p>	<p>1.4 Effective, Fully Integrated Marketing and Communication Plan</p> <p>1.5 Timely Effective Dissemination of Knowledge that Enhances the Public</p> <p>2.3 Fill the pipeline with new members</p>	<p>C. Communicate ADA's impact, success stories and value to members on an on-going basis</p> <p>C. Champion integration across the ADA, using the Persona insights to create cross-division integrated and issues-management campaigns that add value to our members, state and local associations, influencers, media and the public</p> <p>C. G.A. Promote oral health literacy, disease prevention and visiting an ADA dentist through Action for Dental Health, Advocacy, Science, MouthHealthy and Ad Council campaign</p> <p>C. Partner with Publishing and Membership to develop an integrated strategy for increased public and member awareness</p> <p>S. Rebuild/Grow Seal Program with a goal of positive net revenue growth year over year</p>	<p>Executive Director Goal: Grow active, full dues paying membership.</p> <p>Success Measure: Increase full dues paying members over same period prior year (number and %)</p> <p>Success Measure: Decrease non-renewal percentage on members that received recent graduate discounts in the prior year (number and %)</p> <p>Success Measure: Increase retention rate over same period prior year (number and %)</p>



	<p><b>Enhance ADA Science Capacity and Capability</b></p>	<p>3.5 Member Product/Benefit/Service Portfolio that Attracts and Retains Members especially Dental Students and New Dentists</p>	<p>experience and search rankings</p> <p>C. Improve ADA.org search capability</p> <p>C. Implement planned and real-time cross-divisional ADA Content News Room, increasing member value, engagement and growth of the ADA brand</p> <p>M. C. Integrated Marketing Communications Calendar</p> <p>M.P.C.HPI Integrated Research Calendar</p> <p>DI. Fully develop product/benefit/service portfolio management process to support annual budgeting</p> <p>E. Simplify Licensure process: portable, ethical, assessment process</p>	
	<p><b>Focus the Message</b></p>	<p>3.6 Growth in Scientific / Evidence Based Knowledge Creation and Standards</p> <p>3.7 Research Enterprise Growth that meets needs of ADA, the profession policy makers, members and volunteers</p> <p>3.8 Leverage subject matter expertise to provide critical</p>	<p>E. IT. PI. C. Launch Credentialing Service</p> <p>B.D.I. Business Development and Innovation Pilots</p> <p>P. DCCE. JADA, JADA Live</p> <p>S.I.Evidence Based Dentistry Growth</p> <p>S.I.Professional Products Evaluation</p>	

		<p>information and resources to state dental associations and members</p> <p>3.9 Create opportunities for members to earn ADA CE based on work of the various Science Institute programs</p> <p>3.10 Develop ADA CE focused on EBD and PPR programs</p> <p>3.11 Define Science projects and products that benefit Power of Three initiatives</p> <p>3.12 Support the Power of Three and membership education and clinically initiatives via Standards, PPR and EBD data and publications</p>	<p>G.A. Advocate for F, Prevention, NIDCR, Armed Services</p> <p>G.A. C. HPI. Implement Action for Dental Health Priorities</p> <p>G.A. SPA Program</p> <p>G.A.Promote ADA House on Capitol Hill as member benefit</p>	
<p><b>Finance Goal:</b>  <b>The ADA will be financially sustainable.</b></p> <p>Objective 4:          Unrestricted liquid reserves will be targeted at no less than 50% of annual operating expenses.</p> <p><i>4.1 Budget for a surplus consistently year to year</i></p>	<p><b>Enhance Short and Long Term Financial Stability and Sustainability</b></p>	<p>4.2 Stream Line Internal Work Processes/Decision Making to Gain Efficiency</p> <p>4.3 Expense Management</p> <p>4.4 Asset Management for Long Term Growth</p> <p>4.5 Expansion of High Stakes</p>	<p>A.S., F., L. Eliminate unnecessary processes or approval requirements</p> <p>F. HR. IT. Implement People Soft Replacement</p> <p>F. Buildings and Grounds</p> <p>F. Financial Investment Management</p>	<p>Executive Director Goal: Enhance short term and long term financial stability and sustainability.</p> <p>Success Measure: Increase total revenue over same period prior year (number and %).</p> <p>Success Measure: Increase dues revenue over same period prior year (number and %).</p>

<p>Objective 5: Non dues revenue will be at least 65% of total revenue.</p> <p><i>5.1 Develop cooperative ways to increase non-dues revenue across the tripartite</i></p> <p><i>5.2 Increase member utilization of existing products and services and pursue new markets</i></p>		<p>Testing Services Revenue</p> <p>5.2 Non Dues Revenue Growth Through Expansion of Innovation Pipeline-Launch 2-3 New or Improved Benefits, Products or Services Based on Member Wants/Needs or Economic Opportunity</p>	<p>E. Launch ADAT E. Investigate US OSCE</p> <p>B.D.I. Domestic Business Relations and Development and Innovation Pilot</p> <p>B.D.I. International Business Development</p> <p>DCCE: Grow profitable CE outside of Annual Session</p> <p>DCCE: Achieve profit target for Annual Session</p>	<p>Success Measure: Increase active full dues revenue over same period prior year (number and %).</p> <p>Success Measure: Increase non-dues revenue over same period prior year (number and %).</p> <p>Success Measure: Maintain expense over same period prior year (number and %).</p> <p>Success Measure: Increase net income over same period prior year (number and %).</p> <p>Success Measure: Reduce budget variances over same period prior year (number and %).</p> <p>Success Measure: Increase reserve status over same period prior year (number and %).</p>
<p><b><u>Organizational Capacity Goal:</u></b> <b>All levels of the ADA will have sufficient organizational capacity necessary to meet member needs.</b></p> <p>Objective 6: The roles and responsibilities of each element of the tripartite will be clearly defined and agreed upon.</p> <p><i>6.1 Act in the best</i></p>	<p><b>Simplify, Rationalize and Standardize ADA Operations</b></p> <p><b>Build the ADA Pipeline</b></p> <p><b>Simplify, standardize and rationalize how each level of the ADA</b></p>	<p>6.2 Reduce ADA Complexity in Internal Processes</p> <p>6.3 ADA Talent Management that Achieves Desired Results Consistently and is Cost Effective</p> <p>6.4 Reduce Complexity in Tripartite Processes</p>	<p>A.S. Eliminate unnecessary processes or approval requirements</p> <p>HR. Recruit and Retain Top Talent</p> <p>HR. Provide ADA staff with Development Opportunities at all levels</p> <p>M. IT. Universal Member Application &amp; other standardized processes (payment, waivers, etc.)</p>	<p>Executive Director Goal: Strengthen the ADA capacity and capability to meet member needs.</p> <p>Success Measure: Maintain retention rate as compared to like organizations using XYZ benchmark.</p> <p>Executive Director Goal: Strengthen the Association State and Local capacity and capability to meet member needs.</p> <p>Success Measure: Increase number of states with member</p>

<p><i>interest of the member, rather than the organization when designing processes, programs and services</i></p>	<p><b>operates and interacts with members</b></p> <p><b>Solidify and Promote Client Services to State and Local Dental Societies</b></p>	<p>6.5 Client Services Business Model that is Well Defined and Understood by States and Component Societies that moves Capacity for Growth and Capability in Customer Service in a Positive Direction</p> <p>6.6 Maintain Productive Positive Relationships with Component and State Executive Directors and when possible , Volunteers: Support Alignment around Members First 2020</p>	<p>M. Explore Outsourced Association Mgmt service for states</p> <p>M. Service definition for relationship between National – States - Locals</p> <p>M. Standardize &amp; Automate State Portfolios</p> <p>C. Create short, visual <i>snackable</i> content to increase member engagement while adding value to state and local associations</p>	<p>growth over same period prior year (number and %)</p> <p>Success Measure: Increase number of states using at least half of the client services offerings over same period prior year (number and %)</p>
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## Minutes of the Board of Trustees

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March 20–21, 2016

Headquarters Building, Chicago

**Call to Order:** The third regular meeting of the Board of Trustees of the American Dental Association was called to order by Dr. Carol Gomez Summerhays, president, on Sunday, March 20, 2016, at 10:31 a.m., in the Board Room of the ADA Headquarters Building, Chicago.

**Roll Call:** Officers and members of the Board of Trustees in attendance were: Carol Gomez Summerhays, Gary L. Roberts, Thomas W. Gamba, Irene Marron-Tarrazzi, Glen D. Hall, Ronald P. Lemmo, Kathleen T. O'Loughlin, Rickland G. Asai, Robert N. Bitter, Richard C. Black, Terry L. Buckenheimer, Raymond A. Cohlma, Jeffrey M. Cole, Joseph P. Crowley, Julian Hal Fair, III, Judith M. Fisch, Chad P. Gehani, Gary E. Jeffers, Daniel J. Klemmedson, Andrew J. Kwasny, Lindsey A. Robinson, Alvin W. Stevens, Jr., James K. Zenk, and Mark R. Zust.

Following the roll call, Dr. Hall announced that a quorum was present.

The following ADA staff were in attendance for all or portions of the meeting at the invitation of the president: Jerome K. Bowman, chief, Governance and Strategy Management; J. Craig Busey, Esq., general counsel; James Goodman, vice president, Conferences and Continuing Education; Sabrina King, chief, People Management; Toni Mark, chief technology officer; Stephanie Moritz, chief communications officer; David Preble, vice president, Practice Institute; Bill Robinson, vice president, Member and Client Services; Paul Sholty, chief financial officer; Michael D. Springer, senior vice president, Business and Publishing; Marko Vujcic, chief economist and vice president, Health Policy Institute; James Willey, senior director, Practice Institute; and Anthony Ziebert, senior vice president, Education/Professional Affairs.

Guests in attendance for a portion or portions of the meeting included: Christopher M. Hasty, chair, New Dentist Committee.

Others in attendance for all or portions of the meeting were: Caroline Brooks, coordinator, Board and House Matters; Tomisena Cole, senior manager, Board and House Matters; Thomas C. Elliott, Jr., Esq., deputy general counsel; Michael Glick, editor, *The Journal of the American Dental Association*; Judith Jakush, editor, *ADA News*; Michelle Kruse, director, Administrative Services; Jim Lyznicki, senior manager, Council on Scientific Affairs; Robert Quashi, director, Business Analyst; and Wendy Wils, Esq., deputy general counsel. Other ADA staff members were in attendance for specific agenda items.

Before consideration of business, Dr. Summerhays called attention to the ADA Disclosure Policy statement included on the meeting agenda and the requirement to disclose any conflicts of interest. No conflicts were disclosed at this time.

### Preliminary

#### Approval of Agenda and Consent Items

*Approval of Agenda.* Before requesting approval of the agenda, Dr. Summerhays asked if there were any items of new business. On vote, the Board adopted the agenda, as amended.

**B-36-2016. Resolved,** that the agenda be approved as the official order of business for the current meeting of the Board of Trustees except that the President may alter the order of agenda when necessary to expedite business.

*Approval of Consent Calendar.* Dr. Summerhays reviewed the list of proposed consent reports and resolutions; the following report was removed from consent.

- Report of Dr. Jeffrey Cole, Senior Board Liaison to the State Public Affairs Oversight Workgroup

Without objection, the amended consent calendar was adopted.

**B-37-2016. Resolved**, that the resolutions contained on the Consent Calendar for Board of Trustees consideration, as amended, be approved and reports be filed.

### **Approval of Minutes of Previous Meeting of the Board of Trustees**

*Minutes of the January 10-11, 2016 Meeting of the Board of Trustees.* The Board of Trustees adopted the following resolution (consent calendar item).

**B-42-2016. Resolved**, that the minutes of January 10-11, 2016, meeting of the Board of Trustees be approved.

**Report on Mail Ballot Actions:** In accordance with the *Organization and Rules of the Board of Trustees*, the following mail ballot actions are required to be reported in the minutes of the next regular meeting of the Board of Trustees. The following mail ballot resolutions were unanimously adopted (consent calendar item).

#### *Mail Ballot No. 1—Approval of Ad Hoc Committee to Advise Board on Management of Board Travel*

**B-27-2016. Resolved**, that the following members be appointed to an *ad hoc* committee created by the President to make recommendations to the Board that would allow a more strategic use of Board travel to advance membership goals:

Dr. Ron Lemmo, chair  
Dr. James Zenk  
Dr. Judith Fisch  
Dr. Carol Summerhays  
Dr. Gary Roberts

#### *Mail Ballot No. 2—Approval of New Dentist Committee Liaison Appointment*

**B-28-2016. Resolved**, that Dr. Brittany Dean, Edmonds, Washington, be approved as the CND liaison to the Council on Dental Benefit Programs.

#### *Mail Ballot No. 3—Approval of Distinguished Service Award*

**B-29-2016. Resolved**, that the *Organization and Rules of the Board of Trustees* be suspended and that the 2016 Distinguished Service Award be presented to Dr. Peter E. Dawson.

#### *Mail Ballot No. 4—Approval of Ad Interim Appointment to the New Dentist Committee*

**B-30-2016. Resolved**, that in accordance with the *ADA Bylaws*, Dr. Tricia S. Quartey be selected to fill the unexpired term of Dr. Kendra Zappia on the New Dentist Committee.

### **Reports of Standing Committees of the Board of Trustees**

**Report of the Audit Committee:** On behalf of the Committee, Dr. Joseph Crowley, chair, presented the report of the Audit Committee's March 18, 2016, meeting. The report identified major topics discussed, reports received and actions taken. The report included an Internal Audit Report External Penetration Assessment as of November 16, 2015, as part of the internal audit plan for the ADA, performed by the Association's internal auditor.

**Report of the Budget and Finance Committee:** On behalf of the Committee, Dr. James Zenk, chair, presented the report of the Budget and Finance Committee's March 19, 2016, meeting. The report identified the major topics discussed, reports received and actions taken. The Committee presented its recommendations on the following resolutions for the Board of Trustees' consideration.

*Benchmark for Investments.* Dr. Zenk moved Resolution B-45 with the Committee's recommendation to adopt; on vote, Resolution B-45 was adopted by the Board of Trustees.

**B-45-2016. Resolved,** that the following benchmarks for ADA investments be changed, on a going forward basis, as set forth below:

- International equity benchmark
  - Change from Morgan Stanley Capital Index (MSCI) Europe Australasia and Far East to MSCI All Country World Index excluding U.S.
- Real Asset benchmark
  - Change from Bloomberg Commodity to blended index 33% Barclays U.S. TIPS Index, 33% Bloomberg Commodities Index, and 33% S&P Global Natural Resources Equity Index
- Hedge Fund benchmark
  - Change from T-bills + 3% to Hedge Fund Research Inc. Fund of Funds Index
- Total Fund Secondary benchmark
  - Change from CPI + 6.5%% to CPI + 4%

*Contingent Fund Request - Strategic Travel Program.* On behalf of the Ad Hoc Committee, Dr. Lemmo presented the report of the Ad Hoc Committee on Strategic Use of Board Travel Funds. The Committee recommended that the Board adopt the following resolutions, approving the Strategic Travel Program – Approach and Guidelines, 2016 Client Services Priority Outreach Opportunities, and the Strategic Travel Program Contingent Fund. On behalf of the Committee, Dr. Zenk moved Resolutions B-38 and B-39. Without objection, Resolutions B-38 and B-39 were adopted by the Board of Trustees.

**B-38-2016. Resolved,** that the *Strategic Travel Program – Approach and Guidelines* be adopted.

*The Strategic Travel Program – Approach and Guidelines are appended as Appendix 1 (see page 180).*

**B-39-2016. Resolved,** that the 2016 Client Services Priority Outreach Opportunities be adopted.

*The 2016 Client Services Priority Outreach Opportunities are appended as Appendix 2 (see page 183).*

On behalf of the Committee, Dr. Zenk moved Resolution 40 with a recommendation to adopt. Without objection, Resolution 40 was adopted by the Board of Trustees.

**B-40-2016. Resolved**, that the following appropriation be made from the 2016 Contingent Fund and be allocated to the line item in the listed cost center as noted below, in accordance with the terms of the supplemental appropriation request:

*Division of Member and Client Services*  
(Cost Center 090-1300000)  
Strategic Travel Program – Up to \$45,100

*Reserve Spending Request – ADA Credential Registration and Third Party Payer Portals.* On behalf of the Committee, Dr. Zenk moved Resolution 41 as amended with a recommendation to adopt.

**B-41. Resolved**, that \$181,200 from the reserve fund (innovation) be used to implement the Provider Portal marketing plan.

Funding is requested to implement Phase One and Two of the provider portal marketing plan. Dr. O’Loughlin stated that the web portal needs a target of approximately 60 to 70 percent active practicing dentists in the registry before the Association can move forward as an actual credentialing organization. In other words, the ADA needs to see 2,200 dentists to sign up every week between May and December to meet this target. Dr. Ziebert added that Wonderbox Technologies committed \$100,000 toward marketing the portal.

Dr. Hall questioned the resolution as written and recommended amending B-41. Subsequently, the amendment by substitution was accepted by general consent; on vote the Board adopted the following resolution.

**B-41-2016. Resolved**, that the ADA Credential Registration and Third Party Payer Portal qualifies as an innovative project for expensing purposes, and be it further

**Resolved**, that up to \$181,200 from the Innovation Reserve Fund be used to implement the Provider Portal marketing plan, and be it further

**Resolved**, that the expenditure of these funds be tracked in a separate cost center as part of the ADA Reserve Account with separate appropriate monthly reporting of activity and the remaining Innovation Account balance.

**Report of the Compensation Committee.** The report of the Compensation Committee, presented by Dr. Hal Fair, III, Committee chair, was considered during a closed session of the Board of Trustees. In open session, the following resolutions were considered and adopted without objection by the Board of Trustees.

**B-43-2016. Resolved**, that the Board approve the following change in the *Organization and Rules of the Board of Trustees* (additions underscored, deletions underlined):

Minutes of the Compensation Committee and shall be maintained by the outside retained counsel of the Committee. Minutes of the Audit Committee shall be maintained by the Division of Legal Affairs.

**B-44-2016.** (Confidential Action)

**Report of the Diversity and Inclusion Committee:** On behalf of the Diversity and Inclusion Committee, Dr. Terry Buckenheimer, chair, presented the report of the Committee’s March 18, 2016, meeting. The report identified major topics discussed, reports received and actions taken. The report included a Best Practice Standards for Leadership Composition Guide (ADA Councils and New Dentist Committee). The Board was informed that the Best Practices Guide was developed to provide the Trustees with an at-a-glance view of the level of diversity on each council and committee as well as the specific direction on how to be more intentional in regards to their leadership appointments. Dr. Buckenheimer stated that group practice metrics would be included in future demographic reports.

**Report of the Governance Committee on Review of Council Guidelines:** The Board of Trustees at its January meeting initially considered the Report of the Division on Administrative Services: Review of the Guidelines for Nominations to ADA Councils, Commissions and the New Dentist Committee. The report was referred to the Governance Committee for consideration and report to the Board of Trustees at its March meeting. This Committee report outlined a new process to simplify the information presented to trustees and provide more specific demographic data and recommendations.

On behalf of the Committee, Dr. Mark Zust, chair, moved Resolution 11 with a recommendation to adopt.

**B-11. Resolved,** that the following General Guidelines for Nominations to Councils, Commissions and the New Dentist Committee be approved:

**General Guidelines for Nominations to Councils, Commissions and the New Dentist Committee**

The following guidelines delineate the general credentials and qualifications desired of nominees for council, commission and New Dentist Committee appointments. In addition to the general *Bylaws* requirement that all members must be active, life, retired or non-practicing dentist members in good standing of this Association, unless otherwise specified, the following general qualifications and guidelines are applicable to all nominees:

1. Council, commission and New Dentist Committee demographics are appropriately diverse, as recommended each year by the Diversity Committee;
2. demonstrated enthusiasm and positive support for the ADA and its policies, regardless of personal agreement or disagreement with them;
3. willingness, while serving, to comply with the ADA's conflict of interest policy applicable to his or her position and to exercise objectivity and independent judgment in council and commission affairs;
4. demonstrated interest and commitment to the subject area for which the appointment is being considered;
5. willingness to devote an adequate amount of time per week to staying current on relevant issues;
6. active involvement in dental society matters, sufficient to capably communicate the trustee district's opinions in council deliberations, and commitment to building a strong network of constituent society dental leaders within his/her district; and
7. be in good standing with their state dental association.

Additionally, nominees must have access to email and the Internet and be willing to use any dedicated council/commission websites for the purposes of timely communication and conducting official business.

Mr. Busey commented on the second criteria regarding demonstrated enthusiasm and positive support for the ADA and the autonomy of the commissions. In light of Mr. Busey's comment, it was suggested that language be amended exempting commissions from this criteria.

A motion was made to postpone definitely Resolutions B-11, B-34 and B-35 to later in the meeting for the purpose of developing an amendment to B-11. On vote, the motion to postpone definitely was adopted.

Later in the meeting the Board resumed consideration of Resolution B-11 with its pending amendment. On behalf of the Committee, Dr. Zust proposed a substitute resolution for B-11. On vote the Board adopted the motion to substitute. On vote, the Board of Trustees adopted the following substitute Resolution B-11.

**B-11-2016. Resolved**, that the Guidelines for Nominations to Councils, Commissions and the New Dentists be approved:

**General Guidelines for Nominations to Councils, Commissions and the New Dentist Committee**

The following guidelines delineate the general credentials and qualifications desired of nominees for council, commission and New Dentist Committee appointments. In addition to the general Bylaws requirement that all members must be active, life, retired or non-practicing dentist members in good standing of this Association, unless otherwise specified, the following general qualifications and guidelines are applicable to all nominees as stated so that councils, commissions and the New Dentist Committee are appropriately diverse, as recommended each year by the Diversity and Inclusion Committee:

- ~~1. Council, commission and New Dentist Committee demographics are appropriately diverse, as recommended each year by the Diversity Committee;~~
- ~~2. all nominees for councils and the New Dentist Committee demonstrated enthusiasm and positive support for the ADA and its policies, regardless of personal agreement or disagreement with them;~~
- ~~3. all nominees exhibit a willingness, while serving, to comply with the ADA's conflict of interest policy applicable to his or her position and to exercise objectivity and independent judgment in council and commission affairs;~~
- ~~4. all nominees demonstrated interest and commitment to the subject area for which the appointment is being considered;~~
- ~~5. all nominees exhibit a willingness to devote an adequate amount of time per week to staying current on relevant issues;~~
- ~~6. all nominees for councils and the New Dentist Committee exhibit active involvement in dental society matters, sufficient to capably communicate the trustee district's opinions in council and New Dentist Committee deliberations, and commitment to building a strong network of constituent society dental leaders within his/her district; and~~
- ~~7. all nominees be in good standing with their state dental association~~
7. all nominees must have access to email and the Internet and be willing to use any dedicated council, committee or commission websites for the purposes of timely communication and conducting official business.

On behalf of the Committee, Dr. Zust moved Resolution B-34 with a recommendation to adopt. On vote, Resolution B-34 was adopted by the Board of Trustees.

**B-34-2016. Resolved**, that the Diversity and Inclusion Committee of the Board of Trustees shall annually report to the Board on the demographics of each council, commission and the New Dentist Committee, individually and collectively, and be it further

**Resolved**, that in its annual demographic report, the Diversity Committee include specific needs and recommendations for Trustees to consider in making appointments, and be it further

**Resolved**, that the Diversity Committee present its report to the Board in time for the inclusion of its report and recommendations in the call letter for nominations issued in February.

On behalf of the Committee, Dr. Zust moved Resolution B-35 as amended by the Committee with the recommendation to adopt. The Board of Trustees adopted the amended Resolution B-35.

**B-35-2016. Resolved**, that the Executive Director shall annually ask each council, committee commission and the New Dentist Committee to identify no more than four specific qualifications needed for each particular body and report that information to the Trustees as part of the call for nominations.

**Report of the Information Technology Committee:** On behalf of the Information Technology Committee, Dr. Joseph Crowley, chair, presented the report of the Committee's March 18, 2016, meeting. The report identified major topics discussed, reports received and actions taken.

**Report of the Pension Committee:** On behalf of the Pension Committee, Dr. Ronald Lemmo, chair, presented the report of the Committee's March 14, 2016, meeting. The report identified major topics discussed, reports received and actions taken.

**Report of the Strategic Planning Committee:** On behalf of the Strategic Planning Committee, Dr. Mark Zust, chair, presented the report of the Committee's March 19, 2016, meeting. The report identified major topics discussed, reports received and actions taken. The Committee presented its recommendation on the following resolution for the Board of Trustees' consideration (consent calendar item).

### **Business Relations**

**Report of the Business Innovation Committee:** Dr. James Zenk, Committee chair, presented the report of the Committee's March 18, 2016, meeting. The report identified the major topics discussed, reports received and actions taken. The Committee presented its recommendations on the following resolutions for the Board of Trustees' consideration.

*Approval of Business Innovation Charter.* On behalf of the Committee, Dr. Zenk moved resolution B-32 with the Committee's recommendation to adopt. On vote, the Board of Trustees adopted Resolution B-32.

**B-32-2016. Resolved**, that the Charter of the Business Innovation Committee be approved, and be it further

**Resolved**, that the Governance Committee incorporate the foregoing into its rules by making conforming changes to the *Organization and Rules of the Board of Trustees*.

## BUSINESS INNOVATION CHARTER

*Purpose.* The purpose of the Business Innovation Committee is to assist the Board of Trustees in providing volunteer oversight with respect to ADA business innovation and to champion positive change that translates an idea into a program, product, service, benefit, process, collaboration or relationship of substantial value to the Association and its members (“business innovation initiatives”).

*Composition.* The Committee shall be comprised of five voting members consisting of the four trustees (one from each trustee class with the senior trustee serving as Chair of the Committee); and one representative from the New Dentist Committee; as well as three non-voting members, who shall be the President, the President-elect, and the Executive Director. The Treasurer shall serve as a consultant to the Committee. Committee members are appointed by the President with the approval of the Board. At the invitation of the Committee, appropriate staff from the Division of Business and Publishing, Division of Legal Affairs, and others as it deems appropriate may participate in meetings.

*Term.* Committee members shall serve one year appointments, renewable for four years, except that the executive director shall remain a member.

*Meetings.* The Committee may meet as needed to accomplish its purposes, but no less than once per year. When practical, the Committee shall meet by conference call. Committee members are expected to attend each meeting, in person or via telephone or video conference.

*Reports.* The Business Innovation Committee shall report to the Board of Trustees on any matters that should be brought to the attention of the Board and any recommendations requiring Board approval or action. In addition, the Business Innovation Committee will provide the Board with an annual written report describing its progress and activities.

*Duties.* The duties of the Business Innovation Committee are to:

1. Provide strategic oversight and direction to management with respect to business innovation initiatives;
2. Review and evaluate proposals for business innovation initiatives brought forward by Member Value and Business Development (MVBD) Team and make recommendations to the Board regarding same, as necessary. Source of proposals can be members, non-members and ADA staff.
3. Ensure that business innovation initiatives further the ADA’s mission and are well aligned with ADA’s strategic priorities;
4. Perform an evaluation of the performance of the Committee and submit any recommended changes to the Board at least annually; and
5. Address other matters as assigned by the Board of Trustees.

*Powers.* The Business Innovation Committee shall have the power to approve expenditures for innovation within the parameters set forth in the *Organization and Rules of the Board of Trustees*.

*Approval of Proposed Changes to the Board Rules Regarding Spending Authority for Innovation.* On behalf of the Committee, Dr. Zenk moved Resolution 33 for the Boards consideration. On vote, the Board of Trustees adopted the following resolution.

**B-33-2016. Resolved**, that expenditures for business innovation may be made from the Reserves as follows:

- (1) For expenditure under \$25,000 – with approval of the Executive Director;
- (2) For expenditures between \$25,000 and \$50,000 – with approval of the Chair of the Business Innovation Committee;
- (3) For expenditures between \$50,000 and \$100,000 – by a majority vote of the Business Innovation Committee; and
- (4) For expenditures over \$100,000 – by a majority vote of the Board of Trustees (after vetting by the Business Innovation Committee)

and be it further

**Resolved**, that following each expenditure in the case of options (1) and (2) above, a report will be prepared by staff within 14 days and sent to the Business Innovation Committee. In all cases, expenditures shall be reported to the Board of Trustees at the Board's next regularly scheduled meeting, and be it further

**Resolved**, that on an annual basis, the Board shall report to the House of Delegates all innovation expenditures out of the Reserves.

## Communications and Marketing

**Communications Update:** This informational report updated the Board on work undertaken on the Ad Council Children's Oral Health Campaign (consent calendar item).

## Finance and Operations

*Informational Report on the Status of the 2016 Operating Contingent Fund:* It was reported that a Contingent Fund of \$1 million was authorized in the 2016 budget. The Board of Trustees approved total supplemental requests in the amount of \$60,000, leaving a balance of \$940,000.

*Informational Report Regarding Officer Approval of Expenditures from Capital Replacement Reserve Spending:* In compliance with Board Resolution B-157-2015, Capital Reserve Spending Approval Process, the Budget and Finance Committee submitted the following summary of approval(s) of spending from the capital replacement reserve fund.

1. ADABEI 10-year lease renewal for 3,137 square feet on 11<sup>th</sup> floor. Total capital expenditures of \$109,795.

Because the total capital expenditure for this new lease is less than \$500,000, this request was submitted for approval to the President, President-elect, and Treasurer of the Association with a recommendation for approval for a majority vote. The President, President-elect, and Treasurer unanimously voted on March 15, 2016 to approve these expenditures.

## Government and Public Affairs

**Report of the Senior Vice President, Government and Public Affairs: Federal and State Legislative, Regulatory and Public Affairs Update:** Mr. Graham gave an update on federal issues including: efforts to secure funding for dental programs for FY 2017; non-covered services (Dental and Optometric Care Access Act or the "DOC Access Act," H.R. 3323); Medicare Part D (Protecting Seniors Access to Proper Care Act, H.R. 4062); and the Washington Leadership Conference. Updates on state issues, Action for Dental Health,

Council on Interprofessional Relations activities, ADA Choosing Wisely Website, and ADPAC activities were also covered in the report.

## Legal Affairs

**Report of the Division on Legal Affairs: Summary of Litigation and Other Matters:** This confidential report was presented during the Board of Trustees attorney-client session.

## Member and Client Services

**Membership Update: Puerto Rico:** Dr. O'Loughlin and Mr. Bill Robinson presented information on the status of the Association's relationship with the Colegio. The ADA market share in Puerto Rico is approximately 8 percent. In Puerto Rico, membership to the Colegio is mandatory in order to be licensed to practice. Unique to its constituent charter with the ADA, the Colegio was allowed to be a constituent society despite the fact that not everyone in the Colegio is an ADA member. Part of that understanding is that the Colegio do what it can do to promote membership. The Board discussed the political and economic aspects of continuing the ADA's existing relationship with the Colegio.

Following discussion, the Board adopted the following resolution.

**46-B-2016. Resolved,** that the ADA Board of Trustees urge the Colegio, as a constituent society of the ADA, to develop an acceptable action plan with appropriate success measures to increase ADA membership in Puerto Rico, and be it further

**Resolved,** that the Colegio provide this action plan to the Board of Trustees no later than August 2016, and be it further

**Resolved,** that the Colegio, as a constituent society of the ADA, recommend to the ADA an economically feasible ADA membership model for Puerto Rican dentists, that would enable membership growth, and be it further

**Resolved,** that the ADA Board of Trustees authorizes the ADA president, president-elect, executive director, the chairs of SPA and MPG Grants, and the District 4 trustee to evaluate each and every request from the Colegio for all support, including SPA and MPG grants, and make decisions on whether or not to grant that support based on progress made against the development of the requested action plan, and the successful implementation of that plan by year end 2017.

## ADA Business Enterprises, Inc.

**Report of ADABEI:** This informational report provided a wrap up of 2015 activities (consent calendar item).

## ADA Foundation

**Report of the ADA Foundation:** This informational report was prepared in response to requests from the ADA Board of Trustees set forth in Resolution 25-B-2016 (adopted by the Board in January 2016). The report included an overview of ADA grant history, annual grant funds, development and fundraising plans, and a report on its 3-year business plan for Volpe Research Center.

Additional discussion of this report was held in closed session.

## Organizational/Other

**Report from New Dentist Committee Chair and Director: New Dentist Now Blog Advertising Update:**

This informational report provided a summary of the Committee's Now Blog Advertising activity (consent calendar item).

**2016 ADA/FDI Delegation: FDI Council/Committee Candidates and National Liaison Officer (NLO):** The Board of Trustees adopted the following resolution (consent calendar item).

**B-31-2016. Resolved,** that Dr. Kathleen Roth, Wisconsin, be nominated for a second three-year term on FDI Council, and appropriate materials be developed for her candidacy, and be it further

**Resolved,** that Dr. James Zenk, Minnesota, be approved as the ADA 2016 candidate for the FDI Dental Practice Committee, and appropriate materials be developed for his candidacy, and be it further

**Resolved,** that Dr. Carol Gomez Summerhays, California, be appointed as the FDI USA National Liaison Officer for a four-year term (2016-2020), that will take effect immediately following the ADA House of Delegates meeting in October 2016.

**Report of the President:** Dr. Carol Summerhays presented a report that summarized her activities since the January 2016 Board meeting (consent calendar item).

**Report of the President-elect:** Dr. Gary Roberts gave an oral report of meetings attended and trips taken since the January 2016 meeting.

### Liaison Reports

**Report of Dr. Rickland G. Asai, Liaison to the Council on Membership:** Dr. Asai reported on his attendance at the January 28-28, 2016, meeting of the Council on Membership. He commented that the term of the one council member who is representative of large group practice will end this year and emphasized the importance of large group practice representation on the Council. Dr. Asai requested that dentists with large group practice experience be considered when submitting nominations to the Council on Membership.

**Report of Raymond A. Cohlma, Liaison to the Commission on Dental Accreditation:** Dr. Cohlma reported on his attendance at the February 4-5, 2016, meeting of the Commission on Dental Accreditation and the March 12, 2016, CODA Open Hearing (consent calendar item).

**Report of Dr. Jeffrey Cole, Senior Board Liaison to the State Public Affairs (SPA) Oversight Workgroup:** Dr. Cole presented an informational report on the November 25, 2015, and December 8, 2016, meetings of the SPA Oversight Workgroup. The report included the SPA Oversight Workgroup Rules of Operation and a reporting of 2016 SPA expenditures as of February 9, 2016. Discussion ensued regarding the criteria for use of SPA funding, specifically for states trying for licensure reform. States requesting financial support for licensure reform legislation through the SPA program would need to submit an application. The criteria doesn't preclude states from applying for funding at any time.

Dr. Summerhays indicated that the SPA Charter would be incorporated into the *Organization and Rules of the Board of Trustees*.

**Report of Dr. Hal Fair, III, Liaison to the Standards Committee on Dental Informatics:** Dr. Fair reported on his attendance at the February 22-24, 2016, meeting of the Standards Committee on Dental Informatics (consent calendar item).

### New Business

**Update on Licensure Portability Issue:** Dr. Anthony Ziebert, senior vice president, Education/Professional Affairs updated the Board of Trustees on recent licensure reform activity.

**FDI Bid:** Mr. James Goodman, vice president, Conferences and Continuing Education reported a potential opportunity to host the FDI meeting in conjunction with the ADA 2019 – Americas Dental Meeting® in San Francisco. He indicated that the California Dental Association is in support of this venture and that

conversations with FDI staff have been positive. The Board was presented with a draft letter to the FDI World Dental Federation President Dr. Patrick Hescot that would formalize the ADA's bid to host the 2019 FDI meeting. A motion was made and adopted to proceed with a formal bid to the FDI World Dental Federation for the ADA to host the 209 FDI meeting in San Francisco.

### **Special Orders of Business/Special Appearances**

**Planning Process Leading to the Budget:** This session was conducted by Dr. Kathy O'Loughlin and Mr. Jerry Bowman. Dr. O'Loughlin outlined the new 2016 Budget Process. In January, the Board voted to sunset the Administrative Review Committee, which, in the past reviewed and prepared the budget before going to the Board of Trustees for review and approval to transmit to the House of Delegates. Going forward, the Budget and Finance Committee, including the Treasurer, will review and prepare the budget for the Board. The process will focus on the three priority strategies identified by the Board in January (focus the message, fill the pipeline and simplify and standardize). Dr. O'Loughlin emphasized that the Board of Trustees set the agreed upon direction with the three strategies. A draft 2017 budget will be available in June or July to provide an opportunity for councils to view the budget and provide comment. Dr. Lemmo indicated that his April Treasurer's Newsletter would outline the budget process.

**New Dentist Committee Update:** Dr. Christopher Hasty, chair, New Dentist Committee presented a report on the New Dentist Committee's March 19-20, 2016, meeting. As part of the Board of Trustees' ongoing efforts to hear the new dentist perspective, the New Dentist Committee participated in a joint strategic session with the Board on Sunday, March 20, 2016. Dr. Hasty encouraged the Board to continue to schedule simultaneous meetings. He reported that the Committee feels strongly about improving resources for new dentists seeking employment through a strengthened Career Center. The Committee will be working with staff on this and may come back to the Board at a future date. Virtual study clubs is another area of particular interest to new dentists. The Committee is also looking at its own practices and, specifically, on the role of individual New Dentist Committee members at the state and local level. Dr. Hasty also noted that the Committee is looking into the definition of "new dentist" and even that terminology itself.

### **Special Appearance of ADA Foundation Board of Directors Members, Dr. William Calnon, Vice President of Scientific Research and Dr. Frank Maggio, Vice President of Development: ADA Foundation Update:**

In response to Resolution B-25-2016 (adopted by the Board in January 2016), the ADA Foundation was invited to report to the Board its development/fundraising plans for the coming several years and report on its 3-year business plan for the Volpe Research Center (VRC). On behalf of the ADA Foundation, Dr. William Calnon and Dr. Frank Maggio provided an overview of the Foundation's scope of responsibility in regards to philanthropy and research. Dr. Calnon's portion of the presentation focused on VRC milestones and opportunities and the importance of the VRC relationship with the National Institute of Standards and Technology (NIST). He provided information on traditional and emerging issues research and the corresponding grant potential, market potential and collaborative opportunities and the financial investment needed for each. He provided budget data for 2015 and 2016 and asked the ADA Board of Trustees to consider making a five year commitment of funding of approximately \$5 million from 2017 through 2021. Dr. Frank Maggio provided an overview of 2015 ADA Foundation campaign activities. In particular, the source and distribution of monetary contributions. The vast majority of gifts to the Foundation, over 80 percent, comes from corporations. Donations from ADA members continue to be a very small percentage of overall funds raised. Dr. Maggio outlined the Foundation's fundraising plans and goals for 2016 and presented a five year projection on donor growth that included a target of 9 percent growth in total giving for 2016 and 2017. Mr. Gene Worth, executive director, ADA Foundation was also in attendance.

**Presentation of McKinley Survey Data:** This session was conducted by Patrick Glaser, director of research, McKinley Advisors. The ADA retained McKinley Advisors to survey members on approximately 58 ADA activities and 10 state and local society programs. The survey list was comprised of two key stakeholder groups, dentists and ADA state and local executive directors. The total response rate was 5.1 percent. McKinley's findings from the study revealed areas that are of great value to members. The study also provided the Board of Trustees with guidance in areas where the ADA need to emphasize to support

members more effectively. The information presented at this meeting will be shared with all councils through a webinar hosted by Dr. Lemmo.

## Reports and Resolutions to the House of Delegates

### Reports and Resolutions Relating to Reference Committee D (Legislative, Health, Governance and Related Matters)

**Board of Trustees Resolution 1: *Bylaws* Amendment to Provide the American Student Dental Association the Right to Introduce New Business at the House of Delegates:** The Board of Trustees voted to transmit Resolution 1 to the House of Delegates with a recommendation to vote yes. (Vote: *Unanimous*)

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

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 or the American Student Dental Association Delegation. 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 or the American Student Dental Association Delegation 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 resolutions shall not be deemed new business, and be it further,

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

**Board of Trustees Resolution 2: Appointment of Council Chairs, Consultants and Advisors:** The Board of Trustees voted to transmit Resolution 2 to the House of Delegates with a recommendation to vote yes. (Vote: *Unanimous*)

**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 of Trustees Resolution 3: Revisions to Process for Certificate for International Volunteer**

**Service:** The Board of Trustees voted to transmit Resolution 3 to the House of Delegates with a recommendation to vote yes. (Vote: *Unanimous*)

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

**Resolved,** that Resolutions 68H-1974 and 28H-2002 be rescinded.

**Closed Session**

Closed sessions were held at various times during the March 20-21, 2016, meeting of the Board of Trustees. The minutes of the closed sessions are separately recorded; however, non-confidential actions taken by the Board are reflected in the minutes of the open session. The following reports were considered during the closed sessions:

- ADA/NDC Strategic Discussion—Personas
- Report of the Compensation Committee (Resolution B-44 is currently embargoed).
- Report of the AFA Foundation
- Report of the Practice Institute: Looking at Dental Therapists Through the Five Lenses of Our Values: Dental Therapists Part II

The minutes of the closed session are separately recorded.

**Attorney-Client Session**

An attorney-client session of the Board of Trustees was held on Sunday, March 20, 2016, from 4:54 p.m. to 5:54 p.m., in the Board Room of the ADA Headquarters Building, Chicago. Those in attendance included the officers and members of the Board of Trustees, the Speaker of the House of Delegates, the Executive Director, the General Counsel, and the Deputies General Counsel.

**Adjournment**

With the conclusion of all items of business, and without objection, the third regular meeting of the ADA Board of Trustees adjourned *sine die* on Monday, March 21, 2016 at 3:58 p.m.

**Appendix I**

**Strategic Travel Program - Approach & Guidelines**

**Goal**

To increase membership in targeted markets through strategic use of Board travel.

**Rationale**

Board members can play a key role in membership recruitment and engagement by virtue of their position and influence. ADA leaders receive more than 200 invitations to attend and/or speak at meetings and events each year. A strategic engagement approach will allow the Association to use its resources dedicated to travel support (Strategic Travel Program) to advance membership goals, while still allowing Board members flexibility in their own travel choices. Without a set of guidelines and key outreach opportunities to help guide this effort, the full impact of the Board’s influence may not be realized.

**Description**

The *Board of Trustees Strategic Travel Program* is administered by Client Services to:

1. leverage Board engagement to help advance membership goals; and
2. better align Board engagement with membership priorities.

**Role of Department of Client Services**

As part of its member growth strategy, Client Services conducts outreach efforts to state and local societies, dental schools and other dental organizations. Through the annual goal setting process, Client Services focuses its outreach efforts based on strategic goal priorities and overall opportunity for impact, including member growth, willingness and capacity to engage and other key factors. Listed below are the types of strategic engagement opportunities that can impact membership goals.

Client Services Outreach Framework		
Dental Societies	Dental Schools	Dental Organizations
<ul style="list-style-type: none"> <li>• Outreach with priority state societies</li> <li>• Keynote speakers for events</li> <li>• Presentations at state/local/Board/Membership committee meetings</li> <li>• Attendance at access to care events</li> <li>• Other opportunities as appropriate</li> </ul>	<ul style="list-style-type: none"> <li>• Outreach with priority dental schools</li> <li>• Membership conversion activities, such as National Signing Day, targeting senior dental students</li> <li>• ASDA or other student organization activities</li> <li>• Dental school “milestone” events, such as first-year orientations, white coat ceremonies, match days, or graduation ceremonies</li> <li>• Dental school faculty visits</li> <li>• Other opportunities as appropriate</li> </ul>	<ul style="list-style-type: none"> <li>• Speaking opportunities at conferences</li> <li>• Liaison opportunities at conferences</li> <li>• Outreach with local/regional chapters of national organizations</li> <li>• Other opportunities as appropriate</li> </ul>

In order to support the *Board of Trustees Strategic Travel Program*, each year, Client Services will provide to the Board:

- A *Client Services Priority Outreach Opportunity Sheet* identifying priority dental societies, dental schools and organizations. The Strategic Travel Program will be applied to outreach to these priority targets.
  - The Board will be asked to approve the list of priority outreach opportunities, while still allowing Client Services the ability to amend it during the year to address changing conditions.
- An outreach toolkit of ADA presentations, speeches and talking points, to aid in ensuring consistent key messaging while participating in outreach events.
  - The toolkit will be updated, as needed, throughout the year.
- A post engagement feedback mechanism for the Board to communicate outreach engagement outcomes, challenges and opportunities to Client Services.

In addition, at the end of each year, Client Services will prepare a progress report on use of the *Strategic Travel Program*, Board engagement activities and key metrics to identify opportunities for plan enhancement or revisions.

### **Role of ADA Board Member**

In order to support the *Board of Trustees Strategic Travel Program*, the Board member will:

- Through Board approval of the list of priorities, recognize that funds used in the *Strategic Travel Program* will not be distributed evenly among the districts, but will be targeted to specific markets.
- Prior to travel, work with the appropriate Client Services outreach manager to understand goal of the engagement opportunity, any key issues and which key messages are most appropriate.
  - The Board will be provided with a list of Client Services team members
- Provide feedback to outreach manager following the engagement opportunity.
- If traveling using resources outside of the *Strategic Travel Program*, but to targeted priority markets, the Board member will contact Client Services to coordinate efforts.

### **Guidelines**

- Client Services shall administer the *Strategic Travel Program* consistent with the approved list of priorities.
  - Based on the district where the engagement opportunity is being held, Client Services will reach out to the respective Board member with a suggested engagement opportunity.
  - Board members may suggest engagement opportunities under the *Strategic Travel Program* to Client Services; however, the decision on whether to use the fund for such an opportunity shall rest solely with Client Services.
- With the approval of the President and President-elect, Client Services may amend the approved list of priorities to address new opportunities or challenges and shall notify the Board of any such amendments within 14 days.
- The plan shall be administered in the best interests of the Association, and shall not consider ADA politics, such as contested races for President-elect.
- For any outreach opportunity, the ADA representative will be the trustee within whose district the opportunity occurs (regardless of whether the opportunity involves individuals or institutions from other districts). Exceptions are allowed with the consent of the President.
- If other Board members attend an event using funding from outside the *Strategic Travel Program*, he or she should coordinate with Client Services to align messaging, etc., if deemed necessary by Client Services.

### **Metrics**

The following metrics will be used to gauge the impact of this program:

As a myriad of factors play a role in impacting membership market share or member growth in a given year, it will be difficult to isolate strategic Board engagement opportunities as primary factors for member growth in these targeted areas. However, Client Services will establish a baseline in 2016 to show market share in

relation to areas where strategic Board outreach engagement has occurred, in order to identify relevant trend lines in following years.

Success Measure: In a given engagement opportunity, at least one touch point with two key influencers (i.e., women, new dentists, federal service dentists, racially/ethnically diverse, dental students by class, graduate students, student leaders, faculty, deans).

Success Measure: Increase market share and or member growth in priority markets over an established baseline in 2016, as indicated via the yearly progress report.

Success Measure: An end-of-year Board Engagement Survey to identify key challenges and opportunities.  
Target: 70% of Board members share an overall satisfaction rating of 4 out of 5 with the *Strategic Travel Fund Program* managed through Client Services.

### **Budget**

Aligning Board members with strategic engagement opportunities is contingent upon the number of outreach activities emerging in a given dental society, school or organization throughout the year that Client Services or Board members are either invited to or secure participation in. As a result, it is difficult to determine the level of strategic Board engagement opportunities that will be available in a given year. Therefore, Client Services shall propose a budget for each coming year, based on:

1. the number of priority state societies, dental schools and professional organizations;
2. a tiered priority approach; and
3. the number of engagement opportunities anticipated.

**Appendix II**

**2016 Client Services Priority Outreach Opportunities**

As part of its member growth strategy, Client Services conducts outreach efforts to state and local societies, dental schools and other dental organizations. Through its annual goal setting process, Client Services determines its outreach efforts based on strategic goal priorities and overall opportunity for impact, including member growth, willingness and capacity to engage and other key factors. This process results in a combination of state societies, dental schools and dental organizations as tier 1 and tier 2 Client Services outreach priorities, with tier 1 representing top priority.

**Priority State Dental Societies**

The following state societies are most challenged in four or more of the key markets: general dentists, new dentists, women, ethnically diverse and relative percentage over 65

Tier 1	Tier 2
<p>Georgia</p> <p>New Jersey</p> <p>Pennsylvania</p> <p>Texas</p> <p>Virginia</p>	<p>Alabama</p> <p>Arizona</p> <p>Florida</p> <p>Illinois</p> <p>Kentucky</p> <p>Maryland</p> <p>Nevada</p> <p>New Mexico</p> <p>New York</p> <p>Wisconsin</p>

**Priority Dental Schools**

The following dental schools are identified as part of the dental school strategy as providing the greatest opportunity for overall member growth; schools with low membership conversion rates at end-of-year 2015; and schools in states that have been identified as priorities for 2016 (above).

Tier 1	Tier 2
<p style="text-align: center;">Boston University Howard University Meharry Medical College New York University University of Pennsylvania Rutgers University</p>	<p style="text-align: center;">Arizona School of Dentistry &amp; Oral Health University of Alabama at Birmingham Columbia University University of Kentucky Lake Erie College of Osteopathic Medicine (LECOM) University of Louisville University of Maryland University of Nevada Las Vegas Nova Southeastern University</p>

**Priority Dental Associations**

The following dental associations are identified based on existing relationships, levels of current engagement and opportunities for collaboration and or alignment around common goals and issues.

Tier 1	Tier 2
<p style="text-align: center;">American Dental Education Association (ADEA) American Student Dental Association (ASDA) American Association of Women Dentists (AAWD) Hispanic Dental Association (HDA) National Dental Association (NDA) Society of American Indian Dentists (SAID)</p>	<p style="text-align: center;">American Association of Dental Research/ International Association of Dental Research (AADR/IADR) Allied Health Groups American Association of Dental Boards (AADB) Dental Trade Alliance (DTA) Specialty Organizations</p>

## Minutes of the Board of Trustees

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June 15–16, 2016

Headquarters Building, Chicago

**Call to Order:** The fourth regular meeting of the Board of Trustees of the American Dental Association was called to order by Dr. Carol Gomez Summerhays, president, on Wednesday, June 15, 2016, at 8:30 a.m., in the Board Room of the ADA Headquarters Building, Chicago.

**Roll Call:** Officers and members of the Board of Trustees in attendance were: Carol Gomez Summerhays, Gary L. Roberts, Thomas W. Gamba, Irene Marron-Tarrazzi, Glen D. Hall, Ronald P. Lemmo, Kathleen T. O'Loughlin, Rickland G. Asai, Robert N. Bitter, Richard C. Black, Terry L. Buckenheimer, Raymond A. Cohlma, Jeffrey M. Cole, Joseph P. Crowley, Julian Hal Fair III, Judith M. Fisch, Chad P. Gehani, Gary E. Jeffers, Daniel J. Klemmedson, Andrew J. Kwasny, Lindsey A. Robinson, Alvin W. Stevens, Jr., James K. Zenk, and Mark R. Zust.

Following the roll call, Dr. Hall announced that a quorum was present.

The following ADA staff were in attendance for all or portions of the meeting at the invitation of the president: Marcelo Araujo, vice president, Science Institute; Jerome K. Bowman, chief, Governance and Strategy Management; J. Craig Busey, Esq., general counsel; James Goodman, vice president, Conferences and Continuing Education; Michael A. Graham, senior vice president, Government and Public Affairs; Sabrina King, chief, People Management; Toni Mark, chief technology officer; Stephanie Moritz, chief communications officer; David Preble, vice president, Practice Institute; Paul Sholty, chief financial officer; Michael D. Springer, senior vice president, Business and Publishing; Marko Vujicic, chief economist and vice president, Health Policy Institute; James Willey, senior director, Practice Institute; and Anthony Ziebert, senior vice president, Education/Professional Affairs.

Christopher M. Hasty, chair, New Dentist Committee, was in attendance for portions of the meeting.

Others in attendance for all or portions of the meeting were: Tomisena Cole, senior manager, Board and House Matters; Thomas C. Elliott, Jr., Esq., deputy general counsel; Michael Glick, editor, *The Journal of the American Dental Association*; Judith Jakush, editor, *ADA News*; Alyna Johnson, coordinator, Board and House Matters; Michelle Kruse, director, Administrative Services; Molly Potnick, coordinator, Board and House Matters; Robert Quashi, director, Business Analyst; Kyle Smith, manager, House of Delegates; and Wendy Wils, Esq., deputy general counsel. Other ADA staff members were in attendance for specific agenda items.

Before consideration of business, Dr. Summerhays called attention to the ADA Disclosure Policy statement included on the meeting agenda and the requirement to disclose any conflicts of interest. No conflicts were disclosed at this time.

### Preliminary

**Approval of Agenda and Consent Items:** Dr. Summerhays called for items of new business; with the consent of the Board, the following item was added to the agenda:

- Report of the Business Innovation Committee (Dr. Zenk)

*Approval of Agenda.* On vote, the Board adopted the agenda as amended.

**B-47-2016. Resolved**, that the agenda be approved as the official order of business for the current meeting of the Board of Trustees except that the President may alter the order of agenda when necessary to expedite business.

*Approval of Consent Calendar.* Dr. Summerhays reviewed the list of proposed consent reports and resolutions; the following report was removed from consent.

- Resolution 6, Amendments to the Election Commission Guidelines Governing the Conduct of Campaigns for all ADA Offices, removed by Dr. Mark Zust

Without objection, the amended consent calendar was adopted.

**B-48-2016. Resolved**, that the resolutions contained on the Consent Calendar for Board of Trustees consideration be approved and reports be filed, and be it further

**Resolved**, that the recommendations that appear on the resolutions and reports to the House of Delegates be accepted.

### **Approval of Minutes of Previous Meetings of the Board of Trustees**

*Minutes of the March 20-21, 2016 Meeting of the Board of Trustees.* The Board of Trustees adopted Resolution B62 on the consent calendar. Later in the meeting, it was noted that due to an administrative error an incorrect version of Business Innovation Committee Charter had been presented to the Board in the March Minutes. Dr. Zust moved to reconsider Resolution B-62 in order to approve the corrected Minutes. Hearing no objection, the motion to reconsider Resolution B-62 was adopted. On vote, the Board adopted the March 20-21, 2016, meeting minutes as amended.

**B-62-2016. Resolved**, that the minutes of March 20-21, 2016, meeting of the Board of Trustees be approved.

*Minutes of the May 17, 2016, Special Meeting of the Board of Trustees.* The Board of Trustees adopted the following resolution (consent calendar action).

**B-63-2016. Resolved**, that the minutes of the May 17, 2016, special telephonic meeting of the Board of Trustees be approved.

**Report on Mail Ballot Actions:** In accordance with the *Organization and Rules of the Board of Trustees*, the following mail ballot action is required to be reported in the minutes of the next regular meeting of the Board of Trustees. The following mail ballot resolutions was unanimously adopted (consent calendar item).

*Mail Ballot No. 8—Approval on New Dentist Committee Replacement on the Licensure Task Force*

**B-61-2016. Resolved**, that the following substitute appointment to the Licensure Task Force of the Board of Trustees, as made by the President, be approved:

Dr. Lindsey Yates (NDC)

### **Reports of Standing Committees of the Board of Trustees**

**Report of the Audit Committee:** On behalf of the Committee, Dr. Joseph Crowley, chair, presented the report of the Audit Committee's June 14, 2016, meeting. The report identified major topics discussed, reports received and actions taken. The following resolutions were presented for the Board of Trustees' consideration.

*Approval and Filing of Tax Forms and Approval of Audited Financial Statements.* On vote, the Board of Trustees adopted the following resolutions.

**B-72-2016. Resolved,** that the 2015 ADA Form 990, as amended, be approved and filed.

**B-73-2016. Resolved,** that the audited 2015 consolidated financial statements and supplemental schedules of the ADA and subsidiaries be approved and released for posting.

**B-74-2016. Resolved,** that the audited 2015 financial statements of the ADPAC and supplemental schedules be approved and released for posting.

**B-75-2016. Resolved,** that the Headquarters Building report as of December 2015 be approved.

**Report of the Budget and Finance Committee:** On behalf of the Committee, Dr. James Zenk, chair, presented the report of the Budget and Finance Committee's June 10-13 2016, meeting. The report identified the major topics discussed, reports received and actions taken. The Committee presented its recommendations on the following resolutions for the Board of Trustees' consideration.

*Posting of Financials.* Dr. Zenk moved Resolution B-68 with the Committee's recommendation to adopt; on vote Resolution B-68 was adopted by the Board of Trustees.

**B-68-2016. Resolved,** that the ADA quarterly financial statements as of December 31, 2015 and March 31, 2016 be filed and posted in the appropriate delegates section.

*IT Contingent Fund Request—Branded Web Template Support.* Dr. Zenk moved Resolution B-49 with the Committee's recommendation to adopt; on vote, Resolution B-49 was adopted by the Board of Trustees.

**B-49-2016. Resolved,** that the following appropriation be made from the 2016 Contingent Fund and be allocated to line items in stated cost center in accordance with the terms of the supplemental appropriation request to cover the costs of providing continued technical support of the branded website templates.

*Division of Information Technology*

(Cost Center: 090-1450-000)

**Branded Web Template User Support – up to \$50,000**

*IT Contingent Fund Request—Temporary Project Management Support.* Dr. Zenk moved Resolution B-50 with the Committee's recommendation to adopt; on vote, Resolution B-50 was adopted by the Board of Trustees.

**B-50-2016. Resolved,** that the following appropriation be made from the 2016 Contingent Fund and be allocated to line items in stated cost center in accordance with the terms of the supplemental appropriation request to cover the costs of providing a temporary Project Manager to support project demands.

*Division of Information Technology*

(Cost Center: 090-1450-000)

**Temporary Project Management Support - up to \$120,000**

*IT Contingent Fund Request—Hyperion Support.* Dr. Zenk moved Resolution B-51 with the Committee's recommendation to adopt; on vote, Resolution B-51 was adopted by the Board of Trustees.

**B-51-2016. Resolved,** that the following appropriation be made from the 2016 Contingent Fund and be allocated to line items in stated cost center in accordance with the terms of the supplemental

appropriation request to cover the costs of providing support for configurations necessary to support the Hyperion PlanTool Budgeting system.

*Division of Information Technology*  
(Cost Center 090-1450-000)  
**Hyperion Support - up to \$27,000**

*IT Contingent Fund Request—PeopleSoft HR/Payroll Support.* Dr. Zenk moved Resolution B-52 with the Committee's recommendation to adopt; on vote, Resolution B-52 was adopted by the Board of Trustees.

**B-52-2016. Resolved**, that the following appropriation be made from the 2016 Contingent Fund and be allocated to line items in stated cost center in accordance with the terms of the supplemental appropriation request to cover the costs of providing support to the PeopleSoft HR/Payroll systems.

*Division of Information Technology*  
(Cost Center: 090-1450-00)  
**PeopleSoft HR/Payroll Support - up to \$198,000**

*Hiring a Business Consultant.* A motion was made to postpone consideration of Resolution B-69 definitely; on vote the motion to postpone was adopted. Later in the meeting the Board resumed consideration of Resolutions B-69. Dr. Lemmo reported a proposed new study of the ADA business model. On behalf of the Budget and Finance Committee, Dr. Zenk moved Resolution B-69 with the Committee's recommendation to adopt.

Dr. Zust questioned if it was necessary to fund from reserves or if there were contingency funds available. Without objection, the Board accepted a friendly amendment, in the third resolved clause, to strike the words "from reserves." On vote, Resolution B-69, as amended, was adopted by the Board of Trustees.

**B-69-2016. Resolved**, that the Executive Director retain an outside consultant with appropriate expertise to evaluate the business model of the ADA to make recommendations to help assure future sustainability and relevance; and be it further

**Resolved**, that the Budget and Finance Committee of the Board of Trustees provide volunteer oversight to and be a resource for the work of the consultant and staff; and be it further

**Resolved**, that the Budget and Finance Committee report back to the Board on the level of funding needed ~~from reserves~~ for the retention of the outside consultant by the September 2016 Board of Trustees meeting.

**Report of the Diversity and Inclusion Committee:** On behalf of the Diversity and Inclusion Committee, Dr. Terry Buckenheimer, chair, presented the report of the Committee's June 14, 2016, meeting. The report identified major topics discussed, reports received and actions taken. The following resolutions were presented for the Board of Trustees' consideration.

*ADA Institute for Diversity in Leadership—Approval of 2016-2017 Class and Alternates.*

Dr. Buckenheimer moved Resolutions B-76 and B-77 on behalf of the Committee; on vote, Resolutions B-76 and B-77 were adopted by the Board of Trustees.

**B-76-2016. Resolved**, that the following 16 candidates be approved to participate in the 2016-2017 class of the ADA Institute for Diversity in Leadership:

Alamwala, Mandeep, Washington  
Kim, Mina C, New York  
Mazariegos, Stephanie, Florida

Smith, Carmen, Texas  
Brown, Carolyn, South Carolina  
Kennedy, Erinne, Maryland  
Pendurkar, Shakalpi, California  
Aguirre, Luz Marina, New York  
Brandon Abbatangelo, Tina, Nevada  
Ponthier, Rosa, Idaho  
Balletin Norris, Rhoda-Leann, Georgia  
Watts, Yokeca, Alabama  
Aguilos, Michelle, Texas  
Patel, Sneha, Oklahoma  
Fukuoka, Brooke, Idaho  
Fennell Dempsey, Renee, Pennsylvania

**B-77-2016. Resolved**, that the following six candidates be approved as alternates for the 2016-2017 class of the ADA Institute for Diversity in Leadership:

Elba Diaz, Puerto Rico  
Cathy Cook, Georgia  
Tanya Gibson, Missouri  
Charlene Brown, Georgia  
Suzan Ly, Hawaii  
Nia Bigby, Indiana

**Report of the Governance Committee:** On behalf of the Governance Committee, Dr. Mark Zust, chair, presented the report of the Committee's June 13, 2016, meeting. The report identified major topics discussed, reports received and actions taken. On behalf of the Committee, Dr. Zust moved Resolution B-71 with a recommendation to adopt. On vote, Resolution B-71 was adopted by the Board of Trustees.

**B-71-2016. Resolved**, that the revised *Organization and Rules of the Board of Trustees* as shown in Appendix 2 to the June 2016 Report of the Governance Committee be approved.

**Report of the Information Technology Committee:** On behalf of the Information Technology Committee, Dr. Joseph Crowley, chair, presented the report of the Committee's June 13, 2016, meeting. The report identified major topics discussed and reports received.

**Report of the Strategic Planning Committee:** On behalf of the Strategic Planning Committee, Dr. Mark Zust, chair, presented the report of the Committee's June 13, 2016, meeting. The report identified major topics discussed, reports received and actions taken.

## Reports and Resolutions to the Board of Trustees

### Communications and Marketing

**Report of the Chief Communications Officer: Annual Review of ADA Spokespersons:** The Board of Trustees adopted the following resolution (consent calendar action).

**B-65-2016. Resolved**, that the following individuals be approved as national ADA spokespersons through the conclusion of the 2017 annual meeting.

#### *Consumer Advisors*

Alice G. Boghosian, D.D.S., Niles, IL  
Ada S. Cooper, D.D.S., New York, NY  
Sally Cram, D.D.S., Washington, DC (Action for Dental Health)  
Ana Ferraz-Dougherty, D.M.D., San Antonio, TX (Bilingual)

Kimberly A. Harms, D.D.S., Bloomington, MN  
 Edmond R. Hewlett, D.D.S., Los Angeles, CA (Action for Dental Health, safety net)  
 Maria Lopez Howell, D.D.S., New Braunfels, TX  
 Matthew Messina, D.D.S., Fairview Park, OH  
 Richard Price, D.M.D., Waban, MA  
 Genaro Romo, D.D.S., Oak Lawn, IL (Bilingual)  
 Ruchi (Deepinder) K. Sahota, D.D.S., Freemont, CA (Action for Dental Health)

#### *Technical Experts*

Alan A. Boghosian, D.D.S., Chicago, IL (Dental Materials)  
 Sharon Brooks, D.D.S., Chelsea, MI (Oral and Maxillofacial Radiography)  
 Gregory N. Connolly, D.M.D., Boston, MA (Tobacco)  
 Terry Dickinson, D.D.S., Richmond, VA (Access, Action for Dental Health, Missions of Mercy)  
 Terence E. Donovan, D.D.S., Chapel Hill, NC (Dental Materials)  
 E. Jane Gillette, D.D.S., Bozeman, MT (Science/EBD)  
 Mary J. Hayes, D.D.S., Chicago, IL (Pediatric Dentistry)  
 Monica Hebl, D.D.S., Milwaukee, WI (Action for Dental Health)  
 Anthony Iacopino, D.M.D., Winnipeg, Manitoba Canada, (Geriatric Oral Health; Fluoridation)  
 Marjorie K. Jeffcoat, D.M.D., Philadelphia, PA (Periodontics)  
 J. David Johnson, Jr., D.D.S., Oak Ridge, TN (Oral & Maxillofacial Surgery)  
 Judith Ann Jones, D.D.S., Billerica, MA (Action for Dental Health, Eldercare)  
 J. Robert Kelly, D.D.S., M.S., DMedSc, Farmington, CT (Dental Materials)  
 J. Rodway Mackert, D.M.D., Ph.D., Augusta, GA (Dental Amalgam)  
 John A. Molinari, PhD., Northville, MI (Infection Control/Dental Unit Water Lines)  
 Robert M. Pick, D.D.S., Chicago, IL (Lasers/Dental Implants)  
 Howard F. Pollick, D.D.S., M.P.H., San Francisco, CA (Action for Dental Health, Fluoridation)  
 Lindsey A. Robinson, D.D.S., Grass Valley, CA (Access, Action for Dental Health)  
 Brian Schmidt, D.D.S., New York, NY (Oral cancer)  
 Guy Champagne, D. D. S., Pompano Beach, FL, (Anesthesia)  
 Jonathan D. Shenkin, D. D. S., Augusta, ME, (Action for Dental Health, Pediatric Dentistry, Prevention)  
 Heber Simmons, Jr., D.D.S., Jackson, MS (Pediatric Dentistry)  
 Susan Tiede, D.D.S., Missoula, MT (Fluoridation)  
 Joel Weaver, D.D.S., Ph.D, Columbus, OH (Anesthesia)

#### **Education/Professional Affairs**

**Report of the Senior Vice President, Education and Professional Affairs:** Update on the ADA Credentialing Portal: Dr. Ziebert reported to the Board about ongoing ADA efforts on the credential registration portal and the third-party payer access portal. The registration portal is now open for registering dentist credentials. The goal and key to success is to get 70,000 dentists signed up by the end of the year. Ms. Stephanie Moritz, chief communications officers, informed the Board that a very aggressive marketing plan was in place. Current marketing efforts are targeting three states: Kansas, Nevada and New Jersey. In July, national efforts will go live. The third-party payer portal is slated to go live mid-summer.

**Report of the Senior Vice President, Education and Professional Affairs:** Update on the Proposed Credential Verification Program: This report provided a progress report on steps taken to further explore the proposal submitted by Skygen USA, which consists of a licensing agreement between their organization and the ADA. A business development oversight committee has been formed to explore opportunities and risks of the proposal. Findings will be brought to the Business Innovation Committee for review (consent calendar item).

## Finance and Operations

*Informational Report Regarding Officer Approval of Expenditures from Capital Replacement Reserve Spending.* In compliance with Board Resolution B-58-2015, Capital Reserve Spending Approval Process, the Budget and Finance Committee submitted the following summary of approvals of spending from the capital replacement reserve fund.

1. Fund expense of purchase and shipping cost for 50 new tables for the House of Delegates. Total capital expenditures of \$45,000.
2. Washington, DC Building 4-year lease renewal for 2,726 square feet on 7<sup>th</sup> floor. Total capital expenditures of \$147,296.

Because these expenditures were less than \$500,000, requests were submitted for approval to the President, President-elect and Treasurer of the Association with a recommendation for approval. The President, President-elect, and Treasurer unanimously voted via an in-person meeting on March 21, 2016 to approve funding for item 1 and unanimously voted via conference call on May 9, 2016 to approve funding for item 2.

*Report on the Status of the 2016 Operating Contingent Fund.* It was reported that a Contingent Fund of \$1 million was authorized in the 2016 budget. The Board of Trustees approved total supplemental requests in the amount of \$105,100, leaving a balance of \$894,900.

## Government and Public Affairs

**Report of the Senior Vice President, Government and Public Affairs: Federal and State Legislative, Regulatory and Public Affairs Update:** Mr. Graham reported that the CDHC program continues to grow with new schools developing programs in new states. Seven states have schools with the CDHC program and schools in nine other states are about to adopt the CDHC program. Regarding CDHCs on Tribal lands, two Navajo students have completed the program from Central New Mexico College and are now functioning in the Navajo Nation. Ten more Navajo students are enrolled in that program beginning in August. The ADA continues to face fluoridation battles in the states and is prevailing in most of them. A new edition of Fluoridation Facts, a key tool for state and local societies in these battles, will be released in the coming months. Action for Dental Health is an important aspect of ADA arguments against dental therapists. Nineteen states are currently fighting the dental therapist issue. In Vermont, the governor signed a bill permitting dental therapists over the strong objections of the state dental society. It is not clear when this will be implemented in Vermont. Massachusetts is also fighting this issue. The ADA is assisting the Massachusetts Dental Association. Mr. Graham noted that the 2016 Washington Leadership Conference was a success. Next year, the dental students will participate. The report included a report on SPA program expenditures as of May 17, 2016.

**Report of the Council on Access, Prevention and Interprofessional Relations: Choosing Wisely Update:** The report included an update on the Choosing Wisely initiative of the American Board of Internal Medicine, funded by the Robert Wood Foundation. At its August 2015 meeting, the Board approved five Choosing Wisely Recommendation Statements as approved and presented by CAPIR. At its September 2015 meeting, the Board approved editorial changes to the statements as requested by the American Board of Medicine. CAPIR reported that a component of the Choosing Wisely project is the development of patient education brochures for dental offices to provide to consumers about the Choosing Wisely recommendation topics. Approval of such Consumer Reports material rests contractually with each organization. A copy of the Consumer Reports Patient Education Brochure was provided in the report. Dr. Kwasny expressed concern that some of the statements in the brochure went beyond what was discussed in the five Choosing Wisely Recommendation Statements approved by the Board and that dentists may find some of the recommendations problematic. Mr. Graham stated that the language was not yet final and that staff would go back to Consumer Reports and suggest changes in the language. Ms. Moritz commented that there are benefits and potential risks when working with an outside organization. The ADA does not have control over what is ultimately printed. How the ADA uses and promotes this information is within the ADA's control.

**Report of Dr. Steve Geiermann—June 7, 2016, Board of Directors Dental Lifeline Network Meeting:** This report identified topics discussed, reports received and actions taken (consent calendar item).

### Legal Affairs

**Report of the Division of Legal Affairs: Revisions to ADA Contract and Signature Authority Policies:** The Board of Trustees adopted the following resolutions (consent calendar actions).

**B-53-2016. Resolved**, that the ADA Contract Policy be revised as set forth in Appendix 2 (additions underscored, deletions stricken through).

**B-54-2016. Resolved**, that the ADA Signature Policy be revised as set forth in Appendix 5 (additions underscored, deletions stricken through).

*The revised ADA Contract Policy appears on page 203 and the revised ADA Signature Policy appears on page 204.*

**Report of the Division on Legal Affairs: Summary of Litigation and Other Matters:** This confidential report was presented during the Board of Trustees attorney-client session.

### Practice Institute

**Report of the Council on Dental Benefit Programs: Update on Dental Insurance Trends and Third Party Payor Advocacy:** This informational report provided an update on the current dental benefits landscape (consent calendar item).

**Report of the Council on Dental Practice: Update on the Center for Dental Practice's Guidelines for Practice Success™ (GPS™):** This informational report provided an update on recent activities (consent calendar item).

### Science Institute

**Report of the Council on Scientific Affairs: Recent Council Activities:** This report provided information on recent Council and Science Institute activities. The Council also forwarded to the Board for its consideration three resolutions. The Board adopted Resolutions B-55, B-56 and B-57 (consent calendar actions).

*Proposal to Revise the ADA Seal Program Fee System.* The Council recommended revising the ADA Seal Program's fee system and establishing a new category called the "family of flavors," which is a group of two or more products that only differ by flavor and coloring agents (e.g., toothpastes, chewing gums). The Council presented Resolutions B-55 and B-56 for approval by the Board of Trustees.

**B-55-2016. Resolved**, that except as provided for "family of flavors" submissions the ADA Seal of Acceptance Program submission fees for all products be \$15,000 and that maintenance fees for single products be \$4,000, effective January 1, 2017.

**B-56-2016. Resolved**, that effective January 1, 2017, a "family of flavors" maintenance fee category be implemented as part of the ADA Seal of Acceptance Program, wherein each family of flavors corresponds to one product submission and is subject to both the yearly maintenance fee and an additional fee for each added flavor approved by CSA, and be it further

**Resolved**, that for therapeutic products, the "family of flavors" maintenance fee be \$2,000 per flavor, and for food products, the "family of flavors" maintenance fee be \$4,000 for the first flavor and \$1,000 per each additional flavor.

*Approval of Proposed CSA Consultants.* The Council presented its list of proposed consultants for approval by the Board of Trustees.

**B-57-2016. Resolved**, that the following consultants to the Council on Scientific Affairs be approved for terms ending upon adjournment of the 2017 House of Delegates:

Abt, Elliot, D.D.S., M.S., M.Sc., Deerfield, IL  
Al-Hashimi, Ibtisam, B.D.S., M.S., Ph.D., Dallas, TX  
Alapati, Satish B., D.D.S., Ph.D., Chicago, IL  
Armitage, Gary C., D.D.S., M.S., San Francisco, CA  
Armstrong, Steven R., D.D.S., M.S., Iowa City, IA  
Bayne, Stephen C., Ph.D., Ann Arbor, MI  
Boghosian, Alan A., Evanston, IL  
Bradford, Peter, Ph.D., Buffalo, NY  
Brignardello-Petersen, Romina, Ph.D., MS, Toronto, ON, Canada  
Byrne, B. Ellen, D.D.S., Ph.D., Richmond, VA  
Carey, Clifton, Ph.D., Aurora, CO  
Chalian, G. Garo, D.D.S., Aurora, CO  
Ciancio, Sebastian G., D.D.S., Buffalo, NY  
Cochran, David L., D.D.S., M.S., Ph.D., San Antonio, TX  
Crews, Karen M., D.M.D., Gulfport, MS  
D'Souza, Gypsyamber, Ph.D., M.Ph., M.S., Baltimore, MD  
Dawes, Colin, B.Sc., B.D.S., Ph.D., Winnipeg, MB, Canada  
DeRossi, Scott, D.D.M., Augusta, GA  
Dionne, Raymond, D.D.S., M.S., Ph.D., Greenville, NC  
Drake, David R., M.S., Ph.D., Iowa City, IA  
Dunn, William J., D.D.S., Helotes, TX  
Epstein, Joel, D.D.S., Los Angeles, CA  
Fischman, Stuart L., D.D.S., Buffalo, NY  
Fontana, Margherita, D.D.S., Ph.D., Ann Arbor, MI  
Fung, Eric, Ph.D., Lincoln, NE  
Garcia, Raul I., D.M.D., M.Med.Sc., Wellesley, MA  
Genco, Robert J., D.D.S., Ph.D., Amherst, NY  
Gettleman, Lawrence M., B.A., D.M.D., M.S.D., Louisville, KY  
Giddon, Donald, D.M.D., Ph.D., Wellesley, MA  
Giovannitti, Jr., Joseph A., D.D.S., M.S., Pittsburgh, PA  
Gotcher, Jack, D.M.D., Ph.D., Knoxville, TN  
Gunsolley, John (Jack), D.D.S., M.S., Midlothian, VA  
Guyatt, Gordon, B.Sc., M.D., M.Sc., Hamilton, ON, Canada  
Hall, Andrew F., B.Ch.D., Ph.D., Dundee, Scotland, United Kingdom  
Harrel, Stephen, D.D.S., Dallas, TX  
Hayes, Catherine, D.M.D., Dr.Med.Sc., Newton, MA  
Haywood, Van B., D.M.D., Augusta, GA  
Hellstein, John, D.D.S., Iowa City, IA  
Hilton, Thomas, D.M.D., M.S., Lake Oswego, OR  
Hutter, Jeffrey, D.M.D., Boston, MA  
Ismail, Amid, Dr.P.H., M.P.H., M.B.A., B.D.S., Oreland, PA  
Jacobsen, Peter L., Ph.D., D.D.S., San Francisco, CA  
Jefferies, Steven R., D.D.S., M.S., Ph.D., Rehoboth Beach, DE  
Jeske, Arthur, Ph.D., D.M.D., Houston, TX  
Kohn, William, D.D.S., M.P.H., Oak Brook, IL

Kumamoto, David P., B.S.D., D.D.S., M.S., Chicago, IL  
Laudenbach, Joel, D.M.D., Beverly Hills, CA  
Leung, Kai P., Ph.D., San Antonio, TX  
Levy, Steven M., D.D.S., M.P.H., Iowa City, IA  
Li, Yiming, D.D.S., Ph.D., Loma Linda, CA  
Lingen, Mark, D.D.S., Ph.D., Oak Park, IL  
Lockhart, Peter, D.D.S., Charlotte, NC  
Malamed, Stanley F., D.D.S., West Hills, CA  
Marshall, Milton V., Ph.D., Houston, TX  
McGuire, Michael K., D.D.S., Houston, TX  
Mealey, Brian, D.D.S., San Antonio, TX  
Mellonig, James T., D.D.S., San Antonio, TX  
Michalowicz, Bryan, D.D.S., M.S., Woodbury, MN  
Navazesh, Mahvash, D.M.D., Los Angeles, CA  
Niederman, Richard, D.D.S., New York, NY  
Noraian, Kirk W., D.D.S., M.S., M.B.A., Bloomington, IL  
Novy, Brian B., D.D.S., Westborough, MA  
Olson, John W., D.M.D., Pewee Valley, KY  
Paravina, Rade, D.D.S., M.S., Ph.D., Houston, TX  
Patton, Lauren, D.D.S., Chapel Hill, NC  
Paumeir, Thomas, D.D.S., Canton, OH  
Payne, Thomas J., Ph.D., Jackson, MS  
Phero, James C., D.M.D., Cincinnati, OH  
Plemons, Jacqueline M., D.D.S., M.S., Dallas, TX  
Powers, John M., Ph.D., Ann Arbor, MI  
Rankin, Kathleen V., D.D.S., Dallas, TX  
Rees, Terry D., D.D.S., M.S.D., Dallas, TX  
Robinson, Peter J., D.D.S., Winnetka, IL  
Rose, Louis F., D.D.S., M.D., Philadelphia, PA  
Rossmann, Jeffrey A., D.D.S., M.S., Dallas, TX  
Schenkein, Harvey A., D.D.S., Ph.D., Richmond, VA  
Schifferle, Robert E., D.D.S., Ph.D., Buffalo, NY  
Sollecito, Thomas, D.M.D., Philadelphia, PA  
Stanford, Clark, D.D.S., Ph.D., Chicago, IL  
Swift, Edward J., D.M.D., M.S., Chapel Hill, NC  
Thomas, John, Ph.D., Morgantown, WV  
Tomar, Scott, D.M.D., Dr.P.H., Gainesville, FL  
Triester, Nathaniel, D.D.S., Boston, MA  
Truelove, Edmond L., D.D.S., Ph.D., Seattle, WA  
Van Dyke, Thomas, D.D.S., Ph.D., Cambridge, MA  
Volpe, Anthony R., D.D.S., Somerset, NJ  
Watson, II, Gene E., D.D.S., M.S., Ph.D., Rochester, NY  
Wong, David T., D.M.D., D.M.Sc., Beverly Hills, CA  
Wright, J. Timothy, D.D.S., M.S., Chapel Hill, NC  
Wu, Christine D., M.S., Ph.D., Chicago, IL  
Yaegaki, Ken, D.D.S., Ph.D., Bunkyo-ku, Tokyo, Japan  
Young, Douglas A., D.D.S., M.S., M.B.A., San Francisco, CA  
Zero, Domenick, D.D.S., M.S., Indianapolis, IN

### **ADA Business Enterprises, Inc.**

**Report of ADABEI:** This informational report provided a summary of early 2016 activities (consent calendar item).

### **ADA Foundation**

**Report of the ADA Foundation:** This report provided information on recent activities (consent calendar item).

### **Organizational/Other**

**Report of the Ad Hoc Workgroup on Board Funded Travel:** On behalf of the workgroup, Dr. Lemmo presented this informational report. The workgroup presented no recommended changes to Board travel as set forth in the Board Rules with the exception of in-district travel funding. The workgroup felt that the amount allocated for in-district travel should be increased to account for inflation as it has remained unchanged since 1995. Accordingly, based on information from the Bureau of Labor and Statistics CPI Inflation Calculator, more current figures will be included in the initial proposed 2017 budget. In regards to spousal travel, Dr. Fisch shared that this practice may be outdated and if spouse travel funding were to continue, then the Board should be cognizant of how this may be perceived by younger members and of the fact that there are bound to be members that are not in agreement with dues dollars being allocated for spousal travel.

**Approval of 2018-2019 Board of Trustee Meeting Dates:** Future Board meeting dates for the years 2018 and 2019 were proposed for the Board's consideration.

#### *2018 Board Meeting Dates.*

**B-58. Resolved,** that the following 2018 Board of Trustee meeting dates be approved.

February 11-13 (Sunday – Tuesday)  
May 6-8 (Sunday – Tuesday)  
July 15-17 (Sunday – Tuesday)  
September 23-25 (Sunday – Tuesday)  
October 23 (New Board of Trustees Meeting, Hawaii)  
December 13-16 (Thursday – Sunday) (Retreat and Board meeting, if needed—Location TBD)

#### *2019 Board Meeting Dates.*

**B-59. Resolved,** that the following 2019 Board of Trustee meeting dates be approved.

February 17-19 (Sunday – Tuesday)  
May 5-7 (Sunday – Tuesday)  
June 23-25 (Sunday – Tuesday)  
August 11-13 (Sunday – Tuesday)  
September 10 (New Board of Trustees Meeting, San Francisco)  
December 12-15 (Thursday – Sunday) (Retreat and Board meeting, if needed—Location TBD)

Dr. Roberts indicated that concerns had been raised by a few trustees on the proposed meeting dates. Dr. Zust moved to postpone consideration definitely. Hearing no objection, the motion to postpone definitely was adopted.

Later in the meeting the Board resumed consideration of Resolutions B-58 and B-59. As requested, alternate meeting dates was provided for the Boards consideration. In addition, the Board was provided with a schedule of what those meetings would look like if the Board went back to the old schedule, which included a financial implication of approximately \$80,000. At Dr. Summerhays' request, Dr. O'Loughlin spoke to the Board on management's perspective on Board dates and Board calendars.

Dr. Fisch moved Resolution B-58. On vote, Resolution B-58, as amended, was adopted by the Board of Trustees.

**B-58-2016. Resolved**, that the following 2018 Board of Trustee meeting dates, as amended, be approved.

February 11-13 (Sunday – Tuesday)  
April 22-24 (Sunday – Tuesday)  
~~May 6-8 (Sunday – Tuesday)~~  
 July 15-17 (Sunday – Tuesday)  
 September 23-25 (Sunday – Tuesday)  
 October 23 (New Board of Trustees Meeting, Hawaii)  
 December 13-16 (Thursday – Sunday) (Retreat and Board meeting, if needed—Location TBD)

Dr. Fisch moved Resolution B-59. On vote, Resolution B-59, as amended, was adopted by the Board of Trustees.

**B-59-2016. Resolved**, that the following 2019 Board of Trustee meeting dates, as amended, be approved.

February 17-19 (Sunday – Tuesday)  
~~May 5-7 (Sunday – Tuesday)~~  
May 15-17 (Wednesday – Friday)  
 June 23-25 (Sunday – Tuesday)  
 August 11-13 (Sunday – Tuesday)  
 September 10 (New Board of Trustees Meeting, San Francisco)  
 December 12-15 (Thursday – Sunday) (Retreat and Board meeting, if needed—Location TBD)

**Report on Nomination for ADA Honorary Membership:** The Board of Trustees adopted the following resolution (consent calendar action).

**B-60-2016. Resolved**, that in accordance with ADA *Bylaws*, Chapter VII, Section 90(I), the following individuals be elected for Honorary Membership of the American Dental Association:

Jens O. Andreasen, D.D.S., Odont. Dr. H.C.  
 Ms. Grace L. DeShaw-Wilner, CAE  
 Mitsuo Okubo, D.D.S.

**Nominations to the Council on Scientific Affairs:** The Board of Trustees considered multiple nominations for the four open positions on the Council on Scientific Affairs. Trustees who nominated an individual were given the opportunity to offer comments on their nominee's qualifications. In accordance with the *Organization and Rules of the Board of Trustees*, the Board balloted on the nominations and selected four nominees to present to the 2016 House of Delegates. On vote, the Board adopted the following resolution.

**B-64-2016. Resolved**, that the names and qualifications of the following four individuals be transmitted to the 2016 House of Delegates as nominees for membership on the Council on Scientific Affairs for four year terms.

Dr. Margherita R. Fontana (District 9)  
 Dr. Maria L. Geisinger (District 5)  
 Dr. Steven R. Jeffries (District 3)  
 Dr. Martha Ann Keels (District 16)

**Report of the Executive Director: Update on Members First Mid-Term Results:** Dr. O'Loughlin provided a progress report under Members First 2020. She spoke about the current ADA business model, the ADA's

complex governance structure and how it drives the staff structure. Dr. O'Loughlin provided information on 2011-15 Financial Trends and 2006-15 Membership Trends. While the ADA is in good shape financially, the numbers and projections make clear that ADA expenses are growing faster than revenue and, depending on various factors, the ADA may be facing structural deficits in coming years. Dr. O'Loughlin stated that staff would continue to closely monitor trends as we approach the mid-point of our strategic plan next year.

**American Association of Women Dentists:** Dr. O'Loughlin reported that the ADA was approached by the American Association of Women Dentists to form a more formal agreement to work together.

**Report of the President:** Dr. Carol Summerhays presented a report that summarized her activities since the March 2016 Board meeting (consent calendar item).

**Report of the President on Appointment of Representative to the American College of Dentistry:** Dr. Carol Summerhays reported the appointment of Dr. Rickland Asai as liaison to the American College of Dentistry (consent calendar item).

**Report of the President-elect:** Dr. Gary Roberts gave an oral report of meetings attended and trips taken since the March 2016 meeting.

### **Liaison Reports**

#### **Report of Dr. Judith M. Fisch, Liaison to the Commission for Continuing Education Provider**

**Recognition:** Dr. Fisch reported on her attendance at the March 31-April 1, 2016, meeting of the Commission for Continuing Education Provider Recognition (consent calendar item).

**Report of Dr. Chad P. Gehani, Liaison to the Council on Ethics, Bylaws and Judicial Affairs:** Dr. Gehani reported on his attendance at the April 7-8, 2016, meeting of the Council on Ethics, Bylaws and Judicial Affairs (consent calendar item).

**Report of Lindsey A. Robinson, Liaison to the FDI Think Tank:** Dr. Robinson reported on her attendance at the February 18-20, 2016, FDI Think Tank Meeting.

**Report of Dr. Terry L. Buckenheimer, Liaison to the American Student Dental Association:** Dr. Buckenheimer provided an oral report to the Board of Trustees. The ADA relationship with ASDA is a very important one, and it is multi-faceted. ASDA is a tenant in the ADA's Chicago office. Efforts are being made to work with ASDA to assure that ASDA's needs are fully satisfied. Next year, the Washington Leadership Conference will be a joint endeavor with both the ADA and ASDA. The main goal is to make this collaboration a very successful endeavor. Licensure is an area of common interest to both ASDA and ADA and the Board of Trustees will continue to work closely with them. The Advanced Dental Admission Test (ADAT) is another area of common interest. The cost of the exam can be a source of friction between the two organizations and ADA will continue to work with ASDA to explain the advantages of the exam.

The Board was provided with an ADAT PowerPoint presentation. Dr. Summerhays asked the Board to help communicate the ADAT issue to students and dental schools.

### **Special Orders of Business/Special Appearances**

**Joint Commission—Governance Changes:** Dr. David Perrot, senior vice president and chief medical officer, California Hospital Association, presented this report. The Joint Commission (TJC) is undergoing a study on governance and is looking to propose a reduction of its number of board members by reducing the number of corporate members. TJC is governed by a 32-member Board of Commissioners; 19 seats belong to corporate members, of which the ADA has one seat. Based on preliminary discussions, possible ways to reduce its number of board members have included continuation with corporate member representation at a reduced number or elimination of corporate member representation in favor of competency based membership. Any reduction to its number of Commissioners will necessitate a change to TJC bylaws, which

requires a unanimous vote of all Commissioners. Dr. Perrot, as a member of TJC Governance Committee, will be a part of the group to develop recommendations to TJC Board of Commissioners before the end of the year. As such, he asked the Board of Trustees for guidance on whether a competency based membership is acceptable or should the ADA continue to request that the ADA have corporate member representation.

The following resolution was presented for Board consideration.

**B-67. Resolved**, that the ADA representative to the Joint Commission, Dr. David Perrott, is directed to vote to retain ADA's membership on the Joint Commission Board; and be it further

**Resolved**, that the ADA representative to the Joint Commission, Dr. David Perrott, is directed to communicate the following statement as the ADA position regarding the governance changes being discussed at the Joint Commission.

ADA supports the efforts of The Joint Commission in governance reform and re-structuring. Dentistry plays an important role in population health, therefore, dentistry and the ADA are integral to the mission of the Joint Commission. Accordingly, the ADA believes that its continued membership on the Joint Commission Board is essential.

Dr. Klemmedson stated that the ADA cannot afford to lose its voice at the table.

An editorial change was proposed to replace the word "directed" to "urged" in the first and second resolved clause. Hearing no objection, the editorial change was accepted.

As a point of clarification, Dr. Hall recommended that to be sure Dr. Perrot has the feedback needed, that the Board consider adding the word "corporate" before the word "membership" where it appears in the resolution. Dr. Hall said, "If corporate membership is still maintained, then I feel the ADA should be strong in stating that there should be no reduction. ..." As the ADA corporate member representative on the Commission, Dr. O'Loughlin informed the Board that she would not vote to support elimination of the corporate member seats on the Joint Commission's Board of Commissioners.

On vote, Resolution B-67, as amended, was adopted by the Board of Trustees.

**B-67-2016. Resolved**, that the ADA representative to the Joint Commission, Dr. David Perrott, is ~~directed~~ urged to vote to retain ADA's corporate membership on the Joint Commission Board; and be it further

**Resolved**, that the ADA representative to the Joint Commission, Dr. David Perrott, is urged ~~directed~~ to communicate the following statement as the ADA position regarding the governance changes being discussed at the Joint Commission.

ADA supports the efforts of The Joint Commission in governance reform and re-structuring. Dentistry plays an important role in population health, therefore, dentistry and the ADA are integral to the mission of the Joint Commission. Accordingly, the ADA believes that its continued corporate membership on the Joint Commission Board is essential.

**Appearance of Dr. William Calnon, Vice President of Scientific Research and Dr. Charles Norman, Director and Chair of the Special ADAF/ADA Task Force:** It was reported that the ADAF Board of Directors adopted Resolution B-07-2016 to create a joint ADAF-ADA Task Force to facilitate the relationship between the ADA and the ADAF, and to discuss the future of the VRC and the ADAF in general. Dr. Charles Norman was selected to chair the Task Force. Other members included three members of the ADAF: Dr. Frank Maggio, Dr. Roger Kiesling and Dr. William Calnon; and three ADA members appointed by President Summerhays: Dr. Raymond Cohlma, Dr. Daniel Klemmedson and Dr. Andrew Kwasny.

Dr. Calnon reported that the review of the ADAF was well underway. The Alford Group, an outside consulting firm, was hired to review the ADAF particularly because of the firm's past experience with situations that mirror the ADA and ADAF. Upon request, the Alford Group has been provided with a tremendous amount of informational material and is in the process of conducting personal interviews with several stakeholders. In lieu of hiring an outside consulting firm to review the VRC, which was determined to be cost prohibitive, the Task Force decided on an alternative option of a Blue Ribbon Panel concept. Understanding that this was a divergence from the type of review requested, the Task Force discussed the merit of the Blue Ribbon Panel concept and concluded that it was a viable way to conduct a review of the VRC. Five high level researchers have been selected to serve on the panel: Dr. Sebastian Ciancio, New York, and Dr. Peter Poverini, Michigan, co-chairs. Other panel members include: Dr. William Giannobile, Michigan, Dr. Dana Graves, Pennsylvania, and Dr. Robert Quivey, New York. Dr. Calnon noted that the panel was purposely arranged independent of VRC staff input. In light of the reviews taking place, ADAF has modified its grant request from its original \$5.5 million request. Dr. Calnon asked the Board of Trustees to consider a financial commitment of \$3,129,000; which includes \$2,361,000 for philanthropy administration and \$768,000 for research. Dr. Norman participated via conference call and provided a brief update on recent Task Force activity. He reported that the review of the ADAF would be complete by the end of the year and that review of the VRC would be available in early 2017.

Dr. Billie Sue Kyger and Dr. Caesar Sabates, members of the Standing Committee on Budget and Finance, participated via conference call. Mr. Gene Worth, executive director, ADA Foundation was also in attendance.

**Presentation—ADA Morning Huddle:** Mr. Michael Springer, senior vice president, Business and Publishing, presented feedback from ADA Publishing's recent survey of ADA Morning Huddle readers. Mr. Springer reported that more than 80% of survey respondents said that the ADA Morning Huddle is a valuable member benefit and 86% said it provides an easy way to receive important messages from the ADA. Since January 2015, more than 68,000 members have accessed resources promoted in the Morning Huddle's "From the ADA" box, such as: educational or fun handouts for patients, Professional Product Review reports, *JADA* articles, updated practice guidelines and advocacy news and resources. The "From the ADA" section is a way of engaging members every single day. According to Mr. Springer, total gross revenues generated by the ADA Morning Huddle in 2015 was \$705,669; in 2016, estimates are that it will be \$750,000. Mr. Springer reported that advertising is completely sold out a year in advance. In addition to a new Morning Huddle weekend edition, Publishing is also working on a Morning Huddle student edition, which is basically the same content, but the "From the ADA" section will be tailored to focus more on student issues. Not included in the survey, Mr. Springer reported that more than 50% of readers access the Morning Huddle from their phones. Mr. Springer concluded by saying the ADA Morning Huddle is off to a promising start and that the Huddle as a communications and engagement tool has been even more valuable than the revenue the ADA has generated from it.

**Presentation—Integrated Marketing and Communications Update:** Ms. Stephanie Moritz, chief communications officer, updated the Board of Trustees on renewed communications efforts throughout the Association including work on national campaigns as well as research-driven approach to communications based on specific descriptions of different target audiences (both member and consumer personas). The Division is also consolidating the many communications campaigns throughout the ADA into a small number of consolidated and coordinated campaigns. This will increase the impact of ADA messages going forward.

Mr. Moritz reported that in Support of Oral Health Month, the ADA and Colgate are working together to educate Hispanic families about the importance of proper oral care. As part of this program, Colgate has pledged to donate \$1 to Give Kids A Smile every time someone shares a photo of themselves practicing oral hygiene using #TimetoSmile on Facebook, Twitter, Instagram or Google+ in June.

**Presentation—Service to State and Local Societies:** Mr. Steven Rauchenecker, director, Member Experience and Ms. April Kates-Ellison, director, Client Services, presented to the Board of Trustees an overview of ADA client services approach to supporting state societies. Since the restructuring of the department of Client Services earlier this year three areas have been identified as the primary focus areas, which include: foster member growth, deliver key services, and build community. Several key approaches were shared as new efforts in place to impact dental society member growth and overall success, including:

- A tiered level service approach to delivering services across all states.
- An integrated service approach that fosters broader support from ADA departments.
- An upcoming capacity and needs assessment with state societies to determine where opportunities exist to provide tailored solutions and resources to positively impact states' overall capacity.
- A centralized state service delivery and solutions grid that highlights key ADA and non ADA resources available.
- A strategic volunteer engagement framework, which deliberately leverages volunteers' influence to impact specific outreach efforts at national, state and local levels of the ADA.
- A Membership Advisory Committee, consisting of five membership contacts from local societies and five from states societies established to leverage insights and perspectives with emerging outreach approaches.

Dental societies vary in terms of opportunity for growth, engagement, capability and capacity. This variation impacts overall association performance. Optimizing opportunities for impact at the state level can play a key role in their position and influence on the overall Association. Moving forward, the new approaches within Client Services, which are slated for launch this year, will help maximize the full impact of ADA's influence on its state counterparts.

In some situations, a dental society's needs may exceed ADA's Client Service offerings and put the dental society in a position of needing a trusted source for assistance. In order to assist in these types of circumstances, the association management firm, W.J. Weiser and Associates, was selected to provide a range of services complementary to ADA's own Client Service offerings. Weiser was selected based upon its proven track record, cultural fit with the ADA, strong corporate leadership and pay-for-performance approach. As an endorsed provider, the ADA will promote Weiser to state and local dental societies as appropriate. Any contract with a state society will be directly between Weiser and that state society. A royalty arrangement is also being considered, whereby Weiser would provide a percentage of the revenue from each project to the ADA to be held in a fund to be used for dental society emergency relief. Doing so benefits the dental societies, the ADA and Weiser (who will receive the funds when a recovery situation presents itself). Next steps include finalizing the endorsement arrangement, updating the EDAC committee, introducing Weiser at the July management conference, and working through a mutual phase of training and discovery.

## **New Business**

**Report of the Business Innovation Committee:** On behalf of the Committee, Dr. James Zenk, chair, presented the report of the Business Innovation Committee's June 13, 2016, meeting. The report identified the major topics discussed, reports received and actions taken. The Committee presented its recommendations on the following resolutions for the Board of Trustees' consideration.

*Member Research Panel Funding Request.* Dr. Zenk moved Resolution B-70 on behalf of the Business Innovation Committee, with the Committee's recommendation to adopt. On vote, the Board of Trustees adopted Resolution B-70.

**B-70-2016. Resolved,** that the Member Research Panel qualifies as an innovative project for explaining purposes, and be it further

**Resolved,** that up to \$120,000 from the Innovation Reserve Fund be used to implement the Member Research Panel plan, and be it further

**Resolved,** that the expenditure of these funds be tracked in a separate cost center as part of the ADA Reserve Account with separate appropriate monthly reporting of activity and the remaining Innovation Account balance.

**Licensure Task Force Update:** Dr. Jeffers provided an oral report to the Board of Trustees. One goal of the Task Force is to increase professional mobility through licensure portability. This issue is complicated by state's rights on one hand, and the strong desire of newer dentists for licensure portability, on the other. The work continues, including education of state dental boards and general membership on the key issues.

**ADA-CODA Relationship Task Force Update:** Dr. Jeffers provided an oral report to the Board of Trustees. The goal of the Task Force is to maintain an open line of communication between the ADA and CODA. The ADA-CODA Task Force may seek time during the annual session to help educate members about the CODA budget as CODA works toward becoming financially independent. The Task Force is also addressing some governance issues and that work will be ongoing.

**Status on New Budget Process:** Dr. Lemmo presented to the Board of Trustees a 2017 Budget Update from the Budget and Finance Committee.

## Reports and Resolutions to the House of Delegates

### Reports and Resolutions Relating to Reference Committee D (Legislative, Health, Governance and Related Matters)

#### Task Force to Evaluate the Business of the House of Delegates Resolution 4: The Election Process:

The Board voted to transmit Resolution 4 to the House of Delegates with a recommendation to vote yes. (Vote: 19 Yes—Drs. Asai, Bitter, Black, Buckenheimer, Cohlmia, Crowley, Fair, Fisch, Gamba, Gehani, Jeffers, Klemmedson, Kwasny, Marron-Tarrazzi, Roberts, Robinson, Stevens, Zenk, Zust; 1 Abstain—Dr. Cole)

**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.

**Task Force to Evaluate the Business of the House of Delegates Resolution 5: Introduction of New Business:** The Board voted to transmit Resolution 4 to the House of Delegates with a recommendation to vote yes. (Vote: 15 Yes—Drs. Asai, Bitter, Black, Cole, Crowley, Fisch, Gamba, Gehani, Jeffers, Klemmedson, Kwasny, Robinson, Stevens, Zenk, Zust; 5 No—Drs. Buckenheimer, Cohlmiia, Fair, Marron-Tarrazzi, Roberts)

**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.

**Election Commission Resolution 6: Amendments to the Guidelines for Governing the Conduct of Campaigns for All ADA Offices:** After discussion, it was determined that clarification was needed on proposed amendments to the Guidelines. The Board voted to refer Resolution 6 to the Commission with a recommendation to report back at the August Board meeting.

**Election Commission Resolution 7: Amendment to the Election Commission Consultants:** The Board of Trustees voted to transmit Resolution 7 to the House of Delegates with a recommendation to vote yes. (Board of Trustees consent calendar action—no Board discussion)

**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.

**Board of Trustees Resolution 8: Proposed Bylaws Amendment for a One Time Adjustment to the Term of Speaker of the House:** The Board voted to transmit Resolution 8 to the House of Delegates with the recommendation to vote yes. (Vote: Unanimous)

**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.

#### Closed Session

A closed session of the Board of Trustees was held on Wednesday, June 15, 2016. The detailed minutes of the closed session are separately recorded; however, any non-confidential actions taken by the Board are reflected in the minutes of the open meeting.

#### Attorney-Client Session

An attorney-client session of the Board of Trustees was held on Wednesday, June 15, 2016, from 4:21 p.m. to 4:25 p.m., in the Board Room of the ADA Headquarters Building, Chicago. Those in attendance included the officers and members of the Board of Trustees, the Speaker of the House of Delegates, the Executive Director, the General Counsel, and the Deputies General Counsel.

#### Adjournment

With the conclusion of all items of business, and without objection, the fourth regular meeting of the ADA Board of Trustees adjourned *sine die* on Thursday, June 16, 2016 at 2:38 p.m.

**APPENDIX 2**  
**POLICIES ON CONTRACTS**

\* \* \*

**Analysis of Contracts:** The Division Heads (i.e., vice president or the equivalent of an ADA division) shall be responsible for contracts entered into within their respective divisions. It is their responsibility to ensure that Association policies and procedures with regard to contracts are followed. Further, before execution of ~~the document a contract~~, all contracts shall be analyzed by it shall be routed to legal counsel for review and analysis unless the following conditions exist:

- The contract *is not* a ADA form contract and
  - Allows for jurisdiction in Illinois in the event of disputes, and
  - Has a dollar value of \$8,000 or less, and
  - Does not involve Health Insurance Portability and Accountability Act (HIPAA) or other privacy concerns (i.e., protected confidential personal or financial information), and
  - Does not raise issues concerning ADA-owned intellectual property (i.e., patents, trademark or copyright rights).
- The contract *is* a current ADA form contract and
  - Has a dollar value of \$100,000 or less, and
  - No modifications to or alterations of the contract's legal terms and conditions have been made, and
  - Does not involve Health Insurance Portability and Accountability Act (HIPAA) or other privacy concerns (i.e., protected confidential personal or financial information), and
  - Does not raise issues concerning ADA-owned intellectual property (i.e., patents, trademark or copyright rights).

\* \* \*

**Review of Memos Summarizing Contracts:** ~~After every contract is reviewed and approved, but before any contract (except for standard ADA purchase orders) it is executed, the Division of Legal Affairs shall review the proposed contract and approve its legal provisions. Once the contract is reviewed and approved, the Division of Legal Affairs shall prepare a memorandum briefly summarizing the key provisions of the proposed contract shall be prepared and, The memorandum together with the proposed contract, shall be sent for approval and signature to the individual responsible for signing the agreement. The memorandum shall be prepared by the staff member responsible for the contract if the contract has not been reviewed by the Division of Legal Affairs. The memorandum shall be prepared by the Division of Legal Affairs if the Division has reviewed the contract.~~

Copies of the summary memorandum shall be provided for informational purposes as follows:

- To the President and President-elect: Memos on contracts where the expense obligation to the ADA is greater than one million dollars (\$1,000,000).
- To the Executive Director: Memos on all contracts to which the ADA is a signatory.
- To the responsible Division Head: Memos on all contracts for which his or her division is responsible that are signed by someone other than the Division Head.
- To the Division of Legal Affairs: Memos on contracts not reviewed by the division.

## APPENDIX 5

**Signing of Contracts:** The authority to sign contracts on behalf of the ADA shall be as follows:

- Standard ADA purchase orders shall be signed in accordance with the ADA's Purchase Order Policy.
- The President and President-elect shall have the authority to sign any agreement on behalf of the ADA ~~in the event the Executive Director is not available to sign.~~
- The Executive Director shall have the authority to sign any agreements on behalf of the ADA except those relating to employee benefits, retention of auditors, compensation of the Executive Director/Chief Operating Officer or consultants for the Compensation Committee which are only to be signed by the President or President-elect.
- The Division Head ~~responsible for reviewing the agreement~~ shall have the authority to sign any agreement on behalf of the ADA having a stated payment obligation of \$50,000.00 or less for which the Division Head is responsible. ~~the following categories of agreements, provided the total expense obligation to the ADA under the agreement is twenty-five thousand dollars (\$25,000) or less:~~
  - ~~Author/contributor agreements~~
  - ~~Catering/restaurant agreements~~
  - ~~CDT license agreements~~
  - ~~Exhibit space agreements~~
  - ~~Grant agreements~~
  - ~~HIPAA business associate agreements~~
  - ~~Hotel agreements (excluding headquarters/convention agreements for annual session)~~
  - ~~Licenses or permissions to reproduce portions of ADA surveys, articles or other similar ADA publications~~
  - ~~Member discount fee arrangement agreements~~
  - ~~Non-disclosure agreements~~
  - ~~Outside counsel agreements~~
  - ~~Premises license agreements~~
  - ~~Service/consulting agreements~~
  - ~~SNODENT license agreements~~
  - ~~Speaker agreements~~
  - ~~Software agreements~~
  - ~~Sponsorship/advertising agreements~~
  - ~~Verizon suite agreements~~

To maximize efficiency and minimize disruptions, contracts should be submitted for approval and execution to the least senior individual having the authority to execute the agreement. Notwithstanding the foregoing, even if a Division Head is granted signature authority, the ADA Division of Legal Affairs (or Responsible Party, if applicable) has the discretion to send any agreement to the Executive Director, President or President-elect as it deems appropriate.

## Minutes of the Board of Trustees

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July 31–August 2, 2016

Headquarters Building, Chicago

**Call to Order:** The fifth regular meeting of the Board of Trustees of the American Dental Association was called to order by Dr. Carol Gomez Summerhays, president, on Sunday, July 31, 2016, at 1:00 p.m. in the Board Room of the ADA Headquarters Building, Chicago.

**Roll Call:** Officers and members of the Board of Trustees in attendance were: Carol Gomez Summerhays, Gary L. Roberts, Irene Marron-Tarrazzi, Glen D. Hall, Ronald P. Lemmo, Kathleen T. O’Loughlin, Rickland G. Asai, Robert N. Bitter, Richard C. Black, Terry L. Buckenheimer, Raymond A. Cohlma, Jeffrey M. Cole, Joseph P. Crowley, Julian Hal Fair, III, Judith M. Fisch, Chad P. Gehani, Gary E. Jeffers, Daniel J. Klemmedson, Andrew J. Kwasny, Lindsey A. Robinson, Alvin W. Stevens, Jr., James K. Zenk, and Mark R. Zust. Dr. Gamba was absent from the entire meeting.

Following the roll call, Dr. Hall announced that a quorum was present.

The following ADA staff were in attendance for all or portions of the meeting at the invitation of the president: Marcelo Araujo, vice president, Science Institute; Jerome K. Bowman, chief, Governance and Strategy Management; J. Craig Busey, Esq., general counsel; James Goodman, vice president, Conferences and Continuing Education; Michael A. Graham, senior vice president, Government and Public Affairs; Toni Mark, chief technology officer; Stephanie Moritz, chief communications officer; David Preble, vice president, Practice Institute; Bill Robinson, vice president, Member and Client Services; Paul Sholty, chief financial officer; Michael D. Springer, senior vice president, Business and Publishing; Marko Vujicic, chief economist and vice president, Health Policy Institute; James Willey, senior director, Practice Institute; and Anthony Ziebert, senior vice president, Education/Professional Affairs.

Christopher M. Hasty, chair, New Dentist Committee and Daniel J. Gesek, Jr., chair, Council on Dental Education and Licensure were in attendance for portions of the meeting.

Others in attendance for all or portions of the meeting were: Tomisena Cole, senior manager, Board and House Matters; Thomas C. Elliott, Jr., Esq., deputy general counsel; Judith Fleeks, director, Human Resources; Judith Jakush, editor, *ADA News*; Alyna Johnson, coordinator, Board and House Matters; Michelle Kruse, director, Administrative Services; Molly Potnick, coordinator, Board and House Matters; Robert Quashi, director, Business Analyst; Kyle Smith, manager, House of Delegates; and Wendy Wils, Esq., deputy general counsel. Other ADA staff members were in attendance for specific agenda items.

Before consideration of business, Dr. Summerhays called attention to the ADA Disclosure Policy statement included on the meeting agenda and the requirement to disclose any conflicts of interest. No conflicts were disclosed at this time.

### Preliminary

#### Approval of Agenda and Consent Items

*Approval of Agenda.* On vote, the Board adopted the agenda.

**B-95-2016. Resolved,** that the agenda be approved as the official order of business for the current meeting of the Board of Trustees except that the President may alter the order of the agenda when necessary to expedite business.

*Approval of Consent Calendar.* Dr. Summerhays reviewed the list of proposed consent items; several items were removed from the consent calendar. On vote, the following resolution was adopted.

**B-96-2016. Resolved**, that the resolutions contained on the Consent Calendar for Board of Trustees consideration, as amended, be approved and reports be filed, and be it further

**Resolved**, that the recommendations that appear on the resolutions and reports to the House of Delegates be accepted.

### **Reports of Standing Committees of the Board of Trustees**

**Report of the Audit Committee:** On behalf of the Committee, Dr. Joseph Crowley, chair, presented the report of the Audit Committee's July 27, 2016, meeting. The report identified major topics discussed, reports received and actions taken.

**Report of the Budget and Finance Committee:** On behalf of the Committee, Dr. James Zenk, chair, presented the report of the Budget and Finance Committee's July 30, 2016, meeting. The report identified the major topics discussed, reports received and actions taken. The Committee presented its recommendations on the following resolutions for the Board of Trustees' consideration.

*Posting of Financials.* Dr. Zenk moved Resolution B-97 with the Committee's recommendation to adopt; on vote Resolution B-97 was adopted by the Board of Trustees.

**B-97-2016. Resolved**, that the ADA quarterly financial statements as of June 30, 2016 be filed and posted in the appropriate delegates section.

*Contingent Fund Request—Designing Affordable Dental Benefit Plan.* Dr. Zenk moved Resolution B-92 with the Committee's recommendation to adopt; on vote, Resolution B-92 was adopted by the Board of Trustees.

**B-92-2016. Resolved**, that the following appropriation be made from the 2016 Contingent Fund and be allocated to line items in stated cost center in accordance with the terms of the supplemental appropriation request to cover the consulting expenses of conducting a preliminary study to determine feasibility of designing an affordable dental benefit plan.

Practice Institute  
(Cost Center: 090-1500-000)  
**Consulting expenses up to \$158,000**

*Contingent Fund Request—Supporting Gies Study in the 21<sup>st</sup> Century.* The Committee recommended that the proposed Resolution B-98 be postponed definitely to the September meeting. On vote, Resolution B-98 was postponed definitely to the September Board meeting.

*Rescission of Appropriation from Capital Reserve.* Dr. Zenk moved Resolution B-80 with the Committee's recommendation to adopt; on vote, Resolution B-80 was adopted by the Board of Trustees.

**B-80-2016. Resolved**, that the following resolution be rescinded:

**B-166-2014. Resolved**, that an appropriation of up to \$866,688 be made from the ADA Capital Replacement Reserve Account to fund the tenant improvement costs in the ADA Chicago Building related to the new Starbucks tenant lease in accordance with the terms of the lease agreement; and be it further

**Resolved**, that the expenditure of these funds be tracked in a separate cost center as part of the ADA Capital Replacement Reserve Account with separate appropriate monthly reporting of activity and remaining Account balance.

**Report of the Compensation Committee:** This report was presented during the Board of Trustees attorney-client session.

**Report of the Diversity and Inclusion Committee:** On behalf of the Diversity and Inclusion Committee, Dr. Terry Buckenheimer, chair, presented the report of the Committee's July 30, 2016, meeting. The report identified major topics discussed, reports received and actions taken.

**Report of the Governance Committee:** On behalf of the Governance Committee, Dr. Mark Zust, chair, presented the report of the Committee's July 29, 2016, meeting. The report identified major topics discussed, reports received and actions taken.

On behalf of the Committee, Dr. Zust moved Resolution B-99 with a recommendation to adopt. On vote, Resolution B-99 was adopted by the Board of Trustees.

**B-99-2016. Resolved**, that Board members be reimbursed under the standard expense policies for attendance as observers at Board committee meetings held in conjunction with regular Board meetings; and be it further

**Resolved**, that the Governance Committee is authorized to make conforming changes to the Board Rules.

On behalf of the Committee, Dr. Zust moved Resolution B-100 with a recommendation to adopt. On vote, Resolution B-100 was adopted by the Board of Trustees.

**B-100-2016. Resolved**, that the Council on Scientific Affairs, being mindful of the need to inform the Board of its need for members with special knowledge and expertise in particular areas of work of the Council from year to year, may bring forth suggested names of potential council nominees to the Board prior to the Board's annual selection of nominees.

**Report of the Pension Committee:** This report was presented in closed session.

## **Reports and Resolutions to the Board of Trustees**

### **Communications and Marketing**

**Report of the Council on Communications: New Campaign Approach—Division of Integrated Marketing and Communications:** This informational report identified key issues and campaign priorities for 2016 and 2017 (consent calendar item).

## Conferences and Continuing Education

**Report of the Council on ADA Sessions: Nomination of the General Chair of the 2018 Committee on Local Arrangements:** The Board of Trustees adopted the following resolution (consent calendar action).

**B-82-2016. Resolved,** that the nomination of Dr. Calbert M.B. Lum to serve as general chair for the 2018 Committee on Local Arrangements made by the Hawaii Dental Association be approved.

**Report of the Council on ADA Sessions: Nomination of the Chairpersons of the 2017 Committee on Local Arrangements:** The Board of Trustees adopted the following resolution (consent calendar action).

**B-83-2016. Resolved,** that the following nominations of the chairpersons to serve on the 2017 Committee on Local Arrangements made by Dr. Karyn L. Stockwell, General Chair of the 2017 Committee on Local Arrangements, with concurrence of the Georgia Dental Association, be approved.

Dr. Sidney Tourial - Vice Chair  
Dr. Mayur Nayee - Programs Co-Chair  
Dr. Shannon Thorsteinson - Programs Co-Chair  
Dr. Kristina Dawson - Operations Co-Chair  
Dr. Rebecca (Becky) Weinman - Operations Co-Chair

## Education/Professional Affairs

**Update on Credentialing Project:** Dr. Ziebert, senior vice president, Education/Professional Affairs, presented this oral report. The provider portal is live and the initial pilot is complete. The ADA will be contacting providers who participated in the pilot but did not complete the process. Based on this work, staff will do what is needed to find out what worked well and what needs to be improved. The national rollout is slated for September 2016 and at ADA 2016 America's Dental Meeting in Denver. Communications and Marketing will coordinate marketing to ADA members. The goal is to have 70,000 dentists signed up by the end of the year. The payer portal will be available in September 2016 also. The technology is being fine-tuned. Staff have been addressing various issues as they arise and are slightly behind the preliminary schedule, but work is now progressing well.

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

**B-84-2016. Resolved,** that the consultants to the Council on Dental Education and Licensure be approved for terms ending at the adjournment of the 2017 ADA annual meeting.

**Aravindaksa, Prasad Syam, M.D.S.,** Detroit (ADAT Test Construction)  
**Asadi, Homayon, D.D.S.,** San Francisco (ADAT Test Construction)  
**Balahura, Robert, Ph.D.,** Guelph, ON, Canada (DAT Test Construction)  
**Bales-Kogan, Ariel, D.M.D.,** Bronx, NY (ADAT Test Construction)  
**Bare, William, Ph.D.,** Lynchburg, VA (DAT Test Construction)  
**Brysh, L. Stanley, D.M.D.,** Madison, WI (Education and Licensure)  
**Bucklan, Barnett, D.D.S.,** New York (ADAT Test Construction)  
**Celko, Richard, D.M.D.,** Natrona Heights, PA (ADAT Test Construction)  
**Certosimo, Alfred J., D.M.D., M.Ed.,** Mechanicsville, VA (Recognition/Specialties and Interest Areas in General Dentistry)  
**Chang, Brian, D.D.S.,** Cleveland, OH (ADAT Test Construction)

**Chogle, Sami, D.D.S.**, Boston (ADAT Test Construction)  
**Crowley, Karen E., D.D.S.**, Londonderry, NH (Anesthesiology)  
**Cuellar, Matthew, Ph.D.**, St. Paul, MN (DAT Test Construction)  
**DeSaix, Jean, Ph.D.**, Chapel Hill, NC (DAT Test Construction)  
**Edwards, Lincoln, D.D.S., Ph.D.**, Houston (ADAT Test Construction)  
**Ferraiolo, Debra, D.M.D.**, New York (ADAT Test Construction)  
**Feldman, Cecile A. D.M.D.**, Newark, NJ (Education and Licensure)  
**Fleisher, Laurie, D.M.D., G.A.G.S.**, New York (ADAT Test Construction)  
**Francis, Gregory, Ph.D.**, Billings, MT (DAT Test Construction)  
**Garcia, M. Natalia, D.D.S., M.S.**, Alton, IL (ADAT Test Construction)  
**Gershenson, Peter, D.D.S.**, Bronx, NY (ADAT Test Construction)  
**Ginsberg, Edwin, D.M.D.**, Great Neck, NY (Anesthesiology)  
**Giovannitti, Joseph, D.M.D.**, Venetia, PA (Anesthesiology)  
**Hall, James, Ph.D.**, 1 Wingate, NC (DAT Test Construction)  
**Herlich, Andrew, D.M.D., M.D.**, Pittsburgh (Anesthesiology)  
**Hinz, Jessica, Ph.D.**, Alton, IL (ADAT Test Construction)  
**Holm, Steven J., D.D.S.**, Portage, IN (Education and Licensure)  
**Hovland, Eric J., D.D.S., M.Ed., M.B.A.**, Destrehan, LA (Recognition/Specialties and Interest Areas in General Dentistry)  
**Hoover, Terry, D.D.S.**, San Francisco (ADAT Test Construction)  
**Imbery, Terence, D.D.S.**, Richmond, VA (ADAT Test Construction)  
**Joy, Anita, Ph.D.**, Alton, IL (ADAT Test Construction)  
**Kanim, Stephen, Ph.D.**, Las Cruces, NM (DAT Test Construction)  
**Kelsch, Robert, D.M.D.**, Rockville Centre, NY (DAT Test Construction)  
**Khajotia, Sharukh S., Ph.D.**, Oklahoma City, OK (ADAT Test Construction)  
**Kim, Soo-Woo, D.M.D., D.M.Sc.**, Boston (ADAT Test Construction)  
**Liu, John R. D.D.S.**, Issaquah, WA (Anesthesiology)  
**Lawler, Edward, D.D.S., M.P.H.**, Billings, MT (ADAT Test Construction)  
**Leavell, Jacinta, M.S., Ph.D.**, Nashville (ADAT Test Construction)  
**Margolin, Robert, D.D.S.**, Bronx, NY (ADAT Test Construction)  
**Manning, Dennis E., D.D.S.**, Libertyville, IL (Education and Licensure)  
**McCants, Jennifer B., D.D.S., M.S.D.**, Louisville, KY (Dental Admission Testing)  
**Mehra, Pushkar, D.M.D., C.A.G.S.**, Boston (ADAT Test Construction)  
**Mio, Matthew, Ph.D.**, Detroit (DAT Test Construction)  
**Moore, Bryan, D.D.S.**, Dallas (Anesthesiology)  
**Murnik, Mary, Ph.D.**, Big Rapids, MI (DAT Test Construction)  
**Nadershahi, Nader, D.D.S., M.B.A., Ed.D.**, San Francisco (Dental Admission Testing)  
**Nagaraj, Vinay, M.S., Ph.D.**, Glendale, AZ (ADAT Test Construction)  
**Nase, John, D., D.D.S., F.A.G.D., F.I.C.D.**, Harleysville, PA (Recognition/Specialties and Interest Areas in General Dentistry)  
**Nathoo, Salim, D.D.S., Ph.D.**, Newark, NJ (ADAT Test Construction)  
**Nwizu, Ngozi, Ph.D.**, Houston (ADAT Test Construction)  
**Novak, Karen F., D.D.S., M.S., Ph.D.**, Lexington, KY (Recognition/Specialties and Interest Areas in General Dentistry)  
**Openshaw, Kerry, Ph.D.**, Bemidji, MN (DAT Test Construction)  
**Porter, Judith, D.D.S., Ed.D.**, Baltimore, MD (Dental Admission Testing)  
**Premaraj, Sundaralingam, Ph.D.**, Lincoln, NE (ADAT Test Construction)  
**Reed, Tanea, Ph.D.**, Richmond, KY (DAT Test Construction)  
**Rhodes, Steven, D.M.D.**, Birmingham, AL (ADAT Test Construction)  
**Rosenberg, Morton B., D.M.D.**, Boston (Anesthesiology)  
**Rowan, Sean Z., M.A.**, Pomona, CA (Dental Admission Test Committee)

**Said-Al-Naief, Nasser, D.D.S., M.S.**, Loma Linda, CA (ADAT Test Construction)  
**Satheesh, Keerthana, D.D.S.**, Kansas City, MO (ADAT Test Construction)  
**Sarasin, Daniel S., D.D.S.**, Cedar Rapids, IA (Anesthesiology)  
**Schreiber, Andrea, D.M.D.**, New York (ADAT Test Construction)  
**Smith, Colby, D.D.S.**, Los Angeles (ADAT Test Construction)  
**Speer, Marvin, M.S., D.D.S.**, Greenville, NC (ADAT Test Construction)  
**Sposetti, Venita, D.M.D.**, Gainesville, FL (Dental Admission Testing)  
**Stack, Julia, M.S.**, San Mateo, CA (DAT Test Construction)  
**Stevens, Jenny, D.M.D.**, San Antonio (ADAT Test Construction)  
**Sulyanto, Rosalyn, D.M.D.**, Boston (ADAT Test Construction)  
**Summersgill, Kurt, Ph.D., D.D.S.**, Pittsburgh (ADAT Test Construction)  
**Tom, James W., D.D.S.**, Los Angeles (Anesthesiology)  
**Tubbiola, Maureen, Ph.D.**, St. Cloud, MN (DAT Construction)  
**Treadway, Antwan L., D.M.D.**, Austell, GA (Anesthesiology)  
**Voegtli-Clontz, Heather, Ph.D.**, Wingate, NC (DAT Test Construction)  
**White, Gary, Ph.D.**, Washington, DC (DAT Test Construction)  
**Willoughby, Shannon, Ph.D.**, Billings, MT (DAT Test Construction)  
**Younger, Leila, D.D.S.**, Barrington, IL (ADAT Test Construction)  
**Zhang, Hai, D.D.S.**, Seattle (ADAT Test Construction Committee)

**Report of the Commission on Dental Accreditation—Establishment of New Subcommittees:** The Commission reported that it had modified its subcommittees in response to Resolution 53H-2015, which approved that the Joint Advisory Committee on International Accreditation be sunset and to establish a Standing Committee on International Accreditation (consent calendar item).

**Report of the Workgroup on ADA/CODA Relationship:** This report provided information on the key issues considered at its June 14, 2016, meeting held at the ADA Headquarters Building (consent calendar item).

**Joint Commission on National Dental Examinations' Proposed Revision to the ADA Standing Rules for Councils and Commissions Concerning Ballots for Transacting Business Without Meetings.** The Board of Trustees adopted the following resolution (consent calendar action).

**B-94-2016. Resolved,** the Joint Commission recommends amending the ADA Standing Rules for Councils and Commissions, General Rules: Ballots for Transacting Business without Meetings as follows (additions noted by underline; deletions noted by strikethrough):

5. The action becomes effective when all members of the voting body entitled to vote have voted, unless the ballot specifies a closing date for the ballot, which shall be at least five (5) days from the opening date of the ballot. If no date is specified, the ballot shall remain open twenty (20) days from issuance. Any vote not received upon the closing of the ballot shall be considered an affirmative vote. With respect to the Joint Commission on National Dental Examinations, any votes regarding candidate appeals not received upon the closing of the ballot shall be considered abstentions.

## **Finance and Operations**

### **Informational Report Regarding Officer Approval of Expenditures from Capital Replacement Reserve.**

In compliance with Board Resolution B-58-2015, Capital Reserve Spending Approval Process, the Budget and Finance Committee submitted the following summary of approvals of spending from the capital replacement reserve fund.

1. 10-year Lease Renewal for 2,726 square feet on the 7<sup>th</sup> floor in ADA Washington DC building.
2. 4-year Expansion (beyond recent 7th floor space) Lease for 2,382 square feet on the 6th floor in ADA Washington DC building.
3. Renovation of the 17th floor common area corridors and restrooms in the ADA Chicago HQ building.
4. Renovation of the 10th floor common area corridors and restrooms in the ADA Chicago HQ building.
5. Costs of meeting the D.C. Zoning Commission's mandated construction requirements necessary to get a building permit for the ADA townhouse in Washington, D.C.

The President, President-elect and Treasurer unanimously voted to approve funding of these requests.

**Report on the Status of the 2016 Operating Contingent Fund.** It was reported that a Contingent Fund of \$1 million was authorized in the 2016 budget. The Board of Trustee approved total supplemental requests in the amount of \$500,100, leaving a balance of \$499,900.

### **Government and Public Affairs**

**Report of the Senior Vice President, Government and Public Affairs: Federal and State Legislative, Regulatory and Public Affairs Update:** Mr. Graham reported that little action is expected on the Hill between now and the end of the year, although a continuing budget resolution, which looks promising on expenditures of interest to dentistry is expected. At the state level, the ADA is contesting the dental therapist issue in 21 states. Pew is in thirteen states and Kellogg is in eight. The campaigns by Pew and Kellogg have met with remarkably little success so far and staff work will continue. Work on the ADA townhouse in Washington, D.C. is underway, despite ongoing building permit issues. The report included information on SPA program expenditures as of July 1, 2016.

**Report of the Council on Access, Prevention and Interprofessional Relations: ADA Endorsement of Oral Health Delivery Framework to Increase Medical-Dental Collaboration:** The Council presented Resolution B-90 for the Board's consideration.

**B-90. Resolved,** that the ADA endorse the Oral Health Delivery Framework for primary care providers to include oral screenings and referrals into their daily practice, as states in the June 2015 publication, Oral Health: An Essential Component of Primary Care, by Qualis Health.

Dr. Kwasny moved to postpone consideration of Resolution B-90 definitely; on vote the motion was adopted. Later in the meeting the Board resumed consideration of Resolution B-90. A substitute resolution was proposed for B-90 by Dr. Kwasny. On vote, the Board adopted the motion to substitute; on vote the Board of Trustees adopted the following substitute Resolution B-90.

**B-90-2016. Resolved,** that the ADA endorse the following Oral Health Delivery Framework for physicians:

#### **Oral Health Delivery Framework**

1. **Ask** about symptoms that suggest oral disease and factors that place patients at increased risk for oral disease. Two or three simple questions can be asked to elicit symptoms of oral dryness, pain or bleeding in the mouth, oral hygiene and dietary habits, and length of time since the patient last saw a dentist. These questions can be asked verbally or included in a written health risk assessment.

2. **Look** for signs that indicate oral health risk or active oral disease. Assess the adequacy of salivary flow; look for signs of poor oral hygiene, white spots or cavities, gum recession or periodontal inflammation; and conduct examination of the oral mucosa and tongue for signs of disease.

3. **Decide** on the most appropriate response. Review information gathered and share results with patients and families. Determine a course of action using standardized criteria based on the answers to the screening and risk assessment questions; findings of the oral exam; and the values, preferences, and goals of the patient and family.

4. **Act** by delivering preventive interventions and/or placing an order for a referral to a dentist or medical specialist. Preventive interventions delivered in the primary care setting may include: 1) changes in the medication list to protect the saliva, teeth, and gums; 2) fluoride therapy; 3) dietary counseling to protect the teeth and gums, and to promote glycemic control for patients with diabetes; 4) oral hygiene training; and, 5) therapy for tobacco, alcohol, or drug addiction.

5. **Document** the findings as structured data to organize information for decision support, measure care processes, and monitor clinical outcomes so that quality of care can be managed. (Follow Up).

## Health Policy Institute

**Annual Report of the Health Policy Institute (HPI):** This annual report provided information on the activities of the HPI from June 2015 through June 2016 (consent calendar item).

## Information Technology

**Report of the Division of Information Technology: 2016 Major IT Initiatives Update:** This informational report provided information on major IT initiatives through June 30, 2016 (consent calendar item).

**Report of the Chief Technology Officer, Chief Communications Officer and Senior Vice President of Business Development and Publishing: Personalizing Digital Content:** Ms. Toni Mark, chief technology officer; Mr. Michael Springer, senior vice president, Business and Publishing; and Ms. Stephanie Moritz, chief communications officer presented this report to the Board of Trustees. Included in this presentation was information on how improved technology will allow the ADA to improve its marketing by allowing a more personalized membership and customer experience. Personalization allows a more "one-to-one" experience for members. Each member will see what is of interest to him or her: what the member wants, how the member wants to receive it and when. This will be based on data about each member and his or her preferences. The data comes from many sources, including Aptify and the persona research the ADA has undertaken. In order for these efforts to generate maximum results, the ADA and state and local societies need to be operating on Aptify and using standard website templates.

## Member and Client Services

**Report of the Office of Student Affairs: American Student Dental Association Consultant Program:** The Board of Trustees adopted the following resolution (consent calendar action).

**B-81-2016. Resolved,** that the following nominations for the 2016-2017 ASDA Consultant Program be approved:

- Council on Access, Prevention and Interprofessional Relations – Ms. Chelsea Rajagopalan, Rutgers School of Dental Medicine, 2017
- Council on ADA Sessions – Ms. Sara Perrone, University at Buffalo, The State University of New York, 2018

- Council on Communications – Ms. Tabitha Dunham, University of Oklahoma, 2017
- Council on Dental Benefit Programs – Ms. Kathryn Dickmann, University of Detroit-Mercy, 2017
- Council on Dental Education and Licensure – Mr. Shaun O'Neill, University of Iowa, 2017
- Council on Dental Practice – Ms. Danielle Marciniak, Roseman University of Health Sciences, 2018
- Council on Ethics, Bylaws and Judicial Affairs – Mr. Alex Mitchell, Temple University, 2018
- Council on Government Affairs – Mr. Eddie Lee, Roseman University of Health Sciences, 2017
- Council on Membership – Mr. Sohaib Soliman, University of Washington, 2017
- Council on Members Insurance and Retirement Programs – Ms. Eileen Shah, University of Southern California, 2018
- New Dentist Committee – Ms. Jennifer Quist, LECOM College of Dental Medicine, 2017
- Council on Scientific Affairs – Mr. Stephen Rogers, 43 University at Buffalo, The State University of New York, 2018
- American Dental Political Action Committee – Ms. Abby Halpern, Georgia Regents University, 2018
- Joint Commission on National Dental Examinations – Mr. Aaron Henderson, University of Minnesota, 2018
- Commission on Dental Accreditation – Ms. Nancy Mo, Columbia University, 2019

## Practice Institute

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

**B-78-2016. Resolved,** that the consultants to the Council on Dental Practice be approved for terms ending with the 2017 ADA annual meeting.

**Arndt, Heidi, RDH, BSDH,** Lafayette, CA  
**Banta, Lois J.,** Grain Valley, MO  
**Bird II, Gary R.,** Rocklin, CA  
**Blatchford, William, D.D.S.,** Bend, OR  
**Bobrow, Daniel, B.S., M.B.A.,** Barrington, IL  
**Canham, Leslie D., C.D.A., R.D.A.,** Copperopolis, CA  
**Carney, Kerry K., D.D.S.,** Benicia, CA  
**Caruso, Timothy J., P.T., M.B.A., M.S., CERT, M.D.T.,** Addison, IL  
**Castagna, Debbie A.,** Corte Madera, CA  
**Ciardello, Denise S.,** Boerne, TX  
**Claytor, J. William, Jr., D.D.S., M.A.G.D.,** Shelby, NC  
**Colvard, Michael D., D.D.S., M.T.S., M.S., M.O. MED RCSE.d,** Chicago  
**Dawley, Joanne, D.D.S.,** Southfield, MI  
**Duncan, Teresa, M.S.,** Centreville, VA  
**Durley, Cynthia, C., M.Ed., M.B.A.,** Chicago  
**Edwards, Paul R.,** Tucson, AZ  
**Eklund, Kathy J.,** Cambridge, MA  
**Engelhardt-Nash, Debra, B.A.,** Huntersville, NC  
**Glotzer, David L., D.D.S.,** Westbury, NY  
**Green, Melissa A.,** Kansas City, MO  
**Gunn, Susan E., B.A., C.F.E.,** Arlington, TX

Harvey, Linda M., R.D.H., M.S., L.H.R.M., Jacksonville, FL  
Hegarty, Virginia Meehan, SPHR, Downingtown, PA  
James, Tamara M., M.A., C.P.E., Clarksville, VA  
Jameson, Cathy, B.S., M.A., Ph.D., Oklahoma City  
Kessler, Brett H., D.D.S., Denver  
Knapp, Jonathan B., D.M.D., Bethel, CT  
Levin, Roger P., D.D.S., Owings Mills, MD  
Marshall, Todd, D.D.S., M.B.A., St. Paul, MN  
Mausolf, Judy Kay, Lakeville, MN  
McElhiney, J. Wayne, D.D.S., Franklin, TN  
Moore, Paul, D.M.D., Ph.D., M.P.H., Pittsburgh  
Moore, Virginia A., Red Bluff, CA  
Pactovis, Howard, D.M.D., Ipswich, MA  
Pelletier, Kristin N., Tulsa, OK  
Phillips, Wendy O'Donovan, Denver  
Prescott, William P., E.M.B.A., J.D., Avon, OH  
Puhl, Jacob, M.B.A., Spokane, WA  
Rizza, Grace, Bloomingdale, IL  
Schiff, Allen M., C.P.A, C.F.E., Baltimore  
Schrubbe, Katherine, R.D.H., B.S., M.Ed., Ph.D., Milwaukee  
Shelburne, Roy S. D.D.S., Jonesville, VA  
Shisler, Adam C., D.D.S., M.S.D., Houston  
Sloan, Michael C., D.D.S., Lincolnville Beach, ME  
Taxin, Christine, Ardsley, NY  
Tinker, Duane M., Fort Worth, TX  
Twigg, Tim R., B.S., Eugene, OR  
Van Dyk, William, D.D.S., San Pablo, CA  
Vixie, Curtis E., D.D.S., Susanville, CA  
Walter, Jane, L.P.C., M.Ed., Atlanta  
Wann, Olivia M., J.D., Dover, TN  
Werner, Robert A., M.D., M.S., Ann Arbor, MI

**Report of the Council on Dental Practice: Establishment of Subcommittees:** The Council reported on the subcommittees it has established, and identified each subcommittee's role, function and justification of need (consent calendar item).

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

**B-79-2016. Resolved,** that the consultants to the Council on Dental Benefit Programs be approved for terms ending with the 2017 ADA annual meeting.

Futrell, Harry C., D.M.D., Panama City, FL  
Hansen, Henrik E., D.D.S., Fairfield, CA  
Jurkovich, Mark W., D.D.S., Chisago City, MN  
Mercer, James E., D.D.S., West Columbia, SC  
Oettmeier, Bert W., Jr., D.D.S., Leawood, KS  
Pak, Sammy B., D.D.S., Puyallup, WA  
Rives, Robert W., D.D.S., Jackson, MS  
Simpson, Stephen, P., D.D.S., Hudson, OH

## Publishing

**Report of the Senior Vice President, Business and Publishing: Renewal of the JADA Editor's Agreement:** The Board of Trustees adopted the following resolution (consent calendar action).

**B-93-2016. Resolved,** that the Board approve the reappointment of Dr. Michael Glick as Editor of *The Journal of the American Dental Association* for a three-year period commencing January 1, 2017 and concluding December 31, 2019.

## Science Institute

**Report of the Council on Scientific Affairs: Proposed Revision to the ADA Seal Program's Fee System for International Use of the Seal:** The Board of Trustees adopted the following resolution (consent calendar action).

**B-88-2016. Resolved,** that the ADA Seal of Acceptance Program submission and annual maintenance fees for international use of the Seal be increased from \$2,500 and \$200 per country to \$3,000 and \$500 respectively per country for participating manufacturers, effective January 1, 2017.

## ADA Business Enterprises, Inc.

**Report of ADABEI:** This informational report provided a summary of 2016 activities through May (consent calendar item).

## ADA Foundation

**Quarterly Report of the ADA Foundation:** This informational report provided information on recent activities (consent calendar item).

## Organizational/Other

**Report of the New Dentist Committee to the Board of Trustees: Unmet Needs of New Dentists:** Dr. Christopher Hasty, chair, New Dentist Committee, presented this report. The New Dentist Committee identified areas of need for new dentists for the Board's consideration. Dr. Kwasny moved Resolutions B-85, B-86 and B-87; on vote, Resolutions B-85, B-86 and B-87 were adopted by the Board of Trustees.

**B-85-2016. Resolved,** that the Board of Trustees recommends that the Division of Member and Client Services explore the creation of a list of recommended financial and legal advisers that would be available for members through the ADA or the state dental societies; and be it further

**Resolved,** that Member and Client Services report back to the Board no later than its February 2017 meeting on the feasibility of these ideas and their value relative to other priorities.

**B-86-2016. Resolved,** that the Board of Trustees urges the Council on Dental Practice to consider ways to address concerns new dentists face in their early jobs in dentistry, such as feeling overwhelmed and stuck in their current positions, as described more fully in the July/August 2016 Report of the New Dentist Committee on Unmet Needs of New Dentists; and be it further

**Resolved,** that the Council on Dental Practice report back to the Board in 2017 on its recommendations on how to address these concerns.

**B-87-2016. Resolved**, that the Board of Trustees recommends that the Division of Conferences and Continuing Education, in consultation with the Division of Science as needed, investigate the feasibility of launching a series of easy-to-access, short video presentations of clinical procedures, as described more fully in the July/August 2016 Report of the New Dentist Committee on Unmet Needs of New Dentists; and be it further

**Resolved**, that the Division of CCE report back to the Board at its February 2017 meeting, on the feasibility of these ideas and their value relative to other priorities.

**Report of the Alliance of the American Dental Association:** The Alliance submitted an informational report in accord with Resolution 3H-2015, that appropriate ADA agencies are urged to periodically report on the philanthropic and advocacy activities of the Alliance of the American Dental Association (consent calendar item).

**Report of Nominations Received for the 2016 Certificate for International Volunteer Service:** The Board of Trustees adopted the following resolution (consent calendar action).

**B-91-2016. Resolved**, that the nominations for the 2016 Certificate for International Volunteer Service be approved.

Baker, John T. (TX)  
Burseth, Brian (IL)  
Czarnecki, Gregory (MI)  
Dang, Rushil (MA)  
Dickinson, Gregg (WI)  
Hardwick, Kevin (TX)  
Hollander, Brian (AK)  
Horn, Gary (CO)  
Howe, Brian (OH)  
Kanyusik, John (MN)  
Kay, C. Neil (IL)  
Laboe, Thomas (MI)  
Levine, Jack (CT)  
Litchfield, Richard (OR)  
Melton, Frederick (WA)  
Meyer, Robert (CO)  
Ortinou, Mark (IL)  
Patel, Kaushal (MA)  
Ruopp, Janet (MO)  
Ruopp, Patrick (MO)  
Wynn, Laurence A. (NY)  
Zelazny, Donald

**Nominations to the Board of Directors of the American Dental Political Action Committee:** The Board of Trustees adopted the following resolution (consent calendar action).

**B-89-2016. Resolved**, that the following nominees to the American Dental Political Action Committee Board of Directors be approved:

Dr. Lawrence E. Volland, New York (District 2)  
 Dr. Michael D. Cerveris, Pennsylvania (District 3)  
 Dr. Bradley W. Barnes, Illinois (District 8)  
 Dr. Valerie B. Peckosh, Iowa (District 10)  
 Dr. Kim U. Jernigan, Florida (District 17)

**Report of the President:** Dr. Carol Summerhays presented a report that summarized her activities since the June 2016 Board meeting (consent calendar item).

**Report of the President-elect:** Dr. Gary Roberts gave an oral report of meetings attended and trips taken since the June 2016 meeting.

### Liaison Reports

**Report of Dr. Daniel J. Klemmedson, Liaison to the American Medical Association:** Dr. Klemmedson reported on his attendance at the June 12-14, 2016, annual meeting of the American Medical Association (consent calendar item).

### Special Orders of Business/Special Appearances

**ACA New Rule Update:** Dr. David Preble, vice president, Practice Institute, presented an update on Section 1557 of the Affordable Care Act (ACA) issued by the Office of Civil Rights (OCR) on September 8, 2015, which requires Medicaid providers to have translation services available. Early on, the ADA provided comments to HHS opposed to these rules. At present, it is not clear if the rule covers Medicare Advantage providers. Compliance could involve outside providers, although that would require a HIPAA agreement. Staff can act as translators, provided it is part of their job descriptions. The ADA has posted on [ADA.org](http://ADA.org) significant resources on this issue and is also lobbying in Washington to change this rule or delay its enforcement provisions.

**Membership Strategy and RFP Discussion:** Bill Robinson, senior vice president, Membership and Client Services, presented a comprehensive overview of trends in membership. He reviewed data on membership, market share and the impact of dues increases on membership. He also addressed the impact of a growing DSO workforce on membership.

The Board reviewed the long list of initiatives and activities the ADA has been doing to address membership. This includes dues waivers, dental school activities and non-renew calling programs. Counting foregone revenue from dues discounts, the cost of all of these activities (which does not include Aptify, CPS and other non-Membership Division programs) over ten years is approximately \$70 million. (\$55 million of this is foregone revenue.)

Based on this information, the Board was asked the following fundamental questions: Is the ADA doing the wrong things? Is the ADA doing the right things, but doing them poorly? Is the ADA doing the right things, but needs to do more? Or, is the ADA doing the right things, well executed, and enough of them, but is there something else? To help the ADA address these questions and more, the Board has approved moving forward with a study on Association Business Model. This will be a very broad and large study, although it is *not* a governance study. If any governance changes are proposed, they will be a consequence of the primary recommendations from the study and not the goal of the study. The Budget and Finance Committee will oversee this work and keep the Board fully informed. A Request for Proposal will be sent out to potential firms very soon. While details are not yet known on how the study will be conducted (that is the purpose of issuing an RFP), it will certainly include strong outreach to the ADA's many communities of interest, including state and local leaders and the House of Delegates.

### HPI Report in Response to Resolution 35H-2014 (A Study of Alternate Dental Education Models):

Marko Vujcic, chief economist and vice president, ADA Health Policy Institute; Mr. Joshua Mintz, president, Cavanaugh Hagan Pierson & Mintz (CHP&M); and Dr. Bryan Cook, senior vice president for Educational

Research and Analysis, American Dental Education Association (ADEA) presented this report. Resolution 35H-2014 directed the ADA to conduct a focused study relative to the impact of student debt on dentistry as a career choice and subsequent practice choices, and pursue a focused study relative to the long-term sustainability of dental schools, the efficiency of the current dental school curricula and delivery methods, and the appropriate level of scholarship to ensure that dentistry continues to be a learned profession. The consulting firm of CHP&M in collaboration with ADEA was selected to conduct the study. In consultation with CHP&M and ADEA, HPI completed a comprehensive study on approaches to and implications of alternate dental education models. Those findings were presented to the Board of Trustees and will be transmitted to the House of Delegates pursuant to 35H-2014.

## **New Business**

**Task Force on Specialty Recognition.** Subsequent to discussion that occurred during closed session the Board of Trustees adopted the following resolution.

**B-101-2016. Resolved,** that a task force be created to conduct a critical evaluation of the process and criteria by which specialties and specialty certifying boards are recognized, and be it further

**Resolved,** that the members of the task force be appointed by the President and shall consist of:

One (1) chair who shall be an ADA member and appointed by the President;

One (1) representative who is a member of the ADA nominated by each sponsoring organization of the nine ADA recognized dental specialties;

Seven (7) representatives who shall be general dentists as follows:

Three (3) members of CDEL nominated by the chair of CDEL;

Two (2) delegates from the House of Delegates; and

Two (2) members of the Board of Trustees,

and be it further

**Resolved,** that up to \$28,500 be allocated from the Contingent Fund, and be it further

**Resolved,** that the President and President-elect shall be consultant members of the task force without the right to vote, and be it further

**Resolved,** that the task force report on its evaluation and recommendations for revisions or changes to the process and criteria by which specialties and specialty certifying boards are recognized no later than the July 2017 meeting of the Board of Trustees.

*Note: The task force is also permitted to seek outside expertise, if needed.*

## **Reports and Resolutions to the House of Delegates**

### **Reports and Resolutions Relating to Reference Committee A (Budget, Business and Administrative Matters)**

**Report 2 of the Board of Trustees to the House of Delegates: 2017 Budget** (Worksheet:2002): Following discussion of the proposed 2017 budget, the Board of Trustees transmitted the following resolutions to the House of Delegates.

*Resolution 9—Approval of 2017 Budget* (Worksheet:2048). The Board of Trustees voted to transmit Resolution 9 to the House of Delegates with the recommendation to vote yes. (Vote: 18 Yes—Asai, Bitter, Black, Buckenheimer, Cohlmi, Cole, Crowley, Fair, Fisch, Gehani, Jeffers, Klemmedson, Kwasny, Marron-Tarrazzi, Roberts, Robinson, Stevens, Zenk; 1 No—Zust; 1 Absent—Dr. Gamba)

*Resolution 10—Establishment of Dues Effective January 1, 2017* (Worksheet:2049): The Board of Trustees voted to transmit Resolution 10 to the House of Delegates with the recommendation to vote yes. (Vote: 15 Yes—Asai, Bitter, Black, Buckenheimer, Cohlmi, Cole, Fair, Fisch, Jeffers, Klemmedson, Kwasny, Roberts, Robinson, Stevens, Zenk; 4 No—Crowley, Gehani, Marron-Tarrazzi, Zust; 1 Absent—Dr. Gamba)

**Report 3 of the Board of Trustees to the House of Delegates: Compensation and Contract Relating to the executive Director** (Worksheet:2000): The Board of Trustees voted unanimously\* to transmit Board Report 3 to the House of Delegates (Board of Trustees consent calendar action—no Board discussion). \*Dr. Gamba was absent

#### **Reports and Resolutions Relating to Reference Committee B (Dental Benefits, Practice and Related Matters)**

**Council on Dental Practice Resolution 11: Rescission of Policy, Identification Through Prosthetic Devices** (Worksheet:3000). The Board of Trustees voted unanimously\* to transmit Resolution 11 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). \*Dr. Gamba was absent

**Council on Dental Benefit Programs Resolution 12: Proposed New Policy on Comprehensive ADA Policy Statement on Inappropriate or Intrusive Provisions and Practices by Third Party Payers** (Worksheet:3004). The Board of Trustees voted unanimously\* to transmit Resolution 12 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). \*Dr. Gamba was absent

#### **Reports and Resolutions Relating to Reference Committee C (Dental Education, Science and Related Matters)**

**Council on Scientific Affairs Resolution 13: Rescission of ADA Policy on Dental Product Labeling** (Worksheet:4001). The Board of Trustees voted unanimously\* to transmit Resolution 13 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). \*Dr. Gamba was absent

**Council on Scientific Affairs Resolution 14: Rescission of the Policy, World Medical Association Declaration of Helsinki—Ethical Principles for Medical Research Involving Human Subjects—2004** (Worksheet:4003). The Board of Trustees voted unanimously\* to transmit Resolution 14 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). \*Dr. Gamba was absent

**Council on Dental Education and Licensure Resolution 19: Recognition of Operative Dentistry as an Interest Areas in General Dentistry** (Worksheet:4010). The Board of Trustees voted to transmit Resolution 19 to the House of Delegates with the following comment and recommendation to vote yes. (Vote: 18 Yes—

Asai, Bitter, Black, Buckenheimer, Cohlma, Cole, Crowley, Fair, Fisch, Gehani, Jeffers, Kwasny, Marron-Tarrazzi, Roberts, Robinson, Stevens, Zenk, Zust; 1 No—Klemmedson; 1 Absent—Dr. Gamba)

The Board supports Resolution 19, believing that operative dentistry should be recognized by the Association as a general dentistry interest area. The Board agrees with the Council that the Academy of Operative Dentistry has met the *ADA Criteria for Recognition of Interest Areas in General Dentistry*. Advanced training in operative dentistry is more detailed than predoctoral operative dentistry education. Those individuals who complete these advanced education programs (ranging in 2-6 years in length) are responsible for the majority of scientific research and knowledge in the areas of cariology and advanced scientific clinical training in restorative materials and biomaterials. Graduates of operative dentistry programs play a vital role for the dental profession in dental education, dental research and military settings.

**Council on Dental Education and Licensure Resolution 20: Rescission of the Policy, Urging the Commission on Dental Accreditation to Communicate With Local Communities of Interest**

(Worksheet:4015). The Board of Trustees voted unanimously\* to transmit Resolution 20 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). \*Dr. Gamba was absent

**Council on Dental Education and Licensure Resolution 21: Rescission of the Policy, State Board and Commission on Dental Accreditation Roles in Candidate Evaluation for Licensure** (Worksheet:4017).

The Board of Trustees transmitted Resolution 21 to the House of Delegates with the following comments and recommendation to vote no. (Vote: 1 Yes—Zust; 18 No—Asai, Bitter, Black, Buckenheimer, Cohlma, Cole, Crowley, Fair, Fisch, Gehani, Jeffers, Klemmedson, Kwasny, Marron-Tarrazzi, Roberts, Robinson, Stevens, Zenk; 1 Absent—Dr. Gamba)

The Board appreciates the Council's intentions to eliminate outdated policies. However, in this case, given the important eligibility components for state licensure, e.g., graduation from a dental education program accredited by the Commission on Dental Accreditation, and successful completion of the National Dental Boards and a clinical examination, the Board believes that the policy should be retained as is for now. The Board suggests that the Council consider an amendment to the policy in the future to better reflect a declarative statement calling for state dental boards to recognize the Commission on Dental Accreditation as the agency responsible for the evaluation of dental education programs.

**Council on Dental Education and Licensure Resolution 22: Rescission of the Policy, Cost of Dental Education** (Worksheet:4018). The Board of Trustees voted unanimously\* to transmit Resolution 22 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). \*Dr. Gamba was absent

**Council on Dental Education and Licensure Resolution 23: Rescission of the Policy, Dental Accreditation and Specialty Recognition** (Worksheet:4019). The Board of Trustees voted unanimously\* to transmit Resolution 23 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). \*Dr. Gamba was absent

**Council on Dental Education and Licensure Resolution 24: Rescission of the Policy, Provision of Advanced Courses** (Worksheet:4020). The Board of Trustees voted unanimously\* to transmit Resolution 24 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). \*Dr. Gamba was absent

**Council on Dental Education and Licensure Resolution 25: Rescission of the Policy, Recommended Curricula Changes** (Worksheet:4021). The Board of Trustees voted unanimously\* to transmit Resolution 25 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). \*Dr. Gamba was absent

**Council on Dental Education and Licensure Resolution 26: Rescission of the Policy, Evaluation of Dental Programs** (Worksheet:4022). The Board of Trustees voted to transmit Resolution 26 to the House of Delegates with the recommendation to vote yes. (Vote: 16 Yes—Asai, Bitter, Buckenheimer, Cohlma, Crowley, Fair, Gehani, Jeffers, Klemmedson, Kwasny, Marron-Tarrazzi, Roberts, Robinson, Stevens, Zenk Zust; 3 No—Black, Cole, Fisch; 1 Absent—Dr. Gamba)

**Council on Dental Education and Licensure Resolution 27: Rescission of the Policy, Mission of a Dental School** (Worksheet:4023). The Board of Trustees voted unanimously\* to transmit Resolution 27 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). \*Dr. Gamba was absent

**Council on Dental Education and Licensure Resolution 28: Amendment to the Policy, Sponsorship of Accreditation Programs** (Worksheet:4024). The Board of Trustees voted unanimously\* to transmit Resolution 28 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). \*Dr. Gamba was absent

**Council on Dental Education and Licensure Resolution 29: Rescission of the Policy, Dental School Instruction in Practice Management** (Worksheet:4025). The Board of Trustees voted to transmit Resolution 29 to the House of Delegates with the recommendation to vote yes. (Vote: 18 Yes—Asai, Bitter, Black, Buckenheimer, Cohlma, Crowley, Fair, Fisch, Gehani, Jeffers, Klemmedson, Kwasny, Marron-Tarrazzi, Roberts, Robinson, Stevens, Zenk, Zust; 1 No—Cole; 1 Absent—Dr. Gamba)

**Council on Dental Education and Licensure Resolution 30: Rescission of the Policy, Curricular Changes to Maintain Dentistry as an Autonomous Independent Health Profession** (Worksheet:4026). The Board of Trustees voted unanimously\* to transmit Resolution 30 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). \*Dr. Gamba was absent

**Council on Dental Education and Licensure Resolution 31: Amendment of the Policy, Support for the Continued Existence of Private and Public Dental Schools in the United States** (Worksheet:4027). The Board of Trustees voted unanimously\* to transmit Resolution 31 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). \*Dr. Gamba was absent

**Council on Dental Education and Licensure Resolution 32: Amendment of the Policy, Participation in Dental Outreach Programs** (Worksheet:4028). The Board of Trustees voted unanimously\* to transmit Resolution 32 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). \*Dr. Gamba was absent

**Council on Dental Education and Licensure Resolution 33: Amendment of the Policy, Support of Dental Education Programs** (Worksheet:4029). The Board of Trustees voted unanimously\* to transmit Resolution 33 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). \*Dr. Gamba was absent

**Council on Dental Education and Licensure Resolution 34: Amendment of the Policy, Dental Degrees** (Worksheet:4030). The Board of Trustees voted unanimously\* to transmit Resolution 34 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). \*Dr. Gamba was absent

**Joint Commission on National Dental Examinations Resolution 35: Proposed JCNDE Bylaws Revisions** (Worksheet:4031). The Board of Trustees voted unanimously\* to transmit Resolution 35 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). \*Dr. Gamba was absent

**Joint Commission on National Dental Examinations Resolution 36: Proposed JCNDE Standing Rules Revisions** (Worksheet:4041). The Board of Trustees voted unanimously\* to transmit Resolution 36 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). \*Dr. Gamba was absent

**Council on Dental Education and Licensure Resolution 37: Response to Resolution 77H-2015—Proposed Amendments to the Sedation and Anesthesia Guidelines** (Worksheet:4057). The Board of Trustees voted to transmit Resolution 37 to the House of Delegates with the recommendation to vote yes. (Vote: 11 Yes—Bitter, Buckenheimer, Cohlma, Crowley, Fair, Fisch, Jeffers, Klemmedson, Roberts, Robinson, Zenk; 8 No—Asai, Black, Cole, Gehani, Kwasny, Marron-Tarrazzi, Stevens, Zust; 1 Absent—Dr. Gamba)

**Report 4 of the Board of Trustees to the House of Delegates: Response to Resolution 35H-2014—A Comprehensive Study of the Current Dental Education Models** (Worksheet:4058). The Board of Trustees voted to transmit Board Report 4 to the House of Delegates. (Vote: 19 Yes—Asai, Bitter, Black, Buckenheimer, Cohlma, Cole, Crowley, Fair, Fisch, Gehani, Jeffers, Klemmedson, Kwasny, Marron-Tarrazzi, Roberts, Robinson, Stevens, Zenk Zust; 1 Absent—Dr. Gamba)

#### **Reports and Resolutions Relating to Reference Committee D (Legislative, Health, Governance and Related Matters)**

**ADA Election Commission Resolution 6: Amendment to the Election Commission Guidelines Governing the Conduct of Campaigns for All ADA Offices** (Worksheet:5021). The Board of Trustees voted to transmit Resolution 6 to the House of Delegates with the recommendation to vote yes. (Vote: 18 Yes—Asai, Bitter, Black, Buckenheimer, Cohlma, Crowley, Fair, Fisch, Gehani, Jeffers, Klemmedson, Kwasny, Marron-Tarrazzi, Roberts, Robinson, Stevens, Zenk, Zust; 1 Abstain—Cole; 1 Absent—Dr. Gamba)

**Board of Trustees Resolution 1-2015: Elimination of Offices of First and Second Vice President** (Worksheet:5027). The Board of Trustees voted unanimously\* to transmit Resolution 1-2015 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). \*Dr. Gamba was absent

#### **Reports and Resolutions Relating to Reference Committee E (Membership and Related Matters)**

**Council on ADA Sessions Resolution 38: Request to Sunset the Council for the Board of Trustees to Establish it as an Advisory Committee on Annual Meetings** (Worksheet:6001). The Board of Trustees voted unanimously\* to transmit Resolution 38 to the House of Delegates with the recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). \*Dr. Gamba was absent

**Report 5 of the Board of Trustees to the House of Delegates: Response to Resolution 104H-2014—Progress Report on New Dentist Conference** (Worksheet:6003). The Board of Trustees voted unanimously\* to transmit Board Report 5 to the House of Delegates (Board of Trustees consent calendar action—no Board discussion). \*Dr. Gamba was absent

**Report 6 of the Board of Trustees to the House of Delegates: Dental School Strategy** (Worksheet:6006). The Board of Trustees voted unanimously\* to transmit Board Report 6 to the House of Delegates (Board of Trustees consent calendar action—no Board discussion). \*Dr. Gamba was absent

### **Miscellaneous House Matters**

**Report 1 of the Board of Trustees to the House of Delegates: Association Affairs and Resolutions** (Worksheet:1000). The Board of Trustees voted unanimously\* to transmit Board Report 1 to the House of Delegates (Board of Trustees consent calendar action—no Board discussion). \*Dr. Gamba was absent

### **Closed Session**

The Board of Trustees convened a closed session on Monday, August 1, 2016. The minutes of the closed session are separately recorded; however, non-confidential actions taken by the Board are reflected in the minutes of the open session. The following reports were considered during the closed sessions:

- Report of Dr. Chad P. Gehani, Liaison to WREB
- Report of the Division of Legal Affairs: Summary of Litigation and Other Matters

### **Attorney-Client Sessions**

An attorney-client session of the Board of Trustees was held on Monday, August 1, 2016, in the Board Room of the ADA Headquarters Building, Chicago. Those in attendance included the officers and members of the Board of Trustees, the Speaker of the House of Delegates, the Executive Director, the General Counsel, and the Deputies General Counsel.

### **Adjournment**

Without objection, the fifth regular meeting of the Board of Trustees adjourned sine die on Tuesday, August 2, 2016 at 11:25 a.m.

## Minutes of the Board of Trustees

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September 25–26, 2016

Headquarters Building, Chicago

**Call to Order:** The sixth meeting of the Board of Trustees of the American Dental Association was called to order by Dr. Carol Gomez Summerhays, president, on Sunday, September 25, 2016, at 8:30 a.m. in the Board Room of the ADA Headquarters Building, Chicago.

**Roll Call:** Officers and members of the Board of Trustees in attendance were: Carol Gomez Summerhays, Gary L. Roberts, Thomas Gamba, Irene Marron-Tarrazzi, Glen D. Hall, Ronald P. Lemmo, Kathleen T. O'Loughlin, Rickland G. Asai, Robert N. Bitter, Richard C. Black, Terry L. Buckenheimer, Raymond A. Cohlma, Jeffrey M. Cole, Joseph P. Crowley, Julian Hal Fair, III, Judith M. Fisch, Chad P. Gehani, Gary E. Jeffers, Daniel J. Klemmedson, Andrew J. Kwasny, Lindsey A. Robinson, Alvin W. Stevens, Jr., James K. Zenk, and Mark R. Zust.

Following the roll call, Dr. Hall announced a quorum was present.

The following ADA staff were in attendance for all or portions of the meeting at the invitation of the President: Marcelo Araujo, vice president, Science Institute; Jerome K. Bowman, chief of governance and strategy management; J. Craig Busey, Esq., general counsel; James Goodman, vice president, Conferences and Continuing Education; Michael A. Graham, senior vice president, Government and Public Affairs; Sabrina King, chief of people management; Toni Mark, chief technology officer; Stephanie Moritz, chief communications officer; David Preble, vice president, Practice Institute; Bill Robinson, vice president, Member and Client Services; Paul Sholty, chief financial officer; Michael D. Springer, senior vice president, Business and Publishing; Marko Vujcic, chief economist and vice president, Health Policy Institute; James Willey, senior director, Practice Institute; and Anthony Ziebert, senior vice president, Education/Professional Affairs.

Christopher M. Hasty, chair, New Dentist Committee; Billie Sue Kyger, trustee designate, Seventh District; and Dr. Karen West, chair, Commission on Dental Accreditation were in attendance for portions of the meeting.

Others in attendance for all or portions of the meeting were: Tomisena Cole, senior manager, Board and House Matters; Thomas C. Elliott, Jr., Esq., deputy general counsel; Dr. Michael Glick, editor, Publishing; Judith Jakush, editor, *ADA News*; Michelle Kruse, director, Administrative Services; Molly Potnick, coordinator, Board and House Matters; Robert Quashi, director, Business Analyst; Kyle Smith, manager, House of Delegates; and Wendy Wils, Esq., deputy general counsel. Other ADA staff members were in attendance for specific agenda items.

Before consideration of business, Dr. Summerhays called attention to the ADA Disclosure Policy statement included on the meeting agenda and the requirement to disclose any conflicts of interest. No conflicts were disclosed at this time.

### Preliminary

Approval of Agenda and Consent Items

*Approval of Agenda.* On vote, the Board adopted the agenda.

**B-103-2016. Resolved**, that the agenda be approved as the official order of business for the current meeting of the Board of Trustees except that the President may alter the order of the agenda when necessary to expedite business.

*Approval of Consent Calendar.* Dr. Summerhays reviewed the list of proposed consent items and resolutions, the following resolution was removed from consent.

- Resolution B-108, Report of the Council on Membership: Strategic Promotional Incentive for 2018-2020

Without objection the amended consent calendar was adopted by the Board of Trustees.

**B-104-2016. Resolved,** that the resolutions contained on the Consent Calendar for Board of Trustees consideration, as amended, be approved and reports be filed, and be it further

**Resolved,** that the recommendations that appear on the resolutions and reports to the House of Delegates be accepted.

**Report on Mail Ballot Action:** In accordance with the *Organization and Rules of the Board of Trustees*, mail ballot actions are required to be reported in the minutes of the next regular meeting of the Board of Trustees. Accordingly, the following mail ballot action is presented (consent calendar item).

*Mail Ballot No. 9—Approval of June 2016 Board Meeting Minutes*

**B-102-2016. Resolved,** that the minutes of the June 15-16, 2016, ADA Board of Trustees meeting be approved.

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

**B-113-2016. Resolved,** that the minutes of the July 31-August 2, 2016, meeting of the Board of Trustees be approved.

### **Reports of Standing Committees of the Board of Trustees**

**Report of the Audit Committee:** On behalf of the Committee, Dr. Joseph Crowley, chair, presented the report of the Audit Committee's September 24, 2016, meeting. The report identified major topics discussed, reports received and actions taken.

**Report of the Budget and Finance Committee:** On behalf of the Committee, Dr. James Zenk, chair, presented the report of the Budget and Finance Committee's September 23, 2016, meeting. The report identified the major topics discussed, reports received and actions taken. The Committee presented its recommendations on the following resolutions for the Board of Trustees' consideration.

*Statement of Investment Policy.* Dr. Zenk moved Resolution B-126 with the Committee's recommendation to adopt; on vote Resolution B-126 was adopted by the Board of Trustees.

**B-126-2016. Resolved,** that the Statement of Investment Policy for ADA Reserve Division Investment Accounts (October 2002, Revised May 2012) as revised as of July 2016 be approved.

*Contingent Fund Request—Supporting Gies Study in the 21<sup>st</sup> Century.* At the August 2016 Board meeting, B-98 was postponed definitely until the September meeting. On behalf of the Committee, Dr. Zenk moved Resolution B-98 with the recommendation to not adopt; on vote, Resolution B-98 was not adopted.

**B-98. Resolved**, that the following appropriation be made from the 2016 Contingent Fund and be allocated to line items in stated cost center in accordance with the terms of the supplemental appropriation request to cover the costs of providing support for the comprehensive study of the future of dental education, *Challenges Advancing Dental Education: Gies in the 21st Century*.

*Division of Education*

(Cost Center 090-1600-000)

**Support for Gies Study in the 21st Century – Up to \$75,000**

*Contingent Fund Request—Specialty Recognition Task Force.* At its July/August Board meeting, the Board passed Resolution B-101-2016, creating a task force “to conduct a critical evaluation of the process and criteria by which specialties and specialty certifying boards are recognized.” The resolution also addressed the make-up of the Task Force. Subsequently, the President, in consultation with the President-elect, concluded that greater flexibility is needed to make appointments of the seven general dentists to the Task Force. In addition, the President has requested the use of an outside facilitator and the Contingent Fund request needs to be increased to accommodate facilitation fees. An exact cost for this year is not known and will vary on the location of a meeting, whether more than one meeting is possible and fees associated with the facilitator. Staff estimates the cost will be approximately \$41,000. However, due to the uncertainty, funding of “up to” \$50,000 is requested.

In order to accomplish the changes, the Board is asked to rescind Resolution B-101-2016 and adopt the following resolutions. A resolution to reconstitute the Task Force for 2017 will be presented at the New Board meeting in Denver.

On behalf of the Budget and Finance Committee, Dr. Zenk moved Resolutions B-122, B-123 and B-124. On vote, Resolutions B-122, B-123 and B-124 were adopted by the Board of Trustees.

**B-122-2016. Resolved**, that Resolution B-101-2016 is rescinded.

**B-123-2016. Resolved**, that a task force be created to conduct a critical evaluation of the process and criteria by which specialties and specialty certifying boards are recognized, and be it further

**Resolved**, that the members of the task force be appointed, consisting of up to 18 members including:

One (1) chair who shall be an ADA member and appointed by the President;

One (1) representative who is a member of the ADA nominated by each sponsoring organization of the nine ADA recognized dental specialties; and

Seven (7) representatives who shall be ADA member general dentists, three of whom will be nominated by CDEL; and be it further

**Resolved**, that up to \$50,000 be allocated from the Contingent Fund, and be it further

**Resolved**, that the President and President-elect shall be consultant members<sup>1</sup> of the task force, and be it further

**Resolved**, that the 2016-2017 ADA President be urged to reconstitute the task force with the same members following the close of the 2016 House of Delegates, with a report on its evaluation and recommendations for revisions or changes to the process and criteria by which specialties and specialty certifying boards are recognized no later than the July 2017 meeting of the Board of Trustees.

*<sup>1</sup> In accordance with the AIPSC, an advisory or consultant member has the right to attend meetings and participate in debate, but is not counted in determining the quorum and does not have the right to propose motions or vote.*

**B-124-2016. Resolved**, that the Board approves the appointments of the following members to the Task Force on Specialty and Specialty Certifying Board Recognition:

Dr. Charles H. Norman, III, Chair  
 Dr. Roger Kiesling, General Dentist  
 Dr. Mark Zust, General Dentist  
 Dr. W. Roy Thompson, General Dentist  
 Dr. Billie Sue Kyger, General Dentist  
 Dr. Jill Price, CDEL Member, General Dentist  
 Dr. Prabu Raman, CDEL Member, General Dentist  
 Dr. David Halpern, CDEL Member, General Dentist  
 Dr. Susan Muller, American Academy of Oral and Maxillofacial Pathology  
 Dr. Sanjay Mallya, American Academy of Oral and Maxillofacial Radiology  
 Dr. Paul S. Casamassimo, American Academy of Pediatric Dentistry  
 Dr. Bryan Frantz, American Academy of Periodontology  
 Dr. Robert S. Roda, American Association of Endodontists  
 Dr. Brett L. Ferguson, American Association of Oral and Maxillofacial Surgeons  
 Dr. Brent Larson, American Association of Orthodontists  
 Dr. Teresa A. Dolan, American Association of Public Health Dentistry  
 Dr. Frank J. Tuminelli, American College of Prosthodontists

**Report of the Business Innovation Committee:** On behalf of the Business Innovation Committee, Dr. James Zenk, chair, presented an oral report of the Committee's September 24, 2016, meeting.

**Report of the Compensation Committee:** On behalf of the Compensation Committee, Dr. Hal Fair, chair, presented the report of the Committee's September 24, 2016, meeting. The report identified major topics discussed, reports received and actions taken.

**Report of the Diversity and Inclusion Committee:** On behalf of the Diversity and Inclusion Committee, Dr. Terry Buckenheimer, chair, presented the report of the Committee's September 24, 2016, meeting. The report identified major topics discussed, reports received and actions taken.

*The ADA Diversity and Inclusion Statement.* On behalf of the Committee, Dr. Buckenheimer moved Resolution B-129 with a recommendation to adopt. On vote, Resolution B-129 was adopted by the Board of Trustees.

**B-129-2016. Resolved** that the Board of the Trustees authorizes use of the following ADA Diversity and Inclusion Statement in its diversity and inclusion efforts:

The American Dental Association strives to model diversity and inclusion in everything we do. We believe that these ideals foster an innovative and dynamic culture and lead to sustainable results.

They allow us to further advance the dental profession, improve the oral health of the public, and promote equity and access to oral health.

As a result, we serve and support the different identities, beliefs and perspectives of a diverse membership, leadership, workforce and staff, as well as a wide range of communities and organizations.

*Expanding Diverse Perspectives of the Diversity and Inclusion Committee to the Board of Trustees.* On behalf of the Committee, Dr. Buckenheimer moved Resolution B-130 with a recommendation to adopt. On vote, Resolution B-129 was adopted by the Board of Trustees.

**B-130-2016. Resolved**, that the composition and duties of the Committee on Diversity and Inclusion set forth in the *Organization of the Rules of the Board of Trustees* under “Standing Committees,” be amended as follows (new language=underscoring, deletions=~~stricken~~):

Committee on Diversity and Inclusion

*Composition.* The Committee on Diversity and Inclusion shall consist of four trustees, one from each class, with the senior member of the Committee serving as the chair, a vice president, and ~~three~~ four alumni of the Institute for Diversity in Leadership, nominated by the Diversity and Inclusion Committee, and appointment by the President. The Committee is authorized to use up to four non-voting consultants who are representatives from the following organizations: American Association of Women Dentists, Hispanic Dental Association, National Dental Association and Society of American Indian Dentists.

*Term.* To ensure continuity, the term of service for the trustee members shall be four years. The term of service of the vice president shall be one year unless otherwise determined. ~~The term of service for the three alumni of the Institute for Diversity in Leadership members shall be staggered three year terms~~ The alumni of the Institute for Diversity in Leadership members shall be appointed to a one-year term, and shall be eligible to serve up to four such terms on the Committee.

**Report of the Governance Committee:** The report of the Governance Committee, presented by Dr. Züst, Committee chair, was considered during a closed session of the Board of Trustees. In open session, the following resolutions were considered by the Board of Trustees.

*Council Nominations.* Following discussion that occurred during a closed session, a motion was made in open session to adopt Resolution B-127.

**B-127. Resolved**, that is the opinion of the Board of Trustees that a nomination of a Trustee’s immediate family member to a Council or Commission, is not in itself a conflict of interest.

A motion was made to amend B-127 by addition of a second resolving clause. On vote, Resolution B-127 as amended was adopted.

**B-127-2016. Resolved**, that it is the opinion of the Board of Trustees that the nominations to councils, commissions and committees of immediate family members of trustees are in conformity with the existing rules of governance of the ADA, including the ADA *Constitution and Bylaws* and the *Organization and Rules of the Board of Trustees*, and be it further

**Resolved**, that the Governance Committee review the rules and procedures relating to nomination of members to councils, committees and commissions and report to the Board of Trustees on any recommendations by no later than the May 2017 meeting of the Board.

*Volunteers Serving Simultaneously on Councils or Commissions.* On vote, Resolution B-128 as amended was adopted.

**B-128-2016. Resolved**, that members of councils or commissions may not concurrently serve on Board committees or Board advisory committees, and be it further

**Resolved**, that the Governance Committee is authorized to make conforming changes to the Board Rules.

**Report of the Information Technology Committee:** On behalf of the Information Technology Committee, Dr. Joseph Crowley, chair, presented the report of the Committee's September 23, 2016, meeting. The report identified major topics discussed and reports received.

**Report of the Pension Committee:** On behalf of the Pension Committee, Dr. Ron Lemmo, chair, presented the report of the Committee's September 23, 2016, meeting. The report identified major topics discussed, reports received and actions taken.

**Report of the Strategic Planning Committee:** On behalf of the Strategic Planning Committee, Dr. Mark Zust, chair, presented the report of the Committee's September 23, 2016, meeting. The report identified major topics discussed, reports received and actions taken.

## **Reports and Resolutions to the Board of Trustees**

### **Communications and Marketing**

**Report of the Chief Communications Officer: Oral Health Month Collaboration with Colgate:** This informational report provided a summary of the ADA's national public awareness campaign in collaboration with Colgate (consent calendar item).

### **Conferences and Continuing Education**

**Report of the Council on ADA Sessions: Annual Meeting, Attendees Data and Exhibitors:** The Board of Trustees adopted the following resolution (consent calendar action).

**B-109-2016. Resolved**, that beginning in 2017, the Council on ADA Sessions may include attendee email addresses in the rental list offered to exhibitors at America's Dental Meeting, with appropriate consent.

### **Education/Professional Affairs**

**Report of the Commission on Dental Accreditation: Proposed ADA-CODA Relationship Informational Session During ADA 2016:** Following discussion that occurred during a closed session, a motion was made in open session to amend resolution B-107 by striking the word "financial." Hearing no objection, the amendment was adopted. On vote, the Board of Trustees adopted Resolution 107, as amended.

**B-107-2016. Resolved**, that an informational session be sponsored by the Board of Trustees, during the 2016 ADA meeting, to provide delegates and members an opportunity to learn more about the ADA-CODA ~~financial~~ relationship.

**Report of the Joint Commission on National Dental Examinations: Appointment of Consultants:** The Board of Trustees adopted the following resolution (consent calendar action).

**B-111-2016. Resolved**, that the following consultants to the Joint Commission on National Dental Examinations be approved for terms ending with the adjournment of the 2017 ADA House of Delegates Meeting.

Cizek, Gregory J., Ph.D., Chapel Hill, NC  
Gerrow, Jack, DDS., MS, MEd, Cert Pros, Ottawa, Canada  
Gierl, Mark J., Ph.D., Alberta, Canada  
Haladyna, Thomas, Ph.D., Phoenix, AZ  
Kane, Michael T., Ph.D., Princeton, NJ  
Littlefield, John H., Ph.D., Austin, TX  
National Board of Medical Examiners, Philadelphia, PA

**Report of the Library and Archives Advisory Board:** The Board of Trustees adopted the following resolution (consent calendar action).

**B-125-2016. Resolved**, that the proposed amendments to the Electronic Resources Collection Development Policy as noted in Appendix 1 be approved.

**Report of the Licensure Task Force:** Dr. Gary Jeffers, chair, Licensure Task Force provided a progress report on recent Task Force activity. The Licensure Task Force is charged to support the professional mobility of dentists by increasing the portability of licensure and to eliminate the patient-based component of the licensing exam, replacing it with alternative methodologies for assessing readiness for practice that are reliable, valid and protect the safety of the public. Its meetings have included ADEA. The Task Force has decided that it is best to focus now on the mobility question. The Task Force met with dental boards in a number of targeted states and that work will continue.

On behalf of the Task Force, Dr. Jeffers moved Resolution B-106 with a recommendation to adopt. On vote, the Board adopted Resolution B-106.

**B-106-2016. Resolved**, that the 2016-2017 President be urged to reappoint the Licensure Task Force through 2017 to monitor the strategies presented in this report, and be it further

**Resolved**, that a Joint ADA-ADEA Licensure Task Force be pursued and that members of the ADA Licensure Task Force serve as the representatives to the Joint Task Force, and be it further

**Resolved**, that the SPA Program Oversight Committee be requested to make licensure reform a priority within the State Public Affairs Program and to include licensure reform within its programming, and be it further,

**Resolved**, that contingent funds to support the work of the Licensure Task Force will be requested following the reappointment of the Licensure Task Force by the 2016-2017 President.

## **Finance and Operations**

**Informational Report on the Status of the 2016 Operating Contingent Fund.** It was reported that a Contingent Fund of \$1 million was authorized in the 2016 budget. The Board of Trustees approved total supplemental requests in the amount of \$686,000, leaving a balance of \$313,400.

**Informational Report Regarding Officer Approval of Expenditures from Capital Replacement Reserve.** In compliance with Resolution B-58-2015, Capital Reserve Spending Approval Process, the Budget and

Finance Committee submitted the following summary of approvals of spending from the capital replacement reserve fund (consent calendar item).

1. New D.C. lease deal with the National Coalition on Healthcare (NCOHC), to occupy space on the 9<sup>th</sup> floor effective March 1, 2017 that will be vacated by Faith in Public Life 10/01/2016, and return the D.C. building to 100% occupancy. 5.5 year Lease for 2,730 square feet on the 9th floor in ADA Washington, D.C. building. Total capital expenditures of \$126,933.

Because these expenditures were less than \$500,000, requests were submitted for approval to the President, President-elect and Treasurer of the Association with a recommendation for approval. The President, President-elect and Treasurer unanimously voted via email on August 5 and 6, 2016 to approve funding.

## Government and Public Affairs

**Report of the Senior Vice President, Government and Public Affairs: Federal and State Legislative, Regulatory and Public Affairs Update:** The following key issues were identified in this report: Advocacy Concerning Implementation of ACA's Section 1557 Provision; Surgeon General's opioid abuse prevention campaign; Medicaid Update; Community Dental Health Coordinator Update; ER Referral; and ADPAC update. Mr. Graham reported that Congress is expected to pass a continuing resolution (CR) before October 1 that will fund the government through December 9. After the elections, they will return and likely pass a long-term CR to fund the government for the remainder of fiscal year 2017. Language will be in the CR to prohibit funding for mid-level dental provider demonstration projects. In addition, The ADA has sent a letter to CMS asking for yet another extension of the deadline for dentists to comply with the Medicare Part D regulation requiring dentists to either opt in or out of the Medicare program beyond the current February 1 deadline. The report included a report on SPA program expenditures as of August 17, 2016.

## Member and Client Services

**Report of the Council on Membership: Strategic Promotional Incentive for 2018-2020:** The Council presented a proposal for a one-time, 50% active dues and special assessment reduction for target markets in the 2018-20 membership years. Dr. Buckenheimer moved resolution B-108. On vote, the Resolution B-108 was adopted by the Board of Trustees.

**B-108-2016. Resolved,** that for the 2018-2020 Strategic Promotional Incentive plan, that any nonmember in the following select target markets that is ineligible for existing reduced dues programs as set forth in the ADA *Bylaws*, be eligible to receive a one-time fifty percent (50%) active member dues and special assessment reduction:

### 2018 Target Markets

- A. Non-member active licensed general practitioners not in a large group practice
- B. Recently lapsed non-members (most recent membership year of 2011, 2012 or 2013)
- C. Non-members working in a large group or corporate-owned practice
- D. Diversity SPI (under-represented ethnic/diverse and women non-member dentists)

### 2019 Target Markets

- A. Diversity SPI (under-represented ethnic/diverse and women non-member dentists)
- B. Non-members in the top five states with greatest opportunity for membership growth
- C. Non-members working in a large group or corporate-owned practice

### 2020 Target Markets

- A. Non-member specialists
- B. Non-members working in a large group or corporate-owned practice

**Report of the Council on Members Insurance and Retirement Programs: ADA Members Insurance Plans, Great-West Financial 2017 Proposed Premium Credits and Royalties:** The Board of Trustees adopted the following resolutions (consent calendar action).

*Approval of the Council recommendations for distribution of premium credits under the ADA Members Insurance Plans for the 2016-2017 plan year.*

**B-114-2016. Resolved,** that a 53% premium credit effective January 1, 2017 for participants in the **Life Insurance Plans**, as proposed by Great-West Financial and recommended by the Council on Members Insurance and Retirement Programs, is hereby approved.

**B-115-2016. Resolved,** that a 35% premium credit effective November 1, 2016 for participants in the **Disability Income Protection Insurance Plan**, as proposed by Great-West Financial and recommended by the Council on Members Insurance and Retirement Programs, is hereby approved.

**B-116-2016. Resolved,** that a 45% premium credit effective February 1, 2017 for participants in the **Office Overhead Expense Insurance Plan**, as proposed by Great-West Financial and recommended by the Council on Members Insurance and Retirement Programs, is hereby approved.

**B-117-2016. Resolved,** that a 45% premium credit effective October 1, 2016 for participants in the **MedCASH Insurance Plan**, as proposed by Great-West Financial and recommended by the Council on Members Insurance and Retirement Programs, is hereby approved.

*Approval of the Council recommendations for ADA royalties under the ADA Members Insurance Plans to be distributed in 2017.*

**B-118-2016. Resolved,** that a royalty distribution of \$5.9 million from the **Life Plans**, as proposed by Great-West Financial and recommended by the Council on Members Insurance and Retirement Programs, is hereby approved for payment to ADA as soon as practicable after January 1, 2017.

**B-119-2016. Resolved,** that no royalty distribution be made to ADA in 2017 from the **Disability Income Protection Insurance Plan**, as proposed by Great-West Financial and recommended by the Council on Members Insurance and Retirement Programs.

**B-120-2016. Resolved,** that a royalty distribution of \$1.2 million from the **Office Overhead Expense Insurance Plan**, as proposed by Great-West Financial and recommended by the Council on Members Insurance and Retirement Programs, is hereby approved for payment to ADA as soon as practicable after January 1, 2017.

**B-121-2016. Resolved,** that a royalty distribution of \$190,000 from the **MedCASH Insurance Plan**, as proposed by Great-West Financial and recommended by the Council on Members Insurance and Retirement Programs, is hereby approved for payment to ADA as soon as practicable after January 1, 2017.

## Legal Affairs

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

**B-105-2016. Resolved,** that the listed consultants to the Council on Ethics, Bylaws and Judicial Affairs be approved for terms ending at the adjournment of the 2017 ADA annual meeting.

Ethics Education

Pansick, Ethan A., D.D.S., Delray Beach, FL  
Taylor-Osborne, Cathleen, D.D.S., Topeka, KS

Bylaws Review and Revision

Asai, Rickland L., D.M.D., Lake Oswego, OR  
Auld, Douglas A., D.D.S., McAlester, OK  
Chinoy, Walter I., D.D.S., Scotch Plains, NJ  
Fisch, Judith I., D.D.S., Rutland, VT  
Himmelberger, Linda K., D.M.D., Devon, PA  
Ishkanian, Emily R., D.D.S., Las Vegas, NV  
Muller, G. Jack, II, D.M.D., Rapid City, SD  
Norbo, Kirk M., D.M.D., Purcellville, VA  
Ortego, L. Stephen, D.D.S., Ball, LA  
Rajagopalan, Niveditha, D.D.S., Downers Grove, IL  
Walton, William M., D.D.S., Clyde, TX  
Zust, Mark R., D.D.S., St. Peters, MO

**Report of the Division of Legal Affairs: Summary of Litigation and Other Matters:** This report was presented by Mr. Craig Busey, general counsel, in an attorney-client session.

**Practice Institute**

**Report of the Vice President, Practice Institute: Medicare—Positioning the ADA as the Influencer:** The Board of Trustees adopted Resolution 112.

**B-112-2016. Resolved,** that staff from Practice Institute and Division of Government Affairs, and council volunteers as determined by the President, participate in external meetings regarding a dental benefit in Medicare, and be it further

**Resolved,** that the Council on Dental Benefit Programs with input from Council on Government Affairs, Council on Dental Practice and the Health Policy Institute explore the implications of including dentistry in Medicare.

**Report of the Busyness Workgroup:** Dr. David Preble reported that the Workgroup is developing long-term solutions as well as short-term, tactical solutions. On behalf of the Busyness Workgroup, Dr. Zust moved Resolution B-131 with a recommendation to adopt. On vote, Resolution B-131 was adopted by the Board of Trustees.

**B-131-2016. Resolved,** that the President be urged to reappoint the Busyness Workgroup.

**Report of the Practice Models Workgroup:** This report briefed the Board on the work undertaken regarding issues related to dental support organizations (consent calendar item).

**ADA Business Enterprises, Inc.**

**Report of ADABEI:** This informational report provided a summary of 2016 activities through July (consent calendar item).

## Organizational/Other

**Report on Appointment of ADA Council Chairs, 2016-17:** The Board of Trustees adopted the following resolution (consent calendar action).

**B-110-2016. Resolved,** that the following individuals be appointed to serve as chairs for the 2016-17 term.

Dr. Andrew P. Soderstrom, California, Council on Access, Prevention and Interprofessional Relations  
Dr. Craig W. Herre, Kansas, Council on Communications  
Dr. Ronald D. Riggins, Illinois, Council on Dental Benefit Programs  
Dr. Jill M. Price, Oregon, Council on Dental Education and Licensure  
Dr. Terry G. O'Toole, Federal Dental Services, District 4, Council on Dental Practice  
Dr. Michael H. Halasz, Ohio, Council on Ethics, Bylaws and Judicial Affairs  
Dr. Mark E. Bronson, Ohio, Council on Government Affairs  
Dr. Maria C. Maranga, New York, Council on Membership  
Dr. David E. McLean, Council on Members Insurance and Retirement Programs  
Dr. Jeffrey A. Platt, Indiana, Council on Scientific Affairs  
Dr. Emily R. Ishkanian, Nevada, New Dentist Committee

**Report of the President:** Dr. Carol Summerhays presented a report that summarized her activities since the August 2016 Board meeting (consent calendar item).

**Report of the President-elect:** Dr. Gary Roberts gave an oral report of meetings attended and trips taken since the August 2016 meeting.

**Report of the Executive Director:** Dr. Kathleen O'Loughlin gave a brief update on an emerging issue related to the ADA's collaboration with the Academy of Orthopaedic Surgeons (AAOS) to refine the prophylactic antibiotic guidelines for patients with prosthetic joints. Just prior to the September Board meeting, the AAOS announced on its website the AAOS and ADA approval of the refined guidelines – inadvertently foregoing the ADA Council of Scientific Affairs, and its panel of experts, review and approval. In light of this, the ADA has requested AAOS remove the ADA logo and endorsement to ensure the ADA is not recognized in any AAOS press release they may promote. The ADA supports the 2015 guidelines as published in the January 2016 JADA.

## Liaison Reports

### **Report of Dr. Raymond Cohlmiia, Liaison to the Commission on Dental Accreditation:**

Dr. Cohlmiia reported on his attendance at the August 3-5, 2016 Commission meeting (consent calendar item).

## Special Orders of Business/Special Appearances

**Appearance of Dr. Karen West, chair, Commission on Dental Accreditation:** Dr. West addressed the Board of Trustees regarding the activities of the Commission and commented on the following topics: accreditation status update, international accreditation, CODA-ADA Relationship, and scope of CODA's responsibilities. Dr. West announced that the CODA 2017-2020 Strategic Plan was approved summer 2016 and will be published on CODA website and that a CODA Hearing on Standards is scheduled for Friday, October 21, in Denver, Colorado. Dr. Sherin Took, director of the Commission, was also in attendance.

**Medicare Update:** Dr. David Preble, vice president, Practice Institute, facilitated a strategic discussion that explored current efforts to establish a dental benefit in Medicare and the potential for the ADA to influence those efforts. A consortium of numerous prominent entities, including OralHealth America, AARP, Families USA and the DentaQuest Foundation, have come as far as developing a model Medicare dental benefit and reimbursement plan. To date, the ADA has not been a participant in these discussions.

Many ADA members are concerned about changes necessary to incorporate Medicare into their practices, including the administrative burden of seeking reimbursement and the increased costs associated with regulatory compliance. Dr. Preble stressed the importance of the design of a future Medicare dental benefit and the impact that design could have on private benefits. The purpose of the discussion was to ask for authorization to participate in the discussions with key stakeholder groups already trying to influence the outcome.

Later in the meeting, with the adoption of B-112, the Board of Trustees authorized ADA involvement in these preliminary discussions and directed that CDBP and CGA explore the broader implications of including a dental benefit in Medicare.

**An Initiative to Drive Utilization of Dental Services for ADA Members:** Stephanie Moritz, chief communications officer, presented the Council on Communications' plan to address the busyness issue, as presented in Resolution 67, which HPI data cites as flat dental spending over the past several years despite the rebounding economy. The Council developed a four part plan:

1. Paid search, to bring ADA Find-a-Dentist to the top of all online search results.
2. National digital and social advertising campaign targeted to the personas even when they're not thinking about making a dental appointment.
3. Matching funds for state or local societies that want to amplify advertising in their area.
4. Member tools and resources that they can use in marketing their practice and talking to their patients.

The Council recommended funding this plan for three years, because it takes time to shift awareness about the importance of seeing a dentist regularly, and build traction to change behavior. Dr. Cesar Sabates, trustee designate, Seventeenth District, joined via conference call.

Later in the meeting the Board of Trustees voted to transmit Resolution 67 to the House of Delegates with the recommendation to vote yes.

**Non-Dues Revenue.** Following a discussion at the August 2016 Board meeting about membership trends, Mr. Springer, senior vice president, Business and Publishing and other senior staff members responsible for non-dues revenue presented "the second half of the story" – progress toward the ADA's financial goal of having 65% of revenue coming from sources other than dues. The ADA is in the midst of a slow-growth/no-growth economic recovery that makes it challenging to achieve significant revenue growth. The 65% objective in Members 2020 would require additional non-dues revenue of \$23 million per year in order to hit the target. The performance of the main non-dues revenue drivers over the last five years was reviewed:

- Education and Testing (Dr. Ziebert)
- Publishing and Product Sales (Mr. Springer)
- Real Estate (Mr. Sholty)
- Conferences and CE (Mr. Goodman)

Each of these business lines is different from the others and operates in a different environment. Education and Testing is experiencing a growing market and has benefited from increases in testing fees. The print advertising market has declined over the last several years, so Publishing focuses on new products, profitability and outperforming the market. Annual Meeting revenues and attendance fluctuate depending on the location, so the Division of Conferences and Continuing Education also manages to the bottom line and

has increased profitability. With continued pressure on its main revenue drivers, innovation needs to play a bigger role in the future growth of the ADA, but “moonshots” are not without risk. The Business Model study may provide some useful additional information for the Board to have deeper discussion on the business models that will ensure the future financial sustainability of the ADA.

## **New Business**

**ADA-CODA Relationship Task Force.** Subsequent to discussion that occurred during closed session the Board of Trustees adopted the following resolution.

**B-132-2016. Resolved**, that the 2016-1017 President be urged to reappoint the ADA-CODA Relationship Task Force to oversee an ADA-CODA collaboration on the development of a specific business plan, with support of outside consultants with expertise in budgeting, finance, governance and legal, that addresses the following, and other key governance and business matters:

1. Defines the future relationship to satisfy the US Department of Education criteria for recognition compared to the current ADA-CODA relationship.
2. Assesses the current governance structure and process, and define the desired future governance state.
3. Assesses the current financial structure and management issues, and define desired future financial (including accounting) management state.
4. Assesses the legal implications of any changes.

and be it further

**Resolved**, that the President be urged to request the Task Force provide a progress report by no later than September 2017.

## **Reports and Resolutions to the House of Delegates**

### **Reports and Resolutions Relating to Reference Committee A (Budget, Business and Administrative Matters)**

**Report 7 of the Board of Trustees: Information Technology Initiatives, Expenditures and Estimated Costs and Anticipated Future Projects** (Worksheet:2050): The Board of Trustees voted to transmit Report 7 to the House of Delegates (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

**Report 9 of the Board of Trustees: ADA Pension Plans** (Worksheet:2059): The Board of Trustees voted to transmit Report 9 to the House of Delegates (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

### **Reports and Resolutions Relating to Reference Committee B (Dental Benefits, Practice and Related Matters)**

**Council on Dental Benefit Programs Resolution 62: Revision of Policy on Reporting of Dental Procedures to Third Parties** (Worksheet:3010): The Board of Trustees voted to transmit Resolution 62 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

**Council on Dental Benefit Programs Resolution 63: Revision of Policy, Guidelines on the Use of Images in Dental Benefit Programs** (Worksheet:3012): The Board of Trustees voted to transmit Resolution

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

**Council on Dental Practice Resolution 64: Opioid Prescribing and Abuse Prevention** (Worksheet:3017): The Board of Trustees voted to transmit Resolution 64 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

**Fourteenth Trustee District Resolution 85: Third Party Payment Choices** (Worksheet:3018): The Board of Trustees voted to transmit Resolution 85 to the House of Delegates with a recommendation to vote yes. (Vote: Unanimous)

### **Reports and Resolutions Relating to Reference Committee C (Dental Education, Science and Related Matters)**

**Council on Scientific Affairs Resolution 73: Proposed Revision of the ADA Policy on Intraoral/Perioral Piercing and Tongue Splitting** (Worksheet:4063): The Board of Trustees voted to transmit Resolution 73 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

**Council on Scientific Affairs Resolution 74: Proposed Revision of the ADA Policy on Research Funds** (Worksheet:4067): The Board of Trustees voted to transmit Resolution 74 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

**Council on Scientific Affairs Resolution 75: Proposed Revision of the ADA Policy on Comparative Effectiveness Research** (Worksheet:4069): The Board of Trustees voted to transmit Resolution 75 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

**Council on Scientific Affairs Resolution 81: Response to Resolution 69H-2014—Proposal to Adopt ADA Policy on Optimizing Dental Health Prior to Surgical/Medical Procedures and Treatment:** (Worksheet:4073): The Board of Trustees voted to transmit Resolution 81 to the House of Delegates with the following comment and recommendation to vote yes. (Vote: Unanimous)

The Board appreciates the work of the Council and supports the resolution. The Board recommends that Reference Committee C amend the resolution by changing the word “dental” to “oral,” to be more comprehensive and inclusive of the entire craniofacial complex.

**Commission on Dental Accreditation Resolution 83—Revision of the Rules of the Commission on Dental Accreditation** (Worksheet:4074): The Board of Trustees voted to transmit Resolution 83 to the House of Delegates with a recommendation to vote yes. (Vote: Unanimous)

**Fourteenth Trustee District Resolution 84—Creating a Native American Pre-Dental Curriculum** (Worksheet:4081): The Board of Trustees voted to transmit Resolution 84 to the House of Delegates with the following comment and recommendation to vote no. (Vote: Unanimous)

The Board appreciates the 14th District's interest in increasing the enrollment of Native American students in our dental schools, but reminds the House that in 2012, the ADA sunset the Career Guidance and Diversity Activities Committee, including the staff who supported this endeavor. At that time, the Council on Dental Education and Licensure and the Board agreed that career guidance activities for pre-dental students did not directly support the ADA strategic plan or ADA's mission and that career guidance activities were better supported at the state and local levels. Further, other national organizations such as the American Dental Education Association and the National Association of Health Profession Advisors had, and still have, extensive career guidance

programming to support career exploration for diverse student populations. New accreditation standards implemented in 2013 require dental schools to document that they have programs in place to enroll a diverse student body. The Board is also aware of several ongoing national pipeline projects targeting the Native American population. Since 2012, the Association has made a renewed commitment to work with pre-dental and dental students and dental schools as a key strategy to meeting membership objectives. Significant new work is underway and is described in Board Report 6 to the House of Delegates: Dental School Strategy (Worksheet:6006).

Collaborating with dental educators, representatives of the Society of American Indian Dentists (SAID), and Native American leaders, establishing a task force, seeking funding and developing and maintaining curriculum materials will require funding for one new full-time staff member whose skill set includes grant writing, career guidance and curriculum development at an annual cost of \$100,000 (salary and benefits) as well as for a 9 member task force to meet twice in 2017 at an approximate cost of \$25,000. Given the resources and organizations already established to increase diversity in our dental schools, coupled with the ADA's renewed commitment to offer resources to pre-dental students, the Board does not believe it is necessary to allocate specific funding at this time for this activity.

**Board of Trustees Resolution 86: Response to Resolution 69H-2014—Proposal to Convene Three Expert Panels to Address Optimizing Dental Health Prior to Surgical/Medical Procedures and Treatment** (Worksheet:4086): The Board of Trustees voted to transmit Resolution 86 to the House of Delegates with a recommendation to vote yes. (Vote: Unanimous)

**Council on Scientific Affairs Report 1: Response to Resolution 67H-2014—Evaluation of the Safety of Intraoral Tattoos** (Worksheet:4087): The Board of Trustees voted to transmit the Council's Report to the House of Delegates (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

**Report 8 of the Board of Trustees: ADA Library and Archives Advisory Board Annual Report** (Worksheet:4103): The Board of Trustees voted to transmit Report 8 to the House of Delegates (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

#### **Reports and Resolutions Relating to Reference Committee D (Legislative, Health, Governance and Related Matters)**

**Council on Government Affairs Resolution 39—Antitrust Reform** (Worksheet:5034): The Board of Trustees voted to transmit Resolution 39 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

**Council on Government Affairs Resolution 40—Amendment of Policy on Community Health Centers** (Worksheet:5038): The Board of Trustees voted to transmit Resolution 40 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

**Council on Government Affairs Resolution 41—Amendment of Policy on Dental Care for Children with Crippling Defects** (Worksheet:5040): The Board of Trustees voted to transmit Resolution 41 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

**Council on Government Affairs Resolution 42—Amendment of Policy on Dentists on Staffs of Local Health Departments** (Worksheet:5042): The Board of Trustees voted to transmit Resolution 42 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

**Council on Government Affairs Resolution 43—Amendment of Policy on Evaluation and Fulfillment of Unmet Dental Needs** (Worksheet:5043): The Board of Trustees voted to transmit Resolution 43 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

**Council on Government Affairs Resolution 44—Rescission of Policy on Federally Qualified Health Centers** (Worksheet:5044): The Board of Trustees voted to transmit Resolution 44 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

**Council on Government Affairs Resolution 45—Rescission of Policy on Guidelines for Neighborhood Health Centers** (Worksheet:5046): The Board of Trustees voted to transmit Resolution 45 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

**Council on Government Affairs Resolution 46—Amendment of Policy on Incentives for Dental School Graduates to Work in Tribal Areas** (Worksheet:5048): The Board of Trustees voted to transmit Resolution 46 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

**Council on Government Affairs Resolution 47—Amendment of Policy on Dental Research by Military Departments** (Worksheet:5049): The Board of Trustees voted to transmit Resolution 47 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

**Council on Government Affairs Resolution 48—Amendment of Policy on Need for HIPAA Standards Reform** (Worksheet:5050): The Board of Trustees voted to transmit Resolution 48 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

**Council on Government Affairs Resolution 49—Rescission of Policy on Prescription Privacy** (Worksheet:5052): The Board of Trustees voted to transmit Resolution 49 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

**Council on Government Affairs Resolution 50—Amendment of Policy on Utilization of Dentists by Indian Health Service** (Worksheet:5054): The Board of Trustees voted to transmit Resolution 50 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

**Council on Government Affairs Resolution 51—Amendment of Policy on Availability of Dentists for Underserved Populations** (Worksheet:5055): The Board of Trustees voted to transmit Resolution 51 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

**Council on Government Affairs Resolution 52—Amendment of Policy on Comprehensive List of State Programs Providing Oral Health Services** (Worksheet:5056): The Board of Trustees voted to transmit Resolution 52 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

**Council on Government Affairs Resolution 53—Rescission of Policy on Federal Legislation Establishing Parameters for Federally Qualified Health Centers** (Worksheet:5057): The Board of Trustees voted to transmit Resolution 53 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

**Council on Government Affairs Resolution 54—Amendment of Policy on Guidelines for Dental Societies in Cooperating with Consumers** (Worksheet:5059): The Board of Trustees voted to transmit Resolution 54 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

**Council on Government Affairs Resolution 55—Amendment of Policy on Health Centers** (Worksheet:5061): The Board of Trustees voted to transmit Resolution 55 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

**Council on Government Affairs Resolution 56—Rescission of Policy on Legislation Regarding Federally Qualified Health Centers** (Worksheet:5063): The Board of Trustees voted to transmit Resolution 56 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

**Council on Government Affairs Resolution 57—Amendment of Policy on National Health Service Corps Policy** (Worksheet:5065): The Board of Trustees voted to transmit Resolution 57 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

**Council on Government Affairs Resolution 58—Amendment of Policy on Oral Health Education in Schools** (Worksheet:5067): The Board of Trustees voted to transmit Resolution 58 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

**Council on Government Affairs Resolution 59—Amendment of Policy on Use of Federal Funds to Provide Loan Repayment Grants to Dentists** (Worksheet:5069): The Board of Trustees voted to transmit Resolution 59 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

**Council on Government Affairs Resolution 60—Policies and Recommendations on Diet and Nutrition** (Worksheet:5071): The Board of Trustees voted to transmit Resolution 60 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

**Council on Ethics, Bylaws and Judicial Affairs Resolution 65—Amendment to Section 5.H. of the ADA Principles of Ethics and Code of Professional Conduct** (Worksheet:5079): The Board of Trustees voted to transmit Resolution 65 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

**Council on Government Affairs Resolution 66—Policies and Recommendations on Occupational Safety and Health** (Worksheet:5082): The Board of Trustees voted to transmit Resolution 66 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

**Council on Communications Resolution 67—A Three-Year Initiative to Drive Utilization of Dental Services for ADA Members** (Worksheet:5087) The Board of Trustees voted to transmit Resolution 67 to the House of Delegates with the recommendation to vote yes (Vote: 16 Yes—Asai, Bitter, Black, Buckenheimer, Cohlma, Crowley, Fisch, Gehani, Jeffers, Klemmedson, Kwasny, Roberts, Robinson, Stevens, Zenk and Züst; 2 No—Fair and Marron-Tarrazzi; 2 Abstain—Cole and Gamba)

**Council on Access, Prevention and Interprofessional Relations Resolution 68—Amendment of Policy on Orofacial Protectors** (Worksheet:5088): The Board of Trustees voted to transmit Resolution 68 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

**Council on Access, Prevention and Interprofessional Relations Resolution 69—Use of Health Literacy Principles for All Patients** (Worksheet:5089): The Board of Trustees voted to transmit Resolution 69 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

**Council on Access, Prevention and Interprofessional Relations Resolution 70—Support of Science Fairs** (Worksheet:5090): The Board of Trustees voted to transmit Resolution 70 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

**Council on Access, Prevention and Interprofessional Relations Resolution 71—Integration of Oral Health and Disease Prevention Principles in Health Education Curricula** (Worksheet:5091): The Board of Trustees voted to transmit Resolution 71 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

**Council on Access, Prevention and Interprofessional Relations Resolution 72—Oral Evaluations for High School Athletes** (Worksheet:5092): The Board of Trustees voted to transmit Resolution 72 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

**Council on Access, Prevention and Interprofessional Relations Resolution 76—Policy on Drinking Water in Schools** (Worksheet:5094): The Board of Trustees voted to transmit Resolution 76 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

**Council on Access, Prevention and Interprofessional Relations Resolution 77—Amendment of the ADA Bylaws Regarding the Council on Access, Prevention and Interprofessional Relations** (Worksheet:5095): The Board of Trustees voted to transmit Resolution 77 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

**Council on Access, Prevention and Interprofessional Relations Resolution 78—Policies and Recommendations on Tobacco Use** (Worksheet:5098): The Board of Trustees voted to transmit Resolution 78 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

## **Reports and Resolutions Relating to Reference Committee E (Membership and Related Matters)**

**Council on Membership Resolution 79—Response to Resolution 83H-2015: Rewrite of Chapter 1 of the *Bylaws*** (Worksheet:6011): The Board of Trustees voted to transmit Resolution 79 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

**Council on Membership Resolution 80—Funding Request to Support Member Engagement** (Worksheet:6033): The Board of Trustees voted to transmit Resolution 80 to the House of Delegates with the following comment and recommendation to vote no. (Vote: 15 No—Asai, Black, Buckenheimer, Cohlma, Cole, Crowley, Fair, Jeffers, Kwasny, Marron-Tarrazzi, Roberts, Robinson, Stevens, Zenk, and Zust; 4 Yes—Bitter, Fisch, Gehani, and Klemmedson; 1 Abstain—Gamba)

The Board acknowledges and appreciates the Council on Membership and its efforts to improve member engagement. The Board also acknowledges the importance of trying fresh ideas, measuring their effectiveness, and using that data to inform future decisions about resource 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.

**Council on Membership Report 01: Implementation of a Uniform Dues Transaction** (Worksheet:6035): The Board of Trustees voted to transmit the Council's Report to the House of Delegates (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

**Council on Membership Report 02: Investigate Enhancements to Tripartite's Product and Service Offerings to Meet the Needs of Member Dentists** (Worksheet:6037): The Board of Trustees voted to transmit the Council's Report to the House of Delegates (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

## **Miscellaneous House Matters**

**Board of Trustees Resolution 18: Nominations to Councils, Commissions and the New Dentist Committee** (Worksheet:1018): The Board of Trustees voted to transmit Resolution 18 to the House of Delegates with the recommendation to vote yes. (Vote: Unanimous)

## **Annual Reports**

The following annual reports were provided to the Board of Trustees for review.

Commission for Continuing Education Provider Recognition  
Council on Access, Prevention and Interprofessional Relations  
Council on ADA Sessions  
Council on Communications

Commission on Dental Accreditation  
Council on Dental Benefit Programs  
Council on Dental Education and Licensure  
Council on Dental Practice  
Council on Ethics, Bylaws and Judicial Affairs  
Council on Government Affairs  
Council on Members Insurance and Retirement Programs  
Council on Membership  
Joint Commission on National Dental Examinations  
Council on Scientific Affairs  
ADA Foundation  
ADA Business Enterprises, Inc.

### **Closed Session**

Closed sessions were held at various times during the September 25-26, 2016, meeting of the Board of Trustees. The detailed minutes of the closed sessions are separately recorded; however, any non-confidential actions taken by the Board are reflected in the minutes of the open meeting. The following reports were considered during the closed session.

- ADA-CODA Relationship
- Town Hall Meeting (Sedation Guidelines/Operative Dentistry as an Interest Area)
- Report of the Governance Committee
- Report of the Pension Committee
- House of Delegates Preparation

### **Attorney-Client Sessions**

An attorney-client session of the Board of Trustees was held on Monday, September 26, 2016, in the Board Room of the ADA Headquarters Building, Chicago. Those in attendance included the officers and members of the Board of Trustees, the Speaker of the House of Delegates, the Executive Director, the General Counsel, and the Deputies General Counsel.

### **Adjournment**

Without objection, the sixth regular meeting of the Board of Trustees adjourned sine die on Monday, September 26, 2016 at 3:14 p.m.

## Minutes of the Board of Trustees

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October 25, 2016

Denver, Colorado

**Call to Order:** The first session of the new Board of Trustees was called to order by President Gary L. Roberts on Tuesday, October 25, at 8:24 a.m., at the Hyatt Regency Denver, Capitol Ballroom 2-3, in Denver, Colorado.

**Roll Call:** The following officers and trustees were present: Drs. Gary L. Roberts, Joseph P. Crowley, Irene Marron-Tarrazzi, G. Lewis Mitchell, Jr., Glen D. Hall, Ronald P. Lemmo, Kathleen T. O'Loughlin, Rickland G. Asai, Robert N. Bitter, Richard C. Black, Raymond A. Cohlma, Jeffrey M. Cole, Judith M. Fisch, Chad P. Gehani, Gary E. Jeffers, Daniel J. Klemmedson, Andrew J. Kwasny, Billie Sue Kyger, Kenneth McDougall, Kirk M. Norbo, Lindsey A. Robinson, Cesar R. Sabates, Red Stevens, and W. Roy Thompson.

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

The following ADA staff members were in attendance at the invitation of the President: Marcelo Araujo, vice president, Science Institute; Jerry Bowman, chief of governance and strategy management; J. Craig Busey, general counsel; James Goodman, vice president, Conferences and Continuing Education; Michael Graham, senior vice president, Government and Public Affairs; Toni Mark, chief technology officer; Stephanie Moritz, chief communications officer; Bill Robinson, vice president, Member and Client Services; Paul S. Sholty, chief financial officer; Michael D. Springer, senior vice president, Business and Publishing; James L. Willey, senior director, Practice Institute; and Anthony Ziebert, senior vice president, Education and Professional Affairs.

Also in attendance were: Tomisena Cole, senior manager, Board and House Matters; Alyna Johnson, coordinator, Board and House Matters; Michelle Kruse, director, Administrative Services; Sharon Myaard, senior manager, Office of the Executive Director/Officer Services; Kyle Smith, manager, House of Delegates; and Wendy Wils, deputy general counsel.

Before consideration of business, Dr. Roberts called attention to the ADA Disclosure Policy and the requirement to disclose any conflicts; no conflicts were disclosed.

**Approval of Agenda:** The Board of Trustees adopted the following resolution.

**B-133-2016. Resolved,** that the agenda on page 1 of the Board Manual be approved as the official order of business for the current meeting.

### Structure and Operation of the 2016-17 Board of Trustees

**Organization and Rules of the Board of Trustees:** The Board was provided a copy of the *Organization and Rules of the Board of Trustees* that was updated to incorporate the Board's changes made to August 2016. It was noted that the amendments adopted during the Board's September 2016 meeting will be incorporated into the next edition.

**Council/Commission Liaison Assignments:** In accordance with a long standing provision of the *Organization and Rules of the Board of Trustees*, the President assigns members of the Board to serve as council liaisons, with the responsibility of reviewing the programs and activities of a specified Association council/commission. Without objection, the Board suspended the Rule that officers or trustees shall not be appointed to succeed themselves on the same council, to allow Dr. Raymond Cohlma to serve as Board Liaison to the Commission on Dental Accreditation. Accordingly, President Roberts reported the following liaison assignments to ADA councils and commissions:

*Advocacy for Access and Prevention	Dr. Rickland Asai
Communications	Dr. Richard Black
Continuing Education Provider Recognition	Dr. Kenneth McDougall
Dental Accreditation	Dr. Raymond Cohlma
Dental Benefit Programs	Dr. Lindsey Robinson
Dental Education and Licensure	Dr. Andrew Kwasny
Dental Practice	Dr. Chad Gehani
Ethics, Bylaws and Judicial Affairs	Dr. Robert Bitter
Government Affairs	Dr. Gary Jeffers
Membership	Dr. Jeffrey Cole
Members Insurance and Retirement Programs	Dr. Judith Fisch
National Dental Examinations	Dr. Chad Gehani
Scientific Affairs	Dr. Daniel Klemmedson
**Advisory Committee on Annual Meetings	Dr. Red Stevens
New Dentist Committee	Dr. Gary Jeffers

\*In response to Resolution 77H-2016, the name of the Council on Access, Prevention and Interprofessional Affairs (CAPIR) has been amended with the new name, Council on Advocacy for Access and Prevention (CAAP).

\*\*By adoption of Resolution 38H-2016, the House of Delegates dissolved the Council on ADA Sessions and urged the Board of Trustees to establish an Advisory Committee on Annual Meetings.

**Delegation to the FDI World Dental Congress:** Dr. Roberts noted that Dr. Summerhays' election as chair and delegation spokesperson created a vacancy on the ADA delegation. Without objection, the Board suspended the Rule to allow Dr. Charles Norman to serve in the position of Immediate Past President vacated by Dr. Carol Gomez Summerhays for the FDI World Dental Federation Delegation and the FDI Advisory Committee. Dr. Summerhays will serve as chair and delegation spokesperson of the FDI World Dental Federation Delegation and USA National Liaison Officer of the FDI Advisory Council. Accordingly, Dr. Roberts reported that the following individuals were appointed to serve as the delegation to the 2017 World Dental Congress to be held in Madrid, Spain.

**Delegates**

Dr. Carol Gomez Summerhays, chair  
 Dr. Gary Roberts  
 Dr. Joseph Crowley  
 Dr. Charles Norman  
 Dr. Maxine Feinberg  
 Dr. Red Stevens  
 Dr. Chad Gehani  
 Dr. Judith Fisch  
 Dr. Kenneth McDougall  
 Dr. Kathleen O'Loughlin

**Appointment to the FDI Advisory Committee:**

Dr. Gary Roberts, president  
Dr. Charles Norman  
Dr. Chad Gehani, member of the Board and ADA/FDI Delegation  
Dr. Kathy Roth, ADA/FDI Council Member  
Dr. Carol Gomez Summerhays, USA National Liaison Officer  
Dr. Joseph Crowley, president-elect  
Dr. Kathleen O'Loughlin, executive director

**Appointment of Standing Committees:** The Board of Trustees has the following standing committees: Audit, Budget and Finance, Business Innovation, Compensation, Diversity and Inclusion, Governance, Information Technology, New Dentist, Pension, and Strategic Planning. New Dentist members are selected by the Board of Trustees and confirmed by the House of Delegates.

Accordingly, President Roberts reported that he made the following appointments to the standing committees of the Board of Trustees for 2016-17.

Audit Committee

Dr. Gary Jeffers  
Dr. Rickland Asai  
Dr. Daniel Klemmedson  
Dr. Billie Sue Kyger  
Dr. Mark Chaney, member, House of Delegates  
Dr. Matthew Roberts, member, House of Delegates  
Dr. Joseph Crowley, non-voting member  
Dr. Gary Roberts, non-voting member  
Independent Financial Consultant

Budget and Finance

Dr. Jeffrey Cole, chair  
Dr. Ron Lemmo  
Dr. Joseph Crowley  
Dr. Lew Mitchell  
Dr. Lindsey Robinson  
Dr. Richard Black  
Dr. Cesar Sabates  
Dr. Tom Paumier, member, House of Delegates  
Dr. Wendy Brown, member, House of Delegates

Business Innovation

Dr. Andrew Kwasny, chair  
Dr. Lindsey Robinson  
Dr. Richard Black  
Dr. Kirk Norbo  
Dr. Lauren Czerniak, New Dentist Committee  
Dr. Gary Roberts, non-voting member  
Dr. Joseph Crowley, non-voting member  
Dr. Kathleen O'Loughlin, non-voting member  
Dr. Ron Lemmo, consultant

Compensation

Dr. Red Stevens, chair  
Dr. Gary Roberts  
Dr. Joseph Crowley  
Dr. Robert Bitter  
Dr. Raymond Cohlmi  
Dr. Kirk Norbo  
Dr. Ron Lemmo, non-voting member

Diversity and Inclusion

Dr. Andrew Kwasny, chair  
Dr. Chad Gehani  
Dr. Judith Fisch  
Dr. W. Roy Thompson  
Dr. Lew Mitchell  
Dr. Keith Beasley, alumni member  
Dr. Maurice Edwards, alumni member  
Dr. Prabhu Krishnan, alumni member  
\*Dr. Shailee Gupta, alumni member

Governance

Dr. Red Stevens, chair  
Dr. Lindsey Robinson  
Dr. Daniel Klemmedson  
Dr. Kenneth McDougall  
Dr. Irene Marron-Tarrazzi  
Dr. Gary Roberts, non-voting member  
Dr. Joseph Crowley, non-voting member  
Dr. Kathleen O'Loughlin, non-voting member  
Dr. Glen Hall, consultant

**Appointment of Standing Committees (continued):**Information Technology

Dr. Andrew Kwasny, chair  
 Dr. Robert Bitter  
 Dr. Richard Black  
 Dr. Billie Sue Kyger  
 Dr. Gary Roberts  
 Dr. Joseph Crowley  
 Dr. Kathleen O'Loughlin

Pension

Dr. Ron Lemmo, chair  
 Dr. Gary Roberts  
 Dr. Joseph Crowley  
 Dr. Kathleen O'Loughlin  
 Mr. Paul Sholty  
 Ms. Sabrina King  
 Mr. J. Craig Busey  
 Dr. Jeffrey Cole  
 Dr. Raymond Cohlma  
 Dr. Cindi Sherwood, member, House of Delegates  
 Dr. Chad Leighty, member, House of Delegates

Strategic Planning

Dr. Jeffrey Cole, chair  
 Dr. Rickland Asai  
 Dr. Daniel Klemmedson  
 Dr. Kirk Norbo  
 Dr. Gary Roberts  
 Dr. Joseph Crowley  
 Dr. Kathleen O'Loughlin  
 Dr. Barbara Rich, member, House of Delegates  
 Dr. Donna Thomas-Moses, member, House of Delegates

Without objection, the following resolution was adopted.

**B-134-2016. Resolved**, that the appointments to the standing committees of the Board of Trustees as made by the President be approved.

\*Subsequent to the October Board meeting, the President appointed Dr. Shailee Gupta to serve on the Diversity and Inclusion Committee.

**New Dentist Non-voting Appointments to ADA Councils/Commissions:** In accordance with the ADA *Bylaws*, Chapter VII, Section 140e, the duties of the Committee include serving as non-voting members of councils and commissions of the Association on issues affecting new dentists. The following one-year non-voting appointments to ADA councils and commissions were presented by the President for the Board's consideration. In addition, a liaison appointment was presented for the American Political Action Committee. Without objection, the following resolution was adopted.

**B-135-2016. Resolved**, that the members of the New Dentist Committee, as presented by the ADA President, be approved as non-voting members of the ADA councils and commissions and the American Dental Political Action Committee.

**New Dentist Appointees to ADA Councils/Commissions**

Council on Advocacy for Access and Prevention	Dr. Colleen Greene
Council on Communications	Dr. Tricia Quartey
Council on Dental Benefit Programs	Dr. Brittany Dean
Council on Dental Education and Licensure	Dr. Jonathan Pascarella
Council on Dental Practice	Dr. Michael Saba
Council on Ethics, Bylaws and Judicial Affairs	Dr. Sara Stuefen
Council on Government Affairs	Dr. Robin Nguyen

**New Dentist Appointees to ADA Councils/Commissions (continued):**

Council on Members Insurance and Retirement Programs	Dr. Lindsey Yates
Council on Membership	Dr. Lauren Czerniak
Council on Scientific Affairs	Dr. Andrea Fallon
Advisory Committee on Annual Meetings	Dr. Nipa Thakkar Dr. Raymond Jarvis
American Dental Political Action Committee	Dr. Justin Norbo

**Appointment of Representatives to Other Organizations and Activities:** The following appointments of representatives and members of other committees were also made by President Roberts.

<del>*Official Observer to the American Medical Association House of Delegates</del>	<del>Dr. Daniel Klemmedson</del>
<del>*Official Observer to the American Hospital Association House of Delegates</del>	<del>Dr. Andrew Soderstrom</del>
Liaison to the American Student Dental Association	Dr. Raymond Cohlmiia
Liaison to the Alliance of the American Dental Association	Dr. Irene Marron-Tarrazzi
Dental Lifeline Network Board of Directors	Dr. Judith Fisch Dr. Kirk Norbo
ADEA Commission on Change and Innovation on Dental Education	Dr. Raymond Cohlmiia
Western Regional Examining Board (WREB)	Dr. Gary Jeffers
American Board of Dental Examiners (ADEX)	Dr. Andrew Kwasny

\*Following the meeting, it was learned that due to budgetary and staffing changes made to the Council on Advocacy for Access and Prevention (CAAP) at the 2016 Annual Session of the House of Delegates, the funding for observers to the American Medical Association and the American Hospital Association was eliminated. Dr. Klemmedson and Dr. Soderstrom have been notified of this action.

**Other Committees, Task Forces, and Activities:**

American Dental Political Action Committee Board of Directors	Dr. Andrew Kwasny
Presenter of Board Reports to the House of Delegates	Dr. Red Stevens
Liaison to Standards Committee on Dental Informatics	Dr. Rickland Asai
Publishing Liaison	Dr. Robert Bitter
Norton Ross Selection Committee	Dr. Judith Fisch

**Other Committees, Task Forces, and Activities (continued):**

D.C. Townhouse Oversight Group

Dr. Jeffrey Cole  
 Dr. Richard Black  
 Dr. Joseph Crowley  
 Dr. Mark Bronson, chair, CGA  
 Dr. Richard Andolina, chair, ADPAC

IOM Health Literacy Roundtable

Dr. Lindsey Robinson

CODA Standing Committee on International Accreditation  
(formerly JACIA)

Dr. Chad Gehani, chair  
 Dr. Gary Herman, at-large member  
 Dr. Steven Tonelli, at-large member  
 Dr. Denise Kassebaum, CODA  
 representative  
 Dr. Tariq Javed, CODA  
 representative  
 Dr. Gary Roberts, president,  
 non-voting member  
 Dr. Harold Livingston, CODA chair,  
 non-voting member

SPA Oversight Committee

Dr. Daniel Klemmedson (continuing  
 member)  
 Dr. Richard Black  
 Dr. Mark Bronson, CGA member  
 \*Dr. Frank Graham, CGA Rep  
 \*Dr. Kurt Lindemann, CC Rep

Dental Quality Alliance Committee

Dr. Daniel Klemmedson  
 Dr. Matthew Vaillant, CDBP  
 (continuing member)  
 Dr. Michael Wojcik  
 Dr. Frank Graham, CGA (continuing  
 member)  
 Dr. Shelly Jones, CAAP (continuing  
 member)

Dental Content Committee

Dr. Chad Gehani, chair  
 Dr. Billie Sue Kyger, vice chair  
 Dr. David Hamel, CDBP  
 Dr. Ronald Riggins, CDBP  
 Dr. Dave Larson, CDBP  
 Dr. Jonathan Knapp, CDP  
 Dr. Linda Edgar, CDP

Alternates:

Dr. Douglas Gordon, CDBP  
 Dr. Craig Ratner, CDP

\*Subsequent to the October Board meeting, Dr. Frank Graham and Dr. Kurt Lindemann were selected by their respective councils to serve on the SPA Oversight Committee.

**Other Committees, Task Forces, and Activities (continued):**

ADA Library and Archives Advisory Board

Dr. Rickland Asai, chair  
Dr. Judith Fisch  
\*Dr. Jennifer Korzeb, CDEL  
Dr. Gerald Glickman, CDEL  
Dr. Anita Aminoshariae, CSA  
Dr. Thomas Braun, CSA  
Dr. Christine Hammer, at-large member  
Dr. Harvey Mahler, at-large member  
Ms. H. Austin Booth, special librarian

Workgroup on ADA/CODA Relationship

Dr. Gary Jeffers, co-chair  
Dr. Harold Livingston, co-chair  
Dr. Raymond Cohlma  
Dr. Robert Bitter  
Dr. Chad Gehani  
Dr. W. Roy Thompson  
Dr. Denise Kassebaum, CODA  
Dr. Joseph Hagenbruch, CODA  
Dr. William Leffler, CODA  
Dr. Loren Feldner, CODA

\*Subsequent to the October Board meeting, Dr. Jennifer Korzeb was selected by CDEL to serve on the ADA Library and Archives Advisory Board.

**Boards of ADA For-Profit and Not-For-Profit Subsidiaries**

ADA Foundation

Dr. Gary Jeffers  
Dr. Rickland Asai  
\*Dr. Daniel Klemmedson  
Dr. W. Roy Thompson

ADA Business Enterprises, Inc.

Dr. Jeffrey Cole

\*In October 2016, Dr. Black resigned his position as ADA Director on the ADAF Board. Pursuant to the ADAF Bylaws, the Member is entitled to elect a member of the ADA Board of Trustees (same class) to fill this vacancy. The ADA Board, acting on behalf of the Member, elected Dr. Klemmedson to fulfill Dr. Black's unexpired term.

**Sessions of the Board of Trustees, 2016-17:** The *Bylaws* (Chapter VII, Section 110A) requires that “The Board of Trustees shall hold a minimum of three regular sessions each year. The number of actual regular meetings to be held in excess of three for the ensuing year shall be determined in advance by the Board of Trustees.” Without objection, Resolution B-136 was adopted.

**B-136-2016. Resolved,** that the following 2017 Board of Trustees meeting dates, as amended, be approved.

February 19-21, 2017 (Sunday – Tuesday)

May 7-9, 2017 (Sunday – Tuesday)

~~July 16-18, 2017 (Sunday – Tuesday)~~

August 13-15, 2017 (Sunday – Tuesday)

September 16-18, 2017 (Saturday – Monday)

October 24, 2017 (New Board of Trustees Meeting), Atlanta, Georgia

December 2-6, 2017 (Board Retreat and Board Meeting if necessary)

and be it further

**Resolved,** that Resolution B-119-2015 approving the previous dates be rescinded.

**Busyness Workgroup:** The Board was requested to establish the Busyness Workgroup for 2016-17. Without objection, Resolution B-137 was adopted.

**B-137-2016. Resolved,** that the Board establish the Busyness Workgroup for 2016-17.

**Resolved,** that the following appointments to the Busyness Workgroup of the Board of Trustees, as made by the President, be approved.

Dr. Tom Paumier, chair  
 Dr. Mark Zust  
 Dr. Lindsey Robinson  
 Dr. Chad Gehani  
 Dr. Chris Salierno

**Licensure Task Force for 2016-17.** The Board was requested to establish the Licensure Task Force for 2016-17. Without objection, Resolution B-138 was adopted.

**B-138-2016. Resolved,** that the Board establish the Licensure Task Force for 2017, and be it further

**Resolved,** that the following appointments to the Licensure Task Force of the Board of Trustees, as made by the President, be approved.

Dr. Gary Jeffers (Chair)  
 Dr. Robert Bitter (Board of Trustees)  
 Dr. Daniel Gesek (CDEL Member)  
 Dr. Stephen Holm (former CDEL Member)  
 Dr. Lindsey Yates (New Dentist Committee)

and be it further

**Resolved,** that the President and President-elect shall be consultant members of the task force without the right to vote.

**Task Force on Specialty and Specialty Certifying Board Recognition for 2016-17:** At its September 2016 meeting, the Board passed Resolutions B-123 and B-124, creating a task force “to conduct a critical evaluation of the process and criteria by which specialties and specialty certifying boards are recognized.”

The first meeting on the Recognition Task Force will be held at ADA Headquarters on December 4, 2016. Up to \$50,000 has been allocated from the Contingent Fund to cover meeting expenses, travel and hotel expenses for Task Force members and fees for an outside facilitator. It is anticipated that a second meeting of the Recognition Task Force will be needed in the spring of 2017. The Recognition Task Force will report its findings to the Board in July 2017.

Without objection, Resolution B-139 was adopted.

**B-139-2016. Resolved**, that the Board re-establish the Task Force on Specialty and Specialty Certifying Board for 2017, and be it further

**Resolved**, that the members of the Task Force be appointed, consisting of up to 18 members including:

One (1) chair who shall be an ADA member and appointed by the President;

One (1) representative who is a member of the ADA nominated by each sponsoring organization of the nine ADA recognized dental specialties; and

Seven (7) representatives who shall be ADA member general dentists, three of whom will be nominated by CDEL; and be it further

**Resolved**, that the President and President-elect shall be consultant members of the task force, and be it further

**Resolved**, that the Task Force report on its evaluation and recommendations for revisions or changes to the process and criteria by which specialties and specialty certifying boards are recognized no later than the July 2017 meeting of the Board of Trustees.

Without objection, Resolution B-140 was adopted.

**B-140-2016. Resolved**, that the Board approves the re-appointment of the following members to the Task Force on Specialty and Specialty Certifying Board Recognition for 2017:

Dr. Charles H. Norman, III, chair  
Dr. Roger Kiesling, general dentist  
Dr. Mark Zust, general dentist  
Dr. W. Roy Thompson, general dentist  
Dr. Billie Sue Kyger, general dentist  
Dr. Jill Price, CDEL member, general dentist  
Dr. Prabu Raman, CDEL member, general dentist  
Dr. David Halpern, CDEL member, general dentist  
Dr. Susan Muller, American Academy of Oral and Maxillofacial Pathology  
Dr. Sanjay Mallya, American Academy of Oral and Maxillofacial Radiology  
Dr. Paul S. Casamassimo, American Academy of Pediatric Dentistry  
Dr. Bryan Frantz, American Academy of Periodontology  
Dr. Robert S. Roda, American Association of Endodontists  
Dr. Brett L. Ferguson, American Association of Oral and Maxillofacial Surgeons  
Dr. Brent Larson, American Association of Orthodontists  
Dr. Teresa A. Dolan, American Association of Public Health Dentistry  
Dr. Frank J. Tuminelli, American College of Prosthodontists

**Contracts with the President and President-elect:** The ADA's *Organization and Rules of the Board of Trustees* require that the President and President-elect execute agreements as officers of the ADA, and that these agreements be approved by the Board of Trustees at its first meeting following the annual session. Without objection, Resolutions B-141 and B-142 were adopted.

**B-141-2016. Resolved,** that the 2016-17 President Corporate Officer Agreement be approved and adopted.

**B-142-2016. Resolved,** that the 2016-17 President-elect Corporate Officer Agreement be approved and adopted.

**Report of the Business Innovation Committee** The Board received an informational report of the Business Innovation Committee which was, inadvertently, not forwarded to the Board at its September 2016 Meeting.

**New Business:** Mr. James Goodman, vice president, Conferences and Continuing Education, reported that ADA2016 preliminary attendance figures were strong and comments received during the meeting have been very positive.

**Adjournment:** Without objection, the meeting of the Board of Trustees was adjourned *sine die* at 8:42 a.m. on Tuesday, October 25, 2016.

## Minutes of the Board of Trustees

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December 10–11, 2016  
New Orleans, Louisiana

**Call to Order:** The second meeting of the Board of Trustees of the American Dental Association was called to order by Dr. Gary L. Roberts, president, on Saturday, December 10, 2016, at 8:00 a.m. in the Orleans Room of the J.W. Marriott, New Orleans, Louisiana.

**Roll Call:** Officers and members of the Board of Trustees in attendance were: Gary L. Roberts, Joseph P. Crowley, Irene Marron-Tarrazzi, G. Lewis Mitchell, Jr., Glen D. Hall, Ronald P. Lemmo, Kathleen T. O'Loughlin, Rickland G. Asai, Robert N. Bitter, Richard C. Black, Raymond A. Cohlma, Jeffrey M. Cole, Judith M. Fisch, Chad P. Gehani, Gary E. Jeffers, Daniel J. Klemmedson, Andrew J. Kwasny, Billie Sue Kyger, Kenneth McDougall, Kirk M. Norbo, Lindsey A. Robinson, Cesar R. Sabates, Alvin W. Stevens, Jr., and W. Roy Thompson.

Following the roll call, Dr. Hall announced a quorum was present.

The following ADA staff were in attendance for all or portions of the meeting at the invitation of the President: Jerome K. Bowman, chief of governance and strategy management; J. Craig Busey, Esq., general counsel; and Bill Robinson, vice president, Member and Client Services. Michael A. Graham, senior vice president, Government and Public Affairs; Stephanie Moritz, chief communications officer, and Paul Sholty, chief financial officer joined the meeting telephonically.

Others in attendance for all or portions of the meeting were: Tomisena Cole, senior manager, Board and House Matters; and Michelle Kruse, director, Administrative Services.

Before consideration of business, Dr. Roberts called attention to the ADA Disclosure Policy statement included on the meeting agenda and the requirement to disclose any conflicts of interest. No conflicts were disclosed at this time.

### Preliminary

Approval of Agenda and Consent Items

*Approval of Agenda.* On vote, the Board adopted the agenda.

**B-145-2016. Resolved,** that the agenda be approved as the official order of business for the current meeting of the Board of Trustees except that the President may alter the order of the agenda when necessary to expedite business.

*Approval of Consent Calendar.* Dr. Roberts reviewed the list of proposed consent items and resolutions, the following resolution was removed from consent.

- Resolution B-158, Report of the New Dentist Committee: Areas of Emphasis for 2017

Without objection the amended consent calendar was adopted by the Board of Trustees.

**B-146-2016. Resolved,** that the resolutions contained on the Consent Calendar for Board of Trustees consideration, as amended, be approved and reports be filed.

**Approval of Minutes of the Previous Sessions:** The Board of Trustees adopted the following resolutions (consent calendar action).

**B-147-2016. Resolved**, that the minutes of September 25-26, 2016 meeting of the Board of Trustees be approved.

**B-148-2016. Resolved**, that the minutes of October 25, 2016 meeting of the New Board of Trustees be approved.

### Reports of Standing Committees of the Board of Trustees

**Report of the Audit Committee:** On behalf of the Committee, Dr. Gary Jeffers, chair, presented the report of the Audit Committee's December 5, 2016 meeting. The report identified major topics discussed, reports received and actions taken.

**Report of the Budget and Finance Committee:** On behalf of the Committee, Dr. Jeffery M. Cole, chair, presented the report of the Budget and Finance Committee's November 14, 2016, meeting. The report identified major topics discussed, reports received and actions taken. The Committee presented its recommendations on the following resolutions for the Board of Trustees' consideration.

*Termination of Luther King Small Cap Equity Fund.* On behalf of the Committee, Dr. Cole moved Resolution B-153 with the recommendation to adopt. On vote Resolution B-153 was adopted by the Board of Trustees.

**B-153-2016. Resolved**, that ADA liquidate its investment in the Luther King Small Cap Equity Fund and invest the funds with William Blair Small-Mid Cap Growth Fund, as recommended by Ellwood Associates.

*Posting of Financials.* On behalf of the Committee, Dr. Cole moved Resolution B-144 with the recommendation to adopt. On vote, Resolution B-144 was adopted by the Board of Trustees.

**B-144-2016. Resolved**, that the ADA quarterly financial statements as of September 30, 2016 be filed and posted in the appropriate delegates section.

*Practice Institute—Carryover Request.* On behalf of the Committee, Dr. Cole moved Resolution B-143 with the recommendation to adopt. On vote, Resolution B-143 was adopted by the Board of Trustees.

**B-143-2016. Resolved**, that the following appropriation be made from Reserves and be allocated to line items in separately stated cost center in accordance with the terms of the appropriation request for consulting expenses to conduct a preliminary study to determine the feasibility of designing an affordable dental benefit plan which could not be completed in 2016 and will be finished in 2017.

*Practice Institute*

(Cost Center: 090-1500-000)

**Consulting project regarding feasibility of designing affordable dental plan which could not be completed in 2016 – Up to \$158,000**

*CODA and CERP System Replacements—Carryover Request.* On behalf of the Committee, Dr. Cole moved Resolution B-154 with the recommendation to adopt. On vote, Resolution B-154 was adopted by the Board of Trustees.

**B-154-2016. Resolved**, that the following appropriation be made from Reserves and be allocated to line items in stated cost center in accordance with the terms of the supplemental appropriation request to cover the costs of providing system replacements for CODA and CERP.

*Division of Information Technology*

Cost Center (020-1450-000)

**CODA & CERP System Replacements – Up to \$247,500**

*ADA Connect Redesign—Carryover Request.* On behalf of the Committee, Dr. Cole moved Resolution B-155 with the recommendation to adopt. On vote, Resolution B-155 was adopted by the Board of Trustees.

**B-155-2016. Resolved**, that the following appropriation be made from Reserves and be allocated to line items in stated cost center in accordance with the terms of the supplemental appropriation request to cover costs of providing support for system development to redesign the ADA Connect environment.

*Division of Information Technology*  
(Cost Center: 020-1450-000)

**ADA Connect Redesign – Up to \$120,850**

*Capital Equipment from Reserves.* On behalf of the Committee, Dr. Cole moved Resolution B-149 with the recommendation to adopt. On vote, Resolution B-149 was adopted by the Board of Trustees.

**B-149-2016. Resolved**, that the following appropriation be made from Reserves and be allocated to the line item in the stated cost center in accordance with the terms of the supplemental appropriation request.

*Division of Science*  
(Cost Center: 020-1650-000)

**High Performance Liquid Chromatograph with Diode Array Detector Equipment – Up to \$52,000**

*Supplemental Appropriation Request—Integration Analyst for Finance and HR Systems.* On behalf of the Committee, Dr. Cole moved Resolution B-162 with the recommendation to adopt. On vote, Resolution B-162 was adopted by the Board of Trustees.

**B-162-2016. Resolved**, that the following appropriation be made from the 2017 Contingent Fund and be allocated to line items in stated cost center in accordance with the terms of the supplemental appropriation request to cover the costs of a new IT headcount to support the new HR/Payroll system.

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

**New IT Headcount – Up to \$102,425**

**Report of the Compensation Committee:** On behalf of the Compensation Committee, Dr. Red Stevens, chair, presented the report of the Committee's December 5, 2016 meeting. The report identified major topics discussed, reports received and actions taken. The Committee presented its recommendation on the following resolution for the Board of Trustees' consideration.

*Approval of the 2017 Executive Director's Draft Goals.* On behalf of the Committee, Dr. Stevens moved Resolution B-163 with a recommendation to adopt. On vote, Resolution B-163 was adopted by the Board of Trustees.

**B-163-2016. Resolved**, that the Board approve the 2017 Executive Director Draft Goals as reviewed and revised with the Compensation Committee on December 5, 2016.

**Report of the Diversity and Inclusion Committee:** On behalf of the Diversity and Inclusion Committee, Dr. Andrew Kwasny, chair, presented the report of the Committee's November 16, 2016 meeting. The report identified major topics discussed, reports received and actions taken.

**Report of the Information Technology Committee:** On behalf of the Information Technology Committee, Dr. Andrew Kwasny, chair, presented the report of the Committee's December 1, 2016 meeting. The report identified major topics discussed and reports received.

**Report of the Strategic Planning Committee:** On behalf of the Strategic Planning Committee, Dr. Jeffrey Cole, chair, presented the report of the Committee's November 21, 2016 meeting. The report identified major topics discussed, reports received and actions taken. The Committee presented its recommendation on the following resolution for the Board of Trustees' consideration.

*Strategic Plan Amendment to Objective 2.* The Committee studied the membership objective (objective 2) of the Strategic Plan. As written, Objective 2 focuses on a market share of active, licensed dentists. Because the size of the market is constantly changing (currently growing), an objective based on a percentage is a moving target. It is believed that shifting the objective to a specific number of additional net members, 4,000 by the end of 2019, will allow the ADA to better track progress and make adjustments moving forward. Accordingly, on behalf of the Committee, Dr. Cole moved Resolution B-159 with a recommendation to adopt.

Prior to Board action on Resolution B-159, Mr. Bill Robinson, vice president, Member and Client Services, delivered a presentation on the proposed change to the market share objective.

On vote, Resolution B-159 was adopted by the Board of Trustees.

**B-159-2016. Resolved,** that Objective 2 in Members First 2020 be amended as follows (additions underscored and deletions stricken through): ~~ADA's member market share will be 70% or greater of active licensed dentists~~ Achieve a net increase of 4,000 active licensed members by the end of 2019.

## Reports and Resolutions to the Board of Trustees

### Business Relations

**Report of Business Innovation Committee: Update on Activities and Special Projects:** This informational report provided a recap of activities and projects that the Committee has and continues to work on (consent calendar item).

### Finance and Operations

**Report of the Chief Financial Officer: Status of the 2016 Operating Contingent Fund.** This report provided information on the contingent fund of \$1 million that was authorized in the 2016 budget. Prior to this meeting the Board approved total supplemental funding requests of \$708,100, leaving a balance of \$291,900.

**Informational Report Regarding Officer Approval of Expenditures from Capital Replacement Reserve.** In compliance with Resolution B-58-2015, Capital Reserve Spending Approval Process, the Budget and Finance Committee submitted the following summary of approvals of spending from the capital replacement reserve fund (consent calendar item).

- 1) ASDA 10 year Lease Renewal and Expansion for 5,345 square feet on the 7<sup>th</sup> floor in the ADA Chicago HQ building. Total capital expenditures of \$410,941.
- 2) ASDA 10 year Lease Renewal for 1,426 square feet on the 17<sup>th</sup> floor in the Chicago HQ building. Total capital expenditures of \$192,510.

Because these expenditures are less than \$500,000, in accordance with the Rules of the Board of Trustees, these requests were submitted for approval to the President, President-elect, and Treasurer of the Association with a recommendation for approval. The President, President-elect, and Treasurer voted on October 11 and 12, 2016 to approve these expenditures.

## Government and Public Affairs

**Report of the Senior Vice President, Government and Public Affairs: Federal and State Legislative, Regulatory and Public Affairs Update:** The following key issues were identified in this report: Regulatory Reform, Tax Reform, and Affordable Care Act Reform; Medicaid; Children's Health Insurance Program (CHIP); Single Payer; CDHC; ER Referral and ADPAC. Mr. Graham reported that the Trump administration is expected to work on ACA changes, tax changes and reversing existing regulations. At this point, the extent of proposed ACA changes is not clear. This can range from a full repeal to revisions to the program. It is expected that some current provisions in the ACA (addressing pre-existing conditions and allowing some adult children to be covered under parents' policies) will continue under any new version of the ACA. The Washington, D.C. office is prepared to act regardless of the approach to the ACA the Trump administration chooses to follow. It is also looking carefully at existing regulations which may be repealed. At the state level, the therapist issue has arisen in at least twenty states. State Government Affairs has been very active, working with the states on this and efforts have been effective. Staff will continue to monitor the issue and, in particular, the program in existence in Minnesota which appears to be struggling. The report noted that ADPAC raised \$505,000 at the ADA2016 meeting in Denver and that over \$70,000 was raised in direct contributions to dentist Members of Congress during the calendar year. The report included a report on SPA program expenditures as of November 14, 2016.

Dr. Roberts requested that a Board workgroup to study Medicaid reimbursement for Native American Tribes be created and that the workgroup report back its findings by no later than the February meeting of the Board. A motion to create a workgroup of the Board to study Medicaid reimbursement in Tribal Lands was made. Hearing no objection, Resolution B-164 was approved by the Board of Trustees by general consent.

**B-164-2016. Resolved,** that the Board approves the creation of a workgroup to study Medicaid reimbursement in Tribal Lands, and be it further

**Resolved,** that the workgroup shall consist of:

Dr. Daniel Klemmedson, chair  
Dr. Judith Fisch  
Dr. Rickland Asai  
Dr. Kirk Norbo

## Member and Client Services

**Report of the Vice President, Member and Client Services: Puerto Rico Progress Report:** This report briefed the Board on the *Colegio de Cirujanos Dentistas de Puerto Rico's* progress related to membership (consent calendar item).

## Legal Affairs

**Report of the Division of Legal Affairs: Summary of Litigation and Other Matters:** Mr. Craig Busey gave an oral report on the status of pending EEOC matters.

## Practice Institute

**Report of the Council on Dental Benefit Programs: Response to American Dental Hygienists Association Request for Code Maintenance Committee Membership:** This report briefed the Board on the ADHA request (consent calendar item).

## Organizational/Other

**Report of the President:** Dr. Gary Roberts gave an oral report that summarized his activities since the October 2016 Board meeting.

**Report of the President-elect:** Dr. Joseph Crowley gave an oral report that summarized his activities since the October 2016 Board meeting.

**Report of the President and President-elect: Three Board Priority Projects for 2017:** Last year, the Board amended three strategies found in Members First 2020—Strategies 2.1 (Focus the Message), 2.2 (Fill the Pipeline; programs targeting dental students and new dentists), and 6.1 (Simplify, standardize and rationalize how we operate). These three strategies were identified by the Board as priority strategies under the strategic plan for 2016 and 2017. The President and President-elect have also identified three Board-focused programs which they believe the Board needs to make priorities in 2017. Accordingly, Dr. Crowley moved Resolution B-158 with a recommendation to adopt.

**B-156. Resolved,** that the Board adopts the following three projects as Board priorities for 2017:

- Developing a proposal to shift budget-approval authority from the House to the Board, in line with prior Board proposals;
- Licensure reform; and
- The study of the ADA business model and potential changes to it.

Dr. Lemmo suggested that the Board may want to consider amending the first bulleted item by clarifying that the Board will first study the feasibility of shifting budget-approval authority from the House to the Board in order to decide whether to develop a proposal. Subsequently, Dr. Sabates moved to amend the first bulleted item by striking the words “Developing a proposal to” and adding the words “Study the feasibility of shifting.” The amendment was adopted by general consent. On vote, Resolution B-156, as amended, was adopted by the Board of Trustees.

**B-156-2016. Resolved,** that the Board adopts the following three projects as Board priorities for 2017:

- ~~Developing a proposal to shift~~ Study the feasibility of shifting budget-approval authority from the House to the Board, in line with prior Board proposals;
- Licensure reform; and

- The study of the ADA business model and potential changes to it.

**Creation of a Task Force on Budget Authority.** Dr. Roberts requested that the *Rules* be suspended in order to allow the President to appoint members to the Task Force without Board approval. Without objection, the Board approved the motion to suspend the Board *Rules*. Dr. Roberts requested that every Board member forward names of two nominees for his consideration.

On vote, Resolution B-151 was adopted by the Board of Trustees.

**B-151-2016. Resolved**, that the Board approves the creation of a task force on budget authority, and be it further

**Resolved**, that the task force shall consist of:

- Two members of the House of Delegates from states in which budget authority rests with the state society's Board of Trustees, to be named by the President
- Two members of the House of Delegates from states in which budget authority rests with the state society's House of Delegates, to be named by the President
- Three trustees to be named by the President
- The treasurer as chair, without the right to vote
- The President, President-Elect and Executive Director, as consultant members of the task force without the right to vote

and be it further

**Resolved**, that the President is authorized to make the appointments to the task force without further Board approval, and be it further

**Resolved**, that the task force shall be charged with developing a recommendation for the proper placement of budget authority for presentation to the Board and possible presentation to the House at the Board's May 2017 meeting, and be it further

**Resolved**, that up to \$30,000 be allocated from the Contingent Fund to support the work of the task force.

**Direction to the Advisory Committee on Annual Meetings:** Dr. Crowley moved Resolution B-152 for the Board's consideration. On vote, Resolution B-152 was adopted by the Board of Trustees.

**B-152-2016. Resolved**, that the Board's Advisory Committee on Annual Meetings is asked to forward to the Board by the end of January 2017 three nominations each for chair, to serve as 2017/2018 chair, and vice-chair, to serve as 2018/2019 chair, of the committee, and be it further

**Resolved**, that the Board's Advisory Committee on Annual Meetings is asked to develop an interim charter as called for in Resolution 38H-2016 and to forward that charter to the Governance Committee by the end of January 2017, and be it further

**Resolved**, that the Board's Advisory Committee on Annual Meetings is asked to propose a permanent charter to the Governance Committee in time for consideration by the Committee at its May 2017 meeting.

**Amended 2018 Board of Trustees Meeting Dates.** The Board of Trustees adopted the following resolution (consent calendar action).

**B-160-2016. Resolved**, that the following 2018 Board of Trustees meeting dates, as amended, be approved:

February 11-13 (Sunday – Tuesday)  
 April 22 -24 (Sunday – Tuesday)  
~~July 15-17 (Sunday – Tuesday)~~  
 \*August 12-14 (Sunday – Tuesday)  
 September 23-25 (Sunday – Tuesday)  
 October 23 (New Board of Trustees Meeting, Hawaii)  
 December 13-16 (Thursday – Sunday) (Retreat and Board meeting, if needed—Location TBD)

and be it further

**Resolved**, that Resolution B-58-2016, approving the previous 2018 meeting dates, be rescinded.

*\*Note. The 2018 Budget and Finance Committee will meet August 7-9 and the Board's Standing Committees August 10-11.*

**Report of the Executive Director: Santa Fe Group Oral Health Benefits in Medicare Symposium:** Dr. O'Loughlin reported on her attendance at the September 28-30 Santa Fe Group Oral Health Benefits in Medicare Symposium (consent calendar item).

**Report of the 2016 FDI Annual World Dental Congress:** This report provided a summary of the 2016 Annual World Dental Congress in Poznan, Poland, September 7-10 (consent calendar item).

**Report of the Chief of Governance: Implementation of Resolution 2H-2016 (Appointment of Council Chairs, Consultants and Advisors):** The Board of Trustees adopted the following resolution (consent calendar action).

**B-150-2016. Resolved**, that the Councils of the Association shall appoint as consultants only those individuals who meet the following requirements:

- He or she must possess technical requirements essential to the program of the Council;
- He or she must comply with existing conflict of interest rules;
- He or she must be a member of the Association provided he or she is a dentist eligible for Association membership;

be it further

**Resolved**, that each Council shall notify the Board in writing of the selection of any consultant through a written report at the first Board meeting following selection of the consultant or at the second Board meeting following selection of a consultant should that selection occur sooner than 30 days prior to the next scheduled Board meeting.

**Report of the 2017 Humanitarian Award Nominating Committee:** This report presented background on the nominee for the ADA Humanitarian Award and presented Resolution B-157 for the Board of Trustees' consideration. The Board of Trustees adopted the following resolution (consent calendar action).

**B-157-2016. Resolved**, the Dr. Usa Bunning, Maryland, be approved as the 2017 recipient of the ADA Humanitarian Award.

**Report of the New Dentist Committee: Areas of Emphasis for 2017:** This report provided information on identified high-impact areas of focus for the Committee in 2017. In addition, the report noted that the

Committee is available to offer perspective on the upcoming RFP on the ADA business model and that it will conduct its self-assessment in 2017.

The following resolution was presented for the Board's consideration. A motion was made to postpone definitely Resolution B-158. On vote, the motion to postpone definitely consideration of Resolution B-158 until the February Board meeting was adopted.

**B-158. Resolved**, that the Board of Trustees authorizes the New Dentist Committee to reach out to actively engage the various specialty organizations to discuss potential collaboration on new dentist areas of interest, such as involvement in organized dentistry, coordinated outreach to dental residents, co-hosting ADA Success programs, panel sessions or discussions at ADA meetings, and other opportunities that may arise.

Later in the meeting, a motion to suspend the rules was made to reconsider postponing definitely consideration of Resolution B-158 to the February Board meeting. On vote, the motion to suspend the rules and reconsider the motion to postpone definitely was adopted by a two-thirds vote. On vote, the motion to reconsider was not adopted. Discussion ensued on the resolution. A motion was made to adopt Resolution B-158; on vote, Resolution B-158 was adopted by the Board of Trustees.

**B-158-2016. Resolved**, that the Board of Trustees authorizes the New Dentist Committee to reach out to actively engage the various specialty organizations to discuss potential collaboration on new dentist areas of interest, such as involvement in organized dentistry, coordinated outreach to dental residents, co-hosting ADA Success programs, panel sessions or discussions at ADA meetings, and other opportunities that may arise.

**Report of the President and President-elect: Direction to the New Dentist Committee:** Dr. Crowley presented the following resolution for the Board of Trustees' consideration.

**B-161. Resolved**, that the Board thanks the New Dentist Committee for its report to the Board on its areas of focus for 2017, and be it further

**Resolved**, that the Board directs the Committee to focus its efforts on advising the Board on issues affecting the decision of new dentists to join or renew membership, and be it further

**Resolved**, that the Board asks that the Committee address whether it can effectively, and should, focus on new dentist membership issues through state and local societies within each Committee member's district and report back to the Board prior to the 2017 House of Delegates.

Dr. Gary Jeffers, trustee liaison, New Dentist Committee, noted concerns raised by the chair of the New Dentist Committee regarding the proposed Resolution B-161 direction to focus on membership rather than leadership. Overall, the Committee would like to see more opportunities to meet with the Board of Trustees and to have more leadership experiences. Discussion ensued on the proposed resolution. It was suggested that the New Dentist Committee be provided with an opportunity to meet among themselves and assess how much the Committee thinks it can do and report back to the Board at its February meeting.

Dr. Marron-Tarrazzi moved to postpone definitely Resolution B-161 until the New Dentist Committee can provide additional information regarding its areas of focus for 2017. On vote, the motion to postpone definitely consideration of Resolution B-161 until the February Board meeting was adopted.

Later in the meeting, a motion to suspend the rules was made to reconsider postponing definitely consideration of Resolution B-161; on vote, the motion to suspend the rules and reconsider postponement was adopted by a two-thirds vote. Following discussion, a motion was made to vote immediately, which required a two-thirds vote. On vote, the motion to vote immediately was not adopted. After further discussion, a motion was made to postpone definitely consideration of Resolution B-161. On vote, the motion to postpone definitely consideration of Resolution B-161 until the February Board meeting was adopted.

**Report of the Executive Director: Update on the Credentialing Service Project:** Dr. O'Loughlin gave a confidential oral report to the Board of Trustees on the Credentialing Service Project.

**2016 House of Delegates Unofficial Report of Actions:** The Board received informational copies of the HOD Unofficial Report of Actions.

**Report of the Executive Director: Quarterly Management Report (QMR):** The Board received informational copies of the 2016 Third Quarter Management Report.

## Liaison Reports

### **Report of Dr. Daniel J. Klemmedson, American Medical Association (AMA) Interim Meeting:**

Dr. Klemmedson reported that he was unable to attend the November 15-16 interim meeting of the American Medical Association in Orlando, Florida. His report included a list of reports submitted by AMA Board of Trustees and Councils, as well as resolutions submitted by constituents and specialty societies.

In October 2016, the House of Delegates adopted Resolution 77H-2016, which, in part, amended the ADA *Bylaws* to eliminate "interprofessional relations" as one of the Council on Advocacy for Access and Prevention's areas of subject responsibility. Consequently, the ADA trustee liaison positions to the AMA and the American Hospital Association (AHA) were eliminated. Several Board members expressed concern about losing these positions and asked that the ADA continue its relationship with the AMA and AHA in some capacity.

Dr. O'Loughlin indicated that after the adjournment of the 2016 House of Delegates, a team of ADA staff was tasked with identifying which Association projects include an interprofessional component in the operating plan. Staff is in the process of doing this work now and Dr. O'Loughlin will provide an update on this effort to the February Board.

**Report of Dr. Lindsey Robinson, Liaison to the Council on Dental Benefit Programs:** Dr. Robinson reported on her attendance at the November 17-18, 2016 CDBP Meeting—Medicare Discussion (consent calendar item).

**Report of Dr. Rickland Asai: Ahlstrom Award:** Dr. Asai presented the Board of Trustees with information on the 2016 Robert H. Ahlstrom Investigator Award and the 2016 John W. Stanford New Investigator Award for Standards.

## Special Orders of Business/Special Appearances

**Revisions to the Strategic Plan: Bill Robinson.** Prior to Board action on Resolution B-159, Mr. Bill Robinson, vice president, Member and Client Services, delivered a presentation on the proposed change to the market share objective. It was reported that over the last ten years, the ADA number of active, licensed members has remained flat. At the same time, the size of the market has grown. Significantly, the increase in the market size is very diverse. Mr. Robinson shared that through November 2016 the ADA gained over 1,500 members, its largest growth in ten years. Despite that, because the market is growing so quickly, this still represents a slight decrease in market share. States currently at or above the old stated 70% market share goal must continue to seek net growth of members. States below 70% need to be encouraged and supported in net member growth, especially those states that struggle at 50% or less member market share.

The proposed change in Objective 2 allows the Board to make use of more concrete leading indicators, which will help track progress and make mid-course corrections. Going forward, Member and Client Services will watch (1) non-renew rates (decrease to 4% or less), (2) increase new dentists by 1,500 annually, (3) increase net women dentists by 1,500 annually, and (4) increase ethnically diverse dentists by 1,250 annually. If these leading indicator goals are met, it is projected the ADA will meet the new strategic plan objective. It was noted

that retiring members are far more homogenous than the diverse dentists now entering the market. For this reason, the ADA needs to gain more new members from diverse groups than the new total objective, to offset retirements and other departures from the market.

This new objective (and the leading indicators) are stretch goals and present numerous challenges. Member and Client Services will need to continue its work on membership, in partnership with the states, try new efforts and consider further changes to reach out to non-members, non-renews and graduating dentists, in order to succeed.

**Update on Three-Year Initiative to Drive Utilization of the Dental Services to Members:** Ms. Stephanie Moritz, chief communications officer, joined the meeting telephonically to brief the Board of Trustees on the three-year initiative to drive utilization of dental services, as adopted in Resolution 67H-2016. Development work is underway and will include a more effective Find-A-Dentist tool. A great deal of work is being planned for the coming months. The work will include extensive outreach to interested parties. The Council on Communications will monitor this work and compare progress against specific metrics to be established.

### **New Business**

**Report of Dr. Andrew Kwasny, Liaison to the Council on Dental Education and Licensure:** Dr. Kwasny reported on his attendance at the December 5-6, 2016 Council meeting.

A question was raised regarding CDEL's current representational structure and whether it is still serving the needs of the organization in the way that it should. The Board discussed the unique composition of the Council and it was recommended that the Board consider assigning review of the CDEL structure to the Standing Committee on Governance. Hearing no objection, Dr. Roberts assigned review of CDEL and its representational structure to the Governance Committee to report back to the ADA Board of Trustees at its May 2017 meeting.

**Report of Dr. Joseph Crowley, Task Force Specialty Recognition:** Dr. Crowley gave an oral report on recent Task Force on Specialty Recognition activities.

### **Closed Session**

A closed session of the Board of Trustees was held on Sunday, December 11, 2016. The minutes of the closed session are separately recorded; however, any non-confidential actions taken by the Board are reflected in the minutes of the open session.

### **Adjournment**

Without objection, the second regular meeting of the Board of Trustees adjourned *sine die* on Sunday, December 11, 2016 at 9:17 a.m.

# Minutes of the House of Delegates

October 21–24

## Minutes of the 157th Annual Session of the American Dental Association House of Delegates

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October 21–24, 2016  
Denver, Colorado

Friday, October 21, 2016

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### First Meeting of the House of Delegates

**Call to Order:** The First Meeting of the 157th Annual Session of the American Dental Association House of Delegates was called to order by the Speaker of the House of Delegates, Dr. Glen D. Hall, Texas, at 1:00 p.m., Friday, October 21, 2016, in the Colorado Convention Center, Four Seasons Ballroom.

**Invocation:** An invocation was offered by Dr. Karin Irani, California, and was followed by a moment of silence.

**Pledge of Allegiance:** Patricia E. Arola, Assistant Under Secretary for Health and Dentistry for the U.S. Department of Veterans Affairs, led the members of the House in reciting the Pledge of Allegiance.

**Announcements:** For the benefit of the delegates and alternate delegates, the Speaker reviewed announcements regarding technology support, microphones, availability of district representatives, and a planned attorney-client closed session at the conclusion of the first meeting of the House.

**Introductions:** The Speaker introduced the officers of the Association who were seated on the dais, and the former ADA presidents who were seated in the House.

**Acknowledgement:** The Speaker acknowledged the hard work of local arrangements volunteers and thanked Dr. Rhett L. Murray, 2016 Chair of the Committee on Local Arrangements.

**Ethics Statement:** The Speaker called attention to the Ethics Statement which appears in the *Manual of the House of Delegates and Supplemental Information* and asked that members read the Statement prior to the start of deliberations of the House of Delegates.

**Report of the Standing Committee on Credentials, Rules and Order:** Dr. Ethan A. Pansick, Florida, Committee chair, presented the Committee's report. The other members of the Committee were: Dr. K. Jean Beauchamp, Tennessee; Dr. Scott R. Cayouette, South Carolina; Dr. Alma J. Clark, California; Dr. Jamie Dale Goad, New Mexico; Dr. Thomas S. Kelly, Ohio; Dr. Thomas E. Raimann, Wisconsin; Dr. Adam C. Shisler, Texas; and Dr. Deborah Weisfuse, New York.

The following requests relating to the credentialing of new alternate delegates and acting secretaries were presented:

#### *Alternate Delegates*

Dr. Jessica Blanco, Alaska  
Dr. Chester J. Gary, New York  
Dr. Claudia A. Mahon-Vazquez, New York

#### *Secretaries*

Dr. James W. Hollingsworth, Mississippi

Dr. Pansick reported that the Committee considered the requests to be the result of extenuating circumstances and recommended the individuals be credentialed. Hearing no objections, the Speaker declared the credentials granted.

Dr. Pansick reported the presence of a quorum and reminded everyone of the provisions of the ADA Disclosure Policy in effect during the meetings of the House and during the reference committee hearings. The Speaker asked that such disclosures be made prior to speaking to any resolution where such relationship would be applicable.

*Minutes of the 2015 Session of the House of Delegates.* On behalf of the Committee, Dr. Pansick moved Resolution 15 (*Supplement:1014*). The Speaker asked if there were any corrections to the minutes; hearing none, the Speaker declared the minutes adopted.

**15H-2016. Resolved**, that the minutes of the 2015 session of the House of Delegates be approved.

*Adoption of Agenda and Order of Agenda Items.* On behalf of the Committee, Dr. Pansick moved Resolution 16 (*Supplement:1015*). The Speaker asked if there was any discussion regarding the resolution; there was none. On vote, Resolution 16 was adopted.

**16H-2016. Resolved**, that the agenda as presented in the *2016 Manual of the House of Delegates and Supplemental Information* be adopted as the official order of business for this session, and be it further **Resolved**, the Speaker is authorized to alter the order of the agenda as deemed necessary in order to expedite the business of the House.

*Referral of Reports and Resolutions.* On behalf of the Committee, Dr. Pansick moved Resolution 17 (*Supplement:1016*). The Speaker announced that Resolution 61 (*Supplement:1041*) submitted by the Council on Ethics, Bylaws and Judicial Affairs proposes an amendment to the *ADA Constitution* regarding the *ADA Constitution and Bylaws Review Pursuant to Resolution 118H-2014*. Resolution 61 will lay over to the 2017 House of Delegates in accordance with Article VIII of the *Constitution*.

The Speaker announced the following newly received resolutions and their reference committee referrals.

Committee A—Budget, Business and Administrative Matters  
Twelfth Trustee District Resolution 94—Add a Fourth House of Delegates Meeting

Committee D—Legislative, Health, Governance and Related Matters  
Fourteenth Trustee District Resolution 95—Clarifying the Role of Vice Presidents

The Speaker announced the following withdrawn resolutions.

**Resolution 21**—(*Supplement:4017*)—Rescission of the Policy, State Board and Commission on Dental Accreditation Roles in Candidate Evaluation for Licensure—withdrawn by the Council on Dental Education and Licensure

**Resolution 89**—(*Supplement:5105*)—Board of Trustees Composition—withdrawn by the Thirteenth Trustee District

The Speaker announced the following resolution ruled out of order.

Sixth Trustee District Resolution 90—Transparency in ADA Elections (*Supplement:5107*)

Dr. Robert E. Butler, Missouri, appealed the ruling of the Chair

The Speaker responded, "...I have ruled Resolution 90, Transparency in ADA Elections, out of order as it is in conflict with the *Bylaws*. The *Bylaws* call for a ballot vote. A ballot vote is a secret vote. Because that is in the *Bylaws* and without qualification, there should be no exceptions to the secrecy. The request that a rule be

made that would reveal some content of the vote would be out of order as being in conflict with the *Bylaws*. It could be submitted as a *Bylaws* resolution and be put forward, but as a rule, the *Bylaws* would govern and the rule would be in conflict and, therefore, out of order.”

Dr. Butler responded, “...I would contend that it does not violate the secrecy issue of the *Bylaws* in that it’s not specifically mentioned in our *Bylaws*. ...I would like to make the argument that the veil of secrecy has already been pierced in that at the conclusion of elections of officers of the American Dental Association, the aggregate total of votes are reported and are available for the members of the body to inspect.”

The Speaker responded, “...The [aggregate total of votes] are revealed as a way of verifying the vote and that the announcement has been correct. That’s the reason the vote totals are revealed. ...the vote totals are displayed so the members can verify the vote.”

The Speaker asked if there was any further discussion to appeal the decision of the Chair; there was none. The Speaker stated, “To overrule the ruling of the Chair requires a majority vote in the negative.” On vote, the ruling of the Chair was sustained.

On vote, Resolution 17 was adopted.

**17H-2016. Resolved**, that the list of referrals recommended by the Speaker of the House of Delegates be approved.

Dr. Pansick noted that the balance of the Committee’s report was informational, but highlighted information regarding the process of substituting delegates and alternates during meetings of the House; the schedule of reference committee hearings and the posting and paper distribution of reference committee reports; the introduction of new business; the prohibition against proxy voting in the House of Delegates; and the time and location of the voting polls for elective offices.

**Report of the President:** Dr. Carol Gomez Summerhays addressed the House of Delegates, stating “... my hope is that as we plan for the future, that we continue to consider how we can transform, partner and think differently. ...” Dr. Summerhays commented on accomplishments made during the year, including an increase in the number of state societies currently using the Aptify platform; moving ahead with a study of the ADA’s business model; identifying strategic initiatives to address busyness; and partnering with industry to improve oral health. The Report of the President (*Supplement:6045*) was referred to Reference Committee E (Membership and Related Matters) and was posted on ADA Connect. (A video recording of Dr. Summerhays’ address to the House will be available on ADA.org until October 2017.)

**Report of the Executive Director:** Dr. Kathleen T. O’Loughlin presented her annual report to the House of Delegates.

**Report of the Treasurer:** Dr. Ronald P. Lemmo presented to the House of Delegates his report on the status of the Association’s finances.

**Presentation of Reports of the Board of Trustees:** On behalf of the Board of Trustees, Dr. Mark R. Zust, Sixth District Trustee, presented the reports of the Board of Trustees to the House of Delegates. The Board expressed its appreciation to the members of the Council on ADA Sessions and the Committee on Local Arrangements and its volunteers for their dedicated work.

*Nominations to ADA Councils, Commissions and the New Dentist Committee.* Dr. Zust moved Resolution 18 (*Supplement:1018*) on behalf of the Board of Trustees. The Speaker asked if there were any additional nominations; hearing none, the Speaker declared the nominees elected.

**18H-2016. Resolved**, that the nominees for membership on ADA councils, commissions and the New Dentist Committee submitted by the Board of Trustees in accordance with Chapter VII, Section 100(H) of the *Bylaws* be elected.

The Speaker noted that it is the custom that the newly elected members of councils, commissions and committees assume office after the close of the last meeting of the House of Delegates.

Dr. Zust reported that the names of members retiring from ADA councils, commissions and committees are identified in Board Report 1 and asked the House to recognize the retiring members for their invaluable service to the profession.

Dr. Zust noted that Reports 1 through 9 of the Board of Trustees to the House of Delegates were referred to the appropriate reference committees.

### **Nominations of Officers and Trustees**

**President-elect:** The Speaker called for nominations for the office of president-elect. Dr. Cesar R. Sabates, Florida, nominated Dr. Terry L. Buckenheimer, Florida, for the office of president-elect; Dr. Thomas M. Paumier, Ohio, nominated Dr. Joseph P. Crowley, Ohio, for the office of president-elect; and Dr. Rainey Fair Chadwell, South Carolina, nominated Dr. Julian Hal Fair, South Carolina, for the office of president-elect. Acceptance speeches were given by each president-elect candidate. The Speaker announced that the names of the candidates would be placed on the ballot for election on Sunday, October 23.

**Second Vice President:** The Speaker called for nominations for the office of second vice president. Dr. Deborah S. Bishop, Alabama, nominated Dr. G. Lewis Mitchell, Jr., Alabama, for the office of second vice president. The Speaker asked if there were any additional nominations; there were none. In accordance with ADA *Bylaws*, the Speaker declared Dr. G. Lewis Mitchell, Jr., duly elected. Dr. Mitchell briefly addressed the House of Delegates.

**District Trustees:** The Speaker called for nominations from District Six, Seven, Ten, Sixteen, and Seventeen, as follows:

Dr. F. Rick V. Guthrie, Jr., Tennessee, nominated Dr. W. Roy Thompson, Tennessee, as Sixth District Trustee

Dr. Denise L. Hering, Ohio, nominated Dr. Billie Sue Kyger, Ohio, as Seventh District Trustee

Dr. Steven M. Erlandson, North Dakota, nominated Dr. Kenneth McDougall, North Dakota, as Tenth District Trustee

Dr. Bruce R. Hutchison, Virginia, nominated Dr. Kirk M. Norbo, Virginia, as Sixteenth District Trustee

Dr. Jolene O. Paramore, Florida, nominated Dr. Cesar R. Sabates, Florida, as Seventeenth District Trustee.

In accordance with the ADA *Bylaws*, the Speaker declared Dr. W. Roy Thompson, Dr. Billie Sue Kyger, Dr. Kenneth McDougall, Dr. Kirk M. Norbo, and Dr. Cesar R. Sabates duly elected as trustees of their respective districts.

**New Business:** The Speaker announced that items of new business be submitted to the headquarters office for processing.

**Remarks by the Chair of the American Dental Political Action Committee (ADPAC):** Dr. Bruce R. Hutchison, ADPAC chair, addressed the House of Delegates thanking members for their continued support of ADPAC.

**Attorney Client Session**

With the consent of the House, an attorney-client session was convened at 2:51 p.m. by the Speaker of the House of Delegates. Prior to the start of this session, guests, visitors and other third parties not participating were ushered from the meeting room. Mr. J. Craig Busey, general counsel, addressed the House of Delegates. The attorney-client session concluded at 3:25 p.m. and the regular meeting of the House of Delegates resumed.

**Adjournment**

A motion was made to adjourn the First Meeting of the ADA House of Delegates by Dr. Hugh T. Wunderlich, Florida. With no other business before the House, the Speaker declared the First Meeting of the ADA House of Delegates adjourned at 3:27 p.m., Friday, October 21, 2016.

## Monday, October 24, 2016

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### Second Meeting of the ADA House of Delegates

**Call to Order:** The Second Meeting of the 157th Annual Session of the ADA House of Delegates was called to order at 7:30 a.m., Monday, October 24, 2016, by the Speaker of the House of Delegates, Dr. Glen D. Hall.

**Introduction of Trustee Members of the Board of Trustees:** The Speaker introduced the 17 trustees of the American Dental Association who were seated with their delegations.

**Recognition of New Delegates and Alternate Delegates:** The Speaker asked new or first time delegates and alternates to stand and be recognized.

**Announcements:** The Speaker announced that the following item of New Business will be considered at the appropriate time in accordance with the Agenda:

Fourteenth Trustee District Resolution 102 (*Supplement:7001*)—Development of Name for Interest Area of Operative Dentistry.

**Report of the Standing Committee on Credentials, Rules and Order:** Dr. Ethan A. Pansick, Committee chair, announced that the Committee had received requests relating to the credentialing of new alternate delegates and acting secretaries. The Committee considered these requests to be the result of extenuating circumstances and recommended that the following individuals be credentialed:

*Alternate Delegates*

Dr. Dale Anne Featheringham, Ohio

*Secretaries*

Dr. Jason W. Aanenson, South Dakota

Dr. David M. Eller, West Virginia

Dr. George B. Gettinger, Rhode Island

Dr. E. Jane Gillette, Montana

Dr. Lance H. Griggs, Wyoming

Hearing no objection, the Speaker announced that the credentials were granted.

Dr. Pansick announced the presence of quorum and reminded the House of the provisions of the ADA Disclosure Policy.

**Election Results:** The Speaker announced a one vote discrepancy in the number of scanned ballots and ballots cast, and a one vote discrepancy between the votes received by the last two candidates. For this reason, the Speaker announced there would be a run-off election between the three candidates for the office of president-elect: Dr. Terry L. Buckenheimer, Dr. Joseph P. Crowley, and Dr. Julian Hal Fair. To allow time for a second ballot without disrupting the House proceedings, the Speaker called for a recess. Hearing no objection, the House recessed at 7:37 a.m. and reconvened at 8:33 a.m.

After the House reconvened, the Speaker announced there would be a run-off election for the office of president-elect between Dr. Terry L. Buckenheimer and Dr. Joseph P. Crowley. To allow time for a third ballot without disrupting the House proceedings, the Speaker called for a recess. Hearing no objection, the House recessed at 8:34 a.m. and reconvened at 9:26 a.m.

After the House reconvened, the Speaker announced that Dr. Joseph P. Crowley, Ohio, had been elected to the office of president-elect. Dr. Joseph P. Crowley, Dr. Julian Hal Fair, and Dr. Terry L. Buckenheimer briefly addressed the House of Delegates.

**Priority Agenda Items:** Dr. Kurt S. Lindemann, Montana, requested that Resolution 67 (A Three-Year Initiative to Drive Utilization of Dental Services for ADA Members), be added to the Priority Agenda. Hearing no debate, the Speaker called for a vote on adding Resolution 67 to the Priority Agenda. On vote, Resolution 67 was moved to the Priority Agenda to be taken up immediately following the priority item from Reference Committee C.

Priority agenda items were considered in the following order:

- Approval of 2017 Budget—Board of Trustees Resolution 9 (Reference Committee A)
- Response to Resolution 77H-2015: Proposed Amendments to the Sedation and Anesthesia Guidelines—Council on Dental Education and Licensure Resolution 37 (Reference Committee C)
- A Three-Year Initiative to Drive Utilization of Dental Services for ADA Members—Council on Communication Resolution 67 and Reference Committee Substitute Resolution 67RC (Reference Committee D)
- Funding Request to Support Member Engagement—Council on Membership Resolution 80 (Reference Committee E)

The first priority agenda item was presented by Dr. D. Michael Buehler, Washington, chair, Reference Committee A.

**Approval of 2017 Budget** (Board of Trustees Resolution 9): The Reference Committee reported as follows:

The Reference Committee heard no testimony regarding the 2017 budget. The Reference Committee supports adoption of Resolution 9.

**9. Resolved**, that the 2017 Annual Budget of revenues and expenses, including net capital requirements be approved.

Dr. Buehler moved the adoption of Resolution 9 (*Supplement:2048*) with the Committee Recommendation to Vote Yes.

The Speaker informed the House that it will be approving the preliminary budget at this time.

On vote, the preliminary budget was adopted. See page 358 for the adoption of the final budget (Resolution 9).

The second priority agenda item was presented by Dr. Nader A. Nadershahi, California, chair, Reference Committee C.

**Response to Resolution 77H-2015: Proposed Amendments to the Sedation and Anesthesia Guidelines:** (Council on Dental Education and Licensure Resolution 37): The Reference Committee reported as follows:

The Reference Committee heard considerable testimony both for and against Resolution 37 and reviewed all written testimony submitted to the Reference Committee. The Committee has concluded, with patient safety in mind and after much consideration, that the Council on Dental Education and Licensure, in collaboration with the Council on Scientific Affairs, recommended changes to the guidelines will enhance the training and airway management skills necessary for dentists to rescue [patients] from a deeper level of sedation than intended.

The current standards of care, guidelines of other professional medical and dental organizations, scientific literature, current state regulations for sedation, and expertise of practitioners, academicians and state dental board members were used by the Council to create the proposed revisions. The Reference Committee thoroughly discussed the major issues presented at the hearing, including the definition of moderate sedation, routes of administration, monitoring end-tidal CO<sub>2</sub>, assessment of BMI, and training courses in moderate sedation. The Reference Committee agrees with the Anesthesiology

Committee, the Council on Dental Education and Licensure, the Council on Scientific Affairs, and the Board of Trustees and recommends that the proposed revisions to the ADA Sedation and Anesthesia Guidelines as presented in Resolution 37 be adopted.

**37. Resolved**, that the Guidelines for the Use of Sedation and General Anesthesia by Dentists (*Trans.2012:468*) and the Guidelines for Teaching and Pain Control and Sedation to Dentists and Dental Students (*Trans.2012:469*) be amended as presented in Appendix 1.

Dr. Nadershahi moved Resolution 37 (*Supplement:4057*) with the Committee Recommendation to Vote Yes.

Dr. Leigh W. Kent, Alabama, requested that the resolution be divided into two separate motions in order to debate the guidelines for the use of sedation and general anesthesia apart from the guidelines for teaching pain control and sedation by dentists and dental students.

The Speaker said, "It's the Speaker's opinion that the resolution can be divided there without any extra work on the part of the wording. So the resolution is divided. We'll take up the clinical portion first and the teaching guidelines second."

The decision of the Chair was appealed.

Dr. Daniel J. Gesek, Jr., Florida, chair of the Council on Dental Education and Licensure spoke against sustaining the decision of the Chair. He stated, "I believe if this gets divided, there are portions in the first part or the educational portion that will also be affected in the teaching portion, the clinical versus the teaching, and I think that would be very difficult to do in this House."

Dr. W. Mark Donald, Mississippi, spoke in support of sustaining the decision of the Chair. He stated, "These are two separate entities. One's clinical. The other is education. ..."

Pro and con discussion on appealing the decision of the Chair ensued. Individuals speaking in support of sustaining the decision of the Chair commented that any discrepancies between the two parts of a divided resolution could be reconciled. Individuals speaking against sustaining the decision of the Chair commented that the guidelines could not be separated effectively and that actions taken on the clinical use guidelines would affect the teaching guidelines and vice versa.

The Speaker stated, "...The purpose for dividing a question is to take one part one time and one part another for the convenience of the House so that it could be understood and followed well. And certain parts may be adopted; certain parts may be defeated. ...and so debate needs to be concerned as to the technicalities of why it shouldn't be divided, not on the merits of the resolution itself."

A motion was made to vote immediately, which required a two-thirds vote. On vote, the motion to vote immediately was adopted.

On vote, the decision of the Chair was not sustained. The resolution was not divided.

Dr. Leigh W. Kent, Alabama, moved to amend Resolution 37, by deleting lines 458-462 of Appendix 1, page 11 as follows:

~~The dentist must monitor ventilation and/or breathing by monitoring end-tidal CO<sub>2</sub> unless precluded or invalidated by the nature of the patient, procedure or equipment. In addition, ventilation should be monitored by continual observation of qualitative signs, including chest excursion and auscultation of breath sounds with a precordial or pretracheal stethoscope. This can be accompanied by auscultation of breath sounds, monitoring end-tidal CO<sub>2</sub> or by verbal communication with the patient.~~

and replacing them with the following language, so that lines 458-462 would read:

The dentist must monitor ventilation continuously by observation of qualitative signs. This can be accomplished by monitoring end-tidal CO<sub>2</sub> (capnography preferred) and/or auscultation of breath sounds with a precordial or pretracheal stethoscope, and by verbal communications.

and lines 435-436 on page 10, by deleting them as follows:

The equipment necessary for monitoring end tidal CO<sub>2</sub> and auscultation of breath sounds must be immediately available.

and replacing them with the following language, so that lines 435-436 would read:

Any monitoring equipment to be used must be immediately available and tested prior to procedure.

Dr. Kent stated, "...While we appreciate CDEL's efforts on this initiative, we heard from an expert witness who's reviewed over 10,000 cases say that those that practice within the current guidelines do not have any adverse effects on their patients. We feel that there are thousands of dentists who have treated tens of thousands of patients without adverse incident and should not be mandated to use capnography. ... We also appreciate the thought process of AAPD guidelines, who also believe in the judgment of their clinicians and did not mandate capnography on their members. ... If they feel it is good enough for our children, then we should feel that it is good enough for our adult population also. This amendment simply takes the mandate out and allows our members to use their education and training to make the best decision for their patients in the clinical setting."

The Speaker clarified that the proposed amendment to lines 435-436 on page 10 of Appendix 1 is a conforming change to the proposed amendment to lines 458-462 on page 11 of the Appendix.

Dr. Robert M. Peskin, New York, spoke in support of the amendment. He said, "This would bring the language that we would have in the guidelines in conformity with the AAPD, AAP guidelines, which really does address a much more vulnerable patient population that is up to the age of 12. While I recognize the fact that the Committee and the Council have done a tremendous amount of work in trying to accomplish these changes, I think it must be sensitive to the fact that a more vulnerable patient population is going to be affected by these, and it's okay for children – for practitioners providing sedation to children to have the option of using either capnography and/or a pretracheal stethoscope, that that should extend to the adult population as well. ..."

Dr. David C. Sarrett, Virginia, member of the Council on Dental Education and Licensure and chair of the Anesthesiology Committee, spoke against the amendment. He stated, "...There is significant scientific evidence from studies including nearly 5,000 patients that capnography and moderate sedation increases the odds of recognizing a problem with ventilation. The evidence supporting other methods is sparse. This is not to say that the use of verbal communication, auscultation, breath sounds are valuable tools when combined with capnography, but the evidence is simply not available at the level that exists for capnography. ..."

Pro and con discussion ensued.

A motion was made to vote immediately on the proposed amendment, which requires a two-thirds vote; on vote, the motion to vote immediately was adopted. On vote, the proposed amendment was not adopted.

Dr. Linda J. Edgar, Washington, moved to amend Resolution 37, Appendix 1, Guidelines for Teaching Pain Control and Sedation to Dentist and Dental Students, Section C. Moderate Enteral Sedation Course Duration, page 29, lines 1325-1338, which read:

**C. Moderate Enteral Sedation Course Duration:** ~~A minimum of 24 hours of instruction, plus management of at least 10 adult case experiences by the enteral and/or enteral-nitrous oxide/oxygen route are required to achieve competency. These ten cases must include at least three live clinical dental experiences managed by participants in groups no larger than five. The remaining cases may include simulations and/or video presentations, but must include one experience in returning (rescuing) a patient~~

~~from deep to moderate sedation. Participants combining enteral moderate sedation with nitrous oxide-oxygen must have first completed a nitrous oxide competency course.~~

~~Participants should be provided supervised opportunities for clinical experience to demonstrate competence in airway management. Clinical experience will be provided in managing healthy adult patients; **this course in moderate enteral sedation is not designed for the management of children (aged 12 and under)**. Additional supervised clinical experience is necessary to prepare participants to manage medically compromised adults and special needs patients. This course in moderate enteral sedation does not result in competency in moderate parenteral sedation. The faculty should schedule participants to return for additional didactic or clinical exposure if competency has not been achieved in the time allotted.~~

by reinstating lines 1325-1338 to read as follows:

**C. Moderate Enteral Sedation Course Duration:** A minimum of 24 hours of instruction, plus management of *at least 10 adult case experiences* by the enteral and/or enteral-nitrous oxide/oxygen route are required to achieve competency. These ten cases must include at least three live clinical dental experiences managed by participants in groups no larger than five. The remaining cases may include simulations and/or video presentations, but must include one experience in returning (rescuing) a patient from deep to moderate sedation. Participants combining enteral moderate sedation with nitrous oxide-oxygen must have first completed a nitrous oxide competency course.

Participants should be provided supervised opportunities for clinical experience to demonstrate competence in airway management. Clinical experience will be provided in managing healthy adult patients; **this course in moderate enteral sedation is not designed for the management of children (aged 12 and under)**. Additional supervised clinical experience is necessary to prepare participants to manage medically compromised adults and special needs patients. This course in moderate enteral sedation does not result in competency in moderate parenteral sedation. The faculty should schedule participants to return for additional didactic or clinical exposure if competency has not been achieved in the time allotted.

and amend page 30, line 1340, which reads:

Moderate ~~Parental~~ Sedation Course Duration and Documentation

by reinstating the word "Parenteral" between the words "Moderate" and "Sedation" so that line 1340 would read as follows:

Moderate Parental Sedation Course Duration and Documentation

and amend page 30, lines 1352-1362, which read:

~~A minimum of 60 hours of instruction, plus management of *at least 20 patients* by the intravenous route per participant, is required to achieve competency in moderate sedation techniques. Participants combining parenteral moderate sedation with nitrous oxide-oxygen must have first completed a nitrous oxide competency course.~~

~~Clinical experience in managing a compromised airway is critical to the prevention of emergencies. Participants should be provided supervised opportunities for clinical experience to demonstrate competence in management of the airway. Typically, clinical experience will be provided in managing healthy adult patients. Additional supervised clinical experience is necessary to prepare participants to manage children (aged 12 and under) and medically compromised adults. Successful completion of this course does result in clinical competency in moderate parenteral sedation. The faculty should schedule participants to return for additional clinical experience if competency has not been achieved in the time allotted.~~

by reinstating lines 1352-1362 to read as follows:

A minimum of *60 hours* of instruction, plus management of *at least 20 patients* by the intravenous route per participant, is required to achieve competency in moderate sedation techniques. Participants combining parenteral moderate sedation with nitrous oxide-oxygen must have first completed a nitrous oxide competency course.

Clinical experience in managing a compromised airway is critical to the prevention of emergencies. Participants should be provided supervised opportunities for clinical experience to demonstrate competence in management of the airway. Typically, clinical experience will be provided in managing healthy adult patients. Additional supervised clinical experience is necessary to prepare participants to manage children (aged 12 and under) and medically compromised adults. Successful completion of this course does result in clinical competency in moderate parenteral sedation. The faculty should schedule participants to return for additional clinical experience if competency has not been achieved in the time allotted.

Dr. Edgar stated, "... the current proposed guidelines for parenteral require 1 to 20 I.V. cases. The guidelines – current guidelines require 20 I.V. cases. So when we talk about safety ... these proposed guidelines are actually less safe if you do parenteral. ..."

In speaking to the proposed amendment to reinstate lines 1352-1362 on page 30 of the Appendix, Dr. Edgar said, "... we're requesting that if you get parenterally trained, you have to do at least 20 I.V. cases. Right now you can take a course and take one I.V. case and still get credit for that. So that's a big concern of our district and some others."

Dr. Ronald D. Venezie, North Carolina, spoke in support of the amendment, stating, "There's really been no evidence shown to document that the 24 hours and ten cases for enteral sedation permitting is a problem. ... If you had provided evidence to me that there was a clear documented patient safety reason or evidence of patient safety and patient harm, I would be the first to support an increase in training. You haven't done that, as the Council or the Committee, and so I'm very much in favor of going back to the current guidelines on the educational requirements."

A motion was made to vote immediately on the proposed amendment, which requires a two-thirds vote; on vote, the motion to vote immediately was adopted. On vote, the proposed amendment was not adopted.

A motion was made to vote immediately on Resolution 37, which requires a two-thirds vote; on vote, the motion to vote immediately was adopted.

On vote, Resolution 37 was adopted.

**37H-2016. Resolved**, that the Guidelines for the Use of Sedation and General Anesthesia by Dentists (*Trans.2012:468*) and the Guidelines for Teaching and Pain Control and Sedation to Dentists and Dental Students (*Trans.2012:469*) be amended as presented in Appendix 1.

**Note:** Appendix 1 is located in *2016 Supplement to Annual Reports and Resolutions* and follows page 4057.

The third priority agenda item was presented by Dr. Carol M. Morrow, Colorado, chair, Reference Committee D.

**A Three-Year Initiative to Drive Utilization of Dental Services for ADA Members:** (Council on Communications Resolution 67 and Reference Committee D Resolution 67RC): The Reference Committee reported as follows:

During the Reference Committee Hearing numerous members spoke in favor of Resolution 67, including the chair and vice chair of the Council on Communications, and chair of the Busyness Workgroup. All of

the testimony was in support of Resolution 67. There were, however, a few questions and concerns relating to metrics and funding. In closed session, the Reference Committee followed up with a detailed discussion of these items and received clarification on the campaign metrics from the ADA's chief communications officer. For clarification on the funding questions, the Reference Committee requested and received input from Dr. Lemmo.

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

**Resolved**, that the Council on Communications submit annual status updates to the House of Delegates for the duration of the campaign, and be it further

**Resolved**, that we urge funding for this program shall come from the reserves for the first year, and be it further

**Resolved**, that funding for the second and third years shall be at the discretion of the Board of Trustees, and be it further

**Resolved**, that the Council on Communications shall provide evidence of the value of this media campaign to the 2017 HOD.

Dr. Morrow moved Resolution 67RC be adopted in lieu of Resolution 67 (*Supplement:5087*) with a Committee Recommendation to Vote Yes.

Dr. Joshua A. Austin, Texas, chair of the Council of Communications spoke in support of Resolution 67RC stating, "I think it's time that the ADA step up and do this and give our members a tangible benefit to help them in the busyness issue. The time is now. The metrics are great. The research is solid. It's time to do this."

Dr. David J. Manzanares, New Mexico, spoke in support of Resolution 67RC stating, "...I think that this is going to be an issue that can help in terms of member recruitment. I'm a millennial, and I see way too many dentists in my generation who are not part of this Association. They don't see value in it, and I believe that this resolution, if it comes to fruition, will help us demonstrate that the ADA is actively taking a part in their role, and that there is value in membership."

A motion was made to vote immediately, which requires a two-thirds vote; on vote, the motion to vote immediately was adopted.

On vote, Resolution 67RC was adopted in lieu of Resolution 67.

**67H-2016. Resolved**, that the initiative "Drive Utilization of Dental Services for ADA Members" be approved, and be it further

**Resolved**, that the Council on Communications submit annual status updates to the House of Delegates for the duration of the campaign, and be it further

**Resolved**, that the House of Delegates urges funding for this program shall come from the reserves for the first year, and be it further

**Resolved**, that funding for the second and third years shall be at the discretion of the Board of Trustees, and be it further

**Resolved**, that the Council on Communications shall provide evidence of the value of this media campaign to the 2017 HOD.

The fourth priority agenda item was presented by Dr. Mary Jane Hanlon, Massachusetts, chair, Reference Committee E.

**Funding Request to Support Member Engagement:** (Council on Membership Resolution 80): The Reference Committee reported as follows:

The Reference Committee heard extensive testimony with a significant majority supporting the member engagement program. The favorable testimony centered on the critical role that a national organization plays in membership activity that is primarily transacted at the state level. While the Reference Committee

is mindful of the need for demonstrating a return on investment, it is also mindful of the difficulty of identifying a correlation between engagement activity and member behavior. The Reference Committee also shares the Council on Membership's concerns that an ADA program supporting member engagement at the national level is critical, especially with an audience of students, residents and new dentists who must be engaged even before they settle in a constituent or component. The Council on Membership is urged to define the program with focus on accountability of grant recipients. The Reference Committee disagrees with the Board of Trustees and supports adoption of the following resolution.

**80. Resolved**, that \$250,000 be appropriated in the 2017 Budget to fund a program overseen by the Council on Membership to financially assist constituent and component societies to support member engagement for outreach to dental students, dentists in an advanced dental education or residency 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.

Dr. Hanlon moved Resolution 80 (*Supplement:6033*) with a Committee Recommendation to Vote Yes.

As a point of information, a question was asked about programs currently funded to engage those member types addressed in Resolution 80.

In response, the Treasurer stated there were several programs in the 2017 budget to engage the groups defined Resolution 80, including the Student Ambassador, Dental School Strategy, and Spot [Spot Grants for Capacity Building] programs.

Dr. Tatiana Barton, Connecticut, spoke in support on Resolution 80. She said, "This resolution is in line with our current ADA Strategic Plan. Now is not the time to cut funding for member engagement programs, and this supports two of the three levels of the tripartite that's benefitting to the ADA and there are state and local components that could really use this support."

Dr. Michael T. Flynn, Minnesota, spoke against Resolution 80. He stated, "I speak against this resolution because it lacks a defined program. It lacks a defined state allocation process. I think it lacks the measured metrics for success and accountability ..."

Dr. Oleg A. Shvartsur, Washington, member of Reference Committee E, spoke in support of Resolution 80 stating, "... the concern that I always see when I talk to new young dentists, what is ADA – what does organized dentistry do for me. Right now we do not need to go to a physical location in order to interact with our colleagues. We do it via Snapchat, Facebook, social media. If you don't engage young members on a social level, it moves them out of, I feel, organized dentistry a little bit because they can achieve and get the results they want from other sources. ..."

Dr. Emily A. Mattingly, Missouri, spoke against Resolution 80 stating, "...I think we need to be fiscally responsible. If we're already spending somewhere around \$350,000 on programs aimed at students, new dentists, et cetera, I think we need to be nimble, trust one another and support the Board."

Dr. K. Drew Wilson, chair, Council on Membership, spoke in support of Resolution 80. He said, "...The Council on Membership is here to represent you, the body of the ADA and the House. I can assure you that the intent was to run this through properly. That's why the resolution was given to the Board so that that could be vetted completely at their July meeting. And since that time, the Board has developed a plan. We have developed metrics, and we are going to bring this [plan] forward. We planned to initially look at this and engage the dental students starting as soon as possible so that we can engage these dental students and get them as members of the ADA before they graduate ... There's been mention of some of the other programs. We do want to let you know, the Council on Membership is in support of these pilot programs, but at this point in time, there is no program that is directly going to go out, utilizing the outreach managers to engage the dental student and the new dentist at a very local and personal way. We know through research that it takes anywhere up to seven touch points to get our point across to these possible new members, and we want to make sure that this happens as much as possible. ... We are going to present reports back to show the

progress of this, and I encourage support of this so that we can continue to focus and follow the strategic plan which highly values engagement and reaching out to dental students and new dentists, which this will do.”

Pro and con discussion ensued. Individuals speaking in support of Resolution 80 commented that it is important for the states to have the resources to innovate membership engagement and that the House would receive reports on the progress of the outreach program. Individuals speaking against Resolution 80 commented that the Board of Trustees is already engaged in an ongoing effort to ensure the greatest benefit from funds invested for existing outreach programs and fostering innovation to connect with the new dentist and dental students.

A motion was made to vote immediately, which requires a two-thirds vote; on vote, the motion to vote immediately was adopted.

On vote, Resolution 80 was adopted.

**80H-2016. Resolved**, that \$250,000 be appropriated in the 2017 Budget to fund a program overseen by the Council on Membership to financially assist constituent and component societies to support member engagement for outreach to dental students, dentists in an advanced dental education or residency 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.

### **Report of Reference Committee A (Budget, Business and Administrative Matters)**

The Report of Reference Committee A was presented by Dr. D. Michael Buehler, Washington, chair. The other members of the Committee were: Dr. Thomas R. a’Becket, Maryland; Dr. Steven A. Brown, Rhode Island; Dr. Brendan P. Dowd, New York; Dr. R. Mark Hinrichs, Nebraska; Dr. Allison B. House, Arizona; Dr. Ben W. Jernigan, Jr., Georgia; Dr. Michael J. Link, Virginia; and Dr. Randall C. Markarian, Illinois.

**Consent Calendar** (Reference Committee A Resolution 97): The Reference Committee reported as follows:

The appended Resolution 97 lists resolutions referred and considered by this Reference Committee that received no or limited testimony, all positive testimony, all negative testimony, or the Reference Committee feels these resolutions were fully debated, with all issues considered. The Reference Committee’s recommended action (adopt, adopt in lieu of, not adopt or refer) is identified on each resolution presented on the consent calendar. By adopting Resolution 97, the recommendations of the Reference Committee on the consent calendar resolutions will become the actions of the House of Delegates. It should be noted that if a resolution on the consent calendar is to “adopt in lieu of” with a Committee Recommendation to Vote No and the resolution remains on the approved consent calendar, the resolution is defeated and the underlying resolutions are automatically moot.

As customary, before voting on the consent calendar, any delegate wishing to discuss an item on the consent calendar has the right to request that resolutions be removed and considered separately.

**97. Resolved**, that the recommendations of Reference Committee A on the following resolutions be accepted by the House of Delegates.

**Resolution 93**—(Not Adopt)—Business of the House of Delegates (*Supplement:2067*)

\$. None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote No**

**Resolution 94**—(Not Adopt)—Add a Fourth House of Delegates Meeting (*Supplement:2068*)

\$. None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote No**

Dr. Buehler moved Resolution 97 with the Committee Recommendation to Vote Yes.

A request was made to remove the following resolution from the Consent Calendar:

Resolution 94 removed by Dr. Stephen O. Glenn, Oklahoma

Hearing no objection, the amended Resolution 97 was adopted by general consent.

**97H-2016. Resolved**, that the recommendations of Reference Committee A on the following resolutions be accepted by the House of Delegates.

**Resolution 93**—(Not Adopt)—Business of the House of Delegates (*Supplement:2067*)  
\$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote No**

**Resolution 94**—(Not Adopt)—Add a Fourth House of Delegates Meeting (*Supplement:2068*)  
\$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote No**

*Note. For the purpose of a fully documented record, the text of the resolutions presented in Resolution 97H follows.*

### Consent Calendar Resolutions—Not Adopted

#### *Business of the House of Delegates*

**93. Resolved**, that the Speaker of the House of Delegates is urged to set the presentations to the House of Delegates of the Association's Executive Director and Treasurer after the election process is fully concluded.

### Non-Consent Resolutions

**Establishment of Dues Effective January 1, 2017** (Board of Trustees Resolution 10): Resolution 10 was considered at the last meeting of the House (see page 358).

**Add a Fourth House of Delegates Meeting** (Twelfth Trustee District Resolution 94) The Reference Committee reported as follows: The Reference Committee heard moderate testimony about adding a fourth meeting of the House of Delegates. The majority of testimony was against the proposed resolution. The Reference Committee believes that the proposed resolution is premature because the House has not yet had the opportunity to experience and evaluate the new format; therefore, there is insufficient data to make a decision about adding a fourth meeting. The Reference Committee also believes that the format can be reviewed next year if necessary.

**94. Resolved**, that the meeting schedule of the House of Delegates be modified to add a fourth meeting; and be it further

**Resolved**, that Resolution 98H-2015 be rescinded.

Dr. Stephen O. Glenn, Oklahoma, moved to postpone definitely Resolution 94 to be considered as the next to last item of business on the Agenda.

Dr. Glenn stated, "...this resolution has been presented by the Twelfth District strictly for use as a safety valve depending on how this House goes and our experience here. ... So taking it up after we have essentially completed the meeting would be a good point."

On vote, Resolution 94 was postponed until the next to last item of business of the House (see page 358).

### Report of Reference Committee B (Dental Benefits, Practice and Related Matters)

The Report of Reference Committee B was presented by Dr. Donna Thomas-Moses, Georgia, chair. The other members of the Committee were: Dr. John P. Ahern, New Hampshire; Dr. Manish Chopra, Ohio; Dr. Mark M. Johnston, Michigan; Dr. Gerald M. Middleton, California; Dr. Cynthia Olenwine, Pennsylvania; Dr. Vishruti M. Patel, Illinois; Dr. Hai T. Pham, Oregon; and Dr. Cynthia E. Sherwood, Kansas.

**Consent Calendar** (Reference Committee B Resolution 100) The Reference Committee reported as follows:

The appended Resolution 100 lists resolutions referred and considered by this Reference Committee that received no or limited testimony, all positive testimony, all negative testimony, or the Reference Committee feels these resolutions were fully debated, with all issues considered. The Reference Committee's recommended action (adopt, adopt in lieu of, not adopt or refer) is identified on each resolution presented on the consent calendar. By adopting Resolution 100, the recommendations of the Reference Committee on the consent calendar resolutions will become the action of the House of Delegates. It should be noted that if a resolution on the consent calendar is to "adopt in lieu of" with a Committee Recommendation to Vote No and the resolution remains on the approved consent calendar, the resolution is defeated and the underlying resolutions are automatically moot.

As customary, before voting on the consent calendar, any delegate wishing to discuss an item on the consent calendar has the right to request that resolution be removed and considered separately.

**100. Resolved**, that the recommendation of the Reference Committee on Dental Benefits, Practice and Related Matters on the following resolutions be accepted by the House of Delegates.

**Resolution 11**—(Adopt)—Rescission of Policy, Identification Through Prosthetic Devices  
(*Supplement:3000*) \$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 12RC**—(Adopt Resolution 12RC in lieu of Resolutions 12 and 12S-1)—Proposed New Policy on Comprehensive ADA Policy Statement on Inappropriate or Intrusive Provisions and Practices by Third Party Payers (*Supplement:3004*) \$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 62**—(Adopt)—Revision of Policy on Reporting of Dental Procedures to Third Parties  
(*Supplement:3010*) \$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 63**—(Adopt)—Revision of Policy, Guidelines on the Use of Images in Dental Benefit Programs (*Supplement:3012*) \$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 64RC**—(Adopt Resolution 64RC in lieu of Resolution 64)—Opioid Prescribing and Abuse Prevention (*Supplement:3017*) \$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 85**—(Adopt)—Third Party Payment Choices (*Supplement:3018*) \$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 87RC**—(Adopt Resolution 87RC in lieu of Resolution 87)—Review of Recommendations for Cone Beam Computed Tomography Inspections (*Supplement:3021*)

\$: 40,000; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 91**—(Adopt)—Development of Sample Clinical Chart Entries to Increase Quality in Documentation (*Supplement:3023*) \$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes on Referral**

Dr. Thomas-Moses moved Resolution 100 with a Committee Recommendation to Vote Yes.

A request was made to remove the following resolution from the Consent Calendar:

Resolution 12RC removed by Dr. Gary L. Dougan, California

Hearing no objection, the amended Resolution 100 was adopted by general consent.

**100H-2016. Resolved**, that the recommendations of the Reference Committee on Dental Benefits, Practice and Related Matters on the following resolutions be accepted by the House of Delegates.

**Resolution 11**—(Adopt)—Rescission of Policy, Identification Through Prosthetic Devices  
(*Supplement:3000*) \$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

~~**Resolution 12RC**—(Adopt Resolution 12RC in lieu of Resolutions 12 and 12S-1)—Proposed New Policy on Comprehensive ADA Policy Statement on Inappropriate or Intrusive Provisions and Practices by Third Party Payers (*Supplement::3004*) \$: None; FTE: 0~~

~~**COMMITTEE RECOMMENDATION: Vote Yes**~~

**Resolution 62**—(Adopt)—Revision of Policy on Reporting of Dental Procedures to Third Parties  
(*Supplement:3010*) \$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 63**—(Adopt)—Revision of Policy, Guidelines on the Use of Images in Dental Benefit Programs (*Supplement:3012*) \$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 64RC**—(Adopt Resolution 64RC in lieu of Resolution 64)—Opioid Prescribing and Abuse Prevention (*Supplement:3017*) \$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 85**—(Adopt)—Third Party Payment Choices (*Supplement:3018*) \$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 87RC**—(Adopt Resolution 87RC in lieu of Resolution 87)—Review of Recommendations for Cone Beam Computed Tomography Inspections (*Supplement:3020*)

\$: 40,000; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 91**—(Adopt)—Development of Sample Clinical Chart Entries to Increase Quality in Documentation (*Supplement:3023*) \$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes on Referral**

*Note: For the purpose of a fully documented record, the text of the resolutions presented in Resolution 100H follows.*

#### **Consent Calendar Resolutions—Adopted/Adopted in Lieu of**

*Rescission of Policy, Identification Through Prosthetic Devices*

**11H-2016. Resolved**, that the ADA policy, “Identification Through Prosthetic Devices” (*Trans.2001:433*) be rescinded.

*Revision of Policy on Reporting of Dental Procedures to Third Parties*

**62H-2016. Resolved**, that the ADA policy, Reporting of Dental Procedures to Third Parties (*Trans.*1991:637; 2009:418; 2013:303) be amended as follows: (additions underscored; deletions ~~stricken~~)

**Resolved**, that the ADA's ~~acknowledges the specification of the~~ Code on Dental Procedures and Nomenclature (CDT Code), as the named national standard code set for transmitting information about dental procedures between dentists and third-party payers, ~~must be used on CDT Code as the sole taxonomy for reporting dental services on HIPAA standard electronic transactions that include dental claims and payments, as well as on the ADA Dental Claim Form, and be it further~~ **Resolved**, that when reporting dental treatment under dental plans, the method used by dentists for submitting claims to third-party payers and for filing fees must be the American Dental Association's ~~Code on Dental Procedures and Nomenclature (CDT Code), and be it further~~ **Resolved**, that third-party payers and their agents who process dental claims should not require the reporting of dental treatment or filing fees by any other coding taxonomies, and be it further **Resolved**, that when a CDT Code entry includes "...by report" in its nomenclature, or when an unusual procedure, or ~~a procedure~~ one that is accompanied by unusual circumstances, is documented with an "unspecified...procedure, by report" CDT Code ~~reported with a procedure code that includes "by report" in its nomenclature~~, that procedure code and its accompanying narrative description should be accepted by the third-party payer to assist in benefit determination.

*Revision of Policy, Guidelines on the Use of Images in Dental Benefit Programs*

**63H-2016. Resolved**, that the ADA policy, Guidelines on the Use of Images in Dental Benefit Programs (*Trans.*1995:617; 2007:419) be amended as follows: (additions are underscored; deletions are ~~stricken~~)

**Guidelines on the Capture and Use of Diagnostic Images by Dentists, and by Third-Party Payers or Administrators of in-Dental Benefit Programs** (*Trans.*1995:617; 2007:419)

**Resolved**, that the following guidelines pertain to dentists:

1. Dentists should refer to the joint ADA/FDA publication titled *DENTAL RADIOGRAPHIC EXAMINATIONS: RECOMMENDATIONS FOR PATIENT SELECTION AND LIMITING RADIATION EXPOSURE*, or its successors, for assistance in determining clinical necessity for such diagnostic imaging.
2. If a third party requests an image which was not generated as part of the dentist's clinical treatment, dentists should consider the clinical necessity of the image in connection with the request.
3. When a dentist determines that it is appropriate to comply with a third-party payer's request for images, submit a duplicate set and retain the originals.
4. Postoperative images should be required only as part of dental treatment.
5. Images must be correctly identified and be of diagnostic quality.
6. Images are an integral part of the dentist's clinical records and are considered the dentist's property, consistent with state law.
7. The confidentiality of images and all other patient record content must be maintained in accordance with applicable HIPAA and state privacy and security regulations.
8. Additional costs incurred by the dentist in copying images and clinical records for claims determination that are not reimbursed by the third-party payer may be billed to the patient.

and be it further

**Resolved**, that the following Guidelines on the Use of Images in Dental Benefit Programs be adopted as policy of the Association:

### **Guidelines on the Use of Images in Dental Benefit Programs**

The American Dental Association's recommendations on selection criteria for images states that diagnostic imaging should be used only after clinical evaluation, review of the patient's history, and consideration of the dental and general health needs of the patient. The type, frequency and extent of diagnostic images necessary for each individual patient will be provided in accordance with the dentist's professional judgment. Federal and state laws regarding patient privacy are subject to change and may supersede these guidelines.

The Association believes that the following guidelines pertain to third-party payers and dental benefit plan administrators should be applied in the use of images in dental care plans:

1. Payers and administrators should refer to the joint ADA/FDA publication titled *DENTAL RADIOGRAPHIC EXAMINATIONS: RECOMMENDATIONS FOR PATIENT SELECTION AND LIMITING RADIATION EXPOSURE*, or its successors, for assistance in determining their necessity for such diagnostic imaging. Images should be generated only for clinical reasons as determined by the patient's dentist. Clinical images may be used as part of a system for determining those benefits to which the patient is entitled under the terms of a contract. Third-party payers should not request that images be generated solely for administrative purposes. ~~If a third party requests an image which was not generated as part of the dentist's clinical treatment, dentists should consider the clinical necessity of the image in connection with the request.~~
2. ~~When a dentist determines that it is appropriate to comply with a third-party payer's request for images, it is recommended that a duplicate set be submitted and the originals retained by the dentist.~~ All images, including duplicates, except those submitted in digital or other electronic form, and whether or not it has been requested, should be returned to the dentist.
3. ~~There are many instances in which a determination of care cannot be made solely on the basis of images and it~~ It is improper for third-party payers to deny authorization for payment or make determinations about treatment based solely on images.
4. Third-party payers should not use images to infringe upon the professional judgment of the treating dentist or to interfere in any way with the dentist-patient relationship. All questions of interpretation of images must be reviewed by a dentist consultant.
5. Clinical images should only be requested when they will be reviewed by a dentist to make a determination regarding the patient's entitlement to benefits. Dentists reviewing images for this purpose should be licensed in the U.S., preferably within the jurisdiction of the dentist providing the images in accordance with applicable state law.
6. Patients should be exposed to radiation only when clinically necessary, as determined by the treating dentist. Postoperative images should be required only as part of dental treatment.
7. ~~It is important that images be correctly identified and be of diagnostic quality.~~
8. ~~Third-party payers, except those in digital or other electronic form, should~~ must protect the confidentiality of all records, including images, ~~which are submitted to them by dental offices in~~ in accordance with applicable HIPAA and state privacy and security regulations.
8. All images submitted to third-party payers should be returned to the treating dentist within 15 working days. Images received in an electronic form should be permanently deleted within 30 days of the completion of claims adjudication.
9. ~~Images held by parties other than the treating dentist should not be transmitted to any agency or entity without written consent of the dentist or patient.~~

40. Where a claim or predetermination request indicates that images are provided, the third-party payer should immediately notify the submitting dentist's office if the images are missing.

~~10. 44.~~ A patient's predetermination request or claim should not be prejudiced by the third-party payer's loss or misplacement of images.

~~11. 42.~~ Images are an integral part of the dentist's clinical records and, as such, should be considered the property of the dentist where consistent with state law. ~~Because~~ As it is necessary for a dentist to maintain accurate and complete records, third-party payers should accept copies of images in lieu of originals.

~~12. 43.~~ Any additional costs incurred by the dentist in copying images and clinical records for claims determination should be reimbursed by the third-party payer, ~~or the patient~~

#### *Opioid Prescribing and Abuse Prevention*

**64H-2016. Resolved**, that the following Statement on the Use of Opioids in Treatment of Dental Pain be adopted. (additions underlined; deletions ~~stricken~~)

#### **Proposed ADA Statement on the Use of Opioids in the Treatment of Dental Pain**

1. When considering prescribing opioids, dentists should conduct a medical and dental history to determine current medications, potential drug interactions and history of substance abuse.
2. Dentists should follow and continually review Centers for Disease Control and State Licensing Boards recommendations for safe opioid prescribing.
3. Dentists should register with and utilize prescription drug monitoring program (PDMP) to promote the appropriate use of controlled substances for legitimate medical purposes, while deterring the misuse, abuse and diversion of these substances.
4. Dentists should have a discussion with patients regarding their responsibilities for preventing misuse, abuse, storage and disposal of prescription opioids.
5. Dentists should consider ~~proper counseling and safe treatment options for patients with or in recovery from a substance use disorder~~ treatment options that utilize best practices to prevent exacerbation of or relapse of opioid misuse.
6. Dentists should consider nonsteroidal anti-inflammatory analgesics as the first-line therapy for acute pain management.
7. Dentists should recognize multimodal pain strategies for management for acute postoperative pain as a means for sparing the need for opioid analgesics.
8. Dentists should consider coordination with other treating doctors, including pain specialists when prescribing opioids for management of chronic orofacial pain.
9. Dentists who are practicing in good faith and who use professional judgment regarding the prescription of opioids for the treatment of pain should not be held responsible for the willful and deceptive behavior of patients who successfully obtain opioids for non-dental purposes.
10. Dental students, residents and practicing dentists are encouraged to seek continuing education in addictive disease and pain management as related to opioid prescribing.

and be it further

**Resolved**, that the ADA policy on Use of Opioids in the Treatment of Dental Pain (*Trans.2005:328*) be rescinded.

### *Third Party Payment Choices*

**85H-2016. Resolved**, that the Council on Dental Benefit Programs develop policy to encourage third party payers to allow dentists to make a choice about the method of timely claims payment, considering challenges such as:

- Matching electronic payments to EOBs
- Ensuring accurate electronic deposits
- Reconciling EFT deposits to practice software and accounting software
- Processing credit card payments, where fees are assessed by payment processing companies, often at 3% or more of the total amount when a card is not present to swipe
- Insurance company owned credit card companies withholding processing fees

and be it further

**Resolved**, that the ADA educate members on the costs and ramifications of various methods of claims payment, and be it further

**Resolved**, that the ADA develop model legislation that requires third party payers to allow dentists the timely choice in the available methods of payment.

### *Review of Recommendations for Cone Beam Computed Tomography Inspections*

**87H-2016. Resolved**, that the appropriate ADA agencies review the recommendations for the quality assurance inspection of dental radiographic equipment, including but not limited to, intra-oral, panoramic, cephalometric and cone beam computed tomography devices and recommend inspection protocols that would include the appropriate method and interval for inspection.

## **Consent Calendar Resolutions—Resolutions Referred**

### *Development of Sample Clinical Chart Entries to Increase Quality in Documentation*

**91. Resolved**, that the appropriate ADA agencies develop a resource guide which contains sample chart entries for the 30 most common procedure codes and additional guidance on best practices which relates to documentation which supports Medicaid Compliance for use by dentist members, and be it further **Resolved**, that this benefit be maintained within the Members Only section of ADA.org, and be it further **Resolved**, that this resource be shared with auditing units of state Medicaid programs so as to inform auditors of the best practices of clinical documentation.

*Reference Committee Comment.* The Reference Committee heard significant testimony both for and against the resolution. Many members supported the need for assistance with documentation while others expressed concerns regarding potential unintended consequences. Testimony also noted that projects currently underway at the ADA may address this need. Testimony was also supportive of referral to the appropriate ADA agencies.

The Reference Committee supports the need for documentation guidance but also recognizes the need to evaluate feasibility, assess potential risks, and review current projects before taking action. Therefore, the Reference Committee recommends referral of the resolution to the appropriate ADA agencies.

## **Non-Consent Resolutions**

**Proposed New Policy on Comprehensive ADA Policy Statement on Inappropriate or Intrusive Provisions and Practices by Third Party Payers** (Council on Dental Benefit Programs Resolution 12, Ninth Trustee District Resolution 12S-1, and Reference Committee B Resolution 12RC) The Reference Committee reported as follows:

The Reference Committee heard testimony in support of Resolution 12S-1. The Reference Committee also heard testimony in support of adding information to the proposed policy to address the issue of

payers not disclosing complete information regarding fee schedules and processing policies prior to seeking to contract with a dentist. Upon discussion the Reference Committee recommends adoption of the following resolution. (additions are underscored; deletions are ~~stricken~~)

**12RC. Resolved**, that the “Comprehensive ADA Policy Statement on Inappropriate or Intrusive Provisions and Practices by Third Party Payers” be adopted as follows:

The American Dental Association opposes interference in the treatment decisions made between doctor and patient. Plans which contain inappropriate and intrusive provisions substitute business decisions for treatment decisions ~~those~~ made through a patient-doctor dialogue. Such provisions and practices deny patients their purchased benefits and robs them of their rights as informed consumers of healthcare.

Plans which contain provisions, such as those listed below, should disclose them to the plan purchasers and to patients. Dentists should be made aware of these practices when offered a contract.

The ADA is of the opinion that a list of practices by third-party payers that are inappropriate or intrusive and interfere with the doctor-patient relationship includes but is not limited to the following:

**Bad Faith Practices:** Not treating a beneficiary of a dental benefit plan fairly and in good faith; or a practice which impairs the right of a beneficiary to either receive the appropriate benefit of a dental benefits plan, or to receive the benefit in a timely manner.

Some examples of potential bad faith practices include, but are not limited to:

1. failure to properly investigate the information in a submitted claim
2. unreasonably and purposely delaying or withholding payment of a claim
3. withholding funds from bulk benefit payments for services rendered to unrelated patients as a means of settling disputes over prior claims experienced with the dentist either from an alleged past overpayment by the plan or retroactive ineligibility of benefits for a patient

**Inappropriate Fee Discounting Practices:** Requiring a dentist, who does not have a participating provider agreement, to accept discounted fees or be bound by the terms and conditions set forth in the participating provider contracts signed by other dentists.

Some examples of inappropriate fee discounting practices include, but are not limited to:

1. issuing reimbursement checks which, upon signing, result in the dentist accepting the amount as payment in full
2. using claim forms which, upon signing, require the dentist to accept the terms of the plan's contract
3. issuing documentation that states the submittal of a claim by a dentist means that he or she accepts all terms and conditions set forth in the participating provider contract
4. sending communications to patients of nonparticipating dentists which state the patient is not responsible for any amount above the maximum plan benefit

**Lowering Patient Benefits and Claims Payment Abuse:** Intentionally lowering the benefit to the beneficiary and/or lowering the allowable amount to the dentist negating the code for the actual services performed by the dentist. These practices, coupled with contractual clauses that require the dentist to accept the plan payment as payment in full, compound the problem.

Some examples of claims payment abuse include, but are not limited to:

1. **Downcoding:** using a procedure code different from the one submitted in order to determine a benefit in an amount less than that which would be allowed for the submitted code
2. **Bundling of Procedures:** the systematic combining of procedures resulting in a reduced benefit for the patient/beneficiary
3. **Limiting Benefits for Non-Covered Services:** mandating a discounted fee for procedures for which the plan pays no benefit

4. **Least Expensive Alternative Treatment Clauses:** contractual language that allows a plan to only pay for the least expensive treatment if there is more than one way to treat a condition
5. **Most Favored Nation Clauses:** contractual language that requires a dentist to give the beneficiaries of a dental plan the same lower fee that the dentist may have charged another patient

**Disallowed Clauses:** Contractual language that prohibits a dentist from charging a patient for a covered procedure not paid for by the benefit plan.

Some examples of disallowed procedures include, but are not limited to:

1. direct and indirect pulp caps when provided in conjunction with the final restoration or sedative filling for the same tooth
2. frequency limitations such as sealants, which are repaired or replaced by the same dentist within two years of initial placement

**Using Non-Dentist Personnel for Adjudication of Benefit:** A practice where a non-dentist determines the medical necessity for benefit adjudication. Any determination of medical necessity for the purposes of benefit adjudication should only be made by a dentist licensed in the state in which the procedures are being performed.

**Restricting Dialogue between Dentists and Patients or Public Agencies:** Contractual language that restricts dentists from fulfilling their legal and ethical duties to appropriately discuss with patients, other health care providers, public officials or public agencies, any matter relating to treatment of patients, treatment options, payment policies, grievance procedures, appeal processes, and financial incentives between any health plan and the dentist.

**Automatic Assignment of Participating Dentist Agreements:** Contractual language which allows PPO leasing companies and third-party payers to obligate the dentist to participate in any other third party payer or managed care network without full disclosure of fees, processing policies and written consent from the dentist. This is typically accomplished by selling or providing the discount rate information to any other third-party payers and/or other managed care networks.

**Non-Disclosure of fee schedules and processing policies prior to contracting: Requiring a dentist to evaluate a contract with a carrier without full disclosure of the fee-schedules and processing policies as it applies to all plans administered by the carrier.**

and be it further

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

- Fraudulent and Abusive Practices in Dental Benefits Plans and Claims (*Trans.*1998:701; 2001:428; 2010:551; 2011:455)
- Opposition to Contractual Language Restricting Dialogue Between Providers and Patients, Public Officials or Public Agencies (*Trans.*1996:691)
- Prohibition of Contract Provisions Permitting the Automatic Assignment of Participating Dentist Agreements Among Entities Engaged in the Business of Insurance (*Trans.*1995:648)
- Least Expensive Alternative Treatment Clauses (*Trans.*1991:634)
- Health Plans Cannot Refuse to Contract With, or Compensate Qualified Providers Who Discuss Health Plan Requirements With Patients (*Trans.*1996:682)

Dr. Thomas-Moses moved that Resolution 12RC be adopted in lieu of Resolution 12S-1 (*Supplement:3004a*) and Resolution 12 (*Supplement:3004*) with a Committee recommendation to Vote Yes.

Dr. Gary L. Dougan, California, moved to amend Resolution 12RC by adding a second resolving clause after the first resolving clause to read as follows:

**Resolved**, that this policy be communicated to the National Association of Dental Plans (NADP) and dental benefit companies to encourage consideration of this policy in the design and revision of each carrier's dental plan products.

In speaking to the amendment, Dr. Dougan stated, "...These are clauses and policies that are extremely important to our membership. ... these practices are so important that we should make sure that the dental benefit plans are communicated [from] this policy clearly."

Dr. Ronald D. Riggins, Illinois, chair of the Council on Dental Benefit Programs, spoke in support of the amendment.

On vote, the proposed amendment was adopted.

On vote, Resolution 12RC, as amended, was adopted in lieu of Resolution 12S-1 and Resolution 12.

**12H-2016. Resolved**, that the "Comprehensive ADA Policy Statement on Inappropriate or Intrusive Provisions and Practices by Third Party Payers" be adopted as follows:

The American Dental Association opposes interference in the treatment decisions made between doctor and patient. Plans which contain inappropriate and intrusive provisions substitute business decisions for treatment decisions ~~those~~ made through a patient-doctor dialogue. Such provisions and practices deny patients their purchased benefits and robs them of their rights as informed consumers of healthcare.

Plans which contain provisions, such as those listed below, should disclose them to the plan purchasers and to patients. Dentists should be made aware of these practices when offered a contract.

The ADA is of the opinion that a list of practices by third-party payers that are inappropriate or intrusive and interfere with the doctor-patient relationship includes but is not limited to the following:

**Bad Faith Practices:** Not treating a beneficiary of a dental benefit plan fairly and in good faith; or a practice which impairs the right of a beneficiary to either receive the appropriate benefit of a dental benefits plan, or to receive the benefit in a timely manner.

Some examples of potential bad faith practices include, but are not limited to:

1. failure to properly investigate the information in a submitted claim
2. unreasonably and purposely delaying or withholding payment of a claim
3. withholding funds from bulk benefit payments for services rendered to unrelated patients as a means of settling disputes over prior claims experienced with the dentist either from an alleged past overpayment by the plan or retroactive ineligibility of benefits for a patient

**Inappropriate Fee Discounting Practices:** Requiring a dentist, who does not have a participating provider agreement, to accept discounted fees or be bound by the terms and conditions set forth in the participating provider contracts signed by other dentists.

Some examples of inappropriate fee discounting practices include, but are not limited to:

1. issuing reimbursement checks which, upon signing, result in the dentist accepting the amount as payment in full
2. using claim forms which, upon signing, require the dentist to accept the terms of the plan's contract
3. issuing documentation that states the submittal of a claim by a dentist means that he or she accepts all terms and conditions set forth in the participating provider contract
4. sending communications to patients of nonparticipating dentists which state the patient is not responsible for any amount above the maximum plan benefit

**Lowering Patient Benefits and Claims Payment Abuse:** Intentionally lowering the benefit to the beneficiary and/or lowering the allowable amount to the dentist negating the code for the actual services performed by the dentist. These practices, coupled with contractual clauses that require the dentist to accept the plan payment as payment in full, compound the problem.

Some examples of claims payment abuse include, but are not limited to:

1. **Downcoding:** using a procedure code different from the one submitted in order to determine a benefit in an amount less than that which would be allowed for the submitted code
2. **Bundling of Procedures:** the systematic combining of procedures resulting in a reduced benefit for the patient/beneficiary
3. **Limiting Benefits for Non-Covered Services:** mandating a discounted fee for procedures for which the plan pays no benefit
4. **Least Expensive Alternative Treatment Clauses:** contractual language that allows a plan to only pay for the least expensive treatment if there is more than one way to treat a condition
5. **Most Favored Nation Clauses:** contractual language that requires a dentist to give the beneficiaries of a dental plan the same lower fee that the dentist may have charged another patient

**Disallowed Clauses:** Contractual language that prohibits a dentist from charging a patient for a covered procedure not paid for by the benefit plan.

Some examples of disallowed procedures include, but are not limited to:

1. direct and indirect pulp caps when provided in conjunction with the final restoration or sedative filling for the same tooth
2. frequency limitations such as sealants, which are repaired or replaced by the same dentist within two years of initial placement

**Using Non-Dentist Personnel for Adjudication of Benefit:** A practice where a non-dentist determines the medical necessity for benefit adjudication. Any determination of medical necessity for the purposes of benefit adjudication should only be made by a dentist licensed in the state in which the procedures are being performed.

**Restricting Dialogue between Dentists and Patients or Public Agencies:** Contractual language that restricts dentists from fulfilling their legal and ethical duties to appropriately discuss with patients, other health care providers, public officials or public agencies, any matter relating to treatment of patients, treatment options, payment policies, grievance procedures, appeal processes, and financial incentives between any health plan and the dentist.

**Automatic Assignment of Participating Dentist Agreements:** Contractual language which allows PPO leasing companies and third-party payers to obligate the dentist to participate in any other third party payer or managed care network without full disclosure of fees, processing policies and written consent from the dentist. This is typically accomplished by selling or providing the discount rate information to any other third-party payers and/or other managed care networks.

**Non-Disclosure of fee schedules and processing policies prior to contracting:** Requiring a dentist to evaluate a contract with a carrier without full disclosure of the fee-schedules and processing policies as it applies to all plans administered by the carrier.

and be it further

**Resolved,** that this policy be communicated to the National Association of Dental Plans (NADP) and dental benefit companies to encourage consideration of this policy in the design and revision of each carrier's dental plan products.

and be it further

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

- Fraudulent and Abusive Practices in Dental Benefits Plans and Claims (*Trans.*1998:701; 2001:428; 2010:551; 2011:455)
- Opposition to Contractual Language Restricting Dialogue Between Providers and Patients, Public Officials or Public Agencies (*Trans.*1996:691)
- Prohibition of Contract Provisions Permitting the Automatic Assignment of Participating Dentist Agreements Among Entities Engaged in the Business of Insurance (*Trans.*1995:648)
- Least Expensive Alternative Treatment Clauses (*Trans.*1991:634)
- Health Plans Cannot Refuse to Contract With, or Compensate Qualified Providers Who Discuss Health Plan Requirements With Patients (*Trans.*1996:682)

### **Report of Reference Committee C (Dental Education, Science and Related Matters)**

The Report of Reference Committee C was presented by Dr. Nader A. Nadershahi, California, chair. The other members of the Committee were: Dr. James W. Antoon, Florida; Dr. Jeffrey S. Berkley, Connecticut; Dr. Gary S. Davis, Pennsylvania; Dr. Howard A. Hamerink, Michigan; Dr. Edward J. Miller, New York; Dr. Susan M. Orwick-Barnes; Tennessee; Dr. Kenneth S. Peters, Colorado; and Dr. Karen A. Walters, Texas

**Consent Calendar** (Reference Committee C Resolution 98) The Reference Committee reported as follows:

The appended Resolution 98 lists resolutions referred and considered by this Reference Committee that received no or limited testimony, all positive testimony, all negative testimony, or the Reference Committee feels these resolutions were fully debated, with all issues considered. The Reference Committee's recommended action (adopt, adopt in lieu of, not adopt or refer) is identified on each resolution presented on the consent calendar. By adopting Resolution 98, the recommendations of the Reference Committee on the consent calendar resolutions will become the actions of the House of Delegates. It should be noted that if a resolution on the consent calendar is to "adopt in lieu of" with a Committee Recommendation to Vote No and the resolution remains on the approved consent calendar, the resolution is defeated and the underlying resolutions are automatically moot.

As customary, before voting on the consent calendar, any delegate wishing to discuss an item on the consent calendar has the right to request that resolution be removed and considered separately.

**98. Resolved**, that the recommendations of Reference Committee C on the following resolutions be accepted by the House of Delegates.

**Resolution 13**—(Adopt)—Rescission of ADA Policy on Dental Product Labeling (*Supplement*:4001)  
\$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 14**—(Adopt)—Rescission of the Policy, World Medical Association Declaration of Helsinki—Ethical Principles for Medical Research Involving Human Subjects—2004  
(*Supplement*:4003) \$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 20**—(Adopt)—Rescission of the Policy, Urging the Commission on Dental Accreditation to Communicate with Local Communities of Interest (*Supplement*:4015)  
\$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 22**—(Adopt)—Rescission of the Policy, Cost of Dental Education (*Supplement*:4018)  
\$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 23**—(Adopt)—Rescission of the Policy, Dental Accreditation and Specialty Recognition  
(*Supplement:4019*) \$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 24**—(Adopt)—Rescission of the Policy, Provision of Advanced Courses  
(*Supplement:4020*) \$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 25**—(Adopt)—Rescission of the Policy, Recommended Curricula Changes  
(*Supplement:4021*) \$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 26**—(Adopt)—Rescission of the Policy, Evaluation of Dental Programs  
(*Supplement:4022*) \$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 27**—(Adopt)—Rescission of the Policy, Mission of a Dental School (*Supplement:4023*) \$:  
None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 28**—(Adopt)—Rescission of the Policy, Sponsorship of Accreditation Programs  
(*Supplement:4024*) \$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 29**—(Adopt)—Rescission of the Policy, Dental School Instruction in Practice Management  
(*Supplement:4025*) \$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 30**—(Adopt)—Rescission of the Policy, Curricular Changes to Maintain Dentistry as an  
Autonomous Independent Health Profession (*Supplement:4026*) \$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 31**—(Adopt)—Amendment of the Policy, Support for the Continued Existence of Private  
and Public Dental Schools in the United States (*Supplement:4027*) \$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 32**—(Adopt)—Amendment of the Policy, Participation in Dental Outreach Programs  
(*Supplement:4028*) \$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 33**—(Adopt)—Amendment of the Policy, Support of Dental Education Programs  
(*Supplement:4029*) \$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 34**—(Adopt)—Amendment of the Policy, Dental Degrees (*Supplement:4030*)  
\$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 35**—(Adopt)—Proposed JCNDE Bylaws Revisions (*Supplement:4031*)  
\$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 36**—(Adopt)—Proposed JCNDE Standing Rules Revisions (*Supplement:4041*)  
\$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 73**—(Adopt)—Proposed Revision of the ADA Policy on Intraoral/Perioral Piercing and Tongue Splitting (*Supplement:4063*) \$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 74**—(Adopt)—Proposed Revision of the ADA Policy on Research Funds (*Supplement:4067*) \$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 75**—(Adopt)—Proposed Revision of the ADA Policy on Comparative Effectiveness Research (*Supplement:4069*) \$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 83**—(Adopt)—Revision of the Rules of the Commission on Dental Accreditation (*Supplement:4074*) \$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 84**—(Not Adopt)—Creating a Native American Pre-Dental Curriculum (*Supplement:4081*) \$:125,000; FTE: 1

**COMMITTEE RECOMMENDATION: Vote No**

**Resolution 86RC**—(Adopt Resolution 86RC in lieu of Resolution 81 and Resolution 86)—Response to Resolution 69H-2014—Proposal to Convene Three Expert Panels to Address Optimizing Dental Health Prior to Surgical/Medical Procedures and Treatment (*Supplement:4086*) \$:173,000; FTE: 1

**COMMITTEE RECOMMENDATION: Vote Yes**

Dr. Nadershahi moved Resolution 98 with the Committee Recommendation to Vote Yes.

Requests were made to remove the following resolutions from the Consent Calendar:

Resolution 84 removed by Dr. Regina E. Cobb, Arizona

Resolution 86RC removed by Dr. W. Mark Donald, Mississippi

Hearing no objection, the amended Resolution 98 was adopted by general consent.

**98H-2016. Resolved**, that the recommendations of Reference Committee C on the following resolutions be accepted by the House of Delegates.

**Resolution 13**—(Adopt)—Rescission of ADA Policy on Dental Product Labeling (*Supplement:4001*) \$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 14**—(Adopt)—Rescission of the Policy, World Medical Association Declaration of Helsinki—Ethical Principles for Medical Research Involving Human Subjects—2004 (*Supplement:4003*) \$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 20**—(Adopt)—Rescission of the Policy, Urging the Commission on Dental Accreditation to Communicate with Local Communities of Interest (*Supplement:4015*)

\$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 22**—(Adopt)—Rescission of the Policy, Cost of Dental Education (*Supplement:4018*)

\$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 23**—(Adopt)—Rescission of the Policy, Dental Accreditation and Specialty Recognition  
(*Supplement:4019*) \$: None; FTE: 0  
**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 24**—(Adopt)—Rescission of the Policy, Provision of Advanced Courses  
(*Supplement:4020*) \$: None; FTE: 0  
**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 25**—(Adopt)—Rescission of the Policy, Recommended Curricula Changes  
(*Supplement:4021*) \$: None; FTE: 0  
**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 26**—(Adopt)—Rescission of the Policy, Evaluation of Dental Programs  
(*Supplement:4022*) \$: None; FTE: 0  
**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 27**—(Adopt)—Rescission of the Policy, Mission of a Dental School (*Supplement:4023*) \$:  
None; FTE: 0  
**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 28**—(Adopt)—Rescission of the Policy, Sponsorship of Accreditation Programs  
(*Supplement:4024*) \$: None; FTE: 0  
**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 29**—(Adopt)—Rescission of the Policy, Dental School Instruction in Practice Management  
(*Supplement:4025*) \$: None; FTE: 0  
**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 30**—(Adopt)—Rescission of the Policy, Curricular Changes to Maintain Dentistry as an  
Autonomous Independent Health Profession (*Supplement:4026*) \$: None; FTE: 0  
**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 31**—(Adopt)—Amendment of the Policy, Support for the Continued Existence of Private  
and Public Dental Schools in the United States (*Supplement:4027*) \$: None; FTE: 0  
**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 32**—(Adopt)—Amendment of the Policy, Participation in Dental Outreach Programs  
(*Supplement:4028*) \$: None; FTE: 0  
**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 33**—(Adopt)—Amendment of the Policy, Support of Dental Education Programs  
(*Supplement:4029*) \$: None; FTE: 0  
**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 34**—(Adopt)—Amendment of the Policy, Dental Degrees (*Supplement:4030*)  
\$: None; FTE: 0  
**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 35**—(Adopt)—Proposed JCNDE Bylaws Revisions (*Supplement:4031*)  
\$: None; FTE: 0  
**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 36**—(Adopt)—Proposed JCNDE Standing Rules Revisions (*Supplement:4041*)  
\$: None; FTE: 0  
**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 73**—(Adopt)—Proposed Revision of the ADA Policy on Intraoral/Perioral Piercing and Tongue Splitting (*Supplement:4063*) \$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 74**—(Adopt)—Proposed Revision of the ADA Policy on Research Funds (*Supplement:4067*) \$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 75**—(Adopt)—Proposed Revision of the ADA Policy on Comparative Effectiveness Research (*Supplement:4069*) \$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 83**—(Adopt)—Revision of the Rules of the Commission on Dental Accreditation (*Supplement:4074*) \$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

~~**Resolution 84**—(Not Adopt)—Creating a Native American Pre-Dental Curriculum (*Supplement:4081*) \$:125,000; FTE: 1~~

~~**COMMITTEE RECOMMENDATION: Vote No**~~

~~**Resolution 86RC**—(Adopt Resolution 86RC in lieu of Resolution 81 and Resolution 86)—Response to Resolution 69H-2014—Proposal to Convene Three Expert Panels to Address Optimizing Dental Health Prior to Surgical/Medical Procedures and Treatment (*Supplement:4086*) \$:173,000; FTE: 1~~

~~**COMMITTEE RECOMMENDATION: Vote Yes**~~

*Note: For the purpose of a fully documented record, the text of the resolutions presented in Resolution 98H follows.*

### **Consent Calendar Resolutions—Adopted/Adopted in Lieu of**

#### *Rescission of ADA Policy on Dental Product Labeling*

**13H-2016. Resolved**, that the ADA policy, Dental Product Labeling (*Trans.1974:704; 1999:975*) be rescinded.

#### *Rescission of the Policy, World Medical Association Declaration of Helsinki—Ethical Principles for Medical Research Involving Human Subjects—2004*

**14H-2016. Resolved**, that the ADA policy, World Medical Association Declaration of Helsinki—Ethical Principles for Medical Research Involving Human Subjects—2004 (*Trans.2006:316*) be rescinded.

#### *Rescission of the Policy, Urging the Commission on Dental Accreditation to Communicate with Local Communities of Interest*

**20H-2016. Resolved**, that the ADA policy, Urging the Commission on Dental Accreditation to Communicate with Local Communities of Interest (*Trans.2003:367; 2010:577*) be rescinded.

#### **Urging the Commission on Dental Accreditation to Communicate With Local Communities of Interest (*Trans.2003:367; 2010:577*)**

**Resolved**, that the Commission on Dental Accreditation be urged to communicate with local communities of interest including state dental associations in the state in which the programs reside, so they receive information on the process of accreditation of educational programs.

*Rescission of the Policy, Cost of Dental Education*

**22H-2016. Resolved**, that the ADA policy, Cost of Dental Education (*Trans.1999:960*) be rescinded.

**Cost of Dental Education (*Trans.1999:960*)**

**Resolved**, that the American Dental Association urge state dental societies to commit a portion of for-profit income to help support dental education in their states.

*Rescission of the Policy, Dental Accreditation and Specialty Recognition*

**23H-2016. Resolved**, that the ADA policy, Dental Accreditation and Specialty Recognition (*Trans.2003:375*) be rescinded.

**Dental Accreditation and Specialty Recognition (*Trans.2003:375*)**

**Resolved**, that a principal goal of the ADA's process of recognizing each area of concentration in general dentistry, as well as the recognition of dental specialties, be to maintain public understanding, trust and professional accountability, and be it further

**Resolved**, that the Commission on Dental Accreditation be urged to modify its rules to ensure the accreditation of only those dental and dental-related educational programs whose areas of concentration in general dentistry are recognized by the ADA through its Council on Dental Education and Licensure.

*Rescission of the Policy, Provision of Advanced Courses*

**24H-2016. Resolved**, that the ADA policy, Provision of Advanced Courses (*Trans.1959:204*) be rescinded.

**Provision of Advanced Courses (*Trans.1959:204*)**

**Resolved**, that dental schools be encouraged to provide advanced courses and programs in areas of study in addition to those that are officially recognized as special areas by the Association, and be it further

**Resolved**, that the establishment of new groups and academies for the development of new techniques in dentistry be encouraged.

*Rescission of the Policy, Recommended Curricula Changes*

**25H-2016. Resolved**, that the ADA policy, Recommended Curricula Changes (*Trans.1983:555; 2010:576*) be rescinded.

**Recommended Curricula Changes (*Trans.1983:555; 2010:576*)**

**Resolved**, that the ADA urge the Commission on Dental Accreditation, in cooperation with the American Dental Education Association and individual dental schools, to stimulate curricular changes that will reflect greater teaching emphasis on interpersonal skills, ethical professional marketing strategies and management techniques.

*Rescission of the Policy, Evaluation of Dental Programs*

**26H-2016. Resolved**, that the ADA policy, Evaluation of Dental Programs (*Trans.1983:558*) be rescinded.

**Evaluation of Dental Programs (*Trans.1983:558*)**

**Resolved**, that all parties responsible for funding and administration of dental education be urged to evaluate the size and quality of their programs on an ongoing and periodic basis, and be it further **Resolved**, that periodic evaluations by the ADA be based on a continued assessment of resources, enrollment levels, manpower projections, disease trends and demand for dental services.

*Rescission of the Policy, Mission of a Dental School*

**27H-2016. Resolved**, that the ADA policy, Mission of a Dental School (*Trans.*1995:640) be rescinded.

**Mission of a Dental School (*Trans.*1995:640)**

**Resolved**, that the policy of the American Dental Association be that the mission of a dental school is to educate students competent to practice the art and science of dentistry, and be it further

**Resolved**, that research is important to the mission of a dental school, and be it further

**Resolved**, that patient care is important in the mission of educating dental students.

*Amendment of the Policy, Sponsorship of Accreditation Programs*

**28H-2016. Resolved**, that the ADA policy, Sponsorship of Accreditation Programs (*Trans.*1972:697; 2003:367) be amended. (additions are underscored):

**Sponsorship of Dental Accreditation Programs (*Trans.*1972:697; 2003:367)**

**Resolved**, that the American Dental Association supports the concept of nongovernmental, voluntary accreditation, and be it further

**Resolved**, that the American Dental Association opposes the development of federal or state dental accreditation programs in the United States.

*Rescission of the Policy, Dental School Instruction in Practice Management*

**29H-2016. Resolved**, that the ADA policy, Dental School Instruction in Practice Management (*Trans.*1995:642) be rescinded.

**Dental School Instruction in Practice Management (*Trans.*1995:642)**

**Resolved**, that the ADA believes that dental school graduates must be competent in evaluating the advantages and disadvantages of different models of oral health care management and delivery and assessing the benefits and risks from personal, social, professional, legal and ethical perspectives for the patient and the dentist, and be it further

**Resolved**, that the Association believes that dental school instruction in practice management should include the traditional private practice fee-for-service model.

*Rescission of the Policy, Curricular Changes to Maintain Dentistry as an Autonomous Independent Health Profession*

**30H-2016. Resolved**, that the ADA policy, Curricular Changes to Maintain Dentistry as an Autonomous Independent Health Profession (*Trans.*1996:696) be rescinded.

**Curricular Changes to Maintain Dentistry as an Autonomous Independent Health Profession (*Trans.*1996:696)**

**Resolved**, that the American Dental Association urge the Commission on Dental Accreditation, in cooperation with the American Dental Education Association and individual dental schools, to stimulate curricular changes that will integrate appropriate medical knowledge into the dental curriculum in such a manner that dentistry remains an autonomous independent health profession.

*Amendment of the Policy, Support for the Continued Existence of Private and Public Dental Schools in the United States*

**31H-2016. Resolved**, that the ADA policy, Support for the Continued Existence of Private and Public Dental Schools in the United States (*Trans.*1989:522) be amended as follows (additions are underscored; deletions are ~~stricken~~):

**Resolved**, that the American Dental Association strongly supports the continued existence of the private and public dental schools in the United States and the need for dental education to remain an integral part of the university community and an inviolate part of the higher education system, ~~and be it further~~

~~**Resolved**, that the American Dental Association through the Council on Dental Education and Licensure and Commission on Dental Accreditation and other appropriate Association agencies, communicate its position and, when requested, make its resources available to work with the state and local governments, and with foundations, the business community and other groups identified by an institution in ensuring the continued operations of all existing private and public dental schools in the United States.~~

*Amendment of the Policy, Participation in Dental Outreach Programs*

**32H-2016. Resolved**, that the ADA policy, Participation in Dental Outreach Programs (*Trans.*2010:587) be amended as follows (additions are underscored; deletions are ~~stricken~~):

~~**Resolved**, that it be policy of the American Dental Association (ADA) that students in U.S. dental schools and pre-dental programs who participate in a dental outreach program (e.g., international service trips, domestic service trips, volunteerism in underserved areas, etc.) be are strongly encouraged:~~

~~To adhere to the ASDA Student Code of Ethics and the ADA *Principles of Ethics and Code of Professional Conduct*;~~

~~To be directly supervised by dentists licensed to practice or teach in the United States;~~

~~To perform only procedures for which the volunteer has received proper education and training.~~

~~and be it further~~

~~**Resolved**, that this policy be transmitted to all ADA accredited dental schools, entities with a vested interest in public oral health, U.S. organizations that administer dental outreach programs, and others as identified by ADA, and be it further~~

~~**Resolved**, that advocacy for this policy be further investigated by the appropriate ADA council.~~

*Amendment of the Policy, Support of Dental Education Programs*

**33H-2016. Resolved**, that the ADA policy, Support of Dental Education Programs (*Trans.*1972:697) be amended as follows (additions are underscored; deletions are ~~stricken~~):

**Resolved**, that the American Dental Association encourages members of the profession to support vigorously, through direct financial contributions and political activity, dental education programs which have been ~~approved~~ accredited by the ~~American Dental Association~~ Commission on Dental Accreditation.

*Amendment of the Policy, Dental Degrees*

**34H-2016. Resolved**, that the ADA policy, Dental Degrees (*Trans.*1972:698) be amended as follows (additions are underscored; deletions are ~~stricken~~):

**Resolved**, that the American Dental Association supports the principle that degree determination is the prerogative of the individual educational institution, ~~and be it further~~

**Resolved**, that the dental schools in the United States be urged to consider unifying the dental degree conferred.

*Proposed JCNDE Bylaws Revisions*

**35H-2016. Resolved**, that the *Bylaws of the Joint Commission on National Dental Examinations* be revised as indicated in Appendix 1.

**Note:** See *Supplement:4032* for Appendix 1

*Proposed JCNDE Standing Rules Revisions*

**36H-2016. Resolved**, that the *Standing Rules of the Joint Commission on National Dental Examinations* be revised as indicated in Appendix 1.

**Note:** See *Supplement:4042* for Appendix 1

*Proposed Revision of the ADA Policy on Intraoral/Perioral Piercing and Tongue Splitting*

**73H-2016. Resolved**, that the ADA recommends that the ADA Policy Statement on Intraoral/Perioral Piercing and Tongue Splitting (*Trans.*1998:743; 2000:481; 2004:309; 2012:469) be amended as follows (additions are underscored; deletions are ~~stricken~~):

~~Piercing and tongue splitting are forms of body art and self-expression in today's society. However, oral piercings, which involve the tongue (the most common site),<sup>1-3</sup> lips, cheeks, uvula or a combination of sites, and tongue splitting can be associated with a number of adverse oral and systemic conditions.~~

~~As with any puncture wound or incision, piercing and tongue splitting can cause pain,<sup>3-5</sup> swelling,<sup>2-6</sup> and infection.<sup>4,5,7</sup> Potential complications of intraoral and perioral piercings specifically are numerous, although available scientific literature is rather limited and consists mainly of case reports. Possible adverse outcomes secondary to oral piercing include increased salivary flow,<sup>5,8</sup> gingival injury or recession,<sup>2,6,9-13</sup> damage to teeth,<sup>1,2,5,6,14</sup> restorations and fixed porcelain prostheses; interference with speech,<sup>1,3,4</sup> mastication<sup>3,4</sup> or deglutition;<sup>4</sup> scar tissue formation;<sup>8</sup> and development of metal hypersensitivities.<sup>15,16</sup> Because of the tongue's vascular nature, prolonged bleeding can result if vessels are punctured during the piercing procedure.<sup>17</sup> In addition, the technique for inserting tongue jewelry may abrade or fracture anterior dentition,<sup>1,2,5,7,14</sup> and digital manipulation of the jewelry can significantly increase the potential for infection.<sup>4-7</sup> Airway obstruction due to pronounced edema<sup>2-5</sup> or aspiration of jewelry poses another risk, and aspirated or ingested jewelry could present a hazard to respiratory or digestive organs.<sup>3,6</sup> In addition, oral ornaments can compromise dental diagnosis by obscuring anatomy and defects in radiographs. There have been reports of the jewelry becoming embedded in surrounding tissue, requiring surgical removal.<sup>6,9</sup> It also has been speculated that galvanic currents from stainless steel oral jewelry in contact with other intraoral metals could result in pulpal sensitivity.<sup>18</sup>~~

~~Secondary infection from oral piercing can be serious. Piercing has been identified as a possible vector for bloodborne hepatitis (hepatitis B, C, D and G) transmission.<sup>19,20</sup> Cases of endocarditis also have been linked to oral piercing.<sup>21,22</sup> In addition, the British Dental Journal reported a case of Ludwig's angina, a rapidly spreading cellulitis involving the submandibular, sublingual and submental fascial spaces bilaterally, that manifested four days after a 25-year-old patient had her tongue pierced.<sup>23</sup> Intubation was necessary to secure the airway. When antibiotic therapy failed to resolve the condition, surgical intervention was required to remove the barbell-shaped jewelry and decompress the swelling in the floor of the mouth. In another case, a healthy 19-year-old woman contracted herpes simplex virus, presumably through a recent tongue piercing. The infection progressed to fulminant hepatitis and subsequent death.<sup>24</sup>~~

Although reports describing the morbidity and mortality associated with tongue splitting are currently not available in the literature, the risk of complications secondary to surgical procedures (including pain, swelling and infection) is well known. Therefore, the Association recommends that its members discourage patients who request the procedure by educating them of the risks associated with this surgery.

**Resolved,** that Because of its potential for numerous negative sequelae, the American Dental Association opposes and advises against the practices of cosmetic intraoral/perioral piercing and tongue splitting, and views these as invasive procedures with negative health sequelae that outweigh any potential benefit.

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*Proposed Revision of the ADA Policy on Research Funds*

**74H-2016. Resolved**, that the ADA Policy on Research Funds (*Trans.*1984:519; 1999:974) be amended as follows (additions are underlined; deletions are ~~stricken~~):

**Resolved**, that the ~~Board of Trustees reevaluate the expenditures currently being made by the Association for and in support of basic and applied scientific laboratory research activities relating to the practice of dentistry as outlined and prioritized by the Association's Research Agenda titled "Research Issues of Importance to the Practicing Dentist."~~the ADA urges appropriate external agencies and organizations to provide funding for basic and clinical research that advances the scientific basis of dentistry and the oral and craniofacial health sciences.

*Proposed Revision of the ADA Policy on Comparative Effectiveness Research*

**75H-2016. Resolved**, that the ADA Policy on Comparative Effectiveness Research (Patient-Centered Outcomes Research) (*Trans.*2011:457) be amended by deletion and addition as presented in Appendix 1 of this report.

**Note:** See *Supplement:4070* for Appendix 1

*Revision of the Rules of the Commission on Dental Accreditation*

**83H-2016. Resolved**, that the *Rules* of the Commission on Dental Accreditation be amended as noted in Appendix 1 of the Commission's Supplemental Report 1 to the House of Delegates.

**Note:** See *Supplement:4075* for Appendix 1

## Non-Consent Resolutions

**Recognition of Operative Dentistry as an Interest Area in General Dentistry** (Council on Dental Education and Licensure Resolution 19): The Reference Committee reported as follows:

The Reference Committee heard testimony both in support of and opposed to the ADA recognizing operative dentistry as an interest area in general dentistry.

The Committee noted that the application submitted by the Academy of Operative Dentistry was the first since the adoption of the *Criteria for Recognition of Interest Areas in General Dentistry* by the 2010 House of Delegates.

The Committee also noted a misperception that an interest area in general dentistry must be recognized by the ADA before the Commission on Dental Accreditation (CODA) will accredit training programs in that discipline. CODA has its own policies and procedures for establishing an accreditation process for training programs in areas of advanced education in general dentistry. For example, CODA accredits advanced general dentistry education programs in dental anesthesiology, oral medicine and orofacial pain, even though the ADA has not formally recognized these as "interest areas in general dentistry."

The Reference Committee agrees with the Council and the Board that operative dentistry should be recognized by the Association as an interest area in general dentistry; the Academy of Operative Dentistry has met the *ADA Criteria for Recognition of Interest Areas in General Dentistry*. Advanced training in operative dentistry is more detailed than predoctoral operative dentistry education. Those individuals who complete these unique and distinct advanced education programs (ranging from 2-6 years in length) are responsible for the majority of scientific research and knowledge in the areas of cariology and advanced scientific clinical training in restorative materials and biomaterials. Graduates of operative dentistry programs play a vital role for the dental profession in dental education, dental research and military settings.

**19. 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.

Dr. Nadershahi moved Resolution 19 (*Supplement:4010*) with the Committee Recommendation to Vote Yes.

Dr. Charles D. Calhoun, Delaware, as a point of inquiry, asked for an explanation on the scientific background for the request for the special interest group and to also explain the rationale for the naming of the special interest group. In addition, Dr. Calhoun asked what the implication would be for groups such as the armed forces, the federal dental services and education in the area of operative dentistry.

In response to Dr. Calhoun's question, Dr. Marcelo Araujo, vice president, Science Institute, responded that including operative dentistry as an area of interest would benefit dentists in graduate programs which focus on this area of dentistry. He noted that, most importantly, dentists in the armed forces would benefit due to their research on standards and dental materials and that as a result of operative dentistry being recognized as an area of interest, these researchers would be eligible to receive grants from the National Institute of Dental and Craniofacial Research (NIDCR).

Dr. Daniel J. Klemmedson, Fourteenth District Trustee, moved to substitute Resolution 19S-1 (*Supplement:4111a*) for Resolution 19.

**19S-1. 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, and be it further **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.

In speaking to the substitute, Dr. Klemmedson said, "...I certainly recognize the fact that what they do is a huge benefit to our general dental population. I also believe the strength of our profession is a large, vibrant, broad, competent general practice. I was concerned about the name 'operative dentistry' as it sits right in the center of that sphere. I was concerned that there is potential that it could disrupt that sphere rather than unite that sphere. ... A more appropriate name for their interest area would allow them to do everything that they want to do, but would not serve to be divisive in any way or become a misconception to the public or to the profession."

Dr. Prabu Raman, Missouri, member, Council on Dental Education and Licensure spoke in support of the substitute resolution.

Dr. Jill M. Price, Oregon, vice chair, Council on Dental Education and Licensure, spoke in support of the substitute resolution. She said, "... the House can be assured that we will work diligently on a name change for the coming year."

In response to a question, the Speaker noted that since the second resolving clause in Resolution 19S-1 is the same as the resolving clause in Resolution 102, Resolution 102 would be moot if Resolution 19S-1 is adopted.

Additional discussion in support of substituting Resolution 19S-1 for Resolution 19 ensued, with individuals commenting that the substitute resolution would allow for recognition of operative dentistry as an area of interest while requiring that an appropriate name is given to clearly define the education and research focus of the area of interest and ensure that the strength of general dentistry is not diminished.

A motion was made to vote immediately, which requires a two-thirds vote; on vote, the motion to vote immediately was adopted. On vote, the motion to substitute Resolution 19S-1 for Resolution 19 was adopted.

Dr. Jana K. Ikeda, Colorado, spoke in support of Resolution 19S-1. She said, "... I want to point out that the ADA is recognized as the advocate of America's oral health. And I believe that would be why the Academy of Operative Dentistry sought special recognition in general dentistry. CDEL has determined that they've met all the requirements, so I have no problem with them being recognized. The problem that I have is that with the point of clarification. Their specialty or their interest area lies more in research, cariology and dental materials. So to name it as operative dentistry is a little bit misleading, and I think mistitled. ..."

In response to a question, the Speaker clarified that if Resolution 19S-1 is adopted, the interest area will be recognized by the ADA and a new title for the interest area will be requested from the Academy of Operative Dentistry.

Dr. David C. Sarrett, Virginia, member of the Council on Dental Education and Licensure spoke in support of Resolution 19S-1 and noted that it would benefit dental schools by enhancing recruitment of faculty in the areas of research, cariology and dental materials. He said, "...We have been recruiting for a dental materials person for two years. This is the group of people that will come from these training programs and this interest group."

A motion was made to vote immediately, which requires a two-thirds vote; on vote, the motion to vote immediately was adopted. On vote, Resolution 19S-1 was adopted.

**19H-2016. 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, and be it further **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.

**Creating a Native American Pre-Dental Curriculum** (Fourteenth Trustee District Resolution 84): The Reference Committee reported as follows:

The Reference Committee heard little support for Resolution 84 and does not believe the resolution is needed. Accordingly, the Reference Committee recommends a no vote.

**84. Resolved**, that the ADA seek collaboration with dental educators, representatives of the Society of American Indian Dentists (SAID), and Native American leaders to create a taskforce to develop appropriate materials and methods to allow Native American pre-dental students to successfully prepare and gain entry into dental school, and be it further

**Resolved**, that the taskforce seek funding for the project from the Health Resources and Services Administration (HRSA) and other federal sources, as well as private and charitable foundations and corporate sponsors, and be it further

**Resolved**, that once completed, the Council on Dental Education and Licensure develop a plan to distribute the materials, train pre-dental advisors and mentors in utilizing it and encourage its adoption by pre-dental educational institutions, and be it further

**Resolved**, that a report be prepared on the progress of the project for the House of Delegates in 2017 and each subsequent year until the project is completed.

Dr. Nadershahi moved Resolution 84 (*Supplement:4081*) with the Committee Recommendation to Vote No.

Dr. Regina E. Cobb, Arizona, moved to refer Resolution 84 to the Council on Access, Prevention and Interprofessional Relations and any other collaborative councils. She said, "The Fourteenth District has been a recipient of this pilot program for many years, and we are very appreciative of that. And it has done a great job. ... I would like this to be referred ... to the essential agencies, and maybe this \$125,000 price tag wouldn't be necessarily needed."

Dr. Christopher D. Morgan, New Mexico, spoke in support of referral stating, "... it offers an opportunity to collaborate with Tribal communities. People not living in such close proximity to Tribal communities may not respect that, but it's very, very important for us that do, and I please ask you to refer."

Dr. Roger K. Newman, Montana, spoke in support of referral stating, "Montana has got seven Indian reservations and so far no mid-level providers. By referring this resolution to committee, certain efforts and guidelines can be worked out to encourage these Native American populations to send their young, bright rising stars off to dental school. I think that would greatly improve the cultural difficulties that are encountered when traditional dentists show up on their reservations."

Additional discussion in support of referring Resolution 84 ensued.

The Speaker requested clarification on what information those speaking in support of referral would like to receive from the appropriate agencies the Resolution would be referred to, and noted that it is assumed they would like the information available for the 2017 House of Delegates. Dr. Julie M. Robinson, Alaska, responded to the Speaker's request stating, "I would like to see a program with some metrics showing that the program would be successful in training pre-dental students and getting them into programs that would help them compete so that they could get into dental school."

A motion was made to vote immediately, which required a two-thirds vote; on vote, the motion to vote immediately was adopted.

On vote, the motion to refer Resolution 84 to the appropriate ADA agency for further study and report to the 2017 House of Delegates was adopted.

**Response to Resolution 69H-2014—Proposal to Convene Three Expert Panels to Address Optimizing Dental Health Prior to Surgical/Medical Procedures and Treatment** (Council on Scientific Affairs Resolution 81, Board of Trustees Resolution 86, and Reference Committee C Resolution 86RC): The Reference Committee reported as follows:

The Reference Committee heard limited testimony both for and against Resolution 86. Some speakers suggested referral for a report to better frame this issue, including the impact of Medicare programs on achieving the desired outcomes. Other speakers expressed the need for guidance documents to inform decision-making among dentists and physicians who are managing patients with complex medical and surgical conditions. The Reference Committee agrees that the prevention and management of oral infection have considerable health implications when such infection has the potential to negatively impact the health of patients who are immunocompromised or otherwise at greater risk of adverse medical outcomes because of their underlying health problems. The Reference Committee recommends against referral in favor of the work proposed by the Council on Scientific Affairs. The Reference Committee also recommends that policy language proposed in Resolution 81 should be considered as part of the expert panel deliberations as specified for Resolution 86. The Reference Committee was informed that this policy work will be accomplished under the proposed fiscal note. The Reference Committee suggests that the word “dental” be replaced with the word “oral” in future references to these efforts. The Reference Committee supports the following substitute resolution.

**86RC. Resolved**, that the Council on Scientific Affairs work with other appropriate ADA agencies and external stakeholders to develop proposed policy and evidence-based resources to optimize oral health prior to the performance of complex medical and surgical procedures, and be it further **Resolved**, that the Council on Scientific Affairs submit a progress report to the 2017 House of Delegates.

Dr. Nadershahi moved Resolution 86RC in lieu of Resolution 81 (*Supplement:4073*) and Resolution 86 (*Supplement:4086*) with the Committee Recommendation to Vote Yes.

Dr. W. Mark Donald, Mississippi, moved to refer Resolution 86RC to the appropriate ADA agencies asking that these agencies work with allied medical dental groups and the Institute of Medicine to address optimizing dental health prior to surgical medical procedures and treatment and report to the 2018 House of Delegates. In speaking to the motion to refer, Dr. Donald said, “... the cost of the project is \$346,000 for two years; \$173,000 per year to pay expert panels and staff. ... we felt like this could be done with our councils working with outside medical agencies who already have expertise in the field and Institute of Medicine, and we could get the same results at a lower cost.”

Dr. Jeffrey A. Platt, Indiana, vice chair, Council on Scientific Affairs, spoke against referral saying, “... [The Council] sets a priority work list each year on which our budget is based and on which science staff is based. When we are given additional things, there is additional costs that will be involved with that. And we’re happy to work on what the House desires, but it’s important to understand that we will have to deal with \$173,000 per year in order to accomplish the task. I urge that you allow us to continue and get this work done.”

Discussion in opposition to referral ensued. Individuals speaking against referral commented that referring Resolution 86RC would repeat work that had already been completed and would delay the process without any benefit to saving money, time or effort.

On vote, the motion to refer Resolution 86RC was not adopted.

Dr. David C. Sarrett, Virginia, spoke in support of Resolution 86RC stating, “This is another area that dental schools are actively participating in and understanding how we improve collaborative practice amongst our medical and nursing and pharmacy professionals. It’s urgent to move forward and understand better what areas we need to focus on. So I think this will greatly assist that process of educating our future practitioners of dentistry.”

In response to a question, Dr. Marcelo Araujo, vice president, Science Institute, clarified that the plan is to add one full time employee to complete the work of Resolution 86RC and that this will be a two-year project. After that, the Council will revisit and decide whether to continue to look into other medical issues.

On vote, Resolution 86RC was adopted in lieu of Resolution 86 and Resolution 81.

**86H-2016. Resolved**, that the Council on Scientific Affairs work with other appropriate ADA agencies and external stakeholders to develop proposed policy and evidence-based resources to optimize oral health prior to the performance of complex medical and surgical procedures, and be it further **Resolved**, that the Council on Scientific Affairs submit a progress report to the 2017 House of Delegates.

### **Report of Reference Committee D (Legislative, Health, Governance and Related Matters)**

The Report of Reference Committee D was presented by Dr. Carol M. Morrow, Colorado, chair. The other members of the Committee were: Dr. David L. Clemens, Wisconsin; Dr. Anthony M. Cuomo, New York; Dr. Michael D. Eggnatz, Florida; Dr. Loren J. Feldner, Illinois; Dr. Kenneth McDougall, North Dakota; Dr. Stephen M. Pitmon, Vermont; Dr. Diane D. Romaine, Maryland; and Dr. Debrah J. Worsham, Texas.

**Consent Calendar** (Reference Committee D Resolution 101) The Reference Committee reported as follows:

The appended Resolution 101 lists resolutions referred and considered by this Reference Committee that received no or limited testimony, all positive testimony, all negative testimony, or the Reference Committee feels these resolutions were fully debated, with all issues considered. The Reference Committee's recommended action (adopt, adopt in lieu of, not adopt or refer) is identified on each resolution presented on the consent calendar. By adopting Resolution 101, the recommendations of the Reference Committee on the consent calendar resolutions will become the actions of the House of Delegates. It should be noted that if a resolution on the consent calendar is to "adopt in lieu of" with a Committee Recommendation to Vote No and the resolution remains on the approved consent calendar, the resolution is defeated and the underlying resolutions are automatically moot.

As customary, before voting on the consent calendar, any delegate wishing to discuss an item on the consent calendar has the right to request that resolution be removed and considered separately.

**101. Resolved**, that the recommendations of Reference Committee D on the following resolutions be accepted by the House of Delegates.

**Resolution 1**—(Adopt)—*Bylaws* Amendment to Provide the American Student Dental Association the Right to Introduce New Business at the House of Delegates (*Supplement:5000*)  
\$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 2**—(Adopt)—Appointment of Council Chairs, Consultants and Advisors (*Supplement: 5003*) \$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 3**—(Adopt)—Revisions to Process for Certificate for International Volunteer Service (*Supplement:5005*) \$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 4**—(Adopt)—The Election Process (*Supplement:5015*) \$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 8**—(Adopt)—Amendment for a One Time Adjustment to the Term of Speaker of the House (*Supplement:5025*) \$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 39**—(Adopt)—Antitrust Reform (*Supplement:5034*) \$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 40**—(Adopt)—Amendment of Policy on Community Health Centers (*Supplement:5038*) \$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 41**—(Adopt)—Amendment of Policy on Dental Care for Children with Crippling Defects (*Supplement:5040*) \$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 42**—(Adopt)—Amendment of Policy on Dentists on Staffs of Local Health Departments (*Supplement:5042*) \$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 43**—(Adopt)—Amendment of Policy on Evaluation and Fulfillment of Unmet Dental Needs (*Supplement:5043*) \$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 44**—(Adopt)—Rescission of Policy on Federally Qualified Health Centers (*Supplement:5044*) \$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 45**—(Adopt)—Rescission of Policy on Guidelines for Neighborhood Health Centers (*Supplement:5046*) \$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 46**—(Adopt)—Amendment of Policy on Incentives for Dental School Graduates to Work in Tribal Areas (*Supplement:5048*) \$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 47**—(Adopt)—Amendment of Policy on Dental Research by Military Departments (*Supplement:5049*) \$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 48**—(Adopt)—Amendment of Policy on Need for HIPAA Standards Reform (*Supplement:5051*) \$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 49**—(Adopt)—Rescission of Policy on Prescription Privacy (*Supplement:5052*) \$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 50**—(Adopt)—Amendment of Policy on Utilization of Dentists by Indian Health Service (*Supplement:5054*) \$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 51**—(Adopt)—Amendment of Policy on Availability of Dentists for Underserved Populations (*Supplement:5055*) \$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 52**—(Adopt)—Amendment of Policy on Comprehensive List of State Programs Providing Oral Health Services (*Supplement:5056*) \$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 53**—(Adopt)—Rescission of Policy on Federal Legislation Establishing Parameters for Federally Qualified Health Centers (*Supplement:5057*) \$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 54**—(Adopt)—Amendment of Policy on Guidelines for Dental Societies in Cooperating with Consumers (*Supplement:5059*) \$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 56**—(Adopt)—Rescission of Policy on Legislation Regarding Federally Qualified Health Centers (*Supplement:5063*) \$: None; FTE: 0  
**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 57**—(Adopt)—Amendment of Policy on National Health Service Corps Policy (*Supplement:5065*) \$: None; FTE: 0  
**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 58**—(Adopt)—Amendment of Policy on Oral Health Education in Schools (*Supplement:5067*) \$: None; FTE: 0  
**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 59**—(Adopt)—Amendment of Policy on Use of Federal Funds to Provide Loan Repayment Grants to Dentists (*Supplement:5069*) \$: None; FTE: 0  
**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 60**—(Adopt)—Policies and Recommendations on Diet and Nutrition (*Supplement:5071*) \$: None; FTE: 0  
**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 66**—(Adopt)—Policies and Recommendations on Occupational Safety and Health (*Supplement:5082*) \$: None; FTE: 0  
**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 68**—(Adopt)—Amendment of Policy on Orofacial Protectors (*Supplement:5088*) \$: None; FTE: 0  
**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 69**—(Adopt)—Use of Health Literacy Principles for All Patients (*Supplement:5089*) \$: None; FTE: 0  
**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 70**—(Adopt)—Support of Science Fairs (*Supplement:5090*) \$: None; FTE: 0  
**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 71**—(Adopt)—Integration of Oral Health and Disease Prevention Principles in Health Education Curricula (*Supplement:5091*) \$: None; FTE: 0  
**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 76**—(Adopt)—Policy on Drinking Water in Schools (*Supplement:5094*) \$: None; FTE: 0  
**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 78**—(Adopt)—Policies and Recommendations on Tobacco Use (*Supplement:5098*) \$: None; FTE: 0  
**COMMITTEE RECOMMENDATION: Vote Yes**

Dr. Morrow moved Resolution 101 with the Committee Recommendation to Vote Yes.

A request was made to remove the following resolution from the Consent Calendar:

Resolution 57 removed by Dr. Raymond K. Martin, Massachusetts

Hearing no objection, the amended Resolution 101 was adopted by general consent.

**101H-2016. Resolved**, that the recommendations of Reference Committee D on the following resolutions be accepted by the House of Delegates.

**Resolution 1**—(Adopt)—*Bylaws* Amendment to Provide the American Student Dental Association the Right to Introduce New Business at the House of Delegates (*Supplement:5000*)

\$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 2**—(Adopt)—Appointment of Council Chairs, Consultants and Advisors

(*Supplement: 5003*) \$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 3**—(Adopt)—Revisions to Process for Certificate for International Volunteer Service

(*Supplement:5005*) \$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 4**—(Adopt)—The Election Process (*Supplement:5015*) \$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 8**—(Adopt)—Amendment for a One Time Adjustment to the Term of Speaker of the

House (*Supplement:5025*) \$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 39**—(Adopt)—Antitrust Reform (*Supplement:5034*) \$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 40**—(Adopt)—Amendment of Policy on Community Health Centers (*Supplement:5038*) \$:

None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 41**—(Adopt)—Amendment of Policy on Dental Care for Children with Crippling Defects

(*Supplement:5040*) \$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 42**—(Adopt)—Amendment of Policy on Dentists on Staffs of Local Health Departments

(*Supplement:5042*) \$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 43**—(Adopt)—Amendment of Policy on Evaluation and Fulfillment of Unmet Dental

Needs (*Supplement:5043*) \$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 44**—(Adopt)—Rescission of Policy on Federally Qualified Health Centers

(*Supplement:5044*) \$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 45**—(Adopt)—Rescission of Policy on Guidelines for Neighborhood Health Centers

(*Supplement:5046*) \$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 46**—(Adopt)—Amendment of Policy on Incentives for Dental School Graduates to Work in Tribal Areas (*Supplement:5048*) \$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 47**—(Adopt)—Amendment of Policy on Dental Research by Military Departments

(*Supplement:5049*) \$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 48**—(Adopt)—Amendment of Policy on Need for HIPAA Standards Reform  
(*Supplement:5051*) \$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 49**—(Adopt)—Rescission of Policy on Prescription Privacy (*Supplement:5052*)  
\$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 50**—(Adopt)—Amendment of Policy on Utilization of Dentists by Indian Health Service  
(*Supplement:5054*) \$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 51**—(Adopt)—Amendment of Policy on Availability of Dentists for Underserved  
Populations (*Supplement:5055*) \$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 52**—(Adopt)—Amendment of Policy on Comprehensive List of State Programs Providing  
Oral Health Services (*Supplement:5056*) \$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 53**—(Adopt)—Rescission of Policy on Federal Legislation Establishing Parameters for  
Federally Qualified Health Centers (*Supplement:5057*) \$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 54**—(Adopt)—Amendment of Policy on Guidelines for Dental Societies in Cooperating  
with Consumers (*Supplement:5059*) \$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 56**—(Adopt)—Rescission of Policy on Legislation Regarding Federally Qualified Health  
Centers (*Supplement:5063*) \$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

~~**Resolution 57**—(Adopt)—Amendment of Policy on National Health Service Corps Policy  
(*Supplement:5065*) \$: None; FTE: 0~~

~~**COMMITTEE RECOMMENDATION: Vote Yes**~~

**Resolution 58**—(Adopt)—Amendment of Policy on Oral Health Education in Schools  
(*Supplement:5067*) \$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 59**—(Adopt)—Amendment of Policy on Use of Federal Funds to Provide Loan  
Repayment Grants to Dentists (*Supplement:5069*) \$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 60**—(Adopt)—Policies and Recommendations on Diet and Nutrition (*Supplement:5071*)  
\$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 66**—(Adopt)—Policies and Recommendations on Occupational Safety and Health  
(*Supplement:5082*) \$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 68**—(Adopt)—Amendment of Policy on Orofacial Protectors (*Supplement:5088*)  
\$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 69**—(Adopt)—Use of Health Literacy Principles for All Patients (*Supplement:5089*)  
\$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 70**—(Adopt)—Support of Science Fairs (*Supplement:5090*) \$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 71**—(Adopt)—Integration of Oral Health and Disease Prevention Principles in Health Education Curricula (*Supplement:5091*) \$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 76**—(Adopt)—Policy on Drinking Water in Schools (*Supplement:5094*)

\$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 78**—(Adopt)—Policies and Recommendations on Tobacco Use (*Supplement:5098*)

\$: None; FTE: 0

**COMMITTEE RECOMMENDATION: Vote Yes**

*Note: For the purpose of a fully documented record, the text of the resolutions presented in Resolution 101H follows.*

**Consent Calendar Resolutions—Adopted/Adopted in Lieu of**

*Bylaws Amendment to Provide the American Student Dental Association the Right to Introduce New Business at the House of Delegates*

**1H-2016 Resolved**, that Chapter V, Section 130 A.e. of the ADA *Bylaws* be amended as follows (additions underscored):

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 or the American Student Dental Association Delegation. 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 or the American Student Dental Association Delegation 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 resolutions shall not be deemed new business, and be it further

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

*Appointment of Council Chairs, Consultants and Advisors*

**2H-2016. 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 of consultants in conformity with rules and regulations established by the Board of Trustees.

*Revisions to Process for Certificate for International Volunteer Service*

**3H-2016. Resolved**, that the Board of Trustees be urged to develop eligibility criteria and a process for awarding certificates of recognition for international humanitarian work, and be it further

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

*The Election Process*

**4H-2016. 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.

*Amendment for a One Time Adjustment to the Term of Speaker of the House*

**8H-2016. 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.

#### *Antitrust Reform*

**39H-2016. Resolved**, that the ADA strongly supports eliminating the current insurance industry exemption from anti-trust laws including support for legislation to clarify, amend or, if necessary, repeal the McCarran-Ferguson Act's antitrust immunity for the business of health insurance, and be it further **Resolved**, that the ADA strongly opposes any legislation that would extend an antitrust exemption to the insurance industry for information gathering endeavors such as collecting and distributing information on cost and utilization of health care services, and be it further **Resolved**, that the ADA supports changes in federal antitrust laws that will enable dentists to practice effectively within the health care system, and be it further **Resolved**, that the ADA supports legislative and regulatory activities to change the antitrust safe harbor guideline for dental networks based on percentage of provider participation in favor of a guideline relying on a health plan's market share, and be it further **Resolved**, that the ADA work closely with constituent and component societies to provide them the most current and comprehensive antitrust information and guidance available, on an as-needed basis, and be it further **Resolved**, that the ADA 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, and be it further **Resolved**, that the ADA support effective regulation of insurance companies including: the 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)

#### *Amendment of Policy on Community Health Centers*

**40H-2016. 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~~

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

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

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

#### *Amendment of Policy on Dental Care for Children with Crippling Defects*

**41H-2016. 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 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.~~

#### *Amendment of Policy on Dentists on Staffs of Local Health Departments*

**42H-2016. Resolved**, that the ADA policy on "Dentists on Staffs of Local Health Departments" (*Trans.*1967:325) be amended to read as follows (additions underscored; deletions are ~~stricken~~):

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

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

*Amendment of Policy on Evaluation and Fulfillment of Unmet Dental Needs*

**43H-2016. Resolved**, that the ADA policy on “Evaluation and Fulfillment of Dental Demand” (*Trans.*1977:936) be amended to read as follows (additions underscored; deletions are ~~stricken~~):

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

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

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

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

*Rescission of Policy on Federally Qualified Health Centers*

**44H-2016. Resolved**, that the ADA policy on “Federally Qualified Health Centers” (*Trans.*1997:676) be rescinded.

*Rescission of Policy on Guidelines for Neighborhood Health Centers*

**45H-2016. Resolved**, that the ADA policy on “Guidelines for Neighborhood Health Centers” (*Trans.*1968:20, 307) be rescinded.

*Amendment of Policy on Incentives for Dental School Graduates to Work in Tribal Areas*

**46H-2016. 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.

*Amendment of Policy on Dental Research by Military Departments*

**47H-2016. Resolved**, that the ADA policy on “Dental Research by Military Departments” (*Trans.*1970:451) be amended to read as follows (additions underscored; deletions are ~~stricken~~):

~~**Resolved**, that the Department of Defense and the individual military departments be advised that the American Dental Association regards dental research to be an indispensable and essential~~

~~activity of the military dental corps and that each of the military departments should be encouraged to continue to support and encourage dental research in military facilities and continue to assign qualified personnel to research programs so that the military and civilian populations can continue to benefit from the valuable advances of military dental research.~~

**Resolved**, that the ADA considers oral and craniofacial research to be an integral component of the military dental corps' mission and believes that each military branch should continue to support such research at the basic and applied science levels.

#### *Amendment of Policy on Need for HIPAA Standards Reform*

**48H-2016. 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.~~

#### *Rescission of Policy on Prescription Privacy*

**49H-2016. Resolved**, that the ADA policy, Prescription Privacy (*Trans.*2001:439) be rescinded.

#### *Amendment of Policy on Utilization of Dentists by Indian Health Service*

**50H-2016. Resolved**, that the ADA policy on "Utilization of Private Practitioners by Indian Health Service" (*Trans.* 1987:519) be amended to read as follows (additions underscored; deletions are ~~stricken~~):

~~**Resolved**, that the Indian Health Service be urged to expand the utilization of dentists in private practice to provide dental care to Alaska natives and American Indians.~~

#### **Utilization of Dentists by Indian Health Service**

**Resolved**, that the ADA support federal appropriations to increase the number of dentists to meet the needs of Alaska Natives and American Indians and be it further,

**Resolved**, that the ADA collaborate with the Indian Health Service to seek ways to meet the number of dentists needed to address current and future oral health needs of these populations, including the use of dentists in private practice.

#### *Amendment of Policy on Availability of Dentists for Underserved Populations*

**51H-2016. Resolved**, that the ADA policy on “Availability of Dentists for Underserved Populations” (*Trans.*1985:532) be amended to read as follows (additions underscored; deletions are ~~stricken~~):

**Resolved**, that constituent societies be urged ~~be urged to develop and/or maintain programs to~~ participate in programs that encourage dentists to serve underserved populations and that offer case management resources to enable dentists ~~are available to provide treatment responsibility for access programs for the underserved, for remote areas, and oral health care for institutionalized and homebound individuals, including those who are physically, emotionally and mentally disabled, and~~ be it further

**Resolved**, that constituent societies be urged to seek fiscal resources to provide case management in support of dentists providing oral health care for these individuals, and be it further

**Resolved**, that ~~all constituent societies~~ the ADA, working with other affected organizations, review or conduct studies on the availability and scope of dental programs for the treatment of special needs populations, including physically, emotionally and mentally disabled patients.

*Amendment of Policy on Comprehensive List of State Programs Providing Oral Health Services*

**52H-2016. 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.

*Rescission of Policy on Federal Legislation Establishing Parameters for Federally Qualified Health Centers*

**53H-2016. Resolved**, that the ADA policy on “Federal Legislation Establishing Parameters for Federally Qualified Health Centers” (*Trans.*2004:325) be rescinded.

*Amendment of Policy on Guidelines for Dental Societies in Cooperating with Consumers*

**54H-2016. 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.

*Rescission of Policy on Legislation Regarding Federally Qualified Health Centers*

**56H-2016. Resolved**, that the ADA policy on "Legislation Regarding Federally Qualified Health Centers" (*Trans.* 1998:736) be rescinded.

*Amendment of Policy on Oral Health Education in Schools*

**58H-2016. Resolved**, that the ADA policy on "Oral Health Education in Schools" (*Trans.*2014:506) be amended to read as follows (additions underscored; deletions are ~~stricken~~):

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

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

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

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

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

*Amendment of Policy on Use of Federal Funds to Provide Loan Repayment Grants to Dentists*

**59H-2016. 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.

#### *Policies and Recommendations on Diet and Nutrition*

**60H-2016. 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 dieticians 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*)

*Policies and Recommendations on Occupational Safety and Health*

**66H-2016. 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

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

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

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

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

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

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

*Amendment of Policy on Orofacial Protectors*

**68H-2016. Resolved**, that the policy on **Orofacial Protectors** be amended to read as follows (additions underscored; deletions are ~~stricken~~).

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

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

*Use of Health Literacy Principles for All Patients*

**69H-2016. Resolved**, that ADA supports the use of health literacy principles and plain language for **all** patients and providers to make it easier for them to navigate, understand and use appropriate information and services to help patients be stewards of their oral health.

*Support of Science Fairs*

**70H-2016. Resolved**, that recognizing their educational value, the ADA supports dental society promotion and participation in science fairs.

*Integration of Oral Health and Use and Disease Prevention Principles in Health Education Curricula*

**71H-2016. 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.

#### *Policy on Drinking Water in Schools*

**76H-2016. 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.

#### *Policies and Recommendations on Tobacco Use*

**78H-2016. Resolved**, that the following policy entitled "Policies and Recommendations on Tobacco Use" be adopted:

##### *Dentist's Role in Preventing Tobacco Use*

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

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

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

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

##### *Access and Prevention*

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

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

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

##### *Government Affairs*

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

1. Protecting and enhancing state and federal regulatory authority to ban or otherwise prevent the use of traditional and non-traditional tobacco products;

2. Banning the sale of traditional and non-traditional tobacco products in all venues, including through vending machines and the internet;
3. Levying significant excise taxes on traditional and non-traditional tobacco products;
4. Setting age restrictions for purchasers of traditional and non-traditional tobacco products;
5. Requiring oral health warning statements and graphic images on traditional and non-traditional tobacco products;
6. Barring companies from marketing some traditional and non-traditional tobacco products as being less harmful to the oral health than others;
7. Regulating exposure to environmental tobacco smoke (ETS);
8. Banning all forms of traditional and non-traditional tobacco product advertising and marketing (including bans on free sampling);
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)

## Non-Consent Resolutions

**Elimination of Offices of First and Second Vice Presidents** (Board of Trustees Resolution 1-2015): The Reference Committee reported as follows:

The Reference Committee concurs with the Board of Trustees and supports adoption of the following resolution.

The Standing Committee on Constitution and Bylaws approves the wording of Resolution 1-2015 as submitted.

**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.

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

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

and be it further

**Resolved**, that at the adjournment *sine die* of the 2018 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.

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

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

and be it further

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

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

and be it further

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

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

and be it further

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

*Section 30. NOMINATIONS:*

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

and be it further

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

*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. The term of office of the Treasurer shall be three (3) years, or until a successor is elected and installed. The Treasurer shall be limited to two (2) consecutive terms of three (3) years each, excepting the case of a former Treasurer who has been elected Treasurer *pro tem* as provided in Chapter VIII, Section 30 of these *Bylaws*, who may serve one (1) additional year.

and be it further

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

*Section 50. TERM OF OFFICE*: The President and President-elect ~~and 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. The term of office of the Treasurer shall be three (3) years, or until a successor is elected and installed. The Treasurer shall be limited to two (2) consecutive terms of three (3) years each, excepting the case of a former Treasurer who has been elected Treasurer *pro tem* as provided in Chapter VIII, Section 30 of these *Bylaws*, who may serve one (1) additional year.

and be it further

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

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

and be it further

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

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

and be it further

**Resolved**, that at the adjournment *sine die* of the 2017 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 ~~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.

Dr. Morrow moved Resolution 1-2015 (*Supplement:5027*) with the Committee Recommendation to Vote Yes.

Dr. O. Andy Elliott, II, Kentucky, former vice president, spoke against Resolution 1-2015. He said, "...When you go to a Reference Committee at 7:00 a.m. and see the room packed, you see that we like to be involved. And part of that involvement is having representation on the Board of Trustees from the Vice Presidents, who truly are the trustees of this House.

...When we remove that position of Vice Presidents, we take away the opportunity for the ADA to gain from talented individuals who may be seasoned delegates or they may be new delegates who can bring their talents to the full board and the full management as part of that officer core. I would ask you as the House of Delegates to defeat their recommendation to do away with the Vice Presidents position and ask the Board to trust us as the House to quit bringing this thing back. And let's move forward with our Vice Presidents."

A motion was made to vote immediately, which requires a two-thirds vote; on vote, the motion to vote immediately was adopted.

The Speaker noted that adoption of Resolution 1-2015 requires a two-thirds affirmative vote. On vote, Resolution 1-2015 was not adopted.

**Introduction of New Business** (Task Force to Evaluate the Business of the House of Delegates Resolution 5 and Reference Committee D Resolution 5RC) The Reference Committee reported as follows:

The Reference Committee believes requiring unanimous consent for the introduction of new business after the close of the first meeting of a session is virtually an impossible standard to meet. In lieu of unanimous consent, the Committee recommends a threshold of 80%.

The Standing Committee on Constitution and Bylaws approves the wording of Resolution 5RC as submitted.

**5RC. 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 an eighty percent (4/5) affirmative vote ~~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.

Dr. Morrow moved Resolution 5RC in lieu of Resolution 5 (*Supplement:5017*) with the Committee Recommendation to Vote Yes.

Dr. Robert M. Peskin, New York, spoke against Resolution 5RC, saying "... the issue of why I'm opposed to this resolution relates to the potential disenfranchisement of this House of Delegates in proposing new business. The first part of it deals with the issue of the time period in the 15 days that precedes the Annual Session. ...many of the multiple constituent society trustee districts meet during that time frame, and if they were to get together and decide as a trustee district at that point in time to put together a resolution to introduce as new business, it would require a two-thirds threshold to get to the House just for discussion. The other part ... relates to the introduction of new business following the reference committee hearings and the caucus meetings that take place ... By even setting the threshold at 80%... you are allowing a minority of the House to decide that they don't want to adopt a motion simply by not allowing that motion or that resolution to get on the agenda. ..."

Dr. Terry G. Schechner, Indiana, moved to amend Resolution 5RC by striking the words "an eighty percent (4/5)" and inserting "a two thirds (2/3)" between the words "and is permitted to be introduced by" and "affirmative vote" so the amended language reads as follows:

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 an eighty percent (4/5) a two thirds (2/3) affirmative vote ~~the unanimous consent a two thirds (2/3) affirmative vote~~ of the delegates present and voting.

Dr. Robert J. Wilson, Jr., Maryland spoke in support of the amendment. He said, "As written, the RC, I would suggest is in violation of the fundamental principles of parliamentary law, chapter II in the *Standard Code of Parliamentary Procedure*. Look at majority decision, right of discussion, fairness and good faith. We should not, for the sake of expediency, make such a radical and rash decision and disenfranchise the minority."

On vote, the motion to amend Resolution 5RC was adopted.

Hearing no objection the Speaker announced that the House would adjourn for lunch and reconvene for the Third Meeting of the House of Delegates.

### **Adjournment**

Dr. Christine N. Altrick, California, moved to adjourn the Second Meeting of the House of Delegates. Without objection, the Speaker declared the Second Meeting of the ADA House of Delegates adjourned at 11:48 a.m., Monday, October 24, 2016.

**Monday, October 24, 2016**

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**Third Meeting of the ADA House of Delegates**

**Call to Order:** The Third Meeting of the 157th Annual Session of the ADA House of Delegates was called to order at 1:00 p.m., Monday, October 24, 2016, by the Speaker of the House of Delegates, Dr. Glen D. Hall.

**Special Order of Business—Installation Ceremony**

Prior to the installation ceremony, the Speaker recognized the following retiring ADA officers and trustees and thanked them for their service and dedication.

Dr. Thomas W. Gamba, first vice president  
 Dr. Mark R. Zust, trustee, Sixth District  
 Dr. James K. Zenk, trustee, Tenth District  
 Dr. Julian Hal Fair, III, trustee, Sixteenth District  
 Dr. Terry L. Buckenheimer, trustee, Seventeenth District

The Speaker also introduced the continuing members of the Board of Trustees and thanked them for their service on behalf of the profession.

Dr. Judith M. Fisch, trustee, First District  
 Dr. Chad P. Gehani, trustee, Second District  
 Dr. Andrew J. Kwasny, trustee, Third District  
 Dr. Jeffrey M. Cole, trustee, Fourth District  
 Dr. Alvin W. Stevens, Jr., trustee, Fifth District  
 Dr. Robert N. Bitter, trustee, Eighth District  
 Dr. Gary E. Jeffers, trustee, Ninth District  
 Dr. Rickland G. Asai, trustee, Eleventh District  
 Dr. Raymond A. Cohlma, trustee, Twelfth District  
 Dr. Lindsey A. Robinson, trustee, Thirteenth District  
 Dr. Daniel J. Klemmedson, trustee, Fourteenth District  
 Dr. Richard C. Black, trustee, Fifteenth District  
 Dr. Irene Marron-Tarrazzi, first vice president  
 Dr. Ronald P. Lemmo, treasurer  
 Dr. Kathleen T. O'Loughlin, executive director

The Speaker introduced Dr. Carol Gomez Summerhays for the purpose of installing the new officers and trustees.

The following new officers and trustees were introduced:

Dr. W. Roy Thompson, trustee, Sixth District  
 Dr. Billie Sue Kyger, trustee, Seventh District  
 Dr. Kenneth McDougall, trustee, Tenth District  
 Dr. Kirk M. Norbo, trustee, Sixteenth District  
 Dr. Cesar R. Sabates, trustee, Seventeenth District  
 Dr. G. Lewis Mitchell, Jr., second vice president

*Installation of Officers and Trustees.* Dr. Summerhays installed Dr. Joseph P. Crowley, Ohio, as ADA President-elect; Dr. Gary L. Roberts, Louisiana, as ADA President; Dr. G. Lewis Mitchell, Alabama, as second vice president; and Drs. W. Roy Thompson, Billie Sue Kyger, Kenneth McDougall, Kirk Norbo and Cesar Sabates as trustees. Dr. Summerhays extended congratulations to the new officers and trustees.

Additionally, Dr. Summerhays asked the members of the House of Delegates, and they collectively agreed, to pledge their support by accepting assignments when called upon, by bringing forward the opinions and concerns of the members in their districts and by engaging in open and honest debate on issues.

**Presentation to Dr. Summerhays:** Dr. Roberts, as the newly installed ADA President, presented Dr. Summerhays with the insigne of past president and a certificate of appreciation recognizing her dedication to the Association and the dental profession.

**Presentation of Dr. Gary Roberts:** Dr. Roberts addressed the members of the House of Delegates. He thanked his wife Teresa, members of his ADA District, ADA Leadership, and all those gathered at the meeting of the House of Delegates. His remarks focused on the strong state of dentistry and the challenges ahead such as declining utilization of dental services among adults and slipping market share among new dentists. He stated, "These are not small challenges. They're trends that will define our profession for decades to come, and you have an important role in shaping these outcomes. These issues call for bold and courageous leadership, and thank you for stepping up to answer that call."

Dr. Roberts listed three initiatives he believed could be accomplished in the coming year: the willingness to try new things; governance reform to make the Association more responsive and more effective; and licensure portability. Dr. Roberts concluded by recalling how he became involved in organized dentistry forty years ago thanks to the persistent encouragement of a fellow dentist in Louisiana. He stated, "For my part, I am going to continue to reach out to new dentists, to understand their needs... and with you, I'm going to continue looking ahead to meet the changing needs of the dental profession today. ..."

The installation ceremony concluded following Dr. Roberts' remarks.

**Remarks of the Chair of the American Dental Political Action Committee (ADPAC):** Dr. Bruce R. Hutchison expressed appreciation to members of the House of Delegates for their generous donations as well as the many others who donated to ADPAC during the annual meeting.

**Report of the Standing Committee on Credentials, Rules and Order:** Dr. Ethan A. Pansick, Committee chair, announced that the Committee had received a request relating to the credentialing of an acting secretary. The committee considered this request to be the result of extenuating circumstances and recommended that the following individual be credentialed:

*Constituent Secretary*  
Caron L. Berg, North Dakota

Hearing no objections, the Speaker announced that the credentials were granted.

Dr. Pansick announced the presence of a quorum and read the ADA Disclosure Policy.

#### **Report of Reference Committee D (Continued)**

Dr. Carol M. Morrow, chair, Reference Committee D returned to the podium to present the Reference Committee's remaining items of business.

**Introduction of New Business (Continued)** (Task Force to Evaluate the Business of the House of Delegates Resolution 5 and Reference Committee D Resolution 5RC):

Dr. Robert M. Peskin, New York, spoke against Resolution 5RC, saying "...At this meeting, we've had eight new resolutions introduced within the two-week period. That would have required us to have eight separate votes to allow these resolutions just to be placed on the agenda, which would have encumbered this House of Delegates even further. I believe that just by defeating this resolution, going back to the way we were, we've accomplished what we need to do with the last meeting and makes it much more streamlined for us to conduct business in the future without encumbering any of the Trustee Districts."

Additional discussion in opposition to Resolution 5RC ensued, with individuals commenting that some district caucuses do not meet until they are on site at the annual session and that valuable insight leading to proposed resolutions often come about during the district caucuses which follow the reference committee hearings.

The Speaker noted that adoption of Resolution 5RC as amended requires a two-thirds affirmative vote. On vote, Resolution 5RC, as amended, was not adopted.

**Amendments to the Election Commission Guidelines Governing the Conduct of Campaigns for All ADA Offices** (ADA Election Commission Resolution 6 and Ninth Trustee District Resolution 6S-1): The Reference Committee reported as follows:

Very little testimony was heard on Resolution 6 or Resolution 6S-1. The chair of the Election Commission testified that the Commission supported the additions presented by 6S-1. In addition, there was testimony presented concerning additional provisions to govern campaigns and elections. The Reference Committee declined to consider these proposals, instead agreeing that these should be considered by the Election Commission in the first instance.

**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 underscored and double underscored and deletions ~~stricken through~~ and ~~double stricken through~~).

Dr. Morrow moved Resolution 6S-1 (*Supplement:5021a*) in lieu of Resolution 6 (*Supplement:5021*) with the Committee Recommendation to Vote Yes.

In response to a question, Mr. Thomas Elliott, Jr., deputy general counsel, responded that electronic campaign materials would be posted on ADA Connect along with an announcement on ADA Connect that such campaign materials had been posted.

Dr. Gary S. Davis, Pennsylvania, moved to amend Resolution 6S-1 by substituting item 9, under the section titled Literature in Appendix 1, as follows:

#### 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 electronic material posted in the Candidates section on the ADA's Website. The posting should consist of one electronic brochure per candidate. ~~printed matter on paper only and nothing else. (A single distribution per candidate for each House of Delegates will be made. However, the distribution could consist of more than one piece of printed matter as long as the materials are secured together.)~~

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

Dr. Davis expressed concern that mandating all campaign literature to be in electronic format only could result in some delegates not receiving the literature.

Dr. Nathalie Dube, Michigan, spoke against the amendment. She said, "The idea that having the information digitally would actually be harder to get doesn't quite make sense to me. If I was an alternate coming in, I have access to the information on ADA Connect. ... It would be harder for me running around trying to get the brochures from other delegates. ... We have a wonderful resource already available to us through the ADA Connect. As a delegate we are bombarded with a lot of information. I want my information in one place. Not only does this make it easier for comparison, it also keeps the information organized and portable."

Dr. Charles J. Incalcaterra, Pennsylvania, spoke in support of the amendment, stating, "... the thought here is that you can have it both on ADA Connect and you can have your paper. ..."

Dr. Douglas Auld, Oklahoma, chair of the Election Commission, stated, "The Election Commission's charge is twofold. One, to make the campaign be as fair as possible. Two, to try and save and cut the cost. If you eliminate paper, you cut the cost. But at the same time, there is no way that being electronic only would be less fair. ... It will be just as fair being paperless."

A motion was made to vote immediately, which requires a two-thirds vote; on vote the motion to vote immediately was adopted. On vote, the amendment was not adopted.

On vote, Resolution 6S-1 was adopted in lieu of Resolution 6.

**6H-2016. 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 underscored and double underscored and deletions ~~stricken through~~ and ~~double stricken through~~).

**Note:** Appendix 1 is located in *2016 Supplement to Annual Reports and Resolutions* and follows page 5021a.

**Amendment to the Election Commission Consultants** (ADA Election Commission Resolution 7 and Ninth Trustee District Resolution 7S-1): The Reference Committee reported as follows:

The Reference Committee heard limited testimony on Resolution 7 and Resolution 7S-1 including the testimony of the chair of the Election Commission supporting the additions proposed by Resolution 7S-1. The Committee supports the adoption of Resolution 7S-1 in lieu of Resolution 7.

**7S-1. Resolved**, that Resolution 43H-2015, be amended as shown below (additions underscored and double 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 or appointee will serve as consultants to the Election Commission, each without the right to vote.

Dr. Morrow moved Resolution 7S-1 (*Supplement:5023a*) in lieu of Resolution 7 (*Supplement:5022*) with the Committee Recommendation to Vote Yes.

On vote, Resolution 7S-1 was adopted in lieu of Resolution 7.

**7H-2016. Resolved**, that Resolution 43H-2015, be amended as shown below (additions underscored and double 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 or appointee will serve as consultants to the Election Commission, each without the right to vote.

**Amendment of Policy on Health Centers** (Council on Government Affairs Resolution 55 and Reference Committee D Resolution 55RC): The Reference Committee reported as follows:

The Reference Committee heard testimony on the need for some additional clarification that the formation of dental advisory boards should be a cooperative effort between the local dental societies and health center staff.

**55RC. Resolved**, that the ADA policy on Health Centers (*Trans.*2005:338) be amended to read as follows (revisions highlighted):

~~**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

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

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

Dr. Morrow moved Resolution 55RC in lieu of Resolution 55 (*Supplement:5061*) with the Committee Recommendation to Vote Yes.

Dr. Douglas S. Hadnot, Montana, moved to amend Resolution 55RC by adding a second resolving clause after the first resolving clause. The second resolving clause would read as follows:

**Resolved**, that the ADA collaborate with the appropriate federal agencies to improve quality and accountability in the federal grant application and award process.

Dr. Hadnot stated, "... We're seeking to have some accountability, better accountability, in the grant application process from community health centers and federally qualified health centers. In Montana, there have been a couple of instances where community health centers have expanded into rural communities that were well served by some of our ADA member dentists. The processes and requirements of the grant process were not followed, and the information was not included in their grant applications. Consequently, those folks, our colleagues, were surprised when they found a community health center opening up next door. In the spirit of helping our members deal with these kinds of situations and to improve the quality of care of the people that live in those communities, it's important to have some real collaboration between community health centers and our dentists in private practice."

Dr. Renee W. Joskow, Public Health Service, spoke against the amendment. She said, "... [Resolution 55RC] actually addresses the prior speaker's concern about collaboration and working together, both the private dentists, with the dental societies, as well as the health centers. ... More importantly, with respect to the first part of this clause, is that the federal grant process is one that is, in fact, a peer-reviewed process, and the applications are reviewed and adjudicated by the peers of the applicants. And the Health Resources and Services Administration, runs the grant review process based upon standards and guidelines that are publicly available."

In response to a question, Mr. Michael A. Graham, senior vice president, Government Affairs, responded that staff does not believe that ADA has any influence on the content of the Health Resources and Service Administration (HRSA) grant application and awards processes.

Pro and con discussion ensued.

To clarify the intention of the amendment, Dr. Hadnot stated, "... what we're looking for here is not to change the process, but we are looking to make sure that the process is followed and that the information is included completely and accurately. And I think the problem that we see is that oftentimes information in grant applications is greatly embellished or, in some cases missing completely. And we're just looking for some support from ADA to assist in addressing these situations. ..."

On vote, the motion to amend Resolution 55RC was not adopted.

On vote, Resolution 55RC was adopted in lieu of Resolution 55.

**55H-2016. Resolved**, that the ADA policy on Health Centers (*Trans.2005:338*) be amended to read as follows (revisions highlighted):

~~**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

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

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

#### **Amendment to Section 5.H. of the ADA *Principles of Ethics and Code of Professional Conduct***

(Council on Ethics, Bylaws and Judicial Affairs Resolution 65): The Reference Committee reported as follows:

The Reference Committee received extensive oral and written testimony and deliberated at length concerning this resolution. Following substantial discussion, the Committee reached a consensus that the amendments to Section 5.H. of the ADA *Code* proposed by the Council on Ethics, Bylaws and Judicial Affairs are reasonable approaches to mitigate the risks that presently exist. The revised ADA *Code* provisions allow specialists who desire to limit their practices to their specialties to do so by announcing that their practices are "limited to" their specialties. As was pointed out in the hearing and in the report of the Council on Ethics, Bylaws and Judicial Affairs, patients will continue to be protected through other provisions of the ADA *Code*, such as Nonmaleficence and Veracity. Consequently, the Reference Committee recommends the adoption of Resolution 65 as written.

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

~~2. Dentists who announce as specialists must have successfully completed an 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 be diplomates of an American Dental Association recognized certifying board recognized by the American Dental Association or the jurisdiction in which the announcing dentist practices. The scope of the individual specialist's practice shall be governed by the educational standards for the specialty in which the specialist is announcing.~~

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

#### **STANDARDS FOR MULTIPLE SPECIALTY ANNOUNCEMENTS.**

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

\* 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.

Dr. Morrow moved Resolution 65 (*Supplement:5079*) with the Committee Recommendation to Vote Yes.

Dr. Steven A. Saxe, Nevada, moved to refer Resolution 65 to the Council on Dental Education and Licensure. Dr. Saxe requested that details of the Council's reservations, all comments by the dental specialties, and an opinion by expert legal counsel who deal with FTC restrictive trade practices be provided to delegates by the 2017 House of Delegates.

In speaking to the motion, Dr. Saxe said, "CDEL has reservations which resulted in the survey of the specialties in the background statement. The House of Delegates did not have opportunity to review all the details of these reservations or the response of each specialty group. This resolution, being a very complicated, multifaceted issue, received three weeks before this House of Delegates meeting, it requires further vetting, and we propose to make a monumental change in our centuries old tradition."

Dr. Michael H. Halasz, Ohio, vice chair, Council on Ethics, Bylaws and Judicial Affairs, stated, "I believe that we have sent out information long ago to all the councils on this. They have responded. I also further believe that the responses were in the background statements of the original resolution. I believe that this House already has the information for which the gentleman has asked."

Pro and con discussion ensued. Those speaking against referral commented that the House received a lot of background information on Resolution 65 and that the matter addressed in the Resolution was urgent enough that House action should occur at this meeting. A delegate from the floor spoke in support of referral stating, "I believe the attention should not be in haste, and we did not received in the original packet any responses from the specialty groups or the concerns of CDEL in their reservations."

On vote, the motion to refer was not adopted.

Dr. Douglas A. Auld, Oklahoma, chair, Council on Ethics, Bylaws and Judicial Affairs, spoke in support of Resolution 65. He said, "The council takes its responsibility very seriously and never suggests a change in our Code of Ethics without a compelling reason. The changing legal landscape in our country necessitated our bringing forth this resolution to minimize the risk to the association while at the same time maintaining the putting patients first philosophy."

Dr. Steven A. Saxe, Nevada, spoke against Resolution 65, commenting that there was no clearly stated legal justification for the ADA to adopt the Resolution.

In response, Dr. Halasz stated, "We heard from our legal people in a closed session about the changing landscape. This is not a turf war. This is simply trying to protect member dentists from being in violation of the Code of Ethics, plain and simple. That's all this is about."

A motion was made to vote immediately, which requires a two-thirds vote; on vote, the motion to vote immediately was adopted.

On vote, Resolution 65 was adopted.

**65H-2016. 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 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. The special area(s) of dental practice and an appropriate certifying board must be approved by the American Dental Association or be recognized by the jurisdiction in which the dentist practices.~~
- ~~2. Dentists who announce as specialists must have successfully completed an 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 be diplomates of an American Dental Association recognized certifying board recognized by the American Dental Association or the jurisdiction in which the announcing dentist practices. The scope of the individual specialist’s practice shall be governed by the educational standards for the specialty in which the specialist is announcing.~~
- ~~3. The practice carried on by dentists who announce as specialists shall be limited exclusively to the special area(s) of dental practice announced by the dentist.~~

#### **STANDARDS FOR MULTIPLE SPECIALTY ANNOUNCEMENTS.**

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

\* 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.

**Oral Evaluations for High School Athletes** (Council on Access, Prevention and Interprofessional Relations Resolution 72 and Reference Committee D Resolution 72RC): The Reference Committee reported as follows:

While the Reference Committee appreciates the emphasis on oral-facial protection for high school athletes, there is equal importance for an oral evaluation to be performed by a dentist to assess the oral health status of prospective athletes.

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

Dr. Morrow moved Resolution 72RC in lieu of Resolution 72 (*Supplement:5092*) with the Committee Recommendation to Vote Yes.

On vote, Resolution 72RC was adopted in lieu of Resolution 72

**72H-2016. Resolved**, that the American Dental Association supports the inclusion of an oral evaluation by a dentist and counseling regarding oral-facial protection as part of the pre-participation physical examination required for high school athletes.

**Amendment of the ADA Bylaws Regarding the Council on Access, Prevention and Professional Relations** (Council on Access, Prevention and Interprofessional Relations Resolution 77): The Reference Committee reported as follows:

The Reference Committee concurs with the Board of Trustees and supports adoption of the following resolution.

The Standing Committee on Constitution and Bylaws approves the wording of Resolution 77 as submitted.

**77. Resolved**, that the ADA *Bylaws*, Chapter X. COUNCILS, Section 10. NAME, be amended as follows (new language =underscored, 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= underscored, 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

Dr. Morrow moved Resolution 77 (*Supplement:5095*) with the Committee Recommendation to Vote Yes.

As a point of information, Dr. Monica Hebl, Wisconsin, asked, "Does the ADA have a consistent definition of advocacy across all councils? And, more specifically, does it include content development, technical assistance, conference sponsorship, convening and collaborating?"

In response, Mr. Michael A. Graham, senior vice president, Government Affairs, said that the ADA does not have a formal definition of advocacy. He commented that activities noted in the question are appropriate advocacy activities.

In response to a question, the Speaker noted that the advocacy activities confirmed by Mr. Graham would be included in the archive of House testimony, but that no policy on the definition of advocacy has been adopted.

Dr. Gary S. Davis, Pennsylvania, spoke against Resolution 77. He said, "Those in favor of [Resolution] 77 want to take the bylaws' responsibility of interprofessional relations away from CAPIR and make IR [interprofessional relations] an association-wide endeavor. As the saying goes, if it is everyone's responsibility, it is no one's responsibility. ... Dr. Davis commented on the valuable fluoridation information provided by CAPIR in recent years when his hometown water authority proposed removing fluoridation from the community water system. He noted that CAPIR assisted his local dental colleagues to form position groups to support continuing fluoridation. He credited the relationships built by CAPIR with other groups that advocate fluoridation as a key influence in the decision to continue fluoridation in his hometown.

The Speaker noted that adoption of Resolution 77 requires a two-thirds affirmative vote.

On vote, Resolution 77 was adopted.

**77H-2016. 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=underscoring; 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

**Clarifying the Role of Vice Presidents** (Fourteenth Trustee District Resolution 95): The Reference Committee reported as follows:

The Reference Committee has recommended adoption of Resolution 1-2015, sunsetting the positions of First and Second Vice President. Consequently, the Committee recommends that Resolution 95 not be adopted.

**95. Resolved**, that the House of Delegates urges the President of the Association to appoint the vice presidents to positions of responsibility as liaisons of the Board to councils, committees and task forces.

Dr. Morrow moved Resolution 95 (*Supplement:5108*) with the Committee Recommendation to Vote No.

Dr. Bryan J. Shanahan, Arizona, spoke in support of Resolution 95, saying "... I urge you to look at this so that we can use this position for different leaders, different people, to move up through the Association in a different format. Nine of the 17 Trustee Districts have not had a president in the last 30 years. New Mexico has not had a trustee ever, but has had a vice president. This is a very unique opportunity for multi-state districts and small states to get represented on the Board."

On vote, Resolution 95 was adopted.

**95H-2016. Resolved**, that the House of Delegates urges the President of the Association to appoint the vice presidents to positions of responsibility as liaisons of the Board to councils, committees and task forces.

**Amendment of Policy on National Health Service Corps Policy** (Council on Government Affairs Resolution 57) The Reference Committee reported as follows:

The Reference Committee concurs with the Board of Trustees and supports adoption of the following resolution.

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

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

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

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

Dr. Morrow moved Resolution 57 (*Supplement:5065*) with the Committee Recommendation to Vote Yes.

Dr. Raymond K. Martin, Massachusetts, moved to amend Resolution 57, in the second resolving clause by adding the words "scholarships and" between the words "National Health Service Corps (NHSC)" and "loan repayments."

Dr. Martin stated, "... there are two programs that NHSC administers. One is a scholarship program for dental students. One is a loan repayment program for dental graduates. And they are separate programs. ... we would like to have our lobbying staff in Washington, all our resources there, be able to advocate for both those programs to increase availability."

In response to a question, the Speaker responded that the policy title would be administratively amended to "National Health Service Corps Policy on Scholarships and Loan Repayments."

On vote, the proposed amendment was adopted.

On vote, Resolution 57 as amended was adopted.

**57H-2016. Resolved**, that the ADA policy on National Health Service Corps Policy (*Trans.1988:488*) be amended to read as follows (additions underscored; deletions are ~~stricken~~):

- ~~1. The American Dental Association recognizes the concept of the National Health Service Corps (NHSC) as a temporary measure for making dental services available in areas without sufficient dental manpower and where additional private practitioners are not available.~~
- ~~2. The Association believes that dentist placements should be assigned only to areas where a need and demand for dental care has been clearly identified and has been approved by the constituent and component dental societies.~~
- ~~3. NHSC dentists should be licensed in and comply with the Board rules of the state in which they are assigned to practice dentistry.~~
- ~~4. Constituent and component dental societies should regularly assess the degree and location of dental manpower shortages, if any, within their purview and should respond promptly, in agreement or disagreement to listings of shortage areas issued by the federal agencies.~~
- ~~5. The ADA is opposed to the identification of shortage areas primarily on the basis of dentist-to-population ratios without proper assessment of local demand for care and availability of dental manpower via customary trade areas, including those which cross state boundaries.~~
- ~~6. NHSC dental offices should be operated as closely as possible to a private practice fee-for-service basis.~~

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

### Report of Reference Committee E (Membership and Related Matters)

The Report of Reference Committee E was presented by Dr. Mary Jane Hanlon, Massachusetts, chair. The other members of the Reference Committee were: Dr. Tamara S. Berg, Oklahoma; Dr. Maria D. Fuller, Iowa;

Dr. Tara L. Haid, Ohio; Dr. Emily A. Mattingly, Missouri; Dr. Angela Noguera, District of Columbia; Dr. Victor Rodriguez, Texas; Dr. Oleg A. Shvartsur, Washington; and Dr. Stephen J. Zuknick, Florida.

**Consent Calendar** (Reference Committee E Resolution 99): The Reference Committee reported as follows:

The appended Resolution 99 lists resolutions referred and considered by this Reference Committee that received no or limited testimony, all positive testimony, all negative testimony, or the Reference Committee feels these resolutions were fully debated, with all issues considered. The Reference Committee’s recommended action (adopt, adopt in lieu of, not adopt or refer) is identified on each resolution presented on the consent calendar. By adopting Resolution 99, the recommendations of the Reference Committee on the consent calendar resolutions will become the action of the House of Delegates. It should be noted that if a resolution on the consent calendar is to “adopt in lieu of” with a Committee Recommendation to Vote No and the resolution remains on the approved consent calendar, the resolution is defeated and the underlying resolutions are automatically moot.

As customary, before voting on the consent calendar, any delegate wishing to discuss an item on the consent calendar has the right to request that resolution be removed and considered separately.

**99. Resolved**, that the recommendations of Reference Committee E on the following resolutions be accepted by the House of Delegates.

**Resolution 38**—(Adopt)—Request to Sunset the Council and for the Board of Trustees to Establish it as an Advisory Committee on Annual Meetings (*Supplement:6001*) \$:None; FTE: 0  
**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 79**—(Adopt)—Response to Resolution 83H-2015: Rewrite of Chapter I of the *Bylaws* (*Supplement:6011*) \$: None; FTE: 0  
**COMMITTEE RECOMMENDATION: Vote Yes**

Dr. Hanlon moved Resolution 99 with the Committee Recommendation to Vote Yes.

Hearing no objection, Resolution 99 was adopted by general consent.

**99H-2016. Resolved**, that the recommendations of Reference Committee E on the following resolutions be accepted by the House of Delegates.

**Resolution 38**—(Adopt)—Request to Sunset the Council and for the Board of Trustees to Establish it as an Advisory Committee on Annual Meetings (*Supplement:6001*) \$:None; FTE: 0  
**COMMITTEE RECOMMENDATION: Vote Yes**

**Resolution 79**—(Adopt)—Response to Resolution 83H-2015: Rewrite of Chapter I of the *Bylaws* (*Supplement:6011*) \$: None; FTE: 0  
**COMMITTEE RECOMMENDATION: Vote Yes**

*Note. For the purpose of a fully documented record, the text of the resolutions presented in Resolution 99H follows.*

**Consent Calendar Resolutions—Adopted/Adopted in Lieu of**

*Request to Sunset the Council and for the Board of Trustees to Establish it as an Advisory Committee on Annual Meetings*

**38H-2016. 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 underscoring 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*.

\* \* \*

~~Council on ADA Sessions shall be composed of nineteen (19) members, one (1) member from each trustee district whose terms of office shall be staggered in such a manner that four (4) members will complete their terms each year except every fourth year when five (5) members shall complete their terms. In addition, the General Chair of the Local Arrangements Committee for the current year and the General Chair-elect for the succeeding year shall serve as members and shall not be eligible to serve as Council Chair.~~

\* \* \*

and be it further

**Resolved**, that CHAPTER X. COUNCILS, Section 130. AREAS OF RESPONSIBILITY be amended as follows (additions underscoring and deletions ~~stricken through~~):

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.~~

with subsections C through K of Chapter X, Section 130 of the ADA *Bylaws* being relettered accordingly,

and be it further

**Resolved**, that the Board of Trustees is urged to establish an Advisory Committee on Annual Meetings, charged with conducting, under the oversight of the Board of Trustees, the annual meetings of the American Dental Association and such other Association meetings as the Board of Trustees may direct, and be it further

**Resolved**, that the Board of Trustees is urged to allow the Advisory Committee on Annual Meetings to operate under an *interim* charter that is based upon and utilizes the structure of the Council on ADA Sessions as set forth in the Standing Rules of Councils and Commissions while a formal charter is being developed so that the planning for future annual meetings of this Association can continue uninterrupted.

**79H-2016. 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

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

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\* 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.

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:

a. 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 this Association and is not eligible for tripartite or any other direct category of membership because he or she has not established a place of practice. The provisional membership awarded under this alternative shall terminate December 31 of the second full calendar year following the year in which the degree was awarded;

or

b. Is a graduate of an unaccredited dental school who has been licensed within the past twenty-four (24) months to practice dentistry in a jurisdiction in which there is a constituent and has not established a place of practice. The provisional membership awarded under this alternative shall terminate December 31 of the second full calendar year following the year in which the license was awarded.

G. INTERNATIONAL MEMBER. An individual who is ineligible for any other classification of membership and:

a. Is practicing dentistry or is employed in a dentally-related field in a country other than the United States;

b. Has been classified as an international member upon application to the Board of Trustees according to the specifications in the *Governance and Organizational Manual of the American Dental Association* ("the *Governance Manual*"); and

c. Maintains membership in good standing in this Association.

*Section 30. PRIVILEGES.* Members shall receive such privileges and benefits as are listed in the *Governance Manual*.

*Section 40. DUES AND SPECIAL ASSESSMENTS.* Except for International members, the dues of members shall be the amount established annually by the House of Delegates in accordance with the procedure set forth in the these *Bylaws*. In addition to annual dues, members shall pay any outstanding special assessment that may be levied by the House of Delegates in accordance with the procedure set forth in the *Governance Manual*.

*Section 50. DEFINITION OF "IN GOOD STANDING."*

A. To be in good standing, a member is required to meet the following criteria:

a. The member's payments of dues and special assessments, if any, are current if such payment is required; and

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 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.

B. *REINSTATEMENT.* Reinstatement of membership may be secured on payment of outstanding dues and any special assessment of this Association and on meeting the remaining eligibility requirements for membership.

*Section 70. WAIVER OF DUES AND SPECIAL ASSESSMENTS.* Members may be eligible for a full or partial waiver of the current year's dues and/or special assessments as set forth in the *Governance Manual*.

and be it further

**Resolved**, that the transition from the current CHAPTER I of the *Bylaws* to the revised CHAPTER I of the *Bylaws* occur at the conclusion of the 2017 ADA House of Delegates; and be it further

**Resolved**, that the *Governance and Organizational Manual of the American Dental Association* as set forth in Appendix 2 be adopted, effective at the conclusion of the 2017 House of Delegates, and be it further

**Resolved**, that Chapter VII BOARD OF TRUSTEES, *Section 90 POWERS*, of the ADA *Bylaws* be amended to include new subsection O. as follows (additions underscored), to be effective at the conclusion of the 2017 House of Delegates:

O. Establish the annual dues of International members of this Association.

## Non-Consent Resolutions

**Student Members Eligible to Serve on Constituent Delegations** (Fourth Trustee District Resolution 88, Thirteenth Trustee District Resolution 92, and Reference Committee E Resolution 88RC): The Reference Committee reported as follows:

The Reference Committee heard substantial testimony both in support and in opposition to the resolution. Supportive testimony focused on the additional flexibility that would be available for constituent societies, while opposition testimony observed that dental students are able to participate in the ADA House of Delegates through ASDA. Given the similarity between Resolution 88 and Resolution 92, the makers of the two resolutions offered the Reference Committee suggestions for how the two resolutions could be combined; the Committee has developed 88RC to effectively streamline the work of the House.

The Reference Committee observed that dental students may attend the ADA House of Delegates as valued guests and observers. Furthermore, there are opportunities at the state level for student participation. Constituent societies are urged to modify their own bylaws as necessary to enhance the ability of students to participate in those activities. Given these considerations, the Reference Committee recommends against approval. The Speaker and the Chair of the Council on Ethics, Bylaws and Judicial Affairs approved the wording of Resolution 88RC as submitted.

**88RC. 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*, CHAPTER I. MEMBERSHIP, Section 20. QUALIFICATIONS, PRIVILEGES, DUES AND SPECIAL ASSESSMENTS, E. STUDENT MEMBER, b. PRIVILEGES, be amended as follows (additions underscored and deletions ~~stricken through~~).

b. PRIVILEGES.

(1) 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.

(2) A student member who is in good standing shall be eligible for election as a delegate or alternate delegate to the House of Delegates.

(3) A student member under disciplinary sentence of suspension shall not be privileged to serve as the American Student Dental Association's delegate or alternate delegate, or a constituent's delegate or alternate delegate in this Association's House of Delegates.

and be it further

**Resolved**, that the ADA *Bylaws*, CHAPTER II. CONSTITUENT SOCIETIES, Section 100. PRIVILEGE OF REPRESENTATION, be amended to read as follows (additions underscored and deletions ~~stricken through~~):

Each state constituent dental society and the District of Columbia Dental Society shall be entitled to a minimum number 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~~ or student members, the same number of alternate delegates as delegates and shall designate the alternate delegate who shall replace an absent delegate.

and be it further

**Resolved**, that the ADA *Bylaws*, Chapter V. HOUSE OF DELEGATES, SECTION 10. COMPOSITION, A. VOTING MEMBERS and E. ALTERNATE DELEGATES, be amended as follows (additions underscored and deletions ~~stricken through~~):

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, 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.

E. Alternate Delegates. Each constituent dental society and each federal dental service may select from among its active, life, ~~and retired~~ or student members, the same number of alternate delegates as delegates. The American Student Dental Association may select from among its active members the same number of alternate delegates as delegates.

Dr. Hanlon moved Resolution 88RC in lieu of Resolution 88 (*Supplement:6040*) and Resolution 92 (*Supplement:6043*) with the Committee Recommendation to Vote No.

Dr. John M. Pisacane, California, moved to refer Resolution 88RC to the appropriate ADA agency for further study with a report back to the 2017 House of Delegates. Dr. Pisacane said, "...We feel that the resolution is well aligned with the mission and strategic goals of both the ADA and ASDA and will help increase the pool of new dentist leaders interested in serving as delegates, but recognize that this House may benefit from the organization exploring this idea further in order to alleviate any concerns that may have been raised."

Pro and con discussion ensued on the motion to refer. Individuals speaking in support of referral commented that the Association could gain from exploring ways to further engage dental students by allowing districts to include student members as delegates and that further study was necessary. Individuals speaking against referral commented that a sufficient amount of testimony and discussion on Resolution 88RC had occurred during the Reference Committee hearing.

On vote, the motion to refer Resolution 88RC was not adopted.

Dr. Robert J. Wilson, Jr., Maryland, spoke in support of Resolution 88RC. He said, "I just want to make sure everybody clearly understands that this is not a mandate to favor the student over the new dentist. Quite the contrary. It is simply an opportunity to allow a constituent society to make that choice. If they see a student that they deem has the time, the knowledge, the expertise, the enthusiasm, the dedication to do this job, they would have the opportunity to nominate and elect that student to their delegation. ..."

Dr. Erik A. Johnson, Maine, spoke against Resolution 88RC. He said, "The American Student Dental Association already has five delegate votes. There are 19 states and the District of Columbia that have fewer than five delegates. ... By assigning a delegate position to a student, this may take away a representative position from one of our new ADA members that may have far greater real world experience in dental practice outside of the dental education environment. If the main focus of the ADA Strategic Plan is member engagement of millennials, then we in District One believe those open spots should be dedicated to new dentists. This would improve composition of the membership and promote their view points. ..."

Dr. Natasha A. Lee, California, spoke in support of Resolution 88RC stating, "...In our district, we have opportunities to bring on new dentists and students. We see that this is not a new dentist or student issue. The more students we can get in, the more likely they're going to apply for our positions when they become a new dentist. Because it works for our constituent, we are just asking permission for that to happen and for those groups that don't want it to happen, it's not a mandate."

Dr. Justin R. Norbo, Virginia, spoke against Resolution 88RC stating, "...While I appreciate the intent of the resolution to increase the voice of the students on the floor of the House of Delegates, this resolution will likely have an unintended consequence of district delegations overlooking the representation of new dentists to the House of Delegates. Currently at this House, as we heard from Dr. Roberts, there are seven new dentist delegates. Keep in mind, new dentists comprise approximately 25% of the ADA membership. Students currently have representation on the House floor through the five ASDA delegates. In 2009, the House of Delegates passed a resolution to encourage new dentist involvement and volunteer leadership. At seven new dentist delegates today, we haven't made great strides in seven years."

A motion was made to vote immediately which requires a two-thirds vote; on vote, the motion to vote immediately was adopted.

The Speaker stated that Resolution 88RC requires a two-thirds affirmative vote for adoption.

On vote, Resolution 88RC was not adopted.

Dr. R. Mark Horner, Maryland, moved Resolution 88 in lieu of Resolution 92.

**88. Resolved**, that the ADA *Bylaws* be amended to allow student members who are in the final year of a pre-doctoral program and who are in good standing to serve on constituent society delegations to the ADA House of Delegates, and be it further

**Resolved**, that the ADA *Bylaws*, CHAPTER I MEMBERSHIP, Section 20. QUALIFICATIONS, PRIVILEGES, DUES AND SPECIAL ASSESSMENTS, E. STUDENT MEMBER, b. PRIVILEGES, be amended as follows (additions underscoring and deletions ~~stricken through~~).

b. PRIVILEGES.

(1) 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.

(2) A student member who is in the final year of a pre-doctoral program and in good standing shall be eligible for election as a delegate or alternate delegate to the House of Delegates.

(3) A student member under disciplinary sentence of suspension shall not be privileged to serve as the American Student Dental Associations delegate or alternate delegate, or a constituent's delegate or alternate delegate in this Association's House of Delegates.

and be it further

**Resolved**, that the ADA *Bylaws*, CHAPTER II CONSTITUENT SOCIETIES, Section 100. PRIVILEGE OF REPRESENTATION, be amended to read as follows:

Each state constituent dental society and the District of Columbia Dental Society shall be entitled to a minimum number 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~~ or student members who are in their final year of a pre-doctoral program, the same number of alternate delegates as delegates and shall designate the alternate delegate who shall replace an absent delegate.

and be it further

**Resolved**, that the ADA *Bylaws*, Chapter V HOUSE OF DELEGATES, SECTION 10, VOTING MEMBERS and E. ALTERNATE DELEGATES, be amended as follows:

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, retired or student members who are in their final year of a pre-doctoral program and five (5) student members of the American Student Dental Association who are 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.

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.

Dr. Horner said, "I feel that a lot of positive comments were made about [Resolution] 88RC. However, I feel that if we limit the nominee to someone in their fourth year of dental school, they would be elected as a dental student, but they would be graduating. And when they came to serve in the House, then they would be a new dentist, which would give more new dentist representation."

Dr. Oleg A. Shvartsur, Washington, moved to refer Resolution 88 to the appropriate agency with a report back to the 2017 House of Delegates.

Pro and con discussion ensued on the motion to refer. Individuals speaking in favor of referral commented that students with experience in governance could make contributions to the House which would be beneficial, such as the contributions made by the ASDA delegation. Individuals speaking against referral commented that the House voted earlier against referral of a similar resolution.

On vote, the motion to refer Resolution 88 to the appropriate agency with a report back to the 2017 House of Delegates was not adopted.

Dr. Tara L. Haid, Ohio, spoke against Resolution 88. She commented that conflicts could occur if a student in their final year of dental school were to be elected to a two-year delegate term; noting that in the second year of the delegate term the student would have graduated from dental school and may relocate to another state or fail to meet ADA membership requirements.

Dr. Janice G. Scott, California, spoke in support of Resolution 88. In regards to the concern that a dental student may not be able to finish a term as delegate, she commented that if a student delegate were to relocate to another state after graduating from dental school, that delegate would simply resign from the state delegation they had served on. She also said, "... if there is a district that really feels passionate about bringing one person to the House, then bring another voice. And if you don't want that student, then don't bring them. It's really a state's choice. It's an opportunity for you to select them or not, but it just gives you another voice in the House."

A motion was made to vote immediately which requires a two-thirds vote; on vote, the motion to vote immediately was adopted.

The Speaker stated that Resolution 88 requires a two-thirds affirmative vote for adoption.

On vote, Resolution 88 was not adopted.

Resolution 92 was not moved for consideration; the Speaker declared Resolution 92 moot.

## New Business

**Reconvene Task Force to Evaluate the Business of the House** (Thirteenth District Resolution 96) Dr. Wallace J. Bellamy, California, moved Resolution 96 (*Supplement:7000*).

**96. Resolved**, that the 2015 Task force, in addition to the Speaker of the House, be reconvened following the 2016 House of Delegates to review the implemented changes to the ADA House of Delegates, and be it further

**Resolved**, the task force will meet by conference call and provide a report with any recommended changes to the 2017 House of Delegates.

In response to a question, the Speaker stated his interpretation that the words “2015 Task force” in the first resolving clause referred to the Task Force charge and that the President has the flexibility of making appointments to the Task Force.

Speaking on the resolution, Dr. Bellamy said, “We appreciate the work of the Task Force in their efforts to streamline the activities of the House. In that regard, we feel that it is necessary for the Task Force to be able to evaluate the effectiveness of these changes and report these changes to the 2017 ADA House of Delegates.”

Dr. Judee Tippett-Whyte, California, chair, Task Force to Evaluate the Business of the House, spoke in support of Resolution 96. She said, “I would just like to say that I agree with this resolution, and I’ve also had discussion with Carol Summerhays, Past President, and our current President-elect Gary Roberts, and they both concur that this would be a good process to evaluate the changes. And we would look towards the post House of Delegates surveys to get your information also.”

Dr. Deb A. Peters, Michigan, spoke against Resolution 96. She said, “I would ask all of you to have input, because you have the ability to respond to the survey of our Speaker. And please allow our Speaker to fulfill the function of his role for us in evaluating in how we did ... It is already the duty of all of us to respond to our surveys and give information to our Speaker and allow our Speaker to fulfill his duty.”

Dr. Samuel E. Selcher, Pennsylvania, moved to amend Resolution 96 by inserting the words “and suggest improvements” between the words “implemented changes” and “to the ADA House of Delegates” in the first resolving clause so that the first resolving clause would read:

**Resolved**, that the 2015 Task force, in addition to the Speaker of the House, be reconvened following the 2016 House of Delegates to review the implemented changes and suggest improvements to the ADA House of Delegates, and be it further

Dr. Selcher stated, “Otherwise you have their hands tied that if there is something they want to change, they say we could have improved whatever, that’s not in their purview.”

On vote, the proposed amendment to Resolution 96 was adopted.

In response to a question, the Speaker responded that no funding would be required to reconvene the Task Force.

On vote, Resolution 96 as amended was adopted.

**96H-2016. Resolved**, that the 2015 Task force, in addition to the Speaker of the House, be reconvened following the 2016 House of Delegates to review the implemented changes and suggest improvements to the ADA House of Delegates, and be it further

**Resolved**, the task force will meet by conference call and provide a report with any recommended changes to the 2017 House of Delegates.

## Unfinished Business

### Report of Reference Committee A (Continued)

Dr. D. Michael Buehler, chair, Reference Committee A returned to the podium to present the Reference Committee's final items of business.

**Add a Fourth House of Delegates Meeting** (Twelfth Trustee District Resolution 94) The Speaker reminded the House of the motion to postpone definitely Resolution 94, to be taken up as the next to last item of business.

Dr. Stephen O. Glenn, Oklahoma, requested that Resolution 94 (*Supplement:2068*) be withdrawn.

Hearing no objection, Resolution 94 was withdrawn.

### Approval of the 2017 Budget (Board of Trustees Resolution 9)

The Treasurer, Dr. Ronald Lemmo, reported that the preliminary budget presented a deficit of \$266,000. With the financial implications of the House adopted resolutions, the 2017 budget resulted in a deficit of \$731,000. Dr. Lemmo noted that passage of the recommended dues increase would result in a net income of \$322,000.

On vote, Resolution 9 was adopted.

**9H-2016. Resolved**, that the 2017 Annual Budget of revenues and expenses, including net capital requirements be approved.

**Establishment of Dues Effective January 1, 2017** (Board of Trustees Resolution 10): The Reference Committee reported as follows:

The Reference Committee heard no testimony regarding the 2017 dues.

The Reference Committee supports adoption of Resolution 10.

**10. Resolved**, that the dues of ADA active members shall be \$532.00, effective January 1, 2017.

Dr. Buehler moved Resolution 10 (*Supplement:2049*) with the Committee Recommendation to Vote Yes.

In response to a question on how Resolution 67 (A Three Year Initiative to Drive Utilization of Dental Services for ADA Members) would be funded, the Treasurer responded that funding for first year of the program would be taken from reserves and that funding for the second and third years of the program would be at the discretion of the Board of Trustees.

The Speaker stated that adoption of Resolution 10 required a 60% vote in the affirmative.

On vote, Resolution 10 was adopted.

**10H-2016. Resolved**, that the dues of ADA active members shall be \$532.00, effective January 1, 2017.

The Speaker reminded the House that Resolution 102 was ruled moot as a result of adoption of Resolution 19S-1.

**Concluding Remarks of the Speaker:** The Speaker made the following statement:

The actions of this House of Delegates are no longer the opinions, wishes or suggestions or recommendations of any individual, committee or officer but are now the actions of the entire House of Delegates. And as this House of Delegates is authorized under the Association's *Bylaws* to act for the

entire association, they are the actions of the entire Association. It is now incumbent upon every member of this Association to accept the actions of this House of Delegates as the actions of the American Dental Association.

**Recognition of Retiring Delegates and Alternate Delegates:** The Speaker requested that all retiring delegates and alternate delegates stand; the House applauded the individuals in recognition of their service.

### **Adjournment**

Dr. Edward T. Reidy, III, California, moved to adjourn the 157th Annual Session of the ADA House of Delegates. Without objection, the Speaker declared the 157th Annual Session of the ADA House of Delegates adjourned *sine die* at 3:32 p.m. on Monday, October 24, 2016.

## Notes

# Continuing Education Program

## Notes

## Continuing Education Program

Colorado Convention Center, Denver, Colorado

October 20–23, 2016

The 2016 Annual Continuing Education Program was held October 20–23, 2016 at the Colorado Convention Center.

The continuing education program was under the direction of the Council on ADA Sessions and composed of the following members:

James H. Van Sicklen, chair, Stockton, California; Jeffrey M. Cole, 4<sup>th</sup> District, 2016 Board of Trustees Liaison, Wilmington, Delaware; Grace A. Curcuru, Chesterfield, Michigan; Henry F. (Bud) Evans, III, Chewelah, Washington; Charles B. Foy, Jr., Madisonville, Louisiana; David J. Fulton, Jr., 2017 CAS Chair-Designate, Waukegan, Illinois; Andrea Janik, 2016 NDC Liaison, non-voting member, San Antonio, Texas; Raymond A. Jarvis, 2018 NDC Consultant, non-voting member, Shreveport, Louisiana; Kyle C. Kirk, 2016 ASDA Liaison, non-voting member, Lexington, Kentucky; Paul F. Kirkegaard, St. Paul, Minnesota; Gregory LaMorte, South Orange, New Jersey; T. Harold Lancaster,

Kinston, North Carolina; Howard I.A. Lieb, Staten Island, New York; Calbert M.B. Lum, Honolulu, Hawaii; C. Roger Macias, Jr., San Antonio, Texas; Rhett L. Murray, 2016 Denver CLA General Chair, non-voting member, Aurora, Colorado; Karyl C. Patten, 2016 CE Consultant, non-voting member, Atlanta, Georgia; Stephen T. Radack, III, Erie, Pennsylvania; Andrea Richman, Newton Centre, Massachusetts; Karyn L. Stockwell, 2017 Atlanta CLA General Chair, non-voting member, Kennesaw, Georgia; Beatriz E. Terry, Miami, Florida; Nanette C. Tertel, Toledo, Ohio; Nipa R. Thakkar, 2017 NDC Consultant, non-voting member, Wilkes Barre, Pennsylvania; Sidney R. Tourial, 2016 Chair, Continuing Education, Sandy Springs, Georgia; Douglas A. Wyckoff, 2017 Chair-Designate, Continuing Education, Cameron, Missouri; Catherine H. Mills, director, Chicago, Illinois

The following were presenters for the 2016 Continuing Education Program:

Abbate, Jeremy  
Abt, Elliot  
Albrecht, Cathryn  
Alfano, Michael  
Alonge, John  
Aschheim, Kenneth  
Balevi, Ben  
Barnett, Frederic  
Barsley, Robert  
Batoon, Diana  
Behrendt, Kirk  
Bendit, Judy  
Benjamin, Scott  
Bergstrom, Jeff  
Berman, Marvin  
Bickers, Cindy  
Bidra, Avinash  
Black, Suzanne  
Blake, Jen  
Blanton, Alan  
Boddie, Bruce  
Boghosian, Alan  
Booth, Nate  
Borysewicz, Mary  
Bosio, Jose  
Boyd, Scott  
Brady, Lee Ann

Braswell, Laura  
Brown, Jerry  
Brucia, Jeff  
Budenz, Alan  
Butler, Maryanne  
Canham, Leslie  
Cardoza, Anthony  
Cardoza, Kimberly  
Carey, Clifton  
Carr, Colin  
Carrasco Labra, Alonso  
Carroll, John  
Carstensen, Steve  
Carter, Pat  
Caruso, Timothy  
Christensen, Gordon  
Clarkson, Janet  
Clough, Sharon  
Compton, Robert  
Conroy, Sarah  
Convissar, Robert  
Cooper, Naomi  
Courtad, Jeanette  
Craft, Charles  
Cram, Sally  
Creasey, Jean

Crossley, Harold (Hal)  
Curtis, Donald  
Czerepak, Charles  
Dewhirst, Nancy  
DiBona Pastan, Christina  
Diehl, Ryann  
Dobrin, Lawrence  
Donihue, Ryan  
Donly, Kevin  
Dougan, Gary  
Dovgan, John  
Drake, Billy  
Drew, Aaron  
Duncan, Teresa  
Easty, Dan  
Ehrlich, Todd  
El Gazzar, Dahlia  
Engelhardt-Nash, Debra  
Evans, Caswell  
Fallon, Andrea  
Feuerstein, Paul  
Finkelstein, Allen  
Fisher, Scott  
Flucke, John

Fondriest, James  
Forbes, Kathy  
Founas, Oussama  
Francis, Lee  
Fraum, Jeffrey  
Frost, David  
Garber, David  
Garcia, Lily  
Gardiner, Mitchell  
Gatseos, George  
Geiermann, Steven  
Geissberger, Marc  
Gianni, William  
Gillespie, Greg  
Gillette, Jane  
Glassman, Gary  
Glickman, Gerald  
Goldstein, Ronald  
Govoni, Mary  
Graeber, John  
Gremillion, Henry  
Grisdale, Jim  
Grover, Jane  
Guignon, Anne  
Gurinsky, Brian  
Guynup, Sharon  
Hardwick, Kevin

Haywood, Van	McRay, Brett	Shatkin, Todd
Henry, Kevin	Meirelles, Luiz	Shatz, Peter
Herman, Gary	Metrick, Diane	Shea, Gavin
Hilton, Leslie	Miller, Raymond	Sheahan, Peter
Hodorowicz, Mary Ann	Minichetti, John	Short, Rico
Hollander, Brian	Miranda, Jeanette	Signorello, Matt
Holler, Judi	Mohiuddin, Suhail	Silverstein, Lee
Horcha, Emily	Morell, Maritza	Sletten, Paul
Hornbrook, David	Morgan, Amy	Smiley, Christopher
Horowitz, Alice	Morgan, Jaimee	Snyder, Steven
Hyman, Mark	Moroni, Mike	Sollecito, Thomas
Hymes, Rachel	Mukherji, Partha	Spencer, Jamison
Ishkanian, Emily	Muller, Susan	Spencer, Mark
Jablow, Marty	Murphy, Kent	Spolarich, Ann
Jagor, Jo	Nash, Ross	Steinberg, Barbara
Jeroff, Alan	Newman, Brad	Stewart, Michael
Kachalia, Parag	Norbo, Justin	Stines, Elsie
Kappel, Shelley	Norton, Kordell	Stump, Morgan
Kerr, Wayne	Odiatu, Uche	Summers, Dan
Kessler, Brett	Olmsted, John	Suzuki, Jon
King, Tim	Oromchian, Ali	Suzuki, Kevin
Klingman, David	Padilla, Ray	Svirsky, John
Kluck-Nygren, Cynthia	Pansick, Ethan	Tanaka, Terry
Kohner, James	Park, Jacob	Tenney, Matt
Kugel, Gerard	Parks, Edwin	Thompson-Bachtold, Sasha
Kurdi, Hany	Patel, Seena	Tilliss, Terri
Lawson, Nathaniel	Peck, Fred	Tucker, Andrew
Leary, Paul	Petchel, Mathew	Unthank, Michael
Lemke, Kelly	Phillips, Laci	Van Dyke, Thomas
Leune, Scott	Plankers, Tammara	Van Eps, Dan
Levin, Roger	Pleva, David	Varga, Glennine
Levine, Mitchell	Pollick, Howard	Ventura, Andrew
Levy, Harvey	Potter, Brad	Vismale, Tess
Limoli, Tom	Pranikoff, Howard	Vujcic, Marko
Lingen, Mark	Presentations, Student	Wallace, Angie
Little, David	Pruett, Michael	Weyant, Robert
Loretto, Charles	Psaltis, Gregory	Whitman, Sidney
Low, Samuel	Psaltis, Mary Ellen	Williams, John
Lupo, Vincent	Ragan, Michael	Williamson, Gail
Maddox, A. Lee	Rathburn, Melisa	Wilson, Jessica
Malamed, Stanley	Rathi, Nakul	Winston, Mollie
Malcmacher, Louis	Rawal, Kadambari	Wong, David
Manji, Imtiaz	Representative, PEM Zone	Wright, Timothy
Margeas, Robert	Rice, David	Young, Douglas
Maron, Glenn	Richman, Colin	Young, Matthew
Martincevic, Silvija	Riggins, Ronald	Yunker, David
Massad, Joseph	Roberts, Howard	Zamora, Rita
Mastin, Charles	Roberts, W. Eugene	Zeller, Gregory
Matsubara Koyama, Jorge	Roberts, Warren	
Mausolf, Judy Kay	Roletto, Cory	
McClain, Pamela	Rosenthal, Nancy	
McEvoy, Paige	Rouse, Jeff	
McGinley, Jane	Rubinstein, Sergio	
McLaren, Edward	Savoca, Dean	
Mclees, Jim	Scarlett, Margaret	
McNickle, Ian	Schnell, Ronni	
	Serio, Francis	

## Directory

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### Officers, Trustees, Senior Staff, Councils, Commissions, Committee on Local Arrangements

#### Officers

Summerhays, Carol Gomez, *president*, San Diego, California  
 Roberts, Gary L., *president-elect*, Shreveport, Louisiana  
 Gamba, Thomas W., *first vice president*, Philadelphia, Pennsylvania  
 Marron-Tarrazzi, Irene, *second vice president*, Miami, Florida  
 Hall, Glen D., *speaker*, *House of Delegates*, Abilene, Texas  
 Lemmo, Ronald P., *treasurer*, Wickliffe, Ohio  
 O'Loughlin, Kathleen T., *executive director and secretary*, Chicago, Illinois

#### Trustees

Asai, Rickland G., 2018, *Eleventh District*, Portland, Oregon  
 Bitter, Robert N., 2018, *Eighth District*, Edwardsville, Illinois  
 Black, Richard C., 2019, *Fifteenth District*, El Paso, Texas  
 Buckenheimer, Terry L., 2016, *Seventeenth District*, Tampa, Florida  
 Cohlma, Raymond A., 2019, *Twelfth District*, Oklahoma City, Oklahoma  
 Cole, Jeffrey M., 2017, *Fourth District*, Wilmington, Delaware  
 Crowley, Joseph P., 2016, *Seventh District*, Cincinnati, Ohio

Fair, Julian Hal, III, 2016, *Sixteenth District*, Wagener, South Carolina  
 Fisch, Judith M., 2019, *First District*, Rutland, Vermont  
 Gehani, Chad P., 2018, *Second District*, Jackson Heights, New York  
 Jeffers, Gary E., 2017, *Ninth District*, Northville, Michigan  
 Kwasny, Andrew J., 2017, *Third District*, Erie, Pennsylvania  
 Robinson, Lindsey, 2018, *Thirteenth District*, Grass Valley, California  
 Stevens, Alvin W., Jr., 2017, *Fifth District*, Birmingham, Alabama  
 Zenk, James K., 2016, *Tenth District*, Montevideo, Minnesota  
 Zust, Mark R., 2016, *Sixth District*, Saint Peters, Missouri

#### Senior Staff

Araujo, Marcelo, vice president, Science Institute  
 Bowman, Jerome K., chief of governance and strategy management  
 Busey, J. Craig, general counsel  
 Goodman, James S., vice president, Conferences and Continuing Education  
 Graham, Michael A., senior vice president, Government and Public Affairs  
 King, Sabrina A., chief of people management

Mark, Toni, chief technology officer  
 Moritz, Stephanie, chief communications officer  
 Preble, David M., vice president, Practice Institute  
 Robinson, Bill, vice president, Member and Client Services  
 Sholty, Paul, chief financial officer  
 Springer, Michael D., senior vice president, Business and Publishing  
 Vujicic, Marko, chief economist and vice president, Health Policy Institute  
 Willey, James L., senior director, Practice Institute  
 Ziebert, Anthony J., senior vice president, Education/Professional Affairs

#### Councils

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##### Access, Prevention and Interprofessional Relations

Sabates, Cesar R., 2016, *chair*, Coral Gables, Florida  
 Soderstrom, Andrew P., 2017, *vice chair*, Modesto, California  
 Allen, Grant R., 2016 (AMA), Florence, Alabama  
 Cashion, Scott W., 2018, Greensboro, North Carolina  
 Crystal, Yasmi O., 2016, Bound Brook, New Jersey  
 Dean, Brittany T., 2016, Edmonds, Washington\*

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\* *New Dentist Committee member without the power to vote.*

Fagan, Timothy R., 2018,  
Enid, Oklahoma  
Gerlach, William H., 2018,  
Plano, Texas  
Herman, Richard P., 2019,  
New Windsor, New York  
Jones, Shelly F., 2017,  
Midland, Michigan  
Koday, Mark, 2019, Yakima,  
Washington  
Lang, Melanie, 2016 (AHA),  
Veradale, Washington  
Mitchell, G. Lewis, Jr., 2016,  
Gadsden, Alabama  
Nunokawa, Neil C., 2017  
Wailuku, Hawaii  
Peckosh, Valerie B., 2017,  
Dubuque, Iowa  
Risner-Bauman, Alicia, 2019,  
Horseheads, New York  
Switzer-Nadasdi, Rhonda,  
2018, Brentwood,  
Tennessee  
Wasserman, 2019, Michael  
H., Pittsfield,  
Massachusetts  
Watson-Lowry, Cheryl D.,  
2016, Chicago, Illinois  
Wynn, Mary Ellen, 2016,  
Cincinnati, Ohio  
Grover, Jane S., *director*  
Chicago, Illinois

#### ADA Sessions

Van Sicklen, James H., Jr.,  
2016, *chair*, Stockton,  
California  
Fulton, David J., Jr., 2017,  
*vice chair*, Waukegan,  
Illinois  
Curcuru, Grace A., 2016,  
Chesterfield, Michigan  
Evans, Henry F., III, 2018,  
Chewelah, Washington  
Foy, Charles B., Jr., 2017,  
Madisonville, Louisiana  
Janik, Andrea, 2016, San  
Antonio, Texas\*  
Jarvis, Raymond A., 2018,  
Shreveport, Louisiana

LaMorte, Gregory, 2017,  
South Orange, New  
Jersey  
Lancaster, T. Harold, 2016,  
Kinston, North Carolina  
Lieb, Howard I.A., 2018,  
Staten Island, New York  
Lum, Calbert M.B., 2016  
Honolulu, Hawaii  
Macias, C. Roger, Jr., 2018,  
San Antonio, Texas  
Murray, Rhett L., (2016  
*General Chair*,  
*Committee on Local*  
*Arrangements*)  
Aurora, Colorado  
Radack, III, Stephen T.,  
2019, Erie, Pennsylvania  
Richman, Andrea, 2018,  
New Centre,  
Massachusetts  
Stockwell, Karyn L., 2017,  
Kennesaw, Georgia  
Terry, Beatriz E., 2019,  
Miami, Florida  
Tertel, Nanette C., 2019,  
Toledo, Ohio  
Thakkar, Nipa R., 2017,  
Williston Park, New York\*  
Tourial, Sidney R., 2016,  
Sandy Springs, Georgia  
Wyckoff, Douglas A., 2017,  
Cameron, Missouri  
Mills, Catherine H., *director*,  
Chicago, Illinois

#### Communications

Austin, Joshua A., 2016,  
*chair*, San Antonio,  
Texas  
Herre, Craig W., 2017, *vice*  
*chair*, Leawood, Kansas  
Bean, Canise Y., 2018,  
Columbus, Ohio  
Hanley, Yvonne S., 2018,  
Fergus Falls, Minnesota  
Hight, James R., Jr., 2017  
Jackson, Tennessee  
Howell, Ralph L., Jr., 2016,  
Suffolk, Virginia  
Hymes, Rachel, 2016  
Mountain City,  
Tennessee\*

Karp, William H., 2019,  
Fayetteville, New York  
Kenyon, David J., 2019,  
Altoona, Wisconsin  
Lindemann, Kurt S., 2018,  
Kalispell, Montana  
Manzanares, Robert J., 2016,  
Española, New Mexico  
Meinecke, Gigi, 2019,  
Potomac, Maryland  
Paul, John H., 2016,  
South Lakeland, Florida  
Reich, Robin S., 2018,  
Smyrna, Georgia  
Sahota, Ruchi K., 2016  
Fremont,  
Scheffe, Philip L., 2019,  
Woodridge, Illinois  
Tauberger, James A.H., 2017,  
Pittsburgh, Pennsylvania  
Woods, Karl P., 2017 *ad*  
*interim*, Houlton, Maine  
MacLachlan, Janine, *director*,  
Chicago, Illinois

#### Dental Benefit Programs

Riggins, Ronald D., 2017,  
*chair*, Moline, Illinois  
Hill, Steven J., 2017, *vice*  
*chair*, Lubbock, Texas  
Brady, Thomas V., 2016,  
Westbrook, Connecticut  
Davenport, C. Scott, 2018,  
Charlotte, North Carolina  
Eder, B. Scott, 2017, South  
Charleston, West Virginia  
Gordon, Douglas J., 2017, El  
Sobrante, California  
Hamel, David, 2018  
Marysville, Kansas  
Kessler, Brett H., 2019,  
Denver, Colorado  
Krantz, Daniel B., 2016,  
Somerset, New Jersey  
Larson, David R., 2016,  
Hummelstown,  
Pennsylvania  
Makowski, Martin J., 2019,  
Clinton Township,  
Michigan  
Mihalo, Mark J., 2019, Ogden  
Dunes, Indiana

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\* *New Dentist Committee member  
without the power to vote.*

Pak, Sammy B., 2016,  
Puyallup, Washington  
Rives, Robert W., 2016,  
Jackson, Mississippi  
Snyder, Steven I., 2018,  
St. James, New York  
Vaillant, Matthew J., 2018,  
Farmington, Minnesota  
Aravamudhan, Krishna,  
*director*, Chicago, Illinois

#### **Dental Education and Licensure**

Gesek, Daniel J., 2017  
(AADB), *chair*,  
Jacksonville, Florida  
Price, Jill M., 2017 (ADA),  
*vice chair*, Portland,  
Oregon  
Aksu, Mert N., 2019 (ADEA),  
Detroit, Michigan  
Brysh, L. Stanley, 2016  
(ADA), Madison,  
Wisconsin  
Cassella, Edmund A., 2019  
(ADA), Honolulu, Hawaii  
Edgar, Bryan C., 2018  
(AADB), Federal Way,  
Washington  
Feldman, Cecile A., 2016  
(ADEA), Newark, New  
Jersey  
Glickman, Gerald N., 2018  
(ADEA), Dallas, Texas  
Halpern, David F., 2018  
(ADA), Columbia,  
Maryland  
Hebert, Edward J., 2018  
(ADA), Lake Charles,  
Louisiana  
Holm, Steven J., 2016 (ADA),  
Portage, Indiana  
Korzeb, Jennifer, 2019  
(ADA), Methuen,  
Massachusetts  
Manning, Dennis E., 2016  
(AADB), Libertyville,  
Illinois  
Paul, Mina, 2019 (AADB),  
Boston, Massachusetts

Raman, Prabu, 2017 (ADA),  
Kansas City, Missouri  
Ritchie, Ryan L.,  
Hutchinson, Minnesota\*  
Sarrett, David C., 2017  
(ADEA), Richmond,  
Virginia  
Hart, Karen M., *director*,  
Chicago, Illinois

#### **Dental Practice**

Brown, Andrew B., 2016,  
*chair*, Orange Park,  
Florida  
O'Toole, Terry G., 2017, *vice  
chair*, Carlsbad,  
California  
Bengtson, Gregory J., 2016,  
Lewiston, Idaho  
Cammarata, Rita M., 2017,  
Houston, Texas  
Childs, Miranda M., 2016,  
Arkadelphia, Arkansas\*  
Connell, Christopher M.,  
2019, Lyndhurst, Ohio  
Creasey, Jean L., 2016,  
Nevada City, California  
Hale, Hal E., 2019, Andover,  
Kansas  
Kent, Leigh W., 2018  
Birmingham, Alabama  
Landes, Christine M., 2017,  
Newtown, Pennsylvania  
Marshall, Todd W., 2016,  
Brooklyn Center,  
Minnesota  
Mazur-Kary, Michelle L.,  
2017, Auburn, Maine  
Mikell, Julia K., 2019,  
Columbia, South Carolina  
Ratner, Craig S., 2018,  
Staten Island, New York  
Smith, J. Christopher, 2016,  
Charleston, West Virginia  
Theurer, Scott L., 2018,  
Logan, Utah  
Van Scoyoc, Stacey K.,  
2019, Bloomington,  
Illinois  
Wojcik, Michael S., 2018,  
Shelby Township,  
Michigan

Porembski, Pamela M.,  
*director*, Chicago, Illinois

#### **Ethics, Bylaws and Judicial Affairs**

Auld, Douglas A., 2016,  
*chair*, McAlester,  
Oklahoma  
Halasz, Michael H., 2017,  
*vice chair*, Kettering,  
Ohio  
Edwards, Adam A., 2017,  
Altamont, New York  
Herman, Gary N., 2018,  
Village, California  
Ilkka, Don J., 2018,  
Eustis, Florida  
Ishkanian, Emily R., 2016,  
Henderson, Nevada\*  
Kochhar, Puneet, 2018,  
Dover, New Hampshire  
Merritt, Ken W., 2017,  
Clovis, New Mexico  
Moss, J. David, 2018,  
Florence, South Carolina  
Muller, George J., II, 2016,  
Rapid City, South Dakota  
Raimann, Thomas E., 2016,  
Hales Corners,  
Wisconsin  
Rice, Marvin E., 2019,  
Mexico, Missouri  
Scarbrough, A. Roddy, 2016,  
Richton, Mississippi  
Shekitka, Robert A., 2017,  
Newark, New Jersey  
Smith, James A., 2019,  
Portland, Oregon  
von Heimburg, Petra, 2019,  
Barrington, Illinois  
Walton, William M., 2016,  
Clyde, Texas  
Elliott, Thomas C., Jr.,  
*director*, Chicago, Illinois

#### **Government Affairs**

Howell, J. Barry, 2016, *chair*,  
Urbana, Illinois  
Bronson, Mark E., 2017, *vice  
chair*, Cincinnati, Ohio  
Beauchamp, K. Jean, D.,  
2018, Clarksville,  
Tennessee

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\* *New Dentist Committee member  
without the power to vote.*

Cheek, Daniel K., 2019,  
North Chapel Hill,  
Carolina  
Cobb, Regina E., 2017,  
Kingman, Arizona  
Garrett, Marty B., 2018,  
Baton Rouge, Louisiana  
Graham, Frank J., 2018,  
Teaneck, New Jersey  
Harrington, John F., Jr.,  
2016, Midgeville, Georgia  
Huot, Richard A., 2016,  
Vero Beach, Florida  
Hutchison, Bruce R., 2016,  
Centreville, Virginia\*\*  
Incalcaterra, Charles J.,  
2017, Bethlehem,  
Pennsylvania  
Jaeger, Frederick J., 2016,  
Madison, Wisconsin  
Martin, Raymond K., 2016,  
Mansfield,  
Massachusetts  
Medrano-Saldana, Lauro,  
2019, Valley Stream,  
New York  
Minahan, David M., 2018,  
Kenmore, Washington  
Morrison, Scott L., 2017,  
Omaha, Nebraska  
Saba, Michael D., Union,  
New Jersey\*  
Spangler, Thomas J., Jr.,  
*director*, Washington,  
D.C.

#### **Members Insurance and Retirement Programs**

Miller, Paul R., 2016, *chair*  
New Port Richey, Florida  
McLean, David E., 2017, *vice  
chair*, South Burlington,  
Vermont  
Barnashuk, Frank C., 2016,  
Orchard Park, New York  
Coleman, J. Preston, 2017,  
San Antonio, Texas  
Ellison, Naomi L., 2019, Los  
Angeles, California  
Grogan, Patrick M., 2016,  
Washington, D.C.

Hehli, Peter D., 2018,  
Appleton, Wisconsin  
Hokanson, Brian, 2017,  
Gillette, Wyoming  
Houten, David E., 2016,  
Kelso, Washington  
Jolly, Sr., Robert L., 2019,  
North Little Rock,  
Arkansas  
Kilcollin, Katie L., 2019,  
Union, West Virginia  
Lipton, James M., 2018,  
Highland, Indiana  
Olenyn, Paul T., 2017, *ad  
interim*, Burke, Virginia  
Mann, Marshall H., 2018,  
Rome, Georgia  
Pirmann, Peter J., 2019,  
Carbondale, Illinois  
Shirley, Eric L., 2016,  
Harrisburg, Pennsylvania  
Wieting, D. Scott, 2018,  
York, Nebraska  
Yates, Lindsey, Chicago,  
Illinois\*  
Tiernan, Rita, *senior  
manager*, Chicago,  
Illinois

#### **Membership**

Wilson, K. Drew, 2016, *chair*,  
Milford, New Hampshire  
Maranga, Maria C., 2017,  
*vice chair*, Aquebogue,  
New York  
Aguirre, Alejandro M., 2016,  
Plymouth, Minnesota  
Durbin, Michael G., 2017,  
Prospect Heights, Illinois  
Ellinwood, Steven P., 2018,  
Fort Wayne, Indiana  
Ingram, William L., 2016,  
Huntsville, Alabama  
Irani, Karin, 2019, Beverly  
Hills, California  
Johnson, Nicole Stachewicz,  
2016, Erie, Pennsylvania  
Jones, Gary O., 2017,  
Mesa, Arizona  
Muncy, Marc, 2018,  
Clarksville, Arkansas

Pascarella, Jonathan, 2016,  
Red Bluff, California\*  
Pohl, Gregory J., 2016,  
Cincinnati, Ohio  
Romano, Rodrigo, 2018,  
South Miami, Florida  
Sherwin, Ted, 2019, Orange,  
Virginia  
Smith, Carmen P., 2017,  
Dallas, Texas  
Tigani, Stephen, 2019,  
Washington, D.C.  
Vitek-Hitchcock, Alexa, 2019,  
DeWitt, Michigan  
Willis, Heather A., 2018,  
Fairbanks, Alaska  
Reynolds, Andrew, *senior  
manager*, Chicago,  
Illinois

#### **Scientific Affairs**

Abt, Elliot, 2016, *chair*  
Skokie, Illinois  
Platt, Jeffrey A., 2017, *vice  
chair*, Indianapolis,  
Indiana  
Aminoshariae, Anita, 2018,  
Cleveland, Ohio  
Braun, Thomas W., 2019,  
Mars, Pennsylvania  
Dmytryk, John J., 2017,  
Oklahoma City,  
Oklahoma  
Eleazer, Paul D., 2018,  
Birmingham, Alabama  
Jefferies, Steven R., 2016,  
Media, Pennsylvania  
Hale, Robert G., 2016,  
San Antonio, Texas  
Mariotti, Angelo, 2019,  
Columbus, Ohio  
Moore, Paul A., 2018,  
Pittsburgh, Pennsylvania  
Offenbacher, Steven, 2018,  
Chapel Hill, North  
Carolina  
Parker, William, 2019, Davis,  
Florida  
Roberts, Howard W., 2018,  
Biloxi, Mississippi

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\*\*ADPAC chair without the power to vote.

\* New Dentist Committee member  
without the power to vote.

Slayton, Rebecca L., 2017,  
Seattle, Washington  
Tinanoff, Norman, 2019,  
Lutherville, Maryland  
Weyant, Robert J. 2017,  
Pittsburgh, Pennsylvania  
Young, Douglas A., 2016,  
San Francisco, California  
Lyznicki, James M., *senior  
manager*, Chicago,  
Illinois

## **Commissions**

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### **Continuing Education Provider Recognition**

Leary, Paul, 2017 (ADA),  
*chair*, Smithtown, New  
York  
Tavares, Mary A., 2016, *vice  
chair*, Cambridge,  
Massachusetts  
Beitel, Brian A., 2017  
(AAPD),  
Huntsville, Alabama  
Chehal, Hardeep K., 2017  
(AAOMP), Omaha,  
Nebraska  
Dixon, Debra, 2018  
(AAOMR),  
Edwardsville, Illinois  
Fiorellini, Joseph P., 2018  
(AAP), Philadelphia,  
Pennsylvania  
Garcia-Aguirre, Augusto C.,  
2019, Aguadilla, Puerto  
Rico  
Hammond, Barry, 2019,  
Evans, Georgia  
Hutten, Mark C., 2018 (ACP),  
Hinsdale, Illinois  
Kirkpatrick, Timothy C., 2017  
(AAE), Biloxi, Mississippi  
Lipp, Mitchell J., 2019, New  
York, New York  
McGuire, Eugene J., 2016  
(ADA), Allentown,  
Pennsylvania  
McNulty, Conor, 2018  
(ASCDE) Wilsonville,  
Oregon  
Rosenthal, Nancy R., 2019,  
Huntington Valley,  
Pennsylvania

Steiner, Ann, 2017 (ADA),  
Yucaipa, California  
Borysewicz, Mary, *director*,  
Chicago, Illinois

### **Dental Accreditation**

West, Karen, 2016 (ADEA),  
*chair*, Las Vegas,  
Nevada  
Livingston, Harold, 2017  
(SCDA/ADEA), *vice  
chair*, Jackson,  
Mississippi  
Attanasi, Ralph, C., 2018  
(ADA), *ad interim*, Boca  
Raton, Florida  
Blanton, Patricia, 2018  
(ADA),  
Dallas, Texas  
Campbell, Stephen, 2017  
(ACP), Chicago, Illinois  
Cushing, David, P., 2019  
(Public), Princeton, New  
Jersey  
Feldner, Loren, J., 2019  
(ADA), Orland Park,  
Illinois  
Flaitz, Catherine, M., 2019  
(AAPD), Columbus, Ohio  
Gagliardi, Lorraine, 2016  
(ADAA), Pasadena,  
California  
Geist, James, R., 2019  
(AAOMR), Bloomfield,  
Michigan  
Glicksman, Milton A., 2016  
(AADB), Dartmouth,  
Massachusetts  
Hebert, Alexandra, P., 2017  
(ASDA/ADEA), San  
Francisco, California,  
Hershey, H. Garland, Jr.,  
2019 (AAO), Chapel Hill,  
North Carolina  
Javed, Tariq, 2019 (ADEA),  
Mount Pleasant, South  
Carolina  
Kahn, Richard B., 2016  
(ADA), New Brunswick,  
New Jersey  
Kassebaum, Denise, 2017  
(ADEA), Aurora,  
Colorado  
Lanier, Dennis, 2017 (NADL),  
Columbus, Georgia

Leffler, William, 2018  
(AADB), Massillon, Ohio  
Lerman, Mark, 2018  
(AAOMP), Brookline,  
Massachusetts  
Lobb, William, 2018 (ADEA),  
Milwaukee, Wisconsin  
Mascarenhas, Ana Karina,  
2016 (AADPH), Fort  
Lauderdale, Florida  
Mills, Michael, 2018 (AAP),  
San Antonio, Texas  
Schindler, William Gordon,  
2016 (AAE), San  
Antonio, Texas  
Sherman, Robert, 2017  
(AADB) Honolulu, Hawaii  
Stanton, David, 2017  
(AAOMS), Philadelphia,  
Pennsylvania  
Stergar, Cindy, 2018 (Public),  
Butte, Montana  
Surabian, Stanley R., 2017  
(ADA), Fresno, California  
Unser, Glenn, J., 2019  
(Public), Torrance,  
California  
Wheeler, Matthew, 2018  
(Public), Urbana, Illinois  
Tooks, Sherin, Ed.D., M.S.,  
*director*, Chicago, Illinois

### **National Dental Examinations**

Fujimoto, Luis, J., 2017,  
*chair*, (AADB) New York,  
New York  
Levitan, Marc E., 2016, *vice  
chair*, (AADB),  
Charleston, South  
Carolina  
Chamberlain, Dale Robert,  
2018 (AADB), Helena,  
Montana  
Efurd, Melissa Mitzi Gail,  
2018, (ADHA) Little  
Rock, Arkansas  
Heinrich-Null, Lisa, 2018,  
(ADA), Victoria, Texas  
Licari, Frank W., 2017  
(ADEA), South Jordan,  
Utah  
Murray, Rhett L., 2017  
(ADA), Aurora, Colorado

Nadershahi, Nader Aghaali, 2018 (ADEA), San Francisco, California  
 Parker, Patricia Anne, 2017 (AADB), Hillsboro, Oregon  
 Perkins, David W., 2017 (AADB), West Hartford, Connecticut  
 Robinson, William F., 2016 (AADB), Tampa, Florida  
 Shank, Gregory P., (Student Observer), St. James, New York 11780  
 Shelton-Jenkins, Issie, Esq. (Public), Sykesville, Maryland  
 Weiss, Leonard P., 2019 (AADB), Beachwood, Ohio  
 Waldschmidt, David, *director and secretary*, Chicago, Illinois

### **Standing Committees**

#### **New Dentist Committee**

Hasty, Christopher M., 2017, *chair*, Tifton, Georgia  
 Ishkanian, Emily R., 2017, *vice chair*, Henderson, Nevada  
 Childs, Eric T., 2016, Neenah, Wisconsin  
 Czerniak, Lauren M., 2019, Toledo, Ohio  
 Dean, Brittany T., 2018, Mill Creek, Washington  
 Fallon, Andrea C., 2019, Westfield, Massachusetts  
 Hymes, Rachel, 2016, Mountain City, Tennessee  
 Janik, Andrea K., 2016, San Antonio, Texas  
 Jarvis, Raymond A., 2019, Shreveport, Louisiana  
 Nguyen, Robin, 2019, Trinity, Florida  
 Norbo, Justin R., 2017, Purcellville, Virginia  
 Pascarella, Jonathan R., 2018, Red Bluff, California  
 Quartey, Tricia, 2019, Brooklyn, New York

Ritchie, Ryan L., 2016, Hutchinson, Minnesota  
 Saba, Michael, 2018, Union, New Jersey  
 Thakkar, Nipa R., 2018, Wilkes Barre, Pennsylvania  
 Yates, Lindsey, 2017, Chicago, Illinois  
 Zappia, Kendra J., 2017, Albany, New York  
 Lavick, Tera, *director*, Chicago, Illinois

#### **Committee on Local Arrangements**

Murray, Rhett L., general chair  
 Brewick, Terry, operations co-chair  
 Pfeifer, William A., programs co-chair  
 Schoemaker, Jeane L., operations co-chair  
 Sessa, Kevin D., vice chair  
 Weddle, Larry T., programs co-chair

#### **Annual Session Volunteers**

Agrawal, Diksha  
 Alexander, Guy  
 Alexander, Joslyn  
 Algien, Karalee  
 Allen, Mary  
 Allen, Richard  
 Anderson, Arlene  
 Andrus, Paul

Baltz, Justin  
 Barga, Pat  
 Barr, Nelle  
 Barreto, Nelly  
 Barreto, Noemi  
 Bassett, Alexandra  
 Batoon, Diana  
 Batson, Emily  
 Bauman, John  
 Beckman, Eric  
 Behal, Sunny  
 Bender, Myra  
 Berdahl, Brenda  
 Birch, Cameron  
 Bissell, William  
 Blicher, Michael  
 Bodrogi, Chris

Boltz, Roger  
 Bonavida, Carolyn  
 Boraz, Robert  
 Boyesen, Janie  
 Buckstein, Jan  
 Bueno, Denise  
 Buist, John  
 Buitrago Huertas, Edlin  
 Burbee, Ellie  
 Burnham, Michael  
 Busch, Katherine  
 Butler, Brian

Cable, Ryan  
 Call, Richard  
 Caplan, Daniel  
 Carlson, Kendal  
 Carpenter, Amanda  
 Cha, Stacey  
 Chan, Raymond  
 Chanumolu, Dhanya  
 Chiang-McCasland, Jamie  
 Chintakunta, Varun  
 Chiovitti, Nicholas  
 Christensen, John  
 Christian, Jayanth  
 Christian, Paul  
 Christiansen, Harold  
 Chun, Brian  
 Chuong, Christopher  
 Clauson, Tamara  
 Cole, Brett  
 Collett, Julie  
 Comeau, Jules  
 Compton, Lindsay

Danna, Charles  
 Davies, Roland  
 Davis, Walter  
 Deignan, Jake  
 Denson, Raquia  
 D'Hondt, Eric  
 Diorio, Michael  
 Disse-Pfeifer, Scarlet  
 Drumm, John  
 Duebbert, Ingrid  
 Dufurrena, Richard

Eaton, Cassandra  
 Edwards, Mary  
 Ellis, Silbret  
 Eng, Albert  
 Eskens, Joan  
 Everett, Lori

Fassihi, Ali

Fawaz, Raed  
 Flick, Rachel  
 Fong, Jennifer  
 Foster, Janice  
 Foster, Karen  
 Frank, Mark  
 Friedman, Debbie  
 Friedman, Mitchell  
 Friedman, Stephen  
 Friend, Basil  
 Fuller, D Diane

Galbraith, Misty  
 Gander, Debra  
 Garces, Mikael  
 Gatseos, Janet  
 Gavito, Amy  
 Goodpaster, Melissa  
 Green-Blicher, Emily  
 Greene, Jerome  
 Greenstein, Bruce  
 Gurinsky, Brian  
 Gurley, Gina  
 Gurman, Alan

Haas, Yvette  
 Hansen, Ralph  
 Havener, Darrell  
 Heller, Douglas  
 Hemsley, Nancy  
 Henzlik, Philip  
 Henzlik, Tamara  
 Hermann, Stacey  
 Hernandez, Clarisa  
 Heyen, Jeanette  
 Hiner, Barbara  
 Hoffman, Bianca  
 Hollander, Jesse  
 Horne, Ericka  
 Hubbell, Makala  
 Hunter, Sisiporn  
 Hurst, Jeffery

Jackson, Shannon  
 Jeffers, Robert  
 Jerez, Paul  
 Johnson, Dayna  
 Johnson, Katherine  
 Jolly, Ankur  
 Jones, David  
 Judd, Holly  
 Jultak, Jed

Kalp, Randy  
 Kaufman, Stanley  
 Kawasugi, Kai

Kawulok, Ted  
 Kays, Kevin  
 Keller, Brian  
 Keller, Tracie  
 Kenworthy, April  
 Ketcham, Marilyn  
 Kirsch, Amy  
 Klekamp, David  
 Klekamp, Jennifer  
 Kreider, Beth

Landon, Kevin  
 Lane, Naomi  
 Leone, Edward  
 Lodi, Jeffrey

Mackey, Jacob  
 Manzanares, David  
 Manzanares, Nancy  
 Manzanares, Robert  
 Markus, Sharyn  
 Marquez, Cristina  
 Martin, Jerry  
 Masters, Antonette  
 Materon, Juan  
 Matthews, Veronica  
 McDaniel, Jenni  
 Meiners, Christina  
 Merino, Patricia  
 Middleton, Jennifer  
 Mizoue, Paul  
 Mohammed, Arshia  
 Monk, James  
 Moorhead, William  
 Morales, Rick  
 Mramor, Andrew  
 Murphy, F Robert  
 Murray, Marty

Nanda, Shikha  
 Newman, Sheldon  
 Nguyen, An Thi

Okita, Shirley  
 Oswal, Punita  
 Ottosen, Tiffany  
 Ousley, Kendra

Painter, Rosie  
 Paisley, Ian  
 Park, Alexander  
 Pereira, Molly  
 Phillips, Lisa  
 Plamondon, Thomas  
 Plous, Michael  
 Polum, Pavithra Reddy

Porter, Sarah  
 Potter, Joeseeph  
 Prather, Jennifer  
 Prendergast, Patrick  
 Price, Lynn  
 Putchna, Srividya

Quint, Lisa

Rabinovich, Marina  
 Ralston, Mei-Kwan  
 Ralston, Steven  
 Ramberg, Zachary  
 Rara, Elisa  
 Ray, Veronica  
 Reck, Diane  
 Reck, Steven  
 Retana, Cecilia  
 Richman, Rachell  
 Ricketts, Benjamin  
 Roberts, Karla  
 Roeder, Nancy  
 Roesch, Robert  
 Rosenvold, Marin  
 Rossow, Eric  
 Rudersdorf, Grace

Saha, Saroj  
 Salcetti, Jeanne  
 Salter, Sara  
 Saville, Suzanne  
 Schallhorn, MS, Rachel  
 Scheidt, Michael  
 Schonberger, Charles  
 Schumacher, Gary  
 Seaman, Frank  
 Selner, Daniel  
 Sessa, Susan  
 Setia, Saniya  
 Setterberg, James  
 Setterberg, Sherrie  
 Shaffer, Marybeth  
 Sheldrake, Janet  
 Shepherd, Jeannette  
 Shinton, Lori  
 Short, Rico  
 Shultz, Mark  
 Sibo, Jennifer  
 Sites, Loren  
 Skoretz, Robert  
 Sletten, Holly  
 Slota, Bernard  
 Smith, Kari  
 Soroushian, Sheila  
 Spear, Susan  
 Sribney, Audrey

Sribney, Emil  
Stacey, Timothy  
Stallsworth, Kristy  
Stamm, Heather  
Steigman, Edmund  
Stimmel, Lisa  
Stonehocker, Amy  
Strizak, Dragana  
Strizak, Dragana  
Suarez, Annette  
Swankhouse, Barbara  
Swarna, Kavya sindhu

Takemoto, Susan  
Tappero, Laura  
Ters, Martin  
Theisen, Barbara  
Theisen, John

Thomas, Marc  
Thomason, Ethelyn  
Thompson, Jennifer  
Tippets, Jay

Utke, Calvin  
Van Sicklen, Andrew  
Van Zytveld, Eric  
versman, becca  
Versman, Kenneth  
Versman, Linda  
Victor, Rebecca  
Vorherr, Michael

Waguespack, Dennis  
Waters, Gregory  
Weeden, Windie  
Wehking, Dawn

Wen, Wen  
Wenburg, Chris  
Whalen, Sean  
Wiley, Michael  
Williams, Mitchell  
Winter, Stuart  
Witty, Richard  
Wohl, Martin  
Wu, Arthur  
Wu, Janet  
Wu, Judy

Yancey, Marianne  
Yee, David  
Yee, Jolie  
Young, Jeffrey  
Younger, Larece

# Appendix

## Notes

# Historical Record

The American Dental Association was organized in Niagara Falls, New York, on August 3, 1859. The president of this organizing convention was W.W. Allport and the secretary was J. Taft. Permanent organization was effected in Washington, D.C., July 3, 1860, when the officers *pro tem* were succeeded by regularly elected officers. In 1861 no session was held, owing to the Civil War; since

then, the sessions have been held annually with the exception of 1945, when no session was held because of World War II. In 1897, the Association united with the Southern Dental Association and the name was changed to the "National Dental Association," which name was retained until 1922, when the earlier name was resumed. A complete list of the officers and sessions follows.

## American Dental Association

Term	President	Corresponding Secretary	Recording Secretary	Date of Meeting	Place of Meeting
1860-61	W. H. Atkinson	W. M. Rogers	J. Taft		No meeting
1861-62	W. H. Atkinson	W. M. Rogers	J. Taft	1862	Cleveland
1862-63	G. Watt	J. F. Johnson	J. Taft	1863	Philadelphia
1863-64	W. H. Allen	C. R. Butler	J. Taft	1864	Niagara Falls
1864-65	J. H. McQuillen	G. W. Ellis	J. Taft	1865	Chicago
1865-66	C. W. Spalding	L. D. Shepard	J. Taft	1866	Boston
1866-67	C. P. Fitch	A. Hill	J. Taft	1867	Cincinnati
1867-68	A. Lawrence	C. R. Butler	J. Taft	1868	Niagara Falls
1868-69	Jonathan Taft	J. McManus	Edgar Park	1869	Saratoga Springs
1869-70	Homer Judd	I. A. Salmon	M. S. Dean	1870	Nashville
1870-71	W. H. Morgan	I. A. Salmon	M. S. Dean	1871	White Sulphur Springs, WV
1871-72	G. H. Cushing	I. A. Salmon	M. S. Dean	1872	Niagara Falls
1872-73	P. G. C. Hunt	J. Taft	M. S. Dean	1873	PutinBay, Ohio
1873-74	T. L. Buckingham	J. Taft	M. S. Dean	1874	Detroit
1874-75	M. S. Dean	G. L. Field	C. S. Smith	1875	Niagara Falls
1875-76	A. L. Northrop	J. H. McQuillen	C. S. Smith	1876	Philadelphia
1876-77	G. W. Keely	J. H. McQuillen	C. S. Smith	1877	Chicago
1877-78	F. H. Rehwinkel	M. H. Webb	M. S. Dean	1878	Niagara Falls
1878-79	H. J. McKellops	A. O. Rawls	G. H. Cushing	1879	Niagara Falls
1879-80	L. D. Shepard	M. H. Webb	G. H. Cushing	1880	Boston
1880-81	C. N. Pierce	A. M. Dudley	G. H. Cushing	1881	New York
1881-82	H. A. Smith	A. M. Dudley	G. H. Cushing	1882	Cincinnati
1882-83	W. H. Goddard	A. W. Harlan	G. H. Cushing	1883	Niagara Falls
1883-84	E. T. Darby	A. W. Harlan	A. H. Peck	1884	Saratoga Springs
1884-85	J. N. Crouse	A. W. Harlan	A. H. Peck	1885	Minneapolis
1885-86	W. C. Barrett	A. W. Harlan	G. H. Cushing	1886	Niagara Falls
1886-87	W. W. Allport	A. W. Harlan	G. H. Cushing	1887	Niagara Falls
1887-88	Frank Abbott	F. A. Levy	G. H. Cushing	1888	Louisville
1888-89	C. R. Butler	F. A. Levy	G. H. Cushing	1889	Saratoga Springs
1889-90	M. W. Foster	F. A. Levy	G. H. Cushing	1890	Excelsior Springs
1890-91	A. W. Harlan	F. A. Levy	G. H. Cushing	1891	Saratoga Springs
1891-92	W. W. Walker	F. A. Levy	G. H. Cushing	1892	Niagara Falls
1892-93	J. D. Patterson	F. A. Levy	G. H. Cushing	1893	Chicago
1893-94	J. D. Patterson	F. A. Levy	G. H. Cushing	1894	Old Point Comfort, VA
1894-95	J. Y. Crawford	E. E. Chase	G. H. Cushing	1895	Asbury Park, NJ
1895-96	J. Y. Crawford	E. E. Chase	G. H. Cushing	1896	Saratoga Springs
1896-97	James Truman	F. A. Levy	G. H. Cushing	1897	Old Point Comfort, VA

**National Dental Association**

<b>Term</b>	<b>President</b>	<b>Corresponding Secretary</b>	<b>Recording Secretary</b>	<b>Date of Meeting</b>	<b>Place of Meeting</b>
1897-98	Thomas Fillebrown	E. E. Chase	G. H. Cushing	1898	Omaha
1898-99	H. J. Burkhart	E. E. Chase	G. H. Cushing	1899	Niagara Falls
1899-1900	B. Holly Smith	E. E. Chase	G. H. Cushing	1900	Old Point Comfort, VA
1900-01	G. V. Black	M. E. Gallup	G. H. Cushing	1901	Milwaukee
1901-02	J. A. Libbey	J. D. Pfeiffer	G. H. Cushing	1902	Niagara Falls
1902-03	L. G. Noel	W. D. Tracy	A. H. Peck	1903	Asheville, NC
1903-04	C. G. Chittenden	C. S. Butler	A. H. Peck	1904	St. Louis (Business only)
1904-05	W. E. Boardman	C. S. Butler	A. H. Peck	1905	Buffalo
1905-06	M. F. Finley	C. S. Butler	A. H. Peck	1906	Atlanta
1906-07	A. H. Peck	B. L. Thorpe	C. S. Butler	1907	Minneapolis
1907-08	William Carr	B. L. Thorpe	C. S. Butler	1908	Boston
1908-09	V. E. Turner	H. C. Brown	C. S. Butler	1909	Birmingham
1909-10	B. L. Thorpe	H. C. Brown	C. S. Butler	1910	Denver
1910-11	E. S. Gaylord	C. W. Rodgers	H. C. Brown	1911	Cleveland
1911-12	A. R. Melendy	C. W. Rodgers	H. C. Brown	1912	Washington, D.C.
1912-13	F. O. Hetrick	C. W. Rodgers	H. C. Brown	1913	Kansas City, MO

**Reorganized July 10, 1913**

<b>Term</b>	<b>President</b>	<b>General Secretary</b>	<b>Treasurer</b>	<b>Date of Meeting</b>	<b>Place of Meeting</b>
1913-14	H. C. Brown	Otto U. King	H. B. McFadden	1914	Rochester, NY
1914-15	D. M. Gallie	Otto U. King	A. R. Melendy	1915	San Francisco (H of D only)
1915-16	T. P. Hinman	Otto U. King	A. R. Melendy	1916	Louisville
1916-17	L. L. Barber	Otto U. King	A. R. Melendy	1917	New York
1917-18	W. H. G. Logan	Otto U. King	A. R. Melendy	1918	Chicago
1918-19	C. V. Vignes	Otto U. King	A. R. Melendy	1919	New Orleans
1919-20	J. V. Conzett	Otto U. King	A. R. Melendy	1920	Boston
1920-21	H. E. Friesell	Otto U. King	A. R. Melendy	1921	Milwaukee

**American Dental Association**

<b>Term</b>	<b>President</b>	<b>Secretary</b>	<b>Treasurer</b>	<b>Date of Meeting</b>	<b>Place of Meeting</b>
1921-22	T. B. Hartzell	Otto U. King	A. R. Melendy	1922	Los Angeles
1922-23	J. P. Buckley	Otto U. King	A. R. Melendy	1923	Cleveland
1923-24	W. A. Giffen	Otto U. King	A. R. Melendy	1924	Dallas
1924-25	C. N. Johnson	Otto U. King	A. R. Melendy	1925	Louisville
1925-26	Sheppard W. Foster	Otto U. King	A. R. Melendy	1926	Philadelphia
1926-27	Henry L. Banzhaf	Otto U. King	A. R. Melendy	1927	Detroit
1927-28	R. H. Volland	H. B. Pinney	A. R. Melendy	1928	Minneapolis
1928-29	Percy R. Howe	H. B. Pinney	R. H. Volland	1929	Washington, D.C.
1929-30	R. Boyd Bogle	H. B. Pinney	R. H. Volland	1930	Denver
1930-31	Robert T. Oliver	H. B. Pinney	R. H. Volland	1931	Memphis
1931-32	Martin Dewey	H. B. Pinney	R. H. Volland	1932	Buffalo
1932-33	G. Walter Dittmar	H. B. Pinney	R. H. Volland	1933	Chicago
1933-34	Arthur C. Wherry	H. B. Pinney	R. H. Volland	1934	St. Paul
1934-35	Frank M. Casto	H. B. Pinney	R. H. Volland	1935	New Orleans
1935-36	George B. Winter	H. B. Pinney	R. H. Volland	1936	San Francisco
1936-37	Leroy M.S. Miner	H. B. Pinney	R. H. Volland	1937	Atlantic City
1937-38	C. Willard Camalier	H. B. Pinney	R. H. Volland	1938	St. Louis

<b>Term</b>	<b>President</b>	<b>Secretary</b>	<b>Treasurer</b>	<b>Date of Meeting</b>	<b>Place of Meeting</b>
1938-39	Marcus L. Ward	H. B. Pinney	R. H. Volland	1939	Milwaukee
1939-40	Arthur H. Merritt	H. B. Pinney	R. H. Volland	1940	Cleveland
1940-41	Wilfred R. Robinson	H. B. Pinney	R. H. Volland	1941	Houston
1941-42	Oren A. Oliver	H. B. Pinney	R. H. Volland	1942	St. Louis (H of D only)
1942-43	J. Ben Robinson	H. B. Pinney	R. H. Volland	1943	Cincinnati (H of D only)
1943-44	C. Raymond Wells	H. B. Pinney	R. H. Volland	1944	Chicago (H of D only)
1944-45	Walter H. Scherer	H. B. Pinney	R. H. Volland		No meeting
1945-46	Walter H. Scherer	H. B. Pinney	R. H. Volland	1946	Miami (H of D only)
1946-47	Sterling V. Mead	H. Hillenbrand	R. H. Volland	1947	Boston
1947-48	H. B. Washburn	H. Hillenbrand	R. H. Volland	1948	Chicago
1948-49	C. F. Minges	H. Hillenbrand	H. B. Washburn	1949	San Francisco
1949-50	Philip E. Adams	H. Hillenbrand	H. B. Washburn	1950	Atlantic City
1950-51	Harold W. Oppice	H. Hillenbrand	H. B. Washburn	1951	Washington, D.C.
1951-52	LeRoy M. Ennis	H. Hillenbrand	H. B. Washburn	1952	St. Louis
1952-53	Otto W. Brandhorst	H. Hillenbrand	H. B. Washburn	1953	Cleveland
1953-54	Leslie M. Fitzgerald	H. Hillenbrand	H. B. Washburn	1954	Miami
1954-55	Daniel F. Lynch	H. Hillenbrand	H. B. Washburn	1955	San Francisco
1955-56	Bernard C. Kingsbury	H. Hillenbrand	H. B. Washburn	1956	Atlantic City
1956-57	Harry Lyons	H. Hillenbrand	H. B. Washburn	1957	Miami-Miami Beach
1957-58	William R. Alstadt	H. Hillenbrand	H. B. Washburn	1958	Dallas
1958-59	Percy T. Phillips	H. Hillenbrand	H. B. Washburn	1959	New York
1959-60	Paul H. Jeserich	H. Hillenbrand	H. B. Washburn	1960	Los Angeles
1960-61	Charles H. Patton	H. Hillenbrand	H. B. Washburn	1961	Philadelphia
1961-62	John R. Abel	H. Hillenbrand	P. H. Jeserich	1962	Miami Beach
1962-63	Gerald D. Timmons	H. Hillenbrand	P. H. Jeserich	1963	Atlantic City
1963-64	James P. Hollers	H. Hillenbrand	P. H. Jeserich	1964	San Francisco
1964-65	Fritz A. Pierson	H. Hillenbrand	E. Jeff Justis	1965	Las Vegas
1965-66	Maynard K. Hine	H. Hillenbrand	E. Jeff Justis	1966	Dallas
1966-67	William A. Garrett	H. Hillenbrand	E. Jeff Justis	1967	Washington, D.C.
1967-68	F. Darl Ostrander	H. Hillenbrand	R. K. Trueblood	1968	Miami Beach
1968-69	Hubert A. McGuirl	H. Hillenbrand	R. K. Trueblood	1969	New York
1969-70	Harry M. Klenda	C. G. Watson	R. K. Trueblood	1970	Las Vegas
1970-71	John M. Deines	C. G. Watson	H. S. Eberhardt	1971	Atlantic City
1971-72	Carl A. Laughlin	C. G. Watson	H. S. Eberhardt	1972	San Francisco
1972-73	Louis A. Saporito	C. G. Watson	H. S. Eberhardt	1973	Houston
1973-74	Carlton H. Williams	C. G. Watson	J. W. Etherington	1974	Washington, D.C.
1974-75	L. M. Kennedy	C. G. Watson	J. W. Etherington	1975	Chicago
1975-76	Robert B. Shira	C. G. Watson	J. W. Etherington	1976	Las Vegas
1976-77	Frank F. Shuler	C. G. Watson	J. H. Pfister	1977	Miami Beach
1977-78	Frank P. Bowyer	C. G. Watson	I. L. Kerr	1978	Anaheim
1978-79	Joseph P. Cappuccio	J. M. Coady	J. J. Houlihan	1979	Dallas
1979-80	I. Lawrence Kerr	J. M. Coady	R. H. Griffiths	1980	New Orleans
1980-81	John J. Houlihan	J. M. Coady	R. B. Dixon	1981	Kansas City, MO
1981-82	Robert H. Griffiths	J. M. Coady	D. E. Bentley	1982	Las Vegas
1982-83	Burton H. Press	J. M. Coady	J. L. Bomba	1983	Anaheim
1983-84	Donald E. Bentley	J. M. Coady	A. L. Ryan	1984	Atlanta
1984-85	John L. Bomba	J. M. Coady	A. Kobren	1985	San Francisco
1985-86	Abraham Kobren	T. J. Ginley	J. A. Devine	1986	Miami Beach
1986-87	Joseph A. Devine	T. J. Ginley	J. A. Sadoris	1987	Las Vegas
1987-88	James A. Sadoris	T. J. Ginley	A. A. Dugoni	1988	Washington, D.C.
1988-89	Arthur A. Dugoni	T. J. Ginley	R. M. Overbey	1989	Honolulu
1989-90	R. Malcolm Overbey	T. J. Ginley	E. J. Truono	1990	Boston
1990-91	Eugene J. Truono	T. J. Ginley	G. T. Morrow	1991	Seattle
1991-92	Geraldine T. Morrow	W. E. Allen	J. H. Harris	1992	Orlando

<b>Term</b>	<b>President</b>	<b>Secretary</b>	<b>Treasurer</b>	<b>Date of Meeting</b>	<b>Place of Meeting</b>
1992–93	Jack H. Harris	J. S. Zapp	J. F. Mercer	1993	San Francisco
1993–94	James H. Gaines	J. S. Zapp	J. F. Mercer	1994	New Orleans
1994–95	Richard D'Eustachio	J. S. Zapp	J. F. Mercer	1995	Las Vegas
1995–96	William S. Ten Pas	J. S. Zapp	J. F. Mercer	1996	Orlando
1996–97	Gary Rainwater	J. S. Zapp	R. M. Rosas	1997	Washington, D.C.
1997–98	David A. Whiston	J. S. Zapp	R. M. Rosas	1998	San Francisco
1998–99	S. Timothy Rose	J. S. Zapp	R. M. Rosas	1999	Honolulu
1999–2000	Richard F. Mascola	J. S. Zapp	R. M. Rosas	2000	Chicago
2000–01	Robert M. Anderton	J. B. Bramson	M. J. Feldman	2001	Kansas City, MO
2001–02	D. Gregory Chadwick	J. B. Bramson	M. J. Feldman	2002	New Orleans
2002–03	T. Howard Jones	J. B. Bramson	M. J. Feldman	2003	San Francisco
2003–04	Eugene Sekiguchi	J. B. Bramson	M. J. Feldman	2004	Orlando
2004–05	Richard Haught	J. B. Bramson	M. J. Feldman	2005	Philadelphia
2005–06	Robert M. Brandjord	J. B. Bramson	M. J. Feldman	2006	Las Vegas
2006–07	Kathleen Roth	J. B. Bramson	Edward Leone	2007	San Francisco
2007–08	Mark J. Feldman	J. B. Bramson	Edward Leone	2008	San Antonio
2008–09	John S. Findley	K. T. O'Loughlin	Edward Leone	2009	Honolulu
2009–10	Ronald L. Tankersley	K. T. O'Loughlin	Edward Leone	2010	Orlando
2010–11	Raymond F. Gist	K. T. O'Loughlin	Edward Leone	2011	Las Vegas
2011–12	William R. Calnon	K. T. O'Loughlin	Edward Leone	2012	San Francisco
2012–13	Robert A. Faiella	K. T. O'Loughlin	Ronald P. Lemmo	2013	New Orleans
2013–14	Charles H. Norman	K. T. O'Loughlin	Ronald P. Lemmo	2014	San Antonio
2014–15	Maxine Feinberg	K. T. O'Loughlin	Ronald P. Lemmo	2015	Washington, D.C.
2015–16	Carol Gomez Summerhays	K. T. O'Loughlin	Ronald P. Lemmo	2016	Denver

#### Living Former Presidents, American Dental Association

<b>Term</b>	<b>President</b>	<b>Term</b>	<b>President</b>
1976–1977	Frank F. Shuler	2002–2003	T. Howard Jones
1982–1983	Burton H. Press	2003–2004	Eugene Sekiguchi
1986–1987	Joseph A. Devine	2004–2005	Richard Haught
1988–1989	Arthur A. Dugoni	2005–2006	Robert M. Brandjord
1991–1992	Geraldine T. Morrow	2006–2007	Kathleen Roth
1992–1993	Jack H. Harris	2007–2008	Mark J. Feldman
1993–1994	James H. Gaines	2008–2009	John S. Findley
1994–1995	Richard W. D'Eustachio	2009–2010	Ronald L. Tankersley
1995–1996	William S. Ten Pas	2010–2011	Raymond F. Gist
1996–1997	Gary Rainwater	2011–2012	William R. Calnon
1997–1998	David A. Whiston	2012–2013	Robert A. Faiella
1998–1999	S. Timothy Rose	2013–2014	Charles H. Norman
2000–2001	Robert M. Anderton	2014–2015	Maxine Feinberg
2001–2002	D. Gregory Chadwick	2015–2016	Carol Gomez Summerhays



	Registered	Meetings				Registered	Meetings		
		1	2	3			1	2	3
Chan, Raymond, San Lorenzo	•	•	•	•	Szotko, Scott, La Jolla	•	•		
Clark, Alma, Martinez	•	•	•	•	Terlet, Ariane, Berkeley	•	•	•	•
Creasey, Jean, Nevada City	•	•	•	•	Thenard, Sharine, Alameda	•	•	•	•
Davidson, Daniel, San Francisco	•	•	•	•	Tippett-Whyte, Judee, Stockton	•	•	•	•
De Tomasi, Dennis, Yuba City	•	•	•	•	Wallis, Kenneth, Santa Clara	•	•	•	•
Demichelis, Elizabeth, Modesto	•	•	•	•	Weber, Walter, Campbell	•	•	•	•
Dougan, Gary, Irvine	•	•	•	•	Woo, Debra, Boulder Creek	•	•	•	•
Ehrler, Clelan, Fontana	•	•	•	•	Yarborough, Craig, Greenbrae	•	•	•	•
Felsenfeld, Alan, Los Angeles	•	•	•	•	<b>Alternates</b>				
Gandola, Robert, San Diego	•	•	•	•	Altrock, Christine, San Diego	•			
Gereis, Mahfouz, Panorama City	•	•	•	•	Banner, Wade, La Verne				
Glasband, Gary, Long Beach	•	•	•	•	Beck, Tina, San Diego				
Hanlon, Robert, Escondido	•	•	•	•	Bell, Brian, Visalia				
Hansen, Henrik, Fairfield	•	•	•	•	Ford, Jonathan, Huntington Beach				
Harrison, Kenneth, Loma Linda	•	•	•	•	Habjan, Denise, Santa Ana	•			
Herman, Gary, Valley Village	•	•	•	•	Lee, Arlene, Los Angeles	•			
Hilton, Irene, San Francisco	•	•	•	•	Nour, Noha, Irvine				
Hughson-Otte, Virginia, Valencia	•	•	•	•	Pelton, W., Yuba City	•			
Irani, Karin, Beverly Hills	•	•	•	•	Pendurkar, Shakalpi, San Jose				
Jenkins, Daniel, Chino Hills	•	•	•	•	Sandretti, Stephanie, Elk Grove	•			
Jones, Jeffrey, Villa Park	•	•	•	•	Schneider, Michael, Brentwood	•			
Keating, Kevin, Sacramento	•	•	•	•	Stein, Alan, Northridge				
Kend, Steven, Torrance	•	•	•	•	Sugiyama, Janice, Carpinteria	•			
Lee, Natasha, San Francisco	•	•	•	•	Toy, Bruce, Stockton				
Lloyd, Jeffrey, Alta Loma	•	•	•	•					
Lojeski, Stephen, Arcadia	•	•	•	•	<b>Colorado</b>				
Maranon, George, Encino	•	•	•	•	<b>Delegates 10</b>				
Marcos, Carliza, San Carlos	•	•	•	•	Field, Gary, Colorado Springs	•	•	•	•
Marongiu, Nicholas, La Jolla	•	•	•	•	Foster, Karen, Aurora	•	•	•	•
Masouredis, Claudia, San Francisco	•	•	•	•	Jackson, David, Boulder	•	•	•	•
McCutcheon, Carol, Campbell	•	•	•	•	Kahl, Jeffrey, Colorado Springs	•	•	•	•
Menold, Geralyn, Hollister	•	•	•	•	Kessler, Brett, Denver	•	•	•	•
Middleton, Gerald, Riverside	•	•	•	•	Lurye, David, Ridgway	•	•	•	•
Nadershahi, Nader, San Francisco	•	•	•	•	Mauterer, Carrie, Thornton	•	•	•	•
Nagy, Richard, Santa Barbara	•	•	•	•	Morrow, Carol, Walsh	•	•	•	•
Namazikhah, Sadegh, Encino	•	•	•	•	Peters, Kenneth, Aurora	•	•	•	•
Olinger, Thomas, El Cajon	•	•	•	•	Varley, Michael, Highlands Ranch	•	•	•	•
Patel, Sanjay, Bay Point	•	•	•	•	<b>Alternates</b>				
Pisacane, John, San Jose	•	•	•	•	Compton, Lindsay, Arvada	•			
Reed, John, Stockton	•	•	•	•	Cullum, Arnold, Colorado Springs	•			
Reidy, Edward, Santee	•	•	•	•	Ehtessabian, Jason, Castle Rock	•			
Rollofson, Christy, Elk Grove	•	•	•	•	Hull, Donald, Colorado Springs	•			
Rollofson, Donald, Elk Grove	•	•	•	•	Ikeda, Jana, Boulder	•			
Sayre-Carstairs, Lynn, San Luis Obispo	•	•	•	•	Kaufmann, Stephenie, Woodland Park	•			
Sciarra, Joseph, Woodland Hills	•	•	•	•	Schoch, Sheena, Hayden	•			
Scott, Brian, Palo Alto	•	•	•	•	Shaw, Sean, Arvada	•			
Scott, Janice, Stockton	•	•	•	•					
Senseny, Charlotte, Torrance	•	•	•	•	<b>Connecticut</b>				
Shue, Brian, Brawley	•	•	•	•	<b>Delegates 7</b>				
Stephens, James, Palo Alto	•	•	•	•	Barton, Tatiana, Stamford	•	•	•	•

• Delegate or alternate attended the meeting; + Delegate or alternate attended a portion of the meeting.

	Registered	Meetings				Registered	Meetings		
		1	2	3			1	2	3
Berkley, Jeffrey, West Haven	•	•	•	•	Pruett, Henry, Pensacola	•	•	•	•
Linker, Gary, New Britain	•	•	•	•	Stevenson, Richard, Jacksonville	•	•	•	•
Mooney, John, Putnam	•	•	•	•	Wunderlich, Hugh, Palm Harbor	•	•	•	•
Nash, William, Fairfield	•	•	•	•	<b>Alternates</b>				
Tandy, Bruce, Vernon Rockville	•	•	•	•	Bulnes, Christopher, Tampa	•			
Ungerleider, Michael, Granby	•	•	•	•	Cordoba, John, Lake Mary	•			
<b>Alternates</b>					Cowell, Christopher, Deland	•			
Desrosiers, Mark, Glastonbury	•				Gesek, Daniel, Jacksonville	•			
Fried, David, Yalesville	•				Hughes, Bertram, Gainesville	•			
Hindin, Allen, Danbury	•				Kalarickal, Zacharias, Wesley Chapel	•			
Malon, Carolyn, Farmington	•				Marcus, Gina, Coral Gables	•			
Riddle, Richard, Southington	•				Mitchell, Glen, Boca Raton	•			
Simpson, Jeffrey, Putnam	•				Nguyen, Robin, Clearwater	•			
<b>Delaware</b>					Niessen, Linda, Fort Lauderdale	•			
<b>Delegates 2</b>					Ottley, Jeffrey, Milton	•			
Calhoon, Charles, Wilmington	•	•	•	•	Paladino, James, Gainesville	•			
Gregory, Victor, Wilmington	•	•	•	•	Palo, Paul, Winter Haven	•			
<b>Alternates</b>					Paramore, Jolene, Panama City	•			
Christian, Paul, Middletown	•				Payne, Robert, Marianna	•			
Williams, Erika, Wilmington	•				Romano, Rodrigo, South Miami	•			
<b>District of Columbia</b>					Sabates, Cesar, Coral Gables	•			
<b>Delegates 2</b>					Thiems-Heflin, Suzanne, Ocala	•			
Cram, Sally, Washington	•	•	•	•	Trotter, Linda, Jacksonville				
Grogan, Patrick, Washington	•	•	•	•	Zuknick, Stephen, Brandon	•			
<b>Alternates</b>					<b>Georgia</b>				
Noguera, Angela, Washington	•				<b>Delegates 10</b>				
Tigani, Stephen, Washington	•				Carpenter, Robert, Columbus	•	•	•	•
<b>Florida</b>					Green, Edward, Albany	•	•	•	•
<b>Delegates 20</b>					Jernigan, Ben, Decatur	•	•	•	•
Ackley, Eva, Spring Hill	•	•	•	•	Lopez, James, Columbus	•	•	•	•
Antoon, James, Rockledge	•	•	•	•	Moore, Kara, Gray	•	•	•	•
Attanasi, Ralph, Delray Beach	•	•	•	•	Rainge, Louvenia, Augusta	•	•	•	•
Bird, Gerald, Cocoa	•	•	•	•	Routhier, Julie, Savannah	•	•	•	•
Boden, David, Port Saint Lucie	•	•	•	•	Thomas-Moses, Donna, Carrollton	•	•	•	•
Brown, Andrew, Orange Park	•	•	•	•	Weinman, Richard, Atlanta	•	•	•	•
D'Aiuto, Charles, Longwood	•	•	•	•	Wolff, Carol, Atlanta	•	•	•	•
Eggnatz, Michael, Weston	•	•	•	•	<b>Alternates</b>				
Hall, Jeannette, Miami	•	•	•	•	Adkins, Chris, Stockbridge	•			
Hoffman, Charles, Jupiter	•	•	•	•	Babo, Evis, Atlanta				
Huot, Richard, Vero Beach	•	•	•	•	Benson, Henry, Atlanta	•			
Jernigan, Kim, Pensacola	•	•	•	•	Bickford, John, Dallas	•			
Liddell, Rudolph, Brandon	•	•	•	•	Bradberry, R. David, Marietta	•			
Marshall, Bryan, Spring Hill	•	•	•	•	Broderick, Thomas, Savannah	•			
Miller, Paul, New Port Richey	•	•	•	•	Harrington, John, Milledgeville	•			
Pansick, Ethan, Delray Beach	•	•	•	•	Mann, Marshall, Rome	•			
Paul, John, Lakeland	•	•	•	•	Reich, Robin, Smyrna	•			
					Wells, Erik, Athens	•			

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	Registered	Meetings		
		1	2	3
<b>Hawaii</b>				
<b>Delegates 3</b>				
Cassella, Edmund, Honolulu	•	•	•	•
Fujimoto, Patsy, Hilo	•	•	•	•
Nunokawa, Neil, Wailuku	•	•	•	•
<b>Alternates</b>				
Fujimoto, Lynn, Aiea	•			
Shimizu, Curt, Honolulu	•			
Wilhite, Steve, Honolulu	•			
<b>Idaho</b>				
<b>Delegates 3</b>				
Kido, Scott, Nampa	•	•	•	•
Newton, Joel, Twin Falls	•	•	•	•
Thompson, Geoffrey, Coeur d'Alene	•	•	•	•
<b>Alternate</b>				
Crawford, Brian, Pocatello	•			
<b>Illinois</b>				
<b>Delegates 20</b>				
Barnfield, Terry, Salem	•	•	•	•
Blew, Bryan, Moline	•	•	•	•
Boghosian, Alice, Park Ridge	•	•	•	•
Dickey, Keith, Alton	•	•	•	•
Feldner, Loren, Orland Park	•	•	•	•
Fijal, Phillip, Des Plaines	•	•	•	•
Hale, Denise, Palos Hills	•	•	•	•
Imburgia, Louis, Park Ridge	•	•	•	•
Kay, Douglas, Oakbrook Terrace	•	•	•	•
Larsen, Christopher, Moline	•	•	•	•
Markarian, Randall, Swansea	•	•	•	•
Mousel, Barbara, Chicago	•	•	•	•
Nicholas, Dean, Lombard	•	•	•	•
Osborne, Larry, Decatur	•	•	•	•
Riggins, Ronald, Moline	•	•	•	•
Schefke, Philip, Downers Grove	•	•	•	
Unger, Joseph, Chicago	•	•	•	•
Ursitti, Victoria, Arlington Heights	•	•	•	•
Van Scoyoc, Stacey, Bloomington	•	•	•	•
Watson-Lowry, Cheryl, Chicago	•	•	•	•
<b>Alternates</b>				
Benz, James, Chicago	•			
Durbin, Michael, Des Plaines	•			
Frett, James, Mount Prospect	•			
Hagopian, John, Park Ridge	•			
Howell, J. Barry, Urbana	•			
Kempf, Paul, Downers Grove	•			
Krisko, J. Michael, Bourbonnais	•			
Kumamoto, David, Chicago	•			

	Registered	Meetings		
		1	2	3
Maggio, Frank, Elgin	•			
McClellan, LuAnne, Saint George				
Moon, Brenden, Carthage	•			
Patel, Vishruti, Plainfield	•			
Richardson, Peggy, Tinley Park	•			
Satko, Cynthia, Western Springs	•			
Schneider, Thomas, Chicago	•			
Schwartz, Timmothy, Pekin	•			
Starsiak, Mary, Chicago	•			
Storniolo, Salvatore, Norridge	•			
Wetherell, Robin, Vienna	•			
Williams, David, Northbrook	•			
<b>Indiana</b>				
<b>Delegates 9</b>				
Asdell, Jay, South Bend	•	•	•	
Burns, Jill, Richmond	•	•	•	•
Ellinwood, Steven, Fort Wayne	•	•	•	•
Hollar, Steven, Warsaw	•	•	•	•
Holm, Steven, Portage	•	•	•	•
Leighty, Chad, Marion	•	•	•	•
Phillips, Gregory, Columbus	•	•	•	•
Platt, Jeffrey, Indianapolis	•	•	•	•
Stolarz, Jeffrey, Whiting	•	•	•	•
<b>Alternates</b>				
Briscoe, Todd, Fort Wayne	•			
Celis, Lorraine, South Bend	•			
Maupin, Heather, Plainfield	•			
Mihalo, Mark, La Porte	•			
Schechner, Terry, Valparaiso	•			
Thomas, J. Mark, Seymour	•			
Valliere, Roger, Fort Wayne	•			
Yoder, Benjamin, Fort Wayne	•			
<b>Iowa</b>				
<b>Delegates 5</b>				
Bokemper, Richard, Sergeant Bluff	•	•	•	•
Fuller, Maria, Corning	•	•	•	•
Gleason, Martin, Fairfield	•	•	•	
Hedlund, Shawn, Iowa City	•	•	•	•
Peckosh, Valerie, Dubuque	•	•	•	•
<b>Alternate</b>				
Johnsen, David, Iowa City	•			
<b>Kansas</b>				
<b>Delegates 4</b>				
Fales, John, Olathe	•	•	•	•
Herre, Craig, Leawood	•	•	•	•
Oettmeier, Bert, Leawood	•	•	•	•

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	Registered	Meetings		
		1	2	3
Roufs, Brett, Newton	•	•	•	•
<b>Alternates</b>				
Armfield, Melodee, Augusta	•			
Hale, Hal, Wichita	•			
Rogers, Paul, Arkansas City	•			
Sherwood, Cynthia, Independence	•			

**Kentucky**

<b>Delegates 5</b>				
Elliott, O. Andy, II, Martin	•	•	•	•
Hill, J.D., Irvine	•	•	•	•
Howard, H. Fred, Harlan	•	•	•	•
Johnson, J. Michael, Owensboro	•	•	•	•
Lee, William, Lexington	•	•	•	•
<b>Alternates</b>				
Collins, William, Pikeville	•			
Curry, Barry, Owensboro	•			
Depp, Ansley, Highland Heights	•			
Wall, Kevin, Bellevue	•			

**Louisiana**

<b>Delegates 6</b>				
Barsley, Robert, Ponchatoula	•	•	•	•
Basinger, Brian, Shreveport	•	•	•	•
Chaney, Mark, New Orleans	•	•	•	•
Garrett, Marty, Baton Rouge	•	•	•	•
Ortego, L. Stephen, Ball	•	•	•	•
Weaver, Stephanie, Lake Charles	•	•	•	•
<b>Alternates</b>				
Daly, Nelson, Baton Rouge	•			
Foy, Charles, Madisonville	•			
Hildebrandt, David, Slidell	•			
Luminais, Kenneth, Thibodaux	•			
Savoie, Lance, Abbeville	•			
Scott, King, West Monroe	•			

**Maine**

<b>Delegates 2</b>				
Drews, Peter, Lewiston	•	•	•	•
Shenkin, Jonathan, Augusta	•	•	•	•
<b>Alternates</b>				
Creisher, Gary, Kennebunk	•			
Johnson, Erik, Presque Isle	•			

**Maryland**

<b>Delegates 8</b>				
a'Becket, Thomas, Millersville	•	•	•	•
Brown, Wendy, Columbia	•	•	•	•
Christopher, Ann, Baltimore	•	•	•	•

	Registered	Meetings		
		1	2	3
Liang, Christopher, Potomac	•	•	•	
Nuger, Marc, Glen Burnie	•	•	•	•
Rogers, Rick, Frederick	•	•		•
Shepley, George, Baltimore	•	•	•	•
Wilson, Robert, Gaithersburg	•	•	•	•
<b>Alternates</b>				
Horner, R. Mark, Owings Mills	•			
Morris, Edwin, Kingsville	•			
Nokkeo, Jay, Gaithersburg	•			
Romaine, Diane, Frostburg	•			

**Massachusetts**

<b>Delegates 16</b>				
Arrigo, Michael, Boxford	•	•	•	•
Boss, John, Lowell	•	•	•	•
Fisher, John, Salem	•		•	•
Gandhi, Neela, Westwood	•	•	•	•
Hanlon, Mary Jane, Boston	•	•	•	•
Leland, Robert, Hanover	•	•	•	•
Lustbader, David, Quincy	•	•	•	•
Marchand, Richard, Yarmouth Port	•	•	•	•
Martin, Raymond, Mansfield	•	•	•	•
Moriarty, Janis, Winchester	•	•	•	•
Gobichettyalayam, Sathish, Fall River	•		•	•
Raayai, Tofigh, Everett	•		•	
Swiderski, Edward, Uxbridge	•	•	•	•
Trowbridge, Thomas, Lowell	•	•	•	•
Wise, R. Jay, Lee	•	•	•	•
Zolot, Howard, North Andover	•	•	•	•
<b>Alternates</b>				
Mott, John, West Springfield	•			
Paul, Mina, Roslindale	•			
Silvius, Charles, Revere	•			

**Michigan**

<b>Delegates 17</b>				
Benivegna, Vincent, East Lansing	•	•	•	•
Christy, Todd, Berrien Springs	•	•	•	•
Colbert, Curles, Farmington Hills	•	•	•	•
Conlon, Steven, Grand Rapids	•	•	•	•
DeGroat, Larry, Bingham Farms	•	•	•	•
Gingrich, Margaret, Big Rapids	•	•	•	•
Hamerink, Howard, Plymouth	•	•	•	•
Harris, Stephen, Farmington Hills	•	•	•	•
Hennessy, Rhonda, Holly	•	•	•	•
Johnston, Mark, Lansing	•	•	•	•
Knowles, Lisa, East Lansing	•		•	•
Meraw, Stephen, Grosse Pointe Woods	•		•	•
Patchak, William, Jackson	•	•	•	•

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	Registered	Meetings				Registered	Meetings		
		1	2	3			1	2	3
Peters, Deb, Grand Rapids	•	•	•	•	Patterson, Michael, Joplin	•			
Shunk, Clayton, Sault Ste. Marie	•	•	•	•	Pyle, Marsha, Kansas City	•			
Tremblay, Robert, Huntington Woods	•	•	•	•	Roseman, Lori, Saint Peters	•			
Tulak-Gorecki, Michele, Warren	•	•	•	•	Sokolowski, Joseph, Florissant	•			
<b>Alternates</b>					White, Connie, Kansas City	•			
Bander, Samuel, Grand Rapids	•								
Barsamian, Mark, Garden City	•				<b>Montana</b>				
Berns, Jonathan, West Branch	•				<b>Delegates 2</b>				
Dube, Nathalie, Mount Pleasant	•				Hadnot, Douglas, Lolo	•	•	•	•
Maihofer, Michael, Roseville	•				Newman, Roger, Columbia Falls	•	•	•	•
Makowski, Martin, Clinton Twp	•				<b>Alternates</b>				
Vitek-Hitchcock, Alexa, Dewitt	•				Gillette, Jane, Bozeman	•			
					Lindemann, Kurt, Kalispell	•			
<b>Minnesota</b>									
<b>Delegates 9</b>					<b>Navy</b>				
Andersen, David, Park Rapids	•		•	•	<b>Delegates 2</b>				
Cannon, Peter, Saint Paul	•	•	•	•	Henson, Joshua, Virginia Beach, VA	•	•	•	•
Cziok, Amber, Litchfield	•	•	•	•	Pachuta, Stephen, Bethesda, MD	•	•	•	•
Dens, Kevin, Baxter	•	•	•	•	<b>Alternates</b>				
Flynn, Michael, Lewiston	•	•	•	•	Huber, Jayson, Rockville, MD	•			
Nickman, James, Fridley	•	•	•	•	Mitton Robert, Gaithersburg, MD	•			
Perpich, Michael, Richfield	•	•	•	•					
Resch, R. David, Saint Paul	•	•	•	•	<b>Nebraska</b>				
Taylor, Howard, New Brighton	•	•	•	•	<b>Delegates 3</b>				
<b>Alternate</b>					Hinrichs, R. Mark, Lincoln	•	•	•	•
Johnson, Kirby, Spicer	•				Morrison, Scott, Omaha	•	•	•	•
					Wieting, Scott, York	•	•	•	•
<b>Mississippi</b>					<b>Alternates</b>				
<b>Delegates 3</b>					Schlothauer, Mark, Gering	•			
Donald, W. Mark, Louisville	•	•	•	•	Thomsen, Brett, Omaha	•			
Dumas, James, Prentiss	•	•	•	•					
Scarbrough, A. Roddy, Richton	•	•	•	•	<b>Nevada</b>				
<b>Alternates</b>					<b>Delegates 3</b>				
Burns, H. Joe, Ridgeland	•				Dragon, Richard, Gardnerville	•	•	•	•
Holman, John, Tupelo	•				Saxe, Steven, Las Vegas	•	•	•	•
Williams, Mark, Meridian	•				White, David, Elko	•	•	•	•
<b>Missouri</b>					<b>New Hampshire</b>				
<b>Delegates 7</b>					<b>Delegates 2</b>				
Burke, Mary, Saint Louis	•	•	•	•	Ahern, John, Derry	•	•	•	•
Butler, Robert, Webster Groves	•		•	•	Rosato, Richard, Concord	•	•	•	•
Janes, Rodger, Belle	•	•	•	•	<b>Alternates</b>				
Mattingly, Emily, Chillicothe	•	•	•	•	Jackson, Lindsey, Gorham	•			
Raman, Prabu, Kansas City	•	•	•	•	Sousa, Manuel, Salem	•			
Rapini, Vincent, Webster Groves	•	•							
Rechtin, Theodore, Bridgeton	•	•	•	•	<b>New Jersey</b>				
Tait, Robert, Grandview	•	•	•	•	<b>Delegates 14</b>				
<b>Alternates</b>					Carotenuto, Frank, Roselle Park	•	•	•	•
Hein, Nicholas, Springfield	•				Chinoy, Walter, Scotch Plains	•	•	•	•

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	Registered	Meetings				Registered	Meetings		
		1	2	3			1	2	3
Clemente, Elizabeth, Morristown	•	•	•	•	Jacobo, Amarilis, Bronx	•	•	•	•
Di Vincenzo, Giorgio, Jersey City	•	•	•	•	Jacobs, James, New York	•	•	•	•
Galvis, Diana, Totowa	•	•	•	•	Khurana, Irvind, New York	•	•	•	•
Ghisalberti, Luciano, North Bergen	•	•	•	•	Lacey, Frederick, Binghamton	•	•	•	•
Graham, Frank, Bronx	•	•	•	•	Ledner, Jay, Little Neck	•	•	•	•
Hersh, Robert, Freehold	•	•	•	•	Levitt, Neal, Webster	•	•	•	•
Krantz, Daniel, Somerset	•	•	•	•	Madonian, Margaret, Liverpool	•	•	•	•
Rich, Barbara, Cherry Hill	•	•	•	•	Maranga, Maria, Aquebogue	•	•	•	•
Rothstein, Alan, Denville	•	•	•	•	Mears, Ernest, Oswego	•	•	•	•
Shekitka, Robert, Newark	•	•	•	•	Medrano-Saldana, Lauro, Brooklyn	•	•	•	•
Sterritt, Frederic, Belle Mead	•	•	•	•	Miller, David, East Meadow	•	•	•	•
Whitman, Sidney, Hamilton Square	•	•	•	•	Miller, Edward, New York	•	•	•	•
<b>Alternates</b>					Mindlin, Mitchell, Brooklyn	•	•	•	•
Ambrosio, Maria, Wayne	•				Palmaccio, Frank, Plainview	•	•	•	•
Babinowich, Fredrick, Mercerville					Patella, Paul, Hartsdale	•	•	•	•
Dietz, Andrew, Haddon Heights	•				Peskin, Robert, Garden City	•	•	•	•
Kahn, Richard, New Brunswick	•				Porcelli, Eugene, Garden City	•	•	•	•
Krulewicz, Joseph, Branchburg					Ratner, Craig, Staten Island	•	•	•	•
LoMonaco, Carmine, Newark	•				Silvestri, Mario, Vestal	•	•	•	•
Messana, Michael, East Rutherford					Snyder, Steven, Stony Brook	•	•	•	•
Pomerantz, Kenneth, Union	•				Tibbetts, John, Williamsville	•	•	•	•
Roshong, Bryon, Dumont	•				Vigliotti, Frank, Poughkeepsie	•	•	•	•
Shah, Dipika, Holmdel					Wadhwa, Gurinder, Meands	•	•	•	•
					Weinberger, Mark, Bordentown	•	•	•	•
<b>New Mexico</b>					<b>Alternates</b>				
<b>Delegates 2</b>					Baim, Loren, Glens Falls	•	•	•	•
Goad, Jamie, Carrizozo	•	•	•	•	Barnashuk, Frank, Buffalo	•	•	•	•
Morgan, Christopher, Santa Fe	•	•	•	•	Buccigrossi, Philip, Staten Island	•	•	•	•
<b>Alternates</b>					Edwards, Maurice, New York	•	•	•	•
Manzanares, David, Peralta	•				Farrell, Scott, Binghamton	•	•	•	•
Valles, Joe, Albuquerque	•				Friedman, Joel, New York	•	•	•	•
					Fujimoto, Luis, New York	•	•	•	•
<b>New York</b>					Gary, Chester, Depew	•	•	•	•
<b>Delegates 38</b>					Gellert, Jonathan, Lowville	•	•	•	•
Andolina, Richard, Hornell	•	•	•	•	Goudarzi, Payam, Johnson City	•	•	•	•
Bauman, Mark, Saratoga Springs	•	•	•	•	Harrison, Wayne, Saratoga Springs	•	•	•	•
Buhite, Robert, Rochester	•	•	•	•	Jhaveri, Viren, Flushing	•	•	•	•
Busino, Lawrence, Albany	•	•	•	•	Jonke, Guenter, Stony Brook	•	•	•	•
Cooperman, Kenneth, New York	•	•	•	•	Karp, William, Manlius	•	•	•	•
Cuomo, Anthony, Carmel	•	•	•	•	Kim, Paul, Suffern	•	•	•	•
Delaney, David, Albany	•	•	•	•	Krishnan, Prabha, Forest Hills	•	•	•	•
Dowd, Brendan, Niagara Falls	•	•	•	•	Leary, Paul, Smithtown	•	•	•	•
Essig, Steven, Ravena	•	•	•	•	Lewenson, Richard, Hastings on Hudson	•	•	•	•
Galati, James, Clifton Park	•	•	•	•	Liang, John, Utica	•	•	•	•
Gehani, Rekha, Jackson Heights	•	•	•	•	Lukaswitz, Mary Ellen, Valhalla	•	•	•	•
Gounardes, Steven, Brooklyn	•	•	•	•	Mahon-Vazquez, Claudia, Hauppauge	•	•	•	•
Hanley, Kevin, Buffalo	•	•	•	•	Miller, Raymond, Lancaster	•	•	•	•
Henner, Kevin, Deer Park	•	•	•	•	Milord, Fabiola, New Hyde Park	•	•	•	•
Hoddick, James, Tonawanda	•	•	•	•	Oshrain, Richard, Brooklyn	•	•	•	•

• Delegate or alternate attended the meeting; + Delegate or alternate attended a portion of the meeting.

	Registered	Meetings		
		1	2	3
Scharoff, Gary, New Rochelle	•			
Segelnick, Stuart, Brooklyn				
Shipper, David, New York	•			
Shreck, Michael, New Hyde Park	•			
Skolnick, Jay, Webster	•			
Vazquez Santiago, Ivan, Hauppauge	•			
Verma, Binod, Elmhurst				
Viola, Joseph, Webster	•			
Weisfuse, Deborah, New York	•			
Yeshion, Robert, Bronx				

**North Carolina**

<b>Delegates 10</b>				
Bailey, L. Tanya, High Point	•	•	•	•
Breeland, Nona, Chapel Hill	•	•	•	•
Buchanan, John, Lexington	•	•	•	•
Card, Rex, Raleigh	•	•	•	•
Cashion, Scott, Greensboro	•	•	•	•
Litaker, William, Hickory	•	•	•	•
Oyster, Gary, Raleigh	•	•	•	•
Plage, Robert, Wilmington	•	•	•	•
Venezie, Ronald, Apex	•	•	•	•
Williams, William, Greenville	•	•	•	•

<b>Alternates</b>				
Ahmad, Nazir, Raleigh	•			
Chadwick, D. Gregory, Greenville	•			
Cunningham, Catherine, Durham	•			
Davenport, C. Scott, Charlotte	•			
Hardesty, Willis, Raleigh	•			
Hollowell, Robert, Charlotte	•			
Jewell, Wilson, Wilmington	•			
King, Rebecca, Chapel Hill	•			
Scheiderich, Mark, Fletcher	•			

**North Dakota**

<b>Delegates 2</b>				
Erlandson, Steven, Grand Forks	•	•	•	•
McDougall, Kenneth, Jamestown	•	•	•	•

<b>Alternates</b>				
Berg, Caron, Valley City	•			
Stewart, Katie, Bismarck	•			

**Ohio**

<b>Delegates 17</b>				
Adams, Roderick, University Heights	•	•	•	•
Barnes, Paul, Granville	•	•	•	•
Baytosh, Joseph, Girard	•	•	•	•
Bronson, Mark, Cincinnati	•	•	•	•
Chopra, Manish, Cincinnati	•	•	•	•

	Registered	Meetings		
		1	2	3
Connell, Christopher, Lyndhurst	•	•	•	•
Grbach, Bruce, Mentor	•	•	•	•
Haid, Tara, Worthington	•	•		•
Halasz, Michael, Kettering	•	•	•	•
Kelly, Thomas, Beachwood	•	•	•	•
Laing, Kevin, Van Wert	•	•	•	•
Mazzola, Robert, Miamisburg	•	•	•	•
Moore, Steven, West Chester	•	•	•	•
Parsons, Sharon, Columbus	•	•	•	•
Roberts, Julie, Norwalk	•		•	•
Scott, Darrel, Loudonville	•	•	•	•
Winland, Roger, Athens	•			•

<b>Alternates</b>				
Camman, Constance, Dublin	•			
Dunlap, Brian, Coshocton	•			
Featheringham, Dale Anne, Mansfield	•			
Guter, Hans, Circleville	•			
Hanna, Adel, Springboro	•			
Hering, Denise, Reynoldsburg	•			
Jerome, Jennifer, Akron	•			
Kastner, Michael, Toledo	•			
Katz, Steven, Beachwood	•			
Kimberly, David, Akron	•			
Kramer, John, Martins Ferry	•			
McCarthy, Brittany, Columbus	•			
Messina, Matthew, Fairview Park	•			
Paumier, Thomas, Canton	•			
Schaeffer, Michael, Cincinnati	•			
Usman, Najia, Medina	•			
Wynn, Mary, Cincinnati	•			

**Oklahoma**

<b>Delegates 5</b>				
Auld, Douglas, McAlester	•	•	•	•
Braly, Edmund, Norman	•	•	•	•
Glenn, Stephen, Tulsa	•	•	•	•
Jones, Krista, Edmond	•	•	•	•
Young, Stephen, Oklahoma City	•	•	•	•

<b>Alternates</b>				
Berg, Tamara, Yukon	•			
Cohlmlia, Matthew, Oklahoma City	•			
Fagan, Timothy, Enid	•			
Lopez, Juan, Lawton	•			
Wood, C. Rieger, Tulsa	•			

**Oregon**

<b>Delegates 6</b>				
Allen, Francis, Salem	•	•	•	•
Bremner, Fred, Milwaukie	•	•	•	•

• Delegate or alternate attended the meeting; + Delegate or alternate attended a portion of the meeting.

	Registered	Meetings				Registered	Meetings		
		1	2	3			1	2	3
Jones, Gregory, Redmond	•	•	•						
Pham, Hai, Aloha	•	•	•	•					
Post, Sarah, Eugene	•	•	•	•					
Young, Joni, Salem	•	•	•	•					
<b>Alternates</b>									
Hagerty, Patrick, Albany									
Price, Jill, Portland	•								
Smith, James, Portland	•								
Stewart, Jeffery C. B., Portland									
Taylor, Barry, Portland	•								
<b>Pennsylvania</b>									
<b>Delegates 17</b>									
Boyle, James, York	•	•	•	•					
Dishler, Bernie, Elkins Park	•	•	•	•					
Freedman, Isaac, Roslyn	•		•	•					
Himmelberger, Linda, Devon	•	•	•	•					
Incalcaterra, Charles, Bethlehem	•	•	•	•					
Iseman, Cynthia, Shanksville	•	•	•	•					
Limberakis, Cary, Jenkintown	•	•							
Mansour, Samer, Erie	•	•	•	•					
Quezada, Nicole, Wellsboro	•	•	•	•					
Rao, Anand, Philadelphia	•	•	•	•					
Ray, Herbert, Pittsburgh	•	•	•	•					
Rosenthal, Nancy, Jenkintown	•	•	•	•					
Ross, Joseph, New Castle	•	•	•	•					
Tacelosky, Maria, Nuremberg	•	•	•	•					
Tauberg, James, Pittsburgh	•		•	•					
Terry, Bruce, Wayne	•	•	•	•					
Wells, Jay, Bethel Park	•		•	•					
Zale, Matthew, Dickson City	•	•	•	+					
<b>Alternates</b>									
Aldinger, D. Scott, Lehighton									
Anderson, David, Pittsburgh	•								
Cerveris, Michael, Chambersburg	•								
Davis, Gary, Shippensburg	•								
Goldberg, Jay, Philadelphia	•								
Hamm, George, Dover	•								
Heleniak, Stanley, Lansdale	•			+					
Kotchick, Christopher, Scranton	•								
Marcelino, Janel, Pittsburgh									
Newman, Wade, Bellefonte	•								
Olenwine, Cynthia, Nazareth	•								
Schwartz, David, Wyomissing	•								
Selcher, Samuel, Middletown	•								
Thakkar, Nipa, Wellsboro	•								
Troy, Beth, Bethel Park	•								
<b>Public Health Service</b>									
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Joskow, Renee, Rockville, MD	•	•	•	•					
Raghubar, Sharon, Suffolk, VA	•	•	•	•					
<b>Alternate</b>									
Johnson, Michael, San Diego, CA	•								
<b>Puerto Rico</b>									
<b>Delegate 1</b>									
Del Valle Sepúlveda, Edwin, Ponce	•	•	•	•					
<b>Alternate</b>									
Reyes Martinez, Liselie, Barceloneta	•								
<b>Rhode Island</b>									
<b>Delegates 2</b>									
Beagan, Bryan, Cranston	•		•	•					
Brown, Steven, East Greenwich	•	•	•	•					
<b>Alternates</b>									
Bartro, Robert, Warwick	•								
Gettinger, George, Cumberland	•								
<b>South Carolina</b>									
<b>Delegates 6</b>									
Chadwell, Rainey, Duncan	•	•	•	•					
Gardner, H. Lee, Jr., Hartsville	•	•	•	•					
Maxwell, Charles, Johnsonville	•	•	•	•					
Mercer, James, West Columbia	•	•	•	•					
Watson, David, Greenville	•	•	•	•					
Wise, Edward, Beaufort	•	•	•	•					
<b>Alternates</b>									
Cayouette, Scott, Charleston	•								
Griffin, Christopher, Greenwood	•								
McDonald, Thomas, Florence	•								
Mikell, Julia, Columbia	•								
Napier, Rocky, Aiken	•								
Pipkin, Gloria, Moncks Corner	•								
<b>South Dakota</b>									
<b>Delegates 2</b>									
Bierschbach, Mark, Milbank	•	•	•	•					
Titze, Grant, Watertown	•	•	•	•					
<b>Alternates</b>									
Aanenson, Jason, Freeman	•								
Lynch, Edward, Rapid City	•								
<b>Tennessee</b>									
<b>Delegates 7</b>									
Davis, Jay, Shelbyville	•	•	•	•					
Guthrie, F. Rick, Bristol	•	•	•	•					

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	Registered	Meetings				Registered	Meetings		
		1	2	3			1	2	3
McNeely, David, Elizabethton	•	•	•	•	Ku, David, Lewisville	•			
Moore, R. Chris, Martin	•		•	•	Najera, Michael, El Paso	•			
Orwick-Barnes, Susan, Knoxville	•	•	•	•	Neal, Robert, Frisco	•			
Patterson, Thomas, Memphis	•		•	•	Poteet, Sarah, Dallas	•			
Underwood, Thomas, Nashville	•	•	•	•	Rodriguez, Victor, Houston	•			
<b>Alternates</b>					Shisler, Adam, Houston	•			
Avery, James, Memphis	•				Smith, Carmen, Dallas	•			
Beauchamp, K. Jean, Clarksville	•				Stansbury, Dennis, Tyler	•			
Bryant, Kevin, Chattanooga	•				Stewart, Debra, Houston	•			
Bryant, Lanora, Jackson	•				Tillman, Michael, Fort Worth	•			
Dycus, Richard, Cookeville	•				Walton, William, Abilene	•			
Fain, Walter, Knoxville	•								
Malin, David, Franklin	•								
<b>Texas</b>					<b>Utah</b>				
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Armstrong, Craig, Houston	•	•	•	•	Cowley, Mark, Ogden	•	•	•	•
Austin, Joshua, San Antonio	•	•	•	•	Faddis, Kelly, Draper	•		•	•
Bainbridge, Jean, Dallas	•	•	•	•	Radmall, Val, Ogden	•	•	•	•
Bogan, Douglas, Houston	•	•	•	•	Skene, Larisse, Salt Lake City	•	•	•	•
Cammarata, Rita, Houston	•	•	•	•	Smith, A.J., Salt Lake City	•	•	•	
Cazares, Jose, McAllen	•	•	•	•	<b>Alternates</b>				
Duncan, David, Amarillo	•	•	•	•	Calderwood, Cody, Park City	•			
Gerlach, William, Plano	•	•	•		Larson, Brent, Salt Lake City	•			
Harrison, Thomas, Katy	•	•	•	•	Zeh, Glenn, Layton	•			
Heinrich-Null, Lisa, Victoria	•	•	•	•	<b>Vermont</b>				
Henwood, Robbie, San Antonio	•		•		<b>Delegates 2</b>				
Hill, Steven, Lubbock	•	•		•	Connolly, Thomas, South Burlington	•	•	•	•
Hopson, Jerry, Bonham	•	•	•	•	Pitmon, Stephen, Colchester	•	•	•	•
Loveless, William, Lubbock	•	•	•	•	<b>Alternates</b>				
McCauley, Dan, Mount Pleasant	•	•	•		Coakley, Cassandra, Montpelier	•			
Miller, Charles, Arlington	•		•	•	Knippler, Arthur, Randolph Center	•			
Moore, Alan, Austin	•	•	•	•	<b>Veterans Affairs</b>				
Morchat, Arthur, Kilgore	•	•	•	•	<b>Delegates 2</b>				
Peppard, Richard, Austin	•	•	•	•	Arola, Patricia, Fredericksburg, VA	•	•	•	•
Plemons, Jacqueline, Dallas	•	•	•	•	Hatch, Craig, Cleveland, OH	•	•	•	•
Purdy, John, El Paso	•	•	•		<b>Alternates</b>				
Rhea, Ronald, Houston	•	•	•	•	Gallant, Marshall, Orlando, FL	•			
Roberts, Matthew, Crockett	•	•	•	•	O'Toole, Terry, Carlsbad, CA	•			
Sanders, Lance, Austin	•	•	•	•	<b>Virgin Islands</b>				
Walters, Karen, Houston	•	•	•	•	<b>Delegate 1</b>				
White, Robert, Wimberley	•	•	•	•	Wechter, Stuart, St. Thomas	•		•	•
Worsham, Debrah, Center	•	•	•	•	<b>Virginia</b>				
<b>Alternates</b>					<b>Delegates 11</b>				
Collins, Richard, Houston	•				Anderson, David, Burke	•	•	•	•
Cooley, Ralph, Houston	•				Bell, Alonzo, Alexandria	•	•		
Garcia, John, McAllen	•				Dougherty, William, Falls Church	•	•	•	•
Ho, Duc, Katy	•								
Kennedy, Paul, Corpus Christi	•								

• Delegate or alternate attended the meeting; + Delegate or alternate attended a portion of the meeting.



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