ADA American Dental Association®

America's leading advocate for oral health

2013

Transactions

154th Annual Session New Orleans, Louisiana November 1–5, 2013

Table of Contents

| Minutes of the Board of Trustees | 157 | March 10–11, 2013 |
|-----------------------------------|-----|---|
| | 183 | June 9–11, 2013 |
| | 206 | August 4–6, 2013 |
| | 237 | October 6–8, 2013 |
| | 256 | November 5, 2013 |
| | 262 | December 16–17, 2013 |
| | | |
| Minutes of the House of Delegates | 275 | November 1–5, 2013 |
| Scientific Session | 377 | Scientific Session |
| | xxx | Directory of Officers, Trustees, Senior Staff, Councils, Commissions, Committee on Local Arrangements |
| Appendix | xxx | Historical Record |
| | xxx | Attendance Record of the House of Delegates |
| | xxx | Index of Resolutions |
| | XXX | Index |

Notes

Minutes of the Board of Trustees

March 10-11

June 9-11

August 4-6

October 6-8

November 5

December 16-17

Notes

Minutes of the Board of Trustees

March 10–11, 2013 Headquarters Building, Chicago

Call to Order: The third regular session of the Board of Trustees of the American Dental Association was called to order by Dr. Robert A. Faiella, president, on Sunday, March 10, 2013, at 8:00 a.m., in the Board Room of the ADA Headquarters Building, Chicago.

Roll Call: Officers and members of the Board of Trustees in attendance were: Robert A. Faiella, Charles H. Norman, Kenneth J. Versman, Brian E. Scott, Ronald P. Lemmo, Glen D. Hall, Kathleen O'Loughlin, Terry L. Buckenheimer, Joseph P. Crowley, Jeffrey D. Dow, Dennis W. Engel, Hal Fair, Maxine Feinberg, Steven Gounardes, Joseph F. Hagenbruch, Hilton Israelson, Roger L. Kiesling, Gary L. Roberts, Donald L. Seago, Carol Gomez Summerhays, Charles R. Weber, Gary S. Yonemoto, James K. Zenk, and Mark R. Zust.

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

Guests in attendance for a portion or portions of the meeting included Dr. Chris Salierno, chair, New Dentist Committee; Dr. A.J. Smith, Utah, president-elect candidate; Dr. Ronald Venezie, chair, and Dr. Teresa Dolan, vice chair, Council on Dental Education and Licensure; Michael S. Melbinger, Esq., Winston and Strawn, LLP; and Mr. Scott Meggenberg, Ellwood and Associates.

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, managing vice president, Conference and Meeting Services; Michael Graham, senior vice president, Government and Public Affairs; Sabrina King, chief, People Management; Toni Mark, chief technology officer; Daniel M. Meyer, senior vice president, Science/Professional Affairs; Clayton B. Mickel, managing vice president, Corporate Relations and Strategic Marketing Alliances; Kenneth Ohr, chief communications officer; Paul Sholty, chief financial officer; Michael D. Springer, senior vice president, Business and Publishing; Wendy-Jo Toyama, senior vice president, Membership, Tripartite Relations and Marketing; Marko Vujicic, managing vice president, Health Policy Resources Center; and Anthony Ziebert, senior vice president, Education/Professional Affairs.

Others in attendance for all or portions of the meeting were: Kelly Abeles, director, Council on Members Insurance and Retirement Programs; James Berry, associate publisher; Karen Burgess, senior director, Membership Marketing and Member Services; Tomisena Cole, senior manager, Board and House Matters; Thomas C. Elliott, Jr., Esq., deputy general counsel; Michael A. Glick, editor, *Journal of the American Dental Association (JADA)*; Linda Hastings, senior director, Administrative Services; Judith Jakush, editor, *ADA News*; Alyna Johnson, coordinator, Publications and Programs, Administrative Services; Joseph Martin, director, Dental Society Services; Thomas Parcella, senior manager, Financial Analysis and Planning; Rebecca Perry, director, Accounting and Reporting; David Preble, director, Council on Dental Benefit Programs; Jim Willey, director, Council on Dental Practice; and Wendy J. Wils, Esq., deputy general counsel. Other ADA staff members were in attendance for specific agenda items.

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

Preliminary

Approval of Agenda and Consent Items: Dr. Faiella asked for any items of new business; Dr. Seago requested an opportunity to provide an update on public health dentistry. The topic was added as an item of New Business.

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

B-1-2013. **Resolved**, that the agenda be approved as the official order of business for the current session of the Board of Trustees except that the President may alter the order of the agenda when necessary to expedite business.

Approval of Consent Calendar. Dr. Faiella reviewed the items on the proposed consent calendar; several agenda items were removed. On vote the Board adopted the following resolution.

B-10-2013. Resolved, that the resolutions contained on the Consent Calendar for Board of Trustees consideration be approved and reports be filed.

Approval of Minutes of Previous Sessions: The minutes of the October 2012 and December 2012 sessions of Board of Trustees were circulated to the Board and adopted unanimously by mail ballot. In accordance with the *Organization and Rules of the Board of Trustees*, which requires the reporting of mail ballot actions at the next session, the following resolutions are reported for the official record.

Approval of the Minutes of the October 2012 New Board of Trustees Session.

B-170-2012. Resolved, that the minutes of the October 23, 2012, New Board of Trustees meeting be approved.

Approval of the Minutes of the December 2012 Board of Trustees Session.

B-2-2013. Resolved, that the minutes of the December 9-12, 2012, meeting of the Board of Trustees be approved.

Standing Committees of the Board of Trustees

Report of the Budget and Finance Committee: Dr. Dennis Engel, Committee chair, presented the report of the Committee's March 9, 2013, meeting. The report identified the major topics discussed, reports received and actions taken. On behalf of the Committee, Dr. Engel moved the following resolutions for Board consideration.

Budget and Finance Committee Consideration of Contingent Fund Requests. Dr. Engel commented that many supplemental requests from the Contingent Fund are for small amounts of money and that require evaluation by the Committee. On behalf of the Committee, Dr. Engle moved the following resolution that proposes a minimum amount for submission of a Contingent Fund request:

B-22. Resolved, that effective immediately, contingency requests of \$20,000 or more be considered by the Budget and Finance Committee, and that contingency budget needs under \$20,000 be managed internally by the applicable division.

The Board discussed implementation of the resolution and it was suggested by the Executive Director that funding amounts under \$20,000 would be managed within the divisional budget and within acceptable variances. A motion was made to amend the resolution by inserting the word "only" between the words "immediately," and "contingency." On vote, the amendment was adopted. On vote, Resolution B-22, as amended, was adopted.

B-22-2013. Resolved, that effective immediately, <u>only</u> contingency requests of \$20,000 or more be considered by the Budget and Finance Committee, and that contingency budget needs under \$20,000 be managed internally by the applicable division.

2013 Contingent Fund Request—New Dentist Committee attendance at Washington Leadership Conference. Based on the adoption of Resolution B-22-2013, the following resolution was declared moot.

B-15. Resolved, that the following appropriation be made from the 2013 Contingency Fund and be allocated to line items in separately listed cost centers, with the exception of capital funding, in accordance with the terms of the supplemental appropriation requests.

Division of Membership, Tripartite Relations and Marketing (Cost Center 090-1700-000)

NDC attendance at Washington Leadership Conference - \$4,550

2013 Contingent Fund Request—Board Diversity and Inclusion Education Program. Based on the adoption of Resolution B-22-2013, the following resolution was declared moot.

B-16. Resolved, that the following appropriation be made from the 2013 Contingency Fund and be allocated to line items in separately listed cost centers, with the exception of capital funding, in accordance with the terms of the supplemental appropriation requests.

Division of Membership, Tripartite Relations and Marketing (Cost Center 090-1700-000)

Board Diversity and Inclusion Education Program - \$8,000

2013 Contingent Fund Request—Strategic Planning Facilitator. The Budget and Finance Committee recommended the approval of supplemental appropriation request. On vote the Board adopted the following resolution:

B-17-2013. Resolved, that the following appropriation be made from the 2013 Contingency Fund and be allocated to line items in separately listed cost centers, with the exception of capital funding, in accordance with the terms of the supplemental appropriation requests.

Division of Administrative Services (Cost Center 090-1050-000) Strategic Planning Facilitator – up to \$175,000

2013 Contingent Fund Request—Support for the 7th National Summit on Spit and Smokeless Tobacco. Based on the adoption of Resolution B-22-2013, the following resolution was declared moot.

B-18. Resolved, that the following appropriation be made from the 2013 Contingency Fund and be allocated to line items in separately listed cost centers, with the exception of capital funding, in accordance with the terms of the supplemental appropriation requests.

Division of Government & Public Affairs (Cost Center 090-1200-000)

Support for the 7th National Summit on Spit and Smokeless Tobacco - \$5,000

2013 Contingent Fund Request—Center for Professional Success. The Committee recommended approval of the supplemental appropriation request. The Board questioned staff about the program and the financial forecast as of March 1, 2013. On vote the Board adopted the following resolution.

B-19-2013. Resolved, that the following appropriation be made from the 2013 Contingency Fund and be allocated to line items in separately listed cost centers, with the exception of capital funding, in accordance with the terms of the supplemental appropriation requests.

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

Center for Professional Success (CPS) – \$233,000

2013 Capital Contingent Fund Request—Cooling Tower and Condenser Riser. The Committee recommended the approval of the capital request. On vote, the Board adopted the following resolution.

B-20-2013. Resolved, that the following appropriation be made from the 2013 Capital Contingency Fund and be allocated to the appropriate capital accounts in accordance with the terms of the supplemental appropriation request.

Division of Finance & Operations

Replace 32 year-old Cooling Tower & Condenser Riser – \$139,500

2013 Capital Contingent Fund Request—Digital Video Production. Based on the adoption of Resolution B-22-2013, the following resolution was declared moot.

B-21. Resolved, that the following appropriation be made from the 2013 Capital Contingency Fund and be allocated to the appropriate capital accounts in accordance with the terms of the supplemental appropriation request.

Division of Communications & Marketing
Digital Video Production – \$14,500

Report of the Compensation Committee: On behalf of the Compensation Committee Dr. Don Seago, Committee chair, presented the following resolutions.

Amendment of the Organization and Rules of the Board of Trustees Regarding the Compensation Committee. A revised charter for the Compensation Committee was presented for the Board's consideration in accordance with Resolution B-168-2012, which directed, in part, that recommended changes (considered in December 2012) be incorporated into the charter and presented at March 2013 Board session. Dr. Seago noted that duty 4 regarding the review of expenses reports had been clarified. On behalf of the Committee Dr. Seago moved Resolution B-25; on vote the Board adopted the following resolution.

B-25-2013. Resolved, that the following terms and conditions reflecting the changes in the Charter of the Compensation Committee be adopted and supersede the terms and conditions of the Compensation Committee as published in the *Organization and Rules of the Board of Trustees* as amended to July 2012:

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

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

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

management issues with the Executive Director. The Committee shall convene in executive session at each meeting. The Committee shall keep minutes of its meetings.

Duties: The duties of the Committee shall be:

- 1. to establish and maintain performance review procedures for the Executive Director and review the Executive Director's performance pursuant to those procedures periodically, but not less than once per calendar year;
- to establish the recommended salary, including increases, any incentive opportunity, and develop guidelines for any additional fringe benefits other than the customary ADA employee benefits, that may be offered to the Executive Director, provided that such determinations will be discussed and determined during periodic Committee executive session meetings that the Executive Director may not attend;
- to report to the Board on the Executive Director's performance, and make recommendations on the Executive Director's contract, salary and benefits, taking into account the accounting, tax and public reporting treatment of each element of compensation;
- 4. to periodically (but not less than once per calendar year) review the expense reports of the Treasurer; and at the request of the Treasurer to be available to review expense reports of the Executive Director, President and President-Elect;
- 5. in consultation with the Executive Director and in conjunction with oversight of any approved and active ADA executive and staff incentive compensation plan(s), (i) to review and recommend to the Board personal and organizational goals and objectives relevant to the annual incentive compensation of the Executive Director, and (ii) in light of such approval goals and objectives, to review and consider the financial and operating performance of the ADA for the prior fiscal year for purposes of recommending any incentive compensation to be paid for such performance;
- 6. to review an annual report from the Executive Director on the performance of senior executive officers and any salary adjustments or payment of eligible incentive pay allocations and to report on related compensation actions to the Board; also to recommend to the Board guidelines developed by the Executive Director for any compensation or benefit arrangements other than the customary ADA employee compensation and benefit arrangements that the Executive Director may offer to other senior executive officers taking into account the accounting, tax and public reporting treatment of each element of compensation;
- 7. to periodically (consistent with best practices but not less than once every three five calendar years) review the ADA's staff compensation philosophy and financial metrics for reasonableness against external benchmarks and for purposes of internal equity;
- 8. to review and make recommendations annually regarding stipends for officers and trustees to the Board;
- 9. to keep minutes of its meetings, and at each meeting, review and approve the minutes of its preceding meeting(s).
- 10. to periodically (but not less than once every two years) (i) review and assess the adequacy of this Compensation Committee Charter, and the performance and compensation of the Committee's independent consultant, legal counsel and other advisors, and (ii) receive training on corporate governance best practices in the area of executive compensation;
- 11. to annually report to the ADA Budget and Finance Committee on any approved compensation actions or recommendations with financial impact on ADA operating expenses;
- 12. to annually review with the Executive Director and Chief Financial Officer the prepared filing of required IRS Form 990 for ADA and its subsidiaries; and
- 13. to meet in executive session to determine the Executive Director's compensation and benefits. The Executive Director may attend meetings to determine any special

compensation arrangements of senior executive officers other than the Executive Director, but the Executive Director may not vote on these matters. The Executive Director shall not attend that portion of any meeting where the Committee is discussing the Executive Director's performance or compensation, and no Senior Management Team Member shall attend that portion of any meeting where the Committee is discussing that member's performance or compensation, in either case, unless specifically invited by the Committee.

Release of Committed Reserve Funds. On behalf of the Compensation Committee Dr. Seago moved Resolution B-26; on vote, the Board adopted the following resolution.

B-26-2013. Resolved, that \$7,000 of the committed reserve funds that were returned to the General Reserve Fund effective December 31, 2012 pursuant to Resolution B-45-2012 will now be released from the General Reserve Fund for payment of the expenses incurred January 8, 2013 for the final activities related to the 2012 ED/COO and Senior Staff executive development initiative.

Report of the Strategic Planning Steering Committee: Dr. Hilton Israelson, Committee chair, presented the report of the Committee's March 9, 2013, meeting. The report identified the major topics discussed, reports received and actions taken.

Report of the Governance Committee: Dr. Don Seago, Committee chair, presented the report of the Committee's March 9, 2013, meeting. The report identified the major topics discussed, reports received and actions taken. The following resolutions were presented for Board consideration.

Board Member Commitments. On behalf of the Governance Committee, Dr. Seago moved Resolution B-23. On vote, Resolution B-23 was adopted.

B-23-2013. Resolved, that the document "Board Member Commitments" be adopted by the Board for use in the orientation for new Board members, subject to modification in the event the core values statement contained in it are modified before being finalized.

Note. The approved "Board Member Commitments" document appears in Appendix 2.

Administrative Review Committee as Subcommittee of the Standing Committee on Budget and Finance. Dr. Seago moved Resolution B-24 on behalf of the Governance Committee. On vote, Resolution B-24 was adopted.

B-24-2013. Resolved, that the *Organization and Rules of the Board of Trustees* (page 12 Budget and Finance Committee Composition) be revised by including the language underscored below:

The Administrative Review Committee will be a subcommittee of the Budget and Finance Committee and will be chaired by the ADA Treasurer. The makeup of the Committee will include the President-elect and Executive Director of the Association in addition to the Budget and Finance Committee members. The Treasurer and President-elect are ex officio members with the right to vote. The Executive Director is an ex officio member without the right to vote.

In a related discussion regarding the use of the term "ex officio," the Board Rules subcommittee will look at the consistent interpretation of the term in the governing documents.

Report of the Information Technology Committee: Dr. Weber gave an oral report on recent activities of the IT Committee.

Report of the Pension Committee: Dr. Ron Lemmo, treasurer and Committee chair, presented the report of the Committee's March 8, 2013, meeting. The report identified the major topics discussed, reports received and actions taken.

Report of the Diversity and Inclusion Committee: Dr. Weber, Committee chair, presented the report of the Committee's February 19, 2013, meeting held via conference call. The report identified the major topics discussed, reports received and actions taken. He also commented on the positive impact of including graduates of the Diversity Institute as members of the Committee.

Communications and Marketing

Report of the Chief Communications Officer—Social Media Strategic Plan and Integration: Mr. Ken Ohr provided the Board with an update on the efforts of the Subcommittee on Social and Digital Media to integrate social media into the ADA communications strategy, including next steps. Presented for the Board's consideration were two social media protocols developed and approved by the Council on Communications with guidance from the Legal Division (consent calendar item).

ADA Social Media Posting Protocol. This protocol relates to staff and volunteers authorized to post on social networks on behalf of the ADA. Resolution 8 was adopted by the Board of Trustees (consent calendar item).

B-8-2013. Resolved, that the proposed ADA Social Media Posting Protocol be approved for use by ADA volunteers, staff and third parties posting over the ADA's name/brand.

Note. The approved ADA Social Media Posting Protocol appears in Appendix 3.

ADA Social Media Code of Conduct. This protocol details the type of use/follower behavior/comments that will and won't be allowed on ADA social media properties. Resolution 9 was adopted by the Board of Trustees (consent calendar item).

B-9-2013. Resolved, that the proposed ADA Social Media Code of Conduct for all individuals that post on ADA social media sites be approved.

Note. The ADA approved ADA Social Media Code of Conduct document appears in Appendix 4.

Report of the Chief Communications Officer: MouthHealthy.org Progress Report and Business Review: Mr. Ken Ohr gave an update on the traffic growth associated with MouthHealthy.org reporting that growth has being slower than originally projected. He reported, however, that a reduction in the budgeted revenue is not being made at this time due to on-going efforts to secure advertising and sponsorship commitments. Mr. Ohr responded to questions from the Board about traffic levels on ADA.org, the need to do more to publicize the MouthHealthy.org site to the public through members, and possibility for non-dental advertisements on the site.

Finance and Operations

Report of the Chief Financial Officer: Status of the 2013 Operating Contingent Fund and Approval of Supplemental Appropriation Requests: A Contingent Fund of \$1 million was authorized in the 2013 budget. On vote, and based on the recommendations of the Budget and Finance Committee regarding supplemental requests submitted at this meeting, the Board adopted Resolutions B-17 and B-19. The remaining requests were declared moot based on the adoption of Resolution B-22 which established a minimum amount of \$20,000 for consideration of a contingent fund request. (See the Report of the Budget and Finance Committee, pages 3 and 4, for the text of the resolutions.)

Report of the Chief Financial Officer: Status of the 2013 Capital Contingent Fund and Approval of Supplemental Appropriation Requests: A Capital Contingent Fund of \$230,000 was authorized in the 2013 budget. On vote, and based on the recommendation of the Budget and Finance Committee regarding supplemental capital requests submitted at this meeting, the Board adopted Resolution B-20. Another request

was declared moot based on the adoption of Resolution B-22. (See the Report of the Budget and Finance Committee, page 4, for the text of the resolutions.)

Corporate Relations and Strategic Marketing Alliances

Report of the Managing Vice President Corporate Relations and Marketing: Transfer of Give Kids A Smile (GKAS) from Council on Access, Prevention and Interprofessional Relations (CAPIR) to Division of Corporate Relations and Strategic Marketing Alliances: This report outlined the reasons for transferring the responsibilities relative to GKAS from CAPIR to the Division of Corporate Relations and Strategic Marketing Alliances. The Board adopted the following resolutions (consent calendar items).

GKAS National Advisory Committee to Corporate Relations and Strategic Marketing Alliances.

B-6-2013. Resolved, that the Give Kids A Smile National Advisory Committee be transferred from the Council on Access, Prevention and Interprofessional Relations (CAPIR) to the Division of Corporate Relations and Strategic Marketing Alliances, and be it further **Resolved,** that Resolution B-30-2011 be rescinded.

GKAS Operating Rules Revision.

B-7-2013. Resolved, that the revised Operating Rules for the Give Kids A Smile Advisory Committee be approved.

Note. The revised Operating Rules for the Give Kids A Smile National Advisory Committee appears in Appendix 5.

Dental Education/Professional Affairs

Dental Student Debt Task Force Update: Dr. Maxine Feinberg, Task Force chair, reported on recent activities, and noted the cooperation with ADEA in sharing certain tasks. She reported that the work is on schedule and a report with recommendations will be provided to the Board in advance of the House of Delegates.

Report of the Council on Dental Education and Licensure (CDEL): Response to Resolution B-52-2012 (Accessing the CODA Accreditation Standards for Dental Education Programs): This report was submitted in response to Resolution B-52-2012, which directed CDEL to "comprehensively review and assess the predoctoral dental education standards that will be implemented in July 2013" and report to the Board of Trustees with recommended revisions to the predoctoral dental education standards to be forwarded to CODA. After receiving comments from the Chair and Vice Chair of the Council on Dental Education and Licensure via telephone conference appearance, the Board considered the report and the following resolutions.

Intent Statement Supporting Standards 2-3, 2-4, and 2-5. Resolution B-11 was moved for consideration and on vote was adopted.

B-11-2013. Resolved, that the Board of Trustees urge the Commission on Dental Accreditation to modify the intent statement supporting Standards 2-3, 2-4, and 2-5 of the Accreditation Standards for Dental Education Programs (July 2013) to read as follows:

Intent: Assessment of student performance should measure not only retention of factual knowledge, but also the development of skills, behaviors, and attitudes needed for subsequent education and practice. The education program should assess problem solving, clinical reasoning, professionalism, ethical decision-making and communication skills. The evaluation

of competence is an ongoing process that requires a variety of assessments that can measure not only the acquisition of knowledge and skills but also assess the process and procedures which will be necessary for entry level practice of dentistry as defined by the American Dental Association.

and be it further

Resolved, that the Board of Trustees urge the Commission on Dental Accreditation to add the ADA's definition of dentistry to the "Definition of Terms used in Accreditation Standards" as found in any applicable CODA document.

Dental School Curricula in the Area of Practice Administration. The following resolution (B-12) was moved for consideration.

B-12. Resolved, that the Board of Trustees encourage the ADA Center for Professional Success—in collaboration with ADEA, ASDA and others—to study how the ADA can best support dental schools' curricula in the area of practice administration.

After extensive discussion on the wording of Resolution B-12, the Board considered the following amendments (additions <u>underlined</u>; deletions stricken):

B-12. Resolved, that the Board of Trustees encourage the ADA Center for Professional Success appropriate councils—in collaboration with ADEA, ASDA and others—to study how the ADA can best support dental schools' curricula in the area of practice administration.

On vote, the proposed amendments to Resolution B-12 were not adopted. On vote, Resolution B-12 as originally presented was not adopted.

Self-Study Guide for Standard 2-18. Resolution B-13 was moved for consideration and on vote was adopted.

B-13-2013. Resolved, that the Board of Trustees urge the Commission on Dental Accreditation to modify the Self-Study Guide for Standard 2-18 to require supportive documentation to show how dental students interact and collaborate with dental specialists as well as other members of the dental care team.

Intent Statement for Standard 4-6. Resolution B-14 was moved for consideration and on vote was adopted.

B-14-2013. Resolved, that the Board of Trustees urge the Commission on Dental Accreditation to modify the intent statement for Standard 4-6 to read as follows:

Intent: All policies and procedures should assure student participation on appropriate college and/or university committees, such as those focused on topics including: curriculum evaluation and management, student activities and affairs, student conduct and academic integrity, and other college/university advisory committees. All policies and procedures should protect the students and provide avenues for appeal and due process. Policies should ensure that student records accurately reflect the work accomplished and are maintained in a secure manner. Students should have available the necessary support to provide career information and guidance as to practice, post-graduate and research opportunities.

and be it further

Resolved, that the Board of Trustees urge the Commission on Dental Accreditation to define the term "student advocacy" in its "Definition of Terms used in Accreditation Standards" as found in any applicable CODA document.

Government and Public Affairs

Report of the Senior Vice President, Government and Public Affairs and the Chief Communications Officer: Call to Action for Oral Health Progress Report: This report noted progress to date on the Call to Action campaign that features a suite of initiatives designed to address and focus the Association's resources on oral health prevention, education and access issues. Presentations regarding this initiative have been made at the ADA Lobbyist Conference, the President-elect's Conference, and several council meetings (consent calendar item).

Report of the Council on Access, Prevention and Interprofessional Relations: Update on the U.S. National Oral Health Alliance: This informational report noted recent activities of the Oral Health Alliance, which includes a recent Alliance-sponsored leadership colloquia, development of an e-community for Alliance partners, and future colloquia addressing financing models and strengthening the dental care delivery system (consent calendar item).

Report of the Council on Access, Prevention and Interprofessional Relations: Update on the Community Dental Health Coordinator Pilot Program: Several items noted in the report included (consent calendar item):

- the final cohort of 16 trainees completed the training program at the end of 2012;
- a CDHC has been selected as a new dental team member working in a FQHC for four months;
- an informational video has been developed and a revised communication kit is under development;
- · project evaluation of the pilot program is continuing; and
- the program continues under budget.

Report of the Senior Vice President, Government and Public Affairs: Federal and State Legislative, Regulatory and Public Affairs: Mr. Graham provided additional comments on the government sequestration; the status of appropriations funding for workforce demonstration projects; work with Rep. Gosar on legislation relating to the McCarran-Ferguson Act and ERISA; and the medical device tax and support for its repeal. Mr. Graham also commented on the Washington Leadership Conference and mentioned the speakers selected for the Conference included Sen. Bernie Sanders, VT; and Reps. Paul Gosar, AZ; and Mike Simpson, ID. Mr. Graham also responded to questions on various subjects from the Board.

As part of this report, Mr. Ohr commented on the Call to Action strategy for the Washington Leadership Conference, and mentioned the selection of the public relations agency and its participation in the development of communications regarding the launch of the Call to Action.

Report of the Council on Access, Prevention and Interprofessional Relations: Update on 2013 Prevention Summit: This report gave an overview of planning for a Prevention Summit that will be held November 18-20, 2013, at ADA Headquarters. Funding for the summit continues to be sought through Corporate Relations and Strategic Marketing Alliances (consent calendar item).

Dental Practice/Professional Affairs

Report of the Council on Dental Practice: Liaison Relationship with the American Dental Hygienists' Association (ADHA): Dr. Jim Willey, Council director, briefly commented on the report and proposed resolution submitted to the Board for its consideration. The following resolution was moved for consideration.

B-3. Resolved, that the leadership of the American Dental Hygienists' Association (ADHA) be invited to make a substantive presentation on current ADHA activities, concerns and implementation of their strategic plan at a future meeting of the Board of Trustees.

A motion was made to amend the resolution by substituting the words "to a contingent to be selected by the President" for the words "at a future meeting of the Board of Trustees." On vote, the proposed amendment was not adopted. After additional discussion and on vote, Resolution 3 was not adopted.

Report of the Council on Dental Practice: Formation of the Interagency Workgroup on Group Dental Practice: Dr. Willey briefly commented on the Council's formation of the Interagency Workgroup on Group Dental Practice to study the topic. The Workgroup includes members from the Councils on Dental Practice, Ethics, Bylaws and Judicial Affairs, Government Affairs, Membership, and Communications, and the New Dentist Committee. The report noted that the Board in July 2012 postponed consideration of Resolution B-101 to its March 2013 session. Resolution B-101 calls for the President to establish a task force to study large group practice issues. The Council submitted a resolution requesting trustee appointees to the Interagency Workgroup on Group Dental Practice, and directing that a report on the study be provided to the Board in August 2013. After discussion, and on vote, the following resolution was adopted.

B-4-2013. Resolved, that the ADA President appoint two trustees to serve on the Interagency Workgroup on Group Dental Practice in order to study large group practice issues and opportunities and report back to the Board of Trustees at its August 2013 meeting.

With the adoption of Resolution B-4, Resolution B-101(2012) was declared moot.

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

Later in the session, Dr. Faiella appointed Dr. Kiesling and Dr. Roberts as the trustee members of the Interagency Workgroup.

Membership, Tripartite Relations and Marketing

Report of the Council on Members Insurance and Retirement Programs: This report provided an update on the proposed implementation plan resulting from findings and recommendations of the financial audit of the ADA Members Insurance Plans, and the current contract status with AXA Equitable Life Insurance Company. The report also summarized historical information on the policy stated in the Board *Rules* pertaining to the use of any surplus from the Group Life Insurance Program, and summarized actions of the House of Delegates regarding the use of surpluses generated by the insurance programs.

Report of the Senior Vice President, Membership, Tripartite Relations and Marketing: Tripartite Alignment: This report commented on the increasing concerns of constituent and component executive director communities over the viability of their associations and the tripartite. The report noted the creation of a team of constituent and component executives working with the ADA to develop and prioritize nearly 40 recommendations for all tripartite associations to align programs with member needs in high-impact mutually supportive ways. Discussions will continue and by the close of the Management Conference in July 2013, there could be a consensus on several recommendations for stronger tripartite collaboration for member value.

Report of the Senior Vice President, Membership Tripartite Relations and Marketing: Report on Active Life Membership: The House of Delegates in 2012 adopted Resolution 51H-2012 reducing the active life membership full dues discount from 50% to 25%. This change in dues became effective with the 2013 membership year. This report highlighted the feedback the ADA has received from active life members regarding the dues increase. It was noted that the full implications of this dues change will not be known until all constituent societies report their year-to-date renewal figures after the March 31, 2013, membership cutoff. The Council on Membership is monitoring the situation and will consider opportunities for future action as necessary.

Report of the Council on Membership: Status of Dues Pricing Study: The Council reported on the status and focus of the dues pricing study that is being conducted by an association management consulting and market research firm, McKinley Advisors. It is anticipated that a report with the findings of the study and any resolutions will be presented to the Board at its June 2013 session.

Science/Professional Affairs

Report of the Council on Scientific Affairs: Recent Activities: Dr. Meyer gave an update on the AAOS-ADA Clinical Practice Guideline for the Prevention of Orthopaedic Implant Infection in Patients Undergoing Dental Procedures. The Council's report provided a link to the document and described the promotion and publication of the guideline through press releases, website publication of the document and publication of information in other professional journals.

The report also provided information on evidence based dentistry activities, an update on the ADA Professional Product Review, and development of a report entitled Dental Radiographic Examinations: Guide to Patient Selection and Limiting Radiation Exposure.

Board Discussions

HRSA Grant: Dr. O'Loughlin shared information on an HRSA grant received by Columbia University College of Dental Medicine for a faculty development program. Dr. O'Loughlin indicated no action by the Board is required at this time; however, an indication of Board support for continuing dialogue with Columbia regarding the grant would be appreciated. Additional details regarding the HRSA grant and potential ADA involvement in the program will be developed for the Board's information at the June 2013 Board session. There were no objections expressed by the Board to staff continuing to collect information regarding this activity.

Clarification of Board Attendance at a Third Meeting: Following discussion during a closed session, Dr. Mark Zust presented on behalf of the Board *Rules* subcommittee an amendment to the Board *Rules*, section entitled "Basis of Reimbursement to Members of Board and Speaker of the House of Delegates" that clarifies eligible meetings if a third meeting is funded. On behalf of the Board *Rules* subcommittee, Dr. Zust moved Resolution 30. On vote, the Board adopted the following resolution.

B-30-2013. Resolved, that the *Organization and Rules of the Board of Trustees*, Section titled "Basis of Reimbursement to Members of Board and Speaker of House of Delegates," be amended as follows (underlined text added strike through text stricken):

Basis of Reimbursement to Members of Board and Speaker of the House of Delegates: The trustees, vice presidents and the Speaker of the House of Delegates will be reimbursed as follows:

- 1. Seventy-five (\$75) per day stipend intended to defray out-of-pocket expenses for gratuities, meals, including any group dinners of the Board, and any other incidental expenses.
- Actual hotel charges (room and taxes only) will be reimbursable. For Board of Trustees
 meetings, hotel room rate charges (room rate and applicable taxes only) may be placed on
 the Association's master billing. Hotel room rate charges will automatically be placed on the
 Association's billing for the Board's pre-annual session meeting.
- 3. Actual ground and air transportation will be reimbursable.
- 4. Expense reports must be submitted within 30 days of completion of trip (by January 10 at year-end) to be eligible for reimbursement.

Travel eligible for reimbursement in addition to meetings of the Board of Trustees and the annual meeting of the House of Delegates, includes council or committee liaison assignments and committee appointments made by the President, and two or three ADA sponsored or national conferences (i.e., Washington Leadership Conference, and New Dentist Conference, etc.), and

one national, regional or state conference of the trustee's choosing, if funded the number to be determined annually through the budget development process. Additionally, the 17 trustees are reimbursed for transportation and the out-of-pocket expense stipend within their districts to attend meetings of constituent society annual meetings and constituent society legislative bodies. The officers are reimbursed for transportation, lodging and the out-of-pocket expense stipend for attendance at their own constituent society annual meeting.

Review of Resolution B-214-2011: In 2011 the Board of Trustees adopted the following resolution:

B-214-2011. Resolved, that the chair of the Commission on Dental Accreditation and the director of the Commission on Dental Accreditation make a formal, in person report to the Board of Trustees on an annual basis.

During the February Retreat, the Board discussed effective and efficient Board meetings and concluded that presentations at meetings should be scheduled only when a Board action is required. Dr. Gounardes moved, for the purpose of discussion only, that Resolution B-214-2011 be rescinded. The Board discussed whether it should retain this resolution as a mandate. On vote, the Board did not adopt the motion to rescind Resolution B-214-2011.

Proposal of Work Group to Study Tripartite Alignment and Barriers to Membership: Based the strategic discussion held earlier in the meeting, Dr. Israelson proposed the following resolution for Board consideration.

Resolved, that the president appoint a work group at his discretion to study the tripartite alignment and any barriers to membership that might exist and report back to the Board at the August 2013 meeting.

The Board was informed that there were two groups currently looking at these issues. On vote, the motion was not adopted.

Dr. Faiella informed the Board, that as suggested, he will request that the Council on Membership Board liaison be included on the work group looking at tripartite alignment.

Organizational/Other

Quarterly Report of the ADA Foundation: This report provided an update on various Foundation activities, including: donations received and disaster relief grants awarded to date; results of the 2012 Give Kids A Smile Gala and plans for the 2013 Gala; selection of various award recipients; and restructure of the research team at the Paffenbarger Research Center.

Report on 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. Each trustee nominating an individual was given the opportunity to offer comments on their nominees' 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 2013 House of Delegates. On vote, the Board adopted the following resolution.

B-5-2013. Resolved, that the names and qualifications of the following four individuals be transmitted to the 2013 ADA House of Delegates as nominees for membership on the Council on Scientific Affairs for four year terms.

Dr. John J. Dmytryk, Oklahoma

Dr. Jeffrey A. Platt, Indiana

Dr. Rebecca L. Slayton, Washington

Dr. Robert J. Weyant, Pennsylvania

Dr. Faiella also announced that Dr. John Greenspan, the most recent recipient of the Gold Medal Award for Excellence in Dental Research, was unable to serve as a member of the Council on Scientific Affairs. In accordance with the ADA *Bylaws*, the President, in consultation with the Board, is empowered to appoint a prominent research scientist to serve on the Council until the next Gold Medal Award is bestowed. Dr. Faiella announced that he intended to appoint Dr. Peter Milgrom, the most recent Norton Ross Award recipient, to replace Dr. Greenspan as a member of the Council.

Report of ADA Business Enterprises Inc. (ADABEI): This report provided a wrap-up of 2012 activities, which included unaudited end of year financial information; an update on a renewed services agreement with The Dental Record; and meetings of the ADABEI Board of Directors.

Comments Regarding the Actions of the ADA Board as Shareholder of ADABEI. Dr. Faiella informed the Board of feedback received from an ADABEI director regarding the Shareholder's recent action relative to the approval of the ADABEI bylaws. Mr. Busey commented on the authority of the Shareholder to take actions related to the subsidiary's bylaws.

Oral Report on Outcome of United National Environment Program (UNEP) Negotiations: Mr. Jerry Bowman and Dr. Dan Meyer provided an update on their attendance at the final UNEP meeting and the positive outcome that there will be no ban or restrictions on the use of dental amalgam. Mr. Bowman provided background on ADA involvement in the negotiations and Dr. Meyer commented on the collaborative efforts of various ADA divisions and collaboration with other international dental and health organizations.

Report of the President: Dr. Faiella reported on the meetings he attended since the December 2012 Board session and identified the various organizations and groups the officers met with during the Chicago Mid-Winter Meeting.

Report of the President-elect: Dr. Norman reported on the meetings he attended, including hosting the President's-elect Conference, since the December 2012 Board session.

Report of the Executive Director: Dr. O'Loughlin commented on multiple challenges facing the ADA and outlined a plan for ADA organizational development which incorporates the use of new staff teams. The teams are: Leadership Meeting Management; Member Value and Business Development; Policy and Knowledge Transfer; Operations and Operating Plan Oversight; and Risk Management. These teams are intended to enhance communications across the organization and give insight on emerging and strategic issues of importance to the profession.

Report of the Treasurer: Dr. Lemmo gave an update on the 2014 budgeting process, and commented on the following: application of the universal assessment criteria in Decision Lens; development of a council budget group; and feedback received from councils for improvements to the budget process. Dr. Lemmo also introduced Mr. Scott Meggenberg for the purpose of an investment update.

Representative from Ellwood and Associates. Mr. Scott Meggenberg, senior consultant representative, Ellwood Associates, gave a brief background on the company, commented on the current economic markets—both U.S. and global—and reported on the status of the Association's investment accounts.

Liaison Reports

Report of Dr. Joseph Hagenbruch, Liaison to the American Student Dental Association: Dr. Hagenbruch reported on the ASDA Board of Trustees meeting held January 19-20, 2013 and highlighted issues of concern to ASDA. He also noted that the ASDA House of Delegates meeting (March 6-9, 2013) was held in Atlanta, Georgia.

Report of Dr. Joseph Hagenbruch, Dental Quality Alliance (DQA) Update: Dr. Hagenbruch provided a written report on the progress of the Dental Quality Alliance in the development of quality measures and

reported that the DQA will be hosting a conference at ADA Headquarters in June 2013. At Dr. Hagenbruch's request, Dr. David Preble commented on the ADA's role in the DQA and the important work being accomplished, and the strategic value of this alliance to the dental profession.

Report of Dr. Charles Weber, Liaison to the New Dentist Committee: Dr. Weber gave an oral report on the January 18-19, 2013, meeting of the New Dentist Committee held at the ADA Headquarters building.

Report of Dr. Joseph Crowley, Liaison to the Council on ADA Sessions: Dr. Crowley reported on the February 14-16, 2013, meeting of the Council held in New Orleans, LA, the location of the 2013 ADA House of Delegates (consent calendar item).

Report of Dr. Joseph Hagenbruch, Liaison to the Standards Committee on Dental Informatics: Dr. Hagenbruch reported on the meeting of the Standards Committee held February 18-20, 2013, at ADA Headquarters (consent calendar item).

Report of Dr. Joseph Hagenbruch, Board Task Force on the Library Transition Plan: Dr. Hagenbruch provided an interim oral report on the work of the Task Force to date. The other members of the Task Force are Dr. Roberts, Dr. Crowley, and Dr. Fair, with staff support provided by Dr. Ziebert. The charge of this Task Force is directed by Resolution 159H-2012, which calls for the development of a transition plan for the ADA library with a report to the 2013 House of Delegates. Dr. Hagenbruch indicated that the Task Force has met by conference call and in person; they have conducted interviews with library experts, examined an inventory of the ADA's library collection, and visited other libraries. Dr. Hagenbruch suggested that the Task Force may have its report ready for the June 2013 Board session.

Special Order of Business

Conference with the Chair and Vice Chair of the Council on Dental Education and Licensure: Dr. Ronald Venezie, chair, and Dr. Teresa Dolan, vice chair, reported via telephone conference on the

activities of the Council in assessing the CODA Accreditation Standards as directed in Resolution B-52-2012. Ms. Karen Hart, Council director, also was in attendance via telephone conference call.

Dr. Venezie highlighted key issues contained in the Council's report (Response to Resolution B-52-2012 Assessing the CODA Accreditation Standards for Dental Education Programs). He indicated that the Council is comfortable with the standards overall but did see some areas of potential improvement and those areas are highlighted in the report.

Dr. Chris Salierno, chair, New Dentist Committee: Dr. Salierno gave an oral report on the recent activities of the New Dentist Committee.

New Business

Updates on Public Health Dentistry Work Group: Dr. Seago gave a brief oral report on the status of a meeting between representatives of the ADA and Public Health Dentistry to discuss issues relating to the proposed changes to the criteria for specialties.

Closed Session

Closed sessions were held at various times during the March 10-11, 2013, session of the Board of Trustees.

The following reports were considered and topics discussed during the Closed Sessions:

Report of the Managing Vice President, Conference and Meeting Services Discussion on Funding for Board Attendance at Third Meeting

Strategic Discussion—Tripartite Alignment and Member Value (The Power of 3) Report of the Audit Committee Report of the Compensation Committee

The detailed minutes of the closed sessions are separately recorded.

Attorney Client Session

An attorney-client session of the Board of Trustees was held on Sunday, March 10, 2013, to provide advice on pending litigation and legal matters of interest to the ADA. Those in attendance were the ADA officers and members of the Board of Trustees, the Executive Director/Chief Operating Officer, the General Counsel and Deputies General Counsel.

Report of the Division of Legal Affairs—Summary of Litigation and Other Matters: The General Counsel informed the Board of Trustees of pending legal matters.

Adjournment

Without objection, the third session of the Board of Trustees adjourned sine die at 4:45 p.m. on Monday, March 11, 2013.

Note: This session of the Board of Trustees was originally scheduled for March 10-12 but the agenda was completed one day early.

5/2013

Board of Trustees' Resolutions Previously Adopted and Identified as Confidential

The following confidential actions of the Board of Trustees were embargoed at the time they were adopted, and the complete wording of these resolutions was not reflected in the minutes of the Board session. The following resolutions are no longer embargoed and are now appended in their entirety for the purpose of a complete historical record.

Adopted, December 2012

B-149-2012. Resolved, that the 2012 SCDP (Standards Committee on Dental Products) Volunteer Award be presented to Mr. Scott Erickson.

B-150-2012. Resolved, that the 2012 SCDI (Standards Committee on Dental Informatics) Volunteer Award be presented to Mr. W. James McLees.

Adopted, December 2011

B-207-2011. Resolved, that the 2011 SCDP (Standards Committee on Dental Products) Volunteer Award be presented to Dr. Jack Mitchem.

B-208-2011. Resolved, that the 2011 SCDI (Standards Committee on Dental Informatics) Volunteer Award be presented to Dr. Kenneth Aschheim.

Adopted, April 2011

B-26-2012. Resolved, that the dates for the 2017 Annual Session to be held in Atlanta, Georgia be Thursday, October 19 - Sunday, October 22, 2017, with the House of Delegates taking place Friday, October 20 – Tuesday, October 24, 2017, and be it further

Resolved, that the previous dates of Thursday, October 5 - Sunday, October 8, 2017, with the House of Delegates taking place Friday, October 6 – Tuesday, October 10, 2017, be rescinded.

Adopted, June 2010

B-57-2010. Resolved, that the 2015 ADA Annual Session be held in Washington, D.C., Thursday, November 5 – Sunday, November 10, 2015, with the House of Delegates taking place Friday, November 6 - Tuesday, November 10, 2015.

B-58-2010. Resolved, that the 2016 ADA Annual Session be held in Denver, Colorado, Thursday, October 20 – Sunday, October 23, 2016, with the House of Delegates taking place Friday, October 21 – Tuesday, October 25, 2016.

B-59-2010. Resolved, that the 2017 ADA Annual Session be held in Atlanta, Georgia, Thursday, October 5 – Sunday, October 8, 2017, with the House of Delegates taking place Friday, October 6 – Tuesday, October 10, 2017. (rescinded by B-26-2012)

Board Member Commitments

Members of the ADA Board are expected to adhere to certain basic principles of conduct, in addition to their legal responsibilities. The following is based on the Board's own introspection:

ADA Board Members are committed to the ADA core values:

The ADA is dedicated to serving our members; protecting and promoting the health of the public; operating with integrity; following the best available scientific evidence; and pursuing excellence in all we do.

- Commitment to Members: The ADA is dedicated to meeting the needs of a diverse and
 professional membership by providing highly responsive service that supports the success of the
 member throughout his/her career.
 - ADA News, digital communications, Member Service Center, ADABEI, CPS, member benefits programs
- **Integrity:** The ADA adheres to the highest ethical standards of conduct in leading the profession, serving our members and advancing the oral health of the public.
 - ADA Principles of Ethics, Code of Professional Conduct, Advisory Opinions, EBD, Interprofessional relations, Government Affairs
- **Excellence:** The ADA demands excellence in all we do by striving for continuous improvement, preserving an educated profession and offering the highest quality products and services.
 - CDT Code, CODA, Joint Commission on National Dental Examinations, Annual Session, CE, PPR
- Commitment to the Public: The ADA is dedicated to protecting and promoting the health and wellness of the public through the prevention of disease, the provision of the highest quality care and advocating for optimal oral health for all.
 - Call to Action, Advocacy, Government Affairs, oral health literacy, MouthHealthy, CAPIR
- Science/Evidence–Based: The ADA believes in knowledge-based decision making driven by the best understanding of the science and evidence available.
 - JADA, EBD, Seal, PPR, Interprofessional collaborations, Government Affairs working with CDC, FDA, OHSA, WHO and others

ADA Board Members strive to:

- Engage in open communication supported by accurate information
- Listen to other points of view and be heard by others
- Maintain a sense of trust and mutual respect among the Trustees
- Function as a unified team and support the decisions of the Board once a decision is made
- · Engage in difficult conversations and agree to disagree respectfully
- Maintain the confidentiality of board discussions and keeping discussions in the board room
- Build strong, collegial relationships among Trustees and have fun together (e.g., dinners, activities)

Social Media Posting Protocol

For posting by authorized staff, volunteers & third parties on ADA Social Media Platforms

The American Dental Association's (ADA) brand is defined by over 150 years of dedication to oral health. Comments on social media should be used in a way that adds value to the ADA's core mission. The purpose of this protocol document is to provide direction to individuals who are authorized to post on the ADA's social media platforms on behalf of the ADA.

Social media, as it pertains to this document, is defined as any ADA website, application or other platform that allows end-user interaction, and includes, but is not limited to, blogs, websites, networking websites (such as Twitter, Facebook, LinkedIn, etc.) online forums, podcasts, message boards, chat rooms and interactive web or mobile applications.

All individuals who will post and have administrative access to ADA's social media platforms as part of their professional role must first be approved by their supervisor and by the Division of Communications & Marketing, as well as receive ongoing guidance from the ADA's manager, social communication and engagement, and participate on the ADA's social media content team. For more information about social media at the ADA, please contact the Department of Public and Professional Communications at 312-440-2701.

Social Media Posting Protocol

- 1. **Be professional.** It is important that posts convey a positive, engaging attitude. How you conduct yourself in the online social media space not only reflects upon you but also directly upon the ADA and its members.
- 2. Be respectful. Avoid using unprofessional, disagreeable or offensive online personas. Don't use ethnic slurs, personal insults, or obscenity, or engage in any conduct that would not be acceptable in the Association or other professional workplace. Be sensitive to topics that may be considered objectionable or inflammatory—such as racial socio-economic or gender-based remarks. Always demonstrate respect for others' points of view, even when they're not offering the same in return.
- 3. **Maintain confidentiality and privacy.** Do not share confidential or proprietary information about the ADA or its members, employees, vendors, and other health organizations, including private information about individuals, such as contact information or that is covered under HIPAA privacy and security laws.
- 4. Respect third party content. Be careful of copyrights, trademarks, rights of publicity, and rights of privacy in your posting, including with regard to user-generated content. Do not claim authorship of something that is not yours. If you are knowingly using other parties' content, make certain that they are credited for it in your post and that they approve of you utilizing their content. When in doubt, the ADA Division of Legal Affairs can assist.
- 5. Always let the subject matter experts respond and add value. If you come across negative or disparaging posts about the ADA or its members, or see third parties trying to spark negative conversations, avoid the temptation to react personally, especially if the subject does not relate to your area of expertise. Contact the ADA's Department of Public and Professional Communications at 312-440-2701 to determine how/if to respond.
- **6.** When in doubt, do not post. Individuals are personally responsible for their words and actions. As an individual who is authorized to post on behalf of the ADA, it is imperative that you make every effort possible to confirm that your posts are accurate and not misleading. If there is a question, hold the post

until you can confirm its accuracy. Do not publish slanderous, libelous or otherwise illegal or questionable content. Exercise sound judgment and common sense, and if there is any doubt, do not post it. And please contact the ADA's Department of Public and Professional Communications at 312-440-2701 for guidance on how/if to respond.

- 7. Know that the Internet is permanent. Once information is published online, it is essentially part of a permanent record, even if you "remove/delete" it later or attempt to make it anonymous. When space does not allow all content, provide a link so the message can be expressed completely and accurately.
- 8. Keep your personal views separate. Always remember you are posting on behalf of the ADA when posting on ADA social media, so it is important to uphold and reflect the ADA's mission and values, as well as the values of the profession. Do not include personal comments. Also always consider the professional ramifications of your personal comments on your personal feeds to your personal contacts. No matter how tightly you secure the audience to these personal feeds, there is always the chance that unprofessional posts may make their way to the larger online public audience.
- 9. Transparency and affiliation with the ADA

ADA Social Media Platforms. Individuals authorized to post on behalf of the ADA on ADA Social Media Platforms should disclose their relationship with the ADA when not posting under the ADA name.

If you publish content online relevant to the ADA on a personal social media account (and not through a process authorized by the ADA), you must make it clear that you are speaking for yourself and not on behalf of ADA. Your profile bio or about page should include a disclaimer that reads something like: "The opinions and views expressed here are my own and don't necessarily reflect those of the American Dental Association." You should also include disclaimers on the appropriate individual posts whenever possible. For example, when retweeting an ADA post, you might add something to the tweet like "proud I worked on this project" and make sure it links to the official project website.

Personal Social Media Platforms. Employees must abide by the ADA's Social Media Policy included in the HR Protocol when posting ADA-related content on personal social media platforms. Clearly identify your relationship with the ADA such as volunteer or staff member.

Use two separate Twitter applications, one for personal and one for business. This applies to applications accessed from either a desktop or mobile device and helps to ensure that the right message is posted to the right account.

Follow the Association's Professional Conduct Policy and all other Association policies. Our Professional Conduct Policy requires all employees and volunteers to conduct themselves with courtesy, consideration and professionalism in their business dealings. In addition, several other policies govern ADA staff behavior in the online Social Media space, including the Electronic Communications Policy and Technology Usage protocol.

Violations of protocol. Any employee who violates this social media protocol may be subject to disciplinary action up to and including termination. Assigned volunteers and third parties who violate this policy may be subject to denial of access to ADA's social media platforms and termination of certain privileges.

ADA Rights. ADA reserves the right to remove any posted comment or withdraw administrative rights for any individual who is authorized to post on behalf of the ADA at its sole discretion In addition, ADA reserves the right to suspend, modify, or withdraw this social media posting protocol at any time.

Approved by the Council on Communications 1/2013 Approved by the ADA Board of Trustees 3/2013

Social Media Code of Conduct

For Facebook and Google+ "about" sections:

We welcome and encourage your questions and feedback. When you post on this page please be respectful of all users, follow Facebook's/ Google's terms of service and avoid sharing personal information, whether it's your own or that of another person. By posting, you agree:

- You are solely responsible for the content of all information you contribute, link to, or upload.
- Everything that you post is truthful to the best of your knowledge; accurate; not misleading and offered in good faith. You have the right/knowledge to post the content/material (including but not limited to that it does not infringe upon any third party's copyright or trademark).
- When disagreeing with others' opinions, you will keep your comments appropriate and polite.
- You will not post anything that may constitute spam (e.g., posting with a degree of frequency or repetitiveness such that others may be discouraged from posting, posts that are irrelevant to the site).
- If you have any material association with ADA, and you are posting a comment about any ADA product or service, you'll state any connection that you may have to ADA (whether as an ADA employee, volunteer or supplier).

The ADA reserves the right to remove content, including links to websites we determine (at ADA's sole and absolute discretion) to be unlawful, fraudulent, threatening, libelous, defamatory, obscene or otherwise objectionable. This may include but is not limited to:

- Spam
- Personal attacks
- Expletives
- · Off-topic or inflammatory comments
- Duplicate posts
- Content that references an inappropriate third party page
- Advertisements
- Content attempting to impersonate someone else
- Promotion of illegal conduct

User-generated content (such as comments, posts, or links) may represent the views of those providing the content, but they do not necessarily represent the views or policy of the ADA. References or links (provided by the ADA or by a user) to products or services do not constitute endorsements by the ADA.

Any information posted on this site is general in nature and is not intended to replace or modify the dental or medical advice of your dentist or physician. Any course of treatment referenced should not be followed or taken without consulting a physician, dentist or other health care provider. No treatments are suggested and the only course of conduct that is suggested is that you discuss your symptoms and possible treatments with your dentist or physician. Please remember that the information and content on this website must be considered as an informational/educational service only and is not designed to replace a dentist's or physician's independent judgment about the appropriateness of risks of a procedure or condition for any given patient.

Worried about a copyright violation on the site? Contact us (links to the text below).

Pursuant to the Digital Millennium Copyright Act of 1998, 17 U.S.C. § 512 (c), if you believe in good faith that a copyrighted work has been reproduced on this website without authorization, you may send a notice to: American Dental Association, 211 East Chicago Street, Chicago, IL 60611; Attention, Office of General Counsel. Your notice must contain, at a minimum, (a) a statement that you believe in good faith that use of the material in the manner complained of is not authorized by the copyright owner, (b) the identification and location of the material at issue, (c) reasonably sufficient information for ADA to identify and contact the posting party, (d) a statement that the information in the notification is accurate, (e) a statement, under penalty of perjury, that you are, or that you are authorized to act on behalf of, the copyright owner, (f) your contact information, and (g) your physical or electronic signature. See 17 U.S.C. § 512 (c) for further information.

This ADA Social Media Code of Conduct may be amended or modified by the ADA at any time. We reserve the right to block users who don't follow this code of conduct. Thank you for being respectful of one another, and we look forward to hearing from you.

For Twitter (The second one will vary from account to account)

Office hours are 8:30 am – 5 pm CT weekdays. The ADA is the leading advocate for America's oral health. Please visit our website at: ada.org

For LinkedIn

This group is for present and past ADA members and staff. We welcome and encourage your questions and feedback. By posting, you agree that you will be respectful of all users, follow LinkedIn <u>terms of service</u> and avoid sharing personal information, whether it's your own or that of another person.

By posting, you agree that:

- You are solely responsible for the content of all information you contribute, link to, or upload.
- Everything that you post is truthful to the best of your knowledge; accurate; not misleading and offered in good faith. You have the right/knowledge to post the content/material (including but not limited to that it does not infringe upon any third party's copyright or trademark).
- When disagreeing with others' opinions, you will keep your comments appropriate and polite.
- You will not post anything that may constitute spam (e.g., posting with a degree of frequency or repetitiveness such that others may be discouraged from posting, posts that are irrelevant to the site).
- If you have any material association with ADA, and you are posting a comment about any ADA product or service, you'll state any connection that you may have to ADA (whether as an ADA employee, volunteer or supplier).

The ADA reserves the right to remove content, including links to websites, we determine (at ADA's sole and absolute discretion) to be unlawful, fraudulent, threatening, libelous, defamatory, obscene or otherwise objectionable. This may include but is not limited to:

- Spam
- Personal attacks
- Expletives
- Off-topic or inflammatory comments
- Duplicate posts
- Content that references an inappropriate third party page
- Advertisements
- Content attempting to impersonate someone else
- Promotion of illegal conduct

Any information posted on this site is general in nature and is not intended to replace or modify the dental or medical advice of your dentist or physician. Any course of treatment referenced should not be followed or taken without consulting a physician, dentist or other health care provider. No treatments are suggested and the only course of conduct that is suggested is that you discuss your symptoms and possible treatments with your dentist or physician. Please remember that the information and content on this website must be considered as an informational/educational service only and is not designed to replace a dentist's or physician's independent judgment about the appropriateness of risks of a procedure or condition for any given patient.

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We reserve the right to block users who we determine (at ADA's sole and absolute discretion) have not followed this code of conduct. Thank you for being respectful of one another, and we look forward to hearing from you. This ADA Social Media Code of Conduct may be amended or modified by the ADA at any time.

Social Media Code of Conduct 9/2012 Amended and approved by the Council on Communications 1/2013 Approved by the ADA Board of Trustees 3/2013

Give Kids A Smile National Advisory Committee Operating Rules

- 1. **Composition**: The Give Kids A Smile National Advisory Committee (Committee) shall consist of not fewer than ten (10) members and not more than twelve (12) members selected as follows:
 - a. Three (3) members who shall be appointed by the ADA President:
 - a. One (1) shall be a Trustee of the ADA Board of Trustees ("ADA Board"); one (1) CAPIR member nominated by CAPIR; and one (1) member of the Council on Communications nominated by the Council on Communications.
 - b. One (1) member selected by the ADA Foundation who shall be a member of the ADA Foundation Board of Directors and who shall be approved by the ADA Board of Trustees; and
 - c. No more than eight (8) nor fewer than six (6) additional members who shall be nominated by the GKAS National Advisory Committee and appointed by the ADA Board of Trustees from among the following constituencies, with a minimum of one representative from each constituency: industry ("Industry Member"), public health ("Public Health Member"), and national health-related organizations ("National Health Member").
- 2. Term: Members of the Committee shall be appointed for a term of three (3) years and shall be eligible to serve for up to a maximum of three (3) terms. Committee members shall serve at the pleasure of the ADA Board of Trustees.
- **3. Meetings:** Provided funding is available, the Committee shall meet in person at least once annually at ADA Headquarters in Chicago, Illinois, and by conference call as needed.
- 4. Chair and Vice Chair: The Committee shall elect its chair and vice chair from a slate of candidates prepared by the Committee's Nominating Subcommittee. The term of office for each of the chair and vice chair shall be three (3) years or until his/her successor is elected. The Committee chair and Committee vice chair shall each be eligible to serve a maximum of two (2) consecutive terms; provided however, that the vice chair shall be eligible for election to a full term or terms as chair in his or her own right. In the absence of the chair and vice chair, the Committee shall designate one of its members to serve as chair pro tem for the duration of the meeting from which the regular officers are absent. In the event of a vacancy in the position of chair or vice chair, the Nominating Subcommittee shall nominate a slate of candidates for the new chair or vice chair, as applicable, for election by the full Committee.
- 5. Duties: The Committee shall serve as an advisory committee to the Division of Corporate Relations and Strategic Marketing Alliances (the "Division") with respect to maintaining and expanding the Give Kids A Smile (GKAS) initiative. It is the role and sole prerogative of the ADA Board of Trustees to make all fundraising, programmatic and budgetary decisions brought to its attention by the Division. The responsibilities of the Committee shall be:
 - To provide guidance, strategic planning and recommendations to the Division with respect to the activities and vision of GKAS;
 - At least annually, to plan and recommend to the Division future objective strategies, tactics and resource requirements to advance GKAS;
 - To conduct an annual review of the Committee's strategic progress, via appropriate metrics, as a
 basis for setting new strategy and to periodically assess progress on goals/objectives and make
 adjustments as necessary given the circumstances;
 - To advise the Division on ways to stimulate collaboration and coalition building to address children's unmet oral health care needs:

- To identify for the Division mechanisms for disseminating information regarding promising practices to improve the oral health of children through community based programs;
- To assist the Division in formulating, advancing and communicating a vision for the future of GKAS activities:
- To advise the Division on ways to optimize the process by which the ADA works with other sponsors, donors and corporate partners to advance GKAS;
- To explore the funding needs of GKAS activities, as well as the sources of, and feasibility and potential of securing, such funding, and to make recommendations to the Division regarding_ same:
- To assist the Division with creating a budget proposal for each year's GKAS activities.
- To assist the Division with grant applications to potential funding sources; and
- To submit an annual report to the Division for transmittal to the ADA Board of Trustees.
- 6. Voting: Refer to the ADA "Standing Rules for Councils and Commissions" for voting protocol.
- 7. Rules of Order: Refer to the ADA "Standing Rules for Councils and Commissions" for Rules of Order protocol.
- 8. Subcommittees: There shall be four (4) standing subcommittees as follows:
 - a. Program and Resource Development Subcommittee. The chair shall appoint not fewer than three (3) and not more than six (6) people (including a subcommittee chair) from within the Committee to serve on the Program and Resource Development Subcommittee. Subject matter experts may be appointed subject to approval of the ADA president. This subcommittee will explore the funding needs of GKAS activities, as well as the sources of, and feasibility and potential of securing, such funding and make recommendations to the Committee. In addition, this subcommittee will evaluate existing and identify new programs focused on improving access to care to underserved children and make recommendations to the Committee (for further recommendation to the Division as the Committee deems appropriate).
 - b. Promising Practices Subcommittee. The chair shall appoint not fewer than three (3) and not more than six (6) people (including a subcommittee chair) and from within the Committee to serve on the Promising Practices Subcommittee. Subject matter experts may be appointed subject to approval of the ADA president. This subcommittee will identify and make recommendations to the Committee (for further recommendation to the Division as the Committee deems appropriate) regarding mechanisms for disseminating information regarding Promising Practices to improve the oral health of children through community based programs (e.g., establishment of the GKAS University program).
 - c. <u>Marketing and Communications Subcommittee</u>. The chair shall appoint not fewer than three (3) and not more than six (6) people (including a subcommittee chair) from within the Committee to serve on the Marketing and Communications Subcommittee. This subcommittee will develop and make recommendations to the Committee (for further recommendation to the Division as the Committee deems appropriate) regarding the marketing and promotional plans for ADA's GKAS activities, including development and assessment of a comprehensive marketing strategy.
 - d. Nominating Subcommittee. The chair shall appoint a four (4) person Nominating Committee consisting of the following Members: the ADA Trustee member, one Industry Member, one Public Health Member and one National Health Member. This subcommittee will do the following and make recommendations to the Committee regarding same: study the leadership requirements of the Committee; ensure effective Committee processes, structures and roles, including Committee evaluation; identify needed Committee member skills; review, interview, and select potential Committee members, and orient new Committee members; nominate the slate for Committee chair and vice chair; and nominate the subcommittee chairs for election by the Committee.

182 2013 BOARD, MARCH

The Nominating Subcommittee shall nominate the subcommittee chairs. The Committee shall then vote on the slate presented by the Nominating Subcommittee.

A Committee member may simultaneously serve on more than one subcommittee.

ADA Board of Trustees 3/2013

Minutes of the Board of Trustees

June 9–11, 2013 Headquarters Building, Chicago

Call to Order: The fourth regular session of the Board of Trustees of the American Dental Association was called to order by Dr. Robert A. Faiella, president, on Sunday, June 9, 2013, at 8:10 a.m., in the Board Room of the ADA Headquarters Building, Chicago.

Roll Call: Officers and members of the Board of Trustees in attendance were: Robert A. Faiella, Charles H. Norman, Kenneth J. Versman, Brian E. Scott, Ronald P. Lemmo, Glen D. Hall, Kathleen O'Loughlin, Terry L. Buckenheimer, Joseph P. Crowley, Jeffrey D. Dow, Dennis W. Engel, Hal Fair, Maxine Feinberg, Steven Gounardes, Joseph F. Hagenbruch, Hilton Israelson, Roger L. Kiesling, Gary L. Roberts, Donald L. Seago, Carol Gomez Summerhays, Charles R. Weber, Gary S. Yonemoto, James K. Zenk, and Mark R. Zust.

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

Guests in attendance for a portion or portions of the meeting included: Dr. David Gesko, senior vice president and dental director, HealthPartners Dental; Dr. Kent Knoernschild, chair, Commission on Dental Accreditation; Dr. Thomas Paumier, chair, Council on Members Insurance and Retirement Programs; and Dr. A.J. Smith, president-elect candidate.

The following ADA staff were in attendance for all or portions of the meeting at the invitation of the president: Jerome K. Bowman, chief, Governance and Strategy Management; J. Craig Busey, Esq., general counsel; Helen McK. Cherrett, senior director, Global Affairs; James Goodman, managing vice president, Conferences and Continuing Education; Michael Graham, senior vice president, Government and Public Affairs; Sabrina King, chief, People Management; Toni Mark, chief technology officer; Daniel M. Meyer, senior vice president, Science/Professional Affairs; Clayton B. Mickel, managing vice president, Corporate Relations and Strategic Marketing Alliances; Kenneth Ohr, chief communications officer; Paul Sholty, chief financial officer; Michael D. Springer, senior vice president, Business and Publishing; Wendy-Jo Toyama, senior vice president, Membership, Tripartite Relations and Marketing; Marko Vujicic, managing vice president, Health Policy Resources Center; and Anthony Ziebert, senior vice president, Education/Professional Affairs.

Others in attendance for all or portions of the meeting were: Kelly Abeles, director, Council on Members Insurance and Retirement Programs; James Berry, associate publisher; Karen Burgess, senior director, Membership Marketing and Member Services; Tomisena Cole, senior manager, Board and House Maters; Thomas C. Elliott, Jr., Esq., deputy general counsel; Michael A. Glick, editor, *Journal of the American Dental Association (JADA)*; Linda Hastings, senior director, Administrative Services; Judith Jakush, editor, *ADA News*; Alyna Johnson, coordinator, Publications and Programs, Administrative Services; Michelle Kruse, manager, House of Delegates, Administrative Services; Thomas Parcella, senior manager, Financial Analysis and Planning; Rebecca Perry, director, Accounting and Reporting; David Preble, director, Council on Dental Benefit Programs; Sherin Tooks, director, Commission on Dental Accreditation; Jim Willey, director, Council on Dental Practice; and Wendy J. Wils, Esq., deputy general counsel. Other ADA staff members were in attendance for specific agenda items.

Also, under the guidance of the Legal Division, legal externs were in attendance for a portion of the open session to observe the governance process of a not-for-profit organization.

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

Preliminary

Approval of Agenda and Consent Items: Dr. Faiella asked for any items of new business; there were none.

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

B-31-2013. Resolved, that the agenda be approved as the official order of business for the current session of the Board of Trustees except that the President may alter the order of the agenda when necessary to expedite business.

Approval of Consent Calendar. Dr. Faiella reviewed the items on the proposed consent calendar; several additional agenda items were removed. On vote the Board adopted the following resolution.

B-32-2013. 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 Session: Dr. Faiella asked if there were any corrections or changes to the draft minutes; there were none. Without objection, the minutes were approved by general consent.

B-33-2013. Resolved, that the minutes of the March 10-11, 2013, session of the Board of Trustees be approved.

Release of Board Resolutions Previously Adopted and Identified as Confidential. Appended to the March minutes were several resolutions that were previously identified as confidential and presented for release at this time. Publication of these resolutions as an appendix to the March 2013 minutes ensures that a complete historical record of Board actions is maintained. On vote, the Board adopted the following resolution.

B-34-2013. Resolved, that the resolutions listed in Appendix 1, Board Resolutions Previously Adopted and Identified as Confidential, are approved for release.

Board Standing Committees

Report of the Audit Committee: Dr. Maxine Feinberg, Committee chair, presented the report of the Committee's June 8, 2013, meeting. The report identified the major topics discussed, reports received and actions taken. The following resolutions were moved, on behalf of the Committee by Dr. Feinberg, for Board consideration.

ADA and ADPAC Tax Forms. The Board adopted the following resolutions.

B-71-2013. Resolved, that the ADA Forms 990 and 990T be approved.

B-72-2013. Resolved, that the ADPAC Form 990 be approved.

ADA and ADPAC 2012 Financial Statements. The Board adopted the following resolutions.

B-73-2013. Resolved, that the audited 2012 consolidated financial statement of ADA be approved.

B-74-2013. Resolved, that the audited 2012 financial statement of ADPAC be approved.

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

B-75-2013. Resolved, that the Headquarters Building Operating Expense Report be approved.

Report of the Budget and Finance Committee: Dr. Dennis Engel, Committee chair, presented the report of the Committee's June 8, 2013, meeting. The report identified the major topics discussed, reports received and

actions taken. The Committee also provided recommendations on the following supplemental appropriation requests. Dr. Engel moved the following resolutions on behalf of the Committee.

2013 Contingent Fund Request—Electronic Resources for the ADA Library and Archives. The Committee recommended the approval of the contingent fund request. On vote the Board adopted the following resolution.

B-51-2013. Resolved, that the following appropriation be made from the 2013 Contingency Fund and be allocated to line items in separately listed cost centers, with the exception of capital funding, in accordance with the terms of the supplement appropriation requests.

Division of Education/Professional Affairs
(Cost Center 090-1600-000)

Enhances Electronic Resources for ADA Library and Archives – \$129,300

2013 Contingent Fund Request

B-69-2013 (Confidential Action—To be reported at a later date).

Financial Reporting Packages. On vote, the Board of Trustees adopted the following resolutions.

B-50-2013. Resolved, that the Fourth Quarter 2012 financial reporting package be released to the House of Delegates.

B-70-2013. Resolved, that the First Quarter 2013 financial reporting package be released to the House of Delegates.

Report of the Compensation Committee: Dr. Don Seago, Committee chair, presented the report of the Committee's June 8, 2013, meeting. The report identified the major topics discussed, reports received and actions taken.

On behalf of the Committee, Dr. Seago moved the following resolution.

Workgroup on Officer and Trustee Compensation. On vote, the Board adopted the following resolution.

B-77-2013. Resolved, that the Board convene an ad hoc workgroup reporting to the Compensation Committee which shall serve as the independent body consistent with the general spirit of Section 4958 of the Internal Revenue Code to determine and recommend a range of compensation for consideration by the Compensation Committee in setting the compensation levels of Board officers and trustees for the 2014 and 2015 budgets, and be it further

Resolved, that the composition of a 2013 ad hoc workgroup consist of no less than three and no more than five members and consist of two former presidents and up to three former trustees appointed by the President in consultation with the chair of the Compensation Committee, and be it further

Resolved, that the President be urged to appoint Drs. William Calnon, as chair, Ronald Tankersley, Charles Smith, Jerry Long and R. Wayne Thompson to serve on the 2013 ad hoc workgroup.

Dr. O'Loughlin noted that there is a financial cost for this ad hoc workgroup of approximately \$8,000.

Dr. Seago also reported that the Compensation Committee voted that the oversight of the succession process for the Executive Director/Chief Operating Officer's role and any future modifications become the role of the Governance Committee. Modifications to the Committees' charters will be made and presented to the Board for approval.

Report of the Governance Committee: Dr. Don Seago, Committee chair, presented the report of the Committee's June 8, 2013, meeting. The report identified the major topics discussed, reports received and actions taken.

Dr. Mark Zust, chair of the Board Rules Subcommittee, moved the following resolutions amending the *Organization and Rules of the Board of Trustees* (Board *Rules*) and the *Standing Rules for Councils and Commissions* (Council *Rules*).

Amendment of the Board and Council Rules Regarding Advisory Committees. On vote, the Board adopted the following resolution.

B-64-2013. Resolved, that the proposed amendments to the *Organization and Rules of the Board of Trustees* and the *Standing Rules for Councils and Commissions* affecting advisory committees, as set forth [in] Appendix 1 be approved.

Amendment of the Board Rules Regarding Use of the Term Ex Officio. On vote, the Board adopted the following resolution.

B-65-2013. Resolved, that the proposed amendments to the *Organization and Rules of the Board of Trustees* relating to use of the term Ex Officio, as set forth in Appendix 2, be approved.

Amendment of the Board Rules Regarding Governance Committee Charter. On vote, the Board adopted the following resolution.

B-66-2013. Resolved, that the Board approves the amended charter of the Governance Committee, to be reflected in the Board *Rules*, which adds the following clause to the "powers" section of the charter:

The Committee shall have the authority to make corrections in punctuation, grammar, spelling, name changes, gender references, change syntax, delete moot material and make similar editorial corrections in the *Organization and Rules of the Board of Trustees* that do not alter context or meaning. Such corrections shall be made only by a unanimous vote of the Committee members present and voting.

On behalf of the Governance Committee, Dr. Seago moved the following resolutions.

Self-Assessment of Board Committees. On vote, the Board adopted the following resolution.

B-67-2013. Resolved, that each standing committee and advisory committee of the Board shall undertake a self-assessment prior to the 2014 House of Delegates meeting, and at least every three years thereafter, addressing at a minimum, the following issues:

- A review of its charter
- Whether the committee should continue to exist and, if not, where its responsibilities should be placed
- The number of committee members needed to perform its work
- The frequency and conduct of meetings, including use of conference calls and appropriate utilization of agendas
- · The success, or not, of the committee to fulfill its obligations
- Staff support;

and be it further

Resolved, that each committee shall report to the Governance Committee of the Board of Trustees on its self-assessment.

Guidelines for Absence of an Executive Director or Vacancy in the Executive Director Position. On vote, the Board adopted the following resolution.

B-68-2013. Resolved, that the following "Guidelines for Absence of an Executive Director or Vacancy in the Executive Director Position" be approved and placed in the Board Rules:

Vacancy: These provisions implement Ch. IX, sec. 50 of the Bylaws dealing with a vacancy in the Executive Director position and also address the temporary absence of the Executive Director when he or she is unable to perform the duties of the position for an extended or indefinite period of time. In the event of either a vacancy in the Executive Director position or the temporary absence of the Executive Director when he or she is unable to perform the duties of the position for an extended or indefinite period of time, as declared by the President in a communication to the Board, the following succession plan shall be implemented with no further action required by the Board:

Terms of Emergency Succession Plan: Immediately upon the declaration by the President of a vacancy in the Executive Director position or the absence of the Executive Director when he or she is unable to perform the duties of the position for an extended or indefinite period of time:

- The General Counsel shall assume the position of interim executive director and chief operating officer. In the event the General Counsel is unable or unwilling to assume the role of interim Executive Director, the Chief of Governance shall automatically assume that position. In the event both the General Counsel and the Chief of Governance are unable or unwilling to assume the role of interim Executive Director, the Chief Technology Officer shall automatically assume that position. The Board shall reassess the line of succession annually.
- 2. The interim Executive Director is authorized to assign responsibility for the key essential duties of the executive director, or some of them, among a team of ADA senior executives; however, the interim Executive Director shall retain ultimate responsibility for the execution of these duties.
- 3. The interim Executive Director shall report regularly to the President and to the Board when it is in session.
- 4. The interim Executive Director shall remain in that position until the return of the Executive Director or until the Board takes action to replace that person with a new interim or permanent Executive Director.
- 5. Interim compensation may be provided to the interim Executive Director and any members of the senior executive team delegated significant additional responsibilities. Such interim compensation, if any, will be determined by the Human Resources Division under the oversight of the Compensation Committee.

Power to Replace the Interim Executive Director: The Board has the authority to replace the interim Executive Director selected through the emergency succession plan. Any current officer or member of the Board of Trustees shall not be eligible for such appointment.

Search for a Full-Time Executive Director: When a permanent vacancy occurs, the Board will initiate a national search to hire a permanent Executive Director. The Board shall retain a qualified executive search agency to conduct a nationwide search for an Executive Director.

Any current officer or member of the Board of Trustees at the time of a vacancy who applies for the position of Executive Director shall recuse him/herself from participating in any part of the search and hiring process for the full-time position.

Annual Review of "Guidelines for Absence of an Executive Director or Vacancy in the Executive Director Position": At each December meeting of the Board of Trustees, the Board's

Governance Committee shall present the Guidelines to the Board of Trustees for review by the Board.

The Governance Committee also reviewed the guidelines used for the selection of council chairs; no changes were recommended.

Report of the Information Technology Committee: Dr. Charles Weber, Committee chair, presented the report of the Committee's June 7, 2013, meeting. The report identified the major topics discussed, reports received and actions taken.

Report of the Pension Committee: Dr. Ron Lemmo, Committee chair, presented the report of the Committee's June 3, 2013, meeting. The report identified the major topics discussed, reports received and actions taken.

Report of the Strategic Planning Steering Committee: Dr. Hilton Israelson, Committee chair, presented the report of the Committee's June 7, 2013, meeting. The report identified the major topics discussed, reports received and actions taken. It was also noted by the Committee chair that there will be a complete report to the Board of Trustees on the Environmental Scan and the Intelligence Fair at the August 2013 Board session.

Report of the Diversity and Inclusion Committee: Dr. Charles Weber, Committee chair, presented the report of the Committee's June 7, 2013, meeting. The report identified the Committee's recommendations on participants for the 2013-14 class of the ADA Institute for Diversity in Leadership. On behalf of the Committee, Dr. Weber moved the following resolutions. On vote, the Board adopted the following resolutions.

B-62-2013. Resolved, that the following 12 candidates be approved to participate in the 2013-14 class of the ADA Institute for Diversity in Leadership:

Dau, Steven, Tampa, FL
Davis, Andrea, Gulfport, MS
Edwards, Maurice, New York, NY
Frizzell, Felicia, Fort Defiance, AZ
Harris-Beatty, Calysta, Rockford, IL
Martinez, Maria, Middleton, ID
Moronta, Ruben, Bronx, NY
Patel, Nehal, Jenks, OK
Rekhi, Princy, Renton, WA
Rodriguez, Esperanza, Bronx, NY
Thakkar, Nipa, Wyomissing, PA
Torres, Daniel, Gainesville, FL

B-63-2013. Resolved, that the following three candidates be approved as alternates for the 2013-14 class of the ADA Institute for Diversity in Leadership:

Begay, Tamana (Bunny), Phoenix, AZ Benet-Rockefeller, Mireddy, Smyrna, GA Lee, Debbie, New York, NY

Communications and Marketing

Report of the Senior Vice President, Government Affairs and Chief Communications Officer: Action for Dental Health Progress Report: This report noted that the "Call to Action" campaign authorized by the Board of Trustees in 2012 has been rebranded as "Action for Dental Health: Dentists Making a Difference (ADH)." Progress on stakeholder outreach and communications efforts were noted and a detailed tracking document of initiatives at the state level was provided (consent calendar item).

Report of the Chief Communications Officer: Termination of the Contract with Sharecare, Inc.: This report outlined the issues related to the decision to terminate the ADA's business relationship with Sharecare, Inc. It was reported that there is no loss of revenue to the ADA and that continuation of the relationship could present a potential reputational risk to the ADA and its members (consent calendar item).

Conferences and Continuing Education

Report of the Council on ADA Sessions: Nomination of the 2015 Council on ADA Session Chair: The Council forwarded its nomination for chair-designate of the 2015 ADA Annual Session. The Board adopted the following resolution (consent calendar action).

B-40-2013. Resolved, that Dr. Robert E. Roesch is appointed chair-designate of the Council on ADA Sessions for the year 2015 to serve immediately upon appointment.

Report of the Council on ADA Sessions: Nomination of the General Chair of the 2015 Committee on Local Arrangements: The Board of Trustees adopted the following resolution (consent calendar item).

B-41-2013. Resolved, that the nomination of Dr. Sally Cram to serve as general chair for the 2015 Committee on Local Arrangements made by the District of Columbia Dental Society be approved.

Report of the Council on ADA Sessions: Nomination of the Chairs of the 2014 Committee on Local Arrangements: The Council forwarded its nominations for chairs of the 2014 Committee on Local Arrangements. The Board adopted the following resolution (consent calendar action).

B-39-2013. Resolved, that the following nominations of the chairpersons to serve on the 2014 Committee on Local Arrangements made by Dr. Rise' L. Martin, general chair of the 2014 Committee on Local Arrangements, with the concurrence of the Texas Dental Association and the San Antonio District Dental Society, be approved.

Lisa B. Maters, DDS, MS—CLA vice chair Maria Lopez Howell, DDS—CLA Programs co-chair Karen B. Troendle, DDS, MPH—CLA Programs co-chair C. Roger Marcias, Jr., DDS—CLA Operations co-chair Joseph A. Ferro, DDS—CLA Operations co-chair

Report of the Council on ADA Sessions: Miscellaneous 2013 Registration Category Fee Changes: This report presented the Council's recommendation to change annual session registration fees for two categories—dental students and one-time ADA nonmember attendees. The Board adopted the following resolution (consent calendar item).

B-38-2013. Resolved, that beginning with the 2013 ADA Annual Session, the registration fees for the ASDA Student Member, Non-ASDA Student Member, and the one-time ADA Nonmember for the ADA Annual Session be as follows:

| Dental Students ASDA Members | Advance Fee \$0 | After advance deadline: \$0 |
|------------------------------|-------------------|-------------------------------|
| Dental Students Non-ASDA | Advance Fee \$0 | After advance deadline: \$0 |
| One-time ADA Nonmember | Current Fee \$250 | After advance deadline: \$500 |

Report of the Council on ADA Sessions: Change in Board Approval Protocol of Registration, Exhibit and Other Fees Related to the Annual Session: The Board of Trustees adopted the following resolution (consent calendar item).

B-59-2013. Resolved, that beginning in 2014, the Council on ADA Sessions will submit to the Board of Trustees for its review and approval the specific registration, exhibit booth and other specific fees related to the ADA annual session through the established budget review process.

Dental Education/Professional Affairs

Report of the Joint Commission on National Dental Examinations (JCNDE): Request to Increase the Cap for the Research and Development Fund: The report summarized the history and funding of the research and development activities of the Joint Commission on National Dental Examinations and presented resolutions for Board consideration that would approve research and development expenditures; increase the cap on unexpended funds within the JCNDE's Research and Development Fund; and reallocate JCNDE small grants to the Research and Development Fund. On vote, the Board adopted the following resolutions.

B-55-2013. Resolved, that expenditures from the Joint Commission on National Dental Examinations' Research and Development Fund be approved for implementation of the proposed research and development activities as summarized in the appendix of the Joint Commission on National Dental Examination's [June 2013] report to the Board of Trustees, and be it further **Resolved,** that expenditures from the Joint Commission on National Dental Examinations' Innovative Dental Assessment (IDEA) Research and Development Grant Program be approved to support the continuation of approved research projects.

B-56-2013. Resolved, that the cap on unexpended funs within the Joint Commission on National Dental Examinations' Research and Development Fund be increased from \$750,000 to \$2.5 million, thus enabling the Joint Commission to carryover additional funds on a year-to-year basis, to support the Integrated National Board Dental Examination (INBDE), and be it further **Resolved,** that the cap on unexpended funds revert to \$750,000 upon implementation of the INBDE.

B-57-2013. Resolved, that available funds within the Joint Commission's Innovative Dental Assessments (IDEA) grant fund be reallocated toward the Joint Commission's Research and Development Fund, leaving a \$5,000 balance, so that the majority of the available IDEA grant funds could also be used to support research and development activities, including those involving the INBDE.

Report of the Board of Trustees Task Force on the ADA Library Transition Plan: In response to Resolution 159H-2012, President Faiella appointed a task force to develop a transition plan for the library to be reported to the 2013 House of Delegates. The report was presented by the Task Force chair, Dr. Joseph Hagenbruch. Contained with the report was a transition plan that not only addressed the disposition of the print book collection, but presented a plan that ensures that the resources for evidence-based dentistry are maintained and updated as a valuable member benefit. In addition to the comprehensive study of the transition of the ADA library holdings, the following resolutions were presented to the Board of Trustees.

Transmittal of the ADA Library and Archives Transition Plan to the 2013 House of Delegates. On vote, the Board adopted the following resolution.

B-52-2013. Resolved, that the ADA Library and Archives Transition Plan be transmitted to the 2013 House of Delegates in response to Resolution 159H-2012.

Establishment of ADA Library and Archives Advisory Board. On vote, the Board adopted an amendment to the original Resolution B-53 to identify the Advisory Board as an advisory committee to the ADA Board of Trustees. On vote, the Board adopted the following amended resolution.

B-53-2013. Resolved, that an ADA Library and Archives Advisory Board be established as an advisory committee to the ADA Board of Trustees, with duties and obligations as outlined in the Report of the Board of Trustees Task Force on the ADA Library Transition Plan, and be it further

Resolved, that the ADA Library and Archives Advisory Board be comprised of two members of the ADA Board of Trustees and two at-large members of the ADA appointed by the ADA President; two members of the Council on Dental Education and Licensure (CDEL) appointed by the Chair of CDEL (one should be an ADEA appointee); and two members of the Council on Scientific Affairs (CSA) appointed by the Chair of the SCA; for two-year, renewable terms consistent with the member's appointment on the respective Council or Board of Trustees, and be it further

Resolved, that the senior ADA Board of Trustees member serve as the Chair of the Advisory Board, and be it further

Resolved, that the ADA Library and Archives Advisory Board report on an annual basis to the ADA Board of Trustees.

ADA and University of Illinois at Chicago Memorandum of Understanding. The Task Force proposed continuation of ADA member access to a print text collection and onsite library facility usage through development of a Memorandum of Understanding (MOU) between the ADA and the University of Illinois at Chicago. On vote, the Board adopted the following resolution.

B-54-2013. Resolved, that the Memorandum of Understanding between the ADA and the University of Illinois at Chicago be considered by the Board of Trustees at its December 2013 meeting.

Progress Report of the ADA Task Force on Dental Education Economics and Student Debt: This item was provided as an interim report to obtain guidance and input from the Board prior to submission of the final report at the August 2013 Board session.

Dental Practice/Professional Affairs

Report of the Council on Dental Practice: History of the Center for Professional Success (CPS): This report provided detailed background on the development of a new practice management and member value initiative, now identified as the Center for Professional Success. The report identified an early recommendation from an ADA Dental School Program (DSP) Advisory Committee (2005-06) for "a practice management institute to meet the needs of new graduates for practice management information, as well as the continuing education need of all members, with strong ADA branding." Subsequently, a Practice Management Initiative (PMI) Advisory Group (2011) was established "to address opportunities to position the ADA as a credible, preferred source of practice management information and resources and to develop a related data-driven business plan." The report also identified actions of the Board of Trustees, budget

considerations, implementation updates and launch schedule for the CPS (consent calendar item).

CPS Presentation by Dr. James Willey, director, Council on Dental Practice. Dr. Willey gave a brief PowerPoint presentation on the Center for Professional Success demonstrating the look and feel of the site, and discussing the official launch at the ADA annual session in New Orleans. He also responded to questions from members of the Board of Trustees regarding impact of the CPS on similar programs developed by the states. Dr. Willey noted differences between the CPS and state programs, and the potential for the programs to be complementary rather than competitive.

Finance and Operations

Report on the Status of the 2013 Operating Contingency Fund and Approval of Supplemental Appropriation Requests: A Contingent Fund of \$1 million was authorized in the 2013 budget. On vote, and based on the recommendations of the Budget and Finance Committee regarding supplemental requests submitted at this meeting, the Board adopted Resolutions B-51 and B-69. (See the Report of the Budget and Finance Committee, page 3, for the text of the resolutions.)

Report on the Status of the 2013 Capital Contingency Fund and Approval of Supplemental Appropriation Requests: A Capital Contingent Fund of \$230,000 was authorized in the 2013 budget. To

date, a capital request in the amount of \$139,500 has been authorized. No capital requests were submitted for consideration at this Board session; the Capital Contingent Fund balance is \$90,500 (consent calendar item).

Global Affairs

Report of the Senior Director, Global Affairs: Update on International Business Plan and International Booth Participation in 2013: This report gave an update on the current International Business Plan, and the development of a new business plan and its long-term implications for the Association. Included in the report was information on the Association's participation at three international conferences to date, and the significance of the international business contacts developed at these and other meetings. Ms. Cherrett, senior director, Global Affairs, responded to questions that generally related to opportunities for generating revenue, and the cost for funding a candidate for councilor of the FDI.

Government and Public Affairs

Report of the Senior Vice President, Government and Public Affairs: Federal and State Legislative and Regulatory Update: Mr. Graham reported on the status of legislation of interest to the profession, specifically, medical tax device, medical malpractice, McCarran-Ferguson, ERISA reform, and Affordable Care Act. He also commented on the success of the 2013 Washington Leadership Conference and the SPA program. The report included a summary of legislation enacted by the states during the past year. CAPIR issues highlighted in the report included the selection of Dr. Jane Grover as the new director of the Council on Access, Prevention and Interprofessional Relations, and updates on the 2013 National Oral Health Conference, the U.S. National Oral Health Alliance, and fluoridation training.

Report of the Council on Access, Prevention and Interprofessional Relations: Update on the Community Dental Health Coordinator: Dr. Grover responded to questions relating to the funding request for the CDHC pilot program and to an issue submitted to CAPIR relating to the sugar content in cereal.

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

B-58-2013. Resolved, that the Board of Trustees allocate previously authorized funding in the amount of \$800,000 from the Reserve Fund or the Contingency Fund to cover projected expenses for the CDHC Program through 2013.

Report of the Council on Access, Prevention and Interprofessional Relations: Geriatrics and Special Needs: Request for Copyright Transfer of Vulnerable Adults Publication: The Board adopted the following resolution (consent calendar item).

B-42-2013. Resolved, that the Board of Trustees approve the transfer of copyright for the Preface to a dedicated issue of Special Care Dentistry Association Journal containing background papers developed in conjunction with the National Coalition Consensus Conference: Oral Health of Vulnerable Older Adults and Persons with Disabilities as well as the summary of the recommendations that resulted from the conference.

Information Technology

Report of the Division of Information Technology: 2013 Major IT Initiatives and 2014 Budget: This report summarized major IT initiatives completed or expected to be completed in 2013, and the associated costs of these projects compared to budget. Major projects included: ADA.org reorganization, ADA Connect, Aptify, Center for Professional Success, FileWeb (document management), Evidence-Based Dentistry, Hyperion Planning and Forecasting among others. Additionally, an update on compliance activities relating to

the Child Online Privacy Protection Act (COPPA) and Payment Card Industry (PCI) 2.0 were report (consent calendar item).

Membership, Tripartite Relations and Marketing

Report of the Council on Membership: 2014 One-Time Dues Reduction Incentives: The Council proposed two resolutions for one-time ADA 50% dues reduction (as defined in the ADA *Bylaws*) for the following member segments in the 2014 membership year: nonmembers in five states with the greatest opportunity for growth who are ineligible for existing reduced programs, and nonmembers whose membership has lapsed in the years 2009-2011 and who are ineligible for existing reduced dues programs as set forth in the ADA *Bylaws*. Additionally, a resolution was proposed to encourage constituent and component societies to match the ADA incentives.

The Board adopted the following resolutions (consent calendar items).

B-43-2013. Resolved, that any nonmember in the five states with the greatest opportunity for growth (California, Florida, Illinois, New York and Texas), that is ineligible for existing reduced dues programs as set forth in the ADA *Bylaws*, be eligible to receive a one-time fifty percent (50%) active member dues and special assessment reduction for the 2014 ADA membership year.

B-44-2013. Resolved, that any nonmember whose membership has lapsed in the years 2009-2011, that is ineligible for existing reduced dues programs as set forth in the ADA *Bylaws*, be eligible to receive a one-time fifty percent (50%) active member dues and special assessment reduction for the 2014 ADA membership year.

B-45-2013. Resolved, that constituent and component dental societies be encouraged, through communications from appropriate ADA agencies, to match the annual ADA dues incentives and utilize promotional materials and information as available from the ADA for these strategic promotional dues incentive categories, and be it further

Resolved, that constituent and component dental societies be urged to consider bylaws amendments, if necessary, to allow them to match the dues incentives offered by the ADA.

Report of the Council on Members Insurance and Retirement Programs: ADA Members Insurance Plans Financial Audit: Based on information provided in the Council's report, the Board of Trustees considered the following resolutions.

Credit Formula of ADA Insurance Plans. On vote, the Board adopted the following resolution.

B-46-2013. Resolved, that the new interest credit formula on the assets of the ADA Insurance Plans as described on page 140 13, lines 18-27* [of the August 2013 CMIPR Report] are approved.

*ADA negotiated a new interest credit formula with Great-West that is no longer based on the obsolete GIC index. The new formula is based on the Barclays Intermediate Corporate Index. By changing to this new formula, investment income will increase by appropriately \$3.1 million in year one (2014) and approximately \$8 million by year ten (2023).

In addition, ADA is gaining additional transparency regarding investment income by having access to Great-West's General Account corporate bond purchases yield data. Great-West will also modify its annual report format to include a review of the investment returns on Insurance Plan assets and financial market conditions in response to ADA's request for greater transparency. ADA's expectation is that the agreed upon new interest crediting formula will continue unless there is a clear pattern of change in annual performance or the financial market environment.

Changes to Great-West Financial's Risk and Profit Charge. On vote, the Board adopted the following resolution.

B-47-2013. Resolved, that the changes to Great-West Financial's risk and profit charge for the MedCASH and Office Overhead Expense Plans as described in the June 2013 Board Report are approved.

Amendment to Board Rules, Section on Policy on Surplus From Group Life Insurance Program. A motion was made to postpone definitely Resolution 48 to later in the session for the purpose of developing an amendment; Dr. Faiella assigned Drs. Yonemoto, Norman, Fair, Zust, and Hall, with Wendy Wils as legal counsel, to develop the amendment. Later in the session, the Board discussed an amendment to Resolution B-48 proposed by the Board work group. The Board discussed several alternative amendments. Finally, on vote, the Board adopted an amendment to Resolution B-48 that added a revised second resolving clause (underscored). On vote, the Board adopted the following amended resolution.

B-48-2013. Resolved, that the *Organization and Rules of the Board of Trustees* be amended to delete the following section in its entirety.

POLICY ON SURPLUS FROM GROUP LIFE INSURANCE PROGRAM

Insurance Surplus: When a surplus is available from the Group Life Insurance Program, the Board of Trustees shall allocate this surplus either to improvement to the program, reduction of premium or refund to the certificate holders or to the ADA General Fund.

and be it further

Resolved, that the following language be inserted in its place:

<u>Insurance Surplus:</u> When a surplus is available from insurance programs, the surplus should be used to ensure value for policyholders and financial stability of the Association.

Approval of Payment of Term Life Plan Unallocated Surplus Set-Aside. Resolution 49 was also postponed definitely with Resolution 48. On vote, the Board adopted Resolution B-49 as originally presented.

B-49-2013. Resolved, that payment to the ADA of the 2012 \$6.1 million Term Life Plan unallocated surplus set-aside is hereby approved; subject to the Administrative Services and Experience Rating Agreement with Great-West being amended to authorize said payment to the ADA.

Note. Payment to the ADA of the 2012 \$6.1 million Term Life Plan unallocated surplus set-aside will occur by December 31, 2013; anticipated federal and state taxes, if any, could be approximately 40% of the amount.

Report of the Council on Members Insurance and Retirement Programs—ADA Members Retirement Plan Review: The Board received an informational report along with a copy of a confidential review of the Members Retirement Program conducted by Milliman, Inc. Ms. Toyama indicated that the Council will review the document at its August meeting.

Organizational/Other

Nominations for ADA Honorary Membership: On vote, the Board adopted the following resolution.

B-60-2013. 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.

Mr. Bruce Bergstrom Dr. Paul Warren

Nomination for the Distinguished Service Award: On vote the Board adopted the following resolution.

B-61-2013. Resolved, that the 2013 Distinguished Service Award be presented to Dr. Robert T. Ferris.

Approval of Board of Trustees Meeting Dates: Future Board meeting dates for the years 2015 and 2016 were proposed for the Board's consideration. Additionally, the 2014 meeting dates were proposed for revision to accommodate a newly identified conflict with the FDI meeting in September 2014. The Board adopted the following resolutions (consent calendar item).

Amended 2014 Board Meeting Dates.

B-35-2013. Resolved, that the following 2014 Board of Trustees meeting dates, as amended, be approved:

February 8-10 (Board Retreat, location TBD) (Saturday – Monday)
March 16-18 (Sunday – Tuesday)
June 8-10 (Sunday – Tuesday)
July 27-29 (Sunday – Tuesday)
September 18-20 (Thursday – Saturday) (Standing Committees meet on Wednesday, September 17)
October 14 (New Board Meeting at annual session site—San Antonio)

2015 Board Meeting Dates.

B-36-2013. Resolved, that the following 2015 Board of Trustees meeting dates be approved:

February 7-9 (Board Retreat, location TBD) (Saturday – Monday)
March 15-17 (Sunday – Tuesday)
June 7-9 (Sunday – Tuesday)
August 16-18 (Sunday – Tuesday)
October 4-6 (Sunday – Tuesday)
November 10 (New Board Meeting at annual session site—Washington, DC)

2016 Board Meeting Dates.

B-37-2013. Resolved, that the following Board of Trustees meeting dates for 2016 be approved:

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January 10-12 (Sunday – Tuesday)
February 6-8 (Board Retreat, location TBD) (Saturday – Monday)
March 13-15 (Sunday – Tuesday)
June 15-17 (Wednesday – Friday) (Standing Committees meet on Tuesday, June 14)
July 31-August 2 (Sunday – Tuesday)
September 5-27 (Sunday – Tuesday)
October 25 (New Board Meeting at annual session site—Denver)
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Report of ADA Business Enterprises, Inc. (ADABEI): A summary report of 2013 first quarter activities of ADABEI was submitted to the ADA Board of Trustees. Additionally it was reported that ADABEI has completed a five-year agreement to become a Founding Sponsor for the ADA's Center for Professional Success in the amount of \$250,000 and that ADABEI and its endorsed providers will be prominently featured on the site's home page and relevant content areas.

Report of the ADA Foundation: A quarterly report on ADAF activities was submitted to the Board of Trustees. The report included information on grants awarded to date; an update on the research team at the PRC; a new structure of the Development Committee; a financial update; and plans for the 2013 Give Kids A Smile Gala (consent calendar item).

Report of the President: Dr. Faiella commented on his activities since the March 2013 Board session. These activities included attending and participating in state dental meetings, conferences, corporate meetings, and ADA committee meetings.

Report of the President-elect: Dr. Norman reported on the meetings he attended since the March 2013 Board session, including state dental meetings, specialty organization meetings, and ADA committee meetings and conferences.

Report of the Executive Director: Dr. O'Loughlin referred the Board to the quarterly report of Association activities circulated prior to the Board meeting. She also shared information on staff development, engagement and communications.

Stafford Loans: Dr. Hagenbruch commented that on June 30, the current rate of 3.4% for Stafford loans will expire. He indicated that some dental student may have these Stafford loans and inquired if the Washington Office and the Council on Government Affairs could be asked to become involved as a way of assisting the students. Hearing no objection from the Board, Dr. Faiella indicated this could be done. Dr. Summerhays, CGA liaison, shared Mr. Graham's comments that they could support this.

Board Liaison Reports

Report of Dr. Joseph P. Crowley, Liaison to the Council on ADA Sessions: Dr. Crowley reported on his attendance at the May 16-18, 2013, Council meeting (consent calendar item).

House of Delegates

Reference Committee on Legislative, Health, Governance and Related Matters

Report of the Task Force to Study Councils: Council, Commission and Committee Self-Assessment (Worksheet:5008): In response to the directive of Resolution 94H-2012, which called for a task force to investigate council issues raised in the 2012 Governance Study (Board Report 3, 2012) this task force submitted its report with Resolution 1 appended. Additionally, Resolution 177-2012 was considered by the task force, but the task force concluded it was not well positioned to revisit the work of the Board from the preceding year and asked the President to assign the resolution to the Board's Governance Committee to develop a report.

Council and Commission Self-Assessments. On vote, the Board transmitted Resolution 1 to the House of Delegates with the recommendation to vote yes. (Vote: Unanimous)

1. Resolved, that each council and commission undertake a thorough self-assessment based on a topical outline to be developed by the Board of Trustees and submit a report to the 2014 House of Delegates (in time for the Board to consider the report at its June 2014 meeting) on the process and its results, including any proposed resolutions to implement those results, and be it further Resolved, that following 2014, each council and commission undertake a thorough self-assessment on a rotating basis over every five years based on a schedule and outline to be developed by the Board of Trustees, and within the Annual Report include information on the process followed and results to the next session of the House, including any proposed resolutions to implement those results, and be it further

Resolved, that the Board be urged to require the New Dentist Committee and the Committee on International Programs and Development to undertake a self-assessment, with reports to the Board, and to be included in the schedule applicable to councils and commissions, and be it further

Resolved, any council which has undertaken a thorough self-assessment in 2013 as determined by the Board and reported on that self-assessment to the 2013 House of Delegates is exempted from the requirement to conduct a self-assessment in 2014, and be it further **Resolved**, that 118H-2002 (*Trans.2002:374*) be rescinded.

Report 4 of the Board of Trustees to the House of Delegates: Re-Examination of Certain Suggestions From Westman Governance Study (Worksheet:5014): Based on consideration of Resolution 177-2012 by the Governance Committee of the Board of Trustees, the Board voted to transmit Report 4 to the House of Delegates. (Vote: Unanimous)

Report 4 responded to Resolution 177-2012, which called for the re-examination of certain suggestions made by the governance consultant, Westman and Associates, regarding the Council on Communications and the Council on Membership.

Report 3 of the Board of Trustees to the House of Delegates: Delegate Allocation: Report 3 presents a new delegate allocation method for House consideration. Noting that the current House allocation is based on 2007 membership numbers, it was reported that this new allocation method is based on 2012 membership numbers, keeps the House at approximately its current size, calls for reallocation every four years instead of three in order to provide greater predictability for delegations, and continues to provide ASDA with five seats. The allocation method also assures a minimum number of seats for small state societies, the District of Columbia and the federal services (with the exception of the Public Health Services) and provides a minimum seating of one delegate for Puerto Rico, the Virgin Islands and the Public Health Services. If Puerto Rico, the Virgin Islands or the Public Health Service achieve membership numbers equal to that of the smallest stage society as of the time of allocation, that entity will then be eligible for a minimum of two seats.

After extensive discussion, the Board voted to transmit Resolution 2 to the House of Delegates with the recommendation to vote yes. (Vote: 17 Yes—Dr. Buckenheimer, Crowley, Dow, Fair, Gounardes, Israelson, Kiesling, Norman, Roberts, Seago, Scott, Summerhays, Versman, Weber, Yonemoto, Zenk, Zust; 3 No—Drs. Engel, Feinberg, Hagenbruch)

2. Resolved, that CHAPTER II. CONSTITUENT SOCIETIES, *Section* 100. PRIVILEGE OF REPRESENTATION, of the ADA *Bylaws* be amended as follows (additions <u>underscored</u>, deletions stricken through):

Section 100. PRIVILEGE OF REPRESENTATION:

Each state constituent dental society and the District of Columbia Dental Society shall be entitled to a minimum of two (2) delegates in the House of Delegates. Each territorial constituent society and federal service shall be entitled to a minimum of two (2) delegates in the House of Delegates, except that if its total membership is equal to or greater than the size that of the smallest state constituent society; otherwise the territorial society or service shall receive one (1) delegateshall be allocated to the Virgin Islands Dental Association. The Air Force Dental Corps, the Army Dental Corps, the Navy Dental Corps, the Public Health Service and the Department of Veterans Affairs shall each be entitled to two (2) delegates, one of which shall be elected by the respective service, without regard to the number of members. The remaining number of delegates shall be allocated as provided in Chapter V, Sections 10C and 10D.

Each constituent society and each federal dental service may select from among its active, life and retired members the same number of alternate delegates as delegates and shall designate the alternate delegate who shall replace an absent delegate.

and be it further

Resolved, that CHAPTER V. HOUSE OF DELEGATES, *Section* 10. COMPOSITION, Subsection A. VOTING MEMBERS of the ADA *Bylaws* be amended as follows (additions <u>underscored</u>, deletions <u>stricken through</u>):

Section 10. COMPOSITION.

A. VOTING MEMBERS. The House of Delegates shall be limited to four hundred sixty (460) voting members for the two years 2004 to 2005 inclusive. Thereafter, the number of voting members shall be determined by the methodologies set forth in Section 10C of this Chapter. It shall be composed of the officially certified delegates of the constituent dental societies and of the five (5) federal dental services, who shall be active, life or retired members, two (2) officially certified delegates from each of the five (5) federal dental services, who shall be active, life or retired members and five (5) student members of the American Student Dental Association who are officially certified delegates from the American Student Dental Association. Proxy voting is explicitly prohibited; however, an alternate delegate may vote when substituted for a voting member in accordance with procedures established by the Committee on Credentials, Rules and Order.

and be it further

Resolved, that CHAPTER V. HOUSE OF DELEGATES, *Section* 10. COMPOSITION, Subsection C. REPRESENTATIONAL REQUIREMENTS AND GOALS of the ADA *Bylaws* be amended as follows (additions <u>underscored</u>, deletions <u>stricken through</u>):

C. REPRESENTATIONAL REQUIREMENTS AND GOALS. Each constituent society and each of the five federal dental services shall be entitled to the minimum two (2) number of delegates set forth in CHAPTER II. CONSTITUENT SOCIETIES, Section 100. PRIVILEGE OF REPRESENTATION; except that one (1) delegate shall be allocated to the Virgin Islands-Dental Association. The Air Force Dental Corps, the Army Dental Corps, the Navy Dental Corps, the Public Health Service and the Department of Veteran Affairs shall each be entitled to two (2) delegates, one of which shall be elected by the respective service, without regard to the number of members. The American Student Dental Association shall be entitled to the number of delegates set forth in CHAPTER II. CONSTITUENT SOCIETIES, Section 100. PRIVILEGE OF REPRESENTATION.

The allocation of the remaining delegates shall be made pursuant to the delegate allocation methodology set forth in Subsection D. of this Section, with the goals of (i) achieving as close to proportional representation of active, life and retired members of the Association as possible while providing for the minimum representational requirements set forth in CHAPTER II. CONSTITUENT SOCIETIES, Section 100. PRIVILEGE OF REPRESENTATION; (ii) providing for representation of the American Student Dental Association; and (iii) maintaining the size of the House of Delegates as close to 473 delegates as possible while meeting the other goals recited in this Subsection. For the twoyears 2004-2005 inclusive, the remaining number of delegates shall be allocated to the constituent societies, through their trustee districts based on the representational goals that each trustee district's representation in the House of Delegates shall vary by no more or lessthan 0.3% from its active, life or retired membership share in this Association, based on the Association's December 31, 2002 membership records, and that no district or constituent shall lose a delegate from its 2003 allocation. Thereafter, to allow for changes in the delegateallocation due to membership fluctuations, the Board of Trustees shall use this variancemethod of district delegate allocation (a variance of no more than 0.3% of its active, life and retired membership share in the Association) at subsequent intervals of three (3) years, withthe first such review occurring for the 2006 House of Delegates. Such reviews shall be based on the Association's year-end membership records for the calendar year preceding the reviewperiod in question. No district shall lose a delegate unless their membership numbers are atleast one percent less than their membership numbers of the prior three years. Any changes deemed necessary shall be presented to the House of Delegates in the form of a Bylaws' amendment to Section 10D of this Chapter.

and be it further

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

D. DELEGATE ALLOCATION METHODOLOGY. Commencing in 2014, Based-based on the representational requirements and goals set forth in Section 10C, the-delegates shall be allocated according to the allocation methodology set forth below. Thereafter, to account for membership fluctuations, delegate allocations shall be reviewed and delegates shall be reallocated by the Secretary of the House of Delegates every four (4) years among the constituent dental societies, the five (5) federal dental services and the American Student Dental Association in accordance with that same methodology. Delegate allocations shall be based on the Association's year-end membership records for the second calendar year preceding the year in which the delegate allocations become effective. The review of delegates shall take place as soon as possible after the membership numbers on which the delegate allocations are based are available and the Secretary of the House of Delegates shall publish the new delegate allocations expeditiously thereafter to the constituent dental societies, the five (5) federal dental services and the American Student Dental Association. The delegate allocations shall also be published in the Manual of the House of Delegates. are allocated as follows: The delegate allocation methodology is as follows:

DISTRICT 1

Connecticut State Dental Association, The, 7 delegates
Maine Dental Association, 3 delegates
Massachusetts Dental Society, 13 delegates
New Hampshire Dental Society, 3 delegates
Rhode Island Dental Association, 3 delegates
Vermont State Dental Society, 2 delegates
District Total: 31 delegates

DISTRICT 2

New York State Dental Association, 41 delegates District Total: 41 delegates

DISTRICT 3

Pennsylvania Dental Association, 18 delegates <u>District Total</u>: 18 delegates

DISTRICT 4

Air Force Dental Corps, 2 delegates
Army Dental Corps, 2 delegates
Delaware State Dental Society, 2 delegates
District of Columbia Dental Society, The, 2 delegates
Maryland State Dental Association, 7 delegates
Navy Dental Corps, 2 delegates
New Jersey Dental Association, 12 delegates
Public Health Service, 2 delegates
Puerto Rico, Colegio de Cirujanos Dentistas de, 2 delegates
Veterans Affairs, 2 delegates
Virgin Islands Dental Association, 1delegate
District Total: 36 delegates

DISTRICT 5

Alabama Dental Association, 5 delegates
Georgia Dental Association, 10 delegates
Mississippi Dental Association, The, 3 delegates
District Total: 18 delegates

DISTRICT 6

Kentucky Dental Association, 6 delegates
Missouri Dental Association, 7 delegates
Tennessee Dental Association, 7 delegates
West Virginia Dental Association, 3 delegates
District Total: 23 delegates

DISTRICT 7

Indiana Dental Association, 9 delegates
Ohio Dental Association, 16 delegates
District Total: 25 delegates

DISTRICT 8

Illinois State Dental Society, 20 delegates <u>District Total</u>: 20 delegates

DISTRICT 9

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

DISTRICT 10

Iowa Dental Association, 5 delegates
Minnesota Dental Association, 9 delegates
Nebraska Dental Association, The, 3 delegates
North Dakota Dental Association, 2 delegates
South Dakota Dental Association, 2 delegates
District Total: 21 delegates

DISTRICT 11

Alaska Dental Society, 2 delegates
Idaho State Dental Association, 3 delegates
Montana Dental Association, 2 delegates
Oregon Dental Association, 6 delegates
Washington State Dental Association, 11 delegates
District Total: 24 delegates

DISTRICT 12

Arkansas State Dental Association, 4 delegates Kansas Dental Association, 4 delegates Louisiana Dental Association, The, 6 delegates Oklahoma Dental Association, 5 delegates District Total: 19 delegates

DISTRICT 13

California Dental Association, 67 delegates <u>District Total</u>: 67 delegates

DISTRICT 14

Arizona Dental Association, 7 delegates
Colorado Dental Association, 8 delegates
Hawaii Dental Association, 3 delegates
Nevada Dental Association, 3 delegates
New Mexico Dental Association, 3 delegates
Utah Dental Association, 4 delegates
Wyoming Dental Association, 2 delegates
District Total: 30 delegates

DISTRICT 15

Texas Dental Association, 23 delegates
District Total: 23 delegates

DISTRICT 16

North Carolina Dental Society, The, 10 delegates South Carolina Dental Association, 5 delegates Virginia Dental Association, 10 delegates District Total: 25 delegates

DISTRICT 17

Florida Dental Association, 21 delegates District Total: 21 delegates

AMERICAN STUDENT DENTAL ASSOCIATION, 5 delegates

- a. The Target Delegate Number. For purposes of allocating delegates, the target number of delegates to be used in calculating the allocation is four hundred seventy-three (473). From that target number two delegates will be deducted for each constituent society except that only a single delegate will be deducted from each of the Colegio de Cirujanos Dentistas de Puerto Rico and the Virgin Islands Dental Association unless the number of members in either of those societies is equal to or greater than the number of members in the smallest state constituent society, in which case two (2) delegates will be deducted from the target delegate number for that society. Two (2) delegates are also deducted from the target delegate number for each of the five dental services, except only a single delegate will be deducted for the Public Health Service unless the number of members in the Public Health Service is equal to or greater than the number of members in the smallest state constituent society, in which case two (2) delegates will be deducted from the target delegate number for the Public Health Service. In addition, five (5) delegates will be deducted from the target delegate number for the American Student Dental Association. For purposes of the delegate allocation methodology set forth in these Bylaws, the remaining number of delegates in the target number of delegates following the deductions of delegates listed above from the target number of delegates shall be referred to as the net delegate allocation pool.
- b. <u>Allocation to the American Student Dental Association.</u> Five delegates shall be allocated to the American Student Dental Association regardless of the number of members.
- c. Determination of the True Proportional Delegate Counts for each Constituent and each Federal Dental Service. Divide each constituent's and each federal dental service's total membership by the total membership of the Association. Multiply the resulting percentage of membership for each constituent and federal dental service by the target number of delegates set forth in paragraph a. of this Sub-section less the number of delegates allocated to the American Student Dental Association in paragraph b. of this Sub-section. The resulting true proportional delegate numbers will be used later in the delegate allocation methodology.
- d. <u>Determination of Constituents and Federal Dental Services that Qualify to Receive</u>
 <u>More than the Minimum Delegate Allocation.</u>

- i. Divide the total constituent and federal dental service membership of the Association by the target number of delegates set forth in paragraph a. of this Sub-section less the number of delegates allocated to the American Student Dental Association in paragraph b. of this Sub-section. Compare the resulting number against the membership numbers for the Colegio de Cirujanos Dentistas de Puerto Rico, Virgin Islands Dental Association and Public Health Service if they received a single delegate pursuant to the review performed in paragraph a. of this Sub-section. If the membership numbers of any of those entities are less than the result of the calculation, allocate the number of delegates deducted from the target delegate allocation number for each such entity and exclude those entities from the remaining steps of the delegate allocation methodology.
- ii. Take the result of the calculation performed in sub-paragraph i. of this paragraph d. and multiply it by two (2). Compare the resulting number against the membership numbers for each constituent society and each federal dental service for which two (2) delegates were deducted from the target delegate allocation number in paragraph a. of this Subsection. If the membership of any of those constituent societies and federal dental services are less than that number, allocate the number of delegates deducted from the target delegate allocation number for each such entity and exclude those entities from the remaining steps of the delegate allocation methodology.
- e. Calculation of Non-Minimum Membership Total. Subtract the total membership numbers of each constituent society and federal dental service identified as being excluded from the remaining steps of the delegate allocation methodology from the total membership of the Association. The resulting non-minimum membership total will be used in the remaining delegate allocation methodology steps.
- f. Allocation of Remaining Delegates.
 - i. <u>Divide each remaining constituent's and federal dental service's membership by the non-minimum membership total determined in paragraph e. of this Sub-section to arrive at their percentages of the non-minimum membership total.</u>
 - ii. Calculate the remaining number of delegates to be allocated by subtracting from the target number of delegates listed in paragraph a. of this Sub-section the delegates allocated to the American Student Dental Association in paragraph b. of this Sub-section and the delegates allocated by the minimum allocation steps in paragraphs d.i and d.ii. of this Sub-section.
 - iii. For each remaining constituent and federal dental service, multiply its percentage of the non-minimum membership total determined by the calculation in paragraph f.i. of this Sub-section and the remaining number of delegates to be allocated as determined by the calculation in paragraph f.ii. of this Sub-section. Round the result to the nearest whole number.
 - iv. For each remaining constituent and federal dental service, multiply the result obtained in paragraph f.i. of this Subparagraph by the target number of delegates specified in paragraph a. of this Sub-section less the number of delegates allocated to the American Student Dental Association pursuant to paragraph b. of the Sub-section and round the result to the nearest whole number.
 - v. For each remaining constituent and federal dental service, subtract the result obtained in sub-paragraph f.iv. of this Sub-section from the result obtained in sub-paragraph f.iii. of this Sub-section. If the result is negative, use the result obtained in subparagraph f.iv. of this Sub-section as that constituent's allocated delegate total. If the result is zero or positive, use the result obtained in sub-paragraph f.iii. of this Sub-section as that constituent's allocated delegate total.
- g. <u>Finalize the Delegate Allocation</u>. Add together the final delegate allocations for the constituent societies, federal dental services and the American Student Dental Association determined through the calculations of paragraph b., sub-paragraphs d.i. and d.ii. and

- sub-paragraph f.v. of this Subsection. The result is the total delegates allocated. The total delegates allocated should vary no more than 5% from the target number of delegates set forth in paragraph a. of this Subsection.
- h. Calculating the Fairness Ratio. Divide each constituent's and each Federal Dental Service's percentage of total delegates (the constituent's allocated delegates divided by the total delegates allocated as determined by the calculation set forth in sub-paragraph f.v. of this Sub-section) by its percentage of total membership as calculated in paragraph a. of this Sub-Section. Except for those constituents that only receive the minimum number of allocated delegates, the resulting "fairness ratio" should deviate by a small amount on either side of 1, with 1 representing a perfectly proportional delegate allocation. The fairness ratio for constituents and federal dental services that receive only the minimum allocation of delegates may deviate from 1 to a larger degree because those constituents and federal dental services may be slightly over-represented.

and be it further

Resolved, that CHAPTER VII. BOARD OF TRUSTEES, *Section* 100. DUTIES, Subsection N. of the ADA *Bylaws* be amended as follows (additions <u>underscored</u>):

Section 100. DUTIES: It shall be the duty of the Board of Trustees to:

N. Review the <u>periodic</u> delegate allocations to the House of Delegates <u>performed pursuant to the methodology set forth in CHAPTER V. HOUSE OF DELEGATES, Section 10. COMPOSITION, Subsection D. DELEGATE ALLOCATION against the representational requirements and goals as provided in Chapter V, Section 10C, of these Bylaws.</u>

Later in the meeting Dr. Seago noted that it was brought to the attention of the Governance Committee that a group of civil service employees not currently identified with any federal dental service, may actually be considered a part of the Public Health Services. This new information is being researched and could impact the PHS delegate allocation. This information will be reported to the Board in August. Based on this new information Board Report 3 and Resolution 2 will be transmitted to the House following the August Board session.

Board of Trustees Resolution 95-2012—Amendment of the ADA Constitution and Bylaws Regarding the Offices of First and Second Vice President (Worksheet:5000): Resolution 95-2012 (Supplement 2012:7030) was held over to the 2013 House of Delegates because it proposed an amendment to the ADA Constitution. Constitutional amendments either require presentation in writing at any previous session of the House of Delegates or adoption by a unanimous vote of the House of Delegates, provided the proposed amendments have been presenting in writing at a previous meeting of such session.

Following consideration of Resolution 95-2012, the Board voted to transmit Resolution 95-2012 with a recommendation to vote yes. (Vote: 12 Yes—Drs. Crowley, Dow, Engel, Feinberg, Kiesling, Roberts, Seago, Summerhays, Weber, Zenk, Zust; 7 No—Drs. Buckenheimer, Fair, Gounardes, Hagenbruch, Norman, Scott, Versman; 1 Abstain—Dr. Yonemoto)

Resolution 99-2012—Amendment of the ADA Bylaws Regarding Notice for Dues, Special Assessments and Procedure for Changing the Dues of Active Members (Worksheet:5005): Resolution 99-2012 (Supplement 2012:7042) was held over to the 2013 House of Delegates because as an amendment affecting the procedure for changing the dues of active members the resolution required either a 90 day notice or adoption by a unanimous vote provided that the amendment had been presented in writing at a previous meeting of the same session.

Following consideration, the Board voted to transmit Resolution 99-2012 with a recommendation to vote yes. (Vote: Unanimous)

Resolution 175-2012—Amendment of the ADA Constitution, Section 20. Administrative Body. Resolution 175-2012 (Supplement 2012:6137) was held over to the 2013 House of Delegates because it proposed an amendment to the *ADA Constitution*. Constitutional amendments either require presentation in writing at any previous session of the House of Delegates or adoption by a unanimous vote of the House of Delegates, provided the proposed amendments have been presented in writing at a previous meeting of such session.

Dr. Buckenheimer moved that consideration of Resolution 175-2012 be postponed definitely to the August 2013 Board session. Hearing no objection, Dr. Faiella announced that Resolution 175-2012 will be considered in August.

Reference Committee on Membership and Related Matters

Report 5 of the Board of Trustees to the House of Delegates: Board Action on ADA Members Insurance Plans Pursuant to Report by Council on Members Insurance and Retirement Plans (Worksheet:6000): Through Report 5 the Board of Trustees is reporting to the House its actions on resolutions proposed by the Council on Members' Insurance and Retirement Programs. Additionally, the Board appended the Council's report that detailed the reasons for its recommendations. On vote, the Board transmitted Report 5 to the House of Delegates. (Vote: Unanimous)

Special Appearances/Special Orders of Business

Consideration of the Draft 2014 ADA Budget: The Board of Trustees received a report from the Administrative Review Committee on the development of the 2014 budget. After extensive discussion on several programs and divisions, the Board took the following actions.

- Membership Projections. After reviewing three options of membership projections for nonrenewals (conservative, the "stretch" projection, and something in the middle), a motion was made to support the middle option. Comments were made that this change would result in an increased budget deficit. On vote, the motion failed. Without objection, the projection originally included in the proposed 2014 budget was accepted.
- Council on Scientific Affairs. A motion was made to add funding to the 2014 budget for an
 additional two-day meeting for the Council on Scientific Affairs (expense \$38,000). On vote the
 motion was adopted.

Establishment of Dues of Active Members, Effective January 1, 2014. Following an extensive discussion on the proposed 2014 budget, changes to the budget made by the Board, and consideration of additional revenues from the insurance programs, a motion was made to set the dues of active members for 2014 at \$522, which would keep dues at the 2013 rate. An amendment was proposed to set the dues at \$523. On vote, the amendment setting the dues at \$523 was defeated. After further discussion on the dues amount of \$522, the Board voted to transmit the following resolution to the House of Delegates with a recommendation to vote yes. (Vote: 18 Yes—Drs. Buckenheimer, Crowley, Dow, Fair, Feinberg, Gounardes, Hagenbruch, Israelson, Kiesling, Norman, Roberts, Scott, Seago, Summerhays, Versman, Weber, Yonemoto, Zenk; 2 No—Drs. Engel, Zust)

4. Resolved, that the dues of ADA active members shall be five hundred twenty-two dollars (\$522.00) effective January 1, 2014.

Note. Resolution 4 will appear in Board Report 2, which will be considered for transmittal to the House of Delegates at the August 2013 Board session.

Appearance of Dr. Kent Knoernschild, chair, Commission on Dental Accreditation (CODA):
Dr. Knoernschild, with Dr. Sherin Tooks, CODA director, appeared before the Board of Trustees and reported

on accreditation issues of interest and importance to the ADA. Topics addressed included the status on proposed standards for dental therapy programs; the number of programs accredited by CODA; accreditation fee increases for 2014; international accreditation process; development of a communications plan to include all communities of interest; and progress on the development of a memorandum of agreement.

Communications to the House of Delegates: The ADA Communications Team was tasked to develop a rational communication strategy addressing the volume of communications to the House and the general membership and come back to the Board in August with recommendations.

Closed Session

Closed sessions were held at various times during the June 9-11, 2013, session of the Board of Trustees. The following agenda items were considered during the Closed Session:

Report of the Council on Members Insurance and Retirement Programs: ADA Members Insurance Plans Financial Audit, with Dr. Thomas Paumier, chair, via telephone conference

Report of the Budget and Finance Committee

Consideration of the Draft 2014 ADA Budget

Strategic Discussion: Dentistry at the Crossroads—The Future of Dental Financing

Communications to the House of Delegates

Nominations for Honorary Membership

Nomination for the Distinguished Service Award

The detailed minutes of the closed sessions are separately recorded; any actions related to these reports or discussions are reported in the open session minutes.

Attorney-Client Session

An attorney-client session of the Board of Trustees was held on Sunday, June 9, 2013, from 4:48 to 5:10 p.m., to provide advice on pending litigation and legal matters of interest to the ADA. Those in attendance were the ADA officers and members of the Board of Trustees, the Executive Director/Chief Operating Officer, the General Counsel and Deputies General Counsel.

Report of the Division of Legal Affairs: Litigation and Other Matters: The General Counsel informed the Board of Trustees of pending legal matters.

Adjournment

Without objection, the fourth session of the Board of Trustees adjourned sine die at 12:28 p.m. on Tuesday, June 11, 2013.

Minutes of the Board of Trustees

August 4–6, 2013 Headquarters Building, Chicago

Call to Order: The fifth regular session of the Board of Trustees of the American Dental Association was called to order by Dr. Robert A. Faiella, president, on Sunday, August 4, 2013, at 8:00 a.m., in the Board Room of the ADA Headquarters Building, Chicago.

Roll Call: Officers and members of the Board of Trustees in attendance were: Robert A. Faiella, Charles H. Norman, Kenneth J. Versman, Brian E. Scott, Ronald P. Lemmo, Glen D. Hall, Kathleen O'Loughlin, Terry L. Buckenheimer, Joseph P. Crowley, Jeffrey D. Dow*, Dennis W. Engel, Hal Fair, Maxine Feinberg, Steven Gounardes, Joseph F. Hagenbruch, Hilton Israelson, Roger L. Kiesling, Gary L. Roberts, Donald L. Seago, Carol Gomez Summerhays, Charles R. Weber, Gary S. Yonemoto, James K. Zenk, and Mark R. Zust.

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

Guests in attendance for a portion or portions of the meeting included: Dr. Mark Bauman, chair, and Dr. Thomas Kelly, vice chair, Council on Membership (via telephone conference); Dr. Chris Salierno, chair, New Dentist Committee; and Dr. A. J. Smith, president-elect candidate.

The following ADA staff members were in attendance for all or portions of the meeting at the invitation of the president: Jerome K. Bowman, chief, Governance and Strategy Management; J. Craig Busey, Esq., general counsel; Helen McK. Cherrett, senior director, Global Affairs; James Goodman, managing vice president, Conferences and Continuing Education; Michael Graham, senior vice president, Government and Public Affairs; Sabrina King, chief, People Management; Toni Mark, chief technology officer; Daniel M. Meyer, senior vice president, Science/Professional Affairs; Clayton B. Mickel, managing vice president, Corporate Relations and Strategic Marketing Alliances; Kenneth Ohr, chief communications officer; David Preble, vice president, Practice Institute; Paul Sholty, chief financial officer; Michael D. Springer, senior vice president; Business and Publishing; Wendy-Jo Toyama, senior vice president, Membership, Tripartite Relations and Marketing; Marko Vujicic, managing vice president, Health Policy Resources Center; and Anthony Ziebert, senior vice president, Education/Professional Affairs.

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

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

*Dr. Dow was not present at the meeting on Tuesday, August 6, 2013.

Preliminary

Approval of Agenda and Consent Items: Dr. Faiella asked for any items of new business; there were none.

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

B-81-2013. Resolved, that the agenda be approved as the official order of business for the current session of the Board of Trustees except that the President may alter the order of the agenda when necessary to expedite business.

Approval of Consent Agenda. Dr. Faiella reviewed the items on the proposed consent agenda; several items were removed from the consent agenda. On vote the Board adopted the following resolution.

B-82-2013. Resolved, that the resolutions contained on the Consent Agenda for Board of Trustees consideration be approved and reports filed, and be it further

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

Approval of Minutes of Previous Session. The minutes of the June 9-11, 2013, session were adopted (consent item).

B-83-2013. Resolved, that the minutes of the June 9-11, 2013, session of the Board of Trustees be approved.

Board Standing Committee/Workgroup Reports

Report of the Audit Committee: Dr. Maxine Feinberg, Committee chair, presented the report of the Committee's August 3, 2013, meeting. The report identified the major topics discussed, reports received and actions taken. On behalf of the Committee, Dr. Feinberg moved the following resolutions for the Board's consideration.

ADA Employee's Retirement Plan. On vote, the Board of Trustees adopted the following resolution.

B-105-2013. Resolved, that the draft audited financial statements, supplemental schedules and auditor's report for the American Dental Association Employees' Retirement Plan be approved.

ADA Employees' Savings and Thrift Plan. On vote, the Board of Trustees adopted the following resolution.

B-106-2013. Resolved, that the draft audited financial statements, supplemental schedules and auditor's report for the American Dental Association Employees' Savings and Thrift Plan be approved.

Report of the Budget and Finance Committee: Dr. Dennis Engel, Committee chair, presented the report of the Committee's August 3, 2013, meeting. The report identified the major topics discussed, reports received and actions taken. On behalf of the Committee, Dr. Engel moved the following resolution for the Board's consideration.

Second Quarter Financial Statements. On vote, the Board of Trustees adopted the following resolution.

B-91-2013. Resolved, that the ADA quarterly financial statements as of June 30, 2013, be filed and posted in the appropriate delegates section.

Report of the Compensation Committee: Dr. Don Seago, Committee chair, presented the report of the Committee's August 3, 2013, meeting. The report identified the major topics discussed, reports received and actions taken.

Report of the Governance Committee: Dr. Don Seago, Committee chair, presented the report of the Committee's August 3, 2013, meeting. The report identified the major topics discussed, reports received and actions taken. On behalf of the Committee, Dr. Seago moved the following resolutions for the Board's consideration.

Policy Review. The Governance Committee reported that it reviewed several policies and identified three that it believes should be maintained. On vote, the Board of Trustees adopted the following resolution.

B-104-2013. Resolved, that Board Report 1 [to the House of Delegates] include information regarding the Board's conclusion that the following policies should be maintained without amendment:

59H-2008 Hyperlink Embedding in Policy Statements 95H-2009 Transparency 35H-2001 Utilization of Multi-Council Task Forces

Conflict of Interest (Disclosure Policy) Revision. Additionally, the Governance Committee proposed an amendment to the ADA Disclosure Policy for transmittal to the House of Delegates. On vote, the Board of Trustees transmitted the Resolution 63 to the House of Delegates with the recommendation that it be adopted (see page 223).

Report of the Governance Committee: Board Standing Committee Orientation: The Governance Committee reported on the follow up to the 2012 Westman Governance Suggestion 5: Establish written/recorded committee-specific orientation programs. The Committee proposed a resolution that requires all standing committees of the Board to provide certain orientation materials to new committee members. The Board adopted the following resolution (consent action).

B-79-2013. Resolved, that each standing committee of the Board shall provide orientation materials for new committee members to include, at a minimum, agenda and minutes from the prior year, and reports to the Board during the prior year, and a copy of the committee charter.

Report of the Pension Committee: Dr. Ron Lemmo, Committee chair, presented the report of the Committee's August 2, 2013, meeting. The report identified the major topics discussed, reports received and actions taken.

Report of the Strategic Planning Steering Committee: Dr. Hilton Israelson, Committee chair, submitted a report of the Committee's August 2, 2013, meeting. The report identified the major topics discussed, reports received and actions taken.

Distribution of Environmental Scanning Report and Data. The following resolution was adopted.

B-103-2013. Resolved, that the Strategic Plan Steering Committee shall oversee the broad distribution of the environmental scanning report and data, and be it further **Resolved**, that the environmental scan dissemination plan proposed by the Strategic Plan Steering Committee in August 2013 is approved, subject to amendment by the Committee to assure a broad distribution of the environmental scan data.

Communications and Marketing

Report of the Council on Communications: Justification of Need for Council Subcommittees: The Council reported on the subcommittees it had established for 2012-2013, and identified each subcommittee's purpose and members (consent item).

Report of the Council on Communications: Recommendations for a Task Force on Human Papillomavirus (HPV): The Council identified an issue related to recent extensive media coverage of the Human Papillomavirus and an association with oropharyngeal cancer and the increased public interest in the issue. The Council proposed the following resolution for the Board's consideration.

B-98. Resolved, that an interagency task force be formed to assess the latest scientific data on the recommendation for HPV vaccines in the prevention of oropharyngeal cancer, and provide

recommendations to the Board for an ADA position and policy on the clinical implication and the education of patients and the public on prevention and treatment, and be it further **Resolved**, that the President shall appoint the members of the task force, and be it further **Resolved**, that the task force report back to the Board at its August 2014 meeting.

After discussing the proposed resolution and noting that current information on HPV is posted on ADA.org by the Council on Scientific Affairs, the Board did not adopt Resolution B-98.

Conferences and Continuing Education

Report of the Council on ADA Sessions: Renaming and Rebranding of the ADA Annual Session: The Council reported on its work to rebrand the ADA annual session to make it the number one choice of meeting for dentists and exhibitors. The new brand is expected to be revealed at the 2013 ADA Annual Session in New Orleans (consent item).

Report of the Council on ADA Sessions: Annual Session Site Recommendations for 2020, 2022, and 2025: The Council presented its recommendations for annual session meeting sites for 2020, 2022 and 2025. The Board adopted the recommended locations (consent item).

Note. Resolutions B-85-2013, B-86-2013, and B-87-2013 are embargoed at this time.

Dental Education/Professional Affairs

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

B-84-2013. Resolved, that the consultants to the Council on Dental Education and Licensure be approved for terms ending with the 2014 ADA annual session.

Report of the Council on Dental Education and Licensure: Request for Comment on a Proposed Governance Change for the Continuing Education Recognition Program (CERP): The Board received a report from the Council, and a letter from Dr. Ronald Venezie, CDEL chair, requesting feedback from the Board of Trustees on a proposal to restructure ADA CERP as an agency separate from the Council to better support the program's mission and minimize potential for conflicts of interest. The report detailed the key issues related to the proposal and the recommendations of the Council. After extensive pro and con discussion on the concept for a new ADA agency, the Board adopted the following motion.

B-108-2013. Resolved, that the Board of Trustees endorses the CDEL concept of the new agency, the Commission on Continuing Dental Education Accreditation.

A request was made that when the Council is informed of the endorsement, it also be informed of the diverse opinions of Board members regarding the concept, and that suggestions that were offered during the discussion be shared with the Council.

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

B-95-2013. Resolved, that the consultants to the Joint Commission on National Dental Examinations be approved for terms ending with the 2014 ADA annual session.

Dental Practice/Professional Affairs

Report of the Council on Dental Practice: Establishment of Subcommittees of Councils and Commissions: The Council reported on the advisory committee and subcommittees it had established for 2013, and identified the purpose and members of each advisory committee and subcommittee (consent item).

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

B-89-2013. Resolved, that the consultants to the Council on Dental Practice be approved for terms ending with the 2014 ADA annual session.

Report of the Council on Dental Benefit Programs: Update on Activities of the Dental Quality Alliance (DQA): In addition to the information contained in the report, Dr. Hagenbruch requested that Dr. Preble provide background on the development of quality measures and an overview of the DQA process. Dr. Preble commented on the activities of the DQA in the development of quality measures, the growth in Alliance members, and ADA participation on the DQA Executive Committee. Questions/concerns were raised regarding the impact to individual practitioners of quality measures and ultimately pay for performance. A question was asked if Board members could be observers at a DQA meeting; Dr. Preble indicated that meetings are open and observers are welcome to attend.

Dr. Guay gave an update on pay for performance, suggesting that it hasn't been successful in medicine, and expressed his view that it is important for the ADA to be a participant in the development of dental quality measures.

Report of the Council on Dental Benefit Programs: Establishment of Subcommittees of Councils and Commissions: The Council reported on the subcommittees it established for 2012-2013, and identified each committee's purpose and members (consent item).

Report of the Interagency Workgroup on Group Dental Practice: Update on Activities: The Board received an informational report that identified the Workgroup's first year goals, the status of those goals to date, and other activities that are currently underway (consent item).

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

B-94-2013. Resolved, that the consultants to the Council on Dental Benefit Programs be approved for terms ending with the 2014 ADA annual session.

Hansen, Henrik E., D.D.S., Fairfield, CA Mercer, James E., D.D.S., West Columbia, SC Oettmeier, Jr., Bert W., D.D.S., Leawood, KS Richeson, Jim G., D.D.S., Washington, D.C. Simpson, Stephen P., D.D.S., Hudson, OH Smiley, Christopher J., D.D.S., Grand Rapids, MI

Report of the Council on Dental Benefit Programs: CDT Code Maintenance Process: An informational report on the Code on Dental Procedures and Nomenclature (CDT Code) was provided to the Board. The report noted the value of this intellectual property which is maintained by CDBP through its Code Maintenance Committee (consent item).

Annual Report of the Health Policy Resources Center (HPRC): A Year of Thought Leadership on the Critical Issues Shaping the Future of Dentistry: This report was presented to update the Board of Trustees on the activities of the HPRC, especially relating to anticipating emerging issues facing the profession. This

report summarized key outputs and impacts during the reporting period, emerging trends, and the activities, results and accomplishments of the department (consent item).

Annual Report of the Department of Dental Informatics: The Department reported on its activities since October 2012. Department activities focused on standards revision of ADA HIPAA resources in response to the January 2013 HIPAA Omnibus Final Rule, development of EHR educational resources for ADA.org, and SNODENT (consent item).

Report of the Council on Dental Benefit Programs: Recommendation on New Intellectual Property License for SNODENT and the *CDT Code*: The Council presented the following resolution for the Board's consideration. A motion was made by Dr. Hagenbruch to postpone definitely consideration of the proposed resolution until later during the meeting to allow time to develop a substitute resolution; on vote the motion to postpone definitely was adopted.

B-101. Resolved, that the Board authorizes the Council on Dental Benefit Programs to prepare and implement a bundled CDT/SNODENT commercial-use license, and be it further **Resolved,** that [the] Department of Product Development and Sales expedite preparation and implementation of the bundled CDT/SNODENT commercial license.

Later in the meeting Dr. Hagenbruch proposed a substitute resolution, which, on vote, was accepted by the Board. On vote, the Board adopted the following substitute resolution.

B-101-2013. Resolved, that the ADA Board of Trustees authorizes the Council on Dental Benefit Programs to prepare and implement a SNODENT Commercial Use-License at a fee commensurate with market demand, and be it further

Resolved, that the ADA Department of Product Development and Sales expedite the offering of the new SNODENT Commercial-Use License to the market place, and be it further

Resolved, that the ADA Board of Trustees authorizes the Council on Dental Benefit Programs, in consultation with the ADA Department of Product Development and Sales, to establish the initial nominal-use fee and subsequent increases for the license without further action from the ADA Board of Trustees.

Finance and Operations

Informational Report on the Status of the 2013 Operating Contingency Fund and Approval of Supplemental Appropriation Requests: A Contingency Fund of \$1 million was authorized in the 2013 budget. The Board of Trustees through its June 2013 session approved total supplemental requests in the amount of \$1,093,000 leaving a deficit balance of \$93,000. No funding requests were considered at this Board session (consent item).

Informational Report on the Status of the 2013 Capital Contingency Fund and Approval of Supplemental Appropriation Requests: A Capital Contingency Fund of \$230,000 was authorized in the 2013 budget. The Board of Trustees through its June 2013 session approved total supplemental requests in the amount of \$139,000, leaving a balance of \$90,500. No funding requests were considered at this Board session (consent item).

Global Affairs

Report of Global Affairs: Approval of Consultants: The Board of Trustees adopted the following resolution (consent item):

B-97-2013. Resolved, that the consultants to the Committee on International Programs and Development be approved for terms ending with the 2014 ADA annual session.

Government/Public Affairs

Report of the Council on Access, Prevention and Interprofessional Relations: Update on Prevention Activities: The report provided information on prevention meetings such as the 2013 Prevention Summit, the 7th National Smokeless and Spit Tobacco Summit, and the National Fluoridation Advisory Committee.

Comments of Dr. Jane Grover. Dr. Grover, CAPIR director, provided additional comments on prevention activities, specifically the upcoming the Prevention Summit being held at the ADA in November. She also gave an update on Community Health Centers and their value as training sites for junior and senior dental students.

Report of the Council on Access, Prevention and Interprofessional Relations: Appointment of Consultants: The Board of Trustees adopted the following resolution (consent item):

B-90-2013. Resolved, that the consultants to the Council on Access, Prevention and Interprofessional Relations be approved for terms ending at the 2014 ADA annual session.

Report of the Senior Vice President, Government and Public Affairs: Federal and State Legislative, Regulatory and Public Affairs Update: In addition to the written report, Mr. Graham provided comments on student loan rates, McCarran-Ferguson legislation, status of ERISA legislation co-sponsors, and SPA activities and funding. Mr. Graham also commented on ADPAC activities, its annual report and budget reductions.

Report of the Council on Access, Prevention and Interprofessional Relations: Update on the Community Dental Health Coordinator (CDHC) Pilot Program: An informational report was provided on the status of the CDHC pilot program. The report noted that the project is currently being evaluated by project staff.

Report of the Council on Access, Prevention and Interprofessional Relations: Establishment of Subcommittees of Councils and Commissions: The Council reported on the subcommittees and ad hoc advisory committees it established for 2013, and identified each committee's purpose and members (consent item).

Membership, Tripartite Relations and Marketing

Report of the Division of Membership, Tripartite Relations and Marketing: Allocation of Civil Service Dentists to Appropriate Branch of Federal Services: This report provided information on the 340 civil service member dentists who were surveyed to identify the federal dental service branch, if any, to which they should be allocated. As a result of this survey there was an increase of members in each branch, with the Public Health Service gaining 72 dentists. This increase in Public Health Service members was sufficient to warrant a second delegate for the Public Health Service under the proposed allocation methodology being presented to the House of Delegates in Board Report 3.

Report of Diversity and Inclusion Committee: Leadership Diversity: The Board adopted the following resolution:

B-88-2013. Resolved, that to gain a better understanding of the pathways and barriers to leadership diversity, the ADA trustees conduct interviews with the constituent society presidents and executive directors in their districts guided by the questions set forth in Attachment 1 of the August 2013 Diversity and Inclusion Committee Report on Leadership Diversity and report their findings to the Diversity and Inclusion Committee by September 1, 2013, and be it further **Resolved**, that the Diversity and Inclusion Committee present a report and any recommendations on interview findings to the Board of Trustees at its December 2013 session.

Report of the Office of Student Affairs: American Student Dental Association Consultant Program: The Board of Trustees adopted the following resolution (consent agenda item):

B-96-3013. Resolved, that the following nominations for the 2013-2014 ASDA Consultant Program be approved:

New Dentist Committee Council on ADA Sessions

Council on Access, Prevention and Interprofessional Relations

Council on Communications

Council on Dental Benefit Programs
Council on Dental Education and

Licensure

Council on Dental Practice Council on Ethics, Bylaws and

Judicial Affairs

Council on Government Affairs

Council on Membership

Council on Members Insurance and

Retirement Programs Council on Scientific Affairs

American Dental Policy Action Committee

Commission on Dental Accreditation
Joint Commission on National Dental

Examinations

Ms. Jenna Hatfield-Waite. Nebraska 2014

Ms. Onika Patel, Arizona 2014

Ms. Lauren Vitkus, Buffalo 2014

Ms. Elizabeth (Lia) Kalliath, Alabama 2014

Mr. Seth Brooks, Oklahoma 2014

Mr. Tyler Rumple, Washington 2014

Mr. Martin Smallidge, Pittsburgh 2014

Ms. Hallee Hyatt, Washington, 2015

Ms. Alena Reich, Georgia 2015

Mr. Daryn Lu, Oklahoma 2015

Ms. Alexandra Martella, Detroit Mercy 2014

Ms. Sameet (Sammy) Gill, Boston 2014

Ms. Emily Tschetter, Nebraska 2014

Mr. James Kolstad, Marquette 2015

Ms. Kris Mendoza, Los Angeles 2015

Report of the New Dentist Committee: Approval of Consultants: The Board of Trustees adopted the following resolution (consent agenda item):

B-99-2013. Resolved, that the following federal dental service consultants be approved for the New Dentist Committee for 2013-2014:

Cook, Jr., Archie, D.D.S., Seymour Johnson AFB, NC, U.S. Air Force

Dettloff, Jilian, D.D.S., Fort Campbell, KY, U.S. Army

Brueggemeyer, Dea L., D.M.D., Bethesda, MD, U.S. Navy

Willens, Samuel, D.D.S., Hines, IL, U.S. Veterans Affairs

Vos, Justin, D.D.S., FCI Butner, NC, U.S. Public Health Service

and be it further

Resolved, that the following Local Arrangements Committee consultants for the 2014 New Dentist Conference be approved:

Bowen, Jeremy, D.D.S., Independence, MO

Burleson, Dustin, D.D.S., Kansas City, MO

Copeland, Jonathon, D.D.S., St. Louis, MO

Darnall, Thomas, D.D.S., Independence, MO

Herre, Timothy, D.D.S., Leawood, KS

Loftus, Eve, student, Univeristy of Missouri-Kansas City, Kansas City, MO

Mattingly, David, D.D.S., Chillicothe, MO

Meredith, Melynda, D.D.S., Independence, MO

Nelson, Alison, D.D.S., Ozark, MO

Niewald, Matt, D.D.S., Lees Summit, MO

Reed, David, student, University of Missouri-Kansas City, Kansas City, MO

Suchman, Dave, D.D.S., Independence, MO

Update on Recent Activities of the New Dental Committee: This oral report was presented by Dr. Chris Salierno, New Dentist Committee chair. He thanked the Board members for their attendance at the July New Dentist Conference. He also spoke of the value of leadership development and commented on the benefit of having the ADPAC Board meeting scheduled during the Conference. During his comments he stressed the value of the New Dentist Conference as a stand-alone meeting rather than as a part of the ADA annual session, noting the benefit of having more opportunities to engage new dentists. Dr. Salierno commented on the challenges in transitioning ASDA leaders to ADA leaders and commented on barriers to leadership encountered by new dentists. He responded to questions from the Board regarding the attendance numbers of New Dentist Conference and he mentioned that the Committee routinely examines the attendance numbers and the evaluations, and that based on the evaluations, it is believed that the Conference continues to provide value to new members. He acknowledged Board comments to continue to look at the cost of the Conference and investigate ways to grow attendance.

Dr. Salierno was asked to comment on the value of the NDC chair's attendance at two meetings of the Board of Trustees. He indicated that it has given him insight on issues, particularly on resolutions before the House of Delegates, and that there is a benefit in hearing the Board's perspective on issues that then can be shared with other new dentist delegates.

Science/Professional Affairs

Report of the Council on Scientific Affairs: Proposed 2014 Consultants: The Board of Trustees adopted the following resolution (consent agenda item).

B-92-2013. Resolved, that the consultants to the Council on Scientific Affairs be approved for terms ending with the 2014 ADA annual session.

Report of the Council on Scientific Affairs: Recent Activities: The Board received a report on the Council's recent activities, which included development of a preliminary draft definition of the term "oral health" for circulation to other ADA agencies for discussion and comment; approving updated evidence-based clinical recommendations on topical fluoride; and development of a chair-side guide to help members implement the AAOS-ADA Clinical Practice Guidelines for the Prevention of Orthopaedic Implant Infection in Patients Undergoing Dental Procedures. Additionally, the Council submitted a resolution approving a modification of the eligibility requirements for the John W. Standford New Investigator Award. The Board adopted the following resolution.

B-93-2013. Resolved, that the eligibility requirements for the John W. Stanford New Investigator Award be modified to permit dentists pursuing additional degrees to apply, and that applicants be permitted to submit recently published standards-related articles or posters and standards-related papers that have been completed but not published.

Organizational/Other

Quarterly Report of the ADA Foundation (ADAF): An informational report was submitted on the recent activities of the ADA Foundation (consent agenda item).

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

B-80-2013. Resolved, that the following nominees to the American Dental Political Action Committee Board of Directors be approved:

Dr. Kevin J. Corry, New Jersey (District 4)

Dr. Robert E. Butler, Missouri (District 6)

Dr. Thomas C. Harrison, Texas (District 15)
Dr. Brian E. Scott, California (District 13)

Report of ADA Business Enterprises Inc. (ADABEI): An informational report was submitted on the recent activities of ADA Business Enterprises Inc. (consent agenda item).

Georgia Dental Association Request for Assistance (HEDIS Scores): The Board discussed correspondence from Dr. Sidney Tourial, president, Georgia Dental Association, to Dr. Faiella, requesting assistance in addressing the use of the Health Care Effectiveness Data and Information Set (HEDIS) scoring system for dental utilization in Georgia and other states. It was stated that HEDIS scoring only measures the number of dental encounters, not the amount of treatment provided. Specifically, the ADA was requested to assist in bringing this issue to the attention of the appropriate state and federal agencies and also dedicate resources toward lobbying to replace the HEDIS scoring mechanism with a more accurate measurement tool.

Several comments were made regarding the scope of the problem since Medicaid programs are designed and controlled by state regulators. Dr. Krishna Aravamudham, senior manager, ADA Department of Quality Assessment and Improvement, commented on the problem with the HEDIS score and the difference between measures of utilization and measures of access and quality. In responding to a question on how to effectively address this problem—which is also experienced by other states—Dr. Preble indicated that the DQA is promoting its quality measures to CMS and it will continue to step up efforts in this area. Further, in response to a question if a substitute is available to offer to state Medicaid directors as a replacement to the HEDIS scoring system, Dr. Preble indicated that DQA measures exist, have been tested, and are ready for use.

Dr. Faiella concluded the discussion of the GDA request by stating that a letter will be sent to the GDA informing them of ADA activities in this area.

Report of the President: Dr. Faiella reported on his activities since the June 2013 Board of Trustees session including meetings and conference attended.

He also informed the Board that he identified Dr. Norman to participate on the ADABEI director interview team, and he announced the selection of Dr. Paul Moore as the most recent recipient of the Norton Ross Award.

Report of the President-elect: Dr. Norman reported on his activities since the June 2013 Board of Trustees session. He commented on meetings and conferences attended.

Report of the Executive Director: Dr. O'Loughlin noted that the second quarter report was posted for the Board's information and was available to respond to any questions. Dr. O'Loughlin commented on interactions with state executive directors to discuss membership and infra-structure (technology) issues. She also responded to specific questions regarding the Mega Topic Session, and commented on internal organizational changes being made to increase efficiencies and collaboration between divisions and departments.

During Dr. O'Loughlin's report, the Board asked for updates or had guestions on the following topics.

Annual Session Update. A request was made to receive an update on the status of the 2013 ADA Annual Session in New Orleans. Mr. Goodman reported on registration numbers to date, gave a general breakdown on groups registered and exhibit space rente, and commented on the financial outlook of the meeting. Mr. Goodman responded to questions about providing programs for specific groups during the annual session and he commented that as part of the rebranding of the annual meeting the Council will be focusing on specific segments of members. He also announced the commitment of a related dental group to meet in conjunction with the ADA annual session in 2014 and 2015.

GKAS Gala. Several questions were raised about the ADAF GKAS Gala, including how to encourage members to attend the GKAS Gala. Dr. O'Loughlin commented on the shift in purpose of the ADAF GKAS Gala from a recognition event to a fundraising event, with the target audience being the corporate market.

Additional comments and questions were raised about the change in direction of this event as well as the change in date. The topic of the ADAF/Presidential Gala will be added to the October Board agenda for further discussion.

Business Development Update. A request was made for a brief update on activities in the area of business development. Mr. Springer commented on the activities of the Business Development Group and its process for identifying new business opportunities. He also commented on general ideas that are being considered that will bring value to members.

Liaison Reports

Report of Dr. Joseph Hagenbruch, liaison, Council on Ethics, Bylaws and Judicial Affairs: Dr. Hagenbruch reported on the Council and its 2013 activities (consent item).

Report of Dr. Joseph Hagenbruch, Dental Content Committee: Dr. Hagenbruch reported on the meetings and activities of the Dental Content Committee (consent item).

Report of Dr. Joseph Hagenbruch, Standing Committee on Dental Informatics: Dr. Hagenbruch reported on current projects of the Standing Committee on Dental Informatics, plans for the second meeting of the SCDI in late October, and the search for the next SCDI chair (consent item).

Report of Dr. Joseph Hagenbruch, liaison to the American Student Dental Association: Dr. Hagenbruch reported on ASDA Board and House of Delegates meetings he attended as ASDA liaison.

Report of Dr. Joseph Hagenbruch, Dental Quality Alliance: Dr. Hagenbruch reported that Dr. Joseph Crowley attend the July DQA Executive Committee and DQA meeting in his place due to a meeting conflict with the New Dentist Annual Session. Dr. Hagenbruch reported that he attended the first DQA Conference held in Chicago on June 28-29, 2013, and noted that the conference was excellent and very well attended.

Miscellaneous House Matters

Report of Nominations to Councils, Commission and the New Dentist Committee: The Board of Trustees annually submits to the House of Delegates nominations of members of ADA councils and commissions. The Board received a list of nominees to ADA councils and commissions along with their respective qualifications. Because the nominee to the Commission on Dental Accreditation is not presented based on a rotational system but open to any trustee district, the Board balloted on nominees for the Commission position to begin at the close of the 2014 ADA House of Delegates. The Board selected Dr. Patricia Blanton as the nominee for the Commission on Dental Accreditation. The Board unanimously adopted the following resolution.

B-100-2013. 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.

Report 1 of the Board of Trustees to the House of Delegates—Association Affairs and Resolutions (Worksheet:1000): Board Report 1 presents to the House information on the nominees to councils, commissions and New Dentist Committee, and includes for House action Resolution 67 (Resolution B-100-2013). Board Report 1 also acknowledges the selection of Dr. Robert T. Ferris as the recipient of the 2013 Distinguished Service Award; the election of two Honorary Members: Mr. Bruce Bergstrom and Dr. Paul Warren; recognition of retiring officers and members of the Board of Trustees and ADA councils, commissions and New Dentist Committee; and recognition of ADA staff employment anniversaries (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

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

Report 11 of the Board of Trustees to the House of Delegates—Information Technology Initiatives, Expenditures and Estimated Costs, and Anticipated Future Projects (Worksheet:2058): The Board voted to transmit Report 11 to the House of Delegates (Board consent calendar action—no Board discussion). (Vote: Unanimous)

Report 2 of the Board of Trustees to the House of Delegates—2014 Budget (Worksheet:2000): The Board reviewed Report 2 and transmitted the following appended resolution to the House of Delegates.

Approval of 2014 Annual Budget (Worksheet:2025). The Board voted to transmit Resolution 3 to the House of Delegates with the recommendation to vote yes. (Vote: Unanimous)

Note. Resolution 4, Establishment of Dues Effective January 1, 2014 (Worksheet:2026), was voted during the June 2013 Board session.

Report 14 of the Board of Trustees to the House of Delegates—Compensation and Contract Relating to the Executive Director (Worksheet:2069): The Board of Trustees voted to transmit Report 14 to the House of Delegates. (Vote: Unanimous)

Report 15 of the Board of Trustees to the House of Delegates—ADA Pension Plans (Worksheets:2071): The Board voted to transmit Report 15 to the House of Delegates (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Report 8 of the Board of Trustees to the House of Delegates—Development of ADA's Next Strategic Plan—A Critical Time for Dentistry (Worksheet:2039): The Board of Trustees voted to transmit Report 8 to the House of Delegates. (Vote: Unanimous)

Report 9 of the Board of Trustees to the House of Delegates—Annual Report on the Current Strategic Plan (Worksheet:2046): The Board of Trustees voted to transmit Report 9 to the House of Delegates. (Vote: Unanimous)

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

Council on Dental Benefit Programs—Amendment of the Policy, Tooth Designation Systems (Worksheet:4000): The Board transmitted Resolution 5 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Council on Dental Benefit Programs—Amendment of the Policy, Reporting of Dental Procedures to Third Parties (Worksheet:4003): The Board transmitted Resolution 6 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Council on Dental Benefit Programs—Amendment of the Policy, Recognition of Tooth Designation Systems for Electronic Data Interchange (Worksheet:4005): The Board transmitted Resolution 7 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Council on Dental Benefit Programs—Amendment of the Policy, Statement on Capitation Dental Benefit Programs (Worksheet:4007): The Board transmitted Resolution 8 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Council on Dental Benefit Programs—Amendment of the Policy, Guidelines for Dental Components of Health Maintenance Organizations (Worksheet:4009): The Board transmitted Resolution 9 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Council on Dental Benefit Programs—Rescission of the Policy, Closed Panel Dental Benefit Plans (Worksheet:4011): The Board transmitted Resolution 10 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Council on Dental Benefit Programs—Amendment of the Policy, Statement on Dental Benefit Plans (Worksheet:4013): The Board transmitted Resolution 11 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—Amendment of the Policy, Support for Individual Practice Associations (IPAs) (Worksheet:4015): The Board transmitted Resolution 12 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Council on Dental Benefit Programs—Amendment of the Policy, Government Reports on Payments to Dentists (Worksheet:4016): The Board transmitted Resolution 13 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Council on Dental Benefit Programs—Amendment of the Policy, Use of DEA Numbers for Identification (Worksheet:4018): The Board transmitted Resolution 14 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Council on Dental Benefit Programs—Amendment of the Policy, Authorization of Benefits (Worksheet:4020): The Board transmitted Resolution 15 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Council on Dental Benefit Programs—Amendment of the Policy, Statement on Preventive Coverage in Dental Benefit Plans (Worksheet:4021): The Board transmitted Resolution 16 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—Amendment of the Policy, Age of "Child" (Worksheet:4023): The Board transmitted Resolution 17 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—Amendment of the Policy, ADA's Dental Claim Form (Worksheet:4024): The Board transmitted Resolution 18 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—Amendment of the Policy, Bulk Benefit Payment Statements (Worksheet:4025): The Board transmitted Resolution 19 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—Amendment of the Policy, Medically Necessary Care (Worksheet:4027): The Board transmitted Resolution 20 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—Amendment of the Policy, Third-Party Acceptance of Descriptive Information on Dental Claim Form (Worksheet:4028): The Board transmitted Resolution 21 to

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

Council on Dental Benefit Programs—Amendment of the Policy, Charge for Administrative Costs (Worksheet:4029): The Board transmitted Resolution 22 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Council on Dental Benefit Programs—Amendment of the Policy, Development of ADA Diagnostic Coding (Worksheet:4030): The Board voted to transmit the following comment and substitute resolution to the House of Delegates with a recommendation to vote yes on the substitute. (Vote: 19 Yes—Drs. Buckenheimer, Crowley, Dow, Engel, Fair, Feinberg, Gounardes, Hagenbruch, Israelson, Kiesling, Norman, Roberts, Scott, Seago, Summerhays, Versman, Weber, Zenk, Zust; 1 Absent—Dr. Yonemoto)

The Board appreciates the expertise of the Council on Dental Benefit Programs and understands the intent of its policy update in Resolution 23. The reason for this Board substitute is to distinguish development of SNODENT and maintaining SNODENT. The amended wording provides for development of SNODENT to continue to be the exclusive purview of the Council, while recognizing that maintenance will be performed in conjunction with the National Library of Medicine and the International Health Terminology Standards Development Organization. Therefore, the Board recommends adoption of Resolution 23B.

23B. Resolved, that the ADA policy on Development of ADA Diagnostic Coding (*Trans*.1995:619) be amended through text additions and deletions, so the amended policy reads as follows (additions are <u>underscored</u>; deletions are <u>stricken</u>):

Development of ADA Diagnostic Coding SNODENT Clinical Terminology

Resolved, that the Council on Dental Benefit Programs, <u>acting within its Bylaws authority, with the approval of the Board of Trustees, shall</u> continue to develop and, <u>in conjunction with the National Library of Medicine and International Health Terminology Standards Development Organization, to maintain the SNODENT clinical terminology system, maintain a diagnostic coding system for the dental profession, and be it further</u>

Resolved, that the American Dental Association urge encourage universal use and acceptance adoption of the ADA's diagnostic coding SNODENT clinical terminology system by: public and private healthcare organizations; national and international standards developing development organizations; national quality measurement initiatives; dental schools; computer practice management dental information technology vendors, including but not limited to developers of Electronic Health Records (EHR) systems, digital imaging systems, and peripheral devices that capture clinical data; health information databases and networks; electronic data interchange organizations; plan purchasers; third-party payers and third-party organizations.

Council on Dental Benefit Programs—Amendment of the Policy on Fees (Worksheet:4032): The Board transmitted Resolution 24 to the House of Delegates with a recommendation to vote yes (*Board of Trustees consent calendar action—no Board discussion*). (Vote: Unanimous)

Council on Dental Benefit Programs—Amendment of the Policy, Fee Profiles (Worksheet:4033): The Board transmitted Resolution 25 to the House of Delegates with a recommendation to vote yes (*Board of Trustees consent calendar action—no Board discussion*). (Vote: Unanimous)

Council on Dental Benefit Programs—Amendment of the Policy, Hospitalization Insurance for Dental Treatment (Worksheet:4034): The Board transmitted Resolution 26 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Council on Dental Benefit Programs—Amendment of the Policy, Alteration of Dental Treatment Plans by Third-Party Claims Analysis (Worksheet:4035): The Board transmitted Resolution 27 to the House

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

Council on Dental Benefit Programs—Amendment of the Principles for Pay-for-Performance or Other Third-Party Financial Incentive Programs (Worksheet:4036): See Council Substitute Resolution 28S-1.

Council on Dental Benefit Programs—Substitute Resolution 28S-1 (Worksheet:4038): The Board transmitted Resolution 28S-1 to the House of Delegates with a recommendation to vote yes on the substitute. (Vote: 19 Yes: Drs. Buckenheimer, Crowley, Engel, Fair, Feinberg, Gounardes, Hagenbruch, Israelson, Kiesling, Norman, Roberts, Scott, Seago, Summerhays, Versman, Weber, Yonemoto, Zenk, Zust; 1 Absent: Dr. Dow)

Council on Dental Benefit Programs—Amendment of the Policy, Quality Health Care (Worksheet:4040): The Board transmitted Resolution 29 to the House of Delegates with a recommendation to vote yes (*Board of Trustees consent calendar action—no Board discussion*). (*Vote: Unanimous*)

Council on Dental Benefit Programs—Amendment of the Policy, Position Statement on the Appropriate Use of Assessment Data (Worksheet:4042): The Board transmitted Resolution 30 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Council on Dental Benefit Programs—Amendment of the Policy, Principles for the Application of Risk Assessment in Dental Benefit Plans (Worksheet:4044): The Board transmitted Resolution 31 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Council on Dental Benefit Programs—Amendment of the Policy, Third-Party Payers Overpayment Recovery Practices (Worksheet:4046): The Board transmitted Resolution 32 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Council on Dental Practice—Rescission of the National Healthcare Infrastructure (NHII) Task Force (Worksheet:4047): The Board transmitted Resolution 34 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Council on Dental Practice—Amendment of the Policy, Recommendations of Future of Dental Report (Worksheet:4049): The Board transmitted Resolution 35 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Council on Dental Practice—Amendment of the Policy, Electronic Technology Activities (Worksheet:4050): The Board transmitted Resolution 36 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Council on Dental Practice—Statement Supporting the Dental Team Concept (Worksheet:4051): The Board transmitted Resolution 37 to the House of Delegates with a recommendation to vote yes (*Board of Trustees consent calendar action—no Board discussion*). (Vote: Unanimous)

Council on Dental Practice—Use of Environmentally Conscientious Measures in the Production, Packaging and Shipping of Dental Products (Worksheet:4053): The Board transmitted Resolution 38 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Council on Dental Practice Supplemental Report 1 to the House of Delegates—Response to Resolution 46-2012: Rescission of the Policy, Sale of Dental Equipment to Illegal Practitioners (Worksheet:4055): The Board transmitted 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 Dental Practice Supplemental Report 2 to the House of Delegates—Registration of Dental Laboratories (Worksheet:4057): The Board transmitted Resolution 52 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

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

Council on Dental Education and Licensure—Amendment to the Requirements for Recognition of Dental Specialties and National Certifying Boards for Dental Specialists (Worksheet:3025): The Board transmitted Resolution 33 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Report 10 of the Board of Trustees to the House of Delegates—Response to Resolution 110H-2012 Monitoring the Dental Board of California's Development of a Portfolio Examination (Worksheet:3033): The Board of Trustees voted to transmit Report 10 and the appended Resolution 50 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Report 13 of the Board of Trustees to the House of Delegates—Response to Resolutions 66H-2011, 91H-2011, B-204-2011, and 113H-2012 Deflating the Dental Education Bubble (Worksheet:3036): The Board of Trustees transmitted Report 13 to the House of Delegates, with the Report of the ADA Taskforce on Dental Education Economics and Student Debt, and the following resolutions.

Resolution 53—ADA Advocacy Agenda (Worksheet:3078). The Board voted to transmit Resolution 53 to the House of Delegates with the recommendation to vote yes. (Vote: Unanimous)

Resolution 54—Development of a Robust Information Portal (Worksheet:3079). The Board voted to transmit Resolution 54 to the House of Delegates with the recommendation to vote yes. (Vote: 19 Yes—Drs. Crowley, Dow, Engel, Fair, Feinberg, Gounardes, Hagenbruch, Israelson, Kiesling, Norman, Roberts, Scott, Seago, Summerhays, Versman, Weber, Yonemoto, Zenk, Zust; 1 No—Dr. Buckenheimer)

Resolution 55—Expanding Research Efforts in the Area of Dental Education Financing (Worksheet:3080). The Board voted to transmit Resolution 55 to the House of Delegates with the recommendation to vote yes. (Vote: 14 Yes—Drs. Crowley, Engel, Fair, Feinberg, Gounardes, Hagenbruch, Kiesling, Norman, Roberts, Scott, Summerhays, Versman, Yonemoto, Zenk; 6 No—Drs. Buckenheimer, Dow, Israelson, Seago, Weber, Zust)

Resolution 56—A Comprehensive Study of the Current Dental Education Model (Worksheet:3081). The Board voted to transmit Resolution 56 to the House of Delegates with the recommendation to vote yes. (Vote: 15 Yes—Drs. Buckenheimer, Crowley, Engel, Fair, Feinberg, Gounardes, Israelson, Kiesling, Norman, Scott, Summerhays, Versman, Weber, Yonemoto, Zust; 5 No—Drs. Dow, Hagenbruch, Roberts, Seago, Zenk)

Resolution 57—Revision of Accreditation Standards (Worksheet:3083). The Board voted to transmit Resolution 57 to the House of Delegates with the recommendation to vote yes. (Vote: Unanimous)

ADA Success Program: Included in the *Report of the Taskforce on Dental Education Economics and Student Debt* was a recommendation to encourage the New Dentist Committee to continue to develop, expand and market the ADA Success Program to all dental schools and that the financial management

modules be enhanced to address student concerns for more information on the subject. The Board of Trustees considered and adopted the following resolution.

B-102-2013. Resolved, that the New Dentist Committee enhance the ADA Success Program to include more content related to personal debt management and financial planning.

Joint Commission on National Dental Examinations Supplemental Report 1 to the House of Delegates—JCNDE Standing Rules Revisions (Worksheet:3084): The Board transmitted Resolution 58 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Reports and Resolutions Relating to the Reference Committee on Legislative, Health, Governance and Related Matters

Report 3 of the Board of Trustees to the House of Delegates—Delegate Allocation (Worksheet:5017): Based on information provided in the *Report of the Division of Membership, Tripartite Relations and Marketing—Allocation of Civil Service Dentists to Appropriate Branch of Federal Dental Services*, the Board of Trustees voted to rescind its vote on Report 3 and Resolution 2 that was taken during the June 2013 session. The Board of Trustees received updated membership information that resulted in an increase of delegates for the Public Health Services (an increase from one to two delegates) based on the allocation methodology proposed in Resolution 2. Several modifications were made to the report and Resolution 2 to reflect the delegate number for the Public Health Service. The Board voted to transmit the modified Report 3 and Resolution 2 to the House of Delegates with a recommendation to vote yes. (*Vote: 18 Yes—Drs. Buckenheimer, Crowley, Dow, Fair, Feinberg, Gounardes, Israelson, Kiesling, Norman, Roberts, Scott, Seago, Summerhays, Versman, Weber, Yonemoto, Zenk, Zust; 2 No—Drs. Engel, Hagenbruch)*

Council on Ethics, Bylaws and Judicial Affairs—Amendment of the Policy, Eliminating Use of Human Subjects in Board Examinations (Worksheet:3027): The Board transmitted Resolution 39 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Council on Ethics, Bylaws and Judicial Affairs—Statement Regarding Employment of a Dentist (Worksheet:5030): The Board transmitted 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 Ethics, Bylaws and Judicial Affairs—Amendment to Chapter VIII, Sections 30.B and C, 50 and 80A of the ADA Bylaws (Nominations, Terms of Office and Vacancies for the Offices of Treasurer and Speaker) (Worksheet:5033): The Board transmitted Resolution 41 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Council on Ethics, Bylaws and Judicial Affairs—Amendment of Chapter X, Section 120, Subsection G. Paragraph I of the ADA Bylaws (Duties of the Council on Ethics, Bylaws and Judicial Affairs) (Worksheet:5036): The Board transmitted Resolution 42 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Council on Ethics, Bylaws and Judicial Affairs—Amendment of the Policy Entitled Definition of Committees (Worksheet:5037): The Board transmitted Resolution 43 to the House of Delegates with a recommendation to vote yes. (Vote: Unanimous)

Report 7 of the Board of Trustees to the House of Delegates: Follow Up to 2012 Westman Governance Suggestions (Worksheet:5062): 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)

Council on Communications Supplemental Report 1 to the House of Delegates: ADA Policy Review (Worksheet:5039): The Board received the Council's Supplemental Report and transmitted the appended resolutions and recommendations to the House of Delegates.

Resolution 61—Rescission of Policy on Use of ADA Logo (Worksheet:5041). The Board transmitted Resolution 61 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Resolution 62—Rescission of Policy on Placement of Paid Education Television Messages Upon Request (Worksheet:5043). The Board transmitted Resolution 62 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Board of Trustees—Conflict of Interest (Disclosure Policy) Revision (Worksheet:5045): Based on a recommendation of the Governance Committee (a standing committee of the Board of Trustees) the Board voted to transmit the following resolution to the House of Delegates with a recommendation to vote yes. (Vote: 19 Yes—Drs. Buckenheimer, Crowley, Dow, Engel, Fair, Feinberg, Gounardes, Hagenbruch, Israelson, Kiesling, Norman, Roberts, Seago, Summerhays, Versman, Weber, Yonemoto, Zenk, Zust; 1 No—Dr. Scott)

63. Resolved, that the ADA Disclosure Policy (*Trans*.2010:624; 2011:537) be amended as follows (additions are <u>underscored</u>; deletions stricken):

Resolved, that chairs of any meeting of the ADA, including Executive Committee, Board of Trustees, councils, committees and the House of Delegates read the following at the opening of include the disclosure policy as a written part of the agenda at each meeting:

In accordance with the ADA Disclosure Policy, at this time anyone present at this meeting is obligated to disclose any personal, <u>professional</u> or business relationship that they or their immediate family may have with a company, <u>professional organization</u> or individual doing business with the ADA, when such company, <u>professional organization or person</u> is being discussed. This includes, but is not limited to insurance companies, sponsors, exhibitors, vendors and contractors.

and be it further

Resolved, that the disclosure policy be read at the opening of each meeting of the House of Delegates, and be it further

Resolved, that when speaking on the floor of the House of Delegates or in Reference Committees, those individuals/members shall first identify those relationships before speaking on an issue related to such conflict of interest.

Report 12 of the Board of Trustees to the House of Delegates: Annual Report of the State Public Affairs Program Oversight Workgroup (Worksheet:5969): The Board of Trustees voted to transmit Report 12 to the House of Delegates. (Vote: Unanimous)

Seventeenth District Resolution 175-2012: Amendment of the ADA Constitution, Section 20, Administrative Body (Worksheet:5025): The Board transmitted Resolution 175-2012 to the House of Delegates with the following comment and recommendation to vote no. (Vote: 1 Yes—Dr. Buckenheimer; 19 No—Drs. Crowley, Dow, Engel, Fair, Feinberg, Gounardes, Hagenbruch, Israelson, Kiesling, Norman, Roberts, Scott, Seago, Summerhays, Versman, Weber, Yonemoto, Zenk, Zust)

The Board appreciates the intent behind this resolution last year as a means to leave parliamentary options open, in light of the anticipated work of the Resolution 97 Task Force. The Board is recommending a no vote on this resolution due to the fact that it is inconsistent with the substitute resolution proposed by the Board in response to Resolutions 64 and 65.

Report of the 97H Workgroup to the House of Delegates—Response to Resolution 97H-2012: Budget Governance (Worksheet:5047): Dr. Lemmo, Workgroup chair, presented the report and responded to questions regarding the resolutions proposed by the workgroup. The Board reviewed the report and transmitted the resolutions with its comments and recommendations to the House of Delegates.

Resolution 64—Approval of the ADA Budget (Worksheet:5053). The Board of Trustees transmitted Resolution 64 to the House of Delegates with the following comment and recommendation to vote yes on the substitute Resolution 64B. (Vote: 19 Yes—Drs. Crowley, Dow, Engel, Fair, Feinberg, Gounardes, Hagenbruch, Israelson, Kiesling, Norman, Roberts, Scott, Seago, Summerhays, Versman, Weber, Yonemoto, Zenk, Zust; 1 No—Dr. Buckenheimer)

The Board appreciates the fine work of the Task Force on this complex topic and discussed the benefits and problems associated with the Task Force's proposal at great length. The Board does not agree with the final approach advocated by the Task Force and has moved a Board substitute for both Resolutions 64 and 65 based on the original Resolution 97 proposed by the Board last year. (The worksheet for that 2012 resolution may be found at *Supplement 2012*:7036). That resolution was based on considerable study and the advice of our expert consultants as detailed in the 2012 Governance Study. Accordingly, the Board proposes the following Board substitute:

64B. Resolved, that CHAPTER V. HOUSE OF DELEGATES, *Section 50.* DUTIES of the ADA *Bylaws* be amended as follows (additions <u>underscored</u>, deletions stricken through):

Section 50. DUTIES: It shall be the duty of the House of Delegates to:

- A. Elect the elective officers.
- B. Elect the members of the Board of Trustees.
- C. Elect the members of the councils and commissions except as otherwise provided by these *Bylaws*.
- D. Receive and act upon reports of the committees of the House of Delegates.
- E. Adopt an annual budget and Establish the dues of active members for the following year.
- F. Serve as the court of appeal from decisions of the Council on Ethics, Bylaws and Judicial Affairs involving disputes arising between constituent societies or between constituent and component societies, and as provided in Chapter XIII of these *Bylaws*.

and be it further

Resolved, that CHAPTER V. HOUSE OF DELEGATES, *Section 130*. RULES OF ORDER, Subsection A. STANDING RULES AND REPORTS, paragraph c. APPROVAL OF THE ANNUAL BUDGET of the ADA *Bylaws* be deleted in its entirety as follows (deletions stricken through):

A. STANDING RULES AND REPORTS.

- a. REPORTS. All reports of elective officers, councils and committees, except supplemental reports, shall be sent to each delegate and alternate delegate at least fourteen (14) days in advance of the opening of the annual session. All supplemental reports shall be distributed to each delegate before such report is considered by the House of Delegates.
- b. APPROPRIATION OF FUNDS. Any resolution proposing an appropriation of funds, shall be referred to the Board of Trustees for a report at the same session on the availability of funds for the purpose specified.

c. APPROVAL OF ANNUAL BUDGET. The proposed annual budget shall be submitted by the Board of Trustees to the members of the House of Delegates at least thirty (30) days prior to the opening meeting of the annual session, shall be referred to a special reference committee on budget for hearings at the annual session and then shall be considered for approval as a special order of business at the second meeting of the House of Delegates. In the event the budget as submitted is not approved, all recommendations for changes shall be referred to the Board of Trustees to prepare and present a revised budget. This procedure shall be repeated until a budget for the ensuing fiscal year shall be adopted.

and be it further

Resolved, that the remaining paragraphs d. through f. of CHAPTER V. HOUSE OF DELEGATES, Section 130. RULES OF ORDER, Subsection A. STANDING RULES AND REPORTS, be re-lettered as paragraphs c. through e., respectively, and be it further

Resolved, that CHAPTER VII. BOARD OF TRUSTEES, *Section 100*. DUTIES, Subsection F. of the ADA *Bylaws* be amended as shown below (additions <u>underscored</u>, deletions <u>stricken through</u>):

F. <u>Develop</u>, prepare <u>and adopt</u> a budget for carrying on the activities of the Association for each ensuing fiscal year, and present for action by each House of Delegates a resolution setting forth the proposed dues of active members for the following year. Notice of such a resolution shall be sent by a certifiable method of delivery to each constituent society not less than ninety (90) days before such session to permit prompt, adequate notice by each constituent society to its delegates and alternate delegates to the House of Delegates of this Association, and shall be announced to the general membership in an official publication of the Association at least sixty (60) days in advance of the annual session.

and be it further

Resolved, that the section entitled "Consideration of Budget" contained in the *Rules of the House of Delegates* be deleted in its entirety.

Consideration of Budget

The proposed annual budget shall be submitted to the members of the House of Delegates at least 30 days prior to the opening meeting of the annual session. In the event the proposed budget as submitted is not approved, all recommendations for changes adopted by the House of Delegates shall be referred to the Board of Trustees to prepare and present a revised, proposed budget.

Recommendations for changes shall be made in the form of fully debatable motions which shall be individually considered and acted upon by the House of Delegates. To be in order, the properwording for such a motion must be:

"I move that the proposed budget be returned to the Board of Trustees for revision with the recommendation that..."

If any recommendations for changes in the proposed budget receive House approval, they shall be identified as House Budget Recommendation 1, House Budget Recommendation 2, etc. House approval of any recommendations for changes automatically returns the proposed budget to the Board of Trustees for revision and subsequent resubmission to the House of Delegates for approval or further recommendations for modification. This procedure will be repeated until a preliminary budget for the ensuing fiscal year is adopted.

This preliminary budget includes all items that the Board of Trustees and House of Delegates-have approved, but it remains a preliminary budget since it does not incorporate any programs-that may subsequently be adopted by the House at this session which require additional funding. The final budget is established and adopted by the House of Delegates through its approval of the preliminary budget plus the changes made as a result of actions by the House of Delegates.

The Board of Trustees will present this final budget, which will include the preliminary budget plus any additions made as a result of action by the House of Delegates, to the House at the last meeting of the annual session.

Resolution 65—Procedures Governing the Budget Approval Process (Worksheet:5059): The Board of Trustees transmitted Resolution 65 to the House of Delegates with the following comment and recommendation to vote yes on the substitute Resolution 64B. (Vote: 19 Yes—Drs. Crowley, Dow, Engel, Fair, Feinberg, Gounardes, Hagenbruch, Israelson, Kiesling, Norman, Roberts, Scott, Seago, Summerhays, Versman, Weber, Yonemoto, Zenk, Zust; 1 No—Dr. Buckenheimer)

The Board appreciates the fine work of the Task Force on this complex topic and discussed the benefits and problems associated with the Task Force's proposal at great length. The Board does not agree with the final approach advocated by the Task Force and has moved a Board substitute for both Resolutions 64 and 65 based on the original Resolution 97 proposed by the Board last year. (The worksheet for that 2012 Resolution may be found at *Supplement 2012*:7036). That resolution was based on considerable study and the advice of our expert consultants as detailed in the 2012 Governance Study.

Resolution 66—Approval of High Level Strategic Goals by the House of Delegates (Worksheet:5061): The Board of Trustees transmitted Resolution 66 to the House of Delegates with the following comment and recommendation to vote no. (Vote: Unanimous)

The Board did agree with the intent of the Task Force that the House should have a role in the strategic plan, but did not agree with Resolution 66, as proposed by the Task Force. As a strategic plan is a document used to communicate an organization's goals, the actions needed to achieve those goals, and all of the other critical elements developed during the strategic planning process, it is viewed as an organizational management activity that requires a disciplined effort to produce fundamental decisions and actions that shape and guide the organization over the plan's life. The Board passed a resolution calling for the Strategic Planning Steering Committee to host an informational forum at the House in order to allow House members a meaningful opportunity to provide input to the developing plan. The Board believes the informational forum stipulated in the Board's resolution will provide House members with an important opportunity for input into each strategic plan.

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

Council on Membership—Dues Structure (Worksheet:6000): The Board of Trustees transmitted Resolution 44 to the House of Delegates with the following comment and recommendation to vote yes. (Vote: 18 Yes—Drs. Buckenheimer, Crowley, Dow, Engel, Fair, Feinberg, Israelson, Kiesling, Norman, Roberts, Scott, Seago, Summerhays, Versman, Weber, Yonemoto, Zenk, Zust; 2 No—Drs. Gounardes, Hagenbruch)

The Board agrees with the Council on Membership that removing the flat rate dues amount for the student and graduate student categories is consistent with earlier changes regarding affiliate dues. Timing of any changes to ADA student dues rate is complicated due to the fact that 38 dental schools automatically collect ASDA and ADA dues along with tuition. As such, it is noted that the Board intends to consult with ASDA leadership regarding any changes to ADA dues to facilitate appropriate timing.

Council on Membership—Review of Student Dues Category (Worksheet: 6003): The Board of Trustees transmitted Resolution 45 to the House of Delegates with the following comment and recommendation to vote no. (Vote: 9 Yes—Drs. Crowley, Dow, Fair, Gounardes, Israelson, Scott, Weber, Zenk, Zust; 11 No—Drs. Buckenheimer, Engel, Feinberg, Hagenbruch, Kiesling, Norman, Roberts, Seago, Summerhays, Versman, Yonemoto)

The Speaker has advised that if Resolution 44 is adopted by the House of Delegates, Resolution 45 will be declared moot. However, the Board considered Resolution 45 in the event that the House of Delegates does not adopt Resolution 44. The Board recognizes the importance of maintaining a strong ADA student

membership. Further, it appreciates the cooperative arrangement with ASDA, who collects ADA dues along with ASDA dues. Additionally, it notes that the ADA provides considerable value to students through various benefits and services. Of note, ADA student dues have not changed in 25 years. A dues study authorized by the Council on Membership and conducted by an outside entity supported the conclusion that the optimal dues range based on the student respondents' perception of value was between \$30 and \$75. The sentiment of the Board was that the current student ADA dues does not reflect the true value of ADA membership. The Board also believes that the ADA student dues should be increased commensurate with the value of membership.

Council on Membership—Review of Graduate Dues Category (Worksheet:6005): The Board of Trustees transmitted Resolution 46 to the House of Delegates with the recommendation to vote yes. (*Vote: 12 Yes—Drs. Buckenheimer, Crowley, Dow, Fair, Gounardes, Israelson, Kiesling, Scott, Weber, Yonemoto, Zenk, Zust; 8 No—Drs. Engel, Feinberg, Hagenbruch, Norman, Roberts, Seago, Summerhays, Versman)*

Council on Membership Supplemental Report 1 to the House of Delegates—Recent Council Activities (Worksheet:6008): The Board of Trustees received the Council's Supplemental Report 1 and transmitted it to the House of Delegates with its recommendations on the following resolutions.

Resolution 59—Amendment of ADA Policy on Qualifications for Membership (Worksheet:6014). The Board of Trustees transmitted Resolution 59 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Resolution 60—Amendment of ADA Policy on Promoting the Value of Tripartite Dentistry (Worksheet:6015). The Board of Trustees transmitted Resolution 60 to the House of Delegates with a recommendation to vote yes (Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Annual Reports

The following annual reports were provided to the Board of Trustees. Any action items contained in the reports appeared as separate items on the Board's agenda (consent calendar items).

Council on Access, Prevention and Interprofessional Relations

Council on ADA Sessions

Council on Communications

Council 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.

Announcements

Dr. Glen Hall, speaker of the House of Delegates, informed the Board of the change in referral of Board Report 5 to the Reference Committee on Budget, Business and Administrative Matters. He also noted the referral of the Report of the 97H Workgroup to the Reference Committee on Legislative, Health, Governance and Related Matters.

Closed Session

Closed sessions were held at various times during the August 4-6, 2013, session of the Board of Trustees. The following agenda items were considered during the Closed Session:

Presentation by Dr. Mark Bauman, chair, and Dr. Thomas Kelly, member, Council on Membership Report of the Council on Membership: Reversing the Membership Market Share Decline Strategic Discussion: Strategic Plan—Environmental Scan Data Board Report 14 on the Contract and Compensation of the Executive Director ADABEI

Attorney-Client Session

An attorney-client session of the Board of Trustees was held on Sunday, August 4, 2013, from 3:27 to 4:40 p.m., to provide advice on pending litigation and legal matters of interest to the ADA. Those in attendance were the ADA officers and members of the Board of Trustees, the Executive Director/Chief Operating Officer, the General Counsel and Deputies General Counsel.

Report of the Division of Legal Affairs: Litigation and Other Matters: The General Counsel gave this report during the Attorney-Client Session.

Adjournment

Without objection, the fifth session of the Board of Trustees adjourned *sine die* at 12:20 p.m. on Tuesday, August 6, 2013.

Appendix

List of Approved Consultants

(All consultants are appointed for terms ending with the 2014 ADA annual session.)

Council on Access, Prevention and Interprofessional Relations

Allen, Nolan, DDS, Clearwater, FL

Allweiss, Pamela, MD, MPH, Atlanta, GA

Arola, Patricia E., DDS, FAGD, MHA, CHE, Washington, DC

Barbell, Phillip, DDS, Coral Springs, FL

Baur, Cynthia, PhD, Atlanta, GA

Berkey, Douglas B., DMD, MPH, MS, Aurora, CO

Boseman, J. Jerald, DDS, Salt Lake City, UT

Carpenter, William M., DDS, MS, San Francisco, CA

Crawford, Robert N., DDS, Knoxville, TN

Crews, Karen M., DDS, Jackson, MS

Czerepak, Charles, DMD, MS, Evanston, IL

DeHaas, Molly, DDS, DScD, BSN, FAAHD, Framingham, MA

Dolan, Teresa A., DDS, MPH, York, PA

Elson, Howard, DMD, McKeesport, PA

Fieldus, Pamela, DDS, Harlingen, TX

Fitzler, Sandra, RN, BSN, Washington, DC

Floyd, Thomas P., DDS, Palm Beach, FL

Foley, Mary, RDH, MPH, Washington, DC

Folse, Gregory J., DDS, Lafayette, LA

Gibson, Gretchen, DDS, MPH, Fayetteville, AR

Gill, Eleanor, DDS, Olive Branch, MS

Glassman, Paul, DDS, MA, MBA, San Francisco, CA

Goldblatt, Ruth, DMD, FAGD, Simsbury, CT

Grant, Ford T., DMD, Huntersville, NC

Griffiths, Jill, BA, Hartford, CT

Grinter, Jason, DDS, MPH, Chicago, IL

Hebl, Monica, DDS, Milwaukee, WI

Helgeson, Michael, DDS, Minneapolis, MN

Henry, Robert G., DMD, MPH, Lexington, KY

Holland, Nicole, DDS, Wellesley, MA

Holwager, David R., DDS, Cambridge City, IN

Horowitz, Alice, PhD, College Park, MD

Itzkoff, David G., DDS, Chicago, IL

Jones, Judith Ann, DDS, DScD, MPH, Boston, MA

Krol, David M., MD, FAAP, Princeton, NJ

Kumar, Jayanth V., DDS, MPH, Albany, NY

Lester, CAPT Arlene M., DDS, MPH, Lithonia, GA

Levy, Steven M., DDS, MPH, Iowa City, IA

Lockhart, Peter B., DDS, Charlotte, NC

Louie, Reginald, DDS, MPH, Castro Valley, California

Makrides, Nicholas S., DMD, MA, MPH, Washington, DC

Mangskau, Kathleen A., MPA, RDH, Bismarck, ND

Marianos, Donald Wayne, DDS, MPH, Pinetop, AZ

Marshall, Teresa A., PhD, RD, Iowa City, IA

Moore, Peter, DDS, Bellevue, WA

Mouden, Lynn Douglas, DDS, MPH, Baltimore, MD Moyer, David J., DDS, MD, South Portland, ME Mulhausen, Paul, MD, Iowa City, IA Murthy, Nagaraj, DDS, Compton, CA Neuhauser, Linda, DrPH, Berkeley, CA Patton, Lauren, DDS, Chapel Hill, NC Phillips, Todd, MS, Washington, DC Pollick, Howard, BDS, MPH, San Francisco, CA Rankin, Kathleen Vendrell, DDS, Dallas, TX Reeves, Tom, PE, Monroe, GA Rich, W. Ken, DMD, Dry Ridge, KY Rosenfeld, Lindsey, ScD, ScM, Boston, MA Rozier, Gary R., DDS, MPH, Chapel Hill, NC Scannapieco, Frank A., DMD, PhD, Buffalo, NY Schwartzberg, Joanne, MD, Chicago, IL Silk, Hugh, MD, FAAFP, Worcester, MA Silverman Jr., Sol, DDS, MA, San Francisco, CA Stanislav, Leon E., DDS, Clarkesville, TN Tomar, Scott L., DMD, MPH, DrPH, Gainesville, FL Underwood, Thomas S., DDS, Nashville, TN Weyant, Robert J., DMD, MPH, DrPH, Pittsburgh, PA Whitman, Sidney A., DDS, Hamilton Square, NJ Yellowitz, Janet A., DMD, MPH, RDH, Baltimore, MD

Council on Dental Benefits Programs

Hansen, Henrik E., D.D.S., Fairfield, CA Mercer, James E., D.D.S., West Columbia, SC Oettmeier, Jr., Bert W., D.D.S., Leawood, KS Richeson, Jim G., D.D.S., Washington, DC Simpson, Stephen P., D.D.S., Hudson, OH Smiley, Christopher J., D.D.S., Grand Rapids, MI

Council on Dental Education and Licensure

Ackley, Eva F., D.M.D., New Port Richie, FL (CERP)

Andrews, Nancy A., R.D.H., B.S., Costa Mesa, CA (Seminar Series)

Amato, Robert B., D.M.D., Bedford, MA (CERP)

Amirsoltani, Shafa, D.D.S., Oak Park, IL (Online Editorial Board)

Baer, Russell, D.D.S., Chicago (Seminar Series)

Barna, Julie Ann, D.M.D., Lewisburg, PA (CERP)

Bavitz, J. Bruce., D.M.D., F.A.C.D., Lincoln, NE (Seminar Series)

Becker, Daniel E., D.D.S., Dayton, OH (Anesthesiology)

Beitel, Brian A., D.D.S., Huntsville, AL (CERP)

Benneth, Kathleen, D.D.S., L.L.C., Cincinnati (Seminar Series)

Bernstein, Benjamin, Ph.D., Oakland, CA (Seminar Series)

Bingham, Ruth O., Ph.D., Honolulu (Educational Measurement and Testing)

Brown, David T., D.D.S., Indianapolis (CERP)

Budenz, Alan W., D.D.S., M.B.A., M.S., San Francisco (Online Editorial Board, Seminar Series)

Cardoza, Anthony, D.D.S., El Cajon, CA (Seminar Series)

Carter, Laurie, C., D.D.S., Richmond, VA (CERP)

Chaffin, Jeffrey, D.D.S., Falls Church, VA (CERP)

Chehal, Hardeep, K., B.D.S., Omaha, NB (CERP)

Childs, Miranda, D.D.S., Arkadelphia, AR (Online Editorial Board)

Coluzzi, Donald J., D.D.S., Portola Valley, CA (Online Editorial Board, Seminar Series)

Couture, Donna, C.D.A., Vacaville, CA (Online Editorial Board)

Crews, Karen M., D.M.D., Jackson, MS (Online Editorial Board, Seminar Series)

Crowley, Karen E., D.D.S., Londonderry, NH (Anesthesiology)

Cuddy, Michael, D.M.D., Pittsburgh (Anesthesiology)

Delie, Robert, D.M.D., Allentown, PA (Online Editorial Board)

Di Angelis, Anthony, D.M.D., M.P.H., Minneapolis (Seminar Series)

Dingeldey, Carol, J., C.A.E., Southington, CT (CERP)

Dishler, Bernard, D.M.D., Elkins Park, PA (Online Editorial Board, Seminar Series)

Donley, Timothy, G., D.D.S., M.S.D., Bowling Green, KY (Seminar Series)

Donovan, Terry, D.D.S., Hillsborough, NC (Seminar Series)

Drelich, Elaine, D.D.S., Binghamton, NY (Online Editorial Board)

Edwards, Michael, D.M.D., Wedowee, AL (Education/Licensure)

Ellis, Michael L., D.D.S., Dallas (Anesthesiology)

Farman, Allan, D.D.S., Ph.D., M.S., Louisville, KY (Online Editorial Board)

Felsenfeld, Alan L., D.D.S., Los Angeles (CERP)

Fetner, Alan F., D.M.D., Jacksonville, FL (Seminar Series)

Feuerstein, Paul, H., D.M.D., Blythewood, SC (Seminar Series)

Fields, Henry, D.D.S., Columbus, OH (Online Editorial Board)

Filler, Steven, J., D.D.S., Birmingham, AL (Educational Measurement and Testing)

Folse, Gregory, J., D.D.S., Lafayette, LA (Seminar Series)

Fong, Cynthia, R.D.H., M.S., Jacksonville, FL (Seminar Series)

Frangella, Tina, D.D.S., Huntington Station, NY (Seminar Series)

Germain, Lisa, D.D.S., New Orleans (Seminar Series)

Gibbs-Reed, Janice, M.A., Teaneck, NJ (CERP)

Gill, Eleanor, D.M.D., Olive Branch, MS (Recognition/Specialties and Interest Areas in General Dentistry)

Ginsberg, Edwin, D.M.D., Great Neck, NY (Anesthesiology

Giovannitti, Joseph, D.M.D., Venetia, PA (Anesthesiology)

Glecos, William, D.M.D., Erie, PA (Online Editorial Board)

Golan, Howard, D.D.S., Williston Park, NY (Seminar Series)

Goodis, Charles, J., D.D.S., Alburguerque, NM (Seminar Series)

Govoni, Mary, M., C.D.A., R.D.H., R.D.A., M.B.A., Okemos, MI (Seminar Series)

Greene, Charles, S., D.D.S., Wilmette, IL (Seminar Series)

Gremillion, Henry, A., D.D.S., M.A.G.D., New Orleans (Seminar Series)

Haig, Brian, D.D.S., Santa Ana, CA (Online Editorial Board)

Hamilton, James, C., D.D.S., Ann Arbor, MI (Online Editorial Board, Seminar Series)

Hankle, Jennifer, D.M.D., Richmond, VA (Online Editorial Board)

Herlich, Andrew, D.M.D., M.D., Pittsburgh (Anesthesiology)

Houfek, Scott, D.D.S., Big Piney, WY (Recognition/Specialties and Interest Areas in General Dentistry)

Hovland, Eric J., D.D.S., M.Ed., M.B.A., Destrehan, LA (Recognition/Specialties and Interest Areas in General Dentistry)

Howard, H. Fred, D.M.D., Harlan, KY (Online Editorial Board)

Howe, Brian, D.M.D., Iowa City, IA (Online Editorial Board)

Howell, Jr., Ralph, D.D.S., Suffolk, VA (CERP)

Ignelzi, Jr., Michael, A., D.D.S., Ph.D., Greensboro, NC (Seminar Series)

Javed, Tariq, D.M.D., Mount Pleasant, SC (Education/Licensure)

Jeffers, Gary E., D.M.D., Northville, MI (Educational Measurement and Testing)

Kelsch, Robert, D.M.D., Rockville Centre, NY (Online Editorial Board, Seminar Series)

Kirkpatrick, Timothy C., D.D.S., Helotes, TX (CERP)

Klasser, Gary D., D.M.D., New Orleans (Seminar Series)

Knapp, Jonathan, D.M.D., Bethel, CT (Online Editorial Board)

Kosinski, Ronald W., D.M.D., New Hyde Park, NY (Anesthesiology)

Krebs, Kenneth, D.M.D., Glenview, IL (CERP)

Laing, Kevin, D.D.S., Van Wert, OH (CERP)

Lamster, Ira, D.D.S., M.M.Sc., New York (Online Editorial Board, Seminar Series)

Leary, Paul R., D.M.D., Smithtown, NY (CERP)

Le Sage, Brian P., D.D.S., F.A.A.C.D., Beverly Hills, CA (Seminar Series)

Lignelli, II, John L., D.M.D., Pottstown, PA (Online Editorial Board)

Lott, James, D.M.D., Madison, MS (Online Editorial Board)

Low Dog, Tieraona, M.D., Santa Fe, NM (Seminar Series)

Low, Samuel, B., D.D.S., M.S., M.Ed., Gainesville, FL (Seminar Series)

Malamed, Stanley, F., D.D.S., West Hills, CA (Seminar Series)

Mattson, Cynthia, C.P.A., Roy, UT (Online Editorial Board, Seminar Series)

Maxwell, Charles B., D.M.D., Johnsonville, SC (Online Editorial Board, Seminar Series)

McClellan, Mart G., D.D.S., M.S., Peoria, IL (Seminar Series)

McGuire, Eugene, J., D.D.S., Allentown, PA (CERP)

Merin, Robert L., D.D.S., Woodland Hills, CA (Anesthesiology)

Molinari, John A., Ph.D., Northville, MI (Seminar Series)

Morton, Bill, M.A., C.G., Bellevue, WA (Seminar Series)

Obucina, Lillian, D.D.S., J.D., Chicago (Online Editorial Board, Seminar Series)

Osuna, Tricia, R., R.D.H., F.A.A.D.H., Redondo Beach, CA (Seminar Series)

Otomo-Corgel, Joan, D.D.S., M.P.H., Manhattan Beach, CA (Seminar Series)

Palmer, Lawrence, D.D.S., Rochester Hills, MI (Anesthesiology)

Parikh, Purvak, D.D.S., Olympia Fields, IL (Online Editorial Board, Seminar Series)

Pavlik, Edward, J., D.D.S., M.S., Olympia Fields, IL (Seminar Series)

Paz, Jeff, D.D.S., San Antonio (Online Editorial Board)

Perry, Stephanie, M. Ed., Augusta, GA (Educational Measurement and Testing)

Peskin, Robert M., D.D.S., Garden City, NY (Anesthesiology)

Phero, James C., D.M.D., Cincinnati, OH (Anesthesiology)

Phillips, Laci, Aztec, NM (Seminar Series)

Pompa, Daniel, D.D.S., Forest Hill, NY (Seminar Series)

Ramos, Mario E., D.M.D., Midland Park, NJ (CERP)

Rayner, Clive B., D.M.D., Orange Park, FL (Anesthesiology)

Reed, Kenneth, L., D.M.D., Tucson, AZ (Anesthesiology, Online Editorial Board, Seminar Series)

Reich, Lewis, O.D., Ph.D., Memphis, TN (Educational Measurement and Testing)

Rhea, Ronald L., D.D.S., Houston (Education/Licensure)

Rich, Jonathan, W., D.M.D., Dry Ridge, KY (Online Editorial Board)

Robinson, William F., D.D.S., Tampa, FL (Education/Licensure)

Romer, Maureen, D.D.S., M.P.A., Meza, AZ (Seminar Series)

Rosenberg, Morton B., D.M.D., Boston (Anesthesiology)

Rosenthal, Nancy R., D.D.S., Jenkintown, PA (Online Editorial Board)

Ruiz, Jose Luis, D.D.S., F.A.G.D., Burbank, CA (Seminar Series)

Ryan, Maria Emanuel, D.D.S., Ph.D., Stony Brook, NY (Seminar Series)

Sahota, Deepinder, (Ruchi), D.D.S., Freemont, CA (Online Editorial Board)

Sameroff, Jeffrey, D.M.D., Pottstown, PA (Online Editorial Board)

Sammon, Patrick J., Ph.D., Lexington, KY (Seminar Series)

Sangrik, Larry J., D.D.S., Chardon, OH (Seminar Series)

Sarasin, Daniel S., D.D.S., Cedar Rapids, IA (Anesthesiology)

Schimmele, Steven R., D.D.S., Fort Wayne, IN (Anesthesiology)

Schwartz, Paul J., D.M.D., Dunkirk, MD (Anesthesiology)

Sherman, Donald S., D.M.D., Sudburry, MA (Seminar Series)

Shirley, Jack, D.D.S., San Antonio (Continuing Education)

Skowron, John, D.D.S., Winnetka, IL (Online Editorial Board)

Small, Bruce W., D.M.D., M.A.G.D., Lawrenceville, NJ (Seminar Series)

Smith, Brian K., D.M.D., M.D., Lakewood, OH (Seminar Series)

Smith, Paul G., D.M.D., Pottstown, PA (Online Editorial Board)

Sobieralski, Mary, R.D.H., M.A., Sacramento, CA (Online Editorial Board)

Sorenson, Dale, A., D.D.S., Newburgh, IN (Seminar Series)

Steinberg, Barbara, J., D.D.S., Margate City, NJ (Seminar Series)

Steinberg, Steven, C., D.D.S., Skokie, IL (Seminar Series)

Stewart, Jeffrey, D.D.S., M.S., Portland, OR (Recognition/Specialties and Interest Areas in General Dentistry)

Steiner, Ann, D.D.S., Loma Linda, CA (CERP)

Stillwell, K. David, D.D.S., Birmingham, AL (Anesthesiology)

Stried, Timothy, B.S., C.P.A., Peoria, IL (Seminar Series)

Story, Michelle E., D.M.D., Ft. Thomas, KY (Online Editorial Board)

Stoute, Gregory Allen, D.M.D., M.P.H., Nashville, TN (Educational Measurement and Testing)

Suzuki, Jon B., D.D.S., Ph.D., M.B.A., Philadelphia, PA (Seminar Series)

Svirsky, John A., D.D.S., M.Ed., Richmond, VA (Seminar Series)

Swan, Euan, D.D.S., D.D.P.H., Ottawa, Canada (Educational Measurement and Testing)

Tan, Peter M., D.D.S., Frederick, MD (Anesthesiology)

Tarantola, Gregory, J., D.D.S., Miami, FL (Online Editorial Board, Seminar Series)

Tavares, Mary, D.M.D., M.P.H., Boston (CERP)

Termechi, Omid, D., D.D.S., Astoria, NY (Seminar Series)

Terry, Bruce, D.M.D., Wayne, PA (Online Editorial Board)

Thikkurissy, Sarat, D.D.S., Columbus, OH (Anesthesiology)

Tom, James W., D.D.S., Los Angeles (Anesthesiology)

Trochesset, Denise A., D.D.S., Stony Brook, NY (CERP)

Van Dyk, William A., D.D.S., San Pablo, CA (Seminar Series)

Vence, Brian, S., D.D.S., St. Charles, IL (Seminar Series)

Von Heimburg, Petra, D.D.S., J.D., Barrington, IL (Online Editorial Board, Seminar Series)

Weaver, II, Joel M., D.D.S., Ph.D., Westerville, OH (Seminar Series)

West, John D., D.D.S., M.S.D., P.S., Tacoma, WA (Seminar Series)

Wheeler, Timothy, T., D.M.D., Gainesville, FL (CERP)

Williamson, Richard A., D.D.S., D.D.S., M.S., Iowa City, IA (Seminar Series)

Wright, Robin, Ph.D., Evanston, IL (Seminar Series)

Yellowitz, Janet, D.M.D., M.P.H., F.A.S.G.D., D.A.B.S.C.D., Baltimore (Seminar Series)

Zablotsky, Nevin, D.MD., D.M.D., South Hero, VT (Seminar Series)

Zornosa, Ximena, D.M.D., Peachtree City, GA (Online Editorial Board)

Council on Dental Practice

Ahlstrom, Robert, D.D.S., M.S., Reno, NV

Bradley, Cynthia, C.D.A., E.F.D.A., Winter Park, FL

Canham, Leslie, 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

Colvard, Michael, D.D.S., M.T.S., M.S., M.O. Med RCSE.d, Cary, IL

Creamer, Sandra, St. Charles, MO

D'Aiuto, Charles "William," D.D.S., Longwood, FL

Glenn, Armella, Tulsa, OK

Glotzer, David L., D.D.S., Westbury, NY

Herzog, Robert J., D.D.S., Buffalo, NY

James, Tamara M., M.A., C.P.E., Clarksville, VA

Kane, William T., D.D.S., M.B.A., Dexter, MO

Kessler, Brett H., D.D.S., Denver

McElhiney, J. Wayne, D.D.S., Franklin, TN

Rivenbark, Judy S., M.D., Fernandina Beach, FL

Scofield, JoAnn, R.D.H., M.S., McKinney, TX

Setterberg, Sherrie, R.D.H., C.D.A., Glenwood Springs, CO

Smyth, Thomas W., D.D.S., New Prague, MN Tagliarino, Charles, C.D.T., Clearwater, FL Tecca, John, Livingston, MT Vixie, Curtis, D.D.S., Susanville, CA Wahl, Nancy Conlin, R.D.H., Maple Grove, MN Werner, Robert A., M.D., M.S., Ann Arbor, MI Winker, Wade G., D.D.S., Eustis, FL

Council on Scientific Affairs

Ahlstrom, Robert H., D.D.S., M.S., Reno, NV Al-Hashimi, Ibtisam, B.D.S., M.S., Ph.D., Dallas, TX Armitage, Gary C., D.D.S., M.S., San Francisco, CA Armstrong, Steven R., D.D.S., lowa City, IA Bakdash, Bashar, D.D.S., M.P.H., M.S.D., Minneapolis, MN Bayne, Stephen C., Ph.D., Chapel Hill, NC Bradford, Peter, Ph.D., Buffalo, NY Browning, William D., D.D.S., M.S., Augusta, GA Brunette, Donald Maxwell, Ph.D., Vancouver, BC, Canada Byrne, B. Ellen, D.D.S., Ph.D., Richmond, VA Carey, Clifton, M.S., Ph.D., Aurora, CO Cochran, David L., D.D.S., M.S., Ph.D., San Antonio, TX Crews, Karen M., D.M.D., Jackson, MS Dawes, Colin, B.Sc., B.D.S., Ph.D., Winnipeg, MB, Canada Drake, David R., M.S., Ph.D., lowa City, IA Dunn, William J., D.D.S., Fort Sam Houston, TX Fiore, Michael C., M.D., M.P.H., Madison, WI Fischman, Stuart L., D.D.S., Buffalo, NY Fontana, Margherita, D.D.S., Ph.D., Indianapolis, IN Foulds, Jonathan, Ph.D., Hershey, PA Fung, Eric, Ph.D., Lincoln, NE Garcia, Raul I., D.M.D., M.Med.Sc., Boston, MA Genco, Robert J., D.D.S., Ph.D., Buffalo, NY Gettleman, Lawrence M., D.M.D., M.S.D., Louisville, KY Giddon, Donald B., D.M.D., Ph.D., Boston, 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., Baltimore, MD Hall, Andrew F., B.Ch.D., Ph.D., Glasgow, Scotland, UK Hatsukami, Dorothy K., Ph.D., Minneapolis, MN Haves, Catherine, D.M.D., Dr.Med. SC, Newton, MA Haywood, Van B., D.M.D., Augusta, GA Heymann, Harald O., D.D.S., Chapel Hill, NC Hilton, Thomas, D.M.D., M.S., Portland, OR Hutter, Jeffrey, D.M.D., Boston, MA Ismail, Amid, Dr.P.H., M.P.H., M.B.A., B.D.S., Philadelphia, PA Jacobsen, Peter L., Ph.D., D.D.S., San Francisco, CA Jeske, Arthur, Ph.D., D.M.D., Houston, TX Kingman, Albert, Ph.D., Bethesda, MD Kohn, William, D.D.S., M.P.H., Oakbrook, IL Kumamoto, David P., B.S.D., D.D.S., M.S., Chicago, IL Leung, Kai P., Ph.D., Fort Sam Houston, 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 Lynch, Edward, Ph.D., Belfast, Northern Ireland, UK Malamed, Stanley F., D.D.S., Los Angeles, CA Mariotti, Angelo, D.D.S., Ph.D., Columbus, OH Marshall, Milton V., Ph.D., Houston, TX McGuire, Michael, D.D.S., Houston, TX Mealey, Brian, D.D.S., San Antonio, TX Mellonig, James T., D.D.S., San Antonio, TX Miller, Arthur J., Ph.D., San Francisco, CA Moore, B. Keith, Ph.D., Indianapolis, IN Navazesh, Mahvash, D.D.S., D.M.D., Los Angeles, CA Niederman, Richard, D.D.S., Cambridge, MA O'Brien, William J., Ph.D., Ann Arbor, MI Olson, John W., D.M.D., Louisville, KY Paravina, Rade, D.D.S., M.S., Ph.D., Houston, TX Payne, Thomas J., Ph.D., Jackson, MS Phero, James C., D.M.D., Ph.D., Cincinnati, OH Powers, John M., Ph.D., Ann Arbor, MI Proskin, Howard M., Ph.D., Rochester, NY Rankin, Kathleen V., D.D.S., Dallas, TX Rees, Terry D., D.D.S., M.S., Dallas, TX Robinson, Peter J., D.D.S., Winnetka, IL Rose, Louis F., M.D., D.D.S., Ph.D., Philadelphia, PA Rossmann, Jeffrey A., D.D.S., M.S., Dallas, TX Schallhorn, Robert G., D.D.S., M.S., Aurora, CO Schenkein, Harvey A., D.D.S., Ph.D., Richmond, VA Schifferle, Robert, D.D.S., Ph.D., Buffalo, NY Stamm, John W., D.D.S., D.D.P.H., M.Sc.D., Chapel Hill, NC Stookey, George K., Ph.D., Indianapolis, IN Swift, Edward J., D.M.D., M.S., Chapel Hill, NC Thomas, John, Ph.D., Morgantown, WV Tinanoff, Norman, D.D.S., M.S., Lutherville, MD Tomar, Scott, D.M.D., Dr.P.H., Gainesville, FL Volpe, Anthony R., D.D.S., Somerset, NJ Watson II, Gene E., D.D.S., M.S., Ph.D., Rochester, NY Weyant, Robert J., D.M.D., Dr.P.H., Pittsburgh, PA Wong, David T., D.M.D., D.M.Sc., Beverly Hills, CA Wu, Christine D., M.S., Ph.D., Chicago, IL Yaegaki, Ken, D.D.S., Ph.D., Vancouver, British Columbia, Canada Zero, Domenick, D.D.S., M.S., Indianapolis, IN

Joint Commission on National Dental Examinations

Cizek, Gregory J., Ph.D., Chapel Hill, NC Downing, Steven M., Ph.D., Chicago, IL Gerrow, Jack, DDS., MS, MEd, Cert Pros, Ottawa, Canada Haladyna, Thomas, Ph.D., Phoenix, AZ Kane, Michael T., Ph.D., Princeton, NJ Littlefield, John H., Ph.D., Austin, TX

Committee on International Development and Programs

Frost, David E., D.D.S., MS., Chapel Hill, NC
Gallant, Marshall L., D.M.D., Orlando, FL
Hardwick, Kevin, D.D.S., M.P.H., Bulverde, TX
Hobdell, Martin H., B.D.S., M.A., Ph.D., Norfolk, England
Hollander, Brian, D.M.D., Bethel, AK
Jaramillo, Freder, D.D.S., M.P.H., M.H.A., Oslo, Norway
Levine, Jack M., D.D.S., New Haven, CT
Malloy, Robert W., D.M.D., Boseman, MT
Allender, Brian, D.M.D., Eugene, OR
Baez, Ramon, B.S., D.D.S., Boerne, TX
Bloomer, Charles, D.D.S., Abilene, TX
Cohen, Lois K., M.S., Ph.D., Bethesda, MD
Farer, James, D.D.S., M.S.D., F.A.C.P., New York, NY
Frick, William G., D.D.S., Temple, TX

Garcia, Isabel, D.D.S., Bronx, NY

Herbst, Friedrich, B.S., Bensheim, Germany

Mackler, Stephen B., D.D.S., M.S., Greensboro, NC

Price, Gary, B.A., Arlington, VA

Seward, Dame Margaret, C.B.E., B.D.S., M.D.S., M.C.C.D., F.D.S.R.C., London, England

Sheer, Stuart, D.D.S., Cockeysville, MD

Siew, Chakwan, B.A., M.S., Ph.D., Wilmette, IL

New Dentist Committee

Federal Dental Service Consultants

Cook, Jr., Archie, D.D.S., Seymour Johnson AFB, NC, U.S. Air Force Dettloff, Jilian, D.D.S, Fort Campbell, KY, U.S. Army Brueggemeyer, Dea L., D.M.D., Bethesda, MD, U.S. Navy Willens, Samuel, D.D.S., Hines, IL, U.S. Veterans Affairs Vos, Justin, D.D.S., FCI Butner, NC, U.S. Public Health Service

New Dentist Conference Consultants

Bowen, Jeremy, D.D.S., Independence, MO

Burleson, Dustin, D.D.S., Kansas City, MO

Copeland, Jonathon, D.D.S., St. Louis, MO

Darnall, Thomas, D.D.S., Independence, MO

Herre, Timothy, D.D.S, Leawood, KS

Lofthus, Eve, student, University of Missouri-Kansas City, Kansas City, MO

Mattingly, David, D.D.S., Chillicothe, MO

Meredith, Melynda, D.D.S., Independence, MO

Nelson, Alison, D.D.S., Ozark, MO

Niewald, Matt, D.D.S., Lees Summit, MO

Reed, David, student, University of Missouri-Kansas City, Kansas City, MO

Suchman, Dave, D.D.S., Independence, MO

Minutes of the Board of Trustees

October 6–8, 2013 Headquarters Building, Chicago

Call to Order: The sixth regular session of the Board of Trustees of the American Dental Association was called to order by Dr. Robert A. Faiella, president, on Sunday, October 6, 2013, at 9:30 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: Robert A. Faiella, Charles H. Norman, Kenneth J. Versman, Brian E. Scott, Ronald P. Lemmo, Glen D. Hall, Kathleen T. O'Loughlin, Terry L. Buckenheimer, Joseph P. Crowley, Jeffrey D. Dow, Dennis W. Engel, Hal Fair, Maxine Feinberg, Steven Gounardes, Joseph F. Hagenbruch, Hilton Israelson, Roger L. Kiesling, Gary L. Roberts, Donald L. Seago, Carol Gomez Summerhays, Charles R. Weber, Gary S. Yonemoto, James K. Zenk, and Mark R. Zust.

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

Guests in attendance for a portion or portions of the meeting included: Dr. A. J. Smith, president-elect candidate.

The following ADA staff members were in attendance for all or portions of the meeting at the invitation of the president: Jerome K. Bowman, chief, Governance and Strategy Management; J. Craig Busey, Esq., general counsel; Helen McK. Cherrett, senior director, Global Affairs; James Goodman, managing vice president, Conferences and Continuing Education; Michael Graham, senior vice president, Government and Public Affairs; Sabrina King, chief, People Management; Toni Mark, chief technology officer; Daniel M. Meyer, senior vice president, Science/Professional Affairs; Clayton B. Mickel, managing vice president, Corporate Relations and Strategic Marketing Alliances; Kenneth Ohr, chief communications officer; David Preble, vice president, Practice Institute; Paul Sholty, chief financial officer; Michael D. Springer, senior vice president, Business and Publishing; Wendy-Jo Toyama, senior vice president, Membership, Tripartite Relations and Marketing; Marko Vujicic, managing vice president, Health Policy Resources Center; and Anthony Ziebert, senior vice president, Education/Professional Affairs.

Others in attendance for all or portions of the meeting were: Tomisena Cole, senior manager, Board and House Matters; Thomas C. Elliott, Jr., Esq., deputy general counsel; Michael A. Glick, editor, *Journal of the American Dental Association (JADA)*; Albert Guay, chief policy advisor emeritus; Judith Jakush, editor, *ADA News*; Alyna Johnson, coordinator, Publications and Projects, Administrative Services; Michelle Kruse, manager, House of Delegates, Administrative Services; Lalita Pittman, senior manager, Office of the Executive Director, Administrative Services; Jim Willey, director, Council on Dental Practice; and Wendy J. Wils, Esq., deputy general counsel. Other ADA staff members were in attendance for specific agenda items.

Camille A. Olson and Annette Tryman of Seyfarth Shaw LLP attended the attorney-client session of the meeting.

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

Preliminary

Approval of Agenda and Consent Items: Prior to approving the agenda, the following items were accepted as new business and added to the agenda: Board Standing Committee on Diversity (Dr. Crowley). On vote, the Board adopted the agenda as amended.

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

B-129-2013. Resolved, that the agenda be approved as the official order of business for the current session of the Board of Trustees except that the President may alter the order of the agenda when necessary to expedite business.

Approval of Consent Agenda. Dr. Faiella reviewed the items on the proposed consent agenda; several items were removed from the consent agenda. On vote the Board adopted the following resolution.

B-110-2013. Resolved, that the resolutions identified as consent items on the agenda for the Board of Trustees October 6-8, 2013, session be approved and reports filed, and be it further **Resolved**, that the recommendations that appear on resolutions and reports to the House of Delegates be accepted.

Report on Mail Ballot Action—Approval of Minutes of Previous Session. The minutes of the August 4-6, 2013, session of the Board of Trustees were approved unanimously by mail ballot.

B-109-2013. Resolved, that the minutes of the August 4-6, 2013, session of the Board of Trustees be approved.

Board Standing Committee/Workgroup Reports

Report of the Audit Committee: Dr. Maxine Feinberg, Committee chair, presented the report of the Committee's October 5, 2013, meeting. The report identified the major topics discussed, reports received and actions taken.

Report of the Budget and Finance Committee: Dr. Dennis Engel, Committee chair, presented the report of the Committee's October 5, 2013, meeting. The report identified the major topics discussed, reports received and actions taken. The Committee presented the following resolutions to the Board for consideration.

Changes to the Organization and Rules of the Board of Trustees. On vote, the Board of Trustees adopted the following resolutions.

B-128-2013. Resolved, that the Governance Committee prepare for the Board's consideration a change to the Charter of the Budget and Finance Committee in the *Organization and Rules of the Board of Trustees* eliminating the Committee's duty regarding ADA compensation philosophy.

B-130-2013. Resolved, that the Governance Committee prepare for the Board's consideration a change to the *Organization and Rules of the Board of Trustees* that will implement 2012 Resolutions 65H and 66H.

B-131-2013. Resolved, that the Governance Committee review the *Organization and Rules of the Board of Trustees*, section titled "Reimbursement of Travel, Maintenance and Other Expenses," subsection titled "Reimbursement for Travel Within Their Districts," to re-evaluate the reimbursement limits and scope of the meetings that qualify for reimbursement, as well as to consider giving the Treasurer authority to authorize exceptions to any overage and report back to the Board.

Report of the Compensation Committee: Dr. Don Seago, Committee chair, presented the report of the Committee's October 5, 2013, meeting. The report identified the major topics discussed, reports received and actions taken.

In a closed session, the Board was joined by telephone by Mr. Michael S. Melbinger, the Committee's outside attorney. In open session, the Board considered the following resolutions.

2014 Stipends. On vote, the Board of Trustees adopted the following resolution as amended.

B-133-2013. Resolved, that 2014 stipends for ADA Officers and Trustees shall be as follows:

- President—\$290,000
- President-elect—\$233.700
- Treasurer—\$58,700
- Vice president (first and second)—\$45,100
- Speaker of the House of Delegates—\$45,100
- Trustees—\$58,700

Tax Classification of the Treasurer. On vote, the Board of Trustees adopted the following resolution.

B-134-2013. Resolved, that the Board consider that the Treasurer role effective January 1, 2014 be no longer classified as a W-2 reported employee of the ADA and instead be treated for tax classification consistent with other positions of similar scope of time and duties such as the Speaker of the House and a Trustee of the Board, and be it further

Resolved, that this resolution be referred to the appropriate agency or Board committee of the ADA for final action before December 31, 2013.

Report of the Governance Committee: Dr. Don Seago, Committee chair, presented a report of the Committee's September 25, 2013, conference call meeting. The report identified the major topics discussed, reports received and actions taken. On behalf of the Committee, Dr. Seago moved the following resolutions for the Board's consideration.

New Dentist Committee Pilot Program. On vote, the Board of Trustees adopted the following resolution.

B-127-2013. Resolved, that the pilot program for New Dentist Committee chair participation in Board of Trustee meetings be continued for one additional year, and be it further

Resolved, that the New Dentist Committee chair be invited to the December 2013 strategic planning session of the Board and one additional board meeting in 2014 in its entirety (other than discussions in attorney-client session), and be it further

Resolved, that the New Dentist Committee chair is encouraged to participate fully in Board of Trustee discussions for which the chair is present, and be it further

Resolved, that the Governance Committee will identify the second meeting at which the New Dentist Committee chair shall attend; further evaluate the pilot program; and report back to the Board with a recommendation on continuing the program past 2014.

Report of the Board Rules Subcommittee of the Governance Committee: The Board Rules subcommittee met to address the various resolutions that were referred to it at this meeting of the Board. The committee, in consultation with the treasurer, presented the following resolutions to address those issues. The committee also identified an inconsistency in the rules concerning spouse travel and addressed that issue as well. On behalf of the Committee, Dr. Seago moved the following resolutions for the Board's consideration.

Duties of the Budget and Finance Committee. On vote, the Board of Trustees adopted the following resolution.

B-136-2013. Resolved, that the *Organization and Rules of the Board of Trustees* in the section titled: "Budget and Finance Committee," subsection "Duties" be amended as follows (strikethrough text deleted):

Duties. The duties of the Committee shall be:

1. To assist the Treasurer in the review, development and administrative review of the annual budget, that reflects the priorities of the strategic plan, for consideration by the Board of Trustees;

- 2. To ensure that the budget process is aligned with strategic planning and that budget allocations are aligned with the current ADA strategic plan;
- 3. To review Association investment policies and performance of investment portfolio and develop recommendations to the Board of Trustees;
- 4. To serve as a resource to the Board of Trustees, the Reference Committee on Budget and Business Matters and members on the annual budget; and
- 5. To establish or review an ADA compensation philosophy for all ADA staff compensation including fringe benefit matters annually. In performing this function, the Budget and Finance Committee shall maintain effective communications with the Pension Committee in order to assess the effectiveness of the overall ADA compensation philosophy and structure in the short and long term.

Reserve Policies and Objectives. On vote, the Board of Trustees adopted the following resolution as amended.

B-137-2013. Resolved, that the *Organization and Rules of the Board of Trustees* in the section titled: "RESERVE POLICIES AND OBJECTIVES," subsection "Reserve Policies and Objectives" be amended as follows: (<u>underlined</u> text added, <u>strikethrough</u> text deleted)

RESERVE POLICIES AND OBJECTIVES

Reserve Policies and Objectives: The Board of Trustees is seeking the financial means to fulfill the mission of the Association and provide critical support to the management of the dental profession into the future. It is therefore the policy of the Board of Trustees to maintain a liquid reserve fund. Such fund is to include investments that are readily convertible to known amounts of cash and does not include long-term liquid assets, such as buildings and equipment.

The Reserve Account has been established and shall be maintained in constant, inflation-adjusted dollars, to provide for the following needs of the ADA.

- 1. Provision for unforeseen contingencies
- 2. Enhance the ADA's fiscal ability to provide programs and activities
- 3. Long-term real, inflation adjusted growth in assets
- 4. Operational flexibility
- 5. Financial flexibility and liquidity
- 6. Enhanced ability to borrow
- 7. Enhance non-dues revenue

Given these objectives, it is the goal of the Association to maintain target the ADA's liquid reserves at a targeted level of 50% of the Association's annual budgeted operating expenses. Liquid reserves are defined as the total uncommitted balance of the Reserve Division Investment Account.

Upon a finding by the Board that a predicted drop in liquid reserves below 40% is unlikely to be corrected absent action by the Association, the Board be urged to reduce expenses even if such reduction results in delay in implementation of previously adopted House initiatives.

Reserve funds in excess of the 50% target level will be considered in developing the following-year's annual operating budget in a manner consistent with the ADA's long-term financial strategy of dues stabilization, taking into consideration any known contingent uses of reserves. The dues stabilization strategy, which seeks to keep annual dues increases at or below the level of inflation, requires flexibility in the allocation of excess reserves over the target.

Mechanism to Replenish Reserves: To replenish reserves for a shortfall from the 40% reserve target, the approach must be a flexible one that explicitly takes into account the reason for the

shortfall, the magnitude of the shortfall, and the strategic goal of targeting inflationary dues-increases. Temporary shortfalls that should reverse themselves (like investment losses due to-market value declines or payments/losses to be recovered through insurance) may require no-action. Permanent reductions of reserves which are not recoverable or reversible (like IRS taxes-and penalties) must be replenished. The period of time allowed to achieve such replenishment-will depend upon the magnitude of the shortfall, the impact on operating budget, and the impact-upon annual dues rates. In an extreme case where reserves are permanently reduced to less-than 20% of operating expenses, a special assessment may be considered. When replenishment of reserves is required, a cash line item will be added to the operating budget entitled Restoration of Reserves. This line item will then be considered in arriving at a balanced budget, in effect-treating the replenishment of reserves like any new program or required capital expenditure. As is standard practice, every effort will be made to offset this Restoration of Reserves amount throughincreased non-dues revenue and/or reduced operating expenses and capital expenditures. Once those avenues are maximized, the appropriate dues increase will be recommended to achieve a balanced budget which includes the required amount for Reserves.

Long-Term Financial Strategy. On vote, the Board of Trustees adopted the following resolution.

B-138-2013. **Resolved**, that the *Organization and Rules of the Board of Trustees* in the section titled: "LONG-TERM FINANCIAL STRATEGY," subsection "Dues Stabilization" be amended as follows (underlined text added, strikethrough text deleted):

LONG-TERM FINANCIAL STRATEGY

Dues Stabilization: The Board shall develop annual budgets and manage the Association's finances and reserves in accordance with the <u>goal of</u> long-term financial <u>stability for the</u>

<u>Association, taking into account the need to limit dues increases, as practical, the effective dues rate for members, external market conditions and other relevant factors such as the Chicago Consumer Price Index (CPI) average for the prior three years. strategy of dues stabilization.

The dues stabilization strategy seeks to achieve long-term dues stability by keeping annual dues increases at or below the level of inflation. Stable dues are viewed to be supportive of the organizational objective to increase membership market share.</u>

Two key elements of the dues stabilization strategy are real growth in non-dues revenues and a strong reserve position. Growth in non-dues revenue is required to make the ADA less dependent upon dues revenue. The focus in generating non-dues revenues must be on the net margins generated from the revenues, rather than a focus on gross revenues. Strong reserves are needed to provide the flexibility to develop annual budgets which provide member programs and services in support of the strategic plan while keeping required dues increases at an inflationary level. Strong reserves also reduce the reliance on dues revenues by allowing for the inclusion of interest and dividends earned on reserve assets in the Association's annual operating budget.

Trustee Travel Within Districts. On vote, the Board of Trustees adopted the following resolution as amended.

B-139-2013. Resolved, that the *Organization and Rules of the Board of Trustees* in the section titled: "REIMBURSEMENT OF TRAVEL, MAINTENANCE AND OTHER EXPENSES", subsection "Reimbursement to Trustees for Travel Within Their Districts" be amended as follows (<u>underlined</u> text added, <u>strikethrough</u> text deleted):

Reimbursement to Trustees for Travel Within Their Districts: It has been policy to reimburse each of the 17 trustees for transportation and the out-of-pocket expense, housing and stipend for travel within their districts to meetings of district caucus meetings, constituent society annual meetings and constituent society legislative bodies.

Additionally, limited funding is provided for attendance at other meetings held within the trustee's district. These meetings may include <u>for example</u> <u>district caucus meetings</u>, component society meetings of a state's board of directors. Travel is based on the following quidelines:

Budgeted amounts for each of the following groups of districts will be set annually in the budgeting process:

- Multiple-state districts encompassing a large geographic area: Districts 5, 6, 10, 11, 12 and 14 at \$3.000.
- Multiple-state districts encompassing an intermediately sized geographic area: Districts 1, 4 and 16 at \$2.000.
- Multiple-state districts encompassing a smaller geographic area and single-state districts: Districts 2, 3, 7, 8, 9, 13, 15 and 17 at \$1,500.

Additional funding in excess of these "annually set amounts" may be provided for trustee travel if requested by the trustee and approved by the Treasurer and reported to the Budget <u>and Finance</u> Committee at its next meeting.

Spousal Travel Expenses. On vote, the Board of Trustees adopted the following resolution.

B-140-2013. Resolved, that the *Organization and Rules of the Board of Trustees* in the section titled: "REIMBURSEMENT OF TRAVEL, MAINTENANCE AND OTHER EXPENSES," subsection "Reimbursement for Travel Expenses Incurred by Spouses of Trustees and Elected Officers" be amended as follows (underlined text added, strikethrough text deleted):

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

Transportation expenses incurred by the spouses of trustees and elected officers shall be reimbursed as follows with the exception of council liaison activities:

- 1. Spouses of the President and President-elect to all official Association functions;
- 2. <u>Spouses of the</u> Speaker of the House of Delegates, Vice Presidents and Treasurer to the ADA annual session, the pre-annual session and planning session of the Board of <u>Trustees and one other Board session of choice</u>, three Board sessions of choice, and to meetings authorized by the President;
- 3. Spouses of the Trustees to district caucus meetings, in-district constituent society annual meetings and constituent society legislative bodies constituent and component society meetings, the ADA annual session, the pre-annual session and planning session of the Board of Trustees, and one other Board session of choice three Board sessions of choice, and to meetings authorized by the President;
- 4. Speaker of the House of Delegates, Vice Presidents, and Treasurer to meetingsauthorized under the President; and
- 5. Spouses of officers and trustees newly elected at the annual session will be reimbursed for round trip travel (coach class air or train transportation).

Report of the Pension Committee: Dr. Ron Lemmo, Committee chair, presented the report of the Committee's September 30, 2013, conference call meeting. The report identified the major topics discussed, reports received and actions taken.

Report of the Information Technology Committee: Dr. Charles R. Weber, Committee chair, presented the report of the Committee's October 4, 2013, meeting. The report identified the major topics discussed, reports received and actions taken.

Report of the Library Task Force: Dr. Joseph F. Hagenbruch presented the report of the task force's October 4, 2013, meeting. The report identified the major topics discussed, reports received and actions taken.

Communications and Marketing

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

B-114-2013. **Resolved**, that the following ADA National Spokespersons and ADA Spokesperson candidates be invited to serve as dental spokespersons through the 2014 annual session.

Consumer Advisors

Alice G. Boghosian, D.D.S., Niles, IL

Ada S. Cooper, D.D.S., New York, NY

Sally Cram, D.D.S., Washington, DC

Kimberly A. Harms, D.D.S., Bloomington, MN

Edmond R. Hewlett, D.D.S., Los Angeles, CA

Maria Lopez Howell, D.D.S., New Braunfels, TX

Matthew Messina, D.D.S., Fairview Park, OH

Richard Price, D.M.D., Waban, MA

Ruchi (Deepinder) K. Sahota, D.D.S., Freemont, CA

Technical Experts

Alan A. Boghosian, D.D.S., Chicago, IL (Dental Materials)

Sharon Brooks, D.D.S., Chelsea, MI (Oral and Maxillofacial Radiography) *

Joe H. Camp, D.D.S., Charlotte, NC (Endodontics)

Regina Cobb, D.M.D., Kingman, AZ (Scope of Practice)

Gregory N. Connolly, D.M.D., Boston, MA (Tobacco)

Terry Dickinson, D.D.S., Richmond, VA (Access)

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)

Anthony Iacopino, D.M.D., Winnipeg, Manitoba Canada, (Geriatric Oral Health; Fluoridation)

Marjorie K. Jeffcoat, D.M.D., Philadelphia, PA (Periodontics)

Kim Jernigan, D.M.D., Pensacola, FL (Scope of Practice)

J. David Johnson, Jr., D.D.S., Oak Ridge, TN (Oral & Maxillofacial Surgery)

J. Robert Kelly, D.D.S., M.S., DMedSc, Farmington, CT (Dental Materials)

J. Rodway Mackert, D.M.D., Ph.D., Augusta, GA (Dental Amalgam)

John A. Molinari, Ph.D., Northville, MI (Infection Control/Dental Unit Water Lines)

Jeff Morley, D.D.S., Fairfax, CA (Cosmetic Dentistry)

Howard L. Needleman, D.M.D., Needham, MA (Child Abuse)

Roy C. Page, D.D.S., Seattle, WA (Periodontics)

Robert M. Pick, D.D.S., Chicago, IL (Lasers/Dental Implants)

Howard F. Pollick, D.D.S., M.P.H., San Francisco, CA (Fluoridation)

Lindsey A. Robinson, D.D.S., Grass Valley, CA (Access)

Steven E. Schonfeld, D. D. S., Eureka, CA, (Fluoridation)

Guy Shampaine, D. D. S., Pompano Beach, FL, (Anesthesia)

Jonathan D. Shenkin, D. D. S., Augusta, ME, (Pediatric Dentistry)

Heber Simmons, Jr., D.D.S., Jackson, MS (Pediatric Dentistry) Sol Silverman, Jr., D.D.S., San Francisco, CA (Oral Cancer/HIV) Susan Tiede, D.D.S., Missoula, MT (Fluoridation) Joel Weaver, D.D.S., Ph.D., Columbus, OH (Anesthesia)

*Denotes spokesperson candidate new to the spokesperson program.

Report of the Chief Communications Officer: Usage and Distribution to Members and Leadership: Mr. Ohr presented an informational report on email communications, detailing the number of emails generated, statistics on open rates, and research on member satisfaction.

Report of the Chief Communications Officer: Revitalizing ADA.org Progress: Mr. Ohr submitted an informational report on the reorganization and revitalization of ADA.org, and the integration of MouthHealthy. org and the ADA's Center for Professional Success site. The new ADA.org is scheduled to launch in the first quarter of 2014 (consent calendar item).

Report of the Chief Communications Officer: Update and Initial Results for the Ad Council Public Service Campaign: The Board received an informational report on the Ad Council Children's Oral Health Campaign and the Partnership for Healthy Mouths, Healthy Lives initiative, including updates on funding and media coverage (consent calendar item).

Continuing Education and Meeting Services

Informational Report of the Council on ADA Sessions: Give Kids A Smile and Presidential Gala Update: The Council's report presented historical data on the two ADA events and background on the decision to combine them. Mr. Gene Wurth, executive director, ADA Foundation, added oral comments on the 2013 event, sponsors and tickets sold to date. The Board approved a motion to defer consideration of an event honoring the president, officers and trustees at the 2014 ADA annual session that would be separate from the Give Kids A Smile Gala. The motion was referred to the Division of Continuing Education and Meeting Services and the ADA Foundation for study, with a request for a report and recommendations at the December 2013 Board meeting.

Report of the Council on ADA Sessions: Approval of American Association of Women Dentists (AAWD) Consultant to the Council: The Board of Trustees adopted the following resolution:

B-126-2013. Resolved, that the nomination of Dr. Sheri Doniger to serve as a consultant to the Council on ADA Sessions to advise the Continuing Education Subcommittee on behalf of the AAWD, for the ADA 2014 San Antonio meeting be approved.

Dental Education/Professional Affairs

Report of the Commission on Dental Accreditation: Establishment of a Research and Development Fund: The Commission submitted a report requesting the establishment of a research and development fund, citing the need to continually monitor and upgrade programs to meet or exceed industry-wide standards for testing and accreditation. The Board of Trustees adopted the following resolution:

B-113-2013. Resolved, that the Commission on Dental Accreditation's request to establish a Research and Development Fund be granted and funded by a \$25 surcharge of annual accreditation fees for dental and allied dental education programs beginning in 2014, and be it further **Resolved**, that expenditures from the fund will be proposed by the Commission on Dental Accreditation for ADA Board of Trustees approval, and be it further **Resolved**, that the unexpended balance in the fund at the end of each calendar year will be carried over to the next year, and be it further

Resolved, that if the fund balance exceeds \$100,000, any excess will be contributed to the ADA Foundation.

Report of the Commission on Dental Accreditation: Memorandum of Understanding: The Commission submitted a report requesting the American Dental Association sign a Memorandum of Understanding (Appendix 1) with CODA. The Board of Trustees adopted the following resolution:

B-125-2013. Resolved, that the American Dental Association approve and sign a Memorandum of Understanding with the Commission on Dental Accreditation.

Finance and Operations

Report of the Chief Financial Officer: Status of the 2013 Operating Contingency Fund and Approval of Supplemental Appropriation Request: The Board received a report on the 2013 Operating Contingency Fund and considered the following resolution.

B-111. Resolved, that the following appropriation be made from the 2013 Contingency Fund and be allocated to line items in separately listed cost centers, with the exception of capital funding, in accordance with the terms of the supplemental appropriation requests.

Division of Administrative Services (Cost Center 090-1050-000) December 2013 Board Dinner/Reception – \$25,250

After discussion, the Board did not adopt Resolution B-111.

Funding for December 2013 Board Activities. On vote, the Board of Trustees adopted the following resolution.

B-132-2013. Resolved, that funding up to \$5,250 for inclusion of council chairs and vice chairs at the December 2013 reception with members of the Board of Trustees, Strategic Planning Steering Committee, senior staff and council and commission chairs be managed as a variance by the appropriate division, and be it further

Resolved, that funding up to \$20,000 for a 2013 dinner for members of the Board of Trustees, senior staff and spouses be managed as a variance by the appropriate division.

Global Affairs

Report of the Division of Global Affairs: Membership in the Alliance for Oral Health Across Borders: The Board of Trustees adopted the following resolution (consent item):

B-124-2013. Resolved, that the American Dental Association become a supporting organization of the Alliance for Oral Health Across Borders for the 2014 calendar year with dues to be funded from the Division of Global Affairs.

Government/Public Affairs

Report of the Senior Vice President, Government and Public Affairs: Federal and State Legislative, and Regulatory Public Affairs Update: Mr. Graham submitted an informational report summarizing activities in support of federal and state legislative initiatives of interest to or supported by the ADA. Some of the topics mentioned were: McCarran-Ferguson, ERISA, health care reform and the Affordable Care Act, the Sunshine Act, and stakeholder outreach and communications efforts regarding Action for Dental Health programs.

Legal

Report of the Council on Ethics, Bylaws and Judicial Affairs: Justification of Need for Council Subcommittees: The Council reported on the subcommittees it had established for 2012-2013, and identified each subcommittee's purpose and members (consent item).

Report of the Division of Legal Affairs: Litigation and Other Matters Executive Summary: The General Counsel informed the Board of Trustees of pending legal matters.

Membership, Tripartite Relations and Marketing

Report of the Council on Membership: Progress Report on Membership Growth Business Plan: The Council provided a progress report on the development of a comprehensive Membership Growth Business Plan. The Council is collaborating with ADA agencies, tripartite leadership, management and staff in an effort to stem membership market share decline.

Report of the Council on Members Insurance and Retirement Programs: ADA Members Insurance Plans 2014 Premium Credit and Royalty Revenue Recommendations: The Board of Trustees received a confidential report from the Council on Members Insurance and Retirement Programs that referred recommendations to the Budget and Finance Committee. On behalf of the Budget and Finance Committee, Dr. Engel moved the following series of resolutions for the Board's consideration.

On vote, the Board took the following actions.

Premium Credits in the Term Life Insurance Plan. The Board adopted the following resolution.

B-115-2013. Resolved, that a 55% premium credit for participants in the Term Life Insurance Plan as proposed by Great-West Financial, validated by Milliman Inc. and recommended by the Council on Members Insurance and Retirement Programs, effective January 1, 2014, be approved.

Premium Credits in the Income Protection Insurance Plan. The Board adopted the following resolution.

B-116-2013. Resolved, that a 42% premium credit for participants in the Income Protection Insurance Plan as proposed by Great-West Financial, validated by Milliman Inc. and recommended by the Council on Members Insurance and Retirement Programs, effective November 1, 2013, be approved.

Premium Credits in the Office Overhead Expense Insurance Plan. The Board adopted the following resolution.

B-117-2013. Resolved, that a 47% premium credit for participants in the Office Overhead Expense Insurance Plan as proposed by Great-West Financial, validated by Milliman Inc. and recommended by the Council on Members Insurance and Retirement Programs, effective February 1, 2014, be approved.

Premium Credit for Participants in the MedCASH Insurance Plan. The Board adopted the following resolution.

B-118-2013. Resolved, that a 45% premium credit for participants in the MedCASH Insurance Plan as proposed by Great-West Financial, validated by Milliman Inc. and recommended by the Council on Members Insurance and Retirement Programs, effective October 1, 2013, be approved.

Term Life Insurance Plan Royalty Distribution. The Board adopted the following resolution.

B-119-2013. Resolved, that a Term Life Insurance Plan royalty distribution of \$4.7 million, available as of 1/1/2014, as proposed by Great-West Financial, validated by Milliman Inc. and recommended by the Council on Members Insurance and Retirement Programs, be approved and distributed as soon as practicable after January 1, 2014.

Income Protection Insurance Plan Royalty. The Board adopted the following resolution.

B-120-2013. Resolved, that no royalty be taken from the Income Protection Insurance Plan, as proposed by Great-West Financial, validated by Milliman Inc. and recommended by the Council on Members Insurance and Retirement Programs.

Office Overhead Expense Insurance Plan Royalty Distribution. The Board adopted the following resolution.

B-121-2013. Resolved, that an Office Overhead Expense Insurance Plan royalty distribution of \$1.1 million, available as of 1/1/2014, as proposed by Great-West Financial, validated by Milliman Inc. and recommended by the Council on Members Insurance and Retirement Programs, be approved and distributed as soon as practicable after January 1, 2014.

MedCASH Insurance Plan Royalty Distribution. The Board adopted the following resolution.

B-122-2013. Resolved, that a MedCASH Insurance Plan royalty distribution of \$151,000, available as of 1/1/2014, as proposed by Great-West Financial, validated by Milliman Inc. and recommended by the Council on Members Insurance and Retirement Programs, be approved and distributed as soon as practicable after January 1, 2014.

Royalties Reserve Account. The Board adopted the following resolution.

B-135-2013. Resolved, that the 2014 royalties from the Term Life Insurance Plan, Office Overhead Expense Insurance Plan, and MedCASH Insurance Plan be kept in a separate reserve account until such time as the Board has had an opportunity to determine the appropriate use for said funds, and be it further

Resolved, that said reserve account be invested in accordance with ADA's long term investment policy.

Report of the Council on Members Insurance and Retirement Programs: ADA Members Retirement Programs ADA-AXA Future Plans: The Board of Trustees received a confidential informational report from the Council on Members Insurance and Retirement Programs. It included updates on work regarding the Milliman Program Review report to AXA Equitable, the strategic planning session held with ADA and AXA Equitable, and the ADA-AXA Equitable Strategic Plan Report for the ADA-endorsed Members Retirement Program (consent calendar item).

Organizational/Other

Appointment of ADA Council Chairs, 2013-2014: The Board received from each agency the name of the individual nominated for chair during the 2013-14 term. The following resolution was adopted (consent calendar item).

B-112-2013. Resolved, that the following individuals be appointed to serve as chairs for the 2013-14 term.

Dr. W. Roy Thompson, Tennessee, Council on Access, Prevention and Interprofessional Relations Dr. Sally J. Hewett, Council on Communications

- Dr. Andrew G. Vorrasi, Council on Dental Benefit Programs
- Dr. Teresa Dolan, Council on Dental Education and Licensure
- Dr. Kevin D. Sessa, Council on Dental Practice
- Dr. Richard J. Rosato, Council on Ethics, Bylaws and Judicial Affairs
- Dr. Carmine J. LoMonaco, Council on Government Affairs
- Dr. Thomas S. Kelly, Council on Membership
- Dr. Robert A. Coleman, Council on Members Insurance and Retirement Programs
- Dr. Edward L. Truelove, Council on Scientific Affairs
- Dr. Brian M. Schwab, New Dentist Committee

Report of ADA Business Enterprises: The Board of Trustees received an informational report on ADA Business Enterprises (ADABEI) activities through July 2013. Dr. Kiesling added that the ADABEI Board is currently interviewing to fill a vacancy on the Board.

Report of the President: Dr. Faiella gave an oral report on recent travel to the FDI meeting in Istanbul, and visits to Vermont, Arizona and Maine. He also attended the Hispanic Dental Association meeting in Boston and reported positively on that.

Report of the President-elect: Dr. Norman gave brief remarks regarding recent travel, including attendance at the FDI meeting, visits to several components and constituents, and his meeting with some non-members in Washington, D.C.

Report of the Executive Director: Dr. O'Loughlin gave a short report on the rollout of the Aptify software, including constituent site visits with Ms. Mark, chief technology officer, and the upcoming transition from the TS software. She also commented on membership and tripartite alignment, and encouraged attendance at the upcoming annual session MegaTopic.

Liaison Report

Report of Dr. Joseph Hagenbruch, Liaison to the American Student Dental Association: Dr. Hagenbruch provided a written and oral report on recent activities, and also highlighted issues of concern to ASDA.

Miscellaneous House Matters

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

Council on Members Insurance and Retirement Programs Supplemental Report 1 to the House of Delegates—ADA Members Insurance Plans Recommended Study of a Potential Approach to On-Going Royalty Revenue (Worksheet:2077): The Board transmitted the supplemental report and appended Resolution 84 to the House of Delegates with a recommendation to vote yes. (Vote: 19 Yes—Drs. Buckenheimer, Crowley, Dow, Fair, Feinberg, Gounardes, Hagenbruch, Israelson, Kiesling, Norman, Roberts, Scott, Summerhays, Versman, Weber, Yonemoto, Zenk, Zust; 2 No—Drs. Engel, Seago)

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

Sixth District Resolution 85—Investigate Dental Instrument Purchase and Leasing Plans Offered to Students by Dental Schools (Worksheet:3102): The Board voted to transmit Resolution 85 to the House of Delegates with the following comment and recommendation to vote yes on the substitute. (Vote: 16 Yes—Drs. Crowley, Dow, Engel, Feinberg, Gounardes, Hagenbruch, Kiesling, Roberts, Scott, Seago, Summerhays, Versman, Weber, Yonemoto, Zenk, Zust; 4 No—Drs. Buckenheimer, Fair, Israelson, Norman)

The Board appreciates the concern over the costs associated with obtaining a predoctoral dental education that is the basis for this resolution; however, the Board believes that not only is this type of study an opportunity for collaboration with the American Dental Education Association, but will also require ADEA's expertise to generate a report with actionable items. It is imperative that CDEL investigate whether ADEA has any interest in collaborating with the ADA before ADA funds are committed to conduct a study. Finally, the Board believes the American Student Dental Association should also be invited to collaborate, as this issue directly affects dental students. Therefore, the Board urges a yes vote on the following substitute resolution.

85B. Resolved, that the Council on Dental Education and Licensure explore the feasibility of collaborating with the American Dental Education Association and the American Student Dental Association on an investigation of dental instrument purchase and leasing plans offered to students by dental schools, and be it further

Resolved, that the Council also explore the financial implications of conducting this study, and be it further

Resolved, that the Council report on the feasibility of the study to the 2014 House of Delegates.

Reports and Resolutions Relating to the Reference Committee on Legislative, Health, Governance and Related Matters

Fourth Trustee District Resolution 95-2012S-1 (Worksheet:5004a): The Board transmitted Resolution 95-2012S-1 to the House of Delegates with a recommendation to vote yes on the substitute. (*Vote: 12 Yes—Drs. Crowley, Dow, Engel, Feinberg, Israelson, Kiesling, Roberts, Summerhays, Weber, Yonemoto, Zenk, Zust; 8 No—Drs. Buckenheimer, Fair, Gounardes, Hagenbruch, Norman, Scott, Seago, Versman)*

Council on Ethics, Bylaws and Judicial Affairs Supplemental Report to the House of Delegates—Rescission of the Policy "The Dentist's Prayer" (Worksheet:5079): The Board transmitted the supplemental report and appended Resolution 68 to the House of Delegates with the following comment and recommendation to vote no. (*Vote: Unanimous*)

The Dentist's Prayer has been a policy of the Association for many years and is believed to be a generic enough statement so as not to be offensive to the majority of members or potential members of the Association. Consequently, while the Board of Trustees appreciates the sensitivity of the Council on Ethics, Bylaws and Judicial Affairs in its review of this issue, it does not support rescission of this policy.

Council on Access, Prevention and Interprofessional Relations Supplemental Report 1 to the House of Delegates—ADA Policy Review (Worksheet:5080): The Board transmitted the supplemental report and appended resolutions to the House of Delegates.

Resolution 69—Amendment of Policy on State Dental Programs (Worksheet:5086). The Board voted to transmit Resolution 69 to the House of Delegates with a recommendation to vote yes. (Vote: Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Resolution 70—Amendment of Policy on Dental Care in Institutional Settings (Worksheet:5087): The Board voted to transmit Resolution 70 to the House of Delegates with a recommendation to vote yes. (Vote: Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Resolution 71—Amendment of Policy on Informational Support for Members Providing Oral Care in Long-Term Care Facilities (Worksheet:5089): The Board voted to transmit Resolution 71 to the House of Delegates with a recommendation to vote yes. (Vote: Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Resolution 72—Amendment of Policy on Communication and Dental Practice (Worksheet:5090): The Board voted to transmit Resolution 71 to the House of Delegates with a recommendation to vote yes. (Vote: Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Resolution 73—Amendment of Policy on Limited Oral Health Literacy Skills and Understanding in Adults (Worksheet:5091): The Board voted to transmit Resolution 73 to the House of Delegates with a recommendation to vote yes. (Vote: Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Resolution 74—Amendment of Policy on Preventive Dental Procedures (Worksheet:5092): The Board voted to transmit Resolution 74 to the House of Delegates with a recommendation to vote yes. (Vote: Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Resolution 75—Amendment of Policy on Bottled Water, Home Water Treatment Systems and Fluoride Exposure (Worksheet:5093): The Board voted to transmit Resolution 75 to the House of Delegates with a recommendation to vote yes. (Vote: Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Resolution 76—Amendment of Policy on Pouring Rights Contracts and Marketing of Soft Drinks to Children (Worksheet:5094): The Board voted to transmit Resolution 76 to the House of Delegates with a recommendation to vote yes. (Vote: Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Resolution 77—Amendment of Policy on Obesity (Worksheet:5095): The Board voted to transmit Resolution 77 to the House of Delegates with a recommendation to vote yes. (Vote: Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Resolution 78—Amendment of Policy on Oral Health Assessment for School Children (Worksheet:5096): The Board voted to transmit Resolution 78 to the House of Delegates with a recommendation to vote yes. (Vote: Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Resolution 79—Amendment of Policy on High Blood Pressure Programs (Worksheet:5097): The Board voted to transmit Resolution 79 to the House of Delegates with a recommendation to vote yes. (Vote: Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Resolution 80—Rescission of Policy on Home Health Care (Worksheet:5098): The Board voted to transmit Resolution 80 to the House of Delegates with a recommendation to vote yes. (Vote: Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Resolution 81—Rescission of Policy on Health Hazards of Air and Water Pollution (Worksheet:5100): The Board voted to transmit Resolution 81 to the House of Delegates with a recommendation to vote yes. (Vote: Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Resolution 82—Rescission of Policy on Guidelines for Hospital Dental Services (Worksheet:5102): The Board voted to transmit Resolution 82 to the House of Delegates with the following comment and recommendation to vote yes on referral. (Vote: 18 Yes—Drs. Buckenheimer, Crowley, Dow, Engel, Fair, Feinberg, Gounardes, Hagenbruch, Israelson, Kiesling, Norman, Roberts, Seago, Summerhays, Weber, Yonemoto, Zenk, Zust; 1 No—Dr. Versman; 1 Absent—Dr. Scott)

The Board believes it important to maintain the Guidelines for Hospital Dental Services (*Trans.*1991:618) although it is acknowledged that the language of the policy needs updating. The Board recommends that Resolution 82 be referred back to the Council on Access, Prevention and Interprofessional Relations for updating of the policy with a report on its work to be given to the 2014 House of Delegates.

Resolution 83—Rescission of Policy on Suggestions for Dentists on Participating in the National High Blood Pressure Education and Screening Program (Worksheet:5105): The Board voted to transmit Resolution 83 to the House of Delegates with a recommendation to vote yes. (Vote: Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

Sixth Trustee District—National Oral Health Reports (Worksheet:5108): The Board transmitted Resolution 87 to the House of Delegates with the following comment and recommendation to vote no. (Vote: 1 Yes—Dr. Zust; 19 No—Drs. Buckenheimer, Crowley, Dow, Engel, Fair, Feinberg, Gounardes, Hagenbruch, Israelson, Kiesling, Norman, Roberts, Scott, Seago, Summerhays, Versman, Weber, Yonemoto, Zenk)

Council on Access, Prevention and Interprofessional Relations Supplemental Report 2 to the House of Delegates—Recent Council Activities (Worksheet:4110): The Board voted to transmitted the supplemental report to the House of Delegates with a recommendation to vote yes. (Vote: 19 Yes—Drs. Buckenheimer, Crowley, Dow, Engel, Fair, Feinberg, Gounardes, Hagenbruch, Israelson, Kiesling, Norman, Scott, Seago, Summerhays, Versman, Weber, Yonemoto, Zenk, Zust; 1 Absent—Dr. Roberts)

Council on Communications Supplemental Report 2 to the House of Delegates—Public Relations Initiative Progress Report (Worksheet:5114): The Board transmitted the supplemental report to the House of Delegates.

Council on Access, Prevention and Interprofessional Relations Supplemental Report 3 to the House of Delegates—Report on the Community Dental Health Coordinator Pilot Program (Worksheet:5126): The Board transmitted the supplemental report to the House of Delegates.

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

Eleventh Trustee District—Lifetime Membership Rules of 95 (Worksheet:6016): The Board transmitted Resolution 86 to the House of Delegates with the following comment and recommendation to vote no. (Vote: 1 Yes—Dr. Feinberg; 19 No—Drs. Buckenheimer, Crowley, Dow, Engel, Fair, Feinberg, Gounardes, Hagenbruch, Israelson, Kiesling, Norman, Roberts, Scott, Seago, Summerhays, Versman, Weber, Yonemoto, Zenk, Zust)

The Board appreciates the thoughtful work of the Idaho State Dental Association and values those members who have been long-term members of the American Dental Association. The Board believes the current requirements for life membership that reward continuous membership are sufficient and no change to life membership is required.

Report 16 of the Board of Trustees to the House of Delegates—Annual Report of the New Dentist Committee (Worksheet:6021): The Board voted to transmit Report 16 to the House of Delegates. (Vote: Board of Trustees consent calendar action—no Board discussion). (Vote: Unanimous)

New Business

Dr. Crowley reported that he received a member suggestion that the Board's Standing Committee on Diversity and Inclusion become a Committee with district representatives, akin to the New Dentist Committee. It was agreed that the Committee would discuss further.

Presentations

Data-Driven Recommendations to Grow Membership: Mr. Thomas Parcella, senior manager, Financial Analysis and Planning, presented the findings of an ADA cross-divisional Business Analytics Team and its recommendations regarding membership growth. This included analysis of dentists joining and leaving the ADA, data on dental schools and alumni market share, and member benefit programs and engagement metrics. Mr. Parcella took questions and the Board engaged in extensive discussion.

Affordable Care Act (ACA) and the Launch of the Center for Professional Success (CPS): Mr. Thomas Spangler, senior director of the Council on Government Affairs, Legislative and Regulatory Policy, and

Mr. Graham, led a strategic discussion on the Affordable Care Act. Mr. Spangler outlined what the ADA has done to represent the profession and its patients on both state and federal levels—including issuing numerous statements and testimonies, commissioning a Milliman study, and developing state-specific toolkits for constituent societies. Other topics addressed: the status of the ACA and current market forces, the Dental Quality Alliance, Medicaid, mandates, and the future of implementation.

Dr. Willey provided an update on the ADA Center for Professional Success, its September 16 marketing launch and the upcoming rollout at the 2013 annual session. He also gave a live demonstration and video tour of the CPS site.

Community Dental Health Coordinator (CDHC) Program Update: Dr. Jane Grover, director, Council on Access, Prevention and Interprofessional Relations (CAPIR), provided an overview of the CDHC program and its objectives. She discussed the CDHC curriculum, funding and expenses, patient access and outcome metrics, and future goals.

Health Policy Resources Center (HPRC) Update: Dr. Vujicic presented HPRC's research on dentist busyness, economic confidence, dentist earnings, dental care use, benefits and access to care. He also shared recent data and articles published on the Affordable Care Act.

Review of Draft Strategic Plan: Dr. Israelson gave a presentation on the ADA draft strategic plan, rebranded as "Members First: 2020." Dr. Israelson provided an overview of the strategic planning process, including mission and vision statements, core values, and goals and objectives.

Miscellaneous

The Board approved a visit to the Dr. Anthony Volpe Research Center for ADA officers and trustees following the 2014 Washington Leadership Conference.

The Board approved a motion that, beginning in December 2013, the Board of Trustees will have the option to receive either an ADA-provided iPad or an ADA-provided laptop. (Trustees may continue to use personal iPads if they elect to receive an ADA laptop.)

Confidential Session

The Board discussed the following report in a confidential session.

Report of the Council on Members Insurance and Retirement Programs: Final Insurance Audit Implementation Plan Proposals: The Board of Trustees received a confidential informational report from the Council on Members Insurance and Retirement Programs. On vote, the Board of Trustees adopted the following resolution.

Final Insurance Audit Implementation Plan Proposals. Due to the confidential nature of this action, Resolution B-123-2013 is embargoed at this time and will be reported at a later date.

Attorney-Client Session

An attorney-client session of the Board of Trustees was held on Monday, October 7, from 2:00 p.m. to 2:20 p.m., to provide advice on pending litigation and legal matters of interest to the ADA. Those in attendance were the ADA officers and members of the Board of Trustees, the executive director/chief operating officer, the general counsel and deputies general counsel.

Closed Session

On Monday, October 7, from 4:20 p.m. to 4:52 p.m., the Board of Trustees held a closed session discussion with the executive director about her role in the organization and focus going forward.

Adjournment

The Board of Trustees adjourned sine die at 1:08 p.m. on Tuesday, October 8, 2013.

Appendix 1

MEMORANDUM OF UNDERSTANDING BETWEEN THE COMMISSION ON DENTAL ACCREDITATION AND THE AMERICAN DENTAL ASSOCIATION

Draft as of July 23, 2013

This memorandum sets forth certain understandings between the parties about the working relationship between the American Dental Association (ADA) and its agency the Commission on Dental Accreditation (CODA). The parties acknowledge and agree as follows:

- A. <u>Formal Governing Principles</u>. CODA's governance and operations are controlled in various respects by the Bylaws of the American Dental Association, the Rules of the Commission on Dental Accreditation, and regulations promulgated by the United States Department of Education, all as they may from time to time be amended.
- B. <u>Autonomy of Accreditation Services</u>. CODA is bound to act autonomously in conducting all aspects of its accreditation functions with respect to dental and dental-related educational programs, including but not limited to formulation, promulgation and revision of accreditation standards, policies and procedures; training of CODA volunteers; conducting evaluation and visits to programs; making decisions concerning the accreditation status of programs; and monitoring of accredited programs, in accordance with the Governing Principles set forth above. ADA will not attempt to interfere with the judgment of any staff member or volunteer as to such accreditation functions.
 - CODA's need for autonomy with respect to professional accreditation functions arises from the requirement of the U.S. Department of Education that accrediting agencies such as CODA must maintain "Clear and effective controls against conflicts of interest, or the appearance of conflicts of interest, by the agency's-- (i) Board members; (ii) Commissioners; (iii) Evaluation team members; (iv) Consultants; (v) Administrative staff; and (vi) Other agency representatives."
- C. <u>External Recognition</u>. CODA will maintain recognition by the U.S. Secretary of Education to the extent that compliance is within the control of CODA and to the extent that a recognition process continues to be available and applicable.
- D. <u>Financial Support and Independence</u>. ADA will annually make available the funds reasonably necessary to support up to 50% of the direct and indirect expenses associated with CODA's annual budget. CODA will remain responsible for contributing no less than 50% of its direct and indirect expenses toward the operating budget. The CODA agrees to manage its operating budget using fiscally responsible practices.

E. Communication and Reporting.

- CODA shall provide the ADA Executive Director and Board of Trustees with a report of accreditation actions taken at each meeting, which shall contain only publicly-available, nonconfidential information.
- 2. The CODA Director shall report on administrative matters to the ADA Executive Director upon request. In addition, CODA shall provide an informational report to the ADA Board of Trustees on an annual basis, which report shall contain only publicly-available, non-confidential information.
- 3. The ADA Board of Trustees shall provide a Board liaison to CODA, which liaison shall remain subject to all confidentiality obligations of CODA members and shall accordingly divulge only publicly available information.

F. General Provisions.

- 1. This Memorandum of Understanding will become effective upon execution by both parties.
- 2. This Memorandum of Understanding will be governed and interpreted in accordance with the laws of the State of Illinois.
- 3. If any provision of this Memorandum of Understanding is declared to be invalid, the remainder of this agreement will remain in full force for the duration of its term.
- 4. This Memorandum of Understanding will remain in force unless and until either party gives written notice to the other of intent not to continue to be bound.

The undersigned, intending to be legally bound, hereby enter into this Memorandum of Understanding.

| Commission on Dental Accreditation | American Dental Association |
|------------------------------------|-----------------------------|
| By: | Ву: |
| Its: | Its: |
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Minutes of the Board of Trustees

November 5, 2013 New Orleans, Louisiana

Call to Order: The first session of the new Board of Trustees was called to order by President Charles H. Norman on Tuesday, November 5, 2013, at 10:00 a.m., at the Ernest N. Morial Convention Center, Rivergate Room.

Roll Call: The following officers and trustees were present: Drs. Charles H. Norman, Maxine Feinberg, Brian E. Scott, Jonathan D. Shenkin, Glen D. Hall, Ronald P. Lemmo, Kathleen T. O'Loughlin, Terry L. Buckenheimer, Jeffrey M. Cole, Joseph P. Crowley, Jeffrey D. Dow, Hal Fair, Steven Gounardes, Joseph F. Hagenbruch, Hilton Israelson, Gary E. Jeffers, Roger L. Kiesling, Andrew J. Kwasny, Gary L. Roberts, Red Stevens, Carol Gomez Summerhays, Gary S. Yonemoto, James K. Zenk, and Mark R. Zust.

The Speaker, Dr. Hall, announced a quorum was present.

The following ADA staff members were in attendance at the invitation of the President: Jerry Bowman, chief of governance and strategy management; J. Craig Busey, general counsel; Helen Cherrett, senior director, Global Affairs; James S. Goodman, managing vice president, Conferences and Continuing Education; Michael Graham, senior vice president, Government and Public Affairs; Toni Mark, chief technology officer; Daniel M. Meyer, senior vice president, Science/Professional Affairs; Kenneth Ohr, chief communications officer; Dave Preble, vice president, Practice Institute; Paul Sholty, chief financial officer; Michael D. Springer, senior vice president, Business and Publishing; Wendy-Jo Toyama, senior vice president, Membership, Tripartite Relations and Marketing; Marko Vujicic, managing vice president, Health Policy Resources Center; James Willey, director, Council on Dental Benefit Programs; and Anthony Ziebert, senior vice president, Education/Professional Affairs.

Also in attendance were: Ms. Tomisena Cole, senior manager, Board and House Matters; Thomas C. Elliott, Jr., deputy general counsel; Ms. Linda Hastings, senior director, Administrative Services; Ms. Alyna Johnson, publications and projects coordinator, Board and House Matters; Ms. Michelle Kruse, manager, House of Delegates; Ms. Mona Martinez, coordinator, Board and House Matters; and Wendy Wils, deputy general counsel.

Before consideration of business, Dr. Norman read the ADA Disclosure Statement; no disclosures were made. (Pursuant to Resolution 63H-2013, the disclosure policy will be included as a written part of the agenda for future meetings.)

Approval of Agenda: Prior to approving the agenda, the following item was accepted as new business and added to the agenda: De-brief of the New Orleans Mission on Mercy project. On vote, the Board of Trustees adopted the following resolution.

B-136-2013. Resolved, that the agenda on page 1 of the Board Manual be approved, as amended, as the official order of business for the current session.

Structure and Operation of the 2013-14 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 following the Board's October 2013 session.

Council/Commission Liaison Assignments: In accordance with a long standing provision of the *Organization and Rules of the Board of Trustees*, the President assigns members of the Board to serve as

council liaisons, with the responsibility of reviewing the programs and activities of a specified Association council/commission. Accordingly, President Norman made the following liaison assignments to ADA councils and commissions.

Access, Prevention and Interprofessional Relations Dr. Hilton Israelson
ADA Sessions Dr. Gary Roberts
Communications Dr. Gary Yonemoto
Dental Accreditation Dr. Joseph Hagenbruch
Dental Benefit Programs Dr. Steven Gounardes

Dental Education and Licensure

Dental Practice

Dr. James Zenk

Dr. Jeffrey Dow

Ethics, Bylaws and Judicial Affairs

Dr. Mark Zust

Government Affairs

Dr. Roger Kiesling

Membership Dr. Hal Fair

Members Insurance and Retirement Programs

Dr. Jeffrey Cole Dr. Carol Gomez Summerhays

1

National Dental Examinations Dr. Brian Scott
Scientific Affairs Dr. Andrew Kwasny
New Dentist Committee Dr. Terry Buckenheimer

Delegation to the FDI World Dental Congress: The following individuals were appointed by President Norman to serve as the delegation to the 2014 World Dental Congress to be held in New Delhi, India.

Delegates

Dr. D. Gregory Chadwick, chair

Dr. Charles Norman

Dr. Maxine Feinberg

Dr. Robert Faiella

Dr. William Calnon

Dr. Carol Gomez Summerhays

Dr. Gary Yonemoto Dr. James Zenk

Dr. Red Stevens

Dr. Kathleen O'Loughlin

Due to budget constraints no Alternate Delegates were selected for the 2014 delegation.

Appointment to the FDI Advisory Committee:

Dr. Charles Norman, president

Dr. Robert Faiella, immediate past president

Dr. Gary Yonemoto, member of the Board and ADA/FDI Delegation

Dr. Kathryn Kell, ADA/FDI Council Member

Dr. D. Gregory Chadwick, USA National Liaison Officer

Dr. Maxine Feinberg, president-elect, ex officio

Dr. Kathleen O'Loughlin, executive director, ex officio

¹ Following the meeting President Norman reassigned Dr. Carol Gomez Summerhays to serve as liaison to the Council on Members Insurance and Retirement Programs.

Appointment of Standing Committees: The Board of Trustees has the following standing committees: Audit, Budget and Finance, Compensation, Diversity and Inclusion, Governance, Information Technology, and Pension. New Dentist members are selected by the Board of Trustees and confirmed by the House of Delegates.

Accordingly, President Norman made the following appointments to the standing committees of the Board of Trustees for 2013-14.

Audit Committee

Dr. Roger Kiesling, chair

Dr. Hilton Israelson

Dr. Joseph Crowley

Dr. Gary Jeffers

Dr. Robert Plage

Dr. Steven Kend

Dr. Charles Norman

Dr. Maxine Feinberg

Budget and Finance

Dr. Steve Gounardes, chair

Dr. Ronald Lemmo

Dr. Brian Scott

Dr. Gary Roberts

Dr. James Zenk

Dr. Jeffrey Cole

Dr. J. Ted Sherwin

Dr. Paul Zimmerman

Compensation

Dr. Carol Gomez Summerhays, chair

Dr. Jeffrey Dow

Dr. Hal Fair

Dr. Red Stevens

Dr. Ronald Lemmo

Dr. Charles Norman

Dr. Maxine Feinberg

Diversity and Inclusion

Dr. Steven Gounardes, chair

Dr. Gary Yonemoto

Dr. Terry Buckenheimer

Dr. Andrew Kwasny

Information Technology

Dr. Joseph Hagenbruch, chair

Dr. Hilton Israelson

Dr. Joseph Crowley

Dr. Jeffrey Cole

Dr. Charles Norman

Dr. Maxine Feinberg

International Programs and Development

Dr. David Frost, chair

Dr. Eugenio Beltran

Dr. Christopher Fox

Dr. Martin Hobdell

Dr. Timothy Seitter

Dr. Stephen Mackler

Dr. Jamie Just

Dr. Carol Gomez Summerhays

Dr. Edward Brown

Dr. Charles Norman

Dr. Maxine Feinberg

Governance

Dr. Carol Gomez Summerhays, chair

Dr. Jeffrey Dow

Dr. Mark Zust

Dr. Andrew Kwasny

Dr. Jonathan Shenkin

Dr. Charles Norman

Dr. Maxine Feinberg

Dr. Kathleen O'Loughlin

Pension

Dr. Ronald Lemmo, chair

Dr. Charles Norman

Dr. Maxine Feinberg

Dr. Kathleen O'Loughlin

Mr. Paul Sholty

Ms. Sabrina King

Mr. J. Craig Busey

Dr. Gary Roberts

Dr. Carol Gomez Summerhays

Dr. Wendy Brown

Dr. Jeffrey Hurst

Without objection the following resolution was adopted.

B-137-2013. Resolved, that the appointments to the standing committees of the Board of Trustees as made by the President be approved.

New Dentist Appointments to ADA Councils/Commissions: In accordance with the ADA *Bylaws*, Chapter VII, Section 140e, the duties of the Committee include serving as members, without the power to vote, on councils and commissions of the Association on issues affecting new dentists. The following one-year appointments to ADA councils and commissions are presented by the President for the Board's consideration. In addition, a representative appointment is presented for the American Political Action Committee. Without objection the following resolution was adopted.

B-138-2013. Resolved, that the members of the New Dentist Committee, as presented by the ADA President, be approved as members of the ADA councils and commissions and the American Dental Political Action Committee, without the power to vote.

New Dentist Appointees to ADA Councils/Commissions

Council on Access, Prevention and Interprofessional Relations Dr. Rex Yanase Council on ADA Sessions Dr. Chris Hasty Council on Communications Dr. Eric Childs Council on Dental Benefit Programs Dr. Dan Bruce Council on Dental Education and Licensure Dr. Ryan Ritchie Council on Dental Practice Dr. Edgar Radjabli Council on Ethics, Bylaws and Judicial Affairs Dr. Heather Maupin Council on Government Affairs Dr. Irene Marron-Tarrazzi Council on Membership Dr. Michael LeBlanc Council on Members Insurance and Retirement Programs Dr. Rachel Dasher Hymes Council on Scientific Affairs Dr. Andrea Janik American Dental Political Action Committee Dr. Timothy Oh

Appointment of Representatives to Other Organizations and Activities: The following appointments of representatives and members of other committees were also made by President Norman.

Official Observer to the American Medical Association House of Delegates
Official Observer to the American Hospital Association House of Delegates
Dr. W. Roy Thompson
Dr. Joseph P. Crowley
Liaison to the Alliance of the American Dental Association
Dr. Jonathan Shenkin
Presenter of Board Reports to the House of Delegates
American Dental Political Action Committee Board of Directors
Dr. Carol Gomez Summe

merican Dental Political Action Committee Board of Directors

Dr. Carol Gomez Summerhays

Dr. Jeffrey Cole²

Norton Ross Selection Committee Dr. Mark Zust

Dental Lifeline Network Board of Directors

Dr. Terry Buckenheimer

Dr. Joseph Crowley

Liaison Standards Committee on Dental Informatics Dr. Joseph Hagenbruch

The Dr. Samuel D. Harris National Museum of Dentistry Board of Visitors

Dr. Jeffrey Dow³

² Following the meeting Dr. Charles Norman reassigned Dr. Jeffrey Cole to serve on the American Dental Political Action Committee Board of Directors.

³ Following the meeting it was learned that the Dr. Samuel D. Harris National Museum of Dentistry has dissolved its Board of Visitors. Dr. Dow has been notified of the Museum's action.

Dental Content Committee Dr. Joseph Hagenbruch, chair

Dr. Gary Yonemoto, vice chair

Dr. Ralph Cooley Dr. Gavin Harrell Dr. Dan Klemmedson Dr. Jonathan Knapp Dr. Terry O'Toole

American Board of Dental Examiners (ADEX)

Dr. Hal Fair

Publishing Liaison Dr. Steve Gounardes
Corporate Relations Dr. James Zenk
Dr. Gary Roberts

ADEA Commission on Change and Innovation on Dental Education

Joint Advisory Committee on International Accreditation

Dr. Roger Kiesling, chair Dr. Gary Herman

Dr. Steven Tonelli Dr. Yilda Rivera-Nazario

Dr. Karen West

Dr. Hal Fair

Strategic Planning Steering Committee Dr. Hilton Israelson, chair

Dr. Mark Zust Dr. Red Stevens Dr. James Antoon Dr. Thomas Paumier Dr. Charles Norman Dr. Maxine Feinberg

State Public Affairs (SPA) Oversight Workgroup Dr. Carmine LoMonaco, chair4

Dr. Gary Yonemoto Dr. Steve Gounardes Dr. George Shepley Dr. Richard Black

Dental Quality Alliance Committee Dr. Joseph Hagenbruch, chair

Dr. Robert Mazolla Dr. Miranda Childs Dr. Michael Breault Dr. David Shirmer

ADA Library and Archives Advisory Board Dr. Joseph Hagenbruch, chair

Dr. Hal Fair
Dr. Steven Holm
Dr. David Sarrett
Dr. Elliot Abt
Dr. Kirk Noraian
two at-large members⁵

ADA Foundation Board Dr. Gary Jeffers, first-year trustee

⁴ In the agenda material, Dr. Richard Black was noted as chair through error. Dr. Black is a new member of the SPA Oversight Workgroup, while Dr. Carmine LoMonaco was designated as the chair.

⁵ At-large members were not identified at the New Board Meeting; however, the composition of the ADA Library and Archives Advisory Board may be modified per 101H-2013.

Sessions of the Board of Trustees, 2013-14: 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, B-139 was adopted:

B-139-2013. Resolved, that the sessions of the 2013-14 Board of Trustees are as follows:

December 15-17, 2013 (Sunday-Tuesday)
February 8-10, 2014 Retreat (Saturday-Monday)
March 16-18, 2014 (Sunday-Tuesday)
June 8-10, 2014 (Sunday-Tuesday)
July 27-29, 2014 (Sunday-Tuesday)
September 18-20, 2014 (Thursday-Saturday)
October 14, 2014 (New Board of Trustees – San Antonio)
December 7-9, 2014 (Sunday-Tuesday)

Contracts with the President and President-elect: In accordance with the ADA's Organization and Rules of the Board of Trustees, which require that the President and President-elect execute agreements as officers of the ADA, and be approved by the Board of Trustees at its first meeting following the annual session, the Board of Trustees adopted the following resolutions. Prior to adopting the following resolutions, a correction was noted to each contract regarding salary amounts. The correct amounts were noted in the contracts before being presented for signature. Without objection B-140 and B-141 were adopted.

B-140-2013. Resolved, that the 2013-14 President Corporate Officer Agreement be approved and adopted.

B-141-2013. Resolved, that the 2013-14 President-elect Corporate Officer Agreement be approved and adopted.

New Business

Debrief on the New Orleans ADA Mission on Mercy project: Board members discussed the success of the ADA's Mission of Mercy (MOM's) project and their wish to make the MOM project an annual event to coincide with the annual meeting.

B-142-2013. Resolved, that the Board of Trustees urge the Council on ADA Sessions to consider ongoing Mission of Mercy (MOM) projects at annual session, and in particular investigate the possibility of a MOM project in San Antonio, 2014.

Mr. Goodman announced preliminary numbers regarding the amount of care provided.

Adjournment

The Board adjourned sine die at 10:36 a.m.

Minutes of the Board of Trustees

December 16–17, 2013 Headquarters Building, Chicago

Call to Order: The second regular session of the Board of Trustees of the American Dental Association was called to order by Dr. Charles H. Norman, president, on Monday, December 16, 2013, at 8:00 a.m. in the Board Room of the ADA Headquarters Building, Chicago.

Roll Call: Officers and members of the Board of Trustees in attendance were: Charles H. Norman, Maxine Feinberg, Brian E. Scott, Jonathan Shenkin, Ronald P. Lemmo, Glen D. Hall, Kathleen O'Loughlin, Terry L. Buckenheimer, Jeffrey M. Cole, Joseph P. Crowley, Jeffrey D. Dow, Hal Fair, Steven Gounardes, Joseph F. Hagenbruch, Hilton Israelson, Gary E. Jeffers, Roger L. Kiesling, Andrew J. Kwasny, Gary L. Roberts, Red Stevens, Carol Gomez Summerhays, Gary S. Yonemoto, James K. Zenk, and Mark R. Zust.

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

Guests in attendance for a portion or portions of the meeting included: Dr. James Mercer, chair, and Ms. Deborah Doherty, managing vice president, ADABEI; Mr. Josh Mintz, consultant, Cavanaugh Hagan Pierson & Mintz; and Dr. Keith Beasely and Dr. Maria Maranga, Diversity Committee consultants. The following guests were in attendance via telephone conference: Dr. Veronika Vazquez, Diversity Committee consultant, and Dr. Michael LeBlanc, vice chair, New Dentist Committee.

The following ADA staff were in attendance for all or portions of the meeting at the invitation of the president: Jerome K. Bowman, chief, Governance and Strategy Management; J. Craig Busey, Esq., general counsel; Helen McK. Cherrett, senior director, Global Affairs; James Goodman, managing vice president, Conferences and Continuing Education; Michael Graham, senior vice president, Government and Public Affairs; Sabrina King, chief, People Management; Toni Mark, chief technology officer; Daniel M. Meyer, senior vice president, Science/Professional Affairs; Clayton B. Mickel, managing vice president, Corporate Relations and Strategic Marketing Alliances; Kenneth Ohr, chief communications officer; David Preble, vice president, Practice Institute; Paul Sholty, chief financial officer; Michael D. Springer, senior vice president, Business and Publishing; Wendy-Jo Toyama, senior vice president, Membership, Tripartite Relations and Marketing; Marko Vujicic, managing vice president, Health Policy Resources Center; James Willey, senior director, Practice Institute; and Anthony Ziebert, senior vice president, Education/Professional Affairs.

Others in attendance for all or portions of the meeting were: Kelly Abeles, director, Council on Members Insurance and Retirement Programs; Tomisena Cole, senior manager, Board and House Matters; Thomas C. Elliott, Jr., Esq., deputy general counsel; Jeff Gartman, director, ADA Library and Archives; Michael A. Glick, editor, *The Journal of the American Dental Association*; Jane Grover, director, Council on Access, Prevention and Interprofessional Relations; Albert H. Guay, chief policy advisor emeritus; Linda Hastings, senior director, Administrative Services; Judith Jakush, editor, *ADA News*; Alyna Johnson, coordinator, Publications and Programs, Administrative Services; Wendy J. Wils, Esq., deputy general counsel; and Gene Wurth, executive director, ADA Foundation. Other ADA staff members were in attendance for specific agenda items.

Preliminary

Approval of Agenda and Consent Items: Dr. Norman called for items of new business; with the consent of the Board, the following two items were added to the agenda:

- Dental Quality Alliance, added by Dr. Crowley
- Internet Review Sites, added by Dr. Gounardes

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

B-143-2013. Resolved, that the agenda be approved as the official order of business for the current session of the Board of Trustees except that the President may alter the order of the agenda when necessary to expedite business.

Approval of Consent Calendar. Dr. Norman reviewed the items on the proposed consent calendar; one report was added to the list of consent calendar items and one report was removed. On vote, the Board adopted the following resolution:

B-144-2013. Resolved, that the resolutions contained on the amended Consent Calendar for Board of Trustees consideration be approved and reports be filed.

Approval of Minutes of Previous Sessions

Minutes of the October 6-8, 2013, Session. Dr. Norman asked if there were any corrections or changes to the draft minutes of the October 6-8, 2013, session of the Board of Trustees; there were none. The Board adopted the following resolution.

B-145-2013. Resolved, that the minutes of the October 6-8, 2013, session of the Board of Trustees be approved.

Minutes of the November 5, 2013, Session. Dr. Norman asked if there were any corrections or changes to the draft minutes of the November 5, 2013, session; there were none. The Board of Trustees adopted the following resolution.

B-154-2013. Resolved, that the minutes of the November 5, 2013, session of the Board of Trustees be approved.

Board Standing Committee/Task Force Reports

Report of the Audit Committee: Dr. Roger Kiesling, Committee chair, presented the report of the Committee's December 14, 2013, meeting. The report identified the major topics discussed, reports received and actions taken.

CODA Orientation. The following resolution was moved on behalf of the Committee by Dr. Kiesling. On vote, the Board of Trustees adopted Resolution B-166.

B-166-2013. Resolved, that the Board of Trustees will periodically receive an orientation on CODA to further broaden the trustees' understanding of the duties and responsibilities of CODA and the relationship between CODA and the ADA.

ADABEI Audit Function. Dr. Kiesling commented on the request of the ADABEI Board of Directors to take over its audit functions, separate from the ADA. He reported that the current memorandum of understanding (MOU) regarding the audit relationship between the ADA and ADABEI expires at the end of 2013, and that a new MOU needs to be developed. The General Counsel responded to questions about the authority of the Audit Committee to develop a MOU with ADABEI, and the role of the Board in establishing the parameters of the MOU. Dr. Kiesling commented briefly on keys points to be included in the MOU, including an understanding regarding the use of the ADA's audit firm. The Chief Financial Officer commented that there would be a financial impact to the ADA to prepare consolidated financial statements in the event ADABEI selects a different audit firm.

Report of the Budget and Finance Committee: Dr. Steven Gounardes, Committee chair, presented the report of the Committee's December 14, 2013, meeting. The report identified the major topics discussed, reports received and actions taken. On behalf of the Committee, Dr. Gounardes moved the following resolutions:

Quarterly Financial Statements. On vote, the Board adopted the following resolution.

B-162-2013. Resolved, that the ADA quarterly financial statements as of September 30, 2013, be filed and posted in the appropriate delegates section.

2014 Contingent Fund Request – Practice Management Guidelines. The Committee recommended granting the funding request and further recommended that the Board request a detailed work plan from the Council on Dental Practice. On vote, the Board adopted the following resolution and requested a detailed work plan from the Council.

B-163-2013. Resolved, that the following appropriation be made from the 2014 Contingency Fund and be allocated to line items in separately listed cost centers, with the exception of capital funding, in accordance with the terms of the supplemental appropriate requests.

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

Practice Management Guidelines Advisory Panel Meeting and Market Research – \$22,600

Capital Replacement Reserve Account Request – Tenant Improvements. On vote, the Board adopted the following resolution.

B-164-2013. Resolved, that an appropriation of up to \$1,052,000 be made from the ADA Capital Replacement Reserve Account to fund the tenant improvement and commission costs related to the expansion and extension of the AAPD lease in accordance with the terms of the lease agreement, and be it further

Resolved, that the spending 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.

ADA International Travel Policy. The Committee recommended that Resolution B-165 be referred to the Budget and Finance Committee to form a work group to study the policy and come back to the Board at its March 2014 session with a recommendation. On vote, the Board postponed the following resolution to its March 2014 session.

B-165. Resolved, that the international sections of the ADA Travel Policy be revised to the following effective January 1, 2014.

International Business Travel: ADA defines international travel as any travel outside the 50 United States, Canada, Mexico and the Caribbean. All international travel will be booked in economy/coach class unless one of the following applies:

- Approved international business trip that are 10* or more hours in total travel time (defined
 as time first flight is scheduled to depart to time last flight is scheduled to land) are eligible for
 special restricted business class fares or premium economy-type fares when offered by the
 carrier.
- 2. Approved international business trips that include at least one flight of <u>7*</u> hours or more of scheduled flight time are eligible for special restricted business class fares or premium economy-type fares when offered by the carrier.

Travelers who meet one of the above criteria may elect to travel economy/coach in which case the traveler will be reimbursed for Economy Plus seating or other special coach seating if offered by the carrier.

Special restricted business-class fares are offered by most carriers, are typically non-refundable, have significant change fees and seats are very limited. Non-restricted business class fares and first class fares are not allowed. Approved international travel must be booked as far in advance of travel as possible. International carriers such as Turkish airlines, Asiana, Air Canada and Malaysia Airlines often offer lower restricted business class fares and should be considered by the traveler.

All international travel requires the approval of the Executive Director.

Advisory travel warnings from the U.S. State Department should be taken into consideration. Visa and passport fees, and required immunizations or any other special items required for authorized international business travel are reimbursable.

Through the ADA's group insurance company, worldwide emergency medical assistance, emergency personal services, and pre-trip information are available at no charge for most international destinations. International travelers will be given the necessary travel and contact information for this service with their final travel documents.

Note. The asterisk that appears in the above resolution refers to comments on the financial impact of the revised international policy appearing in the "Report for Discussion: 2014 Potential International Travel Policy Change."

During the discussion of Resolution B-165, it was suggested that an additional option be investigated that would allow for some type of stipend or reimbursement for use of personal miles for international travel.

Universal Assessment Criteria. On vote, the Board adopted the following resolution.

B-168-2013. Resolved, that the Universal Assessment Criteria for 2014 be approved in substantially the form attached to the December 2013 Report of the Budget and Finance Committee.

The following are the Universal Assessment Criteria presented by the Budget and Finance Committee:

- 1. Attracts and Retains Members
- 2. Competitive Advantage/Avoids Redundancy with the Tripartite
- 3. Enhances Pride in ADA Membership by Serving Society
- 4. Direct Member Benefit Engages a High Volume of Users
- 5. Direct Member Benefit has High Satisfaction Among its Users
- 6. Targeted at Third Parties but Highly Valued by Members
- 7. Targeted at Third Parties and Effective in Achieving its Goals

2014 Funding Request From ADA Reserves—Aptify Tripartite Deployment. On vote, the Board adopted the following resolution.

B-169-2013. Resolved, that the following appropriation be made from the Reserve Fund and in accordance with the terms of the supplemental appropriation requests.

Division of Information Technology

Aptify Tripartite Deployment Acceleration Plan - \$602,540

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

B-175-2013. Resolved, that the ADA Budget and Finance Committee direct Ellwood Associates to eliminate the Wells Fargo Small Cap Value fund and to reinvest the fund as follows: 50% in Vaughan Nelson Value Opportunities Fund and 50% in Luther King Small Cap Equity Fund.

Report of the Compensation Committee: Dr. Carol Summerhays, Committee chair, presented the report of the Committee's December 14, 2013, meeting. The report identified the major topics discussed, reports received and actions taken. On behalf of the Committee, Dr. Summerhays moved the following resolutions:

ADA Executive Director—Key Accountabilities. On vote, the Board of Trustees adopted the following resolution.

B-173-2013. Resolved, that the key accountabilities of the Executive Director for purposes of annual goal setting and performance evaluation shall be defined by the Board of Trustees as below beginning immediately and going forward:

- 1. Provide strong strategic leadership to align the organization around its mission and goals.
- 2. Function as an ex officio member and advisor of the Board with all of the responsibilities and accountabilities incumbent in that role.
- 3. Bring strategic options for consideration by the Board in formulating strategic decisions and ensure that the Board is fully informed on key issues.
- 4. Provide leadership and management to all organizational activities consistent with the strategy and direction approved by the Board. Manage an effective, high performing team that produces high impact results, minimizes risks, and operates at the highest levels of professionalism on behalf of the Association.
- Create and maintain effective external relationships to other elements of the tripartite, key stakeholders, other dental organizations, and the general public to advance the best interests of the Association.
- 6. Manage a high level of accountability and financial health within the Association.

ADA Executive Director—2014 Performance Goals. On vote, the following resolution was adopted by the Board of Trustees.

B-174-2013. Resolved, that the following be adopted by the Board of Trustees as the 2014 Performance Goals for the Executive Director:

- Goal 1 (weighted 40%): Lead the ADA and collaborate with constituent and component societies toward the provision of unique compelling value to members at each level of the tripartite for each member segment;
- Goal 2 (weighted 40%): Lead the ADA efforts toward the full alignment of the tripartite that
 ultimately enhances the member experience, drives loyalty, and results in a tripartite portfolio
 of high value, high touch member experiences, products and services;
- Goal 3 (weighted 20%): Manage resources and grow revenues to achieve operational and strategic initiatives

and be it further

Resolved, that on or before January 31, 2014, the Compensation Committee may adopt (as submitted or with changes) such measures and metrics of performance objectives for the above goals as submitted to the Committee by Dr. O'Loughlin.

ADA Treasurer. The Compensation Committee reviewed the terms of the Termination Agreement that ends employment of the Treasurer as a W-2 reporting employee; effective January 1, 2014, the Treasurer regains independent contractor status.

Report of the Diversity and Inclusion Committee: Dr. Steven Gounardes, Committee chair, presented the report of the Committee's December 14, 2013, meeting. The report identified the major topics discussed,

reports received and actions taken. On behalf of the Committee, Dr. Gounardes moved the following resolutions:

Institute for Diversity in Leadership Class Size. On vote, the Board adopted the following resolution.

B-170-2013. Resolved, that the Board of Trustees support development of a proposal for the 2015 budget to expand the class size of the Institute for Diversity in Leadership from 12 to 16.

Tripartite Leadership Development Network. On vote, the Board adopted the following resolution.

B-171-2013. Resolved, that the Board of Trustees support the development of a proposal for the 2015 budget to implement a tripartite leadership development network.

Composition of the Committee on Diversity and Inclusion. On vote, the Board adopted the following resolution.

B-172-2013. Resolved, that the *Organization and Rules of the Board of Trustees*, sections titled "Standing Committees, Committee on Diversity and Inclusion, Composition," be amended as follows (new language <u>underscored</u>):

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, and three alumni of the Institute for Diversity in Leadership, nominated by the Diversity and Inclusion Committee, and appointed by the President.

Term: To ensure continuity, the term of service for the trustee members shall be four years. <u>The term of service for the three alumni of the Institute for Diversity in Leadership shall be staggered three year terms.</u>

Note. The Committee reported that contingent upon the approval of Resolution B-172, it will suggest to the President the existing three Institute Alumni consultants as nominees to the Diversity and Inclusion Committee.

Report of the Governance Committee: Dr. Carol Summerhays, Committee chair, submitted the report of the Committee's December 14, 2013, meeting. The report identified the major topics discussed, reports received and actions taken (consent calendar item).

Report of the Information Technology Committee: Dr. Joseph Hagenbruch, Committee chair, presented the report of the Committee's December 14, 2013, meeting. The report identified the major topics discussed, reports received and actions taken. Comments on the Wi-Fi performance at the 2013 House of Delegates were offered by Ms. Mark, Mr. Bowman and Mr. Goodman.

Report of the Pension Committee: Dr. Ronald Lemmo, Committee chair, presented the report of the Committee's December 13, 2013, meeting. The report identified the major topics discussed, reports received and actions taken.

Communications and Marketing

Report of the Chief Communications Officer: Annual Review of ADA Spokesperson Candidate: The Board adopted the following resolution (consent calendar item):

B-148-2013. Resolved, that the following ADA national spokesperson candidate be invited to serve as an expert dental spokesperson through the 2014 annual session.

Technical Expert
Judith A. Jones, D.D.S., M.P.H., D.Sc., Boston, MA (Eldercare Issues)

Report of the Senior Vice President, Government Affairs and the Chief Communications Officer: Action for Dental Health Progress Report: This joint report was presented by Mr. Ohr and Mr. Graham and updated the Board on the Call to Action campaign, subsequently rebranded as "Action for Dental Health: Dentists Making a Difference." This report summarized the campaign's progress from September through mid-November 2013. Supplemental information for the tracking document was appended to the report to identify activities of the Pennsylvania Dental Association in support of the Action for Dental Health (consent calendar item).

Conferences and Continuing Education

Report of the Managing Vice President, Conferences and Continuing Education and Executive Director, ADA Foundation: Give Kids A Smile and Presidential Gala: Mr. Goodman provided an update to the report on this topic presented at the Board's October 2013 session. This updated report incorporated results of the Foundation's recent Gala and provided several options for 2014 for the Board's consideration. Mr. Wurth reviewed details of the financial success of the 2012 and 2013 Galas and commented on the current environment whereby corporate sponsors are more inclined to support programs and activities that have a charitable component. During consideration of this topic, the timing of the Gala was discussed, including why a Friday night event was preferable, and the cost factor to attendees who participate at more than one event. A motion was made and subsequently not adopted to cap the ticket price at \$150. On vote the Board of Trustees adopted the following resolution.

B-179-2013. Resolved, that at ADA 2014 America's Dental Meeting in San Antonio, TX, the ADA support and participate in a joint ADA Foundation's GKAS and ADA Board Recognition Gala to be held on Friday evening October 10, 2014.

Dental Education/Professional Affairs

Report of the Senior Vice President, Education and Professional Affairs: Matters Related to the ADA Library and Archives Advisory Board: The Board was asked to consider a resolution adopted by the 2013 House of Delegates (Resolution 101H-2013) that addresses the composition of the ADA Library and Archives Board. The Board also was provided a resolution approving the Memorandum of Understanding between the ADA and the University of Illinois at Chicago (UIC).

Composition of ADA Library and Archives Advisory Board. It was reported that the Library Task Force agrees with the House of Delegates that an additional public member should be added to the ADA Library Advisory Board. However, the Task Force did not fully agree that having a dental editor as one of the ADA at-large appointees is a necessary criterion for selection to the Advisory Board. Dr. Hagenbruch, as the Task Force chair, moved Resolution B-155. On vote, the Board of Trustees adopted the following resolution.

B-155-2013. Resolved, that in response to ADA House of Delegates Resolution 101H-2013, the composition of the ADA Library and Archives Advisory Board be modified to add a public member who is a special (dental) librarian appointed by the ADA Library Advisory board from a list of at least two qualified nominees, and be it further

Resolved, that the qualifications will be based on criteria established by the Advisory Board.

Memorandum of Understanding (MOU) Between ADA and University of Illinois at Chicago Medical Center Library. It was reported that negotiations with the University of Illinois are still ongoing and that approval of the MOU should be postponed until the next Board session. On vote, the Board postponed definitely consideration of the following resolution until the March 2014 session of the Board of Trustees.

B-156. Resolved, that the Memorandum of Understanding between the ADA and the University of Illinois at Chicago Medical Center Library be approved and transmitted to the University of Illinois for approval.

Mr. Jeff Gartman gave a brief overview on the status of the ADA Library.

Finance and Operations

Report on the Final Status of the 2013 Operating Contingency Fund and Approval of Supplemental Appropriation Requests: This report summarized the supplemental requests from the Contingency Fund approved by the Board of Trustees in 2013. A Contingent Fund of \$1 million was authorized in the 2013 budget. Through the October 2013 Board session total supplement requests in the amount of \$1,093,000 were approved, leaving a deficit balance of \$93,000 (consent calendar item).

Report on the Final Status of the 2013 Capital Contingency Fund and Approval of Supplemental Appropriation Requests: This report summarized the supplement requests from the Capital Contingency Fund approved by the Board of Trustees in 2013. A Capital Contingency Fund of \$230,000 was authorized in the 2013 budget. Through the October 2013 Board session one supplemental request in the amount of \$139,500 was approved, leaving a final balance of \$90,500 (consent calendar item).

Report on the Status of the 2014 Operating Contingency Fund and Approval of Supplemental Appropriation Requests: A Contingent Fund of \$1 million was authorized in the 2014 budget. The Board of Trustees received for consideration at this session one request for 2014 supplemental funding.

Practice Management Guidelines Advisory Panel Meeting and Market Research. Based on the favorable recommendation of the Budget and Finance Committee, the Board adopted the funding request presented in Resolution B-163 (see page 264).

Global Affairs

Report of the 2014 Humanitarian Award Nominating Committee: The 2014 Nominating Committee presented the following resolution and supporting documentation for the Board's consideration. On vote the Board of Trustees adopted the following resolution.

B-146-2013. Resolved, that Dr. Ray Damazo, Washington, be approved as the 2014 recipient of the ADA Humanitarian Award.

Report on the 2013 FDI Annual World Dental Congress: This report presented comments of members of the ADA/FDI delegation and ADA members holding positions on the FDI Council and Committees regarding the 2013 FDI Annual World Dental Congress that convened in Istanbul, Turkey, August 28-31, 2013 (consent calendar item).

Government/Public Affairs

Report of the Council on Access, Prevention and Interprofessional Relations: Update on the CDHC Pilot Program: This executive summary noted that the pilot phase of the Community Dental Health Coordinator program has concluded and the program has progressed to the transitional phase of implementation. The following brief points were also noted: efforts are underway is to initiate the CDHC program in 15 states by 2015; a request was made for a CDHC program to be housed in NOVA Dental School; and conversations have begun with community colleges in multiple states that have expressed interest in this educational program (consent calendar item).

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:

- ADA and other members of the Friends of Indian Health are supporting legislation to make IHS loans tax free
- the Competitive Health Insurance Reform bill (McCarran-Ferguson Act) now has 17 so-sponsors

- progress is being made in getting bipartisan support for the Dental Insurance Fairness Act (H.R. 1798)
- changes to ADPAC's online grassroots program
- 2013 annual session attendees contributed a record \$503,000 to ADPAC
- an update on non-covered services developments
- the State Public Affairs Program has received 18 applications for 2014 SPA assistance grants

Report of the Council on Access, Prevention and Interprofessional Relations: Update on Recent Council Activities: The Council reported that the ADA's Action for Dental Health is the principal driver behind its current activities. The following topics were noted:

- November 18-20, 2013, Prevention Summit
- release in 2014 of an eight module CE course on Eldercare to be offered through ADA's Center for Professional Success
- invitation to CAPIR to give a dental presentation at the February 2014 Policy and Issue meeting of the National Association of Community Health Centers
- convening of a Medicaid State Dental Association meeting of diverse stakeholders to develop an
 action plan to address the Recovery Audit Contractor program, which has been conducting high
 profile audits of dental practices

Prevention Summit Update. Dr. Jane Grover commented on the success of the November 2013 Prevention Summit. Some background was provided on how the summit came about, the role of the ADA as summit convener, the evaluations on the summit from participants, and next steps. Next steps include the summit planning group reconvening in January for formal outcome implementation. Dr. Grover reported that the presentation of the keynote speaker and the presentation on health literacy were available on ADA.org.

Legal Affairs

Report of the Division of Legal Affairs: Summary of Litigation and Other Matters: This report summarized the status of litigation in which the Association is currently involved; provided information on two amicus curiae briefs filed in support of litigation affecting members; provided an update on the Contract Analysis Service; and identified division activities to protect ADA intellectual property.

Membership, Tripartite Relations and Marketing

Report of the Diversity and Inclusion Committee: Increasing Leadership Diversity: This informational report summarized results of surveys sent to constituent society executive directors to gain an understanding of their diversity leadership programs, interest and needs. Also provided were the results of interviews conducted by the members of the Board of Trustees within their districts to gather information regarding leadership diversity and related barriers. Based on the information collected from the surveys and interviews, the Committee took several actions and noted them in its report; however, at this time no proposals were presented to the Board for action.

Report of the Council on Members Insurance and Retirement Programs: New AXA Retirement Gateway Association Product: The Council recommended that the Board approve the endorsement of the new ADA Retirement Gateway Plan provided by AXA Equitable to enhance member value. The report identified key issues, budget impact, financial/operational requirements, and risk/benefits of the action. On vote, the Board of Trustees adopted the following resolution.

B-147-2013. Resolved, that the ADA endorsement of the AXA Equitable Retirement Gateway® Association Retirement Plan, as proposed by AXA Equitable, validated by Milliman Inc. and recommended by the Council on Members Insurance and Retirement Programs, be approved.

Report of the Council on Membership: Membership Growth Plan Update: This report gave an update on the Council's development of a Membership Growth Plan. The Membership Growth Plan, a comprehensive and integrated initiative, was developed by the Council in collaboration with ADA agencies, tripartite leadership, management and staff. The purpose of the Plan is to mount an effective and multi-faceted response to ADA's membership market share decline in a timely, thoughtful and fiscally prudent manner. It was reported that the Plan is complete and pending approval by the Council at its January 2014 meeting; the Board will receive the Plan for consideration at its March 2014 session (consent calendar item).

Report of the Council on Members Insurance and Retirement Programs: Private Health Insurance Exchange Web Portal Endorsement: Ms. Abeles presented the Council's report describing its consideration of endorsing an existing national Private Health Insurance Exchange web portal. The key issues surrounding the potential endorsement were identified, along with budget impact, and risks/benefits. The Board was advised that no action was being requested at this time, but the Council may ask the Board to review options and take action prior to the March 2014 Board session.

Practice Institute (Formerly Dental Practice/Professional Affairs)

Report of the Inter-Agency Work Group on Grassroots Member Communication: This report summarized actions taken to identify and implement new approaches for disseminating information regarding the Affordable Care Act (ACA). The processes and working relationships developed to support communication on the ACA will serve as a model for disseminating other information of interest to, or affecting ADA members in practice (consent calendar item).

Report on ADA Standards Annual Volunteer Awards Program: This report provided information regarding the ADA Standards Annual Volunteer Awards program; the program's history in recognizing outstanding program volunteers; and recommended candidates for the 2013 Standards Committee on Dental Products (ADA SCDP) and the 2013 ADA Standards Committee on Dental Informatics (ADA SCDI) Volunteer Awards. The Board of Trustees adopted both Resolution B-151, naming the recipient of the 2013 SCDP Volunteer Award, and Resolution B-152, naming the recipient of the 2013 SCDI Volunteer Award (consent calendar item).

Note. The text of the adopted resolutions is embargoed pending announcement of award recipients in the first quarter of 2014.

Report of the Department of Standards Administration: New Investigator Award for Dental Informatics Research: This report provided information on a proposal to establish a New Investigator Award for Dental Informatics Research. The proposal was initiated by the Standards Committee on Dental Informatics; the Council on Dental Practice approved recommending a SCDI proposal to the Board of Trustees. The SCDI also proposed naming the award as the Robert H. Ahlstrom New Investigator Award for Dental Informatics Research.

On vote, the Board adopted the following resolution.

B-153-2013. Resolved, that the Board of Trustees approves creation of an annual Robert H. Ahlstrom New Investigator Award competition according to the following procedures and criteria:

- The purpose of the award is to encourage dental students and young researchers to
 participate in standards development work. The award is also intended to highlight the crucial
 role that standards play in the dental office in the emerging areas of informatics and digital
 technologies.
- The annual contest announcement and call for papers will be sent to all dental schools and published in appropriate print and electric media.
- Applications will be accepted from dental students or practitioners who have received their D.D.S. or D.M.D. degree no more than five years prior to the time of selection and dentists pursuing additional degrees.

- Applicants are required to submit an original research report that has been completed but
 not published or recently published standards-related articles or posters. The application
 must include an explanation of how the research addresses some aspect of the utilization of
 standards in dental information systems or EHR research and development.
- An Awards Committee will be formed to review all applications and propose the winner to the Council on Dental Practice, which will make the final selection. The Awards Committee will be comprised of the CDP Chair, CDP Vice Chair, SCDI Chair, SCDI Vice Chair and the ADA Board Liaison to SCDI.
- The winner will receive airfare and two nights hotel stay to attend the 2015 SCDI meeting and present his/her paper. The paper may be published on ADA.org or in an appropriate journal.

Science/Professional Affairs

Report of the Council on Scientific Affairs: Recent Activities: This report summarized recent Council activities and outcomes from its November 2013 meeting (consent calendar item). Key issues included:

- approval of a modified ADA Caries Classification System (CCS) and new Council report on using the CCS in clinical practice;
- approval of a draft definition of the term "oral health" for circulation to external communities of interest as part of a consensus-building process;
- adoption of updated recommendations for the use of fluoride toothpaste in children under 6 years of age.

Organization/Other

Report of the ADA Foundation: This report identified financial system projects that have been initiated and audit-related activities; summarized grants issued in 2013; gave an overview of the Give Kids A Smile Gala in New Orleans; and reported on the ADAF/Volpe Research Center. Additionally, it was noted that plans are underway to facilitate a combined ADA/ADAF Board visit to the ADAF/Volpe Research immediately following the ADA Washington Leadership Conference in May 2014.

Report of the Division of Administrative Services: Review of the Guidelines for Nominations to ADA Councils, Commissions and the New Dentist Committee: The Board of Trustees annually reviews the Guidelines suggested by the councils on the credentials and qualifications desired in nominees for council appointment and reviews the general requirements for all nominees. The Board of Trustees adopted the following resolution (consent calendar item).

B-149-2013. Resolved, that the Guidelines for Nominations to Councils, Commissions and the New Dentist Committee be approved.

Report for Discussion: 2014 Potential International Travel Policy Change: Staff was asked to review existing policy specific to FDI travel and to consider possible reimbursement to volunteers for usage of personal miles for ADA business flights. It was reported that the travel issue is broader than FDI related travel and may require a possible revision of international travel policies to reflect current best practices. This report presented the current international travel policy for volunteers and staff and presented a proposed internal travel policy for the Board's discussion (Resolution B-165). The Budget and Finance Committee considered this report during its December 14, 2013 meeting and based on the Committee's recommendation, the Board postponed definitely to the March 2014 Board session consideration of the proposed resolution (see page 264).

Report of the President: Dr. Norman gave an oral report on meetings attended and trips taken since his installation as President at the 2013 House of Delegates.

Report of the President-elect: Dr. Feinberg gave an oral report on meetings attended and trips taken since her election and installation as President-elect at the 2013 House of Delegates.

Report of the Executive Director: Dr. O'Loughlin provided an oral report on ADA operational highlights through November 2013.

Liaison Reports

Report of Dr. Joseph Hagenbruch, chair, Dental Content Committee: This report provided information on the Dental Content Committee Conference Call meeting held on December 3, 2013.

Report of Dr. Joseph Hagenbruch, Standards Committee on Dental Informatics: This report provided information on the ADA SCDI meeting held October 28-30, 2013 in New Orleans, Louisiana.

Report of Dr. Hal Fair, Liaison to ADEX: Dr. Fair commented on an issue discussed with ADEX leadership relating to a single licensure examination. Dr. Fair questioned the possibility for the ADA to host a stakeholders meeting to develop a consensus on a single, national, clinical dental examination for the initial licensure of dentists. After extensive discussion of a proposed resolution, the resolution was withdrawn.

New Business

Dental Quality Alliance (DQA): Dr. Crowley gave an update on the DQA meeting he attended in place of Dr. Hagenbruch. He and Dr. Hagenbruch commented on the expansion of the DQA membership and the impact of this expansion on ADA's representation. Dr. Crowley also expressed concern with the ADA rotation cycle on the DQA which leads to a more frequent turnover in ADA representatives. To address this concern, Dr. Crowley moved the following resolution; on vote, Resolution B-176 was adopted by the Board of Trustees.

B-176-2013. Resolved, in order to maximize the effectiveness of ADA representation on the Dental Quality Alliance (DQA), the Board urges the councils with representatives on the DQA to work together to create a deliberative succession plan.

Internet Review Sites: Dr. Gounardes commented on an issue raised at a recent New York State Board of Trustees meeting regarding reviews of dentists posted on internet sites, some which may be fictitious, and the impact of these reviews on individual dentists. Dr. Gounardes asked if this issue was a problem in other parts of the country or unique to New York, and what if anything could be done to help members impacted by these types of reviews. Mr. Busey noted that the Legal Division doesn't receive a high number of calls regarding this issue; other Board members commented how their states have managed similar issues. Mr. Busey commented on current free speech laws and the difficulty of resolving this issue through litigation. It was suggested that strategies for addressing these situations could be posted on the Center for Professional Success.

Special Orders of Business/Presentations

Strategic Planning Session, Sunday, December 15, 2013: A planning meeting was held on Sunday, December 15 in the Hillenbrand Auditorium of the American Dental Association for the purpose of assisting the Strategic Plan Steering Committee obtain input from agencies on the drafted objectives for the next Strategic Plan. Those in attendance included the officers and members of the Board of Trustees, the Speaker of the House of Delegates, Council, Commission and Committee chairs, vice chairs and directors, and senior staff.

Board Discussion of Members First 2020. During the Board's regular session, Dr. Israelson, chair, Strategic Plan Steering Committee (SPSC), summarized the results of the December 15 session. The Board reviewed the draft Strategic Plan 2015-2019 (entitled Members First 2020), which included suggested

strategies and tactics, and gave the SPSC input on the strategies. The SPSC will use the Board's input to further develop the draft plan.

Appearance of Dr. James Mercer, chair, ADABEI Board of Directors: Dr. Mercer reported on the status of ADABEI, referring to the Report of ADABEI submitted for this Board session. Dr. Mercer commented on ADABEI's financial success in 2013 and the outlook for 2014. An update on ADABEI's programs reviewed to date was provided.

Report of ADA Business Enterprises Inc. (ADABEI) Update. This report highlighted 2013 activities through September. Additionally, a brief update on the November 14, 2013, meeting of the ADABEI Board of Directors meeting was provided.

Closed Session

Closed sessions were held at various times during the December 16-17, 2013, session of the Board of Trustees.

The detailed minutes of the closed sessions are separately recorded; however, actions taken by the Board are reflected in the minutes of the open session.

Attorney-Client Session

An attorney-client session of the Board of Trustees was held on Monday, December 16, 2013, to provide advice on pending litigation and legal matters of interest to the Association. The session began at 3:40 p.m., in the Board Room of the ADA Headquarters Building, Chicago, and adjourned at 5:30 p.m. 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, the Deputies General Counsel, Cathryn Albrecht, ADA Senior Associate General Counsel, and outside legal counsel, Camille Olson and Annette Tyman of Seyfarth Shaw LLP.

Adjournment

The second regular session of the Board of Trustees was adjourned *sine die* at 11:55 a.m. on Tuesday, December 17, 2013.

Minutes of the House of Delegates

November 1–5

Notes

Minutes of the 154th Annual Session of the American Dental Association House of Delegates

November 1–5, 2013 New Orleans, Louisiana

Friday, November 1, 2013

First Meeting of the House of Delegates

Call to Order: The First Meeting of the 154th 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 3:30 p.m., Friday, November 1, 2013, in The Great Hall of the Ernest N. Morial Convention Center, New Orleans, Louisiana.

Invocation: An invocation was offered by Dr. Kenneth Versman, ADA first vice president; the invocation was followed by a moment of silence.

Pledge of Allegiance: Major General M. Ted Wong, US Army, lead 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 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.

Remarks of the General Chair of the Committee on Local Arrangements: Dr. Robert E. Barsley, Louisiana, welcomed the members of the House of Delegates, staff and guests to New Orleans on behalf of the Louisiana Dental Association, the New Orleans Dental Association, the Council on ADA Sessions, and the Committee on Local Arrangements.

Ethics Statement: Dr. Kevin Henner, chair, Council on Ethics, Bylaws and Judicial Affairs, read the Ethics Statement, which appears in the *Manual of the House of Delegates and Supplemental Information*.

Report of the Standing Committee on Credentials, Rules and Order: Dr. Jill Burns, Indiana, Committee chair, presented the Committee's report. The other members of the Committee included: Dr. David C. Anderson, Virginia; Dr. Jeffrey Hooten, Louisiana; Dr. Lisa A. Heinrich-Null, Texas; Dr. Paul F. Kattner, Illinois; Dr. David E. McLean, Vermont; Dr. Arnand Rao, Pennsylvania; Dr. Robert Shekitka, New Jersey; and Douglas B. Torbush, Georgia.

The following requests relating to the credentialing of new delegates, alternate delegates, acting secretaries and acting executive directors were presented.

Delegates

Dr. M. Ted Wong, Army Dr. Dianne D. Pannes, Army

Alternate Delegates

Dr. Craig G. Patterson, Army Dr. Donn A. Grimes, Army

- Dr. Paul L. Russo, District of Columbia
- Dr. Greg Goggans, Georgia
- Dr. Lawrence J. Busino. New York
- Dr. Paul Markowitz, New York
- Dr. Nicholas J. Vittoria, New York

Executive Director

Dr. David L. Nielson, Alaska

Dr. Burns reported that the Committee considered the requests to be result of extenuating circumstances and recommended the individuals be credentialed. Hearing no objections to granting credentials, the Speaker declared the credentials were granted.

Dr. Burns reported the presence of a quorum and reminded the members of the House of Delegates the provisions of the ADA Disclosure Policy in effect during the meetings of the House and the hearings of reference committees.

Minutes of the 2012 Session of the House of Delegates. Dr. Burns moved Resolution 47 (Supplement: 1028). The Speaker asked if there were any corrections to the minutes; hearing none, the Speaker declared the minutes adopted by general consent.

47H-2013. Resolved, that the minutes of the 2012 session of the House of Delegates, as published in Transactions, 2012 (pages 363-528), be approved.

Adoption of Agenda and Order of Agenda Items. Dr. Burns moved Resolution 48 (Supplement:1029). The Speaker noted that the agenda for the first meeting of the House included a closed session. The Speaker asked if there was any discussion regarding the official agenda; hearing none, the Speaker declared the agenda adopted by general consent.

48H-2013. Resolved, that the agenda as presented in the 2013 Manual of the House of Delegates and Supplemental Information be adopted as the official order of business for this session, and be it further Resolved, that with the consent of the House of Delegates, the Speaker is authorized to alter the order of the agenda as deemed necessary in order to expedite the business of the House.

Referral of Reports and Resolutions. Dr. Burns moved Resolution 49 (Supplement:1030). The Speaker announced that the Council on Ethics, Bylaws and Judicial Affairs withdrew Resolution 68 (Supplement:5078).

Resolution 68—Rescission of the Policy "The Dentist's Prayer," submitted by the Council on Ethics, Bylaws and Judicial Affairs and referred to the Reference Committee on Legislative, Health, Governance and Related Matters

A request was made by the Seventeenth Trustee District to withdraw Resolution 175-2012 (Supplement:5025):

Resolution 175-2012—Amendment of the ADA Constitution, Section 20. Administrative Body, submitted by the Seventeenth Trustee District and referred to the Reference Committee on Legislative, Health, Governance and Related Matters

On vote, the House approved the withdrawal of Resolution 175-2012.

Dr. Rex B. Card, North Carolina, requested that Resolution 88 (Supplement:3104), submitted by the Sixteenth Trustee District be withdrawn:

Resolution 88—Requirements in Dental School Education Programs, submitted by the Sixteenth Trustee District and referred to the Reference Committee on Dental Education, Science and Related Matters

On vote, the House approved the withdrawal of Resolution 88.

No further requests were received to amend the list of referrals of the reports and resolutions to reference; on vote, the following resolution was adopted.

49H-2013. Resolved, that the preliminary and supplemental list of referrals submitted by the Speaker of the House of Delegates be approved.

Dr. Burns noted 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 on proxy voting in the House of Delegates; and the time and location for balloting for candidates for elective offices.

Report of the President: Dr. Robert A. Faiella addressed the House of Delegates, commenting on challenges facing the profession and expressing a belief that "with challenges come tremendous opportunities, if we are cognizant to the conventional wisdom, if we plan actively and strategically and we have the courage to think differently." A video recording of Dr. Faiella's presentation will be available until October 2014 on ADA.org along with a printed copy of the Report of the President (Supplement:6029). The Report of the President was referred to the Reference Committee on Membership and Related Matters.

Presentation of the Distinguished Service Award: Dr. Robert Faiella presented the Distinguished Service Award, the highest honor given by the ADA Board of Trustees, to Dr. Robert T. Ferris. Dr. Faiella highlighted Dr. Ferris' accomplishments and contributions to the profession and the American Dental Association. Dr. Ferris expressed his thanks and appreciation for the honor bestowed on him by the ADA Board of Trustees.

Presentation of Reports of the Board of Trustees: On behalf of the Board of Trustees, Dr. Donald Seago, Fifth District Trustee, presented the reports of the Board of Trustees to the House of Delegates. The Board expressed its appreciation to the Council on ADA Sessions and the Committee on Local Arrangements and its volunteers for their dedicated work.

Nominations to ADA Councils, Commissions and Committees. Dr. Seago moved Resolution 67 (Supplement:1019). The Speaker asked if there were any additional nominations; hearing none, the Speaker declared the nominees duly elected.

67H-2013, 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. Seago asked the House to observe a moment of silence in memory of the former leaders who passed away since the last session of the House of Delegates.

The Speaker asked the House to recognize the retiring members of councils, commissions and committees for their invaluable service to the profession. Retiring members in attendance stood and the members of the House applauded their service.

Nominations of Officers and Members of the Board of Trustees

President-elect: The Speaker called for nominations for the office of president-elect. Dr. Jeffrey Cole, Delaware, nominated Dr. Maxine Feinberg, New Jersey, for the office of president-elect; Dr. Rhett Murray, Colorado, nominated Dr. A. J. Smith, Utah, for the office of president-elect; and Dr. Arnand Rao, Pennsylvania, nominated Dr. Charles R. Weber for the office of president-elect. The Speaker asked if there were any additional nominations; there were none. 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 Monday, November 4.

Second Vice President: The Speaker called for nominations for the office of second vice president. Dr. Chip Simon, Louisiana, nominated Dr. Bert Oettmeier, Kansas, for the office of second vice president; and Dr. Jonathan Knapp, Connecticut, nominated Dr. Jonathan Shenkin for the office of second vice president. The Speaker asked if there were any other nominations; there were none. Acceptance speeches were given by each of the second vice president candidates. The Speaker announced that the names of the candidates would be placed on the ballot for election on Monday, November 4.

District Trustee: The Speaker called for nominations for district trustee. Dr. R. Donald Hoffman, Pennsylvania, nominated Dr. Andrew Kwasny, Pennsylvania, as trustee for District 3; Dr. Wendy Brown, Maryland, nominated Dr. Jeffrey Cole, Delaware, as trustee for District 4; Dr. Lewis Mitchell, Alabama, nominated Dr. Red Stevens, Alabama, as trustee for District 5; and Mr. Gabriel Holdwick, ASDA, nominated Dr. Gary Jeffers, Michigan, as trustee for District 9. The Speaker asked if there were any additional nominations; there were none. The Speaker declared Dr. Kwasny, Dr. Cole, Dr. Stevens and Dr. Jeffers duly elected as trustees of their respective districts.

New Business

The Speaker announced that no items of new business had been received since Thursday, October 31.

Special Order of Business

Remarks by ADPAC Co-Chairs: Dr. Gordon Isbell and Dr. Loren Feldner, American Dental Political Action Committee (ADPAC) co-chairs, appeared before the House of Delegates, accompanied by two members of the United States House of Representatives, Congressman Mike Simpson and Congressman Paul Gosar. Brief remarks on the importance of the active participation of members of the dental profession in advocating for issues related to oral health and dentistry were noted.

Closed Session

With the consent of the House of Delegates, a closed session was convened at 5:13 p.m. by the Speaker of the House of Delegates. Prior to this closed session, guests, national dental organization representatives, international guests, staff and other observers, who were in attendance were requested to leave the meeting room. Mr. J. Craig Busey, general counsel, addressed the House of Delegates. The closed session concluded at 5:38 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. With no other business before the House, the Speaker declared the First Meeting of the ADA House of Delegates adjourned at 5:39 p.m., Friday, November 1, 2013.

Second Meeting of the ADA House of Delegates

Call to Order: The Second Meeting of the 154th Annual Session of the ADA House of Delegates was called to order at 8:00 a.m., November 4, 2013, 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.

Special Order of Business—Presentation of Honorary Memberships: The Speaker recognized President Faiella for the presentation of Honorary Memberships to the following individuals:

- Dr. Paul Warren, vice president, Global and Professional Affairs and Scientific Relations, Procter & Gamble Company
- Mr. Bruce Bergstrom, executive director emeritus, America's Dentists Care Foundation

Following the presentations, Dr. Warren and Mr. Bergstrom gave brief remarks.

Report of the Committee on Credentials, Rules and Order: Dr. Jill Burns, Committee chair, announced that the Committee had received requests relating to the credentialing of a new delegate and a new alternate delegate. The Committee considered these requests to be the result of extenuating circumstances and recommended that the following individuals be credentialed:

New York

Dr. G. Kirk Gleason, alternate delegate

Virgin Islands

Dr. Stuart Wechter, delegate

Hearing no objections, the Speaker announced the credentials granted.

Dr. Burns announced the presence of a quorum and reminded the House of the provisions of the ADA Disclosure Policy.

Election Results: The Speaker announced that Dr. Jonathan Shenkin, Maine, had been elected to the office of second vice president.

The Speaker also announced there would be a run-off election for the office of president-elect between Dr. Maxine Feinberg and Dr. A. J. Smith. To allow time a second ballot without disrupting the House proceedings, the Speaker called for a recess. Hearing no objection, the House recessed at 8:21 a.m. and reconvened at 8:56 a.m.

After the House reconvened, the Speaker announced that Dr. Maxine Feinberg, New Jersey, had been elected to the office of president-elect. Dr. Feinberg, Dr. Smith, Dr. Weber, Dr. Shenkin, and Dr. Oettmeier briefly addressed the members of the House of Delegates.

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 Lemmo presented to the House of Delegates his report on the status of the Association's finances.

Priority Agenda Items

Three priority agenda items were identified by the Reference Committees; the resolutions were considered in the following order:

- Amendment of the ADA Bylaws Regarding Approval of the ADA Budget—97H Workgroup Resolutions 64 and 65, and Board of Trustees Substitute Resolution 64B
- Approval of 2014 Budget—Board of Trustees Resolution 3
- Amendment of the ADA Bylaws—Delegate Allocation—Board of Trustees Resolution 2 and Twelfth Trustee District Resolution 2S-1

The first priority agenda item appeared in the Report of the Reference Committee on Legislative, Health, Governance and Related Matters and was presented by the chair, Dr. Larry Osborne, Illinois.

Amendment of the ADA Bylaws Regarding Approval of the ADA Budget (97H Workgroup Resolutions 64 and 65, and Board of Trustees Substitute Resolution 64B): The Reference Committee reported as follows:

The Reference Committee fully considered the testimony presented on which body, the House or the Board, should approve the budget. The Reference Committee felt strongly that the House needs to retain its critical role of approving the budget. The process has worked for many years and the Reference Committee sees no compelling reason to change it. Accordingly, the Reference Committee recommends a no vote on shifting the budget authority. The Reference Committee moves 64B in lieu of 64 and 65 with a recommendation to vote no.

The Standing Committee made editorial revisions in the fourth resolving clause to correctly show the revisions proposed in Resolution 64B. The Standing Committee on Constitution and Bylaws approves the wording of Resolution 64B as modified.

64B. Resolved, that CHAPTER V. HOUSE OF DELEGATES, Section 50. DUTIES of the ADA Bylaws be amended as follows (additions underscored, deletions stricken through):

Section 50. DUTIES: It shall be the duty of the House of Delegates to:

- A. Elect the elective officers.
- B. Elect the members of the Board of Trustees.
- C. Elect the members of the councils and commissions except as otherwise provided by these
- D. Receive and act upon reports of the committees of the House of Delegates.
- E. Adopt an annual budget and Establish the dues of active members for the following year.
- F. Serve as the court of appeal from decisions of the Council on Ethics, Bylaws and Judicial Affairs involving disputes arising between constituent societies or between constituent and component societies, and as provided in Chapter XIII of these Bylaws.

and be it further

Resolved, that CHAPTER V. HOUSE OF DELEGATES, Section 130. RULES OF ORDER, Subsection A. STANDING RULES AND REPORTS, paragraph c. APPROVAL OF THE ANNUAL BUDGET of the ADA Bylaws be deleted in its entirety as follows (deletions stricken through):

A. STANDING RULES AND REPORTS.

a. REPORTS. All reports of elective officers, councils and committees, except supplemental reports, shall be sent to each delegate and alternate delegate at least fourteen (14) days in advance of the opening of the annual session. All supplemental reports shall be distributed to each delegate before such report is considered by the House of Delegates.

- b. APPROPRIATION OF FUNDS. Any resolution proposing an appropriation of funds, shall be referred to the Board of Trustees for a report at the same session on the availability of funds for the purpose specified.
- c. APPROVAL OF ANNUAL BUDGET. The proposed annual budget shall be submitted by the Board of Trustees to the members of the House of Delegates at least thirty (30) days prior to the opening meeting of the annual session, shall be referred to a special reference committee onbudget for hearings at the annual session and then shall be considered for approval as a special order of business at the second meeting of the House of Delegates. In the event the budget as submitted is not approved, all recommendations for changes shall be referred to the Board of Trustees to prepare and present a revised budget. This procedure shall be repeated until abudget for the ensuing fiscal year shall be adopted.

and be it further

Resolved. that the remaining paragraphs d. through f. of CHAPTER V. HOUSE OF DELEGATES. Section 130. RULES OF ORDER, Subsection A. STANDING RULES AND REPORTS, be re-lettered as paragraphs c. through e., respectively, and be it further

Resolved, that CHAPTER VII. BOARD OF TRUSTEES, Section 100. DUTIES, Subsection F. of the ADA Bylaws be amended as shown below (additions underscored, deletions stricken through):

F. Develop, prepare and adopt a budget for carrying on the activities of the Association for each ensuing fiscal year, and present for action by each House of Delegates a resolution setting forth the proposed dues of active members for the following year. Notice of such a resolution shall be sent by a certifiable method of delivery to each constituent society not less than ninety (90) days before such session to permit prompt, adequate notice by each constituent society to its delegates and alternate delegates to the House of Delegates of this Association, and shall be announced to the general membership in an official publication of the Association at least sixty (60) days in advance of the annual session.

and be it further

Resolved, that the section entitled "Consideration of Budget" contained in the Rules of the House of Delegates be deleted in its entirety.

Consideration of Budget

The proposed annual budget shall be submitted to the members of the House of Delegates at least-30 days prior to the opening meeting of the annual session. In the event the proposed budget assubmitted is not approved, all recommendations for changes adopted by the House of Delegatesshall be referred to the Board of Trustees to prepare and present a revised, proposed budget.

Recommendations for changes shall be made in the form of fully debatable motions which shall beindividually considered and acted upon by the House of Delegates. To be in order, the proper wording for such a motion must be:

"I move that the proposed budget be returned to the Board of Trustees for revision with the recommendation that..."

If any recommendations for changes in the proposed budget receive House approval, they shall be identified as House Budget Recommendation 1, House Budget Recommendation 2, etc.

House approval of any recommendations for changes automatically returns the proposed budget to the Board of Trustees for revision and subsequent resubmission to the House of Delegates for approval or further recommendations for modification. This procedure will be repeated until a preliminary budget for the ensuing fiscal year is adopted.

This preliminary budget includes all items that the Board of Trustees and House of Delegates haveapproved, but it remains a preliminary budget since it does not incorporate any programs that maysubsequently be adopted by the House at this session which require additional funding. The final-budget is established and adopted by the House of Delegates through its approval of the preliminary-budget plus the changes made as a result of actions by the House of Delegates. The Board of Trustees will present this final budget, which will include the preliminary budget plus any additions-made as a result of action by the House of Delegates, to the House at the last meeting of the annual-session.

Dr. Osborne moved Resolution 64B (as modified) in lieu of Resolutions 64 (*Supplement:*5053) and 65 (*Supplement:*5059).

Pro and con discussion ensued. A motion was made to vote immediately; on vote, the motion was not adopted since it failed to receive a two-thirds (2/3s) affirmative vote.

Pro and con discussion continued. A second motion was made to vote immediately; on vote, the motion to vote immediately was adopted by a two-thirds (2/3s) affirmative vote.

On vote, Resolution 64B in lieu of Resolutions 64 and 65 was not adopted since it failed to receive a two-thirds (2/3s) affirmative vote. The Speaker announced that the motion "in lieu of" disposes of Resolutions 64 and 65 unless they are moved for consideration. Neither resolution was moved for consideration; the Speaker declared Resolutions 64 and 65 moot.

In response to a question regarding the order for considering the priority agenda items, the Speaker commented that Resolution 64B was considered first because, if adopted, it would affect how the House would proceed with the budget.

The second priority agenda item appeared in the Report of the Reference Committee on Budget, Business and Administrative Matters and was presented by the chair, Dr. Mark Weinberger, New York.

Approval of 2014 Budget (Board of Trustees Resolution 3): The Reference Committee reported as follows:

The Reference Committee heard limited testimony in favor of the resolution.

- **3. Resolved,** that the 2014 Annual Budget of revenues and expenses, including net capital requirements be approved.
- Dr. Weinberger moved the adoption of Resolution 3 (Supplement:2025).

A motion was made to return the budget to the Board of Trustees with the recommendation to increase the number of meetings of the Council on Government Affairs from two to three. Discussion on the budget recommendation occurred.

A motion was made to vote immediately; on vote, the motion to vote immediately was adopted by a twothirds (2/3s) affirmative vote. On vote, the motion to return the budget to the Board of Trustees was not adopted.

Discussion continued on the motion to adopt Resolution 3.

In response to a question, the Speaker clarified that at this time the House will be adopting a preliminary budget; the vote on the final budget will take place after consideration of all other business before the House.

On vote, the preliminary budget was adopted. (See page 372 for final action.)

The third and final priority agenda item appeared in the Reference Committee on Legislative, Health, Governance and Related Matters and was presented by the chair, Dr. Larry Osborne, Illinois.

Amendment of the ADA Bylaws—Delegate Allocation (Board of Trustees Resolution 2 and Twelfth Trustee District Resolution 2S-1): The Reference Committee reported as follows:

The Reference Committee heard testimony both in favor of and opposed to Resolution 2 and 2S-1. While the Reference Committee is sympathetic to the potential for constituents with small membership numbers to lose delegates even where they may have outperformed larger states or the ADA in retention and recruitment of members, the Reference Committee believes that the proposal contained in Resolution 2S-1 adds uncertainty to the allocation process, especially concerning the effects of the proposal in the long term. Because Resolution 2 provides as fair an allocation system as possible while still providing for minimum representation for small constituents, the Reference Committee recommends the adoption of Resolution 2.

The Standing Committee corrected an erroneous citation to the basis for the composition of the American Student Dental Association delegate delegation in the third resolving clause of Resolution 2. The Standing Committee on Constitution and Bylaws approves the wording of Resolution 2 as modified.

2. Resolved, that CHAPTER II. CONSTITUENT SOCIETIES, Section 100. PRIVILEGE OF REPRESENTATION, of the ADA Bylaws be amended as follows (additions underscored, deletions stricken through):

Section 100. PRIVILEGE OF REPRESENTATION:

Each state constituent dental society and the District of Columbia Dental Society shall be entitled to a minimum of two (2) delegates in the House of Delegates. Each territorial constituent society and federal service shall be entitled to a minimum of two (2) delegates in the House of Delegates, exceptthat if its total membership is equal to or greater than the size that of the smallest state constituent society: otherwise the territorial society or service shall receive one (1) delegate shall be allocated tothe Virgin Islands Dental Association. The Air Force Dental Corps, the Army Dental Corps, the Navy-Dental Corps, the Public Health Service and the Department of Veterans Affairs shall each be entitled to two (2) delegates, one of which shall be elected by the respective service, without regard to the number of members. The remaining number of delegates shall be allocated as provided in Chapter V, Sections 10C and 10D.

Each constituent society and each federal dental service may select from among its active, life and retired members the same number of alternate delegates as delegates and shall designate the alternate delegate who shall replace an absent delegate.

and be it further

Resolved, that CHAPTER V. HOUSE OF DELEGATES, Section 10. COMPOSITION, Subsection A. VOTING MEMBERS of the ADA Bylaws be amended as follows (additions underscored, deletions stricken through):

Section 10. COMPOSITION.

A. VOTING MEMBERS. The House of Delegates-shall be limited to four hundred sixty (460) votingmembers for the two years 2004 to 2005 inclusive. Thereafter, the number of voting membersshall be determined by the methodologies set forth in Section 10C of this Chapter. It shall be composed of the officially certified delegates of the constituent dental societies and of the five (5) federal dental services, who shall be active, life or retired members, two (2) officially certified delegates from each of the five (5) federal dental services, who shall be active, life or retiredmembers and five (5) student members of the American Student Dental Association who are officially certified delegates from the American Student Dental Association. Proxy voting is explicitly prohibited; however, an alternate delegate may vote when substituted for a voting member in accordance with procedures established by the Committee on Credentials, Rules and Order.

and be it further

Resolved, that CHAPTER V. HOUSE OF DELEGATES, *Section* 10. COMPOSITION, Subsection C. REPRESENTATIONAL REQUIREMENTS AND GOALS of the ADA *Bylaws* be amended as follows (additions <u>underscored</u>, deletions <u>stricken through</u>):

C. REPRESENTATIONAL REQUIREMENTS AND GOALS. Each constituent society <u>and each of the five federal dental services</u> shall be entitled to <u>the minimum two (2) number of delegates set forth in CHAPTER II. CONSTITUENT SOCIETIES, Section 100. PRIVILEGE OF REPRESENTATION</u>, except that one (1) delegate shall be allocated to the Virgin Islands Dental Association. The Air Force Dental Corps, the Army Dental Corps, the Navy Dental Corps, the Public Health Service and the Department of Veteran Affairs shall each be entitled to two (2) delegates, one of which shall be elected by the respective service, without regard to the number of members. The American Student Dental Association shall be entitled to the number of delegates set forth in CHAPTER V. HOUSE OF DELEGATES, Section 100. COMPOSITION, Sub-section A.

The allocation of the remaining delegates shall be made pursuant to the delegate allocation methodology set forth in Subsection D. of this Section, with the goals of (i) achieving as close to proportional representation of active, life and retired members of the Association as possible while providing for the minimum representational requirements set forth in CHAPTER II. CONSTITUENT SOCIETIES, Section 100. PRIVILEGE OF REPRESENTATION; (ii) providing for representation of the American Student Dental Association; and (iii) maintaining the size of the House of Delegates as close to 473 delegates as possible while meeting the other goals recited in this Subsection. For the two years 2004-2005 inclusive, the remaining number of delegates shall be allocated to the constituent societies, through their trustee districts based on the representational goals that each trustee district's representation in the House of Delegates shallvary by no more or less than 0.3% from its active, life or retired membership share in this-Association, based on the Association's December 31, 2002 membership records, and that nodistrict or constituent shall lose a delegate from its 2003 allocation. Thereafter, to allow for changes in the delegate allocation due to membership fluctuations, the Board of Trustees shalluse this variance method of district delegate allocation (a variance of no more than 0.3% of itsactive, life and retired membership share in the Association) at subsequent intervals of three (3) years, with the first such review occurring for the 2006 House of Delegates. Such reviews shall be based on the Association's year-end membership records for the calendar year preceding the review period in question. No district shall lose a delegate unless their membership numbers are at least one percent less than their membership numbers of the prior three years. Any changesdeemed necessary shall be presented to the House of Delegates in the form of a Bylaws' amendment to Section 10D of this Chapter.

and be it further

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

D. DELEGATE ALLOCATION METHODOLOGY. Commencing in 2014, Based-based on the representational requirements and goals set forth in Section 10C, the delegates shall be allocated according to the allocation methodology set forth below. Thereafter, to account for membership fluctuations, delegate allocations shall be reviewed and delegates shall be reallocated by the Secretary of the House of Delegates every four (4) years among the constituent dental societies, the five (5) federal dental services and the American Student Dental Association in accordance with that same methodology. Delegate allocations shall be based on the Association's year-end membership records for the second calendar year preceding the year in which the delegate allocations become effective. The review of delegates shall take place as soon as possible after the membership numbers on which the delegate allocations are based are available and the Secretary of the House of Delegates shall publish the new delegate allocations expeditiously thereafter to the constituent dental societies, the five (5) federal dental services and the American

Student Dental Association. The delegate allocations shall also be published in the Manual of the House of Delegates. are allocated as follows: The delegate allocation methodology is as follows:

DISTRICT 1

Connecticut State Dental Association, The, 7 delegates Maine Dental Association, 3 delegates Massachusetts Dental Society, 13 delegates New Hampshire Dental Society, 3 delegates Rhode Island Dental Association, 3 delegates Vermont State Dental Society, 2 delegates District Total: 31 delegates

DISTRICT 2

New York State Dental Association, 41 delegates District Total: 41 delegates

DISTRICT 3

Pennsylvania Dental Association, 18 delegates District Total: 18 delegates

DISTRICT 4

Air Force Dental Corps, 2 delegates Army Dental Corps, 2 delegates Delaware State Dental Society, 2 delegates District of Columbia Dental Society, The, 2 delegates Maryland State Dental Association, 7 delegates Navy Dental Corps, 2 delegates New Jersey Dental Association, 12 delegates Public Health Service, 2 delegates Puerto Rico, Colegio de Cirujanos Dentistas de, 2 delegates Veterans Affairs, 2 delegates Virgin Islands Dental Association, 1delegate District Total: 36 delegates

DISTRICT 5

Alabama Dental Association, 5 delegates Georgia Dental Association, 10 delegates Mississippi Dental Association, The, 3 delegates District Total: 18 delegates

DISTRICT 6

Kentucky Dental Association, 6 delegates Missouri Dental Association, 7 delegates Tennessee Dental Association, 7 delegates West Virginia Dental Association, 3 delegates District Total: 23 delegates

DISTRICT 7

Indiana Dental Association, 9 delegates Ohio Dental Association, 16 delegates District Total: 25 delegates

DISTRICT 8

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

DISTRICT 9

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

DISTRICT 10

Iowa Dental Association, 5 delegates
Minnesota Dental Association, 9 delegates
Nebraska Dental Association, The, 3 delegates
North Dakota Dental Association, 2 delegates
South Dakota Dental Association, 2 delegates
District Total: 21 delegates

DISTRICT 11

Alaska Dental Society, 2 delegates
Idaho State Dental Association, 3 delegates
Montana Dental Association, 2 delegates
Oregon Dental Association, 6 delegates
Washington State Dental Association, 11 delegates
District Total: 24 delegates

DISTRICT 12

Arkansas State Dental Association, 4 delegates
Kansas Dental Association, 4 delegates
Louisiana Dental Association, The, 6 delegates
Oklahoma Dental Association, 5 delegates
District Total: 19 delegates
DISTRICT 13
California Dental Association, 67 delegates
District Total: 67 delegates

DISTRICT 14

Arizona Dental Association, 7 delegates
Colorado Dental Association, 8 delegates
Hawaii Dental Association, 3 delegates
Nevada Dental Association, 3 delegates
New Mexico Dental Association, 3 delegates
Utah Dental Association, 4 delegates
Wyoming Dental Association, 2 delegates
District Total: 30 delegates

DISTRICT 15

Texas Dental Association, 23 delegates
District Total: 23 delegates

DISTRICT 16

North Carolina Dental Society, The, 10 delegates South Carolina Dental Association, 5 delegates Virginia Dental Association, 10 delegates <u>District Total</u>: 25 delegates

DISTRICT 17

Florida Dental Association, 21 delegates

<u>District Total:</u> 21 delegates

AMERICAN STUDENT DENTAL ASSOCIATION, 5 delegates

- a. The Target Delegate Number. For purposes of allocating delegates, the target number of delegates to be used in calculating the allocation is four hundred seventy-three (473). From that target number two delegates will be deducted for each constituent society except that only a single delegate will be deducted from each of the Colegio de Cirujanos Dentistas de Puerto Rico and the Virgin Islands Dental Association unless the number of members in either of those societies is equal to or greater than the number of members in the smallest state constituent society, in which case a minimum of two (2) delegates will be deducted from the target delegate number for that society. One delegate is deducted from the target delegate number for each of the five (5) dental services, except that a minimum of two (2) delegates will be deducted for any federal dental service where the number of members is equal to or greater than the number of members in the smallest state constituent society. In addition, five (5) delegates will be deducted from the target delegate number for the American Student Dental Association. For purposes of the delegate allocation methodology set forth in these Bylaws, the remaining number of delegates in the target number of delegates following the deductions of delegates listed above from the target number of delegates shall be referred to as the net delegate allocation pool.
- b. Allocation to the American Student Dental Association. Five (5) delegates shall be allocated to the American Student Dental Association regardless of the number of members.
- Determination of the True Proportional Delegate Counts for each Constituent and each Federal Dental Service. Divide each constituent's and each federal dental service's total membership by the total membership of the Association. Multiply the resulting percentage of membership for each constituent and federal dental service by the target number of delegates set forth in paragraph a. of this Sub-section less the number of delegates allocated to the American Student Dental Association in paragraph b. of this Sub-section. The resulting true proportional delegate numbers will be used later in the delegate allocation methodology.
- d. Determination of Constituents and Federal Dental Services that Qualify to Receive More than the Minimum Delegate Allocation.
 - i. Divide the total constituent and federal dental service membership of the Association by the target number of delegates set forth in paragraph a. of this Sub-section less the number of delegates allocated to the American Student Dental Association in paragraph b. of this Sub-section. Compare the resulting number against the membership numbers for the Colegio de Cirujanos Dentistas de Puerto Rico, Virgin Islands Dental Association and Public Health Service if they received a single delegate pursuant to the review performed in paragraph a. of this Sub-section. If the membership numbers of any of those entities are less than the result of the calculation, allocate the number of delegates deducted from the target delegate allocation number for each such entity and exclude those entities from the remaining steps of the delegate allocation methodology.
 - ii. Take the result of the calculation performed in sub-paragraph i. of this paragraph d. and multiply it by two (2). Compare the resulting number against the membership numbers for each constituent society and each federal dental service for which two (2) delegates were deducted from the target delegate allocation number in paragraph a. of this Sub-section. If the membership of any of those constituent societies and federal dental services are less than that number, allocate the number of delegates deducted from the target delegate allocation number for each such entity and exclude those entities from the remaining steps of the delegate allocation methodology.
- e. Calculation of Non-Minimum Membership Total. Subtract the total membership numbers of each constituent society and federal dental service identified as being excluded from the remaining steps of the delegate allocation methodology from the total membership of the Association. The resulting non-minimum membership total will be used in the remaining delegate allocation methodology steps.

f. Allocation of Remaining Delegates.

- i. <u>Divide each remaining constituent's and federal dental service's membership by the non-minimum membership total determined in paragraph e. of this Sub-section to arrive at their percentages of the non-minimum membership total.</u>
- ii. Calculate the remaining number of delegates to be allocated by subtracting from the target number of delegates listed in paragraph a. of this Sub-section the delegates allocated to the American Student Dental Association in paragraph b. of this Sub-section and the delegates allocated by the minimum allocation steps in paragraphs d.i and d.ii. of this Sub-section.
- iii. For each remaining constituent and federal dental service, multiply its percentage of the non-minimum membership total determined by the calculation in paragraph f.i. of this Sub-section and the remaining number of delegates to be allocated as determined by the calculation in paragraph f.ii. of this Sub-section. Round the result to the nearest whole number.
- iv. For each remaining constituent and federal dental service, multiply the result obtained in paragraph f.i. of this Subparagraph by the target number of delegates specified in paragraph a. of this Sub-section less the number of delegates allocated to the American Student Dental Association pursuant to paragraph b. of the Sub-section and round the result to the nearest whole number.
- v. For each remaining constituent and federal dental service, subtract the result obtained in sub-paragraph f.iv. of this Sub-section from the result obtained in sub-paragraph f.iii. of this Sub-section. If the result is negative, use the result obtained in subparagraph f.iv. of this Sub-section as that constituent's allocated delegate total. If the result is zero or positive, use the result obtained in sub-paragraph f.iii. of this Sub-section as that constituent's allocated delegate total.
- g. Finalize the Delegate Allocation. Add together the final delegate allocations for the constituent societies, federal dental services and the American Student Dental Association determined through the calculations of paragraph b., sub-paragraphs d.i. and d.ii. and sub-paragraph f.v. of this Subsection. The result is the total delegates allocated. The total delegates allocated should vary no more than 5% from the target number of delegates set forth in paragraph a. of this Subsection.
- h. Calculating the Fairness Ratio. Divide each constituent's and each federal dental service's percentage of total delegates (the constituent's allocated delegates divided by the total delegates allocated as determined by the calculation set forth in sub-paragraph f.v. of this Sub-section) by its percentage of total membership as calculated in paragraph a. of this Sub-Section. Except for those constituents that only receive the minimum number of allocated delegates, the resulting "fairness ratio" should deviate by a small amount on either side of 1, with 1 representing a perfectly proportional delegate allocation. The fairness ratio for constituents and federal dental services that receive only the minimum allocation of delegates may deviate from 1 to a larger degree because those constituents and federal dental services may be slightly over-represented.

and be it further

Resolved, that CHAPTER VII. BOARD OF TRUSTEES, Section 100. DUTIES, Subsection N. of the ADA Bylaws be amended as follows (additions underscored):

Section 100. DUTIES: It shall be the duty of the Board of Trustees to:

- N. Review the <u>periodic</u> delegate allocations to the House of Delegates <u>performed pursuant to the methodology set forth in CHAPTER V. HOUSE OF DELEGATES, <u>Section 10. COMPOSITION</u>, <u>Subsection D. DELEGATE ALLOCATION against the representational requirements and goals as provided in Chapter V, Section 10C, of these Bylaws.</u></u>
- Dr. Osborne moved Resolution 2 (Supplement:5018) in lieu of Resolution 2S-1 (Supplement:5024a).

A motion was made to refer Resolution 2 to the Board of Trustees for study and revision with the understanding they will return a clear report and recommended action for the 2015 House of Delegates.

Discussion ensued on the motion to refer; on vote, the motion to refer Resolution 2 was not adopted.

A question was raised about the ramifications if Resolution 2 is not adopted. The Secretary of the House indicated that the current allocation of delegates, as stated in the ADA *Bylaws*, would remain in effect.

On vote, the motion to adopt Resolution 2 in lieu of Resolution 2S-1 failed due to a lack of a two-thirds (2/3s) affirmative vote. Since Resolution 2S-1 was not moved for consideration, the Speaker declared it moot.

A motion was made to reconsider Resolution 2; on vote, the motion to reconsider Resolution 2 was adopted.

The Speaker stated that the motion before the House was to adopt Resolution 2 in lieu of Resolution 2S-1. There was no discussion. On vote, Resolution 2 was adopted in lieu of Resolution 2S-1 by a two-thirds (2/3s) affirmative vote.

2H-2013. Resolved, that CHAPTER II. CONSTITUENT SOCIETIES, *Section* 100. PRIVILEGE OF REPRESENTATION, of the ADA *Bylaws* be amended as follows (additions <u>underscored</u>, deletions <u>stricken through</u>):

Section 100. PRIVILEGE OF REPRESENTATION:

Each state constituent dental society and the District of Columbia Dental Society shall be entitled to a minimum of two (2) delegates in the House of Delegates. Each territorial constituent society and federal service shall be entitled to a minimum of two (2) delegates in the House of Delegates, except that if its total membership is equal to or greater than the size that of the smallest state constituent society; otherwise the territorial society or service shall receive one (1) delegate-shall be allocated to the Virgin Islands Dental Association. The Air Force Dental Corps, the Army Dental Corps, the Navy Dental Corps, the Public Health Service and the Department of Veterans Affairs shall each be entitled to two (2) delegates, one of which shall be elected by the respective service, without regard to the number of members. The remaining number of delegates shall be allocated as provided in Chapter V, Sections 10C and 10D.

Each constituent society and each federal dental service may select from among its active, life and retired members the same number of alternate delegates as delegates and shall designate the alternate delegate who shall replace an absent delegate.

and be it further

Resolved, that CHAPTER V. HOUSE OF DELEGATES, *Section 10*. COMPOSITION, Subsection A. VOTING MEMBERS of the ADA *Bylaws* be amended as follows (additions <u>underscored</u>, deletions <u>stricken through</u>):

Section 10. COMPOSITION.

A. VOTING MEMBERS. The House of Delegates shall be limited to four hundred sixty (460) voting members for the two years 2004 to 2005 inclusive. Thereafter, the number of voting members shall be determined by the methodologies set forth in Section 10C of this Chapter. It shall be composed of the officially certified delegates of the constituent dental societies and of the five (5) federal dental services, who shall be active, life or retired members, two (2) officially certified delegates from each of the five (5) federal dental services, who shall be active, life or retired members and five (5) student members of the American Student Dental Association who are officially certified delegates from the American Student Dental Association. Proxy voting is explicitly prohibited; however, an alternate delegate may vote when substituted for a voting

member in accordance with procedures established by the Committee on Credentials, Rules and Order.

and be it further

Resolved, that CHAPTER V. HOUSE OF DELEGATES, Section 10. COMPOSITION, Subsection C. REPRESENTATIONAL REQUIREMENTS AND GOALS of the ADA Bylaws be amended as follows (additions underscored, deletions stricken through):

C. REPRESENTATIONAL REQUIREMENTS AND GOALS. Each constituent society and each of the five fede<u>ral dental services</u> shall be entitled to the minimum two (2) number of delegates set forth in CHAPTER II. CONSTITUENT SOCIETIES, Section 100. PRIVILEGE OF REPRESENTATION, except that one (1) delegate shall be allocated to the Virgin Islands Dental-Association. The Air Force Dental Corps, the Army Dental Corps, the Navy Dental Corps, the Public Health Service and the Department of Veteran Affairs shall each be entitled to two (2) delegates, one of which shall be elected by the respective service, without regard to the numberof members. The American Student Dental Association shall be entitled to the number of delegates set forth in CHAPTER V. HOUSE OF DELEGATES, Section 100. COMPOSITION. Sub-section A.

The allocation of the remaining delegates shall be made pursuant to the delegate allocation methodology set forth in Subsection D. of this Section, with the goals of (i) achieving as close to proportional representation of active, life and retired members of the Association as possible while providing for the minimum representational requirements set forth in CHAPTER II. CONSTITUENT SOCIETIES, Section 100. PRIVILEGE OF REPRESENTATION; (ii) providing for representation of the American Student Dental Association; and (iii) maintaining the size of the House of Delegates as close to 473 delegates as possible while meeting the other goals recited in this Subsection. For the two years 2004-2005 inclusive, the remaining number of delegates shall be allocated to the constituent societies, through their trustee districts based on the representational goals that each trustee district's representation in the House of Delegates shallvary by no more or less than 0.3% from its active, life or retired membership share in this Association, based on the Association's December 31, 2002 membership records, and that nodistrict or constituent shall lose a delegate from its 2003 allocation. Thereafter, to allow for changes in the delegate allocation due to membership fluctuations, the Board of Trustees shalluse this variance method of district delegate allocation (a variance of no more than 0.3% of itsactive, life and retired membership share in the Association) at subsequent intervals of three (3)vears, with the first such review occurring for the 2006 House of Delegates. Such reviews shall be based on the Association's year-end membership records for the calendar year preceding the review period in question. No district shall lose a delegate unless their membership numbers areat least one percent less than their membership numbers of the prior three years. Any changes deemed necessary shall be presented to the House of Delegates in the form of a Bylaws' amendment to Section 10D of this Chapter.

and be it further

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

D. DELEGATE ALLOCATION METHODOLOGY. Commencing in 2014, Based-based on the representational requirements and goals set forth in Section 10C, the delegates shall be allocated according to the allocation methodology set forth below. Thereafter, to account for membership fluctuations, delegate allocations shall be reviewed and delegates shall be reallocated by the Secretary of the House of Delegates every four (4) years among the constituent dental societies, the five (5) federal dental services and the American Student Dental Association in accordance with that same methodology. Delegate allocations shall be based on the Association's year-end membership records for the second calendar year preceding the year in which the delegate allocations become effective. The review of delegates shall take place as soon as possible after

the membership numbers on which the delegate allocations are based are available and the Secretary of the House of Delegates shall publish the new delegate allocations expeditiously thereafter to the constituent dental societies, the five (5) federal dental services and the American Student Dental Association. The delegate allocations shall also be published in the Manual of the House of Delegates. are allocated as follows: The delegate allocation methodology is as follows:

DISTRICT 1

Connecticut State Dental Association, The, 7 delegates
Maine Dental Association, 3 delegates
Massachusetts Dental Society, 13 delegates
New Hampshire Dental Society, 3 delegates
Rhode Island Dental Association, 3 delegates
Vermont State Dental Society, 2 delegates
District Total: 31 delegates

DISTRICT 2

New York State Dental Association, 41 delegates
District Total: 41 delegates

DISTRICT 3

Pennsylvania Dental Association, 18 delegates District Total: 18 delegates

DISTRICT 4

Air Force Dental Corps, 2 delegates
Army Dental Corps, 2 delegates
Delaware State Dental Society, 2 delegates
District of Columbia Dental Society, The, 2 delegates
Maryland State Dental Association, 7 delegates
Navy Dental Corps, 2 delegates
New Jersey Dental Association, 12 delegates
Public Health Service, 2 delegates
Puerto Rico, Colegio de Cirujanos Dentistas de, 2 delegates
Veterans Affairs, 2 delegates
Virgin Islands Dental Association, 1delegate
District Total: 36 delegates

DISTRICT 5

Alabama Dental Association, 5 delegates
Georgia Dental Association, 10 delegates
Mississippi Dental Association, The, 3 delegates
District Total: 18 delegates

DISTRICT 6

Kentucky Dental Association, 6 delegates
Missouri Dental Association, 7 delegates
Tennessee Dental Association, 7 delegates
West Virginia Dental Association, 3 delegates
District Total: 23 delegates

DISTRICT 7

Indiana Dental Association, 9 delegates
Ohio Dental Association, 16 delegates
District Total: 25 delegates

DISTRICT 8

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

DISTRICT 9

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

DISTRICT 10

lowa Dental Association, 5 delegates
Minnesota Dental Association, 9 delegates
Nebraska Dental Association, The, 3 delegates
North Dakota Dental Association, 2 delegates
South Dakota Dental Association, 2 delegates
District Total: 21 delegates

DISTRICT 11

Alaska Dental Society, 2 delegates
Idaho State Dental Association, 3 delegates
Montana Dental Association, 2 delegates
Oregon Dental Association, 6 delegates
Washington State Dental Association, 11 delegates
District Total: 24 delegates

DISTRICT 12

Arkansas State Dental Association, 4 delegates Kansas Dental Association, 4 delegates Louisiana Dental Association, The, 6 delegates Oklahoma Dental Association, 5 delegates District Total: 19 delegates

DISTRICT 13

California Dental Association, 67 delegates District Total: 67 delegates

DISTRICT 14

Arizona Dental Association, 7 delegates
Colorado Dental Association, 8 delegates
Hawaii Dental Association, 3 delegates
Nevada Dental Association, 3 delegates
New Mexico Dental Association, 3 delegates
Utah Dental Association, 4 delegates
Wyoming Dental Association, 2 delegates
District Total: 30 delegates

DISTRICT 15

Texas Dental Association, 23 delegates

<u>District Total</u>: 23 delegates

DISTRICT 16

North Carolina Dental Society, The, 10 delegates South Carolina Dental Association, 5 delegates Virginia Dental Association, 10 delegates District Total: 25 delegates **DISTRICT 17** Florida Dental Association, 21 delegates District Total: 21 delegates

AMERICAN STUDENT DENTAL ASSOCIATION, 5 delegates

- The Target Delegate Number. For purposes of allocating delegates, the target number of delegates to be used in calculating the allocation is four hundred seventy-three (473). From that target number two delegates will be deducted for each constituent society except that only a single delegate will be deducted from each of the Colegio de Cirujanos Dentistas de Puerto Rico and the Virgin Islands Dental Association unless the number of members in either of those societies is equal to or greater than the number of members in the smallest state constituent society, in which case a minimum of two (2) delegates will be deducted from the target delegate number for that society. One delegate is deducted from the target delegate number for each of the five (5) dental services, except that a minimum of two (2) delegates will be deducted for any federal dental service where the number of members is equal to or greater than the number of members in the smallest state constituent society. In addition, five (5) delegates will be deducted from the target delegate number for the American Student Dental Association. For purposes of the delegate allocation methodology set forth in these Bylaws, the remaining number of delegates in the target number of delegates following the deductions of delegates listed above from the target number of delegates shall be referred to as the net delegate allocation pool.
- b. Allocation to the American Student Dental Association. Five (5) delegates shall be allocated to the American Student Dental Association regardless of the number of members.
- Determination of the True Proportional Delegate Counts for each Constituent and each Federal Dental Service. Divide each constituent's and each federal dental service's total membership by the total membership of the Association. Multiply the resulting percentage of membership for each constituent and federal dental service by the target number of delegates set forth in paragraph a. of this Sub-section less the number of delegates allocated to the American Student Dental Association in paragraph b. of this Sub-section. The resulting true proportional delegate numbers will be used later in the delegate allocation methodology.
- Determination of Constituents and Federal Dental Services that Qualify to Receive More than the Minimum Delegate Allocation.
 - i. Divide the total constituent and federal dental service membership of the Association by the target number of delegates set forth in paragraph a. of this Sub-section less the number of delegates allocated to the American Student Dental Association in paragraph b. of this Sub-section. Compare the resulting number against the membership numbers for the Colegio de Cirujanos Dentistas de Puerto Rico, Virgin Islands Dental Association and Public Health Service if they received a single delegate pursuant to the review performed in paragraph a. of this Sub-section. If the membership numbers of any of those entities are less than the result of the calculation, allocate the number of delegates deducted from the target delegate allocation number for each such entity and exclude those entities from the remaining steps of the delegate allocation methodology.
 - ii. Take the result of the calculation performed in sub-paragraph i. of this paragraph d. and multiply it by two (2). Compare the resulting number against the membership numbers for each constituent society and each federal dental service for which two (2) delegates were deducted from the target delegate allocation number in paragraph a. of this Sub-section. If the membership of any of those constituent societies and federal dental services are less than that number, allocate the number of delegates deducted from the target delegate allocation number for each such entity and exclude those entities from the remaining steps of the delegate allocation methodology.
- e. Calculation of Non-Minimum Membership Total. Subtract the total membership numbers of each constituent society and federal dental service identified as being excluded from the remaining steps of the delegate allocation methodology from the total membership of the

Association. The resulting non-minimum membership total will be used in the remaining delegate allocation methodology steps.

f. Allocation of Remaining Delegates.

- i. <u>Divide each remaining constituent's and federal dental service's membership by the non-minimum membership total determined in paragraph e. of this Sub-section to arrive at their percentages of the non-minimum membership total.</u>
- ii. Calculate the remaining number of delegates to be allocated by subtracting from the target number of delegates listed in paragraph a. of this Sub-section the delegates allocated to the American Student Dental Association in paragraph b. of this Sub-section and the delegates allocated by the minimum allocation steps in paragraphs d.i and d.ii. of this Sub-section.
- iii. For each remaining constituent and federal dental service, multiply its percentage of the non-minimum membership total determined by the calculation in paragraph f.i. of this Sub-section and the remaining number of delegates to be allocated as determined by the calculation in paragraph f.ii. of this Sub-section. Round the result to the nearest whole number.
- iv. For each remaining constituent and federal dental service, multiply the result obtained in paragraph f.i. of this Subparagraph by the target number of delegates specified in paragraph a. of this Sub-section less the number of delegates allocated to the American Student Dental Association pursuant to paragraph b. of the Sub-section and round the result to the nearest whole number.
- v. For each remaining constituent and federal dental service, subtract the result obtained in sub-paragraph f.iv. of this Sub-section from the result obtained in sub-paragraph f.iii. of this Sub-section. If the result is negative, use the result obtained in subparagraph f.iv. of this Sub-section as that constituent's allocated delegate total. If the result is zero or positive, use the result obtained in sub-paragraph f.iii. of this Sub-section as that constituent's allocated delegate total.
- g. Finalize the Delegate Allocation. Add together the final delegate allocations for the constituent societies, federal dental services and the American Student Dental Association determined through the calculations of paragraph b., sub-paragraphs d.i. and d.ii. and sub-paragraph f.v. of this Subsection. The result is the total delegates allocated. The total delegates allocated should vary no more than 5% from the target number of delegates set forth in paragraph a. of this Subsection.
- h. Calculating the Fairness Ratio. Divide each constituent's and each federal dental service's percentage of total delegates (the constituent's allocated delegates divided by the total delegates allocated as determined by the calculation set forth in sub-paragraph f.v. of this Sub-section) by its percentage of total membership as calculated in paragraph a. of this Sub-Section. Except for those constituents that only receive the minimum number of allocated delegates, the resulting "fairness ratio" should deviate by a small amount on either side of 1, with 1 representing a perfectly proportional delegate allocation. The fairness ratio for constituents and federal dental services that receive only the minimum allocation of delegates may deviate from 1 to a larger degree because those constituents and federal dental services may be slightly over-represented.

and be it further

Resolved, that CHAPTER VII. BOARD OF TRUSTEES, Section 100. DUTIES, Subsection N. of the ADA Bylaws be amended as follows (additions <u>underscored</u>):

Section 100. DUTIES: It shall be the duty of the Board of Trustees to:

N. Review the <u>periodic</u> delegate allocations to the House of Delegates <u>performed pursuant to the methodology set forth in CHAPTER V. HOUSE OF DELEGATES, <u>Section 10. COMPOSITION</u>, <u>Subsection D. DELEGATE ALLOCATION against the representational requirements and goals as provided in Chapter V, Section 10C, of these Bylaws.</u></u>

Report of the Reference Committee on Budget, Business and Administrative Matters

The Report of the Reference Committee on Budget, Business and Administrative Matters was presented by the chair, Dr. Mark Weinberger, New York. The other members of the Committee were: Dr. Dennis DeTomasi, California: Dr. Susan Becker Doroshow, Illinois: Dr. Chad Leighty, Indiana: Dr. Rudy Liddell, Florida: Dr. Alan B. Moore, Texas; Dr. Steven Ortego, Louisiana; Dr. Travis Schmitt, Minnesota; and Dr. William Thompson, Tennessee.

Dr. Weinberger announced that Resolution 4, Establishment of Dues Effective January 1, 2014, will be considered as the last item of business of the session (See page 375).

ADA Members Insurance Plans Recommended Study of a Potential Approach to On-Going Royalty Revenue (Council on Members Insurance and Retirement Programs Resolution 84 and Reference Committee Substitute Resolution 84RC). The Reference Committee reported as follows:

The Reference Committee heard limited testimony to the effect that the royalties be designated in a reserve separate from the operating fund. The Reference Committee agrees with this approach and therefore proposes the following resolution.

84RC. Resolved, that the Board of Trustees is urged to maintain the royalties received from the ADA Members Insurance Plans in a designated reserve account, and be it further

Resolved, that the Board of Trustees is urged to form a workgroup to explore the benefits and drawbacks of maintaining all or some portion of the royalties received from the ADA Members Insurance Plans in a designated reserve account for purposes of dues stabilization and long term financial stability, and be it

Resolved, that the Board of Trustees is urged to include two members from the Council on Members Insurance and Retirement Programs on its workgroup studying the issue of a designated reserve account, and be it further

Resolved, that the Board of Trustees report to the 2014 House of Delegates on its findings.

Dr. Weinberger moved the adoption of Resolution 84RC in lieu of Resolution 84 (Supplement:2079).

On vote, Resolution 84RC was adopted.

84H-2013. Resolved, that the Board of Trustees is urged to maintain the royalties received from the ADA Members Insurance Plans in a designated reserve account, and be it further

Resolved, that the Board of Trustees is urged to form a workgroup to explore the benefits and drawbacks of maintaining all or some portion of the royalties received from the ADA Members Insurance Plans in a designated reserve account for purposes of dues stabilization and long term financial stability, and be it further

Resolved, that the Board of Trustees is urged to include two members from the Council on Members Insurance and Retirement Programs on its workgroup studying the issue of a designated reserve account, and be it further

Resolved, that the Board of Trustees report to the 2014 House of Delegates on its findings.

Motion to Reconsider. A short time after the House adopted Resolution 84RC, a motion was made to reconsider the action. The reason stated for reconsideration is that delegates and alternates were still in the process of switching when the resolution was considered. On vote, the motion to reconsider Resolution 84RC was not adopted.

Report of the Reference Committee on Dental Benefits, Practice and Related Matters

The Report of the Reference Committee on Dental Benefits, Practice and Related Matters was presented by the chair, Dr. Judee Tippett-Whyte, California. The other members of the Committee were: Dr. Douglas Bogan, Texas; Dr. Amber Determan, South Dakota; Dr. Stephen Glenn, Oklahoma; Dr. Steve Jaworski,

Pennsylvania; Dr. Robert Plage, North Carolina; Dr. Julie Roberts, Ohio; Dr. Lori Roseman, Missouri; and Dr. Thomas Schripsema, New Mexico.

Consent Calendar (Reference Committee on Dental Benefits, Practice and Related Matters Resolution 96): The Reference Committee reported as follows:

The appended Resolution 96 lists resolutions referred [to] and considered by this Reference Committee that received no or limited 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 96, the recommendations of the Reference Committee on the consent calendar resolutions will become the action of the House of Delegates. However, before voting on the consent calendar, any delegate wishing to discuss an item on the consent calendar has the right to request that resolution be removed and considered separately.

96. 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 5—(ADOPT)—Amendment of the Policy, Tooth Designation Systems (Supplement: 4000) \$: NONE; FTE: 0 COMMITTEE RECOMMENDATION: Vote Yes

Resolution 6—(ADOPT)—Amendment of the Policy, Reporting of Dental Procedures to Third Parties (Supplement:4003) \$: None; FTE: 0 COMMITTEE RECOMMENDATION: Vote Yes

Resolution 7—(ADOPT)—Amendment of the Policy, Recognition of Tooth Designation Systems for Electronic Data Interchange (Supplement: 4005) \$: None; FTE: 0 COMMITTEE RECOMMENDATION: **Vote Yes**

Resolution 8—(ADOPT)—Amendment of the Policy, Statement on Capitation Dental Benefit Programs (Supplement:4007) \$: None; FTE: 0 COMMITTEE RECOMMENDATION: Vote Yes

Resolution 9—(ADOPT)—Amendment of the Policy, Guidelines for Dental Components of Health Maintenance Organizations (Supplement: 4009) \$: None; FTE: 0 COMMITTEE RECOMMENDATION: **Vote Yes**

Resolution 12—(ADOPT)—Amendment of the Policy, Support for Individual Practice Associations (IPAs) (Supplement:4015) \$: None; FTE: 0 COMMITTEE RECOMMENDATION: Vote Yes

Resolution 13—(ADOPT)—Amendment of the Policy. Government Reports on Payments to Dentists (Supplement:4016) \$: None; FTE: 0 COMMITTEE RECOMMENDATION: Vote Yes

Resolution 14—(ADOPT)—Amendment of the Policy, Use of DEA Numbers for Identification (Supplement:4018) \$: None; FTE: 0 COMMITTEE RECOMMENDATION: Vote Yes

Resolution 15—(ADOPT)—Amendment of the Policy, Authorization of Benefits (Supplement: 4020) \$: None; FTE: 0 COMMITTEE RECOMMENDATION: Vote Yes

Resolution 16—(ADOPT)—Amendment of the Policy, Statement on Preventive Coverage in Dental Benefits Plans (Supplement:4021) \$: None; FTE: 0 COMMITTEE RECOMMENDATION: Vote Yes

Resolution 17RC—(ADOPT IN LIEU OF RESOLUTION 17)—Amendment of the Policy, "Age of Child" \$: None; FTE: 0 COMMITTEE RECOMMENDATION: Vote Yes

Resolution 18RC—(ADOPT IN LIEU OF RESOLUTION 18)—Amendment of the Policy, ADA's Dental Claim Form \$: None; FTE: 0 COMMITTEE RECOMMENDATION: Vote Yes

Resolution 19—(ADOPT)—Amendment of the Policy, Bulk Benefit Payment Statements (Supplement:4025) \$: None; FTE: 0 COMMITTEE RECOMMENDATION: Vote Yes

Resolution 21—(ADOPT)—Amendment of the Policy, Third-Party Acceptance of Descriptive Information on Dental Claim Form (Supplement:4028) \$: None; FTE: 0 COMMITTEE RECOMMENDATION: Vote Yes

Resolution 22—(ADOPT)—Amendment of the Policy, Charge for Administrative Costs (Supplement:4029) \$: None; FTE: 0 COMMITTEE RECOMMENDATION: Vote Yes

Resolution 23B—(ADOPT IN LIEU OF RESOLUTION 23)—Amendment of the Policy, Development of ADA Diagnostic Coding (Supplement:4031) \$: None; FTE: 0 COMMITTEE RECOMMENDATION: Vote Yes

Resolution 25—(ADOPT)—Amendment of the Policy, Fee Profiles (Supplement: 4033) \$: None; FTE: 0 **COMMITTEE RECOMMENDATION: Vote Yes**

Resolution 26—(ADOPT)—Amendment of the Policy, Hospitalization Insurance for Dental Treatment (Supplement:4034) \$: None; FTE: 0 COMMITTEE RECOMMENDATION: Vote Yes

Resolution 28S-1—(ADOPT IN LIEU OF RESOLUTION 28)—Amendment of the Policy, Principles for Pay-for-Performance or Other Third-Party Financial Incentive Programs (Supplement: 4038) \$: None; FTE: 0 COMMITTEE RECOMMENDATION: Vote Yes

Resolution 29—(ADOPT)—Amendment of the Policy, Quality Health Care (Supplement: 4040) \$: None; FTE: 0 COMMITTEE RECOMMENDATION: Vote Yes

Resolution 30—(ADOPT)—Amendment of the Policy. Position Statement on the Appropriate Use of Assessment Data (Supplement:4042) \$: None; FTE: 0 COMMITTEE RECOMMENDATION: Vote Yes

Resolution 32RC—(ADOPT IN LIEU OF RESOLUTION 32)—Amendment of the Policy, Third-Party Payers Overpayment Recovery Practices \$: None; FTE: 0 COMMITTEE RECOMMENDATION: Vote Yes

Resolution 34—(ADOPT)—Rescission of the National Healthcare Information Infrastructure (NHII) Task Force (Supplement:4047) \$: None; FTE: 0 COMMITTEE RECOMMENDATION: Vote Yes

Resolution 35RC—(ADOPT IN LIEU OF RESOLUTION 35)—Amendment of the Policy, Recommendations of Future of Dentistry Report \$: None; FTE: 0 COMMITTEE RECOMMENDATION: Vote Yes

Resolution 36—(ADOPT)—Amendment of the Policy, Electronic Technology Activities (Supplement:4050) \$: None; FTE: 0 COMMITTEE RECOMMENDATION: Vote Yes

Resolution 37—(ADOPT)—Statement Supporting the Dental Team Concept (Supplement: 4051) \$: None; FTE: 0 COMMITTEE RECOMMENDATION: Vote Yes

Resolution 38—(ADOPT)—Use of Environmentally Conscientious Measures in the Production. Packaging and Shipping of Dental Products (Supplement: 4053) \$: None: FTE: 0 COMMITTEE **RECOMMENDATION: Vote Yes**

Dr. Tippett-Whyte moved the adoption of Resolution 96.

A request was made to remove Resolution 7 from the Consent Calendar for the purpose of discussion.

On vote, Resolution 96, as amended, was adopted.

96H-2013. 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 5—(ADOPT)—Amendment of the Policy, Tooth Designation Systems (Supplement: 4000) \$: NONE; FTE: 0 COMMITTEE RECOMMENDATION: Vote Yes

Resolution 6—(ADOPT)—Amendment of the Policy, Reporting of Dental Procedures to Third Parties (Supplement 4003) \$: None; FTE: 0 COMMITTEE RECOMMENDATION: VOTE YES

Resolution 7—(ADOPT)—Amendment of the Policy, Recognition of Tooth Designation Systems for Electronic Data Interchange (Supplement: 4005) \$: None: FTE: 0 COMMITTEE RECOMMENDATION: Vote Yes

Resolution 8—(ADOPT)—Amendment of the Policy, Statement on Capitation Dental Benefit Programs (Supplement:4007) \$: None; FTE: 0 COMMITTEE RECOMMENDATION: Vote Yes

Resolution 9—(ADOPT)—Amendment of the Policy, Guidelines for Dental Components of Health Maintenance Organizations (Supplement:4009) \$: None; FTE: 0 COMMITTEE RECOMMENDATION: Vote Yes

Resolution 12—(ADOPT)—Amendment of the Policy, Support for Individual Practice Associations (IPAs) (Supplement:4015) \$: None; FTE: 0 COMMITTEE RECOMMENDATION: Vote Yes

Resolution 13—(ADOPT)—Amendment of the Policy, Government Reports on Payments to Dentists (Supplement:4016) \$: None: FTE: 0 COMMITTEE RECOMMENDATION: Vote Yes

Resolution 14—(ADOPT)—Amendment of the Policy, Use of DEA Numbers for Identification (Supplement:4018) \$: None; FTE: 0 COMMITTEE RECOMMENDATION: Vote Yes

Resolution 15—(ADOPT)—Amendment of the Policy, Authorization of Benefits (Supplement:4020) \$: None; FTE: 0 COMMITTEE RECOMMENDATION: Vote Yes

Resolution 16—(ADOPT)—Amendment of the Policy, Statement on Preventive Coverage in Dental Benefits Plans (Supplement:4021) \$: None; FTE: 0 COMMITTEE RECOMMENDATION: Vote Yes

Resolution 17RC—(ADOPT IN LIEU OF RESOLUTION 17)—Amendment of the Policy. "Age of Child" \$: None; FTE: 0 COMMITTEE RECOMMENDATION: Vote Yes

Resolution 18RC—(ADOPT IN LIEU OF RESOLUTION 18)—Amendment of the Policy, ADA's Dental Claim Form \$: None; FTE: 0 COMMITTEE RECOMMENDATION: Vote Yes

Resolution 19—(ADOPT)—Amendment of the Policy, Bulk Benefit Payment Statements (Supplement:4025) \$: None; FTE: 0 COMMITTEE RECOMMENDATION: Vote Yes

Resolution 21—(ADOPT)—Amendment of the Policy, Third-Party Acceptance of Descriptive Information on Dental Claim Form (Supplement: 4028) \$: None; FTE: 0 COMMITTEE RECOMMENDATION: Vote Yes

Resolution 22—(ADOPT)—Amendment of the Policy, Charge for Administrative Costs (Supplement:4029) \$: None; FTE: 0 COMMITTEE RECOMMENDATION: Vote Yes

Resolution 23B—(ADOPT IN LIEU OF RESOLUTION 23)—Amendment of the Policy, Development of ADA Diagnostic Coding (Supplement.4031) \$: None; FTE: 0 COMMITTEE RECOMMENDATION: Vote Yes

Resolution 25—(ADOPT)—Amendment of the Policy, Fee Profiles (Supplement:4033) \$: None; FTE: 0 **COMMITTEE RECOMMENDATION: Vote Yes**

Resolution 26—(ADOPT)—Amendment of the Policy, Hospitalization Insurance for Dental Treatment (Supplement:4034) \$: None; FTE: 0 COMMITTEE RECOMMENDATION: Vote Yes

Resolution 28S-1—(ADOPT IN LIEU OF RESOLUTION 28)—Amendment of the Policy, Principles for Pay-for-Performance or Other Third-Party Financial Incentive Programs (Supplement: 4038) \$: None: FTE: 0 COMMITTEE RECOMMENDATION: Vote Yes

Resolution 29—(ADOPT)—Amendment of the Policy, Quality Health Care (Supplement: 4040) \$: None; FTE: 0 COMMITTEE RECOMMENDATION: Vote Yes

Resolution 30—(ADOPT)—Amendment of the Policy, Position Statement on the Appropriate Use of Assessment Data (Supplement:4042) \$: None; FTE: 0 COMMITTEE RECOMMENDATION: Vote Yes

Resolution 32RC—(ADOPT IN LIEU OF RESOLUTION 32)—Amendment of the Policy, Third-Party Payers Overpayment Recovery Practices \$: None; FTE: 0 COMMITTEE RECOMMENDATION: Vote Yes

Resolution 34—(ADOPT)—Rescission of the National Healthcare Information Infrastructure (NHII) Task Force (Supplement:4047) \$: None; FTE: 0 COMMITTEE RECOMMENDATION: Vote Yes

Resolution 35RC—(ADOPT IN LIEU OF RESOLUTION 35)—Amendment of the Policy, Recommendations of Future of Dentistry Report \$: None; FTE: 0 COMMITTEE RECOMMENDATION: Vote Yes

Resolution 36—(ADOPT)—Amendment of the Policy, Electronic Technology Activities (Supplement:4050) \$: None; FTE: 0 COMMITTEE RECOMMENDATION: Vote Yes

Resolution 37—(ADOPT)—Statement Supporting the Dental Team Concept (Supplement: 4051) \$: None; FTE: 0 COMMITTEE RECOMMENDATION: Vote Yes

Resolution 38—(ADOPT)—Use of Environmentally Conscientious Measures in the Production, Packaging and Shipping of Dental Products (Supplement: 4053) \$: None; FTE: 0 COMMITTEE **RECOMMENDATION: Vote Yes**

Note. For the purpose of a fully documented record, the complete text of the resolutions presented in Resolution 96H follows:

ADOPTED/ADOPTED IN LIEU OF

Amendment of the Policy, Tooth Designation Systems

5H-2013. Resolved, that the ADA policy on Tooth Designation Systems (*Trans*.1994:652; 2002:394) be amended through text additions and deletions, so that the amended policy reads as follows (additions are underscored; deletions are stricken):

Resolved, that the American Dental Association accepts the following definitions of the Universal/National Tooth Designation System and the International Standards Organization (ISO) TC-406 ISO/ANSI/ADA Specification No. 3950 for Designation System for Teeth and Areas of the Oral Cavity as the human tooth and oral cavity enumeration schemas, and be it further Resolved, that the Universal/National Tooth Designation System is defined as follows:

Permanent Dentition

Teeth are numbered 1-32, starting with the third molar (1) on the right side of the upper arch, following around the arch to the third molar (16) on the left side, and descending to the lower third molar (17) on the left side, and following that arch to the terminus of the lower jaw, the lower right third molar (32).

Supernumerary teeth are identified by the numbers 51 through 82, beginning with the area of the upper right third molar, following around the upper arch and continuing on the lower arch to the area of the lower right third molar (e.g., supernumerary #51 is adjacent to the upper right molar #1; supernumerary #82 is adjacent to the lower right third molar #32).

Primary Dentition

Consecutive upper case letters (A-T), in the same order as described for permanent dentition should be used to identify the primary dentition.

Supernumerary teeth are identified by the placement of the letter "S" following the letter identifying the adjacent primary tooth (e.g., supernumerary "AS" is adjacent to "A"; supernumerary "TS" is adjacent to "T").

and be it further

Resolved, that ISO/ANSI/ADA Specification No. 3950 for International Standards Organization (ISO) TC 406 Designation System for Teeth and Areas of the Oral Cavity is defined as in standards documents prepared and published by the ADA Standards Committee on Dental Informatics.

Designation of Areas of the Oral Cavity

The oral cavity is designated by a two-digit number where at least one of the two digits is zero, asfollows:

00 designates the whole of the oral cavity

01 designates the maxillary area

02 designates the mandibular area

10 designates the upper right quadrant

20 designates the upper left quadrant

30 designates the lower left quadrant

40 designates the lower right quadrant

03 designates the upper right sextant

04 designates the upper anterior sextant

05 designates the upper left sextant

06 designates the lower left sextant

07 designates the lower anterior sextant-

08 designates the lower right sextant

Designation of Teeth

Teeth are designated by using a two-digit code. The first digit of the code indicates the quadrant and the second indicates the tooth in this quadrant:

a. First digit (quadrant)

Digits 1-4 are used for guadrants in the permanent dentition and digits 5-8 for those in the deciduous dentition, clockwise from the upper right quadrant.

b. Second digit (tooth)

Teeth in the same quadrant are designated by the second digit 1-8 (1-5 in the deciduous dentition); this designation is from the median line in a distal direction.

Amendment of the Policy, Recognition of Dental Procedures to Third Parties

6H-2013. Resolved, that the ADA policy on Reporting of Dental Procedures to Third Parties (Trans.1991:637; 2009:418) be amended through text additions and deletions, so that the amended policy reads as follows (additions are underscored; deletions are stricken):

Resolved, that the ADA acknowledges the specification of the *CDT Code* as the sole taxonomy for reporting dental services on HIPAA standard electronic dental claims, 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 should must be the American Dental Association's Code on Dental Procedures and Nomenclature, as contained in the ADA's publication, Current Dental Terminology (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 the Association formally contact commercial carriers, service corporations, any and all other third-party payers and their agents who process dental claims, and vendors of electronic claimsprocessing, to request that the ADA's Code on Dental Procedures and Nomenclature be used as the code taxonomy for their claims adjudication process, and be it further

Resolved, that when an unusual procedure, or a procedure that is accompanied by unusual circumstances, is reported with a procedure code that includes "by report" in its nomenclature, that procedure code and its accompanying by a narrative description, that may or may not include a reference to an appropriate unspecified (-999) code, it should be accepted by the third-party payer to assist in benefit determination.

Amendment of the Policy, Statement on Capitation Dental Benefit Programs

8H-2013. Resolved, that the ADA policy on Statement on Capitation Dental Benefit Programs (Trans.1985:582; 1993:689) be amended through text additions and deletions, so that the amended policy reads as follows (additions are underscored; deletions are stricken):

A capitation dental benefit program is one in which a dentist or dentists contract with the program's sponsor or administrator to provide all or most of the dental services covered under the program to subscribers in return for payment on a per capita basis.

Because the contracting dentist's compensation in these programs is entirely or largely unrelated tothe services actually provided, a circumstance is created in which the possibility of needed treatment being delayed or withheld by the contracting dentist, compelled by financial exigencies of maintaining a practice, must be acknowledged.

Because the financial responsibility of the capitation program subscriber for the payment from treatment provided is wholly or largely removed by this system of "prepaying" the contracting dentist, the subscriber-patient's participation in decisions about his treatment is likewise reduced oreliminated.

Because ilt is a practical certainty that not all dentists in a given community will choose to contract with will participate in a given capitation program, even if invited to do so, Therefore, the opportunity for capitation program subscribers to freely choose their receive treatment from any dentist in their community is necessarily restricted.

Because in capitation dental benefit programs payment for covered services by specialists must be paid for in whole or part by the contracting general dentist or the program itself, a circumstance is created in which the possibility of the contracting general dentist's undertaking treatment beyond hisor her capabilities or referring patients to a specialist of the program's rather than the dentist's choicemust be recognized.

These Inherent design limitations in capitation dental benefit programs make it incumbent upon the American Dental Association to provide the following recommendations to group benefit purchasers considering such programs:

- 1. Capitation dental benefit programs should be offered only as an <u>additional</u> alternative to a benefit program which does not restrict the subscriber's opportunity to receive treatment from the dentist of his or her choice on a fee-for-service basis.
- <u>2.</u> The scope of services covered in the <u>unrestricted freedom of choice</u> and capitation programs should be equal.
- 3. Each employee (or group member) should be provided comprehensive, unbiased information about the programs being offered and should be given a reasonable opportunity to select the program which he the employee believes best suits his or her needs, as well as periodic opportunities thereafter to choose to continue his enrollment in the program of his the employee's initial selection or to enroll in a different program.
- 4. All dentists willing to abide by the terms of the capitation program's provider contract should be eligible to participate in the program.
- 5. There should be no automatic enrollment in capitation dental benefit programs.
- 6. A system of monitoring the dental needs and treatment provided under a capitation dental benefit program should be required of the administrator by the group purchaser. In this regard, the dental needs and procedures performed should be reported, not merely on an aggregate, but on an individual patient basis.
- <u>7.</u> Additionally, a All services provided by specialists should be separately reported on both an aggregate and individual patient basis.
- 8. Finally, all pPatients treated under a capitation dental benefit program should be provided in writing a list of their overall dental needs and the dental procedures rendered at each treatment visit.
- <u>9.</u> Questions regarding the quality, appropriateness or thoroughness of treatment provided under capitation dental benefit programs should be resolved through the peer review system of the appropriate dental society.

Amendment of the Policy, Guidelines for Dental Components of Health Maintenance Organizations

9H-2013. Resolved, that the ADA policy on Guidelines for Dental Components of Health Maintenance Organizations (*Trans*.1988:476; 1993:689; 1995:610) be amended through text additions and deletions, so that the amended policy reads as follows (additions are <u>underscored</u>; deletions are <u>stricken</u>):

Guidelines for Dental-Components of Dental Health Maintenance Organizations

The A dental health maintenance organization (DHMO) concept has been defined as an organized system for health care is a dental benefits plan that is a legal entity that accepts the responsibility to provide or otherwise ensure the delivery of an agreed upon set of comprehensive oral health care services for a voluntarily enrolled group of persons in a geographic area, and is reimbursed through a pre-negotiated and fixed periodic payment made by or on behalf of each person or family unit enrolled in the plan. with dental care provided by only those dentists having contracts with the DHMO to provide these services.

The American Dental Association recognized the HMO concept (*Trans.*1971:501) but opposes this-approach as the only one DHMOs as the sole benefit plan available to subscribers. Rather, such plans a DHMO should be presented to consumers as an alternative mode of financing and delivering oral health services, along with a comparable program that permits free choice of health provider dentist.

The HMO concept has not demonstrated itself to be more economical, efficient or otherwise better in the delivery of dental services. Therefore, the ADA maintains that <u>D</u>HMOs should not receive preferential treatment <u>and</u>. The Association suggests the following guidelines for <u>D</u>HMOs dental components:

- 1. The DHMO should be recognized as only one of many alternatives to deliver finance oral health care.
- 2. A complete description of benefits provided under each plan should be given to all eligible individuals prior to each enrollment period. Benefit limitations and exclusions of each plan should be clearly described, and a complete and current list of dentists who participate in the closed panel plan should be provided. The subscriber should be made aware of limitations on choice of dentist and treatment location prior to enrollment.
- 3. Development and administration of a dental component of an DHMO should be under the control of a dentist.
- 4. Dental subscribers in an DHMO setting should be made fully aware of, and have access to, the profession's peer review mechanism.
- 5. A dental health education program with emphasis on prevention should be provided to all enrolled in an DHMO dental program.
- 6. The utilization of dental personnel should be consistent with American Dental Association policy.
- 7. Benefit programs offering dental care through an DHMO should also offer a comparabledental plan with equal or comparable benefits that permits free choice of dentist under a feefor-service arrangement. Under this dual choice system, the individual consumers should also have periodic options to change plans and there should be equal premium dollars per subscriber available to both dental delivery systems plans.
- The freedom of choice plan should be designated the primary enrollment plan, i.e., eligible individuals who fail to enroll in any plan should be enrolled in the freedom of choice plan.
- 89. Administration should assure maximum benefits in dental care and minimum expenditures for administration.
- 910. When requested by the patient, the DHMO should pay for a second opinion from a dentist outside the DHMO network.
- 10. Dental services available from HMOs should be limited to HMO subscribers.
- 11. A broad range of dental services should be available to subscribers.
- 12. There should be no economic deterrent imposed that would discourage the utilization of diagnostic, preventive and emergency services.

Amendment of the Policy, Support for Individual Practice Associations (IPAs)

12H-2013. Resolved, that the ADA policy on Support for Individual Practice Associations (IPAs) (Trans.1988:475; 1994:655; 2000:458) be amended through text additions and deletions, so that the amended policy reads as follows (additions are underscored: deletions are stricken):

Resolved, that the American Dental Association provide information to members and plan purchasers about dental individual practice associations (IPAs) that includes legal and regulatory limitations on the uses of IPAs. are established and/or directed by organized dentistry and that conform to Association policy, and be it further

Resolved, that discussion of IPAs be included in the Purchaser Information Service Program-

Amendment of the Policy, Government Reports on Payments to Dentists

13H-2013. Resolved, that the ADA policy on Government Reports on Payments to Dentists (Trans.1976:858) be amended through text additions and deletions, so that the amended policy reads as follows (additions are underscored; deletions are stricken):

Resolved, that government agencies issuing reports on reimbursements income amounts paid to dentists for services rendered under public programs be strongly urged to release such information in a clear context accompanied by such facts as:

- the number of practitioners dentists represented in the payment
- the number of patients cared for, and the fact that these payments are gross receipts from which the dentist(s) or dentists must pay all overhead costs, and be it further-

Resolved, that the American Dental Association exhort governmental agencies that there is yet other expense incurred by these public dental care programs. This expense includes pro rata governmental administrative expense and pro rata overhead expense of the facilities they use. In total fairnessthese additional expenses must be included in releases to the news media to reflect actual cost to the public, and be it further

Resolved, that the Washington Office of the Association bring this matter forcefully to the attention of all federal agencies involved in such programs.

Amendment of the Policy, Use of DEA Numbers for Identification

14H-2013. Resolved, that the ADA policy on Use of DEA Numbers for Identification (Trans. 2000: 454) be amended through text additions and deletions, so that the amended policy reads as follows (additions are underscored; deletions are stricken):

Resolved, that the ADA agrees with the Drug Enforcement Administration (DEA) that the DEA number is to be used solely for purposes of prescribing controlled substances. take steps to assurethat unauthorized and non-discretionary use by the insurance industry and other entities regarding the DEA number cease as promptly as prudence and reality permit, and be it further Resolved, that health care insurance providers be urged to immediately discontinue the use of the Drug Enforcement Administration (DEA) Registration Numbers as a means of identification and instead, voluntarily switch to a more appropriate and safer method of identifying health care providerswho prescribe medications to insured patients such as the national health care provider identifier currently under development by the Health Care Financing Administration (HCFA), and be it further-Resolved, that the ADA contact the HCFA and the DEA by the end of year 2000 to offer input for the expeditious development and implementation of the alternative number currently being considered.

Amendment of the Policy, Authorization of Benefits

15H-2013. Resolved, that the ADA policy on Authorization of Benefits (Trans.1994:665) be amended through text additions and deletions, so that the amended policy reads as follows (additions are underscored; deletions are stricken):

Resolved, that the American Dental Association supports the right of each dentist to accept or reject authorized benefits from any dental benefits plan, and be it further

Resolved. that the Association supports the right of every patient to authorize that his or her benefits be paid to the treating dentist and to have the authorization honored by the third-party payer, and be it further

Resolved, that when a third-party payer inadvertently-submits payment directly to the patient, contrary to the patient's authorized preference, it is the third-party payer's responsibility of the thirdparty payer: first, to submit the correct payment to the dentist and second, to reclaim the erroneously submitted payment from the patient, and be it further

Resolved, that in those states where dentists are not notified of the rescission of a prior authorization of benefits, the Association encourage state dental societies to seek legislative relief.

Amendment of the Policy, Statement on Preventive Coverage in Dental Benefits Plans

16H-2013. Resolved, that the ADA policy on Statement on Preventive Coverage in Dental Benefits Plans (Trans.1992:602; 1994:656) be amended through text additions and deletions, so that the amended policy reads as follows (additions are <u>underscored</u>; deletions are <u>stricken</u>):

Resolved, that preventive dentistry refers to the procedures in dental practice and health programs which, in conjunction with clinical and radiographic examinations, aid in the prevention of oral diseases, and be it further

Resolved, that the American Dental Association recognizes the importance of implementing preventive oral health practices as an effective means of promoting affording optimal oral health to all individuals, and be it further

Resolved, that the ADA urges that all dental benefit plans include the following preventiveprocedures as covered services:

- prophylaxis (at least twice in a calendar [contract] year);
- topical fluoride applications for all patients (at least twice in a calendar [contract] year);
- application of pit and fissure sealants and reapplication as necessary:
- oral health risk assessment;
- screening for oral cancer and other dental/medical related conditions;
- preventive resin restorations;
- resin infiltrations;
- fixed and removable appliances to prevent malocclusion in the developing dentition;
- construction of athletic mouth protectors for use in sports guards;
- prescription or use of supplemental dietary or topical fluoride for home use; and
- in-office patient education, i.e., oral hygiene instruction, and dietary counseling, and tobacco cessation counseling with regard to the promotion of good oral and overall health.

and be it further

Resolved, that the Council on Dental Benefit Programs continue to recommend to third-party payers, service plans, prospective purchasers and policyholders that, where considered necessary and appropriate, contract limitations on frequency of providing benefits allow for certain services be stated coverage of preventive services as at least "twice in a calendar (or contract) year" and more frequently if risk factors are identified that warrant increased frequency rather than "once in every sixmonths,".

Amendment of the Policy, Age of "Child"

17H-2013. Resolved, that the ADA policy on Age of "Child" (Trans.1991:635) be amended through text additions and deletions, so that the amended policy reads as follows (additions are underscored; deletions are stricken):

Resolved, that when dental plans differentiate coverage of specific procedures based on the child or adult status of the patient, this determination be based on the clinical development of the patient's dentition, and be it further

Resolved, that for the sole purpose of eligibility for coverage, chronological age of at least 21 be used to determine enrollment status. where administrative constraints of a dental plan preclude the use of clinical development so that chronological age must be used to determine child or adult status, the plan defines a patient as an adult beginning at age 12 with the exclusion of treatment for orthodontics and sealants.

Amendment of the Policy, ADA's Dental Claim Form

18H-2013. Resolved, that the ADA policy on ADA's Dental Claim Form (Trans.1991:633; 2001:428) be amended through text additions and deletions, so that the amended policy reads as follows (additions are underscored; deletions are stricken):

Resolved, that the Council on Dental Benefit Programs, with the approval of the Board of Trustees, have the authority to evaluate and effect all changes to the American Dental Association's Dental Claim Form in consultation with the ADA recognized specialty organizations as well as the dental benefits and electronic data interchange industries, and be it further

Resolved, that the American Dental Association urge universal use and acceptance of the ADA's-Dental Claim Form and Code on Dental Procedures and Nomenclature by third-party payers, thirdparty payer organizations, and electronic data interchange agencies, and be it further

Resolved, that the constituent dental societies be encouraged to work with third-party payers and third-party payer organizations to take whatever steps are necessary to influence dentists and third parties in their respective states to use and accept the most current approved-Dental Claim Form.

Amendment of the Policy, Bulk Benefit Payment Statements

19H-2013. Resolved. that the ADA policy on Bulk Benefit Payment Statements (*Trans*.1990;536) be amended through text additions and deletions, so that the amended policy reads as follows (additions are underscored; deletions are stricken):

Resolved, that although the ADA goes on record as being opposed to bulk payments by a third-party payer, in the interest of facilitating prompt settlement of patients' accounts, bulk benefit payments may be made by a third-party but should include a statement containing, at a minimum, the following information for each claim payment represented in the bulk benefit check payment:

- 1. Subscriber (employee) name;
- 2. Patient name:
- 3. Dates of service;
- 4. Specific treatment-service reported on the submitted claim, by ADA procedure code-CDT Code number and nomenclature:
- 5. Total fee charged:
- 6. Specific ADA c-CDT Code number and nomenclature on which benefits were determined;
- 7. Total covered expense;8. Total benefits paid; and
- 9. In instances where benefits are reduced or denied, an explanation of the reason(s) that why the total covered expense differs from the total fee charged, consistent with Association policy on Explanation of Benefits Statements.

and be it further

Resolved, that insurance companies should not withhold funds from current bulk benefit payments as a means of settling disputes over prior claims experience with the dentist and that constituent dental societies be encouraged to seek legislation to resolve this problem, and be it further

Resolved, that bulk benefit-payments should be issued to dentists at intervals of not longer than every ten business days, and be it further

Resolved, that the Council on Dental Benefit Programs work with the insurance industry and dental service plans to incorporate this policy into their administrative procedures.

Amendment of the Policy, Third-Party Acceptance of Descriptive Information on Dental Claim Form

21H-2013. Resolved, that the ADA policy on Third-Party Acceptance of Descriptive Information on Dental Claim Form (Trans.1978:507) be amended through text additions and deletions, so that the amended policy reads as follows (additions are underscored; deletions are stricken):

Resolved, that the descriptive narrative included on a claim submission when the *CDT Code* nomenclature includes "...by report" in its nomenclature, of a dental procedure claim form-be given professionally appropriate consideration during adjudication to the procedure codes which are usedby third-party payers carriers for administrative purposes, and be it further

Resolved, that the any descriptive narrative or any information voluntarily submitted by the dentist to assist in benefit determination should be considered during claim adjudication accepted by the thirdparty payer.

Amendment of the Policy, Charge for Administrative Costs

22H-2013. Resolved, that the ADA policy on Charge for Administrative Costs (*Trans*.1974:656; 1989:553) be amended through text additions and deletions, so that the amended policy reads as follows (additions are <u>underscored</u>; deletions are stricken):

Resolved, that when administration costs are incurred by dental providers for non-clinical services such as filling out a claim form, an administrative charge separate fees may be charged for this such services.

Amendment of the Policy, Development of ADA Diagnostic Coding

23H-2013, Resolved, that the ADA policy on Development of ADA Diagnostic Coding (Trans. 1995:619) be amended through text additions and deletions, so the amended policy reads as follows (additions are underscored; deletions are stricken):

Development of ADA Diagnostic Coding SNODENT Clinical Terminology

Resolved, that the Council on Dental Benefit Programs, acting within its Bylaws authority, with theapproval of the Board of Trustees, shall continue to develop and, in conjunction with the National Library of Medicine and International Health Terminology Standards Development Organization, to maintain the SNODENT clinical terminology system, maintain a diagnostic coding system for the dental profession, and be it further

Resolved, that the American Dental Association urge encourage universal use and acceptance adoption of the ADA's diagnostic coding SNODENT clinical terminology system by: public and private healthcare organizations; national and international standards developing development organizations; national quality measurement initiatives; dental schools; computer practicemanagement dental information technology vendors, including but not limited to developers of Electronic Health Records (EHR) systems, digital imaging systems, and peripheral devices that capture clinical data; health information databases and networks, electronic data interchange organizations, plan purchasers, third-party payers and third-party organizations.

Amendment of the Policy, Fee Profiles

25H-2013, Resolved, that the ADA policy on Fee Profiles (Trans. 1987:502) be amended through text additions and deletions, so that the amended policy reads as follows (additions are underscored: deletions are stricken):

Resolved, that when a dentist is employed and then leaves for new employment or to open his or her own practice, all insurance companies and/or dental service corporations shall allow said dentist to establish a new fee profile, and be it further

Resolved, that dentists beginning practice should be advised made aware of this policy on the development of individual fee profiles and also be advised made aware of the potential limitations due to methodologies used by the insurance industry and service corporations to develop fee profiles forindividual practitioners ADA's contract analysis service which is authorized to analyze various types of dental provider contracts at no charge to members who request a review through their constituent dental society, and be it further

Resolved, that the Council on Dental Benefit Programs work with the insurance industry, dental service corporations and other appropriate agencies to solve this problem for assist dentists beginning practice.

Amendment of the Policy, Hospitalization Insurance for Dental Treatment

26H-2013. Resolved, that the ADA policy on Hospitalization Insurance for Dental Treatment (Trans.1972:674) be amended through text additions and deletions, so that the amended policy reads as follows (additions are underscored; deletions are stricken):

Resolved, that the Association actively urge hospital insurance carriers medical plans to include hospitalization benefits for dental treatment in public and private insurance programs so that the resources of a hospital are available to those dental patients whose condition, in the professional judgment of the dentist, makes hospitalization necessary.

Amendment of the Policy, Principles for Pay-for-Performance or Other Third-Party Financial Incentive **Programs**

28H-2013. Resolved, that the ADA policy on Principles for Pay-for-Performance or Other Third-Party Financial Incentive Programs (Trans.2006:328) be amended through text additions and deletions, so that the amended policy reads as follows:

Principles for Pay-for-Performance or Other Third-Party Financial Incentive Programs

- 1. The primary objective of Pay-for-Performance (P4P) or other third-party financial incentive programs must be improvement in the quality of oral health care, so performance measures in those plans-programs shall should be valid measures of healthcare quality. quality-related.
- 2. The provisions of P4P or other third-party financial incentive programs should must not interfere with the patient-doctor relationship by injecting factors unrelated to the patient's needs into treatment decisions. Treatment plans can vary based on a clinician's sound judgment, available evidence and the patient's needs and preferences. Benchmarks to judge performance should allow for such variations in treatment plans.
- 3. The incentives in P4P or other third-party financial incentive programs should must reward both the progressive quality improvement as well as attainment of achievement of desired quality metrics. levels and significant improvement in quality directed toward meeting the desired qualitylevels.
- 4. P4P or other third-party financial incentive programs should must not limit access to care for patients requiring extraordinary levels or types of care-, nor provide a disincentive for practitioners to treat complex or difficult cases because of concern about performance ratings. There should be a system of risk adjustments for difficult or complex cases.
- 5. The incentives in a P4P or other third-party financial incentive program must be positive and of a type and magnitude that will drive improvement in the quality of care or support consistently highquality care.
- 65. The measures upon which incentive payments are based:
 - should must be valid, reliable and feasible exact, clear, measurable and based on valid
 - should must be standardized and have broad acceptance within the dental community
- 6. Before comparing measure scores between two entities the results should must be risk-adjusted to account for patient differences and must factor in patient compliance.
 - must factor in patient compliance
 - must require a minimum of measurements
- 7. Reporting of quality to the public should must be fair and provide an opportunity for dentists to comment on ratings. Payers should must discuss quality problems they identify with dentists before any public action is taken reporting of ratings.
- 8. Participation by dentists should must be voluntary, with no financial penalties for not participating.
- 9. Savings in costs should must not accrue to plans but should must be returned to patients in reduced co-payments or expansion of benefits.
- 10. Development and subsequent Regular reassessment of P4P or other third-party financial incentive programs should must be done, with input from participating dentists.

and be it further

Resolved, that the American Dental Association use these principles in discussions with organizations designing P4P or other third-party financial incentive programs and also monitor and continue to evaluate Pay-for-Performance or other third-party financial incentive programs being implemented in dental benefit plans, and be it further

Resolved, that the ADA advocacy efforts with respect for P4P or other third-party financial incentive programs be guided by these principles.

Amendment of the Policy, Quality Health Care

29H-2013. Resolved, that the ADA policy on Quality Health Care (Trans. 1995:609) be amended through text additions and deletions, so that the amended policy reads as follows (additions are underscored; deletions are stricken):

Oral health care is an integral component of health care. The Association promotes the public's oral health through commitment of member dentists to provide quality dental care.

Historically, the quality of dental care and the level of oral health care enjoyed by citizens of the United States have been significantly enhanced by freedom of choice, fee-for-service dentistry.

Quality of care is the degree to which healthcare services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge (Institute of Medicine).

Quality oral health care is characterized by the effective integration of multiple components of care consisting of prevention, acceptable treatment modalities, access, availability, utilization, patient management, patient autonomy, practice management, dental ethics and professionalism.

Quality oral health care is only possible when treatment decisions and planning are determined by the dentist and the patient, based on the patient's oral health needs and health status.

Any entity which seeks to participate in the managed dental benefit marketplace should be required by federal and state legislation to design and fund managed care dental plans that emphasize the value and importance of prevention, utilization, access, availability, cost effectiveness, acceptable treatment modalities, specialist referrals, the profession's peer review system and an efficient administrative process.

Amendment of the Policy, Position Statement on the Appropriate Use of Assessment Data

30H-2013. Resolved, that the ADA policy on Position Statement on the Appropriate Use of Assessment Data (Trans.1998:701) be amended through text additions and deletions, so that the amended policy reads as follows (additions are underscored; deletions are stricken):

Position Statement on the Appropriate Use of Assessment Data **From Quality Measurement**

It is widely recognized that assessment data Data from quality measurement can provide very useful information when dealing with addressing the many different issues confronting the health care system, from improving the quality and effectiveness of patient care, to improving the efficiency of care, to designing health benefit plans, based on the value of care. However, as productively as-While data from quality measurement can be used productively, it can also be misused and counterproductive. Measurement instruments-Measure specifications must be precisely designed to address specific concerns. One set of data cannot appropriately fit all purposes. To try to fit one set of data to meet all purposes is a major pitfall that should be avoided.

Assessment data-Quality measures, are used today, is used for three basic quite distinct purposes: to improve the quality of direct patient care delivery improvement, to demonstrate accountability in the delivery of health care, and to conduct research, on the effectiveness of direct health care or on the efficiency of different delivery and financing structures. Quality improvement, accountability and research are three quite distinct purposes and one One set of data uniform measures should does not satisfy the discrete needs of each purpose, e.g.: improve the quality of care; demonstrate accountability in the delivery of health care; and conduct research on the effectiveness of health care, or on the efficiency of different delivery and financing structures be used to meet these threepurposes, uniformly.

Practitioners and health care institutions, such as hospitals, frequently use data from measurement for internal quality improvement, where the objective is:

- to understand the process of care and how it varies
- to understand how the process of care relates to the effectiveness of care for patients
- to clarify the clinician's perspective on the process of care and the need to change
- to plan and test changes in the process of care

The data collected for *quality improvement* is used in planning and implementing change. Thus, it should not be used prematurely as a conclusive or absolute statement about the quality of care. Because internal quality improvement requires that practitioners identify potential quality of care concerns, critique the process of care and test change, the practitioner must know that the data will remain confidential and will not be used as a premature judgment of either the practitioner or the process of care. Thus, internal improvement data should not be used for purposes of public accountability.

Accountability is distinct from internal quality improvement. Accountability data It is intended to be publicly reported information. For example, although the specific data from the internal qualityimprovement program would not be suitable for accountability purposes, the fact that a practitionerhas a quality improvement program in place could be an indication of accountability. Accountability data-It is generally focused on the results or outcomes of care, and is often (but not exclusively) used to compare institutions, practitioners and health plans. In using such data for comparison, the sample must be large and the data measures must be adjusted for the different populations, environments and markets within which the practitioners, health plans and institutions operate. For example, there the measures must be risk-adjusted must be adjustments for severity of illness or demographic factors.

Research is also distinct in its use of assessment data. Quality of care research is often focused on examining the outcomes of care or the effectiveness of care. Measures should be specified in a manner that yields very precise results. Identifying and controlling variables that can influence the results is a more precise and extensive part of the data collection process than it is in either internal assessment or accountability.

There are, however, overlaps among the data measures used for internal quality improvement, public accountability and research. The results of research can be applied to identifying the best practices for quality improvement. Likewise, the need for accountability can set agendas for outcomes research and internal quality improvement. Internal quality improvement can define reasonable expectations for public accountability and the need for specific outcomes research. However, the feedback that will occur among internal quality improvement, accountability and research, should not be confused with the distinct purposes of each and the need for different measurements measures for each. The limits of the data that is collected from each sphere of assessment should must be recognized. Caution should must be used in applying interpreting assessment measurement data.

Amendment of the Policy, Third-Party Payers Overpayment Recovery Practices

32H-2013. Resolved, that the ADA policy on Third-Party Payers Overpayment Recovery Practices (Trans.1999:930) be amended through text additions and deletions, so that the amended policy reads as follows (additions are underscored; deletions are stricken):

Resolved, that the American Dental Association shall and its constituent societies are urged to seek or support legislation to prevent opposing all in appropriate third-party payers from withholding assigned benefits when a payment made in error has been made on behalf of a different patient covered by the same third-party payer overpayment recovery practices, and be it further Resolved, that the American Dental Association encourage state dental societies to seek or support legislation to prevent third-party payers from withholding fully assigned benefits to a dentist when an

incorrect payment has been made to the dentist on behalf of a previous patient with the same thirdparty payer.

Rescission of the National Healthcare Information Infrastructure (NHII) Task Force

34H-2013. Resolved, that Resolution 58H-2005 "The National Healthcare Information Infrastructure (NHII) Task Force" (*Trans.*2005:338), be rescinded.

Amendment of the Policy, Recommendations of Future of Dentistry Report

35H-2013. Resolved, that the ADA policy, "Recommendations of Future of Dentistry Report" (Trans.1983:552) be amended as follows (deletions are stricken):

Resolved, that the Association accept the following five principal recommendations of the Future of Dentistry Report as priority guidelines for the ADA to prepare the profession for the challenges of the future.

- Convert public unmet need into demand for dental services;
- prepare the practitioners (existing and future) to be more patient/market oriented;
- broaden the practitioner's clinical skills and mix of services offered to the public:
- influence the quality and quantity of the manpower supply workforce; and
- stimulate research and development.

and be if further

Resolved, that all appropriate Association agencies be directed to reassess their currentprograms and use these guidelines in formulating their future program activities, and be it further Resolved, that a report be forwarded annually by the Board of Trustees to the House of Delegates describing to what extent these guidelines have been incorporated.

Amendment of the Policy, Electronic Technology Activities

36H-2013. Resolved, that the ADA policy "Electronic Technology Activities" (*Trans*.1993:695) be amended as follows (additions are underscored; deletions are stricken):

Resolved, that the American Dental Association intensify its efforts in the field of electronic technology and that such efforts be established as is a high priority for the American Dental Association, and be it further

Resolved, that appropriate agencies of the Association are encouraged to provide full services in the areas of information science and dental electronic technology, and report developments and trends in these fields on a regular basis to the Board of Trustees, and be it further

Resolved, that the Association is opposed to mandatory participation in electronic data interchange for dental claims processing.

Statement Supporting the Dental Team Concept

37H-2013. Resolved, that constituent dental societies, dental educators and dental examiners are encouraged to work closely and cooperatively with the ADA to support the dental team concept to prevent fragmentation of the dental team, and be it further

Resolved, that these parties are urged to support ADA policies on supervision of dental auxiliaries in all settings including, but not limited to, educational institutions, skilled nursing facilities and public health clinics, and be it further

Resolved, that Resolution 68H-1987, "Statement Opposing Unsupervised Practice by Dental Auxiliaries" (Trans.1987:514), be rescinded.

Use of Environmentally Conscientious Measures in the Production, Packaging and Shipping of Dental **Products**

38H-2013. Resolved, that the American Dental Association strongly encourages dental manufacturers to employ environmentally conscientious measures in the production, packaging and shipping of their products including, but not limited to, the use of disposable materials that are biodegradable whenever possible, and be it further

Resolved, that Resolution 93H-1991, "Use of Biodegradable Materials in Manufacture and Packaging of Disposable Dental Products" (*Trans.*1991:585), be rescinded.

Non-Consent Resolutions

Rescission of the Policy, Closed Panel Dental Benefit Plans (Council on Dental Benefit Programs Resolution 10): The Reference Committee reported as follows:

The Reference Committee heard testimony that not all closed dental benefit plans are DHMOs, and therefore, the policy on Closed Panel Dental Benefit Plans may still be of value with modifications. The Reference Committee recommends the policy not be rescinded but referred to the appropriate ADA agency for review and report to the 2014 HOD.

10. Resolved, that Resolution 6H-1989, "Closed Panel Dental Benefit Plans" (Trans. 1989: 545), be rescinded.

Dr. Tippett-Whyte moved that Resolution 10 (Supplement:4011) be referred to the appropriate ADA agency for review with a report to the 2014 House of Delegates.

On vote, the motion to refer Resolution 10 was adopted.

Amendment of the Policy, Statement on Dental Benefit Plans (Council on Dental Benefit Programs Resolution 11; Fifth Trustee District Resolution 11S-1; and Reference Committee Resolution 11RC): The Reference Committee reported as follows:

The Reference Committee appreciates the work of the Fifth Trustee District and agrees that a more complete listing of preventive treatment services should be listed within the Statement on Dental Benefit Plans. The Committee recommends two additional changes deleting "at any age" on page 4014a (2 of 4) line 34 and adding "and education" on line 37. Therefore, the Committee recommends the adoption of Resolution 11RC in lieu of Resolutions 11 and 11S-1.

11RC. Resolved, that the ADA policy on Statement on Dental Benefit Plans (Trans.1988:481) be amended through text additions and deletions, so that the amended policy reads as follows (additions are underscored; deletions are stricken):

From their inception, dental benefit plans have had the support of the American Dental Association on the premise that they can increase the availability of dental care and consequently foster better oral health in the United States. Research confirms that utilization of dental services increases proportionately with the availability of dental benefits.

In the interest of assuring that the best level of dental care possible is available under dental benefit plans, the following guidelines are offered for reference in the establishment and growth of dental benefit plans.

Mechanisms for Third-Party Payment. The Association believes that the dental benefit programs administered by commercial insurance companies, dental service corporations, other service corporations and similar organizations offering dental plans are an effective means of assisting patients in obtaining dental care. Conventional dental benefit plans are usually structured in ways that encourage prevention. Health maintenance organizations have followed dentistry's example and represent a similar approach in their preventive orientation. Direct reimbursement dental plans reimburse patients based on dollars spent, rather than on category of treatment received, and provide maximum flexibility to their specific dental needs.

The Association also believes that if dental plans restricting patients' freedom of choice are offered to subscribers, a plan that offers free choice of dentist should be offered as an option. This approach should include periodic options to change plans and equal premium dollars per subscriber for each option.

Standards for Dental Benefit Plans. The Association urges all purchasers and third parties involved with dental benefit plans to review the "Standards for Dental Benefit Plans." These "Standards" have been developed to reflect the profession's views on all types of dental benefit plans and will be a useful benchmark in reviewing the many options that are available.

Dental Society Review Mechanisms. The Association urges patients, plan purchasers and third-party payers to make use of the peer review committees that have been established by the constituent dental societies. The Association believes that it is important to use review mechanisms as established by organized dentistry, in order to obtain objective and impartial professional review. Third-party review is recognized as an important first step in the screening process for clarification and resolution of disputes which arise out of pretreatment or post-treatment review. However, it is not equivalent to, nor is it a substitute for, the constituent or component peer review process.

Statement on Areas Needing Improvement. Dental benefit plans have demonstrated an ability tokeep pace with the economy without contributing significantly to inflation of dental care costs. However, the The American Dental Association believes that dental benefit plans should beexpanded in several areas, as follows include, but not be limited to, the following preventive services:

- Most dental benefit plans limit preventive services to topical fluoride applications, regularprophylaxes, and space maintainers for children. The inclusion of broader preventionbenefits, such as the application of pit and fissure sealants and oral hygiene instruction and or dietary counseling, is encouraged.
- Topical fluoride applications for children and all at risk populations
- Prophylaxis as indicated by a healthcare provider
- Application of pit and fissure sealants at any age as warranted
- Space maintainers
- Oral health risk assessments
- Screening and education for oral cancer and other dental/medical related conditions
- Oral hygiene instruction
- Dietary consultation
- 2. Experience Research has shown that substantial numbers of covered individuals do not utilize their dental benefit plans. The Association supports a dental benefit plan design which encourages utilization of diagnostic and preventive services, such as a plan that covers these services at 100%, without a deductible.

To help dental benefit decision makers, the Council maintains a dynamic Purchaser Information Service. The Service conducts research on the factors which influence a purchaser's dental benefit decisions. This knowledge equips the Service to carry out a full-time program to reach planpurchasers to promote the Association's policies of traditional fee-for-service dentistry and freedom of choice of provider. It is also able to clarify the plans and options available to those purchasers, so that they may make a more qualified dental benefit decision.

The Association and its constituent and component societies should maintain active communication with all groups and individuals interested in the development and operation of dental benefit plans.

Because of this activity, a great deal of knowledge about all aspects of dental benefits has been acquired. The dental profession is eager to share this knowledge with all interested parties.

Dr. Tippett-Whyte moved the adoption of Resolution 11RC in lieu of Resolutions 11 (Supplement:4013) and 11S-1 (Supplement:4013a).

On vote, Resolution 11RC was adopted in lieu of Resolutions 11 and 11S-1.

11H-2013. Resolved, that the ADA policy on Statement on Dental Benefit Plans (Trans. 1988:481) be amended through text additions and deletions, so that the amended policy reads as follows (additions are underscored; deletions are stricken):

From their inception, dental benefit plans have had the support of the American Dental Association on the premise that they can increase the availability of dental care and consequently foster better oral health in the United States. Research confirms that utilization of dental services increases proportionately with the availability of dental benefits.

In the interest of assuring that the best level of dental care possible is available under dental benefit plans, the following guidelines are offered for reference in the establishment and growth of dental benefit plans.

Mechanisms for Third-Party Payment. The Association believes that the dental benefit programs administered by commercial insurance companies, dental service corporations, other service corporations and similar organizations offering dental plans are an effective means of assisting patients in obtaining dental care. Conventional dental benefit plans are usually structured in ways that encourage prevention. Health maintenance organizations have followed dentistry's example and represent a similar approach in their preventive orientation. Direct reimbursement dental plans reimburse patients based on dollars spent, rather than on category of treatment received, and provide maximum flexibility to their specific dental needs.

The Association also believes that if dental plans restricting patients' freedom of choice are offered to subscribers, a plan that offers free choice of dentist should be offered as an option. This approach should include periodic options to change plans and equal premium dollars per subscriber for each option.

Standards for Dental Benefit Plans. The Association urges all purchasers and third parties involved with dental benefit plans to review the "Standards for Dental Benefit Plans." These "Standards" have been developed to reflect the profession's views on all types of dental benefit plans and will be a useful benchmark in reviewing the many options that are available.

Dental Society Review Mechanisms. The Association urges patients, plan purchasers and third-party payers to make use of the peer review committees that have been established by the constituent dental societies. The Association believes that it is important to use review mechanisms as established by organized dentistry, in order to obtain objective and impartial professional review. Third-party review is recognized as an important first step in the screening process for clarification and resolution of disputes which arise out of pretreatment or post-treatment review. However, it is not equivalent to, nor is it a substitute for, the constituent or component peer review process.

Statement on Areas Needing Improvement. Dental benefit plans have demonstrated an ability tokeep pace with the economy without contributing significantly to inflation of dental care costs. However, the The American Dental Association believes that dental benefit plans should beexpanded in several areas, as follows include, but not be limited to, the following preventive services:

1. Most dental benefit plans limit preventive services to topical fluoride applications, regularprophylaxes, and space maintainers for children. The inclusion of broader preventionbenefits, such as the application of pit and fissure sealants and oral hygiene instruction and or dietary counseling, is encouraged.

- 1. Topical fluoride applications for children and all at risk populations
- Prophylaxis as indicated by a healthcare provider
- 3. Application of pit and fissure sealants at any age as warranted
- 4. Space maintainers
- 5. Oral health risk assessments
- 6. Screening and education for oral cancer and other dental/medical related conditions
- Oral hygiene instruction
- 8. Dietary consultation
- 2. Experience Research has shown that substantial numbers of covered individuals do not utilize their dental benefit plans. The Association supports a dental benefit plan design which encourages utilization of diagnostic and preventive services, such as a plan that covers these services at 100%, without a deductible.

To help dental benefit decision makers, the Council maintains a dynamic Purchaser Information Service. The Service conducts research on the factors which influence a purchaser's dental benefit decisions. This knowledge equips the Service to carry out a full-time program to reach planpurchasers to promote the Association's policies of traditional fee-for-service dentistry and freedom of choice of provider. It is also able to clarify the plans and options available to those purchasers, so that they may make a more qualified dental benefit decision.

The Association and its constituent and component societies should maintain active communication with all groups and individuals interested in the development and operation of dental benefit plans. Because of this activity, a great deal of knowledge about all aspects of dental benefits has been acquired. The dental profession is eager to share this knowledge with all interested parties.

Amendment of the Policy, Medically Necessary Care (Council on Dental Benefit Programs Resolution 20): The Reference Committee reported as follows:

The Reference Committee heard testimony raising a number of questions that require significant research. Those questions include:

- Why this activity was discontinued?
- What was the original purpose of the allocated funds?
- If the funds were budgeted on an ongoing basis, were those funds discontinued or reallocated?

The Reference Committee recommends referral to the appropriate ADA agency to research the questions and report to the 2014 House of Delegates.

20. Resolved, that the ADA policy on Medically Necessary Care (Trans.1988:474; 1996:686) be amended through text additions and deletions, so that the amended policy reads as follows (additions are underscored; deletions are stricken):

Resolved, that the American Dental Association make every effort on behalf of patients to see that the language specifying treatment coverage in health insurance plans be clarified so that medically necessary care, essential to the successful treatment of a medical or dental condition being treatedby a multidisciplinary health care team, is available to the patient, and be it further Resolved, that third-party payers and their consultants should appropriately limit their benefit determinations to plan design and not make benefit determinations based on medical necessity without the complete information that would be required for a definitive diagnosis. when the ADA isnotified of a situation in which a patient's treatment is jeopardized by the narrow interpretation of language contained in a medical benefit policy, the Association, with the assistance of its legaladvisor, shall contact the plan purchaser directly in an effort to see that the employer's intentionsregarding the benefit purchased for the employee are conveyed to the third-party payer.

Dr. Tippett-Whyte moved that Resolution 20 be referred to the appropriate ADA agency for study with a report to the 2014 House of Delegates.

In response to an inquiry if the questions identified by the Reference Committee would be answered in the report to the 2014 House, the Speaker conveyed the Executive Director's response that "to the extent that they can get the information, it will be."

On vote, the motion to refer Resolution 20 was adopted.

Amendment of the Policy, Medically Necessary Care (Fifth Trustee District Resolution 20S-1): The Reference Committee reported as follows:

The Reference Committee heard testimony that contacting plan purchasers is impractical and is not currently the practice. Since this raised the same questions as Resolution 20, the Reference Committee recommends referral of Resolution 20S-1 to the appropriate ADA agency along with Resolution 20 with a report to the 2014 House of Delegates.

20S-1. Resolved, that the ADA policy on Medically Necessary Care (Trans.1988:474; 1996:686) be amended through text additions and deletions, so that the amended policy reads as follows (additions are underscored; deletions are stricken):

Resolved, that the American Dental Association make every effort on behalf of patients to see that ensure the language specifying treatment coverage in health insurance plans be clarified so that medically necessary care, essential to the successful treatment of a medical or dental condition being treated by a multidisciplinary health care team is available to the patient, and be it further Resolved, that third-party payers and their consultants should appropriately limit their benefit determinations to plan design and net make benefit determinations based on medical necessity without the complete information that would be required for a definitive diagnosis, and be it further Resolved, that when the ADA is notified of a situation in which a patient's treatment is jeopardized by the narrow interpretation of language contained in a medical benefit policy, the Association, with the assistance of its legal advisor, shall contact the plan purchaser directly in an effort to see that the employer's intentions regarding the benefit purchased for the employee are conveyed to the thirdparty payer.

The Speaker commented that the subject matter of Resolution 20S-1 is similar to Resolution 20 and without objection it also will be referred; there were no objections to referring Resolution 20S-1.

Amendment of the Policy, Policy on Fees (Council on Dental Benefit Programs Resolution 24 and Reference Committee Resolution 24RC): The Reference Committee reported as follows:

The Reference Committee heard testimony that referral to peer review programs specifically may not be appropriate for all states because some have no peer review program and others have programs that do not accept fee disputes. Therefore, the Reference Committee recommends the adoption of 24RC that deletes the reference to "peer review programs" on page 4032, line 28 of Resolution 24.

24RC. Resolved, that the ADA Policy on Fees (Trans.1990:540) be amended through text additions and deletions, so that the amended policy reads as follows (additions are underscored; deletions are stricken):

Policy on Fees for Dental Services

Resolved, that the fiscal and health interests of patients are best served by the existence of an economic climate within which a dentist and his or her patient are able to freely arrive at a mutual agreement with respect to fees for service, and be it further

Resolved, that the American Dental Association considers third-party intervention in fee determination to be potentially anticompetitive in nature and to be a disservice to the public, which is interested in securing the best possible dental care for themselves and their families, and be it further Resolved, that the Association is opposed to any law, regulation or third-party intervention that disrupts the relationship between the dentist and patient, including, but not limited to, encouraging patients to select dentists principally on the basis of cost, and be it further Resolved, that if a disagreement with regard to fees arises between a dentist, a patient and/or thirdparty, the American Dental Association should transmit the complaint should be transmitted to the appropriate constituent and component dental society, which should then be available to assist in resolving the disagreement within the limitations of applicable law.

Dr. Tippett-Whyte moved that Resolution 24RC be adopted in lieu of Resolution 24 (Supplement:4032).

A motion was made to refer Resolution 24RC to the appropriate ADA agency with a report to the 2014 House of Delegates. It was noted that there was concern with the fourth resolving clause of the policy, that the language does not adequately address the variance that exists nationally on how peer review bodies handle fee disputes. Several delegates spoke against the motion to refer. On vote, the motion to refer was not adopted.

A motion was made to amend the fourth resolving clause of the policy by adding the words "and the component or constituent dental society accepts fee dispute cases for review" after the words "third/party" so the amended resolving clause reads:

Resolved, that if a disagreement with regard to fees arises between a dentist, a patient and/or third-party, and the component or constituent dental society accepts fee dispute cases for review, the American-Dental Association should transmit the complaint should be transmitted to the appropriate constituent and component dental society, which should then be available to assist in resolving the disagreement within the limitations of applicable law.

On vote, the amendment was adopted.

On vote, Resolution 24RC, as amended, was adopted in lieu of Resolution 24.

24H-2013. Resolved, that the ADA Policy on Fees (Trans.1990:540) be amended through text additions and deletions, so that the amended policy reads as follows (additions are underscored; deletions are stricken):

Policy on Fees for Dental Services

Resolved, that the fiscal and health interests of patients are best served by the existence of an economic climate within which a dentist and his or her patient are able to freely arrive at a mutual agreement with respect to fees for service, and be it further

Resolved, that the American Dental Association considers third-party intervention in fee determination to be potentially anticompetitive in nature and to be a disservice to the public, which is interested in securing the best possible dental care for themselves and their families, and be it further Resolved, that the Association is opposed to any law, regulation or third-party intervention that disrupts the relationship between the dentist and patient, including, but not limited to, encouraging patients to select dentists principally on the basis of cost, and be it further

Resolved, that if a disagreement with regard to fees arises between a dentist, a patient and/or thirdparty, and the component or constituent dental society accepts fee dispute cases for review, the American Dental Association should transmit the complaint should be transmitted to the appropriate constituent and component dental society, which should then be available to assist in resolving the disagreement within the limitations of applicable law.

Amendment of the Policy, Alteration of Dental Treatment Plans by Third-Party Claims Analysis (Council on Dental Benefit Programs Resolution 27 and Reference Committee Resolution 27RC): The Reference Committee reported as follows:

The Reference Committee agrees with the spirit of Resolution 27, but believes the appropriate agency to be encouraged to adopt this position is the American Association of Dental Boards instead of the American Association of Dental Consultants. Therefore the Reference Committee recommends the adoption of Resolution 27RC in lieu of Resolution 27.

27RC. Resolved, that the ADA policy on Alteration of Dental Treatment Plans by Third-Party Claims Analysis (Trans. 1999:929) be amended through text additions and deletions, so that the amended policy reads as follows (additions are underscored; deletions are stricken):

Resolved, that in consideration of existing policy on standards for dental benefit plans (Trans.1988:478; 1989:547; 1993:696; 2000:458; 2001:428; 2008:453; 2010:546) (Trans.1993:696), the challenge of a dental treatment plan by a third-party claims analysis is considered diagnosis and thereby constitutes the practice of dentistry, which can only be performed by a dentist licensed in the state in which the procedures are being performed, who has equivalent training with that of the submitting treating dentist, and carries with it full liability, and be it further

Resolved, that the ADA encourage the adoption of this position by the American Association of Dental Boards Examiners, all state dental associations, and all states' boards of dentistry, and be it further

Resolved, that the ADA urges the American Association of Dental Examiners, all state dental associations and all states' boards of dentistry to pursue legislation and/or regulations to meet this end.

Dr. Tippett-Whyte moved the adoption of Resolution 27RC in lieu of Resolution 27 (Supplement: 4035).

On vote, Resolution 27RC was adopted in lieu of Resolution 27.

27H-2013. Resolved, that the ADA policy on Alteration of Dental Treatment Plans by Third-Party Claims Analysis (Trans.1999:929) be amended through text additions and deletions, so that the amended policy reads as follows (additions are underscored; deletions are stricken):

Resolved, that in consideration of existing policy on standards for dental benefit plans (Trans.1988:478; 1989:547; 1993:696; 2000:458; 2001:428; 2008:453; 2010:546) (Trans.1993:696), the challenge of a dental treatment plan by a third-party claims analysis is considered diagnosis and thereby constitutes the practice of dentistry, which can only be performed by a dentist licensed in the state in which the procedures are being performed, who has equivalent training with that of the submitting treating dentist, and carries with it full liability, and be it further

Resolved, that the ADA encourage the adoption of this position by the American Association of Dental Boards Examiners, all state dental associations, and all states' boards of dentistry, and be it

Resolved, that the ADA urges the American Association of Dental Examiners, all state dental associations and all states' boards of dentistry to pursue legislation and/or regulations to meet this end.

Amendment of the Policy, Principles for the Application of Risk Assessment in Dental Benefit Plans (Council on Dental Benefit Programs Resolution 31 and Reference Committee Resolution 31RC): The Reference Committee reported as follows:

The Reference Committee heard testimony that the proposed language may create a clinical requirement for risk assessment and that there may be instances when cost savings may be a positive outcome of risk assessment, but understands the intent of the policy to be a safeguard against misuse of risk assessment to decrease benefits. On page 4044, line 29 "are tools which can be utilized" replaces "should be

conducted" and on line 30 "and should be" was added. On page 4045, line 11 "limiting benefits" was added instead of "cost savings". Therefore the Reference Committee recommends the adoption of 31RC.

31RC. Resolved, that the ADA policy on Principles for the Application of Risk Assessment in Dental Benefit Plans (Trans.2009:424) be amended through text additions and deletions, so that the amended policy reads as follows (additions are underscored; deletions are stricken):

Individual Risk Assessment:

- 1. The assessment of the risk for the development of oral diseases, the progress of existing disease or the adverse outcomes of treatment of oral disease for an individual patient is a professional matter that is the sole responsibility of the attending dentist.
- 2. Individual risk assessment is an important consideration in developing a complete diagnosis and treatment recommendations for each patient, the complexity of which is influenced determined by the oral health status, goals and desires of the individual patient. The assessment should be scientifically based, clinically relevant and continually refined through outcomes studies.
- 3. There should be no interference by outside parties in the patient-doctor relationship by injecting factors unrelated to the patient's needs in any aspect of the diagnosis of the patient's oral health status or the attending dentist's treatment recommendations.
- Risk assessments should not limit access to care for patients, including individuals who require extraordinary levels or type of care, nor provide a disincentive for practitioners to treat complex or difficult cases because of concern about performance ratings. There should be a system of riskadjustments for difficult or complex cases.
- 54. Risk assessments are tools which can be utilized should be conducted periodically on a schedule determined by the attending dentist and should be based upon the needs and medical status of the individual patient, since risk can change over time due to application of preventive measures. changes in science, the effects of therapy and changes in patient behaviors.
- 65. Self-administered patient questionnaires provided by third-party payers used for risk assessment purposes should contain the admonition that they are not to be considered as a substitute for a clinical evaluation performed by a dentist.

Population Risk Assessment:

- 17. Risk assessment for communities or groups populations within a community is a science separate from individual patient risk assessment, one that requires different skills and techniques than those used in the assessment of individual patients.
- 2. If dental plans develop models to categorize their members based on risk, this should be accomplished through a scientifically validated method.
- 3. At no time should these risk assessment models be applied to design benefit packages for the purpose of limiting benefits.
- 4. Eligibility for preventive services within a dental benefit plan should not be limited based on population level risk assessment.
- 8. When a disease is present in a community and its prevalence is low because of the effectivenessof preventive efforts, third-party payers should continue those preventive services as benefits of a dental plan.

Dr. Tippett-Whyte moved the adoption of Resolution 31RC in lieu of Resolution 31.

On vote, Resolution 31RC was adopted in lieu of Resolution 31.

31H-2013. Resolved, that the ADA policy on Principles for the Application of Risk Assessment in Dental Benefit Plans (Trans.2009:424) be amended through text additions and deletions, so that the amended policy reads as follows (additions are underscored; deletions are stricken):

Individual Risk Assessment:

- 1. The assessment of the risk for the development of oral diseases, the progress of existing disease or the adverse outcomes of treatment of oral disease for an individual patient is a professional matter that is the sole responsibility of the attending dentist.
- 2. Individual risk assessment is an important consideration in developing a complete diagnosis and treatment recommendations for each patient, the complexity of which is influenced determined by the oral health status, goals and desires of the individual patient. The assessment should be scientifically based, clinically relevant and continually refined through outcomes studies.
- 3. There should be no interference by outside parties in the patient-doctor relationship by injecting factors unrelated to the patient's needs in any aspect of the diagnosis of the patient's oral health status or the attending dentist's treatment recommendations.
- 4. Risk assessments should not limit access to care for patients, including individuals who require extraordinary levels or type of care, nor provide a disincentive for practitioners to treat complex or difficult cases because of concern about performance ratings. There should be a system of riskadjustments for difficult or complex cases.
- 54. Risk assessments are tools which can be utilized should be conducted periodically on a schedule determined by the attending dentist and should be based upon the needs and medical status of the individual patient, since risk can change over time due to application of preventive measures. changes in science, the effects of therapy and changes in patient behaviors.
- 65. Self-administered patient questionnaires provided by third-party payers used for risk assessment purposes should contain the admonition that they are not to be considered as a substitute for a clinical evaluation performed by a dentist.

Population Risk Assessment:

- 17. Risk assessment for communities or groups populations within a community is a science separate from individual patient risk assessment, one that requires different skills and techniques than those used in the assessment of individual patients.
- If dental plans develop models to categorize their members based on risk, this should be accomplished through a scientifically validated method.
- 3. At no time should these risk assessment models be applied to design benefit packages for the purpose of limiting benefits.
- 4. Eligibility for preventive services within a dental benefit plan should not be limited based on population level risk assessment.
- 8. When a disease is present in a community and its prevalence is low because of the effectivenessof preventive efforts, third-party payers should continue those preventive services as benefits of a dental plan.

Rescission of the Policy, Sale of Dental Equipment to Illegal Practitioners (Council on Dental Practice Resolution 51, Fifth Trustee District Resolution 90 and Reference Committee Resolution 90RC): The Reference Committee reported as follows:

The Reference Committee heard significant testimony related to Resolution 90. The Reference Committee supported the conclusions of the Council on Dental Practice and agreed that the current policy should be rescinded. The Reference Committee also recognized the efforts of the authors of Resolution 90 to amend current policy in order to reduce the legal risk and to address the concerns of the profession regarding the sale and utilization of dental equipment to illegal practitioners. Based on the testimony presented the Reference Committee agreed there are still concerns with both existing policy and Resolution 90 as written, and therefore another approach is warranted. The Reference Committee offers Resolution 90RC in lieu of Resolutions 51 and 90 and recommends the adoption of Resolution 90RC.

90RC. Resolved, that the ADA investigate and develop an advocacy strategy on the restriction of the sale of dental equipment for illegal purposes, and be it further Resolved, that the policy, "Sale of Dental Equipment to Illegal Practitioners" (Trans.2001:436), be rescinded.

Dr. Tippett-Whyte moved that Resolution 90RC be adopted in lieu of Resolutions 51 (Supplement:4056) and 90 (Supplement:4071).

A motion was made to amend Resolution 90RC by adding a new second resolving clause that reads:

Resolved, that a status report be given to the 2014 House of Delegates, and be it further

On vote, the proposed amendment was adopted.

Pro and con discussion followed regarding Resolution 90RC as amended.

A motion was made to amend Resolution 90RC in the first resolving clause by adding the word "dental" between the words "illegal" and "purposes". On vote the proposed amendment was adopted.

On vote, Resolution 90RC, as amended, was adopted in lieu of Resolutions 51 (Supplement: 4056) and 90 (Supplement:4071).

90H-2013. Resolved, that the ADA investigate and develop an advocacy strategy on the restriction of the sale of dental equipment for illegal dental purposes, and be it further

Resolved, that a status report be given to the 2014 House of Delegates, and be it further Resolved, that the policy, "Sale of Dental Equipment to Illegal Practitioners" (Trans.2001:436), be rescinded.

Registration of Dental Laboratories (Council on Dental Practice Resolution 52 and Reference Committee Resolution 52RC): The Reference Committee reported as follows:

The Reference Committee heard significant testimony related to Supplemental Report 1 and appended Resolution 52 by the Council on Dental Practice. The predominance of testimony favored voluntary, statebased registration of dental laboratories. However, additional testimony opposed the second resolving clause. The Reference Committee amended the original resolution by deleting the second clause and recommends the adoption of Resolution 52RC.

52RC. Resolved, that in order to enhance dental patient health and safety, the ADA urges all state dental boards to register U.S. dental laboratories, and be it further

Resolved, that licensed dentists who own dental laboratories for the custom manufacture of dental prostheses exclusively for their practice's patients be exempted from registering.

Dr. Tippett-Whyte moved that Resolution 52RC be adopted in lieu of Resolution 52.

On vote, Resolution 52RC was adopted in lieu of Resolution 52.

52H-2013. Resolved, that in order to enhance dental patient health and safety, the ADA urges all state dental boards to register U.S. dental laboratories, and be it further-

Resolved, that licensed dentists who own dental laboratories for the custom manufacture of dentalprostheses exclusively for their practice's patients be exempted from registering.

Amendment of the Policy, Recognition of Tooth Designation Systems for Electronic Data Interchange (Council on Dental Benefit Programs Resolution 7): The Reference Committee reported as follows:

The Reference Committee concurs with the Board of Trustees and supports adoption of the following resolution.

7. Resolved, that the ADA policy on Recognition of Tooth Designation Systems for Electronic Data Interchange (Trans.1994:675) be amended through text additions and deletions, so that the amended policy reads as follows (additions are underscored; deletions are stricken):

Resolved, that the American Dental Association recognizes that the two major systems used <u>in the United States</u> for tooth designation are the Universal/National <u>Tooth Designation</u> System used primarily in the United States and the <u>ISO/ANSI/ADA Specification No. 3950 for Designation System for Teeth and Areas of the Oral Cavity International Standards Organization (ISO) TC 106 methodused in most other countries, and be it further</u>

Resolved, that electronic oral health records should be designed to provide dentists the flexibility to select which tooth designation system best suits his or her office, and be it further **Resolved**, that software intended for electronic transmission of clinical information should have the capability of translating this-tooth designation information into either system, and be it further **Resolved**, that the American Dental Association, through its activities as secretariat and sponsor of the Accreditation Standards Committee (ASC) MD 156, support the-integration of the ISO/ANSI/ADA

Specification No. 3950 for Designation System for Teeth and Areas of the Oral Cavity, in addition to the Universal/National ISO/FDI Tooth Designation System, into clinical computer systems to allow information on tooth designation and other areas of the oral cavity to be transmitted electronically, and be it further

Resolved, that the American Dental Association encourage all accredited dental schools to familiarize dental students with both the Universal/National Tooth Designation System and the ISO/ANSI/ADA Specification No. 3950 for Designation System for Teeth and Areas of the Oral Cavity. and the ISO/FDI Systems for designation of teeth and areas of the oral cavity, and be it further Resolved, that looking at the teeth from outside the mouth, radiographs should be viewed in the same manner and so mounted.

Resolution 7 was moved for consideration.

A motion was made to amend the third resolving clause of the policy by addition the words "the ADA urge the developers of the"; deleting the words "should have the capability"; and adding the words "ensure the software is capable" before the words "of translating" so that the amended resolving clause would read as follows:

Resolved, that the ADA urge the developers of the software intended for electronic transmission of clinical information should have the capability to ensure the software is capable of translating this tooth designation information into either system, and be it further

Discussion followed both in support and against the proposed amendment. In response to a question regarding the proposed amendment, the maker of amendment suggested, for the purpose of clarity, removing the word "to" before the word "ensure." The editorial correction was made.

A motion was made to vote immediately; on vote the motion was adopted by a two-thirds (2/3s) affirmative vote.

On vote, the proposed amendment was adopted.

On vote, Resolution 7, as amended, was adopted.

7H-2013. Resolved, that the ADA policy on Recognition of Tooth Designation Systems for Electronic Data Interchange (*Trans.*1994:675) be amended through text additions and deletions, so that the amended policy reads as follows (additions are <u>underscored</u>; deletions are <u>stricken</u>):

Resolved, that the American Dental Association recognizes that the two major systems used in the United States for tooth designation are the Universal/National Tooth Designation System used primarily in the United States and the ISO/ANSI/ADA Specification No. 3950 for Designation System for Teeth and Areas of the Oral Cavity International Standards Organization (ISO) TC 106 method used in most other countries, and be it further

Resolved, that electronic oral health records should be designed to provide dentists the flexibility to select which tooth designation system best suits his or her office, and be it further

Resolved, that the ADA urge the developers of the software intended for electronic transmission of clinical information should have the capability ensure the software is capable of translating this tooth designation information into either system, and be it further

Resolved, that the American Dental Association, through its activities as secretariat and sponsor of the Accreditation Standards Committee (ASC) MD 156, support the integration of the ISO/ANSI/ADA Specification No. 3950 for Designation System for Teeth and Areas of the Oral Cavity, in addition to the Universal/National ISO/FDI Tooth Designation System, into clinical computer systems to allow information on tooth designation and other areas of the oral cavity to be transmitted electronically, and be it further

Resolved, that the American Dental Association encourage all accredited dental schools to familiarize dental students with both the Universal/National Tooth Designation System and the ISO/ANSI/ADA Specification No. 3950 for Designation System for Teeth and Areas of the Oral Cavity and the ISO/FDI Systems for designation of teeth and areas of the oral cavity, and be it further Resolved, that looking at the teeth from outside the mouth, radiographs should be viewed in the same manner and so mounted.

Adjournment

A motion was made to adjourn the Second Meeting of the ADA House of Delegates. Hearing no objections, the Second Meeting of the ADA House of Delegates was adjourned at 12:23 p.m., November 4, 2013. The Speaker announced the Third Meeting of the ADA House of Delegates would convene at 1:30 p.m.

Monday, November 4, 2013

Third Meeting of the House of Delegates

Call to Order: The Third Meeting of the 154th Annual Session of the ADA House of Delegates was called to order at 1:30 p.m., November 4, 2013, by the Speaker of the House of Delegates, Dr. Glen D. Hall, Texas.

Motion to Reconsider: A motion was made to reconsider Resolution 2 (see page 291); the Speaker stated the motion was not in order since a motion to reconsider can be considered only one time during the same meeting or convention.

Report of the Committee on Credentials, Rules and Order: Dr. Jill Burns, Committee chair, reported that the Committee had not received any further requests relating to the credentialing of new delegates, alternate delegates, acting secretaries and acting executive directors. Dr. Burns reported the presence of a quorum and reminded the House of the provisions of the ADA Disclosure Policy.

Report of the Reference Committee on Dental Education, Science and Related Matters

The Report of the Reference Committee on Dental Education, Science and Related Matters was presented by the chair, Dr. Paula Friedman, Massachusetts. The other members of the Reference Committee were: Dr. Anthony Caputo, Arizona; Dr. Kim Gardner, Ohio; Dr. Richard Kao, California; Dr. Virginia Merchant, Michigan; Dr. Barbara Mousel, Illinois; Dr. Prabu Raman, Missouri; Dr. A. Roddy Scarbrough, Mississippi; and Dr. Jeffrey Stewart, Oregon.

Consent Calendar (Reference Committee 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. However, before voting on the consent calendar, any delegate wishing to discuss an item on the consent calendar has the right to request that resolution be removed and considered separately.

100. Resolved, that the recommendations of the Reference Committee on Dental Education, Science and Related Matters on the following resolutions be accepted by the House of Delegates.

Resolution 33—(ADOPT)—Amendment to the Requirements for Recognition of Dental Specialties and National Certifying Boards for Dental Specialists (Supplement:3027) \$: None; FTE: 0 **COMMITTEE RECOMMENDATION: Vote Yes**

Resolution 50—(ADOPT)—Response to Resolution 110H-2012 Monitoring the Dental Board of California's Development of a Portfolio Examination (Supplement:3035) \$: None; FTE: 0 **COMMITTEE RECOMMENDATION: Vote Yes**

Resolution 53RC—(ADOPT IN LIEU OF RESOLUTIONS 53 AND 53S-1)—ADA Advocacy Agenda (Supplement:3078) \$: None; FTE: 0 COMMITTEE RECOMMENDATION: Vote Yes

Resolution 54—(REFER)—Development of a Robust Information Portal (Supplement:3079) \$:25,000 (Initial) + \$:64,000 (Ongoing); FTE: 0.5 COMMITTEE RECOMMENDATION: Vote Yes on Referral

Resolution 54S-1—(REFER)—Substitute Resolution for Resolution 54 (Supplement:3079) \$: None; FTE: 0 COMMITTEE RECOMMENDATION: Vote Yes on Referral

Resolution 55—(ADOPT)—Expanding Research Efforts in the Area of Dental Education Financing (Supplement:3080) \$:112,000; FTE: 1 COMMITTEE RECOMMENDATION: Vote Yes

Resolution 56S-1—(ADOPT IN LIEU OF RESOLUTION 56)—A Comprehensive Study of the Current Dental Education Model (Supplement:3082a) \$:80,000; FTE: 0 COMMITTEE **RECOMMENDATION: Vote Yes**

Resolution 57—(ADOPT)—Revision of Accreditation Standards (Supplement:3083) \$: None; FTE: 0 **COMMITTEE RECOMMENDATION: Vote Yes**

Resolution 58—(ADOPT)—JCNDE Standing Rules Revisions (Supplement: 3084) \$: None; FTE: 0 **COMMITTEE RECOMMENDATION: Vote Yes**

Resolution 85B—(ADOPT IN LIEU OF RESOLUTION 85)—Substitute Resolution, Investigate Dental Instrument Purchase and Leasing Plans Offered to Students by Dental Schools (Supplement:3103) \$: None; FTE: 0 COMMITTEE RECOMMENDATION: Vote No

Resolution 91—(REFER)—Disclosure of Costs Incurred by Dental Students (Supplement:3106) \$: None; FTE: 0 COMMITTEE RECOMMENDATION: Vote Yes on Referral

Resolution 92—(REFER)—Presentations for Long-Term Financial Implications of Debt Incurred by Students During Dental School (Supplement:3107) \$:30,000; FTE: 0.1 COMMITTEE **RECOMMENDATION: Vote Yes on Referral**

Resolution 101—(ADOPT)—Composition of the ADA Library and Archives Advisory Board \$:2.500: FTE: 0 COMMITTEE RECOMMENDATION: Vote Yes

Dr. Friedman moved the adoption of Resolution 100.

Requests were made to remove the following resolutions from the Consent Calendar: Resolutions 55, 56S-1, 57, and 101.

A request was made to test the voting machines before the next machine vote because of a concern that a delegate's vote did not go through. The Speaker indicated that this guestion comes up every year and the number of votes cast didn't necessarily mean that voting machines were not working, but that not everyone chose to vote. The Speaker inquired if the delegate's voting keypad had been brought to the tech table at the back of the House and replaced, and if the new equipment worked; it was stated that the keypad had been replaced and was working. The Speaker denied the request to test the machines since the number of votes tallied is not indicative of a faulty voting keypad.

Hearing no other requests to remove resolutions from the consent calendar, and with no objections, the Speaker declared the consent calendar (Resolution 100 as amended) adopted by general consent.

100H-2013. Resolved, that the recommendations of the Reference Committee on Dental Education. Science and Related Matters on the following resolutions be accepted by the House of Delegates.

Resolution 33—(ADOPT)—Amendment to the Requirements for Recognition of Dental Specialties and National Certifying Boards for Dental Specialists (Supplement:3027) \$: None; FTE: 0 **COMMITTEE RECOMMENDATION: Vote Yes**

Resolution 50—(ADOPT)—Response to Resolution 110H-2012 Monitoring the Dental Board of California's Development of a Portfolio Examination (Supplement: 3035) \$: None; FTE: 0 **COMMITTEE RECOMMENDATION: Vote Yes**

Resolution 53RC—(ADOPT IN LIEU OF RESOLUTIONS 53 AND 53S-1)—ADA Advocacy Agenda (Supplement:3078) \$: None; FTE: 0 COMMITTEE RECOMMENDATION: Vote Yes

Resolution 54—(REFER)—Development of a Robust Information Portal (Supplement:3079) \$:25,000 (Initial) + \$:64,000 (Ongoing); FTE: 0.5 COMMITTEE RECOMMENDATION: Vote Yes on Referral

Resolution 54S-1—(REFER)—Substitute Resolution for Resolution 54 (Supplement:3079) \$: None; FTE: 0 COMMITTEE RECOMMENDATION: Vote Yes on Referral

Resolution 55—(ADOPT)—Expanding Research Efforts in the Area of Dental Education Financing (Supplement:3080) \$:112,000; FTE: 1 COMMITTEE RECOMMENDATION: Vote Yes-

Resolution 56S-1—(ADOPT IN LIEU OF RESOLUTION 56)—A Comprehensive Study of the Current Dental Education Model (Supplement:3082a) \$:80,000; FTE: 0 COMMITTEE RECOMMENDATION: Vote Yes

Resolution 57—(ADOPT)—Revision of Accreditation Standards (Supplement: 3083) \$: None; FTE: 0 **COMMITTEE RECOMMENDATION: Vote Yes**

Resolution 58—(ADOPT)—JCNDE Standing Rules Revisions (Supplement.3084) \$: None; FTE: 0 **COMMITTEE RECOMMENDATION: Vote Yes**

Resolution 85B—(ADOPT IN LIEU OF RESOLUTION 85)—Substitute Resolution, Investigate Dental Instrument Purchase and Leasing Plans Offered to Students by Dental Schools (Supplement:3103) \$: None; FTE: 0 COMMITTEE RECOMMENDATION: Vote No

Resolution 91—(REFER)—Disclosure of Costs Incurred by Dental Students (Supplement.3106) \$: None; FTE: 0 COMMITTEE RECOMMENDATION: Vote Yes on Referral

Resolution 92—(REFER)—Presentations for Long-Term Financial Implications of Debt Incurred by Students During Dental School (Supplement:3107) \$:30,000; FTE: 0.1 COMMITTEE **RECOMMENDATION: Vote Yes on Referral**

Resolution 101—(ADOPT)—Composition of the ADA Library and Archives Advisory Board \$:2,500: FTE: 0 COMMITTEE RECOMMENDATION: Vote Yes

Note. For the purpose of a fully documented record, the complete text of the resolutions presented in Resolution 100H follows:

ADOPTED/ADOPTED IN LIEU OF

Amendment to the Requirements for Recognition of Dental Specialties and National Certifying Boards for Dental Specialists

33H-2012. Resolved, that Requirement (1) of the Requirements for Recognition of Dental Specialties be revised as follows (additions are underscored: deletions are stricken):

(1) In order for an area to be become and/or remain recognized as a dental specialty, it must be represented by a sponsoring organization: (a) whose membership is reflective of the special areaef that proposed or recognized dental specialty practice; (b) in which the privileges to hold office and to vote on any issue related to the specialty are reserved for dentists who either have completed a CODA-accredited advanced education program in that proposed or recognized specialty or have sufficient experience in that specialty as deemed appropriate by the sponsoring

organization and its certifying board; and (bc) that demonstrates the ability to establish a certifying board.

and be it further

Resolved. that the introductory paragraph of the Requirements for Recognition of National Certifying Boards for Dental Specialists be revised as follows (additions are underlined; deletions are stricken):

In order to become, and remain, eligible for recognition by the American Dental Association as a national certifying board for a special area of practice dental specialty, the area specialty shall have a sponsoring or parent organization whose membership is reflective of the recognizedspecial area of dental practice that meets all the elements of Requirement (1) of the Requirements for Recognition of Dental Specialties. A close working relationship shall be maintained between the parent organization and the board. Additionally, the following requirements must be fulfilled.

and be it further

Resolved, that requirement (2) in the section on Organization of Boards be revised as follows (additions are underscored; deletions are stricken):

(2) Each board shall submit in writing to the Council on Dental Education and Licensure a program sufficiently comprehensive in scope to meet the requirements established by the American Dental Association for the operation of a certifying board. This statement should include evidence of sponsorship of the board by a national organization representing dental practitioners interested inthat special area of practice that meets all the elements of Requirement (1) of the Requirements for Recognition of Dental Specialties.

and be it further

Resolved, that the sponsoring organizations representing the currently recognized dental specialties be given until July 1, 2015, to demonstrate compliance with this revised requirement, and be it further Resolved, that the Council on Dental Education and Licensure develop and implement a procedure to certify compliance by each sponsoring organization representing a currently recognized dental specialty and report its findings to the 2015 House of Delegates.

Response to Resolution 110H-2012 Monitoring the Dental Board of California's Development of a Portfolio Examination

50H-2013. Resolved, that the Council on Dental Education and Licensure monitor the Dental Board of California's development and implementation of a portfolio-style licensure examination and report findings annually to the House of Delegates.

ADA Advocacy Agenda

53H-2013. Resolved, that the ADA advocacy agenda on behalf of dental education, dental students, and recent dental school graduates include:

- 1. Dental school approval as Federally Qualified Health Centers (FQHC) or ability to partner with FQHC's.
- 2. Graduate Medical Education (GME) funding for non-hospital-based programs (i.e., dental schools).
- 3. Increased Medicaid fees and cost-based reimbursement for dental schools.
- 4. Increased number of loan forgiveness programs at the state and national level, including additional debt relief programs targeting rural/underserved areas.
- 5. Financial incentives to practice in underserved areas through supplemental payments or tax
- 6. Increased eligibility for dental graduates for all health profession loan forgiveness programs.
- 7. Student loan interest rate reform.

JCNDE Standing Rules Revisions

58H-2013. Resolved, that the criteria for Dental Hygiene Test Constructors in the area of Clinical Dental Hygiene, as stated in the Standing Rules of the Joint Commission on National Dental Examinations, be amended as follows (deletions stricken through, additions underscored):

c. At least three years' experience, preferably within the last five years, teaching and practicing clinical dental hygiene; full-time or part-time in private practice or faculty practice.

and be it further

Resolved, that lines 13, 21, 26, 47, on Supplement: 3097; and lines 5 and 13 on Supplement 3098, be amended as follows:

At least three years' experience within the last five years

REFERRED

Development of a Robust Information Portal (Referred to the Council on Dental Education and Licensure for consideration and report to the 2014 House of Delegates)

54. Resolved, that the ADA Health Policy Resources Center (HPRC), the ADA/ADEA/CODA Liaison Committee for Surveys and Reports, and the Center for Professional Success (CPS) in collaboration with the communities of interest develop and promote a robust information portal via ADA.org to help current and prospective students be fully informed, financially literate consumers about a career in dentistry, including workforce forecasting reports, student debt, expected income, life-long financial planning, and a central registry of all loan/tuition relief programs.

Reference Committee Comment. The Reference Committee heard limited testimony regarding Resolution 54. The Reference Committee believed that the intent of this resolution is for the Association to provide dental and pre-dental students with more detailed information about the financial implications and future practice/employment opportunities related to careers in dentistry. The Reference Committee concluded that the ADA's efforts in this arena should be enhanced, but believed that these efforts should first be referred to the Council on Dental Education and Licensure to ensure a well-organized approach with clear financial implications. The Council should report its findings and recommendations to the 2014 House of Delegates.

Development of a Robust Information Portal (Referred to the Council on Dental Education and Licensure for consideration and report to the 2014 House of Delegates)

54S-1. Resolved, that the ADA Health Policy Resources Center (HPRC), the ADA/ADEA/CODA Liaison-Committee for Surveys and Reports, and the Center for Professional Success (CPS) appropriate agencies of the ADA in collaboration with the communities of interest develop and promote a robust information portal via ADA.org to help current and prospective students be fully informed, financiallyliterate consumers about a career in dentistry, including workforce forecasting reports, student debt, expected income, life-long financial planning, and a central registry of all loan/tuition relief programs.

Reference Committee Comment. The Reference Committee heard limited testimony regarding the substitute for Resolution 54. The Reference Committee believed that the intent of this resolution is for the Association to provide dental and pre-dental students with more detailed information about the financial implications and future practice/employment opportunities related to careers in dentistry. The Reference Committee concluded that the ADA's efforts in this arena should be enhanced, but believed that these efforts should first be referred to the Council on Dental Education and Licensure to ensure a well-organized approach with clear financial implications. The Council should report its findings and recommendations to the 2014 House of Delegates.

Disclosure of Costs Incurred By Dental Students (Referred to the Council on Dental Education and Licensure for consideration and report to the 2014 House of Delegates)

91. Resolved, that the ADA encourage dental schools, as part of their application and interview process, to disclose the actual costs incurred by their students to complete their degrees based on exit data collected for the two most recent classes.

Reference Committee Comment. The Reference Committee heard limited testimony regarding Resolution 91. The Reference Committee believed that the intent of this resolution is for the Association to provide dental and pre-dental students with more detailed information about the financial implications and future practice/employment opportunities related to careers in dentistry. The Reference Committee concluded that the ADA's efforts in this arena should be enhanced, but believed that these efforts should first be referred to the Council on Dental Education and Licensure to ensure a well-organized approach with clear financial implications. The Council should report its findings and recommendations to the 2014 House of Delegates.

Presentations for Long-Term Financial Implications of Debt Incurred by Students during Dental School (Referred to the Council on Dental Education and Licensure for consideration and report to the 2014 House of Delegates)

92. Resolved, that the appropriate agencies of the ADA develop presentations for pre-dental students explaining the long-term financial implications of debt incurred during dental school, and be it further Resolved, that the ADA be urged to make these presentations available in the public area of the Center for Practice Success website.

Reference Committee Comment. The Reference Committee heard limited testimony regarding Resolution 92. The Reference Committee believed that the intent of this resolution is for the Association to provide dental and pre-dental students with more detailed information about the financial implications and future practice/employment opportunities related to careers in dentistry. The Reference Committee concluded that the ADA's efforts in this arena should be enhanced, but believed that these efforts should first be referred to the Council on Dental Education and Licensure to ensure a well-organized approach with clear financial implications. The Council should report its findings and recommendations to the 2014 House of Delegates.

NOT ADOPT/NOT ADOPT IN LIEU OF

Investigate Dental Instrument Purchase and Leasing Plans Offered to Students by Dental Schools—moved in lieu of Resolution 85

85B. Resolved, that the Council on Dental Education and Licensure explore the feasibility of collaborating with the American Dental Education Association and the American Student Dental Association on an investigation of dental instrument purchase and leasing plans offered to students by dental schools, and be it further

Resolved, that the Council also explore the financial implications of conducting this study, and be it further

Resolved, that the Council report on the feasibility of the study to the 2014 House of Delegates.

Non-Consent Resolutions

Expanding Research Efforts in the Area of Dental Education Financing (Board of Trustees Resolution 55): The Reference Committee reported as follows:

The Reference Committee heard no testimony on this resolution. The Reference Committee requested clarification regarding the basis for the stated financial implication and after consideration of the information supports adoption of the Resolution.

- 55. Resolved, that the ADA Health Policy Resources Center (HPRC), in preparation for the future of the profession and reexamination of the dental education model, expand its research efforts in the area of dental education financing, the impact of student debt and other factors on career choices in order to better position the ADA as a thought leader and knowledge broker in this area and to strengthen advocacy efforts.
- Dr. Friedman moved the adoption of Resolution 55 (Supplement:3080).

Before discussing the resolution, a request was made for information from the Managing Vice President, Health Policy Resources Center, Dr. Marko Vujicic, relating to the financial implication of Resolution 55 and clarification on the scope of the resolution. Dr. Vujicic responded by explaining the funding associated with the resolution would be used for additional staff and clarified that the topics were deliberately non-specific to allow flexibility as the dental environment changes, and the work would not be duplicating any other ongoing activities.

Pro and con discussion occurred, followed by a motion to refer Resolution 55 to the Council on Dental Education and Licensure to investigate less costly options and report the findings to the 2014 House of Delegates.

Discussion on the motion to refer followed. On vote, the motion to refer Resolution 55 was not adopted.

On vote, Resolution 55 was adopted.

55H-2013. Resolved, that the ADA Health Policy Resources Center (HPRC), in preparation for the future of the profession and reexamination of the dental education model, expand its research efforts in the area of dental education financing, the impact of student debt and other factors on career choices in order to better position the ADA as a thought leader and knowledge broker in this area and to strengthen advocacy efforts.

A Comprehensive Study of the Current Dental Education Model (Board of Trustees Resolution 56 and Sixteenth Trustee District Resolution 56S-1): The Reference Committee reported as follows:

The Reference Committee heard limited testimony in favor of conducting a comprehensive study of dental education. Those testifying supported the amendment to Resolution 56, as submitted by the 16th District. The Reference Committee also agrees with the amendment and supports Resolution 56S-1 (additions are underscored: deletions are stricken):

- **56S-1. Resolved,** that the ADA seek collaboration with the broad communities of interest, including dental educators, students, practicing dentists, health economists, and others with appropriate expertise to conduct a define the scope and specific aims of a comprehensive study of the current dental education models, to include:
 - 1. Evaluation of the long-term sustainability of dental schools finances.
 - 2. Evaluation of all-the efficiency of the current dental school curricula and delivery methods.
 - 3. Analysis of the impact of student debt on dentistry as a career choice and subsequent practice choices competency and outcomes-based educational model.
 - 4. Analysis of dental school outcomes data.
 - 5. Analysis on the impact of student debt on career and practice choices.
 - 6. A determination of whether students are being adequately prepared for the practice of dentistry.
 - 7. 4. A determination of whether dental schools that are opening in non-traditional academic healthcenters are meeting the appropriate level of scholarship to ensure that dentistry continues to be a learned profession;

and be it further

Resolved, that the ADA's financial implication for this resolution shall not exceed \$80,000, to be used to define the scope and specific aims of the study, to determine the estimated cost of the study, to identify

potential funding sources for the study, and to report to the 2014 ADA House of Delegates. identifyfunding sources for the study; write grant proposals; coordinate conference calls; hire a consultant to do a literature review; and provide funds for one in-person stakeholder meeting, and be it further Resolved, that funding (estimated to be \$1,156,000) be raised from outside sources within a two year period in order for the study to proceed.

Dr. Friedman moved the adoption of Resolution 56S-1 (Supplement:3082a) in lieu of Resolution 56 (Supplement:3081).

Discussion followed with delegates speaking in favor and against Resolution 56S-1.

A question was asked if there is overlap between Resolutions 55 and 56S-1. Dr. Vujicic explained that Resolution 55 is for ongoing capacity for analytics, research and thought leadership; Resolution 56S-1 is for a broader set of issues and is a one-time study.

A motion was made to vote immediately; on vote the motion to vote immediately was adopted by a twothirds (2/3s) affirmative vote.

On vote, Resolution 56S-1 was adopted in lieu of Resolution 56.

56H-2013. Resolved, that the ADA seek collaboration with the broad communities of interest, including dental educators, students, practicing dentists, health economists, and others with appropriate expertise to conduct a define the scope and specific aims of a comprehensive study of the current dental education models, to include:

- 1. Evaluation of the long-term sustainability of dental schools-finances.
- 2. Evaluation of all-the efficiency of the current dental school curricula and delivery methods.
- 3. Analysis of the impact of student debt on dentistry as a career choice and subsequent practice choices competency and outcomes-based educational model.
- 4. Analysis of dental school outcomes data.
- 5. Analysis on the impact of student debt on career and practice choices.
- 6. A determination of whether students are being adequately prepared for the practice of dentistry.
- 7. 4. A determination of whether dental schools that are opening in non-traditional academic healthcenters are meeting the appropriate level of scholarship to ensure that dentistry continues to be a learned profession:

and be it further

Resolved, that the ADA's financial implication for this resolution shall not exceed \$80,000, to be used to define the scope and specific aims of the study, to determine the estimated cost of the study, to identify potential funding sources for the study, and to report to the 2014 ADA House of Delegates. identifyfunding sources for the study; write grant proposals; coordinate conference calls; hire a consultant to do a literature review; and provide funds for one in-person stakeholder meeting, and be it further Resolved, that funding (estimated to be \$1,156,000) be raised from outside sources within a two yearperiod in order for the study to proceed.

Revision of Accreditation Standards (Board of Trustees Resolution 57): The Reference Committee reported as follows:

Hearing no testimony on this resolution, the Reference Committee supports adoption.

- 57. Resolved, that the Commission on Dental Accreditation be urged to revise the Accreditation Standards for Dental Education Programs related to practice management to include instruction on personal debt management and financial planning.
- Dr. Friedman moved the adoption of Resolution 57 (Supplement:3083).

Following a pro and con discussion, the House voted to adopt Resolution 57.

57H-2013. Resolved, that the Commission on Dental Accreditation be urged to revise the Accreditation Standards for Dental Education Programs related to practice management to include instruction on personal debt management and financial planning.

Composition of the ADA Library and Archives Advisory Board (Reference Committee Resolution 101): The Reference Committee reported as follows:

The Reference Committee heard testimony related to Report 6 of Board of Trustees on the Library and Archives Transition Plan, primarily focused on the composition of the Advisory Board, as established by the Board of Trustees. The Library and Archives Board will be comprised of two members of the ADA Board of Trustees and two at-large members of the ADA appointed by the ADA President; two members of the Council on Dental Education and Licensure (CDEL) appointed by the Chair of CDEL (one should be an ADEA appointee); and two members of the Council on Scientific Affairs (CSA) appointed by the Chair of CSA. Members will be appointed for two-year, renewable terms consistent with the member's appointment on the respective Council or Board of Trustees.

Those testifying urged that consideration be given to adding a public member to the advisory board who is a special librarian and another member who is a dental editor. The Reference Committee supported the addition of the public member (special librarian) and believed that one of the two at-large members of the Advisory Board should preferably be a dental editor. Therefore, the Reference Committee recommends adoption of the following resolution (the following is the corrected version of the resolution displayed during the meeting):

101. Resolved, that the Board be urged that the composition of the ADA Library and Archives Board be modified to include a public member who is a special librarian, and be it further Resolved, that the Board be urged that one of the two ADA at-large members of the Advisory Board appointed by the President should preferably be a dental editor.

Dr. Friedman moved the adoption of Resolution 101.

On vote, Resolution 101 was adopted.

101H-2013. Resolved, that the Board be urged that the composition of the ADA Library and Archives Board be modified to include a public member who is a special librarian, and be it further Resolved, that the Board be urged that one of the two ADA at-large members of the Advisory Board appointed by the President should preferably be a dental editor.

The Speaker announced a request of the Eighth District to withdraw Resolution 102, an item of New Business; hearing no objection, Resolution 102 was withdrawn.

Reference Committee on Legislative, Health, Governance and Related Matters

The Report of the Reference Committee on Legislative, Health, Governance and Related Matters was presented by the Committee chair, Dr. Larry Osborne, Illinois. The other members of the Committee included: Dr. Deborah Bishop, Alabama; Dr. Mark Desrosiers, Connecticut; Dr. Howard Lieb, New York; Dr. Arthur Morchat, Texas; Dr. Scott Morrision, Nebraska; Dr. Richard Riva, New Jersey; Dr. Steven Trimm, Oregon; and Dr. David White, Nevada.

Consent Calendar (Reference Committee 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 action of the House of Delegates. However, before voting on the consent calendar, any delegate wishing to discuss an item on the consent calendar has the right to request that resolution be removed and considered separately.

98. Resolved, that the recommendations of the Reference Committee on Legislative, Health, Governance and Related Matters on the following resolutions be accepted by the House of Delegates.

Resolution 99-2012—(ADOPT)—Amendment of the ADA Bylaws Regarding Notice for Dues, Special Assessments and Procedure for Changing the Dues of Active Members (Supplement. 5005) \$: None; FTE: 0 COMMITTEE RECOMMENDATION: Vote Yes

Resolution 1—(ADOPT)—Council. Commission and Committee Self-Assessments (Supplement:5013) \$: None; FTE: 1.0 COMMITTEE RECOMMENDATION: Vote Yes

Resolution 42—(ADOPT)—Amendment of Chapter X, Section 120, Subsection G, Paragraph I of the ADA Bylaws (Duties of the Council on Ethics, Bylaws and Judicial Affairs) (Supplement:5036) \$: None; FTE: 0 COMMITTEE RECOMMENDATION: Vote Yes

Resolution 43—(ADOPT)—Amendment of ADA Policy Entitled Definition of Committees (Supplement:5037) \$: None; FTE: 0 COMMITTEE RECOMMENDATION: Vote Yes

Resolution 61—(ADOPT)—Rescission of Policy on Use of ADA Logo (Supplement:5041) \$: None; FTE: 0 COMMITTEE RECOMMENDATION: Vote Yes

Resolution 62—(ADOPT)—Rescission of Policy on Placement of Paid Education Television Messages Upon Request (Supplement:5043) \$: None; FTE: 0 COMMITTEE RECOMMENDATION: Vote Yes

Resolution 63—(ADOPT)—Conflict of Interest (Disclosure Policy) Revision (Supplement:5045) \$: None; FTE: 0 COMMITTEE RECOMMENDATION: Vote Yes

Resolution 69—(ADOPT)—Amendment of Policy on State Dental Programs (Supplement:5086) \$: None; FTE: 0 COMMITTEE RECOMMENDATION: Vote Yes

Resolution 70—(ADOPT)—Amendment of Policy on Dental Care in Institutional Settings (Supplement:5087) \$: None; FTE: 0 COMMITTEE RECOMMENDATION: Vote Yes

Resolution 71—(ADOPT)—Amendment of Policy on Informational Support for Members Providing Oral Care in Long-Term Care Facilities (Supplement:5089) \$: None; FTE: 0 COMMITTEE **RECOMMENDATION: Vote Yes**

Resolution 72—(ADOPT)—Amendment of Policy on Communication and Dental Practice (Supplement:5090) \$: None; FTE: 0 COMMITTEE RECOMMENDATION: Vote Yes

Resolution 73—(ADOPT)—Amendment of Policy on Limited Oral Health Literacy Skills and Understanding in Adults (Supplement:5091) \$: None; FTE: 0 COMMITTEE RECOMMENDATION: **Vote Yes**

Resolution 74—(ADOPT)—Amendment of Policy on Preventive Dental Procedures (Supplement:5092) \$: None; FTE: 0 COMMITTEE RECOMMENDATION: Vote Yes

Resolution 75—(ADOPT)—Amendment of Policy on Bottled Water, Home Water Treatment Systems and Fluoride Exposure (Supplement:5093) \$: None; FTE: 0 COMMITTEE RECOMMENDATION: **Vote Yes**

Resolution 76—(ADOPT)—Amendment of Policy on Pouring Rights Contracts and Marketing of Soft Drinks to Children (Supplement:5094) \$: None; FTE: 0 COMMITTEE RECOMMENDATION: **Vote Yes**

Resolution 77—(ADOPT)—Amendment of Policy on Obesity (Supplement:5095) \$: None: FTE: 0 **COMMITTEE RECOMMENDATION: Vote Yes**

Resolution 79—(ADOPT)—Amendment of Policy on High Blood Pressure Programs (Supplement:5097) \$: None; FTE: 0 COMMITTEE RECOMMENDATION: Vote Yes

Resolution 80—(ADOPT)—Rescission of Policy on Home Health Care (Supplement:5098) \$: None; FTE: 0 COMMITTEE RECOMMENDATION: Vote Yes

Resolution 81—(ADOPT)—Rescission of Policy on Health Hazards of Air and Water Pollution (Supplement:5100) \$: None; FTE: 0 COMMITTEE RECOMMENDATION: Vote Yes

Resolution 82—(REFER)—Rescission of Policy on Guidelines for Hospital Dental Services (Supplement:5102) \$: None; FTE: 0 COMMITTEE RECOMMENDATION: Vote Yes on Referral

Resolution 83—(ADOPT)—Rescission of Policy on Suggestions for Dentists on Participating in the National High Blood Pressure Education and Screening Program (Supplement:5105) \$: None; FTE: 0 **COMMITTEE RECOMMENDATION: Vote Yes**

Resolution 89—(ADOPT)—Use of Health Care Effectiveness Data and Information Set (HEDIS) for Utilization Measures (Supplement:5129) \$: None; FTE: .05 COMMITTEE RECOMMENDATION: Vote Yes

Resolution 94—(ADOPT)—Designate Individuals with Intellectual Disabilities as a Medically Underserved Population (Supplement.5132) \$: None; FTE: 0 COMMITTEE RECOMMENDATION: Vote Yes

Dr. Osborne moved the adoption of Resolution 98. On request, Resolution 94 was removed from the consent calendar. Without objection, the Speaker declared Resolution 98, as amended, adopted by general consent.

98H-2013. Resolved, that the recommendations of the Reference Committee on Legislative, Health. Governance and Related Matters on the following resolutions be accepted by the House of Delegates.

Resolution 99-2012—(ADOPT)—Amendment of the ADA Bylaws Regarding Notice for Dues, Special Assessments and Procedure for Changing the Dues of Active Members (Supplement:5005) \$: None; FTE: 0 COMMITTEE RECOMMENDATION: Vote Yes

Resolution 1—(ADOPT)—Council, Commission and Committee Self-Assessments (Supplement:5013) \$: None; FTE: 1.0 COMMITTEE RECOMMENDATION: Vote Yes

Resolution 42—(ADOPT)—Amendment of Chapter X, Section 120, Subsection G, Paragraph I of the ADA Bylaws (Duties of the Council on Ethics, Bylaws and Judicial Affairs) (Supplement. 5036) \$: None; FTE: 0 COMMITTEE RECOMMENDATION: Vote Yes

Resolution 43—(ADOPT)—Amendment of ADA Policy Entitled Definition of Committees (Supplement:5037) \$: None; FTE: 0 COMMITTEE RECOMMENDATION: Vote Yes

Resolution 61—(ADOPT)—Rescission of Policy on Use of ADA Logo (Supplement:5041) \$: None; FTE: 0 COMMITTEE RECOMMENDATION: Vote Yes

Resolution 62—(ADOPT)—Rescission of Policy on Placement of Paid Education Television Messages Upon Request (Supplement:5043) \$: None; FTE: 0 COMMITTEE RECOMMENDATION: **Vote Yes**

Resolution 63—(ADOPT)—Conflict of Interest (Disclosure Policy) Revision (Supplement:5045) \$: None: FTE: 0 COMMITTEE RECOMMENDATION: Vote Yes

Resolution 69—(ADOPT)—Amendment of Policy on State Dental Programs (Supplement: 5086) \$: None; FTE: 0 COMMITTEE RECOMMENDATION: Vote Yes

Resolution 70—(ADOPT)—Amendment of Policy on Dental Care in Institutional Settings (Supplement:5087) \$: None; FTE: 0 COMMITTEE RECOMMENDATION: Vote Yes

Resolution 71—(ADOPT)—Amendment of Policy on Informational Support for Members Providing Oral Care in Long-Term Care Facilities (Supplement:5089) \$: None; FTE: 0 COMMITTEE **RECOMMENDATION: Vote Yes**

Resolution 72—(ADOPT)—Amendment of Policy on Communication and Dental Practice (Supplement:5090) \$: None; FTE: 0 COMMITTEE RECOMMENDATION: Vote Yes

Resolution 73—(ADOPT)—Amendment of Policy on Limited Oral Health Literacy Skills and Understanding in Adults (Supplement:5091) \$: None; FTE: 0 COMMITTEE RECOMMENDATION: **Vote Yes**

Resolution 74—(ADOPT)—Amendment of Policy on Preventive Dental Procedures (Supplement:5092) \$: None; FTE: 0 COMMITTEE RECOMMENDATION: Vote Yes

Resolution 75—(ADOPT)—Amendment of Policy on Bottled Water, Home Water Treatment Systems and Fluoride Exposure (Supplement:5093) \$: None; FTE: 0 COMMITTEE RECOMMENDATION: Vote Yes

Resolution 76—(ADOPT)—Amendment of Policy on Pouring Rights Contracts and Marketing of Soft Drinks to Children (Supplement:5094) \$: None; FTE: 0 COMMITTEE RECOMMENDATION: **Vote Yes**

Resolution 77—(ADOPT)—Amendment of Policy on Obesity (Supplement:5095) \$: None: FTE: 0 **COMMITTEE RECOMMENDATION: Vote Yes**

Resolution 79—(ADOPT)—Amendment of Policy on High Blood Pressure Programs (Supplement:5097) \$: None; FTE: 0 COMMITTEE RECOMMENDATION: Vote Yes

Resolution 80—(ADOPT)—Rescission of Policy on Home Health Care (Supplement:5098) \$: None; FTE: 0 COMMITTEE RECOMMENDATION: Vote Yes

Resolution 81—(ADOPT)—Rescission of Policy on Health Hazards of Air and Water Pollution (Supplement:5100) \$: None; FTE: 0 COMMITTEE RECOMMENDATION: Vote Yes

Resolution 82—(REFER)—Rescission of Policy on Guidelines for Hospital Dental Services (Supplement:5102) \$: None; FTE: 0 COMMITTEE RECOMMENDATION: Vote Yes on Referral

Resolution 83—(ADOPT)—Rescission of Policy on Suggestions for Dentists on Participating in the National High Blood Pressure Education and Screening Program (Supplement:5105) \$: None; FTE: 0 **COMMITTEE RECOMMENDATION: Vote Yes**

Resolution 89—(ADOPT)—Use of Health Care Effectiveness Data and Information Set (HEDIS) for Utilization Measures (Supplement:5129) \$: None; FTE: .05 COMMITTEE RECOMMENDATION: Vote Yes

Resolution 94—(ADOPT)—Designate Individuals with Intellectual Disabilities as a Medically Underserved Population (Supplement:5132) \$: None: FTE: 0 COMMITTEE RECOMMENDATION: **Vote Yes**

Note. For the purpose of a fully documented record, the complete text of the resolutions presented in Resolution 98H follows:

ADOPTED/ADOPTED IN LIEU OF

Amendment of the ADA Bylaws Regarding Notice for Dues, Special Assessments and Procedure for Changing the Dues of Active Members.

The Standing Committee on Constitution and Bylaws approved the wording of Resolution 99-2012 as submitted.

99-2012H-2013. Resolved, that CHAPTER VII. BOARD OF TRUSTEES, Section 100. DUTIES, Subsection F. of the ADA Bylaws be amended as follows (additions underscored, deletions strickenthrough):

F. Prepare a budget for carrying on the activities of the Association for each ensuing fiscal year, and present for action by each House of Delegates a resolution setting forth the proposed dues of active members for the following year. Notice of such a resolution shall be sent electronically by a certifiablemethod of delivery to each constituent society and posted on ADA Connect or its equivalent for the House of Delegates not less than ninety (90) thirty (30) days before such session to permit prompt, adequate notice by each constituent society to its delegates and alternate delegates to the House of Delegates of this Association, and shall be announced to the general membership in an official publication of the Association at least sixty (60) fifteen (15) days in advance of the annual session.

and be it further

Resolved, that CHAPTER XVIII. FINANCES, Section 40. SPECIAL ASSESSMENTS of the ADA Bylaws be amended as follows:

Section 40. SPECIAL ASSESSMENTS: In addition to the payment of dues required in Chapter I. Section 20 of these Bylaws, a special assessment may be levied by the House of Delegates upon active, active life, retired and associate members of this Association as provided in Chapter I, Section 20 of these Bylaws, for the purpose of funding a specific project of limited duration. Such an assessment may be levied at any annual or special session of the House of Delegates by a two-thirds (2/3) affirmative vote of the delegates present and voting, provided notice of the proposed assessment has been presented in writing at least ninety (90) thirty (30) days prior to the first day of the session of the House of Delegates at which it is to be considered. Notice of such a resolution shall be sent by a certifiable method of delivery electronically to each constituent society and posted on ADA Connect or its equivalent for the House of Delegates not less than ninety (90) thirty (30) days before such session to permit prompt, adequate notice by each constituent society to its delegates and alternate delegates to the House of Delegates of this Association, and shall be announced to the general membership in an official publication of this Association at least sixty (60) fifteen (15) days in advance of the session. The specific project to be funded by the proposed assessment, the time frame of the project, and the amount and duration of the proposed assessment shall be clearly presented in giving notice to the members of this Association. Revenue from a special assessment and any earnings thereon shall be deposited in a separate fund as provided in Chapter XVII, Section 30 of these Bylaws. The House of Delegates may amend the main motion to levy a special assessment only if the amendment is germane and adopted by a two-thirds (2/3) affirmative vote of

the delegates present and voting. The House of Delegates may consider only one (1) specific project to be funded by a proposed assessment at a time. However, if properly adopted by the House of Delegates, two (2) or more special assessments may be in force at the same time. Any resolution to levy a special assessment that does not meet the notice requirements set forth in the previous paragraph also may be adopted by a unanimous vote of the House of Delegates, provided the resolution has been presented in writing at a previous meeting of the same session

and be it further

Resolved, that CHAPTER XXII. AMENDMENTS, *Section 20*. AMENDMENT AFFECTING THE PROCEDURE FOR CHANGING THE DUES OF ACTIVE MEMBERS be amended as follows (additions <u>underscored</u>, deletions <u>stricken through</u>):

Section 20. AMENDMENT AFFECTING THE PROCEDURE FOR CHANGING THE DUES OF ACTIVE MEMBERS: An amendment of these *Bylaws* affecting the procedure for changing the dues of active members may be adopted only if the proposed amendment has been presented in writing at least ninety (90) thirty (30) days prior to the first day of the session of the House of Delegates at which it is to be considered. Notice of such a resolution shall be sent electronically by a certifiable method of delivery to each constituent society not less than ninety (90) thirty (30) days before such session to permit prompt, adequate notice by each constituent society to its delegates and alternate delegates to the House of Delegates of this Association, and shall be announced to the general membership in an official publication of the Association at least sixty (60) fifteen (15) days in advance of the annual session.

Amendments affecting the procedure for changing the dues of active members may also be adopted by a unanimous vote provided that the proposed amendment has been presented in writing at a previous meeting of the same session.

Council, Commission and Committee Self-Assessments

1H-2013. Resolved, that each council and commission undertake a thorough self-assessment based on a topical outline to be developed by the Board of Trustees and submit a report to the 2014 House of Delegates (in time for the Board to consider the report at its June 2014 meeting) on the process and its results, including any proposed resolutions to implement those results, and be it further **Resolved**, that following 2014, each council and commission undertake a thorough self-assessment on a rotating basis over every five years based on a schedule and outline to be developed by the Board of Trustees, and within the Annual Report include information on the process followed and results to the next session of the House, including any proposed resolutions to implement those results, and be it further

Resolved, that the Board be urged to require the New Dentist Committee and the Committee on International Programs and Development to undertake a self-assessment, with reports to the Board, and to be included in the schedule applicable to councils and commissions, and be it further **Resolved,** any council which has undertaken a thorough self-assessment in 2013 as determined by the Board and reported on that self-assessment to the 2013 House of Delegates is exempted from the requirement to conduct a self-assessment in 2014, and be it further **Resolved,** that 118H-2002 (*Trans.2002:374*) be rescinded.

Amendment of Chapter X, Section 120, Subsection G, Paragraph I of the ADA Bylaws (Duties of the Council on Ethics, Bylaws and Judicial Affairs)

The Standing Committee on Constitution and Bylaws approved the wording of Resolution 42 as submitted.

42H-2013. Resolved, that CHAPTER X COUNCILS, Section 120 DUTIES, Subsection G COUNCIL ON ETHICS, BYLAWS AND JUDICIAL AFFAIRS, Paragraph i of the ADA *Bylaws* be amended as follows (additions <u>underscored</u>):

G. COUNCIL ON ETHICS, BYLAWS AND JUDICIAL AFFAIRS. The duties of the Council shall be to:

* *

Notwithstanding paragraph g of this subsection, the Council shall have the authority to make corrections in punctuation, grammar, spelling, name changes, gender references, change syntax, delete moot material and make similar editorial corrections in the Bylaws which do not alter its context or meaning. Such corrections shall be made only by a unanimous vote of the Council members present and voting.

Amendment of ADA Policy Entitled Definition of Committees

43H-2013. Resolved, that the ADA policy on Definitions of Committees (Trans.2001:447) be amended so that the amended policy reads as follows (additions are underscored; deletions are stricken through):

Resolved, that the American Dental Association accepts the following definitions for the terms standing committee, special committee, task force, and subcommittee, and ad hoc advisorycommittee:

Standing committee—A standing committee is engoing and performs any a group of members whose work, assignments, or tasks are ongoing and that performs any work within its particular field either assigned to it by the Bylaws or referred to it by the House of Delegates or Board of Trustees. The councils and commissions of the Association are standing committees of the House of Delegates. The Board of Trustees has standing committees of its own members, and the Committee on the New Dentist composed of one new dentist from each trustee district.

Special committee (also known as a Task Force)—A special committee or task force is a group of members selected to perform a specific task and automatically ceases to exist once the task iscompleted. Special committees of the American Dental Association may be created by the House of Delegates or, when the House is not in session, by the Board of Trustees, for the purpose of to performing specific tasks duties not otherwise assigned by the Bylaws. The Association's parliamentary authority. The Standard Code of Parliamentary Procedure (4th edition) by Alice-Sturgis also refers to special committees as ad hoc committees, and which ceases to exist either when its assigned task is completed or with the adjournment sine die of the annual session of the House of Delegates following its creation.

Task force—A task force is a type of special committee.

Subcommittee—A subcommittee is a subdivision of a committee-subgroup of a body which is erganized created for a specific purpose within the jurisdiction of that body, and reports only tothe committee that established it. ADA councils and commissions may establish one or more engoing subcommittees of their own members to which they may delegate have authority delegated to it by the body, and which reports and is are directly responsible to only the <u>delegating body, which may be a the-</u>council, <u>committee</u> or commission.

Ad hoc advisory committee—An ad hoc advisory committee is established by an ADA council or commission for a singular purpose and limited duration. An ad hoc advisory committee is composed of subject matter experts who assist the council or commission with a specific matter.

Rescission of Policy on Use of ADA Logo

61H-2013. Resolved, that the policy "Use of ADA Logo" (Trans.1984:520) be rescinded.

Rescission of Policy on Placement of Paid Education Television Messages Upon Request

62H-2013. Resolved, that the policy "Placement of Paid Education Television Messages upon Request" (*Trans*.1984:534) be rescinded.

Conflict of Interest (Disclosure Policy) Revision

63H-2013. Resolved, that the ADA Disclosure Policy (Trans.2010:624; 2011:537) be amended as follows (additions are underscored; deletions-stricken):

Resolved, that chairs of any meeting of the ADA, including Executive Committee, Board of Trustees, councils, committees and the House of Delegates read the following at the opening of include the disclosure policy as a written part of the agenda at each meeting:

In accordance with the ADA Disclosure Policy, at this time anyone present at this meeting is obligated to disclose any personal, professional or business relationship that they or their immediate family may have with a company, professional organization or individual doing business with the ADA, when such company, professional organization or person is being discussed. This includes, but is not limited to insurance companies, sponsors, exhibitors, vendors and contractors.

and be it further

Resolved, that the disclosure policy be read at the opening of each meeting of the House of Delegates, and be it further

Resolved, that when speaking on the floor of the House of Delegates or in Reference Committees, those individuals/members shall first identify those relationships before speaking on an issue related to such conflict of interest.

Amendment of Policy on State Dental Programs

69H-2013. Resolved, that the ADA policy on State Dental Programs (Trans.1954:278) be amended to read as follows (additions underscored; deletions are stricken):

Resolved, that constituent dental societies be urged to take immediate steps to strengthen the support state oral health dental health programs in their respective state by (1) assuming the necessary leadership to secure the appropriation of state funds earmarked for dental health purposes, (2) fostering the appointment of a capable state dental director, and (3) aiding in the establishment of a sound administrative position for the state oral health program dental unit.

Amendment of Policy on Dental Care in Institutional Settings

70H-2013. Resolved, that the policy on Dental Care in Institutional Settings (Trans. 1986:518) be amended by revising the title to Dental Care in Institutional and Homebound Settings, and amending the policy to read as follows (additions underscored; deletions are stricken).

Dental Care in Institutional and Homebound Settings

Resolved, that appropriate agencies of the American Dental Association work with national organizations involved with care for the disabled, mentally retarded, blind and elderly aged, blind and disabled in homebound or longer term care facilities in formulating policies that will assure delivery of comprehensive dental care, and be it further

Resolved, that constituent and component dental societies be urged to work with health care facility administrators, dental and medical directors and other responsible parties to assure that any underserved populations are receiving comprehensive dental care and that dental auxiliariesfunctioning in these programs are under direct, indirect or personal the supervision of a licensed dentist., and be it further

Resolved, that the Association, through appropriate councils and agencies, explore and develop new programs that will assist constituent and component societies in responding to the needs of underserved populations, and be it further

Resolved, that the ADA only endorse existing and newly developed programs that meet or followexisting ADA policies.

Amendment of Policy on Informational Support for Members Providing Oral Care in Long-Term Care Facilities

71H-2013. Resolved, that the policy on Informational Support for Members Providing Oral Care in Long-Term Care Facilities (*Trans*.1997:671) be amended to read as follows (additions underscored; deletions are stricken).

Resolved, that constituent dental societies be encouraged to collect, maintain and distribute to members information about federal and state laws and regulations, including the Incurred Medical Expenses reimbursement mechanism, for provision of dental care in long-term care facilities, assisted living facilities, and private homes, and be it further

Resolved, that such information should include details about: the Post Eligibility Treatment of Income Provision contained within the Social Security Act, the regulations pertaining to the use of allieddental personnel in long-term care facilities, assisted living facilities and private homes; the oralhealth services covered under the Medicare program; and the state regulations pertaining to non-Medicaid and Medicare certified nursing homes

Amendment of Policy on Communication and Dental Practice

72H-2013. Resolved, that the policy on Communication and Dental Practice (Trans. 2008: 454) be amended to read as follows (additions underscored; deletions are stricken).

Resolved, that the ADA affirms that clear, accurate and effective communication is an essential skill for effective patient-centered dental practice.

Amendment of Policy on Limited Oral Health Literacy Skills and Understanding in Adults

73H-2013. Resolved, that the policy on Limited Oral Health Literacy Skills and Understanding in Adults (Trans.2006:317) be amended to read as follows (additions underscored; deletions are stricken).

Resolved, that the ADA recognizes that limited oral health literacy is a potential barrier to effective prevention, diagnosis and treatment of oral disease. , and be it further-

Resolved, that the Council on Access, Prevention and Interprofessional Relations and otherappropriate ADA agencies work with constituent and component societies, other dental and nondental organizations, the health care community and governmental agencies to increase awarenessthat many adults have limited oral health literacy skills and difficulty understanding oral healthinformation and available services

Amendment of Policy on Preventive Dental Procedures

74H-2013. Resolved, that the policy on Preventive Dental Procedures (Trans.1967:325) be amended to read as follows (additions underscored; deletions are stricken).

Resolved, that constituent dental societies actively promote support the use of preventive procedures in all dental offices, and be it further

Resolved, that constituent and component societies make available to members support continuing education programs in the effective use of preventive procedures.

Amendment of Policy on Bottled Water, Home Water Treatment Systems and Fluoride Exposure

75H-2013. Resolved, that the policy on Bottled Water, Home Water Treatment Systems and Fluoride Exposure (Trans.2002:390) be amended to read as follows (additions underscored; deletions are stricken).

Resolved, that in order to ensure optimal fluoride intake, the American Dental Association urges its supports actions by its members to educate their patients regarding the level of fluoride in bottled water and the possible removal of fluoride by some home water treatment systems, and be it further Resolved, that the American Dental Association urges its members to inquire about their patients' primary and secondary water source as part of the health history, and that the appropriate ADAagencies be asked to include a question regarding the primary and secondary water source on the ADA Health History Form, and be it further

Resolved, that the American Dental Association supports the labeling of bottled water with the fluoride concentration of the product and company contact information including address and telephone number, and be it further

Resolved, that the American Dental Association supports the inclusion of information on the system's effect on water fluoride levels with each home water treatment system. , and be it further Resolved, that the American Dental Association inform other communities of interest of the ADA's policy on bottled water, home water treatment systems and fluoride exposure.

Amendment of Policy on Pouring Rights Contracts and Marketing of Soft Drinks to Children

76H-2013. Resolved, that the policy on Pouring Rights Contracts and Marketing of Soft Drinks to Children (Trans.2003:359) be amended to read as follows (additions underscored; deletions are stricken).

Resolved, that the policy titled "Marketing of Soft Drinks in Schools" (Trans.2000:457) be renamed "Pouring Rights Contracts and Marketing of Soft Drinks to Children" and be amended to read asfollows:

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

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

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

Amendment of Policy on Obesity

77H-2013. Resolved, that the Policy on Obesity (Trans.2009:420) be amended to read as follows (additions underscored; deletions are stricken).

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

Resolved, that the ADA supports collaborative efforts with other work in collaboration with appropriate stakeholder organizations/agencies to assure that educate professionals and the public regarding issues specific to nutrition and oral health, as well as the systemic/oral health relationship. are incorporated into documents and educational materials, and be it further

Resolved, that the ADA investigate opportunities to offer continuing education courses related to nutrition and obesity.

Amendment of Policy on High Blood Pressure Programs

79H-2013. Resolved, that the Policy on High Blood Pressure Programs (*Trans*.1974:643) be amended to read as follows (additions underscored; deletions are stricken).

Resolved, that the members of the American Dental Association be urged to participate supports member participation in the National High Blood Pressure Program.

Rescission of Policy on Home Health Care

80H-2013. Resolved, that the ADA Policy, Home Health Care (Trans. 1989:541) be rescinded.

Rescission of Policy on Health Hazards of Air and Water Pollution

81H-2013. Resolved, that the ADA Policy, Health Hazards of Air and Water Pollution (Trans. 1969:325) be rescinded.

Rescission of Policy on Suggestions for Dentists on Participating in the National High Blood Pressure Education and Screening Program

83H-2013. Resolved, that the ADA Policy, Suggestions for Dentists on Participating in the National High Blood Pressure Education and Screening Program (Trans.1976:114, 849; Trans.1995:610) be rescinded.

Use of Health Care Effectiveness Data and Information Set (HEDIS) for Utilization Measures

89H-2013. Resolved, that the ADA promote the adoption of the comprehensive measures developed by the Dental Quality Alliance for assessing quality of state Medicaid/CHIP programs, and be it further Resolved, that the ADA provide technical support to the constituent dental societies to assist them with this issue.

REFERRED

Rescission of Policy on Guidelines for Hospital Dental Services (Referred to the Council on Access, Prevention and Interprofessional Relations for updating of the policy with a report on its work to be given to the 2014 House of Delegates)

82. Resolved, that the ADA Policy, Guidelines for Hospital Dental Services (Trans. 1991:618) be rescinded.

Non-Consent Resolutions

Amendment of the ADA Constitution and Bylaws Regarding the Offices of First and Second Vice President (Board of Trustees Resolution 95-2012 and Fourth Trustee District Resolution 95-2012S-1): The Reference Committee reported as follows:

The Reference Committee heard spirited testimony both for and against discontinuing the offices of Vice President. The Reference Committee feels the offices provide an important leadership opportunity for members who may otherwise not have the opportunity of service on the Board. Accordingly, the Reference Committee recommends against eliminating the offices. The Reference Committee moves Resolution 95-2012S-1 in lieu of Resolution 95-2012, but recommends a vote no.

The Standing Committee on Constitution and Bylaws approves the wording of Resolution 95-2012S-1 as submitted.

95-2012S-1. Resolved, that at the adjournment sine die of the 2014 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 2015 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 2014 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 2014 House of Delegates, CHAPTER VII. BOARD OF TRUSTEES, Section 10. COMPOSITION, of the ADA Bylaws shall be amended as follows (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 2015 House of Delegates, CHAPTER VII. BOARD OF TRUSTEES, Section 10. COMPOSITION, of the ADA Bylaws shall be amended as follows (deletions

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 2014 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 (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 2015 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 (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 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 2014 House of Delegates, CHAPTER VIII. ELECTIVE OFFICERS, Section 10. TITLE, of the ADA Bylaws shall be amended as follows (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 2015 House of Delegates, CHAPTER VIII. ELECTIVE OFFICERS, Section 10. TITLE, of the ADA Bylaws shall be amended as follows (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 2014 House of Delegates, CHAPTER VIII. ELECTIVE OFFICERS, Section 30. NOMINATIONS, Subsection A, of the ADA Bylaws shall be amended as follows (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 2014 House of Delegates, CHAPTER VIII. ELECTIVE OFFICERS, Section 50. TERM OF OFFICE, of the ADA Bylaws shall be amended as follows (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 2015 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 2013 House of Delegates, CHAPTER VIII. ELECTIVE

OFFICERS, Section 60. INSTALLATION, of the ADA Bylaws shall be amended as follows (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 2014 House of Delegates, CHAPTER VIII. ELECTIVE OFFICERS, Section 60. INSTALLATION, of the ADA Bylaws shall be amended as follows (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 2014 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 (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 2015 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 2014 House of Delegates, CHAPTER VIII. ELECTIVE OFFICERS, Section 90. DUTIES, Subsection C. FIRST VICE PRESIDENT, of the ADA Bylaws shall be amended as follows (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 2015 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 2014 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 through):

- 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 Delegatesfollowing 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 2014 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 2015 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. Osborne moved Resolution 95-2012S-1 (Supplement:5004a) in lieu of Resolution 95-2012 (Supplement:5000).

There were comments in support of Resolution 95-2012S-1 to discontinue the office of vice president and comments urging the defeat of the resolution. A motion was made to vote immediately; on vote the motion was adopted by a two-thirds (2/3s) affirmative vote.

On vote, Resolution 95-2012S-1 was not adopted in lieu of Resolution 95-2012 since it failed to receive a two-thirds (2/3s) affirmative vote. The Speaker announced that Resolution 95-2012 was moot since it was not moved for consideration.

Amendment of the Policy, Eliminating Use of Human Subjects in Board Examinations (Council on Ethics, Bylaws and Judicial Affairs Resolution 39; Sixteenth Trustee District Resolution 39S-1; and Reference Committee Resolution 39RC): The Reference Committee reported as follows:

While the testimony received by the Reference Committee was otherwise favorable, substantial negative testimony was received concerning the inclusion of the phrase "or a portfolio-style format" because there is a lack of understanding and agreement about the parameters of portfolio format examinations. The Reference Committee concluded that it is premature to include the phrase "or a portfolio-style format" in the statement.

In addition, the Reference Committee received testimony concerning an editorial and clarifying revision in the second resolving clause of the Statement, Consequently, the Reference Committee recommends the adoption of Resolution 39RC.

39RC. Resolved, that the ADA policy "Eliminating Use of Human Subjects in Board Examinations" (Trans.2005:335) be amended as follows (additions are underscored and deletions are stricken):

Eliminating Use of Human Subjects Patients in Board Examinations

Resolved, that dental students providing patient care under the direct and/or indirect supervision of qualified faculty is an essential method of learning clinical skills including the ability to manage the anxieties, fears, reflexes and other emotions related to dental treatment, and be it further Resolved, that the Association recognizes that ethical considerations, including those identified in the ADA Council on Ethics, Bylaws and Judicial Affairs statement entitled Ethical Considerations When Using Patients in the Examination Process (Annual Reports and Resolutions 2008:103), may arise from the use of patients in the clinical licensure examination process, even though the clinical examination process is itself ethical, and be it further

Resolved, that the ADA supports the elimination of human subjects/patients in the clinical licensure examination process with the exception of the curriculum integrated format, as defined by the ADA, within dental schools, and be it further

Resolved, that the Association encourages all states to adopt methodologies for licensure that are consistent with this policy.

and be it further

Resolved, that Resolution 147H-1996, Use of Human Subjects in Clinical Examinations (Trans.1996:712), be rescinded.

Dr. Osborne moved the adoption of Resolution 39RC in lieu of Resolutions 39 (Supplement: 5029) and 39S-1 (Supplement:5029a).

A motion was made to amend the third resolving clause of the policy by inserting the word "singular" before the word "clinical"; by adding a period after the words "examination process"; and striking the remaining words of the third resolving clause.

Following discussion on the amendment, a motion was made to vote immediately; on vote, the motion to vote immediately was adopted by a two-thirds (2/3s) affirmative vote.

On vote, the proposed amendment was not adopted.

A motion was made to refer Resolution 39RC to the appropriate agencies of the Association for further study to determine if the resolving clauses belong together, and if the definition of the portfolio approach is actually essential before it can be included into the third resolving clause.

A motion was made to vote immediately; discussion followed on the motion to refer. On vote, the motion to vote immediately was adopted by a two-thirds (2/3s) affirmative vote.

On vote, the motion to refer Resolution 39RC was not adopted.

Following additional discussion, a motion was made to vote immediately; on vote, the motion to vote immediately was adopted by a two-thirds (2/3s) affirmative vote.

On vote, Resolution 39RC was adopted in lieu of Resolutions 39 and 39S-1.

39H-2013. Resolved, that the ADA policy "Eliminating Use of Human Subjects in Board Examinations" (Trans.2005:335) be amended as follows (additions are underscored and deletions are stricken):

Eliminating Use of Human Subjects Patients in Board Examinations

Resolved, that dental students providing patient care under the direct and/or indirect supervision of qualified faculty is an essential method of learning clinical skills including the ability to manage the anxieties, fears, reflexes and other emotions related to dental treatment, and be it further **Resolved,** that the Association recognizes that ethical considerations, including those identified in the ADA Council on Ethics, Bylaws and Judicial Affairs statement entitled Ethical Considerations When Using Patients in the Examination Process (Annual Reports and Resolutions 2008:103), may arise from the use of patients in the clinical licensure examination process, even though the clinical examination process is itself ethical, and be it further

Resolved, that the ADA supports the elimination of human subjects/patients in the clinical licensure examination process with the exception of the curriculum integrated format, as defined by the ADA, within dental schools, and be it further

Resolved. that the Association encourages all states to adopt methodologies for licensure that are consistent with this policy.

and be it further

Resolved, that Resolution 147H-1996, Use of Human Subjects in Clinical Examinations (Trans.1996:712), be rescinded.

Statement Regarding Employment of a Dentist (Council on Ethics, Bylaws and Judicial Affairs Resolution 40 and Reference Committee Resolution 40RC): The Reference Committee reported as follows: The Reference Committee heard testimony that, as written, Resolution 40 would create problems where postdoctoral residents are employed by hospitals or dental schools, where the ultimate control over resident treatment decisions must rest with the director, faculty member or other officer of the education program. The Reference Committee, therefore, recommends the adoption of Resolution 40RC which rectifies that consequence.

40RC. Resolved, that the American Dental Association adopts the following as a statement of fair practices in employing a dentist:

Statement Regarding Employment of a Dentist*

These guidelines provide guidance for practice owners or management companies (collectively "employers") in their working relationships with dentists associated with their practices, either as employees or independent contractors, except for postdoctoral education programs where a resident dentist is an employee of the educational program (collectively "employees"). The purpose of these quidelines is to protect the public in the provision of safe, high-quality and cost-effective patient care. Employers and employees should recognize and honor each of the guidelines set forth in this policy statement.

- As described in the ADA Principles of Ethics and Code of Professional Conduct, dentists' paramount responsibility is to their patients. An employee dentist should not be disciplined or retaliated against for exercising independent professional judgment in patient assessment, diagnosis, treatment and comprehensive management, including with respect to but not limited to:
 - a. The use of any materials, or the delivery of a prosthetic device, that represents an acceptable standard of care or the refusal to use materials or deliver a prosthetic device that does not represent an acceptable standard of care:
 - b. The use of techniques that are reasonably believed to be within the standard of care and are in the patient's best interest or the refusal to use techniques that are not within the standard of care and are not in the patient's best interests (recognizing the patient's right to select among treatment options);
 - c. The mandated provision of treatment that the employee dentist feels unqualified to
 - d. The provision of treatment that is not justified by the employee dentist's personal diagnosis for the specific patient.
- II. Because all employers and employee dentists must conform to applicable federal, state, and local laws, rules and regulations, an employed dentist should not be disciplined or retaliated against for 1) adherence to legal standards and 2) reporting to appropriate legal authorities suspected illegal behavior by employers. Employers should make certain that, for example:
 - a. Appropriate business practices, including but not limited to billing practices, are followed;
 - b. Facilities and equipment are maintained to accepted standards;
 - c. Employment contractual obligations are adhered to.
- III. Because a dentist is functioning within a professional domain, anyone employing a dentist should, for example:
 - a. Guard against lay interference in the exercise of a dentist's independent professional judgment in patient assessment, diagnosis, treatment and comprehensive management;
 - b. To the extent permitted by law, promptly provide the dentist access to all relevant patient records in the event of peer review, board complaint or lawsuit, both during and subsequent to the dentist's employment; and
 - Recognize and honor the dentist's commitment, as an ADA member, to comply with the ADA Principles of Ethics and Code of Professional Conduct.

* Dentists are advised that employment contracts may have provisions that conflict with these quidelines and the ADA recommends that dentists seek legal counsel when considering how contracts affect their professional rights and responsibilities.

and be it further

Resolved, that the Association publish and promote this statement to dentist employers and employees, and be it further

Resolved. that the Association encourage constituent societies to utilize this statement to facilitate legislative and regulatory measures to ensure the fair and ethical treatment of dentist employees and the patients that they treat.

Dr. Osborne moved the adoption of Resolution 40RC in lieu of Resolution 40 (Supplement:5030).

On vote, Resolution 40RC was adopted in lieu of Resolution 40.

40H-2013. Resolved, that the American Dental Association adopts the following as a statement of fair practices in employing a dentist:

Statement Regarding Employment of a Dentist*

These guidelines provide guidance for practice owners or management companies (collectively "employers") in their working relationships with dentists associated with their practices, either as employees or independent contractors, except for postdoctoral education programs where a resident dentist is an employee of the educational program (collectively "employees"). The purpose of these quidelines is to protect the public in the provision of safe, high-quality and cost-effective patient care. Employers and employees should recognize and honor each of the guidelines set forth in this policy statement.

- As described in the ADA Principles of Ethics and Code of Professional Conduct, dentists' paramount responsibility is to their patients. An employee dentist should not be disciplined or retaliated against for exercising independent professional judgment in patient assessment, diagnosis, treatment and comprehensive management, including with respect to but not limited to:
 - a. The use of any materials, or the delivery of a prosthetic device, that represents an acceptable standard of care or the refusal to use materials or deliver a prosthetic device that does not represent an acceptable standard of care:
 - b. The use of techniques that are reasonably believed to be within the standard of care and are in the patient's best interest or the refusal to use techniques that are not within the standard of care and are not in the patient's best interests (recognizing the patient's right to select among treatment options);
 - c. The mandated provision of treatment that the employee dentist feels unqualified to deliver; and
 - d. The provision of treatment that is not justified by the employee dentist's personal diagnosis for the specific patient.
- II. Because all employers and employee dentists must conform to applicable federal, state, and local laws, rules and regulations, an employed dentist should not be disciplined or retaliated against for 1) adherence to legal standards and 2) reporting to appropriate legal authorities suspected illegal behavior by employers. Employers should make certain that, for example:
 - a. Appropriate business practices, including but not limited to billing practices, are followed;
 - b. Facilities and equipment are maintained to accepted standards;
 - c. Employment contractual obligations are adhered to.

- III. Because a dentist is functioning within a professional domain, anyone employing a dentist should, for example:
 - a. Guard against lay interference in the exercise of a dentist's independent professional judgment in patient assessment, diagnosis, treatment and comprehensive management;
 - b. To the extent permitted by law, promptly provide the dentist access to all relevant patient records in the event of peer review, board complaint or lawsuit, both during and subsequent to the dentist's employment; and
 - Recognize and honor the dentist's commitment, as an ADA member, to comply with the ADA Principles of Ethics and Code of Professional Conduct.
- * Dentists are advised that employment contracts may have provisions that conflict with these quidelines and the ADA recommends that dentists seek legal counsel when considering how contracts affect their professional rights and responsibilities.

and be it further

Resolved, that the Association publish and promote this statement to dentist employers and employees. and be it further

Resolved, that the Association encourage constituent societies to utilize this statement to facilitate legislative and regulatory measures to ensure the fair and ethical treatment of dentist employees and the patients that they treat.

Amendments to Chapter VIII, Sections 30. B and C, 50 and 80. A of the ADA Bylaws (Nominations, Terms of Office and Vacancies for the Offices of Treasurer and Speaker) (Council on Ethics, Bylaws and Judicial Affairs Resolution 41 and Reference Committee Resolution 41RC*): The Reference Committee reported as follows:

The Reference Committee heard testimony with which it concurred that the phrase "due to term limits" should be added to the Resolution in two places. The additions make it clear that former Treasurers and Speakers of the House who are ineligible to serve solely because of term limits imposed by the ADA Bylaws are allowed to serve as interim Treasurer and Speaker until the House can elect a Treasurer or Speaker.

The wording of Resolution 41RC has been approved by the Speaker of the House of Delegates and Chair of the Council on Ethics, Bylaws and Judicial Affairs.

*Note. The Standing Committee added the words "an interim" and "with an interim Treasurer" in the fourth resolving clause of Resolution 41 to clarify the language of the resolution and resolve potential ambiguities. Through an oversight, these additions were left out of Resolution 41RC that appeared in the Reference Committee's report. The following 41RC incorporates this clarifying language.

41RC, Resolved, that CHAPTER VIII, ELECTIVE OFFICERS, Section 30, NOMINATIONS, Subsection B of the ADA Bylaws be amended as follows (additions underscored, deletions stricken through):

B. Nominations for the office of Treasurer shall be made in accordance with the order of business. The search for Treasurer shall be announced in an official publication of the Association in November of the final year of the incumbent Treasurer's term, together with the recommended qualifications for that position as provided in Chapter VII, Section 100G of these Bylaws. Candidates for the office of Treasurer shall apply by submitting a standardized Treasurer Curriculum Vitae form to the Executive Director at least one hundred twenty (120) days prior to the convening of the House of Delegates. Each candidate's application shall be reviewed by the Board of Trustees. The Executive Director shall provide all members of the House of Delegates, at least sixty (60) days prior to the convening of the House of Delegates, with each candidate's standardized Treasurer Curriculum Vitae and the determination of the Board of Trustees as to whether the candidate meets the recommended qualifications for the office of Treasurer. Only those candidates shall be nominated from the floor of the House of Delegates. The nominations

may be followed by an acceptance speech not to exceed four (4) minutes by each candidate from the podium, according to the protocol established by the Speaker of the House of Delegates. Seconding a nomination is not permitted. No further nominations for the office of Treasurer shall be accepted from the floor of the House of Delegates. If there are no eligible candidates for the office of Treasurer when the House of Delegates meets, the term of the incumbent Treasurer shall be extended by one (1) year. Should the incumbent Treasurer be unwilling or unable to serve an additional one (1) year term, the office of Treasurer shall be filled in the same manner as provided in Chapter VIII, Section 80 of these *Bylaws*. Under these circumstances, former Treasurers of this Association not otherwise eligible to serve as Treasurer due to term limits would be eligible to serve as Treasurer *pro tem* for one (1) additional year until the House of Delegates can elect a Treasurer.

and be it further

Resolved, that CHAPTER VIII. ELECTIVE OFFICERS, Section 30. NOMINATIONS, Subsection C of the ADA *Bylaws* be amended as follows (additions <u>underscored</u>, deletions <u>stricken through</u>):

C. Nominations for the office of Speaker of the House shall be made in accordance with the order of business. The search for Speaker of the House shall be announced in an official publication of the Association in January-November of the final year of the incumbent Speaker of the House's term. Candidates for the office of Speaker of the House shall apply by submitting curriculum vitae along with a statement supporting their qualifications to the Executive Director at least one hundred twenty (120) days prior to the convening of the House of Delegates. The Executive Director shall provide all members of the House of Delegates, at least sixty (60) days prior to the convening of the House of Delegates, with each candidate's curriculum vitae and statement of qualifications for the office of Speaker of the House. If no candidate has applied, or if there is no remaining eligible candidate for election, then the Association shall inform all delegates of this circumstance and the period to apply shall be extended to thirty (30) days prior to the convening of the House of Delegates. If thirty (30) days prior to the convening of the House of Delegates there is no remaining candidate for election then the Association shall inform all delegates of this circumstance and also inform them that nominations shall be permitted from the floor of the House of Delegates. Only those candidates shall be nominated from the floor of the House of Delegates. The nominations may be followed by an acceptance speech not to exceed four (4) minutes by each candidate from the podium, according to the protocol established by the Election Commission. Seconding a nomination is not permitted. No further nominations for the office of Speaker of the House shall be accepted from the floor of the House of Delegates. If there are no eligible candidates for the office of Speaker of the House when the House of Delegates meets. the term of the incumbent Speaker of the House shall be extended by one (1) year. Should the incumbent Speaker of the House be unwilling or unable to serve an additional one (1) year term, the office of Speaker of the House shall be filled in the same manner as provided in Chapter VIII. Section 80 of these Bylaws. Under these circumstances, former Speakers of the House of this Association not otherwise eligible to serve as Speaker of the House due to term limits would be eligible to serve as Speaker of the House until the House of Delegates can elect a Speaker of the House of Delegates.

and be it further

Resolved, that CHAPTER VIII. ELECTIVE OFFICERS, Section 50. TERM OF OFFICE of the ADA *Bylaws* be amended as follows (additions underscored, deletions stricken through):

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

and be it further

Resolved, that CHAPTER VIII. ELECTIVE OFFICERS, Section 80. VACANCIES, Subsection A. VACANCY OF ELECTIVE OFFICE of the ADA *Bylaws* be amended as follows (additions <u>underscored</u>, deletions <u>stricken through</u>):

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 an interim Speaker pro tem who shall serve until the House of Delegates can elect a Speaker of the House of Delegates for a three (3) year term. Service as an interim Speaker shall not count toward the term of office limitation for Speaker of the House as set forth in Section 50 of this Chapter. 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 with an interim Treasurer 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 newconsecutive three (3) year term. Service as an interim Treasurer shall not count toward the term of office limitation for Treasurer as set forth in Section 50 of this Chapter. 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.

Dr. Osborne moved the adoption of Resolution 41RC, as corrected, in lieu of Resolution 41 (*Supplement:*5033).

On vote, Resolution 41RC, as corrected, was adopted in lieu of Resolution 41 by a two-thirds (2/3s) affirmative vote.

41H-2013. Resolved, that CHAPTER VIII. ELECTIVE OFFICERS, Section 30. NOMINATIONS, Subsection B of the ADA *Bylaws* be amended as follows (additions <u>underscored</u>, deletions <u>strickenthrough</u>):

B. Nominations for the office of Treasurer shall be made in accordance with the order of business. The search for Treasurer shall be announced in an official publication of the Association in November of the final year of the incumbent Treasurer's term, together with the recommended qualifications for that position as provided in Chapter VII, Section 100G of these *Bylaws*. Candidates for the office of Treasurer shall apply by submitting a standardized Treasurer Curriculum Vitae form to the Executive Director at least one hundred twenty (120) days prior to the convening of the House of Delegates. Each candidate's application shall be

reviewed by the Board of Trustees. The Executive Director shall provide all members of the House of Delegates, at least sixty (60) days prior to the convening of the House of Delegates, with each candidate's standardized Treasurer Curriculum Vitae and the determination of the Board of Trustees as to whether the candidate meets the recommended qualifications for the office of Treasurer. Only those candidates shall be nominated from the floor of the House of Delegates. The nominations may be followed by an acceptance speech not to exceed four (4) minutes by each candidate from the podium, according to the protocol established by the Speaker of the House of Delegates. Seconding a nomination is not permitted. No further nominations for the office of Treasurer shall be accepted from the floor of the House of Delegates. If there are no eligible candidates for the office of Treasurer when the House of Delegates meets, the term of the incumbent Treasurer shall be extended by one (1) year. Should the incumbent Treasurer be unwilling or unable to serve an additional one (1) year term, the office of Treasurer shall be filled in the same manner as provided in Chapter VIII, Section 80 of these Bylaws. Under these circumstances, former Treasurers of this Association not otherwise eligible to serve as Treasurer due to term limits would be eligible to serve as Treasurer pro tem for one (1) additional year until the House of Delegates can elect a Treasurer.

and be it further

Resolved, that CHAPTER VIII. ELECTIVE OFFICERS, Section 30. NOMINATIONS, Subsection C of the ADA Bylaws be amended as follows (additions underscored, deletions stricken through):

C. Nominations for the office of Speaker of the House shall be made in accordance with the order of business. The search for Speaker of the House shall be announced in an official publication of the Association in January-November of the final year of the incumbent Speaker of the House's term. Candidates for the office of Speaker of the House shall apply by submitting curriculum vitae along with a statement supporting their qualifications to the Executive Director at least one hundred twenty (120) days prior to the convening of the House of Delegates. The Executive Director shall provide all members of the House of Delegates, at least sixty (60) days prior to the convening of the House of Delegates, with each candidate's curriculum vitae and statement of qualifications for the office of Speaker of the House. If no candidate has applied, or if there is no remaining eligible candidate for election, then the Association shall inform all delegates of this circumstance and the period to apply shall be extended to thirty (30) days prior to the convening of the House of Delegates. If thirty (30) days prior to the convening of the House of Delegates there is no remaining candidate for election then the Association shall inform all delegates of this circumstance and also inform them that nominations shall be permitted from the floor of the House of Delegates. Only those candidates shall be nominated from the floor of the House of Delegates. The nominations may be followed by an acceptance speech not to exceed four (4) minutes by each candidate from the podium, according to the protocol established by the Election Commission. Seconding a nomination is not permitted. No further nominations for the office of Speaker of the House shall be accepted from the floor of the House of Delegates. If there are no eligible candidates for the office of Speaker of the House when the House of Delegates meets, the term of the incumbent Speaker of the House shall be extended by one (1) year. Should the incumbent Speaker of the House be unwilling or unable to serve an additional one (1) year term, the office of Speaker of the House shall be filled in the same manner as provided in Chapter VIII, Section 80 of these Bylaws. Under these circumstances, former Speakers of the House of this Association not otherwise eligible to serve as Speaker of the House due to term limits would be eligible to serve as Speaker of the House until the House of Delegates can elect a Speaker of the House of Delegates.

and be it further

Resolved, that CHAPTER VIII. ELECTIVE OFFICERS, Section 50. TERM OF OFFICE of the ADA Bylaws be amended as follows (additions underscored, deletions stricken through):

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

and be it further

Resolved, that CHAPTER VIII. ELECTIVE OFFICERS, Section 80. VACANCIES, Subsection A. VACANCY OF ELECTIVE OFFICE of the ADA *Bylaws* be amended as follows (additions <u>underscored</u>, deletions <u>stricken through</u>):

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 an interim Speaker pro tem who shall serve until the House of Delegates can elect a Speaker of the House of Delegates for a three (3) year term. Service as an interim Speaker shall not count toward the term of office limitation for Speaker of the House as set forth in Section 50 of this Chapter. 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 with an interim Treasurer 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 newconsecutive three (3) year term. Service as an interim Treasurer shall not count toward the term of office limitation for Treasurer as set forth in Section 50 of this Chapter. 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.

Approval of High Level Strategic Goals by the House of Delegates (97H Workgroup Resolution 66): The Reference Committee reported as follows:

The Reference Committee carefully considered the role of the House in the development of the Strategic Plan and is satisfied with the important opportunities for House input into that process. Two House members sit on the Strategic Plan Steering Committee, Council Leadership have been or will be formally consulted and a well-attended open forum on the draft plan was held Friday, November 1, 2013. Moreover, the House will retain its key role in approval of the budget and dues approval under the

Reference Committees recommendations for Resolutions 64, 64B and 65. Accordingly, the Committee recommends a vote no.

66. Resolved, that upon the initiation of a new strategic plan, the Board shall submit the draft plan to the House for approval of the high level strategic goals.

Dr. Osborne moved Resolution 66 (Supplement:5061).

On vote, Resolution 66 was not adopted.

Amendment of Policy on Oral Health Assessment for School Children (Council on Access, Prevention and Interprofessional Relations Resolution 78 and Reference Committee Resolution 78RC): The Reference Committee reported as follows:

The Reference Committee heard testimony regarding mandated school examinations for school children performed by a dentist which could result in the unintended consequence of decreased numbers of children receiving oral assessments and referrals to a dental home. While current language suggests assessments are recommended for triage and appropriate referral to an appropriate dentist, the Reference Committee believes that an examination by a dentist is the "gold standard" and all children should receive a comprehensive dental examination and follow up care.

78RC. Resolved, that the Policy on Oral Health Assessment for School Children (Trans.2005:323) be amended to read as follows (additions underscored; deletions are stricken).

Resolved. that the ADA policy supports oral health assessments for school children, intended to gather data, detect clinically apparent pathologic conditions and allow for triage and referral to a dentist for a comprehensive dental examination, and be it further

Resolved, that the ADA urges supports state dental associations' efforts to sponsor legislation to provide oral health assessments and require dental examinations for school children, prior to matriculation, and be it further

Resolved, that children and their parents and/or caregivers be informed that an oral assessment isnot an examination, and that ADA policy recommends that school children receive a comprehensive examination conducted by a licensed dentist, and be it further

Resolved, that the ADA take steps supports efforts to educate policy makers and the public that oral health is an integral part of overall health, and as such, oral health assessments should be given the same priority as other health assessments for children, and urges state and local dental societies to take similar actions.

Dr. Osborne moved the adoption of Resolution 78RC in lieu of Resolution 78 (Supplement: 5096).

A motion was made to substitute Resolution 78 for Resolution 78RC.

78. Resolved, that the Policy on Oral Health Assessment for School Children (Trans. 2005:323) be amended to read as follows (additions underscored; deletions are stricken).

Resolved, that the ADA policy supports oral health assessments for school children, intended to gather data, detect clinically apparent pathologic conditions and allow for triage and referral to a dentist for a comprehensive dental examination, and be it further

Resolved, that the ADA urges supports state dental associations' efforts to sponsor legislation to provide oral health assessments for school children, and be it further

Resolved, that children and their parents and/or caregivers be informed that an oral assessment isnot an examination, and that ADA policy recommends that school children receive a comprehensive examination conducted by a licensed dentist, and be it further

Resolved, that the ADA take steps supports efforts to educate policymakers and the public that oral health is an integral part of overall health, and as such, oral health assessments should be given the

same priority as other health assessments for children, and urges state and local dental societies to take similar actions.

There was discussion both pro and con on the motion to substitute Resolution 78 for 78RC. A motion was made to vote immediately; on vote, the motion to vote immediately was adopted by a two-thirds (2/3s) affirmative vote.

On vote, Resolution 78 was substituted for Resolution 78RC.

A motion was made to vote immediately; on vote, the motion to vote immediately was adopted by a twothirds (2/3s) affirmative vote.

On vote, Resolution 78 was adopted.

78H-2013. Resolved, that the Policy on Oral Health Assessment for School Children (Trans.2005:323) be amended to read as follows (additions underscored; deletions are stricken).

Resolved, that the ADA policy supports oral health assessments for school children, intended to gather data, detect clinically apparent pathologic conditions and allow for triage and referral to a dentist for a comprehensive dental examination, and be it further

Resolved, that the ADA urges supports state dental associations' efforts to sponsor legislation to provide oral health assessments for school children, and be it further

Resolved, that children and their parents and/or caregivers be informed that an oral assessment isnot an examination, and that ADA policy recommends that school children receive a comprehensive examination conducted by a licensed dentist, and be it further

Resolved, that the ADA take steps supports efforts to educate policymakers and the public that oral health is an integral part of overall health, and as such, oral health assessments should be given the same priority as other health assessments for children, and urges state and local dental societies to take similar actions.

National Oral Health Reports (Sixth Trustee District Resolution 87): The Reference Committee reported as follows:

The Reference Committee heard limited testimony on this resolution. After review of the issues, the Reference Committee agrees with the Board's recommendation to vote no and specifically agrees that the "processes and proactive support for public affairs outreach are [already] in place." The Reference Committee recognizes that the Association needs flexibility to react to reports based on the specific circumstances presented.

87. Resolved, that when an oral health report, national in scope, is released to the American public via the media and the report is purported to be based upon sound scientific principles and the American Dental Association (ADA) believes the report's facts, conclusions, or methods, including its claims of using scientific principles or being evidence-based are suspect, and when such report may mislead the public or is harmful to the reputation of the Association or the tripartite, the ADA must challenge the report by written rebuttal, and be it further

Resolved, that the ADA challenge any such nationally publicized report that clearly implies or states that there is an underlying motive or agenda furthering an organization's policies when the report is released without a proper disclaimer, and be it further

Resolved. that in such instances the ADA inform the public through appropriate media outlets including. but not limited to, the same media outlets that released the original report.

Dr. Osborne moved Resolution 87 (Supplement:5108).

A motion was made to amend Resolution 87 so that it would read as follows (additions underscored; deletions struck through):

Resolved, that when an oral health report, national in scope, is released to the American public via the media and the report is purported to be based upon sound scientific principles and the American Dental Association (ADA) believes the report's facts, conclusions, or methods, including its claims of using scientific principles or being evidence-based are suspect, and when such report may mislead the public or is harmful to the reputation of the Association or the tripartite, the ADA must challenge the report, if the appropriate agency of the ADA determines it prudent to do so, by written rebuttal, and be it further Resolved, that the ADA challenge any such nationally publicized report that clearly implies or states that there is an underlying motive or agenda furthering an organization's policies when the report is released without a proper disclaimer, and be it further

Resolved, that in such instances the ADA determine the appropriate response, inform the public throughappropriate media outlets including, but not limited to, the same media outlets that released the original report.

The maker of the motion to amend also noted that the amended resolution eliminates the need for the one FTE and therefore reduces the financial implication to \$50,000.

A question was asked if the amended Resolution 87 was out of order "because we're already doing it"? The Speaker indicated that as it relates to Bylaws duties of councils, there is overlap, but it was determined that there is sufficient difference that this is in order.

Mr. Ken Ohr, Chief Communications Officer, also commented about the financial implication of the amended resolution and suggested that Resolution 87 is supportive of and not duplicative of activities being undertaken based on the resolution adopted by the 2012 House of Delegates (Resolution 75H-2012— Initiative to Enhance the Image and Advance the Reputation and Brand of the ADA).

Discussion continued on the proposed amendment. On vote, the proposed amendment was adopted.

A motion was made to vote immediately; on vote the motion to vote immediately was adopted by a twothirds (2/3s) affirmative vote.

On vote, Resolution 87, as amended, was adopted.

87H-2013. Resolved, that when an oral health report, national in scope, is released to the American public via the media and the report is purported to be based upon sound scientific principles and the American Dental Association (ADA) believes the report's facts, conclusions, or methods, including its claims of using scientific principles or being evidence-based are suspect, and when such report may mislead the public or is harmful to the reputation of the Association or the tripartite, the ADA must challenge the report, if the appropriate agency of the ADA determines it prudent to do so, by writtenrebuttal, and be it further

Resolved, that the ADA challenge any such nationally publicized report that clearly implies or states that there is an underlying motive or agenda furthering an organization's policies when the report is releasedwithout a proper disclaimer, and be it further

Resolved, that in such instances the ADA determine the appropriate response, inform the public throughappropriate media outlets including, but not limited to, the same media outlets that released the originalreport.

Contingency Based Medicaid Audits (Fourteenth Trustee District Resolution 93 and Reference Committee Resolution 93RC): The Reference Committee reported as follows:

The Reference Committee agrees that this is a vital issue and recognizes the host of problems that the RAC audit system has created and that those troubles will only continue to expand. Issues like extrapolation, incentive payment systems, the lack of due process and no participation by dentists have produced a chilling environment for dentists who provide care to Medicaid beneficiaries or those who may consider doing so.

The ADA is currently actively engaged in a number of actions to address these inequities. These include, but are not limited to: communication and meetings with Health and Human Services in conjunction with American Academy of Pediatric Dentistry and seeking information from dentists who have been subject to the audits. Additionally, we are working with stakeholders including the state dental Medicaid Directors to convene a broad meeting to discuss the matter and educate the agencies implementing the audits to the shortcomings that exist today and develop recommendations on improvements.

The Reference Committee appreciates the attention Resolution 93 brings to this critical concern and the increased focus it provides for the ADA.

93RC. Resolved, that the appropriate agencies of the ADA study and evaluate how Medicaid audits are conducted, as well as explore options for improving the current audit system by revising contingency based audits, and be it further

Resolved, that the appropriate agencies of the ADA coordinate with other healthcare organizations/associations to develop a politically prudent, fiscally responsible federal legislative and/or regulatory effort to revise contingency based audits as determined by the ADA Council of Government Affairs and/or the ADA Board of Trustees, and be it further

Resolved, that the ADA advocate for auditing procedures that include appropriate professional review by general dentists, or dental specialists in the case of specialty care, who are licensed in that state, and be it further

Resolved, that a report of activities and its findings be made to the 2014 HOD.

Dr. Osborne moved the adoption of Resolution 93RC in lieu of Resolution 93 (Supplement:5130).

Discussion followed on the motion to adopt Resolution 93RC in lieu of Resolution 93.

On vote, Resolution 93RC was adopted in lieu of Resolution 93.

93H-2013. Resolved, that the appropriate agencies of the ADA study and evaluate how Medicaid audits are conducted, as well as explore options for improving the current audit system by revising contingency based audits, and be it further

Resolved, that the appropriate agencies of the ADA coordinate with other healthcare organizations/associations to develop a politically prudent, fiscally responsible federal legislative and/or regulatory effort to revise contingency based audits as determined by the ADA Council of Government Affairs and/or the ADA Board of Trustees, and be it further

Resolved. that the ADA advocate for auditing procedures that include appropriate professional review by general dentists, or dental specialists in the case of specialty care, who are licensed in that state, and be it further

Resolved, that a report of activities and its findings be made to the 2014 HOD.

Request to Revote Resolution 87. A delegate commented that his voting handset was not functioning during the vote on Resolution 87; a request was made to re-vote Resolution 87 by means of a standing vote of the House. The Speaker ruled that the keypad vote was accurate and suffices. The ruling of the Chair was appealed. Following discussion, a motion was made to vote immediately. On vote, the motion to vote immediately was adopted by a two-thirds (2/3s) affirmative vote. By a majority vote, the ruling of the Chair was sustained.

Assignment of Benefits (Fourteenth Trustee District Resolution 95): The Reference Committee reported as follows:

The Reference Committee appreciates the Fourteenth District's focus on the assignment of benefits issue, which is of great importance to all dentists and to their patients as well. The Reference Committee fully agrees with the Fourteenth that prohibiting assignment of benefits detrimentally affects access to care, the doctor-patient relationship, impinges generally on the freedom to contract, and imposes practical burdens on both patients and dentists that lessen the value to patients of their dental plans. The ADA already has specific policy supporting Assignment of Benefits.

The Reference Committee heard testimony that Resolution 95 calls for efforts that the Association is already making and has been intensively involved in for several years at both the state and Federal levels. Further information and specifics concerning these efforts were provided during the Committee's closed session. For example, the Reference Committee learned that the Division of Government Affairs has prepared a review of state statutes showing that twenty-four states have legislation that permits assignment of benefits, and that Government Affairs is eager to assist any state that does not yet have such legislation obtain it. On the Federal level, Government Affairs has been instrumental in working with Congressman Gosar who has introduced legislation, which currently has thirty-one co-sponsors, that would explicitly require self-funded or ERISA plans to permit assignment and coordination of benefits, This current, ongoing effort has included meeting with large payers who, for their own reasons, stand opposed to giving patients the right to assign benefits.

With respect to the first resolving clause, representatives of the Legal Division explained that because contract law varies from state to state and therefore implicates state licensure issues, it would not be possible for legal staff to prepare a general legal analysis of the legal rights of patients to assign benefits. Legal also explained that it has recently filed a friend of the court brief in a Georgia federal case in which the State argues that its prompt pay statute is not preempted by ERISA and therefore applies fully to ERISA plans. The ERISA preemption of state law issue is common to many issues of interest to the profession, including assignment of benefits.

Based on this information, the Reference Committee, while again commending the commitment of the Fourteenth District to this issue, recommends a no vote on Resolution 95.

95. Resolved, that appropriate ADA agencies review case law, contract law, statutory law and other appropriate resources, then prepare an analysis of the legal rights of patients to assign the payment due and payable to them from third party payers, to the dentist of their choosing, and be it further **Resolved**, that appropriate ADA agencies prepare suitable documentation that can be disseminated to each constituent society to facilitate its efforts in working with its state's insurance commissioner and legislature to enact measures that support these patient rights, and be it further **Resolved**, that the ADA directly communicate to Human Resource Associations and trade publications, employers, third-party payers and insurance commissioners that the anti-assignment of benefit clause in employer-payer contracts is against ADA policy inasmuch as it: 1) limits access to all available providers-some of which may provide unique and valuable services not readily available in other dental practices, 2) is anti-competition, 3) compromises the consumer's dental coverage benefit, 4) unfairly implies that patients can use their benefits with both contracted and non-contracted dentists, while imposing unspoken barriers that restrict access to a smaller pool of dentists.

Dr. Osborne moved Resolution 95 (Supplement:5133).

A motion was made to substitute Resolution 95S-1 (Supplement:5159a) for Resolution 95.

95S-1. Resolved, that appropriate ADA agencies develop model Assignment of Benefits legislation and seek the endorsement of applicable stakeholder organizations, and be it further **Resolved**, that the ADA transmit the model legislation to every constituent society to introduce in their legislature as appropriate.

Several comments were made supporting substitution. On vote, the motion to substitute Resolution 95S-1 for Resolution 95 was adopted.

On vote, Resolution 95S-1 was adopted.

95H-2013. Resolved, that appropriate ADA agencies develop model Assignment of Benefits legislation and seek the endorsement of applicable stakeholder organizations, and be it further **Resolved,** that the ADA transmit the model legislation to every constituent society to introduce in their legislature as appropriate.

Study of Trustee Districts (Reference Committee Resolution 97): The Reference Committee reported as follows:

During its deliberations on Resolution 2 and 2S-1 the Reference Committee considered the potential for inequalities in trustee districts arising from differing sizes of constituent delegations within the districts. Because of that potential for inequalities, the Committee proposes the following resolution.

- 97. Resolved, that the Board of Trustees be urged to examine the equality of the trustee districts in view of the passage of Resolution 2.
- Dr. Osborne moved the adoption of Resolution 97.

A motion was made to amend Resolution 97 by addition of the words "and report their findings to the 2014 House of Delegates." The Speaker asked if there was an objection to the additional wording. Hearing no objection, the additional wording was accepted by general consent.

On vote, Resolution 97, as amended, was adopted.

97H-2013. Resolved, that the Board of Trustees be urged to examine the equality of the trustee districts in view of the passage of Resolution 2 and report their findings to the 2014 House of Delegates.

Designate Individuals with Intellectual Disabilities as a Medically Underserved Population (First Trustee District Resolution 94): The Reference Committee reported as follows:

The Reference Committee supports adoption of the following resolution.

94. Resolved, that the American Dental Association supports a simplified process across appropriate governmental agencies to designate individuals with intellectual disabilities as a medically and dentally underserved population, and be it further

Resolved, that the ADA seek to collaborate with the American Medical Association and American Academy of Developmental Medicine and Dentistry to promote this process to appropriate governmental agencies.

Dr. Osborne moved the adoption of Resolution 94 (Supplement:5132).

A motion was made to refer Resolution 94. Pro and con discussion followed on the motion to refer. On vote, the motion to refer Resolution 94 was adopted.

Requests to Withdraw Resolutions. Dr. Robert Peskin, New York, on behalf of the Second District, requested the withdrawal of Resolution 103, Amendment of the Manual of the House of Delegates, which had been submitted as an item of New Business. Hearing no objections, the Speaker declared Resolution 103 withdrawn by general consent

Dr. Mark Donald, Mississippi, on behalf of the Fifth District, requested the withdrawal of Resolutions 45S-1, Review of Student Dues Category, and 46S-1, Review of Graduate Student Dues Category. Both resolutions were referred to the Reference Committee on Membership and Related Matters. Hearing no objections, the Speaker declared Resolutions 45S-1 and 46S-1 withdrawn by general consent.

Report of the Reference Committee on Membership and Related Matters

The Report of the Reference Committee on Membership and Related Matters was presented by the chair, Dr. Kirk Norbo, Virginia. The other members of the Committee were: Dr. Ann Christopher, Maryland;

- Dr. Virginia Hughson-Otte, California; Dr. Vincent Mack, Michigan; Dr. T. Delton Moore, Mississippi;
- Dr. Nancy Rosenthal, Pennsylvania; Dr. Marian Royer, Rhode Island; Dr. Jay Skolnick, New York; and
- Dr. Beatriz Terry, Florida.

Consent Calendar (Reference Committee 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. However, before voting on the consent calendar, any delegate wishing to discuss an item on the consent calendar has the right to request that resolution be removed and considered separately.

99. Resolved, that the recommendations of the Reference Committee on Membership and Related Matters on the following resolutions be accepted by the House of Delegates.

Resolution 59—(ADOPT)—Amendment of ADA Policy on Qualifications for Membership (Supplement:6014) \$: None; FTE: 0 COMMITTEE RECOMMENDATION: Vote Yes.

Resolution 60—(ADOPT)—Amendment of ADA Policy on Promoting the Value of Tripartite Dentistry (Supplement:6015) \$: None; FTE: 0 COMMITTEE RECOMMENDATION: Vote Yes.

Dr. Norbo moved the adoption of Resolution 99.

There were no requests to remove resolutions from the consent calendar. Hearing no objections, the Speaker announced Resolution 99 adopted by general consent.

99H-2013. Resolved, that the recommendations of the Reference Committee on Membership and Related Matters on the following resolutions be accepted by the House of Delegates.

Resolution 59—(ADOPT)—Amendment of ADA Policy on Qualifications for Membership (Supplement:6014) \$: None; FTE: 0 COMMITTEE RECOMMENDATION: Vote Yes.

Resolution 60—(ADOPT)—Amendment of ADA Policy on Promoting the Value of Tripartite Dentistry (Supplement:6015) \$: None; FTE: 0 COMMITTEE RECOMMENDATION: Vote Yes.

Note. For the purpose of a fully documented record, the complete text of the resolutions presented in Resolution 96H follows:

ADOPTED

Amendment of ADA Policy on Qualifications for Membership

59H-2013. Resolved, that the ADA policy on Qualifications for Membership (*Trans.*1959:219; 1996:672) be amended so that the policy reads as follows (additions are underscored; deletions are stricken):

Resolved, that the constituent societies be requested to examine their bylaws with a view and consider to-making any changes in the qualifications for an appropriate membership category to permit a dentist licensed in another state to become a member with other than resident active membership category.

Amendment of ADA Policy on Promoting the Value of Tripartite Dentistry

60H-2013. Resolved, that the ADA policy on Promoting the Value of Tripartite Dentistry (*Trans.*1995:606) be amended with the following language (additions are underscored and deletions are stricken).

Resolved, that constituents and components be encouraged to identify new mechanisms to promote the value of tripartite membership, and be it further

Resolved, that these mechanisms include a focus on tripartite membership as a foundation for a successful practice and career, and be it further

Resolved, that constituent and component societies be encouraged to communicate these messages through their respective programs and publications, printed and electronic communication channels.

Non-Consent Resolutions

Dues Structure (Council on Membership Resolution 44): The Reference Committee reported as follows:

Based upon the testimony heard, the Committee recognizes the need for predoctoral and postdoctoral students to have input into their dues through delegate representation. To maintain continuity of oversight of the ADA's dues structure regarding these key member segments, the committee recommends the House of Delegates continue to determine their dues. The Committee recommends not to adopt this resolution. The Standing Committee on Constitution and Bylaws approves the wording of Resolution 44 as submitted.

- 44. Resolved, that the ADA Bylaws, CHAPTER I. MEMBERSHIP, Section 20. QUALIFICATIONS, PRIVILEGES, DUES AND SPECIAL ASSESSMENTS, Subsection E. STUDENT MEMBER, subsection c. DUES AND SPECIAL ASSESSMENTS, paragraph 1, be amended as follows (new language underscored; deletions stricken through):
 - (1) PREDOCTORAL STUDENT MEMBERS: The dues of predoctoral student members shall be established by the Board of Trustees. five dollars (\$5.00)-Predoctoral student member dues shall be due January 1 of each year. Such student members shall be exempt from the payment of any special assessment.

and be it further

Resolved, that the ADA Bylaws, CHAPTER I. MEMBERSHIP, Section 20. QUALIFICATIONS, PRIVILEGES, DUES AND SPECIAL ASSESSMENTS, Subsection E. STUDENT MEMBER, subsection c. DUES AND SPECIAL ASSESSMENTS, paragraph 2, be amended as follows: (new language underscored; deletions stricken through).

(2) POSTDOCTORAL STUDENTS AND RESIDENTS: The dues of dentists who are student members pursuant to Chapter I, Section 20E shall be established by the Board of Trustees. thirtydollars (\$30.00) Postdoctoral students and resident dues shall be due January 1 of each year. Such student members shall be exempt from the payment of any special assessment.

and be it further

Resolved, that the ADA Bylaws, CHAPTER I. MEMBERSHIP, Section 20. QUALIFICATIONS, PRIVILEGES, DUES AND SPECIAL ASSESSMENTS, Subsection A. ACTIVE MEMBER, subsection c. DUES AND SPECIAL ASSESSMENTS, paragraph 2, be amended as follows (new language underscored; deletions stricken through):

(2) Dentists who are engaged full-time in (a) an advanced training course of not less than one (1) academic year's duration in an accredited school or a residency program in areas neither recognized by this Association nor accredited by the Commission on Dental Accreditation or (b) a residency program or advanced education program in areas recognized by this Association and in a program accredited by the Commission on Dental Accreditation shall pay an amount to be established by the Board of Trustees, pay thirty and shall be dollars (\$30.00) due on January 1 of each year until December 31 following completion of such program. For dentists who enter such a course or program while eligible for the dues reduction program, the applicable reduced dues rate shall be deferred until completion of that program. Upon completing the program, the dentist shall pay dues and any special assessment for active members at the reduced dues rate where

the dentist left off in the progression. This benefit shall be conditioned on maintenance of continuous membership or payment of post-graduate student dues and active member dues and any special assessment for years not previously paid, at the rates current during the missing years. The dentist who is engaged full-time in (a) an advanced training course of not less than one (1) academic year's duration in an accredited school or residency program in areas neither recognized by this Association nor accredited by the Commission on Dental Accreditation or (b) a residency program or advanced education program in areas recognized by this Association and in a program accredited by the Commission on Dental Accreditation shall be exempt from the payment of any active member special assessment then in effect through December 31 following completion of such course or program.

Dr. Norbo moved Resolution 44 (Supplement:6001).

Following discussion on Resolution 44, the Speaker informed the House that if Resolution 44 is adopted. Resolutions 45 and 46 will be declared moot; if Resolution 44 is not adopted, Resolutions 45 and 46 will be before the House for action.

On vote, Resolution 44 was not adopted since it failed to receive a 2/3s affirmative vote.

Review of Student Dues Category (Council on Membership Resolution 45 and Fifth Trustee District Resolution 45S-1—Withdrawn): The Reference Committee reported as follows:

ADA student members share essentially the same valuable benefits as active licensed members such as advocacy (e.g. reduction of student loan interest rates from 6% to 3% in 2013), JADA, the Center for Professional Success, ADA.org members only access, contract analysis service, and ethics hotline. In addition, students receive no-cost term life insurance (\$50,000 coverage) and no-cost disability insurance (\$2,000/month coverage, plus up to \$150,000 in student loan protection). The Reference Committee agrees with the Council on Membership that the student benefits received justify a \$10 dues rate. Therefore, the Reference Committee recommends approval of Resolution 45. The Standing Committee on Constitution and Bylaws approves the wording of Resolution 45 and 45S-1 as submitted.

- 45. Resolved, that effective January 1, 2016, the ADA Bylaws, CHAPTER I. MEMBERSHIP, Section 20. QUALIFICATIONS, PRIVILEGES, DUES AND SPECIAL ASSESSMENTS, Subsection E. STUDENT MEMBER, subsection c. DUES AND SPECIAL ASSESSMENTS, paragraph 1, be amended as follows (new language underscored; deletions stricken through):
 - (1) PREDOCTORAL STUDENT MEMBERS: The dues of predoctoral student members shall be ten dollars (\$10.00) five dollars (\$5.00) due January 1 of each year. Such student members shall be exempt from the payment of any special assessment.
- Dr. Norbo moved the adoption of Resolution 45 (Suplement:6003).

The discussion that followed urged the defeat of Resolution 45.

A motion was made to vote immediately; on vote, the motion was adopted by a two-thirds (2/3s) affirmative vote.

On vote, Resolution 45 was not adopted since it failed to receive a two-thirds (2/3s) affirmative vote.

Review of Graduate Student Dues Category (Council on Membership Resolution 46 and Fifth Trustee District Resolution 46S-1—Withdrawn): The Reference Committee reported as follows:

The Reference Committee recognizes that the vast majority of graduate student members are active licensed dentists. As such they receive the same valuable benefits as all active members. In addition, many choose to be tripartite members. The Reference Committee agrees with the Council on Membership that the benefits received justify a \$50 dues rate. Therefore, the Reference Committee

recommends approval of Resolution 46. The Standing Committee on Constitution and Bylaws approves the wording of Resolution 46 and 46S-1 as submitted.

- 46. Resolved, that the ADA Bylaws, CHAPTER I. MEMBERSHIP, Section 20. QUALIFICATIONS, PRIVILEGES, DUES AND SPECIAL ASSESSMENTS, Subsection E. STUDENT MEMBER, subsection c. DUES AND SPECIAL ASSESSMENTS, paragraph 2, be amended as follows (new language underscored; deletions stricken through):
 - (2) POSTDOCTORAL STUDENTS AND RESIDENTS: The dues of dentists who are student members pursuant to Chapter I, Section 20E shall be fifty dollars (\$50.00) thirty dollars (\$30.00) due January 1 of each year. Such student members shall be exempt from the payment of any special assessment.

and be it further

Resolved, that the ADA Bylaws, CHAPTER I. MEMBERSHIP, Section 20. QUALIFICATIONS, PRIVILEGES, DUES AND SPECIAL ASSESSMENTS, Subsection A. ACTIVE MEMBER, subsection c. DUES AND SPECIAL ASSESSMENTS, paragraph 2, be amended as follows (new language underscored; deletions stricken through):

- (2) Dentists who are engaged full-time in (a) an advanced training course of not less than one (1) academic year's duration in an accredited school or a residency program in areas neither recognized by this Association nor accredited by the Commission on Dental Accreditation or (b) a residency program or advanced education program in areas recognized by this Association and in a program accredited by the Commission on Dental Accreditation shall, pay-thirty dollars-(\$30.00) fifty dollars (\$50.00) due on January 1 of each year until December 31 following completion of such program. For dentists who enter such a course or program while eligible for the dues reduction program, the applicable reduced dues rate shall be deferred until completion of that program. Upon completing the program, the dentist shall pay dues and any special assessment for active members at the reduced dues rate where the dentist left off in the progression. This benefit shall be conditioned on maintenance of continuous membership or payment of post-graduate student dues and active member dues and any special assessment for years not previously paid, at the rates current during the missing years. The dentist who is engaged full-time in (a) an advanced training course of not less than one (1) academic year's duration in an accredited school or residency program in areas neither recognized by this Association nor accredited by the Commission on Dental Accreditation or (b) a residency program or advanced education program in areas recognized by this Association and in a program accredited by the Commission on Dental Accreditation shall be exempt from the payment of any active member special assessment then in effect through December 31 following completion of such course or program.
- Dr. Norbo moved the adoption of Resolution 46. (Supplement:6005)

A motion was made to vote immediately; on vote, the motion to vote immediately was adopted by a twothirds (2/3s) affirmative vote.

On vote, Resolution 46 was not adopted since it failed to receive a two-thirds (2/3s) affirmative vote.

Lifetime Membership Rule of 95 (Eleventh Trustee District Resolution 86): The Reference Committee reported as follows:

The Reference Committee agrees with the Board of Trustees that the current requirements for life membership that reward continuous membership are sufficient and no change to life membership is required. The Standing Committee on Constitution and Bylaws approves the wording of Resolution 86 as submitted.

86. Resolved, that the ADA *Bylaws*, Chapter I MEMBERSHIP, *Section* 20 QUALIFICATIONS, PRIVILEGES, DUES AND SPECIAL ASSESSMENTS, Subsection B. LIFE MEMBER be amended as follows (additions underscored, deletions stricken through):

B. LIFE MEMBER

a. QUALIFICATIONS. A life member shall be a member in good standing of this Association who (1)_does not meet the qualifications of retired or retired life membership set forth in Chapter I, Section 20Ca(1); (2) has been an active and/or retired and/or retired life member in good standing of this Association for thirty (30) consecutive years or a total of forty (40) years of active and/or retired and/or retired life membership or has been a member of the National Dental Association for twenty-five (25) years and subsequently held at least ten (10) years of membership in the American Dental Association; (23) has attained the age of sixty-five (65) years in the previous calendar year; and (34) has submitted an affidavit attesting to the qualifications for this category through said component and constituent societies, if such exist.

A dentist who immigrated to the United States may receive credit for up to twenty-five (25) consecutive or total years of membership in a foreign dental association in order to qualify for the requirements for life membership.

Years of student membership shall not be counted as active membership for purposes of establishing eligibility for life membership unless the dentist was an active member in good standing prior to becoming a student member.

The Association will give notification to members who are eligible for life membership. Life membership shall be effective the calendar year following the year in which the requirements are fulfilled. Maintenance of membership in good standing in the member's constituent and component societies, if such exist, shall be a requisite for continuance of life membership in this Association.

b. PRIVILEGES. A life member in good standing of this Association shall receive annually a membership card. A life member shall be entitled to all the privileges of an active member, except that a retired life member shall not receive The Journal of the American Dental Association except by subscription.

A life member under a disciplinary sentence of suspension or probation shall not be privileged to hold office, either elective or appointive, including delegate and alternate delegate, in such member's component and constituent societies and this Association. A life member under a disciplinary sentence of suspension shall also not be privileged to vote or otherwise participate in the selection of officials of such member's component and constituent societies and this Association.

c. DUES AND SPECIAL ASSESSMENTS.

- (1) ACTIVE LIFE MEMBERSDUES. The dues of life members who have not fulfilled the qualifications of retired membership pursuant to Chapter I, Section 20Ca(1) of these Bylaws with regard to income related to dentistry shall be seventy-five percent (75%) of the dues of active members, due January 1 of each year. In addition to their annual dues, active life members shall pay seventy-five percent (75%) of any active-member special assessment, due January 1 of each year.
- (2) RETIRED LIFE MEMBERS. Life members who have fulfilled the qualifications of Chapter I, Section 20C of these Bylaws with regard to income related to dentistry shall be exempt from payment of dues and any special assessment.
- (32) ACCEPTANCE OF BACK DUES AND SPECIAL ASSESSMENTS. For the purpose of establishing continuity of active membership to qualify for life membership, back dues and any special assessment, except as otherwise provided in these *Bylaws*, shall be accepted for

not more than the three (3) years of delinquency prior to the date of application for such payment. The rate of such dues and/or any special assessment, except as otherwise provided in these Bylaws, shall be in accordance with Chapter I. Section 40 of these Bylaws.

For the purpose of establishing continuity of active membership in order to qualify for life membership, an active member, who had been such when entering upon active duty in one of the federal dental services but who, during such federal dental service, interrupted the continuity of active membership because of failure to pay dues and/or any special assessment and who, within one year after separation from such military or equivalent duty, resumed active membership, may pay back dues and any special assessment for any missing period of active membership at the rate of dues and/or any special assessment current during the missing years of membership.

and be it further

Resolved, that the ADA Bylaws, Chapter I. MEMBERSHIP, Section 20 QUALIFICATIONS, PRIVILEGES, DUES AND SPECIAL ASSESSMENTS, Subsection C. RETIRED MEMBER, be amended as follows (additions underscored, deletions stricken through):

- C. RETIRED MEMBER.
- a. QUALIFICATIONS.
- (1) RETIRED MEMBER. A retired member shall be an active member in good standing of this Association who is now a retired member of a constituent society, if such exists, and is no longer earning income from the performance of any dentally related activity. An affidavit attesting to qualifications for this category must be submitted through said component and constituent society, if such exists. Maintenance of active or retired membership in good standing in the member's component society and retired membership in good standing in the member's constituent, if such exist, entitling such member to all the privileges of an active member, shall be requisite for entitlement to and continuance of retired membership in this Association.
- (2) RETIRED LIFE MEMBER. A member shall be eligible for retired life membership if, in addition to meeting the qualifications for retired membership set forth in Chapter I, Section 20Ca(1) of these Bylaws, the sum of the member's chronological age as of January 1 of the membership year and the number of years the member has been an active and/or retired member in good standing of this Association equals or exceeds ninety-five (95).
- b. PRIVILEGES. A retired or retired life member in good standing shall be entitled to all the privileges of an active member, except that a retired life member shall not receive *The Journal of the American* Dental Association except by subscription.

A retired or retired life member under a disciplinary sentence of suspension or probation shall not be privileged to hold office, either elective or appointive, including delegate and alternate delegate, in such member's component and constituent societies and this Association. A retired or retired life member under a disciplinary sentence of suspension shall also not be privileged to vote or otherwise participate in the selection of officials of such member's component and constituent societies and this Association.

- (1) DUES AND SPECIAL ASSESSMENTS.
- (1) RETIRED MEMBER. The dues of retired members shall be twenty-five percent (25%) of the dues of active members, due January 1 of each year. In addition to their annual dues, retired members shall pay twenty-five percent (25%) of any active member special assessment, due January 1 of each year.

(2) RETIRED LIFE MEMBER. A member who has fulfilled the qualifications of retired life membership set forth in Chapter I, Section 20Ca(2) of these Bylaws shall be exempt from the payment of dues and any special assessment.

and be it further

Resolved, that the ADA Bylaws, Chapter I. MEMBERSHIP, Section 50. DUES OR SPECIAL ASSESSMENT RELATED ISSUES, Subsection A. PAYMENT DATE AND INSTALLMENT PAYMENTS be amended as follows (deletions stricken through):

Section 50. DUES OR SPECIAL ASSESSMENT RELATED ISSUES.

A. PAYMENT DATE AND INSTALLMENT PAYMENTS. Dues and any special assessment of all members are payable January 1 of each year, except for active and active-life members who may participate in an installment payment plan. Such plan shall be sponsored by the members' respective constituent or component dental societies, or by this Association if the active or active-life members are in the exclusive employ of, or are serving on active duty in, one of the federal dental services. The plan shall require monthly installment payments that conclude with the current dues and any special assessment amount fully paid by December 15. Transactional costs may be imposed, prorated to this Association and the constituent or component dental society. The installment plan shall provide for the expeditious transfer of member dues and any special assessment to this Association and the applicable constituent or component dental society.

and be it further

Resolved, that the ADA Bylaws, CHAPTER XVIII. FINANCES, Section 40. SPECIAL ASSESSMENTS, be amended as follows (deletions stricken through):

Section 40. SPECIAL ASSESSMENTS: In addition to the payment of dues required in Chapter I, Section 20 of these Bylaws, a special assessment may be levied by the House of Delegates upon active, active-life, retired and associate members of this Association as provided in Chapter I, Section 20 of these Bylaws, for the purpose of funding a specific project of limited duration. Such an assessment may be levied at any annual or special session of the House of Delegates by a two-thirds (2/3) affirmative vote of the delegates present and voting, provided notice of the proposed assessment has been presented in writing at least ninety (90) days prior to the first day of the session of the House of Delegates at which it is to be considered. Notice of such a resolution shall be sent by a certifiable method of delivery to each constituent society, federal dental service and the American Student Dental Association not less than ninety (90) days before such session to permit prompt. adequate notice by each constituent society, federal dental service and the American Student Dental Association to their delegates and alternate delegates to the House of Delegates of this Association, and shall be announced to the general membership in an official publication of this Association at least sixty (60) days in advance of the session. The specific project to be funded by the proposed assessment, the time frame of the project, and the amount and duration of the proposed assessment shall be clearly presented in giving notice to the members of this Association. Revenue from a special assessment and any earnings thereon shall be deposited in a separate fund as provided in Chapter XVII, Section 30 of these Bylaws. The House of Delegates may amend the main motion to levy a special assessment only if the amendment is germane and adopted by a two-thirds (2/3) affirmative vote of the delegates present and voting. The House of Delegates may consider only one (1) specific project to be funded by a proposed assessment at a time. However, if properly adopted by the House of Delegates, two (2) or more special assessments may be in force at the same time. Any resolution to levy a special assessment that does not meet the notice requirements set forth in the previous paragraph also may be adopted by a unanimous vote of the House of Delegates, provided the resolution has been presented in writing at a previous meeting of the same session.

and be it further

Resolved, that the foregoing amendments to the ADA Bylaws shall take effect on January 1, 2014.

Dr. Norbo moved Resolution 86 (Supplement:6016).

A motion was made to refer Resolution 86 to Council for vetting. On vote, The motion to refer Resolution 86 was adopted.

Report of the President: On behalf of the House of Delegates and membership of the American Dental Association, the Reference Committee thanks Dr. Robert Faiella for his dedicated leadership and stewardship of the American Dental Association (ADA), and for his service over the years at all levels of tripartite organized dentistry.

As Dr. Faiella promised the 2012 House of Delegates, his first action as President was to appoint a Strategic Planning Steering Committee, including members of the House. His guidance was to ground the ADA strategic plan in core values. Dr. Faiella champions the view that our members' challenges become our association's challenges, and that members depend on the ADA to "look over the horizon" so that emerging problems for dentistry and the communities we serve can be met early with solutions.

Despite daunting challenges, Dr. Faiella reminds us of our reasons for confidence in ADA's future. For ADA to creatively serve all segments of dentistry, an ADA strength is membership from all segments of dentistry. As Dr. Faiella observed, "membership is the cornerstone of our success in the past, and the promise of our success in the future." For ADA's current and future challenges, Dr. Faiella notes that success ultimately depends upon "...the commitment of our members to volunteer their time..."and "...that responsibility and commitment make this organization great."

As an exemplary servant leader, Dr. Faiella relays to us the insights he gained from his own mentors, leaders who saw how problems were connected and who empowered "...those around them to think creatively toward solutions." Through his own leadership and example, Dr. Faiella has made lasting contributions to the viability of ADA and in turn to the well-being of the profession and the nation. On behalf of the ADA House of Delegates and membership, the Reference Committee wishes Dr. Faiella and his family the very best in the years ahead.

Report of the Reference Committee on Budget, Business and Administrative Matters (Continued)

Approval of 2014 Budget (continued): Dr. Mark Weinberger, Reference Committee chair, and Dr. Ronald Lemmo, ADA Treasurer, returned to the podium to present the revised 2014 budget.

Dr. Lemmo commented on the status of the 2014 budget based on the actions of the House.

Resolution 3 was moved for adoption. On vote, Resolution 3 was adopted.

3H-2013. Resolved, that the 2014 Annual Budget of revenues and expenses, including net capital requirements be approved.

Adjournment

A motion was made to adjourn the Third Meeting of the ADA House of Delegates. On vote, the Third Meeting of the ADA House of Delegates adjourned at 4:44 p.m., November 4, 2013.

Fourth Meeting of the House of Delegates

Call to Order: The Fourth Meeting of the 154th Annual Session of the ADA House of Delegates was called to order at 8:00 a.m., Tuesday, November 5, 2013, by the Speaker of the House of Delegates, Dr. Glen D. Hall, Texas.

Report of the Committee on Credentials, Rules and Order: Dr. Jill M. Burns, Committee chair, reported no requests relating to credentialing were received and announced the presence of a quorum. Dr. Burns read the ADA Disclosure Policy.

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. Kenneth Versman, first vice president
- Dr. Charles Weber, trustee, Third District
- Dr. Donald Seago, trustee, Fifth District
- Dr. Dennis Engel, trustee, Ninth District

The Speaker also introduced the continuing members of the Board of Trustees and thanked them for their efforts on behalf of the profession.

- Dr. Jeffrey D. Dow, trustee, First District
- Dr. Steve Gounardes, trustee, Second District
- Dr. Mark R. Zust, trustee, Sixth District
- Dr. Joseph P. Crowley, trustee, Seventh District
- Dr. Joseph F. Hagenbruch, trustee, Eighth District
- Dr. James K. Zenk, trustee, Tenth District
- Dr. Roger L. Kiesling, trustee, Eleventh District
- Dr. Gary L. Roberts, trustee, Twelfth District
- Dr. Carol Gomez Summerhays, trustee. Thirteenth District
- Dr. Gary S. Yonemoto, trustee, Fourteenth District
- Dr. Hilton Israelson, trustee, Fifteenth District
- Dr. Hal Fair, trustee, Sixteenth District
- Dr. Terry L. Buckenheimer, trustee, Seventeenth District
- Dr. Brian E. Scott, first vice president
- Dr. Ronald P. Lemmo, treasurer
- Dr. Kathleen T. O'Loughlin, executive director

The Speaker introduced Dr. Robert Faiella for the purpose of installing the new officers and trustees.

The following new officers and trustees were introduced:

- Dr. Andrew Kwasny, trustee, Third District
- Dr. Jeffrey Cole, trustee, Fourth District
- Dr. Red Stevens, trustee, Fifth District
- Dr. Gary Jeffers, trustee, Ninth District
- Dr. Jonathan Shenkin, second vice president

Installation of Officers and Trustees. Dr. Faiella installed Dr. Maxine Feinberg, New Jersey, as ADA President-elect; Dr. Charles Norman, North Carolina, as ADA President; Dr. Jonathan Shenkin, Maine, as ADA Second Vice President; and Drs. Andrew Kwasny, Jeffrey Cole, Red Stevens and Gary Jeffers as Trustees.

Additionally, the members of the House of Delegates pledged their support by accepting assignments when called upon, by bringing forward the opinions and concerns of the members in their districts and by engaging in open and honest debate on issues.

Presentation to Dr. Faiella: Dr. Norman presented Dr. Faiella with the insigne of the past president and a certificate of appreciation recognizing his dedication to the Association and the dental profession.

Presentation of Dr. Charles Norman: As the newly installed president, Dr. Norman addressed the members of the House of Delegates. His remarks focused on the importance of members, the tripartite and the Power of Three.

The installation ceremony concluded following Dr. Norman's remarks.

Remarks From the Co-Chairs of the American Dental Political Action Committee (ADPAC): Dr. Gordon Isbell and Dr. Loren Feldner thanked the members of the House for their continuing support of ADPAC

Comments of Dr. Robert Skinner: Dr. Robert L. Skinner, Arkansas, made the following statement that he requested be recorded in the official minutes. "I'm Bob Skinner from District 12, from the resilient state of Arkansas, former chair of the Council on ADA Sessions. There's no delegation that has more respect for the House of Delegates and its process than Arkansas. We are a state that retains an 80% market share. In our opinion, the poster child of everything the ADA asks us to do, and we do exceptionally well. That being said, a vote occurred vesterday morning, through a procedural error in which our state lost 25% of its representation in the House. We're not upset that we lost the delegate. It's how we lost the delegate. In our opinion, the decision which the reconsideration of Resolution 2 was allowed without presenting new information was out of order. You can only imagine the sentiment of all the states if everyone lost 25% of their delegation. Although we believe the vote should be stricken from the record, we understand this is not likely to happen. Still we owe it to our ADA members at home to ask these comments be recorded in the official minutes of the House. Mr. Speaker, you have a difficult job. We love you, we respect you, but we felt the need to make this statement to the House. So thank you for your indulgence. So in the legacy of the great leaders from our state, we will be back here next year ready to work hard for the greatest health care organization in the world, the American Dental Association."

The Speaker thanked Dr. Skinner for his remarks and commented "...With all due respect, the motion to reconsider is never ruled out of order unless it's posed a second time. There is no fact that new evidence must be offered for it to be in order. The Speaker can rule that, in his opinion, that there is no new information. That is a ruling. The House can appeal that ruling. No matter which way the Speaker rules, someone always has the right to appeal, and then it becomes the decision of the House. Your Speaker feels that the House made that decision, that there was not a procedural error. Thank you."

Report of the Reference Committee on Budget, Business and Administrative Matters (Continued)

Dr. Mark Weinberger, chair, Reference Committee on Budget, Business and Administrative Matters returned to the podium to present the Reference Committee's final item of business.

Establishment of Dues Effective January 1, 2014 (Board of Trustees Resolution 4): The Reference Committee reported as follows:

The Reference Committee heard no testimony.

4. Resolved, that the dues of ADA active members shall be five hundred twenty-two dollars (\$522.00), effective January 1, 2014.

The Treasurer, Dr. Lemmo, reported as follows: "The Board presented a deficit budget of \$1.4 million. The House of Delegates, through our resolutions, added an additional \$269,000 in spending; therefore, our current budget for 2014 as adopted would now stand at a deficit of \$1.7 million. The projected positive variances in 2013 will more than offset this deficit."

Dr. Weinberger moved the adoption of Resolution 4 (Supplement:2026)

On vote, Resolution 4 was adopted by a sixty percent (60%) affirmative vote.

4H-2013. Resolved, that the dues of ADA active members shall be five hundred twenty-two dollars (\$522.00), effective January 1, 2014.

Concluding Remarks of the Speaker: The Speaker made the following statement:

The actions of this House of Delegates are no longer the opinions, wishes, suggestions or recommendations of any individual, committee or officer, but are now the actions of the entire House of Delegates. And as this House of Delegates is authorized under the Associations' Bylaws to act for the entire Association, they are the actions of the entire Association. It is now incumbent on 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: Prior to adjournment, the Speaker requested that all retiring delegates and alternate delegates stand; the House applauded the retiring members in recognition of their service.

Adjournment

A motion was made to adjourn the 154th Annual Session of the ADA House of Delegates. With no further business before the House, the Speaker declared the 154th Annual Session of the ADA House of Delegates adjourned sine die at 9:04 a.m., on Tuesday, November 5, 2013.

3/31/2014

Notes

Scientific Session

Notes

Scientific Session

Ernest N. Morial Convention Center, New Orleans October 31 – November 3, 2013

The 2013 Annual Scientific Session was held October 31 – November 3, 2013, at the Ernest N. Morial Convention Center.

The scientific program was under the direction of the Council on ADA Sessions composed of the following members:

Michael M. Blicher, *chair*, Washington, DC; Hugo F. Bertagni, Palatine, Illinois; Barry I. Cohen, Drexel Hill, Pennsylvania; Joseph P. Crowley, 2013 BOT liaison *ex officio*, Cincinnati, Ohio; Grace A. Curcuru, Chesterfield, Michigan; James R. Foster, Weslaco, Texas; James E. Galati, CAS chair designate, Clifton Park, New York; T. Harold Lancaster, Kinston, North Carolina; William E. Lee, Lexington,

Kentucky; Scott B. Levitz, 2013 ASDA liaison *ex officio*, South Setauket, New York; Calbert M.B. Lum, Honolulu, Hawaii; Risé L. Martin, 2014 CLA General Chair *ex officio*, Lakehills, Texas; Steven E. Parker, Massillon, Ohio; Gregory J. Peppes, Leawood, Kansas; John P. Pietrasik, Chelmsford, Massachusetts; Robert E. Roesch, Fremont, Nebraska; S. Shane Samy, Eugene, Oregon; Brian M. Schwab, Blandon, Pennsylvania; Neil E. Torgerson, Tallahassee, Florida; Sidney R. Tourial, Sandy Springs, Georgia; James H. Van Sicklen, Jr., Stockton, California; Catherine H. Mills, *director*, Chicago, Illinois.

The following were presenters at the 2013 Scientific Session:

Artemiz Adkins
Mary Beth Aichelmann-Reidy
Gary Alex
Nancy Andrews
Christos Angelopoulos
Andréa Araújo de
Vasconcellos
Richard Armstrong
Sarita Arteaga
Homer Asadi
Payam Ataii
Joshua Austin

Howard Bailit
George Bambara
Lois Banta
Jim Baum
Dale Baur
David Beach
Jean-Francois Bedard
Kirk Behrendt
Judy Bendit
Jana Berghoff
Carl Bhend
Jen Blake
Bill Blatchford
James Boyle
Lee Ann Brady

Sharon Brooks

Jeff Brucia George Bruder, III Alan Budenz

Tina Calloway Leslie Canham Mocha Canham Bill Carpenter Steve Carstensen **Timothy Caruso** James Cassidy, Jr. Debbie Castagna Raymond Choi Gordon Christensen **Bruce Christopher** David Clark Sharon Clough Barry Cohen James Coll Donald Coluzzi Robert Convissar Lyndon Cooper Naomi Cooper **Bob Creamer** Ellen Crean Hal Crossley Adrian Curry Charles Czerepak

Tony Daher
B. Gail Demko
Gary DeWood
John Drumm
Teresa Duncan
James Dunn
William Dunn
Glenn DuPont

Harold Edelman Robert Elfer Howard Elson Lawrence Emmott

Robert Faiella

Allison Farey
Allan Farman
Howard Farran
Robert Fazio
Paul Feuerstein
Allen Finkelstein
John Flucke
Mary Foley
Gregory Folse
Cynthia Fong
Ashraf Fouad
Lee Francis
Julie Frantsve-Hawley

Stuart Froum David Fulton

James Galati

Marshall Gallant **Chester Gary** Steven Geiermann Gretchen Gibson Gary Glassman Michael Glick Martin Goldstein Charles Goodacre Robert Gottlieb John Graeber Michael Graham John Greenspan Karen Gregory Henry Gremillion Jane Grover Paul Guggenheim Steven Guttenberg

Henrik Hansen Craig Hatch Mel Hawkins Van Haywood Lisa Heft

Timothy Hempton Blake Henry

Martin Jablow John Jameson Peter Jannetta Mark Jurkovich

Parag Kachalia
John Kanyusik
Ellen Karlin
Sheri Katz
Noel Kelsch
John Kenney
Thomas Kepic
Alexander Kerr
Tim King
Karl Koerner
Timothy Kosinski
Nina Koziol
Gerard Kugel
Edward Kusek
Frank Kyle

Edward Leone, Jr.
Roger Levin
Jack Levine
Gregory Liberatore
David Little
Peter Lockhart
Stephanie Lodding
Gretchen Lovelace
Preston Lovelace

Jacob Lee

Samuel Low Jaime Lozada Gang Luo Alan Lurie

Stanley Malamed

Louis Malcmacher Mike Malone Robert Margeas Fred Margolis Teresa Marshall Todd Marshall Joseph Massad Judy Kay Mausolf Jane McGinley Blake McRay George Merijohn Dan Meyer Dale Miles Mark Miller Ben Miraglia Craig Misch John Molinari Virginia Moore **Bud Mopper** Maria Mora Amy Morgan Lynn Mouden Craig Mukai

Suzanne Newkirk Linda Niessen Charles Norman, III

Nagaraja Murthy

Kary Odiatu Uche Odiatu John Olmsted Kathleen O'Loughlin Ali Oromchian Gregory Owens

Ray Padilla Dianne Pannes Panos Papapanou Jonathan Parker **Edwin Parks** Jon Pascarella Ronald Perry John Phelps John Pietrasik Michael Pikos Mark Piper Colleen Pittner Tammara Plankers David Pleva Jeffery Price Keith Progebin **Gregory Psaltis**

Prabu Raman
Francisco Ramos-Gomez
Steve Ratcliff
Stephen Rickles
Ronald Riggins
Phil Rinaudo
Eugene Roberts
Robert Roesch
Paul Rosen
Louis Rossman
James Rozanski
Clifford Ruddle
Jose-Luis Ruiz

Christopher Salierno Rhonda Savage Mark Setter Peter Shatz Lisa Shaw Lou Shuman Michael Siegel Stephen Simpson

Tyler Russell

Susan Sklar Harold Slavkin Donald Somerville Ann Spolarich Lokesh Suri Jon Suzuki

Leonard Tau Sidney Tourial Geri True Bruce Twaddle Donald Tyndall

Thomas Underwood Michael Unthank

Bethany Valachi Lynn Van Pelt Andrew Ventura Alexa Vitek Andrew Vorrasi Marko Vujicic

Peter Waite
Lawrence Wallace
Dave Weber
Jaime Welcher
Jordan West
Sidney Whitman
Gail Williamson
Bradley Willis
Michael Wine
Patricia Worcester
Douglas Wyckoff

Juan Yepes

Ronald Zentz Domenick Zero Edward Zuckerberg

Directory

Officers, Trustees, Senior Staff, Councils, Commissions, Committee on Local Arrangements

Officers

Faiella, Robert A., president,
Osterville, Massachusetts
Norman, Charles H., president-elect,
Greensboro, North Carolina
Versman, Kenneth J., first vice
president, Aurora, Colorado
Scott, Brian E., second vice
president, Palo Alto, California
Hall, Glen D., speaker, House of
Delegates, Abilene, Texas
Lemmo, Ronald P., treasurer,
Wickliffe, Ohio
O'Loughlin, Kathleen T., executive
director and secretary, Chicago,

Trustees

Illinois

Buckenheimer, Terry L., 2016, Seventeenth District, Tampa, Florida

Crowley, Joseph P., 2016, Seventh District, Cincinnati, Ohio

Dow, Jeffrey D., 2015, *First District,* Newport, Maine

Engel, Dennis, 2013, *Ninth District,* Mequon, Wisconsin

Fair, Julian Hal, III, 2016, Sixteenth District, Wagener, South Carolina

Feinberg, Maxine, 2013, Fourth District, Cranford, New Jersey

Gounardes, Steven, 2014, Second District, Brooklyn, New York

Hagenbruch, Joseph F., 2014, Eighth District, Harvard, Illinois

Israelson, Hilton, 2015, Fifteenth District, Frisco, Texas

Kiesling, Roger L., 2014, *Eleventh District*, Helena, Montana

Roberts, Gary L., 2015, *Twelfth District*, Shreveport, Louisiana

Seago, Donald L., 2013, Fifth District, Jackson, Mississippi

Summerhays, Carol Gomez, 2014, Thirteenth District, San Diego, California Weber, Charles R., 2013, *Third District,* West Chester, Pennsylvania

Yonemoto, Gary S., 2015, Fourteenth District, Honolulu, Hawaii

Zenk, James K., 2016, *Tenth District*, Montevideo, Minnesota
Zust, Mark R., 2016, *Sixth District*,
Saint Peters, Missouri

Senior Staff

Bowman, Jerome K., chief of governance and strategy management

Busey, J. Craig, general counsel Cherrett, Helen McK., senior director, Global Affairs

Goodman, James S., managing 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 Meyer, Daniel M., senior vice president, Science/Professional Affairs

Mickel, Clayton B., managing vice president, Corporate Relations and Strategic Marketing Alliances

Ohr, Kenneth, chief communications officer

Sholty, Paul, chief financial officer Springer, Michael D., senior vice president, Business and Publishing

Toyama, Wendy-Jo, senior vice president, Membership, Tripartite Relations and Marketing

Vujicic, Marko, managing vice president, Health Policy Resources Center/Professional Affairs Ziebert, Anthony J., senior vice president, Education/ Professional Affairs

Councils

Access, Prevention and Interprofessional Relations

Hebl, Monica, 2013, *chair*, Milwaukee, Wisconsin Thompson, W. Roy, 2014, *vice chair*, Murfreesboro, Tennessee Bruce, Daniel S., *ex officio*, Boise, Idaho

Chase, Timothy D., 2014, Monticello, Arkansas

Crystal, Yasmi O., 2016, Bound Brook, New Jersey

Fisher, John P., 2015, Salem, Massachusetts

Gillette, E. Jane, 2015, Bozeman, Montana

Hanck, John J., 2013, Fort Collins, Colorado

Heddens, Heather B., 2013, Washington, Iowa

Lang, Melanie, 2013, Spokane Valley, Washington

Logan, Bernadette A., 2015, Paoli, Pennsylvania

Mitchell, G. Lewis, Jr., 2016, Gadsden, Alabama

Napier, Rocky L., 2014, Aiken, South Carolina

Pankratz, Todd A., 2013 (AMA), Hastings, Nebraska

Roberts, Matthew B., 2014, Crockett, Texas

Sabates, Cesar R., 2016, Coral Gables, Florida

Schirmer, David C., 2015, Corning, New York

Soderstrom, Andrew P., 2013, ad interim, Modesto, California

- Watson-Lowry, Cheryl D., 2016, Chicago, Illinois
- Wynn, Mary Ellen, 2016, Cincinnati, Ohio
- Grover, Jane S., *director*, Chicago, Illinois

ADA Sessions

- Blicher, Michael M., 2013, *chair*, Washington, DC
- Galati, James E., 2014, *chair* designate, Clifton Park, New York
- Barsley, Robert E., 2013, Ponchatoula, Louisiana
- Bertagni, Hugo F., 2013, Palatine, Illinois
- Cohen, Barry I., 2015, Drexel Hill, Pennsylvania
- Curcuru, Grace A., 2016, Chesterfield, Michigan
- Foster, James R., 2014, Weslaco, Texas
- Lancaster, T. Harold, 2016, Kinston, North Carolina
- Lee, William E., 2013, Lexington, Kentucky
- Lum, Calbert M., 2016, Honolulu, Hawaii
- Martin, Rise L., 2014, Lakehills, Texas
- Parker, Steven E., 2015, Massillon, Ohio
- Peppes, Gregory J., 2013, Leawood, Kansas
- Pietrasik, John P., 2014, Chelmsford, Massachusetts
- Roesch, Robert E., 2015, Fremont, Nebraska
- Samy, S. Shane, 2014, Eugene, Oregon
- Schwab, Brian M., ex officio, Fleetwood, Pennsylvania
- Torgerson, Neil E., 2015, Tallahassee, Florida
- Tourial, Sidney R., 2016, Sandy Springs, Georgia
- Van Sicklen, James H., 2016, Stockton, California
- Mills, Catherine H., *director*, Chicago, Illinois

Communications

Shenkin, Jonathan D., 2013, *chair*, Augusta, Maine

- Austin, Joshua A., 2016, San Antonio, Texas
- Boghosian, Alice G., 2015, Niles, Illinois
- Campbell, Jeffrey A., 2014, Chagrin Falls, Ohio
- Chesser, William E., 2014, Ozark, Alabama
- Hewett, Sally J., 2014, Bainbridge, Washington
- Howell, Ralph L., Jr., 2016, Suffolk, Virginia
- Jenkins, James F., 2014, Lincoln, Nebraska
- Johnson, J. Michael, 2013, Owensboro, Kentucky
- Jones, Krista M., 2013, Edmond, Oklahoma
- Maihofer, Michael G., 2015, Roseville, Michigan
- Manzanares, Robert J., 2016, Espanola, New Mexico
- Maupin, Heather A., ex officio, Plainfield, Indiana
- Nase, John B., 2013, Harleysville, Pennsylvania
- Patel, Minerva, 2015, White Plains, New York
- Paul, John H., 2016, Lakeland, Florida
- Sahota, Ruchi K., 2016, Fremont, California
- Shepley, George R., 2015, Baltimore, Maryland
- MacLachlan, Janine, *director*, Chicago, Illinois

Dental Benefit Programs

- May, A. David, Jr., 2013, *chair*, Abilene, Texas
- Toy, Bruce G., 2013, *vice chair,* Stockton, California
- Blaisdell, Mark H., 2015, Bountiful, Utah
- Brady, Thomas V., 2016, Westbrook, Connecticut
- Eder, B. Scott, 2013, South Charleston, West Virginia
- Harrell, Gavin G., 2014, Elkin, North Carolina
- Hoffman, Charles W., 2015, Jupiter, Florida
- Jurkovich, Mark W., 2014, Chisago City, Minnesota

- Krantz, Daniel B., 2016, Somerset, New Jersey
- Larson, David R., 2016,
- Hummelstown, Pennsylvania Masak, John G., 2015, Appleton,
- Wisconsin
 Mazzola, Robert L., 2015,
- Mazzola, Robert L., 2015, Miamisburg, Ohio
- Pak, Sammy B., 2016, Puyallup, Washington
- Riggins, Ronald D., 2013, Moline, Illinois
- Rives, Robert W., 2016, ad interim, Jackson, Mississippi
- Vorrasi, Andrew G., 2014, Rochester, New York
- Wood, C. Rieger, III, 2014, Tulsa, Oklahoma
- Yanase, Rex R., ex officio, Torrance, California
- Preble, David M., *director*, Chicago, Illinois

Dental Education and Licensure

- Venezie, Ronald D., 2014 (ADA), chair, Apex, North Carolina
- Dolan, Teresa, 2014 (ADEA), vice chair, Gainesville, Florida
- Boyle, James M., III, 2015 (ADA), York, Pennsylvania
- Brysh, L. Stanley, 2016 (ADA), Madison, Wisconsin
- Edwards, Michael D., 2013 (ADA), Wedowee, Alabama
- Feldman, Cecile A., 2016 (ADEA), Newark, New Jersey
- Hoelscher, Diane C., 2015 (ADEA), Detroit, Michigan
- Holm, Steven J., 2016 (ADA), Portage, Indiana
- Javed, Tariq, 2013 (ADEA), Charleston, South Carolina
- LeBlanc, Michael A., ex officio, Shawnee, Kansas
- Manning, Dennis E., 2016 (AADB), Libertyville, Illinois
- Miller, Jade A., 2014 (AADB), Reno, Nevada
- Rhea, Ronald, L., 2013 (ADA), Houston, Texas
- Robinson, William F., 2013 (AADB), Tampa, Florida
- Simonian, Roger B., 2015 (ADA), Fresno, California

- Stenberg, Donna J., 2014 (ADA), Stillwater, Minnesota Strathearn, Jeanne P., 2015 (AADB), West Hartford,
- Hart, Karen, *director*, Chicago, Illinois

Dental Practice

Connecticut

- Knapp, Jonathan B., 2013, *chair,* Bethel, Connecticut
- Sessa, Kevin D., 2014, *vice chair,* Boulder, Colorado
- Armstrong, Craig S., 2013, Houston, Texas
- Bengtson, Gregory J., 2016, Lewiston, Idaho
- Brown, Andrew B., 2016, Orange Park, Florida
- Childs, Miranda M., 2015, Arkadelphia, Arkansas
- Cole, Jeffrey M., 2013, Wilmington, Delaware
- Creasey, Jean L., 2016, Nevada City, California
- Davidson, Madalyn M., ex officio, Tuscola, Illinois
- Dawley, Joanne, 2014, Southfield, Michigan
- Dowd, Brendan, 2014, Niagara Falls, New York
- Johnston, Jon J., 2013,
- Punxsutawney, Pennsylvania Marshall, Todd W., 2016, Brooklyn
- Center, Minnesota
- Maxwell, Charles B., 2015, Johnsonville, South Carolina
- Smith, J. Christopher, 2016, Charleston, West Virginia
- Thomas, J. Mark, 2015, Seymour, Indiana
- Torbush, Douglas B., 2014, Convers, Georgia
- Unger, Joseph G., 2015, Chicago, Illinois
- Willey, James L., *director,* Chicago, Illinois

Ethics, Bylaws and Judicial Affairs

- Henner, Kevin A., 2013, *chair*, Deer Park, New York
- Auld, Douglas A., 2016, McAlester, Oklahoma

- Beard, Darryll L., 2015, Waterloo, Illinois
- Brooks, Dwyte E., 2013, Las Vegas, Nevada
- Chinoy, Walter I., 2013, Scotch Plains, New Jersey
- Curry, Barry D., 2015, Owensboro, Kentucky
- Esterburg, Jeffrey C., 2013, Medina, Ohio
- Himmelberger, Linda K., 2015, Berwyn, Pennsylvania
- Muller, George J., II, 2016, Rapid City, South Dakota
- Pansick, Ethan A., 2014, Delray Beach, Florida
- Raimann, Thomas E., 2016, Hales Corners, Wisconsin
- Reynolds, Elizabeth C., 2014, Richmond, Virginia
- Rosato, Richard J., 2014, Concord, New Hampshire
- Salierno, Christopher J., ex officio, Huntington, New York
- Scarbrough, A. Roddy, 2016, Richton, Mississippi
- Senseny, Charlotte L., 2014, Torrance, California
- Walton, William M., 2016, Clyde, Texas
- Williams, Laura, 2015, East Wenatchee, Washington
- Elliott, Thomas C., Jr., *director,* Chicago, Illinois

Government Affairs

- Fields, Henry W., Jr., 2013, *chair*, Columbus, Ohio
- LoMonaco, Carmine J., 2014, *vice chair*, Newark, New Jersey
- Black, Richard C., 2015, El Paso, Texas
- Bowen, Ronald S., 2013, Midvale, Utah
- Breault, Michael R., 2015, Schenectady, New York
- Determan, Amber A., 2013, Mitchell, South Dakota
- Hall, William M., Jr., 2014, Shreveport, Louisiana
- Harrington, John F., Jr., 2016, Midgeville, Georgia
- Howard, H. Fred, 2014, Harlan, Kentucky

- Howell, J. Barry, 2016, Urbana, Illinois
- Huot, Richard A., 2016, Vero Beach, Florida
- Jaeger, Frederick J., 2016, ad interim, Madison, Wisconsin
- Jennings, Mary S., 2014, Walla Walla, Washington
- Lebovics, Irving S., 2015, Los Angeles, California
- Martin, Raymond K., 2016, Mansfield, Massachusetts
- Radjabli, Edgar M., ex officio, Cumberland, Maryland
- Ray, Herbert L., Jr., 2013, Lower Burrell, Pennsylvania
- Vlahos, Gus C., 2015, Dublin, Virginia
- Spangler, Thomas J., Jr., *director*, Washington, D.C.

Members Insurance and Retirement Programs

- Paumier, Thomas M., 2014, *chair*, Canton, Ohio
- Coleman, Robert A., 2014, vice chair, Livonia, Michigan
- Barnashuk, Frank C., 2016, Orchard Park, New York
- Chaney, Mark S., 2015, New Orleans, Louisiana
- Dodge, Jeffrey E., 2013, Woonsocket, Rhode Island
- Gillcrist, James A., 2015, Nashville, Tennessee
- Grogan, Patrick M., 2016, Washington, D.C.
- Hettinger, Richard F., 2014, Sioux City, Iowa
- Houten, David E., 2016, Kelso, Washington
- Marron-Tarrazzi, Irene, ex officio, Miami, Florida
- Miller, Paul R., 2016, New Port Richey, Florida
- Patel, Sanjay, 2015, Bay Point, California
- Rashall, Gregory W., 2013, Liberty, Texas
- Rawls, Douglas S., 2013, North Charleston, South Carolina Rosenbaum, George F., 2013,
- Boulder City, Nevada

Rubino, Louis F., 2016, Phoenixville, Pennsylvania Schwartz, Timmothy J., 2015, Pekin, Illinois Yarbrough, L. Wayne, 2014, Montgomery, Alabama Abeles, Kelly, *director*, Chicago, Illinois

Membership

Bauman, Mark A., 2013, *chair,* Saratoga Springs, New York Bainbridge, Jean E., 2013, Dallas, Texas

Bradley, Steven P., 2016, Cascade, Iowa

Durbin, Michael G., 2013, Des Plaines, Illinois

Cassidy, Kevin M., 2014, Topeka, Kansas

Goad, J. Dale, 2013, Carrizozo, New Mexico

Ingram, William L., 2016, Huntsville, Alabama

Johnson, Nicole Stachewicz, 2016, Erie, Pennsylvania

Kelly, Thomas S., 2014, Beachwood, Ohio

Lee, Natasha A., 2015, San Francisco, California

Ogata, Randall H., 2014, Seattle, Washington

Olson, Shelley Barker, 2015, Oxford, North Carolina

Pohl, Gregory J., 2016, Cincinnati, Ohio

Shoemaker, Gene, 2015, Waukesha, Wisconsin

Vakil, Shamik S., ex officio, Newport News, Virginia

del Valle-Sepúlveda, Edwin A., 2015, Caguas, Puerto Rico

Wilson, K. Drew, 2016, Milford, New Hampshire

Zuknick, Stephen J., 2014, Brandon, Florida

Rauchenecker, Steven M., *director*, Chicago, Illinois

Scientific Affairs

Harrel, Stephen K., 2013, *chair*, Dallas, Texas Truelove, Edmond L., 2014, *vice chair*, Seattle, Washington Abt, Elliot, 2016, Skokie, Illinois Chalian, G. Garo, 2013, Castle Rock, Colorado Hale, Robert G., 2016, Fort Sam Houston, Texas Hart, Thomas C., 2015, Chicago, Illinois Ludlow, John B., 2016, Chapel Hill, North Carolina Michalowicz, Bryan S., 2014, Minneapolis, Minnesota Milgrom, Peter, 2015, Seattle, Washington Noraian, Kirk W., 2014, Bloomington, Illinois Novy, Brian B., 2014, Newhall, California

Oh, Timothy W., ex officio, Ellsworth, Maine

Plemons, Jacqueline M., 2013, Dallas, Texas

Sollecito, Thomas P., 2015, Philadelphia, Pennsylvania Thompson, Geoffrey A., 2015,

Milwaukee, Wisconsin
Whitaker S Bryan 2013 Little

Whitaker, S. Bryan, 2013, Little Rock, Arkansas

Williams, Ray C., 2015, Stony Brook, New York

Young, Douglas A., 2016, San Francisco, California

Whall, Clifford C., *interim director,* Chicago, Illinois

Commissions

Dental Accreditation

Knoernschild, Kent L., 2013, *chair*, Chicago, Illinois

Benson, Byron, 2015 (AAOMR), Dallas, Texas

Biermann, Michael E., 2013 (ADA), Portland, Oregon

Burr, Kristi, 2014 (Public Member), Burton, Ohio

Cangialosi, Thomas, 2015 (AAO), Shrewsbury, New Jersey

Carlson, Eric R., 2013 (AAOMS), Knoxville, Tennessee

Curran, Elizabeth, 2013 (NADL), Mesa, Arizona

DiFranco, Geri Ann, 2013 (AABD), Park Ridge, Illinois Dodge, William, 2015 (ADEA), San Antonio, Texas Donly, Kevin, 2015 (AAPD), San Antonio, Texas Eliason, Joseph, 2013 (ASDA/ ADEA), San Francisco, California

Gagliardi, Lorraine, 2016 (AADA), Pasadena, California

Giasolli, Robert, 2014 (Public Member), Orange County, California

Glicksman, Milton A., 2016 (AADB), Dartmouth, Massachusetts

Greenwell, Henry, 2014 (AAP), Louisville, Kentucky

Hardesty, W. Stan, 2014 (AADB), Raleigh, North Carolina

Kahn, Richard B., 2016 (ADA), New Brunswick, New Jersey

Leffler, William, 2014 (AADB), Massillon. Ohio

Mascarenhas, Ana Karina, 2016 (AAPHD), Fort Lauderdale, Florida

Messura, Judith, 2013 (AAHD/ ADEA), Winston-Salem, North Carolina

Neville, Brad W., 2014 (AAOMP), Charleston, Kentucky

Rivera-Nazario, Yilda M., 2013 (ADEA), San Juan, Puerto Rico Royeen, Charlotte, 2015 (Public Member), St. Louis, Missouri

Schindler, William Gordon, 2016 (AAE), San Antonio, Texas

Schonfeld, Steven E., 2014 (ADA), Eureka, California

Shepherd, Kathi, 2015 (ADHA), Detroit, Michigan

Sherrard, James, 2015 (Public), Norwich, Connecticut

Tuneberg, Perry K., 2015 (ADA), Rockford, Illinois

West, Karen, 2016 (ADEA), Las Vegas, Nevada

Williams, John N., 2014 (ADEA), Indianapolis, Indiana

Tooks, Sherin, *director*, Chicago, Illinois

National Dental Examinations

Shampaine, Guy, 2013 (AADB), *chair*, Annapolis, Maryland

Peterson, Lorin D., 2014 (ADA), vice chair, Cle Elum, Wasington Donahue, Jerri Ann, 2013 (AADB), Chevenne, Wyoming Drisko, Connie L., 2015 (ADEA), Augusta, Georgia Gerosky, Mary Lou, 2014 (ADHA), Cleveland, Ohio Glass, Birgit J., 2013 (ADEA), San Antonio, Texas Hersh, Robert A., 2015 (ADA), Freehold, New Jersey Levitan, Marc E., 2016 (AADB), Charleston, South Carolina McVea, Conrad, III, 2016 (AADB), Franklinton, Louisiana Murray, Ian R., 2013 (ASDA), Claremont, California Podruch, LeeAnn G., 2014 (AADB), Hatley, Wisconsin Shannon, Kelley, 2014 (Public), Washington, D.C. Trager, Peter S., 2013 (ADA), Marietta, Georgia VanderVeen, Michael Reggie, 2015 (AABD), Grand Rapids, Michigan Waldschmidt, David, director, Chicago, Illinois

Standing Committee

New Dentist Committee

Salierno, Christopher J., 2013, chair, Huntington, New York Schwab, Brian M., 2014, vice chair, Fleetwood, Pennsylvania Bruce, Daniel S., 2014, Boise, Idaho Childs, Eric T., 2016, Coldwater, Michigan Dasher, Rachel T., 2016, Mountain City, Tennessee Davidson, Madalyn M., 2013, Tuscola, Illinois Enos, Jennifer L., 2013, Chandler, Arizona Hasty, Christopher M., 2016, Tifton, Georgia Janik, Andrea K., 2016, Irving, Texas LeBlanc, Michael A., 2015,

Shawnee, Kansas

Marron-Tarrazzi, Irene, 2015,
Miami, Florida
Maupin, Heather A., 2015,
Plainfield, Indiana
Oh, Timothy W., 2015, Ellsworth,
Maine
Radjabli, Edgar M., 2014,
Abingdon, Maryland
Ritchie, Ryan L., 2016, Hutchinson,
Minnesota
Vakil, Shamik S., 2013, Newport
News, Virginia
Yanase, Rex R., 2014, Torrance,
California
Lavick, Tera, director, Chicago,

Committee on Local Arrangements

Illinois

Barsley, Robert E., chair
Hadlock, William A., vice chair
DeGenova, David C., registration
co-chair
Glaser, Peter L., hospitality co-chair
Hebert, Edward J., programs
co-chair
Hildebrandt, David J., hospitality
co-chair
Jordan, Kay, programs co-chair
Williams, Gerald A., registration
co-chair

Honorary Officers

Blackwell, William E. "Ward" Bourg, Darrell P., Jr. Burkhalter, Peyton B. Burmaster, Maria R. Cheramie, Toby J. Conner, Erin K. Denicola, Ross J., Jr. Gremillion, Henry A. Hale, Andrew T. Hovland, Eric J. Jones, Sherri D. Liberto, Vincent N. Schott, Kenneth G. Tarver, Earl L. "Les," Jr. (in memoriam) Walsh, Terence E. Ward, Norma Lee Weaver, Stephanie B.

Annual Session Volunteers

Abbott, Kathy Abena, Albert Adams, Marcie Adley, Kathleen Alexander, Chalsea Anderson, Brooke Anderson, Mark Andrews, Melanie Astugue, Kevin Atkins, Richard Axelrad, Kellie

Ballard, Richard Barre, Barton Barreca, Betsy Barrilleaux, Katherine Bassett. Darlene Bateman, Stephanie Beaudoin, Danielle Bell. Yolanda Beltrane, Sheryl Bennett, Donald Bent, Kim Benton, Kim Berd, Josh Berg, Lauren Berthold, Charles Berthold, Dorota Bird, Geoffrey Bishop, Ruth Bishop, Timothy Bishop, Wade Bloom, Steven Bordelon, Molly Boudreaux, John Bourg, Darrell Bozner, Diana Brailsford, Alyssa Brantley. Heather Brennan, Bonnie Briody, Ashleigh Brisco, Stephen Britsch, Ronald Brown, Ariel Brown, Christopher Brown, Kathleen Brown, Michael Brown, Olivia Buczak, David Buller, Ryan Bunch, Carla Burke, Brittaney

Burmaster, Maria Burris, Sarah

Caballes, Vida Calahan, Blaine Cao, Linda Carr, Ronald Carruth, Philip Carstensen, Marjorie Carstensen, Stephen Carter, Claudia Carter, Janet Cason, Michael Cassidy, Patty Cavallino, Claudia Cerniglia, George Chan, Ricci Clarv. Melanie Cobb, Caroline Cohil, Kirk Collado, Myrna Collins, Kevin Collins, Ron Connell, Brian Cordell, Kitrina Cossich, Dimetry Coulon, Jonathan Coutin, Gustavo Cowley, Stan, Jr.

Crapanzano, Elizabeth

Cuevas, Terrie

Cowley, Stan

Dager, Patricia Daigrepont, Jack Dang, Anh Tuyet Dassev. Lani Davis, Andrea Day, Rebecca DeCoursey, Brett DeGenova, David Delaune. Duane Delcambre, Doug Deniakos, Jacob Dewitt. Garv Dib, Rafik DiLeo, Vincent Dinh, Kim Doucet, Andrew Dragon, Michael DuBois, K Richard Dubroc. Bobbi

Dubroc, Glenn

Ducote, Colten Duke, Jason Dunaway, Lige Duos, Clay Duplantis, Benjamin

Ehrlich, Alex Everett, Jennifer

Feldman, Ellen Feldman, James Ferrage, Jordan Ferro, Joseph Fielding, Allen Figas, Tara Fong, Jennifer Foto, Randall Fowler, Melanie Francisco, Nathan Fugetta, Terry

Ganucheau, Byron Garrett, Marty

Gegenheimer, Stewart

George, Matt
George, Sarah
Giacona, Francis
Girod, Joshua
Glaser, Peter
Glazer, Dov
Goosman, Holly
Gregson, Jeffrey
Gristina, Crystal
Guerin, Eliot
Guerra, Gregory
Guidry, Patrick
Guidry, Suzan
Guy, Veronica
Gwinn, Ronda

Hadlock, William
Hakim, Rebecca
Halupa, Michael
Hannaman, Scott
Hansen, Carol
Hastings, Bobby
Haydel, Sarah
Hebert, Catherine
Hebert, Edward
Heft, Lisa
Heider, J

Hildebrandt, David Hildebrandt, Jeanne Himel, Van Ho, Alice Hodges, Emily Hoffritz, Michael Holloway, Mckenzie Hooper, Christopher Hoppe, Cary Horaist, Douglas House, Isaac House, Reuben Hovland, Eric Howell, Maria Hu. Steve Hudson, Charles Hudson, Jack Hughes, Debra Huynh, Lee Hvmel. Erin

Jastrzembski, Ron Jones, Deidra Jones, Preston Jones, Sherri Jordan, Kay Jordan, Luke Joseph, Bethany Joubert, Dustin

Kapusta, Rubia Kessler, Melvin Kever, Garrett

Kewalramani, Vandana King, Elise

King, Elise Kittredge, Robert Kollenborn, Grant Kumar, Jonni Kyler, Keith

LaBry, Jacque Landry, Trisha Latiolais, Steven Le. Andv

Le, Oanh Le, Pauline LeBon, Susan Leeson, Jeffry Lester, Daniel

Liberto, Betsy Wheat Liberto, Vincent Liles, III, AC Liuzza, Ronald Long, Diana Long, Therese Louviere, Gale Lynn, Leneise

Macias, Roger Madere. Brett Maldonado, Hector Manzoni, Elizabeth March, Mary Martello, Francis Martin, Dennis Martin, Jerry Martin, Justin Martin, Rise Masters, Antonette Masters, Lisa Mathurin, William Matute, Belkins Mavne. Melissa McCabe, Charles McDaniels, Kayla McGann, Gregory McVea. Conrad Medina, Marissa Megison, Andrew Miller, Collin Miniotis, Nicholas Miranda, Anthony Moeller, Laurie Monaghan, Shanon Mooney, Timothy Moser, Kay Moss, Samuel Murray, Eva Myers, Leslie

Newton, Pam Ngo, Lihn Nguyen, Angela Nguyen, Hang Nguyen, Michele Nguyen, Quyen Nguyen, Thien Nguyen, Vinh Nguyen, Vy

O'Brien, Jake Olesky, Cathleen Olinde, Nichole Ordona, Mario Ordona, Natividad O'Rourke-Allen, Sancerie Ortego, L Stephen

Oubre, Matthew

Owens, Reid Owens, Richard

Park, Jamie
Patel, Rita
Patel, Swati
Patton, Meredith
Paul, John
Peek, Derek
Perez, Libby
Peterson, Bethany
Pham, Binh
Portwood, John
Prato, Esperanza
Preau, Dennis
Preau, Rosana
Priestly, David
Puglisi, Tiffani

Querens, Frederic

Ragadio, Delia Raley, Jill Rappold, Kristopher Ray, Sandra Reaves, Josh

Reaves, Josh Reid, Caitlin Richard, Gizelle Richardson, Dionne Richarme, Megan Riles, Ann Rixse, Robynn Robertson, Andrew Robichaux, Jacob Rodrigue, Douglas

Rodrigue, Douglas Roshto, John Ryland, Cote

Sabey, Kent Sage, Joseph Salvaggio, Garry Sammons, Thomas Sandifer, Amanda Savoy, Christopher Scheib, Danielle Schmidt, Brant Schmidt, William Schott, Kenneth Schwadron, Howard

Scott, L King Sears, Elyse Seiter, Jacob Seither, Mary Serrano, Angie Shaffer, Marybeth Shaw, Pamela Shepherd, Boyd Simone, Joseph Singh, Angelica Smith, Holly Soileau, Kristi Soileau, Traci Sribney, Audrey Sribney, Emil Stacey, Michael Stafford, James Starks. Rebecca Stevens, Diamond Swigart, Kelda

Tanase, Vanessa Tate, Tim Tatum, Virginia Taylor, Karen Tecson, Nina Terrebonne, James Thiaville, Angela Tingstrom, Jessica Tom, Franson Tom, Melissa Tom, Sammy Toso, Donald Townsend, Janice Tran, Duyen-Anh Troendle, Karen Truxillo, Jill

Talbert. Christina

Unland, Raymond Ust. Bonnie

Van Sicklen, Andrew

Van, Toan

Velasco, Francesca Villanueva, Marlene

Vu, Kevin Vu, Stephanie

Wands, Lisette Ward, John Webster, Mary Wheatley, Margaret White, Ashley White, Charles Wilkinson, Melissa Williams, Gerald

388 2013 DIRECTORY

Williams, LaNeidra Wilson, Martha Wischoff, David Wooden, Carol Woods, Tosha Wright, Chris Wu, Janet Wylie, Heidi

Zeairs, Denise

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

| | | Corresponding | Recording | Date of | Place of |
|---------|------------------|-----------------|---------------|---------|---------------------------|
| Term | President | Secretary | Secretary | Meeting | Meeting |
| 1860-61 | W. H. Atkinson | W. M. Rogers | J. Taft | Ü | 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

| | | Corresponding | Recording | Date of | Place of |
|-----------|-------------------|----------------|---------------|---------|---------------------------|
| Term | President | Secretary | Secretary | Meeting | Meeting |
| 1897–98 | Thomas Fillebrown | E. E. Chase | G. H. Cushing | 1898 | Omaha |
| 1898–99 | H. J. Burkhart | E. E. Chase | G. H. Cushing | 1899 | Niagara Falls |
| 1899-1900 | B. Holly Smith | E. E. Chase | G. H. Cushing | 1900 | Old Point Comfort, VA |
| 1900-01 | G. V. Black | M. E. Gallup | G. H. Cushing | 1901 | Milwaukee |
| 1901–02 | J. A. Libbey | J. D. Pfeiffer | G. H. Cushing | 1902 | Niagara Falls |
| 1902-03 | L. G. Noel | W. D. Tracy | A. H. Peck | 1903 | Asheville, NC |
| 1903-04 | C. G. Chittenden | C. S. Butler | A. H. Peck | 1904 | St. Louis (Business only) |
| 1904–05 | W. E. Boardman | C. S. Butler | A. H. Peck | 1905 | Buffalo |
| 1905–06 | M. F. Finley | C. S. Butler | A. H. Peck | 1906 | Atlanta |
| 1906–07 | A. H. Peck | B. L. Thorpe | C. S. Butler | 1907 | Minneapolis |
| 1907–08 | William Carr | B. L. Thorpe | C. S. Butler | 1908 | Boston |
| 1908–09 | V. E. Turner | H. C. Brown | C. S. Butler | 1909 | Birmingham |
| 1909-10 | B. L. Thorpe | H. C. Brown | C. S. Butler | 1910 | Denver |
| 1910–11 | E. S. Gaylord | C. W. Rodgers | H. C. Brown | 1911 | Cleveland |
| 1911–12 | A. R. Melendy | C. W. Rodgers | H. C. Brown | 1912 | Washington, DC |
| 1912–13 | F. O. Hetrick | C. W. Rodgers | H. C. Brown | 1913 | Kansas City, MO |

Reorganized July 10, 1913

| | | General | | Date of | Place of |
|---------|----------------|--------------|----------------|---------|-----------------------------|
| Term | President | Secretary | Treasurer | Meeting | Meeting |
| 1913–14 | H. C. Brown | Otto U. King | H. B. McFadden | 1914 | Rochester, NY |
| 1914–15 | D. M. Gallie | Otto U. King | A. R. Melendy | 1915 | San Francisco (H of D only) |
| 1915–16 | T. P. Hinman | Otto U. King | A. R. Melendy | 1916 | Louisville |
| 1916–17 | L. L. Barber | Otto U. King | A. R. Melendy | 1917 | New York |
| 1917–18 | W. H. G. Logan | Otto U. King | A. R. Melendy | 1918 | Chicago |
| 1918–19 | C. V. Vignes | Otto U. King | A. R. Melendy | 1919 | New Orleans |
| 1919–20 | J. V. Conzett | Otto U. King | A. R. Melendy | 1920 | Boston |
| 1920–21 | H. E. Friesell | Otto U. King | A. R. Melendy | 1921 | Milwaukee |

American Dental Association

| Term | President | Secretary | Treasurer | Date of Meeting | Place of Meeting |
|---------|--------------------|--------------|---------------|--------------------|---------------------|
| 1921–22 | T. B. Hartzell | Otto U. King | A. R. Melendy | 1922 | Los Angeles |
| 1922–23 | J. P. Buckley | Otto U. King | A. R. Melendy | 1923 | Cleveland |
| 1923–24 | W. A. Giffen | Otto U. King | A. R. Melendy | 1924 | Dallas |
| 1924-25 | C. N. Johnson | Otto U. King | A. R. Melendy | 1925 | Louisville |
| 1925-26 | Sheppard W. Foster | Otto U. King | A. R. Melendy | 1926 | Philadelphia |
| 1926-27 | Henry L. Banzhaf | Otto U. King | A. R. Melendy | 1927 | Detroit |
| 1927–28 | R. H. Volland | H. B. Pinney | A. R. Melendy | 1928 | Minneapolis |
| 1928-29 | Percy R. Howe | H. B. Pinney | R. H. Volland | 1929 | Washington, DC |
| 1929-30 | R. Boyd Bogle | H. B. Pinney | R. H. Volland | 1930 | Denver |
| 1930-31 | Robert T. Oliver | H. B. Pinney | R. H. Volland | 1931 | Memphis |
| 1931–32 | Martin Dewey | H. B. Pinney | R. H. Volland | 1932 | Buffalo |
| 1932-33 | G. Walter Dittmar | H. B. Pinney | R. H. Volland | 1933 | Chicago |
| 1933-34 | Arthur C. Wherry | H. B. Pinney | R. H. Volland | 1934 | St. Paul |
| 1934-35 | Frank M. Casto | H. B. Pinney | R. H. Volland | 1935 | New Orleans |
| 1935–36 | George B. Winter | H. B. Pinney | R. H. Volland | 1936 | San Francisco |

| | | | | Data of | Diagonaf |
|---------|----------------------|----------------|-------------------|--------------------|--------------------------|
| Term | President | Secretary | Treasurer | Date of Meeting | Place of Meeting |
| 1936–37 | Leroy M.S. Miner | H. B. Pinney | R. H. Volland | 1937 | Atlantic City |
| 1937–38 | C. Willard Camalier | H. B. Pinney | R. H. Volland | 1938 | St. Louis |
| 1938–39 | Marcus L. Ward | H. B. Pinney | R. H. Volland | 1939 | Milwaukee |
| 1939-40 | Arthur H. Merritt | H. B. Pinney | R. H. Volland | 1940 | Cleveland |
| 1940-41 | Wilfred R. Robinson | H. B. Pinney | R. H. Volland | 1941 | Houston |
| 1941-42 | Oren A. Oliver | H. B. Pinney | R. H. Volland | 1942 | St. Louis (H of D only) |
| 1942-43 | J. Ben Robinson | H. B. Pinney | R. H. Volland | 1943 | Cincinnati (H of D only) |
| 1943-44 | C. Raymond Wells | H. B. Pinney | R. H. Volland | 1944 | Chicago (H of D only) |
| 1944–45 | Walter H. Scherer | H. B. Pinney | R. H. Volland | | No meeting |
| 1945-46 | Walter H. Scherer | H. B. Pinney | R. H. Volland | 1946 | Miami (H of D only) |
| 1946-47 | Sterling V. Mead | H. Hillenbrand | R. H. Volland | 1947 | Boston |
| 1947–48 | H. B. Washburn | H. Hillenbrand | R. H. Volland | 1948 | Chicago |
| 1948–49 | C. F. Minges | H. Hillenbrand | H. B. Washburn | 1949 | San Francisco |
| 1949–50 | Philip E. Adams | H. Hillenbrand | H. B. Washburn | 1950 | Atlantic City |
| 1950–51 | Harold W. Oppice | H. Hillenbrand | H. B. Washburn | 1951 | Washington, DC |
| 1951–52 | LeRoy M. Ennis | H. Hillenbrand | H. B. Washburn | 1952 | St. Louis |
| 1952–53 | Otto W. Brandhorst | H. Hillenbrand | H. B. Washburn | 1953 | Cleveland |
| 1953–54 | Leslie M. Fitzgerald | H. Hillenbrand | H. B. Washburn | 1954 | Miami |
| 1954–55 | Daniel F. Lynch | H. Hillenbrand | H. B. Washburn | 1955 | San Francisco |
| 1955–56 | Bernerd C. Kingsbury | H. Hillenbrand | H. B. Washburn | 1956 | Atlantic City |
| 1955–50 | Harry Lyons | H. Hillenbrand | H. B. Washburn | 1957 | Miami-Miami Beach |
| | William R. Alstadt | H. Hillenbrand | H. B. Washburn | 1957 | Dallas |
| 1957–58 | | | | 1956 | |
| 1958–59 | Percy T. Phillips | H. Hillenbrand | H. B. Washburn | | New York |
| 1959–60 | Paul H. Jeserich | H. Hillenbrand | H. B. Washburn | 1960 | Los Angeles |
| 1960–61 | Charles H. Patton | H. Hillenbrand | H. B. Washburn | 1961 | Philadelphia |
| 1961–62 | John R. Abel | H. Hillenbrand | P. H. Jeserich | 1962 | Miami Beach |
| 1962–63 | Gerald D. Timmons | H. Hillenbrand | P. H. Jeserich | 1963 | Atlantic City |
| 1963–64 | James P. Hollers | H. Hillenbrand | P. H. Jeserich | 1964 | San Francisco |
| 1964–65 | Fritz A. Pierson | H. Hillenbrand | E. Jeff Justis | 1965 | Las Vegas |
| 1965–66 | Maynard K. Hine | H. Hillenbrand | E. Jeff Justis | 1966 | Dallas |
| 1966–67 | William A. Garrett | H. Hillenbrand | E. Jeff Justis | 1967 | Washington, DC |
| 1967–68 | F. Darl Ostrander | H. Hillenbrand | R. K. Trueblood | 1968 | Miami Beach |
| 1968–69 | Hubert A. McGuirl | H. Hillenbrand | R. K. Trueblood | 1969 | New York |
| 1969–70 | Harry M. Klenda | C. G. Watson | R. K. Trueblood | 1970 | Las Vegas |
| 1970–71 | John M. Deines | C. G. Watson | H. S. Eberhardt | 1971 | Atlantic City |
| 1971–72 | Carl A. Laughlin | C. G. Watson | H. S. Eberhardt | 1972 | San Francisco |
| 1972–73 | Louis A. Saporito | C. G. Watson | H. S. Eberhardt | 1973 | Houston |
| 1973–74 | Carlton H. Williams | C. G. Watson | J. W. Etherington | 1974 | Washington, DC |
| 1974–75 | L. M. Kennedy | C. G. Watson | J. W. Etherington | 1975 | Chicago |
| 1975–76 | Robert B. Shira | C. G. Watson | J. W. Etherington | 1976 | Las Vegas |
| 1976–77 | Frank F. Shuler | C. G. Watson | J. H. Pfister | 1977 | Miami Beach |
| 1977–78 | Frank P. Bowyer | C. G. Watson | I. L. Kerr | 1978 | Anaheim |
| 1978–79 | Joseph P. Cappuccio | J. M. Coady | J. J. Houlihan | 1979 | Dallas |
| 1979–80 | I. Lawrence Kerr | J. M. Coady | R. H. Griffiths | 1980 | New Orleans |
| 1980–81 | John J. Houlihan | J. M. Coady | R. B. Dixon | 1981 | Kansas City, MO |
| 1981–82 | Robert H. Griffiths | J. M. Coady | D. E. Bentley | 1982 | Las Vegas |
| 1982-83 | Burton H. Press | J. M. Coady | J. L. Bomba | 1983 | Anaheim |
| 1983-84 | Donald E. Bentley | J. M. Coady | A. L. Ryan | 1984 | Atlanta |
| 1984–85 | John L. Bomba | J. M. Coady | A. Kobren | 1985 | San Francisco |
| 1985–86 | Abraham Kobren | T. J. Ginley | J. A. Devine | 1986 | Miami Beach |
| 1986–87 | Joseph A. Devine | T. J. Ginley | J. A. Saddoris | 1987 | Las Vegas |
| 1987–88 | James A. Saddoris | T. J. Ginley | A. A. Dugoni | 1988 | Washington, DC |
| | | | | | |

| | | | | Date of | Place of |
|-----------|----------------------|------------------|-----------------|---------|-----------------|
| Term | President | Secretary | Treasurer | Meeting | Meeting |
| 1988–89 | Arthur A. Dugoni | T. J. Ginley | R. M. Overbey | 1989 | Honolulu |
| 1989–90 | R. Malcolm Overbey | T. J. Ginley | E. J. Truono | 1990 | Boston |
| 1990–91 | Eugene J. Truono | T. J. Ginley | G. T. Morrow | 1991 | Seattle |
| 1991–92 | Geraldine T. Morrow | W. E. Allen | J. H. Harris | 1992 | Orlando |
| 1992–93 | Jack H. Harris | J. S. Zapp | J. F. Mercer | 1993 | San Francisco |
| 1993–94 | James H. Gaines | J. S. Zapp | J. F. Mercer | 1994 | New Orleans |
| 1994–95 | Richard D'Eustachio | J. S. Zapp | J. F. Mercer | 1995 | Las Vegas |
| 1995–96 | William S. Ten Pas | J. S. Zapp | J. F. Mercer | 1996 | Orlando |
| 1996–97 | Gary Rainwater | J. S. Zapp | R. M. Rosas | 1997 | Washington, DC |
| 1997–98 | David A. Whiston | J. S. Zapp | R. M. Rosas | 1998 | San Francisco |
| 1998–99 | S. Timothy Rose | J. S. Zapp | R. M. Rosas | 1999 | Honolulu |
| 1999–2000 | Richard F. Mascola | J. S. Zapp | R. M. Rosas | 2000 | Chicago |
| 2000–01 | Robert M. Anderton | J. B. Bramson | M. J. Feldman | 2001 | Kansas City, MO |
| 2001–02 | D. Gregory Chadwick | J. B. Bramson | M. J. Feldman | 2002 | New Orleans |
| 2002–03 | T. Howard Jones | J. B. Bramson | M. J. Feldman | 2003 | San Francisco |
| 2003–04 | Eugene Sekiguchi | J. B. Bramson | M. J. Feldman | 2004 | Orlando |
| 2004–05 | Richard Haught | J. B. Bramson | M. J. Feldman | 2005 | Philadelphia |
| 2005–06 | Robert M. Brandjord | J. B. Bramson | M. J. Feldman | 2006 | Las Vegas |
| 2006–07 | Kathleen Roth | J. B. Bramson | Edward Leone | 2007 | San Francisco |
| 2007–08 | Mark J. Feldman | | Edward Leone | 2008 | San Antonio |
| 2008–09 | John S. Findley | K. T. O'Loughlin | Edward Leone | 2009 | Honolulu |
| 2009–10 | Ronald L. Tankersley | K. T. O'Loughlin | Edward Leone | 2010 | Orlando |
| 2010–11 | Raymond F. Gist | K. T. O'Loughlin | Edward Leone | 2011 | Las Vegas |
| 2011–12 | William R. Calnon | K. T. O'Loughlin | Edward Leone | 2012 | San Francisco |
| 2012–13 | Robert A. Faiella | K. T. O'Loughlin | Ronald P. Lemmo | 2013 | New Orleans |

Living Former Presidents, American Dental Association

| Term | President | Term | President |
|-----------|------------------------|-----------|----------------------|
| 1976–1977 | Frank F. Shuler | 2000-2001 | Robert M. Anderton |
| 1982-1983 | Burton H. Press | 2001-2002 | D. Gregory Chadwick |
| 1986-1987 | Joseph A. Devine | 2002-2003 | T. Howard Jones |
| 1988-1989 | Arthur A. Dugoni | 2003-2004 | Eugene Sekiguchi |
| 1991-1992 | Geraldine T. Morrow | 2004-2005 | Richard Haught |
| 1992-1993 | Jack H. Harris | 2005-2006 | Robert M. Brandjord |
| 1993-1994 | James H. Gaines | 2006-2007 | Kathleen Roth |
| 1994-1995 | Richard W. D'Eustachio | 2007-2008 | Mark J. Feldman |
| 1995-1996 | William S. Ten Pas | 2008-2009 | John S. Findley |
| 1996-1997 | Gary Rainwater | 2009-2010 | Ronald L. Tankersley |
| 1997-1998 | David A. Whiston | 2010-2011 | Raymond F. Gist |
| 1998-1999 | S. Timothy Rose | 2011–2012 | William R. Calnon |
| | | 2012-2013 | Robert A. Faiella |

2013 House of Delegates Attendance Record

| | | | | Meeting | | | |
|-------------|----------------------------|-------------------|------------|---------|---|---|---|
| Constituent | Name | City | Registered | 1 | 2 | 3 | 4 |
| Air Force | | | | | | | |
| Delegates 2 | Dr. David A. Stanczyk | Centreville, VA | • | • | • | • | • |
| J | Dr. Michael N. Wajdowicz | Ocean Springs, MS | | | | | |
| Alternates | Dr. Jeffery A. Casey | San Antonio, TX | | | | | |
| | Dr. Amar Kosaraju | Arlington, VA | • | | • | + | + |
| Alabama | | | | | | | |
| Delegates 5 | Dr. Deborah S. Bishop | Huntsville | • | | • | • | • |
| | Dr. Larry F. Browder | Montgomery | • | • | • | • | • |
| | Dr. William L. Ingram | Huntsville | • | • | • | • | • |
| | Dr. G. Lewis Mitchell, Jr. | Gadsden | • | • | • | • | • |
| | Dr. Alvin W. Stevens, Jr. | Birmingham | • | • | • | • | • |
| Alternates | Dr. Michael Edwards | Wedowee | • | | | | |
| | Dr. Howard R. Gamble | Sheffield | • | | | | |
| | Dr. Leigh W. Kent | Birmingham | • | | | | |
| | Dr. Daniel M. Pittman, III | Dothan | • | | | | |
| | Dr. Art Steineker | Montgomery | • | | | | |
| Alaska | | | | | | | |
| Delegates 2 | Dr. David Eichler | North Pole | • | • | • | • | • |
| | Dr. Jonathan P. Woller | Fairbanks | • | • | • | • | • |
| Alternates | Dr. Heather A. Willis | Fairbanks | • | | | | |
| | dent Dental Association | | | | | | |
| Delegates 5 | Elizabeth T. Kalliath | Birmingham, AL | • | • | • | • | • |
| | James Kolstad | Milwaukee, WI | • | • | • | • | • |
| | Daryn L. Lu | Edmond, OK | • | • | • | • | • |
| | Martin J. Smallidge | Pittsburgh, PA | • | • | • | • | • |
| | Joseph S. Whitney | Farmington, CT | • | • | • | • | • |
| Alternates | Jenna L. Hatfield-Waite | Lincoln, NE | • | | | | |
| | Gabriel B. Holdwick | Harbor Beach, MI | • | | | | |
| | Kristopher Mendoza | Los Angeles, CA | • | | | | |
| | Christian R. Ortiz | Nashville, TN | • | | | | |
| | Tyler J. Rumple | Seattle, WA | • | | | | |
| Arizona | | | | | | | _ |
| Delegates 7 | Dr. Regina E. Cobb | Kingman | • | • | • | • | • |
| | Dr. Allison B. House | Phoenix | • | • | • | • | • |
| | Dr. Mark B. Hughes | Glendale | • | • | • | • | • |
| | Dr. Daniel J. Klemmedson | Tucson | • | • | • | • | • |
| | Dr. Fred Olsen, III | Phoenix | • | • | • | • | • |
| | Dr. Gregory M. Pafford | Phoenix | • | • | • | • | • |
| | Dr. Bryan J. Shanahan | Flagstaff | • | • | • | • | |

| | | | | Meeting | | | |
|--------------|------------------------------|---------------------|------------|---------|---|---|---|
| Constituent | Name | City | Registered | 1 | 2 | 3 | 4 |
| Alternates | Dr. Anthony C. Caputo | Tucson | • | | | | |
| | Dr. William J. Hooker | Flagstaff | • | | | | |
| | Dr. Gary O. Jones | Mesa | • | | | | |
| | Dr. Lisa A. Lear | Tucson | • | | | | |
| | Dr. Kirk J. Robertson | Flagstaff | • | | | | |
| | Dr. Randolph A. Snyder | Yuma | • | | | | |
| | Dr. Michael R. Thompson | Scottsdale | • | | | | |
| Arkansas | | | | | | | |
| Delegates 4 | Dr. David J. Bell | Arkadelphia | • | • | • | • | • |
| | Dr. Robert A. Mason | Fort Smith | • | • | • | • | • |
| | Dr. Robert L. Skinner | Fort Smith | • | • | • | • | • |
| | Dr. H. Warren Whitis | Osceola | • | • | • | • | • |
| Alternates | Dr. Timothy D. Chase | Monticello | • | | | | |
| | Dr. Terry L. Fiddler | Conway | | | | | |
| | Dr. Marc Muncy | Clarksville | • | | | | |
| | Dr. Drew W. Toole | Pine Bluff | • | | | | |
| Army | | | | | | | |
| Delegates 2 | Dr. Dianne D. Pannes | Richmond Hill, GA | • | • | • | • | • |
| | Dr. M. Ted Wong | Lorton, VA | • | + | | | |
| Alternates | Dr. Donn A. Grimes | Fairfax Station, VA | • | + | • | • | • |
| | Dr. Craig G. Patterson | Apo, AE | | | | | |
| California | | | | | | | |
| Delegates 67 | Dr. Philip J. Abeldt | Folsom | • | • | • | • | • |
| | Dr. Cynthia Brattesani | San Francisco | • | • | • | • | • |
| | Dr. Ralph D. Brunner | Ventura | • | • | • | • | • |
| | Dr. Xerxez M. Calilung | Irvine | • | • | • | • | • |
| | Dr. Matthew J. Campbell, Jr. | Sacramento | • | • | • | • | • |
| | Dr. Kerry K. Carney | Benicia | • | • | • | • | • |
| | Dr. D. Douglas Cassat | San Diego | • | • | • | • | • |
| | Dr. Alma J. Clark | Hayward | • | • | • | • | • |
| | Dr. Jean L. Creasey | Nevada City | • | • | • | • | • |
| | Dr. Robert C. Daby | Sacramento | • | • | • | • | • |
| | Dr. Daniel G. Davidson | San Francisco | • | • | • | • | • |
| | Dr. Dennis C. De Tomasi | Sutter | • | • | • | • | • |
| | Dr. Elizabeth A. Demichelis | Modesto | • | • | • | • | • |
| | Dr. Gary L. Dougan | Long Beach | • | • | • | • | • |
| | Dr. Clelan G. Ehrler | Redlands | • | • | • | • | • |
| | Dr. Alan L. Felsenfeld | Los Angeles | • | • | • | • | • |
| | Dr. Debra S. Finney | Folsom | • | • | • | • | • |
| | Dr. Robert A. Gandola | San Diego | • | • | • | • | • |
| | Dr. Ernest L. Garcia | Marysville | • | • | • | • | • |
| | Dr. Gary L. Glasband | Long Beach | • | • | • | • | • |

Meeting

| Constituent Name | | | wieeung | | | | |
|------------------|--|----------------------------|------------|---|---|---|---|
| | Name | Name City | Registered | 1 | 2 | 3 | 4 |
| | Dr. Douglas J. Gordon | El Sobrante | • | • | • | • | • |
| | Dr. Robert J. Hanlon, Jr. | Escondido | • | • | • | • | • |
| | Dr. Henrik Hansen | Fairfield | • | • | • | • | • |
| | Dr. Kenneth T. Harrison | Moreno Valley | • | • | • | • | • |
| | Dr. Gary N. Herman | Valley Village | • | • | • | • | • |
| | Dr. Virginia A. Hughson-Otte | Valencia | • | • | • | • | • |
| | Dr. Karin Irani | Beverly Hills | • | • | • | • | • |
| | Dr. Richard T. Kao | Cupertino | • | • | • | • | • |
| | Dr. Kevin M. Keating | Sacramento | • | • | • | • | • |
| | Dr. Steven J. Kend | Torrance | • | • | • | • | • |
| | Dr. Natasha A. Lee | San Francisco | • | • | • | • | • |
| | Dr. Thomas E. Lenhart, II | Clayton | • | • | • | • | • |
| | Dr. Robert D. Lynds | Paso Robles | • | • | • | • | • |
| | Dr. George A. Maranon | Encino | • | • | • | • | • |
| | Dr. William L. Marble | Woodland | • | • | • | • | • |
| | Dr. Carliza A. Marcos | San Mateo | • | • | • | • | • |
| | Dr. Nicholas C. Marongiu | La Jolla | • | • | • | • | • |
| | Dr. Carol McCutcheon | Campbell | • | • | • | • | • |
| | Dr. Gerald M. Middleton | Riverside | • | • | • | • | • |
| | Dr. Nader A. Nadershahi | San Anselmo | • | • | • | • | • |
| | Dr. M. Sadegh Namazikhah | Encino | • | • | • | • | • |
| | Dr. Ned L. Nix | San Jose | • | • | • | • | • |
| | Dr. William C. Noblett | Berkeley | • | • | • | • | • |
| | | · | • | • | • | • | • |
| | Dr. Sanjay Patel Dr. Lindsey A. Robinson | Bay Point Grass Valley | • | • | • | • | • |
| | | Elk Grove | | • | • | | |
| | Dr. Christy K. Rollofson Dr. Donald P. Rollofson | Elk Grove | | • | • | | • |
| | Dr. Ruchi K. Sahota | | | | | | • |
| | | Fremont San Luis Obispo | | | | | |
| | Dr. Lynn Sayre-Carstairs | | | | | | |
| | Dr. Janice G. Scott | Stockton | | | | | |
| | Dr. Charlotte L. Senseny | Torrance | | | | | |
| | Dr. Brian K. Shue Dr. Roger B. Simonian | Brawley | | | | | |
| | • | Fresno | | | | | |
| | Dr. Andrew P. Soderstrom | Modesto | | | | | |
| | Dr. Alan R. Stein | Northridge | | | | | |
| | Dr. James Stephens | Palo Alto | • | | | | |
| | Dr. Scott Szotko | Roseville | • | • | • | • | _ |
| | Dr. Ariane R. Terlet | Berkeley | • | • | • | • | _ |
| | Dr. Sharine V. Thenard | Alameda | • | • | • | • | _ |
| | Dr. Judee Tippett-Whyte | Stockton | • | | • | • | • |
| | Dr. Bruce G. Toy | Stockton | • | _ | • | • | • |
| | Dr. Kenneth G. Wallis | Santa Clara | • | • | • | • | • |
| | Dr. Walter G. Weber | Campbell | • | • | • | • | • |

Name

| | De Dahas A Mills | Davidson Over 1 | • | _ | _ | | _ |
|-------------|-------------------------------|------------------|---|---|---|---|---|
| | Dr. Debra A. Woo | Boulder Creek | • | • | • | • | _ |
| | Dr. James D. Wood, Jr. | Cloverdale | • | • | • | • | |
| | Dr. Rex R. Yanase | Torrance | • | • | • | • | • |
| | Dr. Craig S. Yarborough | Greenbrae | • | • | • | • | • |
| Alternates | Dr. Myron J. Bromberg | Reseda | | | | | |
| | Dr. Steven L. Cohen | San Jose | | | | | |
| | Dr. Naomi L. Ellison | Los Angeles | | | | | |
| | Dr. Paula G. Elmi | Hacienda Heights | | | | | |
| | Dr. Devang M. Gandhi | Los Angeles | | | | | |
| | Dr. Edward T. Graham | Stockton | | | | | |
| | Dr. Julie L. Greenlaw-O'Toole | Walnut Creek | | | | | |
| | Dr. LaJuan Hall | Brentwood | • | | | | |
| | Dr. Victor L. Hawkins | Carmichael | • | | | | |
| | Dr. Jeffrey T. Jones | Villa Park | • | | | | |
| | Dr. Arlene Lee | Los Angeles | • | | | | |
| | Dr. Jeffrey D. Lloyd | Alta Loma | • | | | | |
| | Dr. Stephen M. Lojeski | Arcadia | | | | | |
| | Dr. Robert D. Lynds | Paso Robles | • | | | | |
| | Dr. Geralyn M. Menold | Hollister | • | | | | |
| | Dr. Richard J. Nagy | Santa Barbara | • | | | | |
| | Dr. Al Ochoa | Loma Linda | | | | | |
| | Dr. Melanie Parker | San Diego | | | | | |
| | Dr. W. Thomas Pelton | Yuba City | | | | | |
| | Dr. John M. Pisacane | San Jose | • | | | | |
| | Dr. Robert E. Reed | Bakersfield | • | | | | |
| | Dr. Joseph P. Sciarra | Woodland Hills | | | | | |
| | Dr. Robert D. Stevenson | Pomona | | | | | |
| | Dr. George J. Stratigopoulos | San Diego | | | | | |
| | Dr. Janice M. Sugiyama | Carpinteria | • | | | | |
| | Dr. Alice Tai | San Ramon | | | | | |
| | Dr. Mark I. Taira | Los Angeles | • | | | | |
| | Dr. Elizabeth A. Van Tassell | Petaluma | | | | | |
| | Dr. Narendra G. Vyas | Fontana | | | | | |
| | 21. Marchara C. Vyac | romana | | | | | |
| Colorado | | | | | | | |
| Delegates 8 | Dr. Karen D. Foster | Aurora | • | • | • | • | • |
| | Dr. Jeffery M. Hurst | Lakewood | • | • | • | • | • |
| | Dr. Brett H. Kessler | Denver | • | • | • | • | • |
| | Dr. Carol M. Morrow | Walsh | • | • | • | • | • |
| | Dr. Rhett L. Murray | Aurora | • | • | • | • | • |
| | Dr. Kevin D. Sessa | Boulder | • | • | • | • | • |
| | Dr. James C. Setterberg | Glenwood Springs | • | • | • | • | • |
| | Dr. Calvin D. Utke | Colorado Springs | • | • | • | • | • |
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City

Registered

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| Constituent | Name | City | Registered | 1 | 2 | 3 | 4 |
| Alternates | Dr. Gary L. Field | Colorado Springs | • | | | | |
| | Dr. Paul L. Glick | Littleton | • | | | | |
| | Dr. Jeffrey Kahl | Colorado Springs | | | | | |
| | Dr. Kenneth S. Peters | Highlands Ranch | | | | | |
| | Dr. Jeanne M. Salcetti | Colorado Springs | | | | | |
| | Dr. Jeane L. Schoemaker | Fort Morgan | • | | | | |
| | Dr. Carrie Seabury | Thornton | | | | | |
| | Dr. Michael R. Varley | Highlands Ranch | | | | | |
| Connecticut | | | | | | | |
| Delegates 7 | Dr. Tatiana Barton | Stamford | • | • | • | • | • |
| | Dr. Jeffrey S. Berkley | West Haven | • | • | • | • | • |
| | Dr. Mark B. Desrosiers | Pomfret Center | • | • | • | • | • |
| | Dr. John J. Hillgen | Waterbury | • | • | • | • | • |
| | Dr. Allen Hindin | Danbury | • | • | • | • | • |
| | Dr. Carolyn Malon | Farmington | • | • | • | • | • |
| | Dr. John J. Mooney | Putnam | • | • | • | • | • |
| Alternates | Dr. Thomas V. Brady | Westbrook | • | | | | |
| | Dr. Bethaney B. Brenner | Burlington | • | | | | |
| | Dr. Gary K. Dubin | Guilford | • | | | | |
| | Dr. Jonathan B. Knapp | Bethel | • | | | | |
| | Dr. Jonathan E. Mason | Bloomfield | • | | | | |
| | Dr. William C. Nash | Fairfield | • | | | | |
| | Dr. Bruce Tandy | Vernon Rockville | • | | | | |
| Delaware | | | | | | | |
| Delegates 2 | Dr. Charles D. Calhoon | Wilmington | • | • | • | • | • |
| | Dr. Jeffrey M. Cole | Wilmington | • | • | • | • | • |
| Alternates | Dr. Paul R. Christian | Middletown | • | | | | |
| | Dr. Victor L. Gregory, Jr. | Wilmington | • | | | | |
| District of Colu | ımbia | | | | | | |
| Delegates 2 | Dr. Sally Cram | Washington | • | • | • | • | • |
| | Dr. Patrick M. Grogan | Washington | • | • | • | • | • |
| Alternates | Dr. Paula L. Russo | Washington | • | | | | |
| | Dr. Stephen P. Tigani | Washington | • | | | | |
| Florida | | | | | | | |
| Delegates 21 | Dr. Eva F. Ackley | New Port Richey | | | | | |
| | Dr. Nolan W. Allen | Clearwater | • | • | • | • | • |
| | Dr. James W. Antoon | Rockledge | • | • | • | • | • |
| | Dr. Gerald W. Bird | Cocoa | • | • | • | • | • |
| | Dr. Andrew Brown | Orange Park | • | • | • | • | • |
| | Dr. Bill D'Aiuto | Longwood | • | • | • | • | • |
| | Dr. Jeannette Pena Hall | Miami | • | • | • | • | • |
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| Constituent | Name | City | Registered | Meeting | | | |
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| | | | | 1 | 2 | 3 | 4 |
| | Dr. Charles W. Hoffman | Jupiter | • | • | • | • | • |
| | Dr. Richard A. Huot | Vero Beach | • | • | • | • | • |
| | Dr. Kim U. Jernigan | Pensacola | • | | • | • | • |
| | Dr. John R. Jordan, Jr. | West Palm Beach | • | • | • | • | • |
| | Dr. Zacharias J. Kalarickal | Wesley Chapel | • | • | • | • | • |
| | Dr. Rudolph T. Liddell, III | Brandon | • | • | • | • | • |
| | Dr. Bryan T. Marshall | Weeki Wachee | • | • | • | • | • |
| | Dr. Paul R. Miller | New Port Richey | • | • | • | • | • |
| | Dr. Ethan A. Pansick | Delray Beach | • | • | • | • | • |
| | Dr. Jolene O. Paramore | Panama City | • | • | • | • | • |
| | Dr. John H. Paul | Lakeland | • | • | • | • | • |
| | Dr. Henry F. Pruett, Jr. | Pensacola | • | • | • | • | • |
| | Dr. Cesar R. Sabates | Coral Gables | • | • | • | • | • |
| | Dr. Richard A. Stevenson | Jacksonville | • | • | • | • | • |
| Alternates | Dr. Jeremy M. Albert | New Port Richey | • | | | | |
| | Dr. Gary I. Altschuler | Gainesville | • | | | | |
| | Dr. Ralph C. Attanasi | Delray Beach | • | | • | • | |
| | Dr. David F. Boden | Port Saint Lucie | • | | | | |
| | Dr. Christopher Bulnes | Tampa | • | | | | |
| | Dr. Lee Cohen | Jupiter | | | | | |
| | Dr. Christopher Cowell | Deland | • | | | | |
| | Dr. Daniel J. Gesek, Jr. | Jacksonville | • | | | | |
| | Dr. Bertram J. Hughes | Gainesville | • | | | | |
| | Dr. Charles D. LLano | Lakeland | • | | | | |
| | Dr. Irene Marron-Tarrazzi | Miami | • | | | | |
| | Dr. Glen B. Mitchell | Boca Raton | | | | | |
| | Dr. Paul A. Palo | Winter Haven | | | | | |
| | Dr. Robert W. Payne | Marianna | • | | | | |
| | Dr. Rodrigo Romano | South Miami | • | | | | |
| | Dr. Erin A. Shiveler | Tallahassee | | | | | |
| | Dr. Beatriz Terry | Miami | • | | | | |
| | Dr. Suzanne Thiems-Heflin | Gainesville | | | | | |
| | Dr. Linda G. Trotter | Jacksonville Beach | | | | | |
| | Dr. Stephen J. Zuknick | Brandon | • | | | | |
| Seorgia | | | | | | | |
| Delegates 10 | Dr. Robert H. Carpenter, Jr. | Columbus | • | + | + | + | |
| | Dr. Edward J. Green | Albany | • | + | + | + | |
| | Dr. Chris M. Hasty | Tifton | • | + | + | + | |
| | Dr. Marshall H. Mann | Rome | • | + | + | + | |
| | Dr. Kara G. Moore | Gray | • | + | + | + | |
| | Dr. Donna Thomas Moses | Carrollton | • | • | | | |
| | Dr. Julie Ann Routhier | Savannah | • | + | + | + | |
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| Constituent | Name | City | Registered | Meeting | | | |
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| | | | | 1 | 2 | 3 | 4 |
| | Dr. Richard A. Weinman | Atlanta | • | + | + | + | + |
| | Dr. Carol M. Wolff | Atlanta | • | + | + | + | + |
| Alternates | Dr. Evis Babo | Atlanta | • | + | + | + | + |
| | Dr. John F. Bickford | Dallas | • | + | + | + | + |
| | Dr. Jonathan S. Dubin | Atlanta | • | + | + | + | + |
| | Dr. Greg G. Goggans | Douglas | • | + | + | + | + |
| | Dr. John F. Harrington, Jr. | Milledgeville | • | + | + | + | + |
| | Dr. Ben W. Jernigan, Jr. | Decatur | • | + | + | + | + |
| | Dr. Annette Rainge | Augusta | • | | • | • | • |
| | Dr. Robin S. Reich | Smyrna | • | + | + | + | + |
| | Dr. Douglas B. Torbush | Conyers | • | + | + | + | + |
| | Dr. Sidney R. Tourial | Sandy Springs | • | + | + | + | + |
| Hawaii | | | | | | | |
| Delegates 3 | Dr. Edmund A. Cassella | Honolulu | • | • | • | • | • |
| | Dr. Patsy K. Fujimoto | Hilo | • | • | • | • | • |
| | Dr. Neil C. Nunokawa | Wailuku | • | • | • | • | • |
| Alternates | Dr. Glenn M. Okihiro | Pearl City | • | | | | |
| | Dr. Curt S. Shimizu | Honolulu | • | | | | |
| | Dr. Darrell T. Teruya | Honolulu | • | | | | |
| Idaho | | | | | | | |
| Delegates 3 | Dr. Gregory J. Bengtson | Lewiston | • | • | • | • | • |
| | Dr. Jack D. Klure | Meridian | • | • | • | • | • |
| | Dr. John "Jack" Mooney | Pocatello | • | • | • | • | • |
| Alternates | Dr. Tracy C. Savage | Twin Falls | • | | | | |
| Illinois | | | _ | | _ | | _ |
| Delegates 20 | Dr. Bradley W. Barnes | Normal | • | • | • | • | |
| | Dr. Terry L. Barnfield | Salem | • | • | • | • | |
| | Dr. Darryll L. Beard | Waterloo | • | • | • | • | |
| | Dr. Robert N. Bitter | Glenview | • | • | • | • | |
| | Dr. Susan Bordenave Bishop | Peoria | • | | | • | |
| | Dr. Keith W. Dickey | Alton | • | | | | |
| | Dr. Susan Becker Doroshow | Skokie | • | | | | |
| | Dr. Michael G. Durbin | Des Plaines | • | | | | |
| | Dr. Mary J. Hayes | Chicago | • | | | | |
| | Dr. Richard S. Holba | Frankfort | • | | | • | |
| | Dr. Louis A. Imburgia | Park Ridge | • | - | _ | • | _ |
| | Dr. Paul F. Kattner | Waukegan | • | _ | | _ | _ |
| | Dr. Dennis E. Manning | Libertyville | • | _ | | • | _ |
| | Dr. Larry W. Osborne | Decatur | • | • | • | _ | |
| | Dr. Timmothy J. Schwartz | Pekin | • | • | _ | • | _ |
| | Dr. Edward H. Segal | Northbrook | • | • | • | • | _ |
| | Dr. Brian F. Soltys | Rockford | • | • | • | • | • |

| | Name | City | Registered | Meeting | | | | |
|-------------|----------------------------|---------------|------------|---------|---|---|---|--|
| Constituent | | | | 1 | 2 | 3 | 4 | |
| Iowa | | | | | | | | |
| Delegates 5 | Dr. Bruce R. Cochrane | Fort Dodge | • | • | • | • | • | |
| | Dr. Daniel G. Kegler | Independence | • | • | • | • | • | |
| | Dr. Thomas L. Ludwig | Harlan | • | • | • | • | • | |
| | Dr. Mary L. Mariani | Davenport | • | • | • | • | • | |
| | Dr. Valerie B. Peckosh | Dubuque | • | • | • | • | • | |
| Alternates | Dr. Michael S. Hipp | Des Moines | • | | | | | |
| | Dr. David C. Johnsen | Iowa City | • | | | | | |
| | Dr. James A. Larsen | Davenport | • | | | | | |
| Kansas | | | | | | | | |
| Delegates 4 | Dr. David L. Hamel | Marysville | • | • | • | • | • | |
| | Dr. Bert W. Oettmeier, Jr. | Leawood | • | • | • | • | • | |
| | Dr. Brett A. Roufs | Newton | • | • | • | • | • | |
| | Dr. Jason E. Wagle | Wichita | • | • | • | • | • | |
| Alternates | Dr. Hal E. Hale | Wichita | | | | | | |
| | Dr. Steven L. Hechler | Overland Park | | | | | | |
| | Dr. Craig W. Herre | Leawood | • | | | | | |
| | Dr. Cynthia E. Sherwood | Independence | | | | | | |
| Kentucky | | | | | | | | |
| Delegates 6 | Dr. O. Andy Elliott, II | Martin | • | • | • | • | • | |
| | Dr. J. D. Hill | Irvine | • | • | • | • | • | |
| | Dr. H. Fred Howard | Harlan | • | • | • | • | • | |
| | Dr. Mike Johnson | Owensboro | • | • | • | • | • | |
| | Dr. Beverly A. Largent | Paducah | • | • | • | • | • | |
| | Dr. William E. Lee | Lexington | • | • | • | • | • | |
| Alternates | Dr. Garth D. Bobrowski | Greensburg | | | | | | |
| | Dr. Barry D. Curry | Owensboro | • | | | | | |
| | Dr. William J. Moorhead | Flemingsburg | • | | | | | |
| | Dr. Dennis R. Price | Louisville | | | | | | |
| | Dr. W. K. Rich | Dry Ridge | • | | | | | |
| | Dr. Kevin S. Wall | Ft Wright | • | | | | | |
| Louisiana | | | | | | | | |
| Delegates 6 | Dr. Robert E. Barsley | Ponchatoula | • | • | • | • | • | |
| | Dr. Mark S. Chaney | New Orleans | • | • | • | • | • | |
| | Dr. Jeff Hooton | Monroe | • | • | • | • | • | |
| | Dr. Lance N. Savoie | Abbeville | • | • | • | • | • | |
| | Dr. Denis E. Simon, III | Baton Rouge | • | • | • | • | • | |
| | Dr. Curtis J. Zeringue | Mathews | • | • | • | • | • | |
| Alternates | Dr. Gary L. Caskey | Shreveport | • | | | | | |
| | Dr. Nelson P. Daly | Baton Rouge | • | | | | | |
| | Dr. Charles B. Foy, Jr. | Madisonville | • | | | | | |
| | Dr. L. Stephen Ortego | Ball | • | | | | | |

| | Name | City | Registered | Meeting | | | | |
|---------------|------------------------------|---------------|------------|---------|---|---|---|--|
| Constituent | | | | 1 | 2 | 3 | 4 | |
| | Dr. Kristi M. Soileau | New Orleans | • | | | | | |
| | Dr. Stephanie B. Weaver | Lake Charles | • | | | | | |
| Maine | | | | | | | | |
| Delegates 3 | Dr. R. Robert Berube | Augusta | • | • | • | • | • | |
| | Dr. Demitroula Kouzounas | Scarborough | • | • | • | • | • | |
| | Dr. Paul S. Zimmerman | Winthrop | • | • | • | • | • | |
| Alternates | Dr. Michelle L. Mazur-Kary | Auburn | • | | | | | |
| | Dr. Timothy W. Oh | Ellsworth | • | | | | | |
| | Dr. Jonathan D. Shenkin | Augusta | • | | | | | |
| Maryland | | | | | | | | |
| Delegates 7 | Dr. Thomas R. a'Becket | Laurel | • | | • | • | • | |
| | Dr. Wendy A. Brown | Columbia | • | • | • | • | • | |
| | Dr. Kevin R. Doring | Edgewater | • | | • | • | • | |
| | Dr. Richard M. Kelley | Frederick | • | • | | | | |
| | Dr. Marc G. Nuger | Glen Burnie | • | • | • | • | • | |
| | Dr. Robert J. Wilson, Jr. | Gaithersburg | • | • | • | • | • | |
| | Dr. Mary M. Ziomek | Rockville | • | • | • | • | • | |
| Alternates | Dr. Winifred J. Booker | Owings Mills | • | | | | | |
| | Dr. Ann E. Christopher | Baltimore | • | • | | | | |
| | Dr. Christopher G. Liang | Potomac | • | | | | | |
| | Dr. William F. Martin, III | Towson | | | | | | |
| | Dr. E. Duston Mersinger | Hampstead | | | | | | |
| | Dr. George R. Shepley | Baltimore | • | • | • | • | • | |
| | Dr. Craig E. Slotke | Baltimore | | | | | | |
| Massachusetts | | | | | | | | |
| Delegates 13 | Dr. Anthony N. Giamberardino | Medford | • | • | • | • | • | |
| | Dr. Peter Hjorth | Peabody | • | • | • | • | • | |
| | Dr. Michel A. Jusseaume | Westport | • | • | • | • | • | |
| | Dr. David Lustbader | Quincy | • | • | • | • | • | |
| | Dr. Richard D. Marchand | Yarmouth Port | • | • | • | • | • | |
| | Dr. Raymond K. Martin | Mansfield | • | • | • | • | • | |
| | Dr. Janis C. Moriarty | Malden | • | • | • | • | • | |
| | Dr. John C. Owen | Sherborn | • | • | • | • | • | |
| | Dr. Tofigh Raayai | Everett | • | • | • | • | • | |
| | Dr. Stephen J. Shea | Lancaster | • | • | • | • | • | |
| | Dr. Edward Swiderski | Uxbridge | • | • | • | • | • | |
| | Dr. Michael H. Wasserman | Pittsfield | • | • | • | • | • | |
| | Dr. Edward J. Welch | Northampton | • | • | • | • | • | |
| Alternates | Dr. Michael P. Arrigo | Revere | • | | | | | |
| | Dr. William R. Dennis | State College | • | | | | | |
| | Dr. John P. Fisher | Salem | • | | | | | |
| | Dr. Paula K. Friedman | Boston | • | | | | | |
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| | Name | City | Registered | Meeting | | | | |
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| Constituent | | | | 1 | 2 | 3 | 4 | |
| | Dr. Mary Jane Hanlon | Lexington | • | | | | | |
| | Dr. Philip B. Howells | Northborough | • | | | | | |
| | Dr. Thomas A. Trowbridge | Lowell | • | | | | | |
| | Dr. Jay Wise | Lee | • | | | | | |
| | Dr. Howard M. Zolot | North Andover | • | | | | | |
| Michigan | | | | | | | | |
| Delegates 17 | Dr. Mark T. Barsamian | Garden City | • | • | • | • | • | |
| | Dr. Charles K. Burling | Dowagiac | • | • | • | • | • | |
| | Dr. Curles C. Colbert, Jr. | Farmington Hills | • | • | • | • | • | |
| | Dr. Howard A. Hamerink | Plymouth | • | • | • | • | • | |
| | Dr. Stephen R. Harris | Farmington | • | • | • | • | • | |
| | Dr. Mark M. Johnston | Lansing | • | • | • | • | • | |
| | Dr. Martin J. Makowski | Clinton Township | • | • | • | • | • | |
| | Dr. William S. Meldrum | Birmingham | • | • | • | • | • | |
| | Dr. Virginia A. Merchant | Grosse Pointe | • | • | • | • | • | |
| | Dr. William L. Metz | Brighton | • | • | • | • | • | |
| | Dr. Norman V. Palm | Grand Rapids | • | • | • | • | • | |
| | Dr. William A. Patchak | Jackson | • | • | • | • | • | |
| | Dr. Debra A. Peters | Grand Rapids | • | • | • | • | • | |
| | Dr. Robert D. Richards | Hancock | • | • | • | • | • | |
| | Dr. Colette R. Smiley | Rockford | • | • | • | • | • | |
| | Dr. Robert Tremblay | Huntington Woods | • | • | • | • | • | |
| | Dr. Michele M. Tulak-Gorecki | Warren | • | • | • | • | • | |
| Alternates | Dr. Mert N. Aksu | Ann Arbor | • | | | | | |
| intorriated | Dr. James K. Cantwil | Flushing | • | | | | | |
| | Dr. Larry DeGroat | Bingham Farms | • | | | | | |
| | Dr. Gary E. Jeffers | Northville | • | | | | | |
| | Dr. Vincent P. Mack | Traverse City | • | | | | | |
| | Dr. Laurie K. McCauley | Ann Arbor | • | | | | | |
| | Dr. Paul D. Revard | Bay City | • | | | | | |
| | Dr. Alexa M. Vitek | Dewitt | • | | | | | |
| Minnesota | | | | | | | | |
| Delegates 9 | Dr. Michelle L. Bergsrud | Minnetonka | • | • | • | • | • | |
| - | Dr. Peter N. Cannon | Saint Paul | • | • | • | • | • | |
| | Dr. Timothy J. Flor | Waseca | • | • | • | • | • | |
| | Dr. Michael T. Flynn | Winona | • | • | • | • | • | |
| | Dr. Patrick J. Foy | Minneapolis | • | • | • | • | • | |
| | Dr. Michael J. Perpich | Bloomington | • | • | • | • | • | |
| | Dr. Daniel E. Rose | Motley | • | • | • | • | • | |
| | Dr. Travis A. Schmitt | Austin | • | • | • | • | • | |
| | Dr. Howard W. Taylor | New Brighton | • | | • | • | • | |
| | Dr. Howard VV. Taylor | 110W Diigilion | - | | - | - | | |

| Alternates | Dr. Leon A. Assael | Minneapolis | • | | | | |
|-------------|------------------------------|----------------|---|---|---|---|---|
| | Dr. Amber D. Cziok | Litchfield | • | | | | |
| | Dr. Donna J. Stenberg | Stillwater | • | | | | |
| Mississippi | | | | | | | |
| Delegates 3 | Dr. W. Mark Donald | Louisville | • | • | • | • | • |
| | Dr. James R. Dumas, Jr. | Prentiss | • | • | • | • | • |
| | Dr. A. Roddy Scarbrough | Richton | • | • | • | • | • |
| Alternates | Dr. T. Delton Moore | Woodville | • | | | | |
| | Dr. Robert W. Rives | Jackson | • | | | | |
| | Dr. Paula Stewart Strange | Jackson | • | | | | |
| Missouri | | | | | | | |
| Delegates 7 | Dr. Robert E. Butler | Webster Groves | • | • | • | • | • |
| | Dr. Robert G. Fox | Cape Girardeau | • | • | • | • | • |
| | Dr. Cheryl D. Haley | Ozark | • | • | • | • | • |
| | Dr. Matt A. Niewald | Lees Summit | • | • | • | • | • |
| | Dr. Prabu Raman | Kansas City | • | • | • | • | • |
| | Dr. Lori W. Roseman | Saint Peters | • | • | • | • | • |
| | Dr. Joseph E. Sokolowski | Florissant | • | • | • | • | • |
| Alternates | Dr. Lynne E. Barbour | Kahoka | • | | | | |
| | Dr. Mary H. Burke | Saint Louis | • | | | | |
| | Dr. Rodger W. Janes | Belle | • | | | | |
| | Dr. Merle A. Nunemaker | Kansas City | • | | | | |
| | Dr. Vincent Rapini, Jr. | Webster Groves | • | | | | |
| | Dr. Theodore A. Rechtin, III | Bridgeton | • | | | | |
| | Dr. Ralph E. Younger | Warrensburg | • | | | | |
| Montana | | | | | | | |
| Delegates 2 | Dr. Douglas S. Hadnot | Seeley Lake | • | • | • | • | • |
| | Dr. Roger K. Newman | Columbia Falls | • | • | • | • | • |
| Alternates | Dr. E. Jane Gillette | Bozeman | • | | | | |
| | Dr. Michael A. Veseth | Malta | • | | | | |
| Navy | | | | | | | |
| Delegates 2 | Dr. Stephen M. Pachuta | Alexandria, VA | | | | | |
| | Dr. Philip J. Rinaudo | Bethesda, MD | • | • | • | • | • |
| Alternates | Dr. Joshua F. Henson | Charleston, SC | | | | | |
| Nebraska | | | | | | | |
| Delegates 3 | Dr. R. Mark Hinrichs | Lincoln | • | • | • | • | • |
| | Dr. Eric D. Hodges | Omaha | • | • | • | • | • |
| | Dr. Scott L. Morrison | Omaha | • | • | • | • | • |
| Alternates | Dr. William R. Nordstrom | Omaha | • | | | | |
| | Do Mark va M. Mark | Lincoln | | | | | |
| | Dr. Merlyn W. Vogt | LITICOTT | • | | | | |

City

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| Constituent | Name | City | Registered | 1 | 2 | 3 | 4 | |
| Nevada | | | | | | | | |
| Delegates 3 | Dr. Dwyte E. Brooks | Las Vegas | • | • | • | • | • | |
| J | Dr. Stephen C. Rose | Las Vegas | • | • | • | • | • | |
| | Dr. David M. White | Elko | • | • | • | • | • | |
| Alternates | Dr. Mark J. Handelin | Reno | | | | | | |
| New Hampshire | ; | | | | | | | |
| Delegates 3 | Dr. Puneet Kochhar | Rochester | • | • | • | • | • | |
| | Dr. Robert M. Maguire, Jr. | Wolfeboro | • | • | • | • | • | |
| | Dr. Richard J. Rosato | Concord | • | • | • | • | | |
| Alternates | Dr. John P. Ahern | Derry | • | | | | | |
| | Dr. Glenda C. Reynolds | Belmont | • | | | | | |
| New Jersey | | | | | | | | |
| Delegates 12 | Dr. Frank Carotenuto | Roselle Park | • | • | • | • | • | |
| | Dr. Walter I. Chinoy | Scotch Plains | • | • | • | • | • | |
| | Dr. Steven R. Fink | Kinnelon | • | • | • | • | • | |
| | Dr. Luciano Ghisalberti | Ridgefield | • | • | • | • | • | |
| | Dr. Robert A. Giantomas | Toms River | • | • | • | | • | |
| | Dr. Frank J. Graham | Teaneck | • | • | • | • | • | |
| | Dr. Daniel B. Krantz | Somerset | • | • | • | • | • | |
| | Dr. Jeffrey H. Rempell | Clifton | • | • | • | • | • | |
| | Dr. Barbara Ann Rich | Cherry Hill | • | • | • | • | • | |
| | Dr. Richard D. Riva | Chatham | • | • | • | • | • | |
| | Dr. Robert A. Shekitka | Newark | • | • | • | • | • | |
| | Dr. Frederic C. Sterritt | Belle Mead | • | • | • | • | • | |
| Alternates | Dr. Fredrick P. Babinowich | Mercerville | | | | | | |
| | Dr. Elizabeth A. Clemente | Skillman | • | | | | | |
| | Dr. Harris N. Colton | Cherry Hill | | | | | | |
| | Dr. Richard D. Isaacson | West Long Branch | • | | | | | |
| | Dr. Richard B. Kahn | New Brunswick | • | | | | | |
| | Dr. Carmine J. LoMonaco | West Caldwell | • | | | | | |
| | Dr. Michael M. Messana | East Rutherford | | | | | | |
| | Dr. Charles H. Perle | Jersey City | • | | | | | |
| | Dr. Kenneth Pomerantz | Union | • | | | | | |
| | Dr. Bryon E. Roshong | Dumont | • | | | | | |
| | Dr. Sidney A. Whitman | Hamilton Square | • | | | | | |
| New Mexico | | | | | | | | |
| Delegates 3 | Dr. Kennedy W. Merritt | Clovis | • | • | • | • | | |
| | Dr. David T. Moore | Albuquerque | • | • | • | • | • | |
| | Dr. Thomas J. Schripsema | Albuquerque | • | • | • | • | • | |
| Alternates | Dr. Michael P. Brown | Placitas | • | | | | | |
| | Dr. Greg LoPour | Albuquerque | | | | | | |
| | Dr. Julius N. Manz | Farmington | | | | | | |

[•] Delegate or alternate attended the meeting; + Delegate or alternate attended a portion of the meeting.

Delegate or alternate attended the meeting; + Delegate or alternate attended a portion of the meeting.

| | Name | | Registered | Meeting | | | | |
|----------------|-----------------------------|---------------|------------|---------|---|---|---|--|
| Constituent | | City | | 1 | 2 | 3 | 4 | |
| | Dr. Loren C. Baim | Glens Falls | • | | | | | |
| | Dr. Jeffrey A. Baumler | Niagara Falls | • | | | | | |
| | Dr. Lawrence J. Busino | Albany | • | | | | | |
| | Dr. John Constantine | Yonkers | • | | | | | |
| | Dr. Kenneth B. Cooperman | New York | • | | | | | |
| | Dr. Scott J. Farrell | Binghamton | • | | | | | |
| | Dr. James J. Fitzgerald | Garden City | • | | | | | |
| | Dr. Chad P. Gehani | Jackson Hts | • | | | | | |
| | Dr. Jonathan R. Gellert | Lowville | • | | | | | |
| | Dr. G. Kirk Gleason | Clifton Park | • | | | | | |
| | Dr. Michael D. Grassi | Rochester | • | | | | | |
| | Dr. Richard P. Herman | New Windsor | • | | | | | |
| | Dr. William Karp | Manlius | • | | | | | |
| | Dr. Irvind Khurana | New York | • | | | | | |
| | Dr. Paul J. Kim | New City | • | | | | | |
| | Dr. Paul R. Leary | Smithtown | • | | | | | |
| | Dr. Maria C. Maranga | Aquebogue | • | | | | | |
| | Dr. Paul Markowitz | Hauppauge | • | | | | | |
| | Dr. Michael J. Marrone | Niagara Falls | | | | | | |
| | Dr. Joseph S. Modica | Buffalo | • | | | | | |
| | Dr. Amrish K. Parikh | Brooklyn | • | | | | | |
| | Dr. Minerva Patel | White Plains | • | | | | | |
| | Dr. Constantine G. Pavlakos | Brooklyn | | | | | | |
| | Dr. Stephen T. M. Quarcoo | Hollis | • | | | | | |
| | Dr. Chris Salierno | Huntington | • | | | | | |
| | Dr. Stuart L. Segelnick | Fresh Meadows | • | | | | | |
| | Dr. Jeffrey S. Senzer | New York | • | | | | | |
| | Dr. Jay Skolnick | Webster | • | | | | | |
| | Dr. Joseph J. Speicher, Jr. | Cortland | • | | | | | |
| | Dr. Patricia L. Sukmonowski | New York | | | | | | |
| | Dr. Christopher M. Tota | Hawthorne | • | | | | | |
| | Dr. Nick J. Vittoria | Islip Terrace | • | | | | | |
| | Dr. Lawrence E. Volland | Lockport | • | | | | | |
| North Carolina | | | | | | | | |
| Delegates 10 | Dr. Cynthia A. Bolton | Summerfield | • | • | • | • | • | |
| | Dr. Nona Breeland | Chapel Hill | • | | • | • | • | |
| | Dr. Rex B. Card | Raleigh | • | • | • | • | • | |
| | Dr. C. Scott Davenport | Charlotte | • | • | • | • | • | |
| | Dr. James A. Harrell, Jr. | Elkin | • | • | • | • | • | |
| | Dr. William M. Litaker, Jr. | Hickory | • | • | • | • | • | |
| | Dr. Gary D. Oyster | Raleigh | • | • | • | • | • | |
| | Dr. Robert G. Plage | Wilmington | • | • | • | • | • | |
| | Dr. J. Jackson Teague, III | Asheville | • | • | • | • | • | |

[•] Delegate or alternate attended the meeting; + Delegate or alternate attended a portion of the meeting.

| | | | | Meeting | | | | |
|--------------|----------------------------|---------------|------------|---------|---|---|---|--|
| Constituent | Name | City | Registered | 1 | 2 | 3 | 4 | |
| | Dr. Jennie E. Nichols | Medina | • | | | | | |
| | Dr. Julie S. Roberts | Norwalk | • | | | | | |
| | Dr. Michael T. Schaeffer | Cincinnati | • | | | | | |
| | Dr. Darrel L. Scott | Loudonville | • | | | | | |
| | Dr. Ryan M. Walton | Akron | • | | | | | |
| | Dr. Mary Ellen Wynn | Cincinnati | • | | | | | |
| Oklahoma | | | | | | | | |
| Delegates 5 | Dr. Douglas Auld | McAlester | • | • | • | • | • | |
| | Dr. Timothy R. Fagan | Enid | • | • | • | • | • | |
| | Dr. Stephen O. Glenn | Tulsa | • | • | • | • | • | |
| | Dr. Krista M. Jones | Edmond | • | • | • | • | • | |
| | Dr. Stephen K. Young | Oklahoma City | • | • | • | • | • | |
| Alternates | Dr. Tamara S. Berg | Yukon | • | | | | | |
| | Dr. C. Todd Bridges | Lawton | • | | | | | |
| | Dr. Matthew Cohlmia | Oklahoma City | • | | | | | |
| | Dr. Raymond A. Cohlmia | Oklahoma City | | | | | | |
| | Dr. C. Rieger Wood, III | Tulsa | • | | | | | |
| Oregon | | | | | | | | |
| Delegates 6 | Dr. Rickland G. Asai | Portland | • | • | • | • | • | |
| | Dr. Sean A. Benson | Portland | • | • | • | • | • | |
| | Dr. David J. Dowsett | Portland | • | • | • | • | • | |
| | Dr. Judd R. Larson | Central Point | • | • | • | • | • | |
| | Dr. Jill M. Price | Portland | • | • | • | • | • | |
| | Dr. Steven E. Timm | Bend | • | • | • | • | • | |
| Alternates | Dr. Jeffery C. B. Stewart | Portland | • | | | | | |
| | Dr. Thomas S. Tucker | Klamath Falls | • | | | | | |
| | Dr. Joni D. Young | Salem | • | | | | | |
| Pennsylvania | | | | | | | | |
| Delegates 18 | Dr. James M. Boyle | York | • | • | • | • | • | |
| | Dr. Gary S. Davis | Shippensburg | • | • | • | • | • | |
| | Dr. Bernie P. Dishler | Elkins Park | • | • | • | • | • | |
| | Dr. Thomas W. Gamba | Philadelphia | • | • | • | • | • | |
| | Dr. John Grove | Jersey Shore | • | • | • | • | • | |
| | Dr. Ronald K. Heier | Malvern | • | • | • | • | • | |
| | Dr. Linda K. Himmelberger | Devon | • | • | • | • | • | |
| | Dr. R. D. Hoffman | Pittsburgh | • | • | • | | • | |
| | Dr. Frederick S. Johnson | Cleona | • | • | • | • | • | |
| | Dr. Andrew J. Kwasny | Erie | • | • | • | • | • | |
| | Dr. Wade I. Newman | Bellefonte | • | • | • | • | • | |
| | Dr. Thomas C. Petraitis | Du Bois | • | • | • | • | | |
| | Dr. Stephen T. Radack, III | Erie | • | • | • | • | • | |
| | Dr. Anand V. Rao | Philadelphia | • | • | • | • | | |

| | | | | | Meet | ing | |
|----------------|------------------------------|------------------|------------|---|------|-----|---|
| Constituent | Name | City | Registered | 1 | 2 | 3 | 4 |
| | Dr. Nancy R. Rosenthal | Jenkintown | • | • | • | • | • |
| | Dr. Joseph E. Ross | New Castle | • | • | • | • | • |
| | Dr. William T. Spruill | Carlisle | • | • | • | • | • |
| | Dr. Eli Stavisky | Clarks Summit | • | • | • | • | • |
| Alternates | Dr. Ronald D. Bushick | Glen Mills | • | | | | |
| | Dr. Michael D. Cerveris | Chambersburg | • | | | | |
| | Dr. Chester J. Chorazy | Pittsburgh | • | | | | |
| | Dr. George L. Hamm, III | Dover | • | | | | |
| | Dr. Stephen J. Jaworski | New Bethlehem | • | | | | |
| | Dr. Jon J. Johnston | Punxsutawney | • | | | | |
| | Dr. Christopher J. Kotchick | Scranton | • | | | | |
| | Dr. John B. Nase | Harleysville | • | | | | |
| | Dr. Herbert L. Ray, Jr. | Leechburg | • | | | | |
| | Dr. John V. Reitz | Wyomissing | • | | | | |
| | Dr. Jeffrey B. Sameroff | Pottstown | • | | | | |
| | Dr. Samuel E. Selcher | Middletown | • | | | | |
| | Dr. Nipa R. Thakkar | Edwardsville | • | | | | |
| | Dr. Jay R. Wells, III | Bethel Park | • | | | | |
| | Dr. Jay IX. Wells, III | Detiler i aik | • | | | | |
| Public Health | | | | | | | |
| Delegates 2 | Dr. William D. Bailey | Atlanta, GA | • | • | • | • | • |
| | Dr. Renee W. Joskow | Rockville, MD | • | • | • | • | • |
| Alternates | Dr. Lynn C. Van Pelt | Gaithersburg, MD | | | | | |
| | Dr. Phillip D. Woods | Seattle, WA | • | | | | |
| Puerto Rico | | | | | | | |
| Delegates 2 | Dr. Hector M. Garcia-Perez | Arecibo | • | • | • | • | • |
| | Dr. Ramon F. Gonzalez-Garcia | Guaynabo | • | • | • | • | • |
| Alternates | Dr. Raymond P. Bobea | Toa Baja | | | | | |
| | Dr. Isabel M. Del Valle Diaz | Ponce | | | | | |
| Rhode Island | | | | | | | |
| Delegates 3 | Dr. Francis A. Connor, Jr. | Pawtucket | • | • | • | • | • |
| | Dr. Marian A. Royer | Portsmouth | • | • | • | • | • |
| | Dr. John W. Verbeyst | North Kingstown | • | • | • | • | • |
| Alternates | Dr. Bryan F. Beagan | Cranston | • | | | | |
| | Dr. Paul Calitri | West Greenwich | • | | | | |
| | Dr. Jeffrey E. Dodge | Woonsocket | | | | | |
| South Carolina | | | | | | | |
| Delegates 5 | Dr. H. Lee Gardner, Jr. | Hartsville | • | • | • | • | • |
| | Dr. Charles B. Maxwell | Johnsonville | • | • | • | • | • |
| | Dr. James E. Mercer | West Columbia | • | • | • | • | • |
| | D. D. HE William I | 0 | _ | _ | _ | _ | _ |
| | Dr. David F. Watson, Jr. | Greenville | • | • | • | • | • |

[•] Delegate or alternate attended the meeting; + Delegate or alternate attended a portion of the meeting.

| | | | _ | Meeting | | | | |
|--------------|-----------------------------|----------------|------------|---------|---|---|---|--|
| Constituent | Name | City | Registered | 1 | 2 | 3 | 4 | |
| Alternates | Dr. Thomas R. Edmonds | West Columbia | • | | | | | |
| | Dr. Elizabeth A. Jabbour | Spartanburg | • | | | | | |
| | Dr. Joseph D. Moss | Florence | • | | | | | |
| | Dr. Gloria B. Pipkin | Moncks Corner | • | | | | | |
| | Dr. John J. Sanders | Charleston | • | | | | | |
| South Dakota | | | | | | | | |
| Delegates 2 | Dr. Amber A. Determan | Mitchell | • | • | • | • | • | |
| | Dr. Thomas J. Hajek | Huron | • | • | • | • | • | |
| Alternates | Dr. Kevin D. Horner | Sioux Falls | • | | | | | |
| | Dr. Kamp R. Meyer | Rapid City | • | | | | | |
| Tennessee | | | _ | • | | | | |
| Delegates 7 | Dr. James G. Avery | Memphis | • | • | • | • | • | |
| | Dr. Charles B. Felts, III | Chattanooga | • | • | • | • | • | |
| | Dr. James R. Hight, Jr. | Jackson | • | • | • | • | • | |
| | Dr. David E. McNeely, Jr. | Elizabethton | • | • | • | • | • | |
| | Dr. Susan M. Orwick-Barnes | Knoxville | • | • | • | • | • | |
| | Dr. Tesa K. Reeves | Pulaski | • | • | • | • | • | |
| | Dr. Thomas S. Underwood | Nashville | • | • | • | • | • | |
| Alternates | Dr. Kevin P. Bryant | Chattanooga | • | | | | | |
| | Dr. Walter D. Fain | Knoxville | • | | | | | |
| | Dr. David M. Malin | Brentwood | • | | | | | |
| | Dr. Morris L. Robbins, Jr. | Memphis | • | | | | | |
| | Dr. H. Clifton Simmons, III | Nashville | • | | | | | |
| | Dr. John H. Sullivan | Lexington | • | | | | | |
| | Dr. William R. Thompson | Murfreesboro | • | | | | | |
| Texas | | | | | | | | |
| Delegates 23 | Dr. Craig S. Armstrong | Houston | • | • | • | • | • | |
| | Dr. Jean E. Bainbridge | Dallas | • | • | • | • | • | |
| | Dr. Richard C. Black | El Paso | • | • | • | • | • | |
| | Dr. Douglas W. Bogan | Houston | • | • | • | • | • | |
| | Dr. Jose L. Cazares, Jr. | McAllen | • | • | • | • | • | |
| | Dr. David A. Duncan | Amarillo | • | • | • | • | • | |
| | Dr. Thomas C. Harrison | Katy | • | • | • | • | • | |
| | Dr. Lisa A. Heinrich-Null | Victoria | • | • | • | • | • | |
| | Dr. Larry D. Herwig | Dallas | • | • | • | • | • | |
| | Dr. Amos D. May | Abilene | • | • | • | • | • | |
| | Dr. David H. McCarley | McKinney | • | • | • | • | • | |
| | Dr. Dan P. McCauley | Mount Pleasant | • | • | | | | |
| | Dr. Arthur C. Morchat | Kilgore | • | • | • | • | • | |
| | Dr. Lee P. Oneacre | Flower Mound | • | • | • | • | • | |
| | Dr. Richard M. Peppard | Austin | • | • | • | • | • | |
| | Dr. Ronald L. Rhea | Houston | _ | | _ | _ | _ | |

| | | | | Meeting | | | |
|-----------------|----------------------------|------------------|------------|---------|---|---|---|
| Constituent | Name | City | Registered | 1 | 2 | 3 | 4 |
| | Dr. Matthew B. Roberts | Crockett | • | • | • | | • |
| | Dr. Lance V. Sanders | Austin | • | • | • | • | • |
| | Dr. Michael L. Stuart | Sunnyvale | • | • | • | • | • |
| | Dr. Carolyn B. Walker | San Antonio | • | • | • | • | |
| | Dr. Robert E. Wiggins, Jr. | Abilene | • | • | • | • | • |
| | Dr. David C. Woodburn | Amarillo | • | • | • | • | • |
| | Dr. Debrah J. Worsham | Center | • | • | • | • | • |
| Alternates | Dr. Rita M. Cammarata | Houston | • | • | | • | |
| | Dr. Ralph A. Cooley | Conroe | • | | | | |
| | Dr. John H. Garcia | McAllen | • | | | | |
| | Dr. William H. Gerlach | Plano | • | | | | |
| | Dr. Duc M. Ho | Katy | • | | | | |
| | Dr. Jerry J. Hopson | Bonham | | | | | |
| | Dr. William K. Loveless | Lubbock | • | | • | | |
| | Dr. Ralph E. Martin | Corpus Christi | | | | | |
| | Dr. Alan B. Moore | Austin | | | | | |
| | Dr. William S. Nantz | Beaumont | | | | | |
| | Dr. Robert A. Neal | Frisco | • | | | | |
| | Dr. Gregory K. Oelfke | Houston | • | | | | |
| | Dr. Tyler L. Pendergrass | Amarillo | • | | | | |
| | Dr. Jacqueline M. Plemons | Dallas | • | | | | |
| | Dr. John M. Purdy | El Paso | • | | | | |
| | Dr. Larry W. Spradley | Southlake | • | | | | |
| | Dr. Dennis E. Stansbury | Tyler | | | | | |
| | Dr. Debra G. Stewart | Houston | • | | | | |
| | Dr. Robert D. White | Wimberley | • | | | | |
| Utah | | • | - | | | | |
| Delegates 4 | Dr. J. Jerald Boseman | Salt Lake Cty | | | | | |
| Dologuioo 1 | Dr. Mark V. Cowley | Ogden | • | • | • | • | • |
| | Dr. AJ Smith | Salt Lake City | • | • | • | • | • |
| | Dr. James M. Williamson | Salt Lake City | • | • | • | • | • |
| Alternates | Dr. James H. Bekker | Sandy | • | • | • | • | • |
| Alternates | Dr. Val L. Radmall | Ogden | • | | | | |
| | Dr. Scott L. Theurer | Logan | • | | | | |
| | | Provo | • | | | | |
| Vermont | Dr. Gary B. Wiest | FIOVO | • | | | | |
| Delegates 2 | Dr. Judith M. Fisch | Rutland | | | | | _ |
| | Dr. David E. McLean | South Burlington | • | _ | _ | _ | _ |
| Alternates | Dr. David R. Blanck | Burlington | • | • | • | • | |
| 7 | Dr. Stephen M. Pitmon | Colchester | • | | | | |
| Veterans Affair | 'C | | | | | | |
| Delegates 2 | Dr. Patricia E. Arola | Washington, DC | • | • | • | • | • |
| <u> </u> | Dr. Craig L. Hatch | Cleveland, OH | • | • | • | • | _ |
| | 2 0.a.g L. 1 a.c.i | J.J. Jidiid, 011 | • | • | _ | • | • |

[•] Delegate or alternate attended the meeting; + Delegate or alternate attended a portion of the meeting.

| | | | | Meeting | | | | |
|----------------|-------------------------------|----------------|------------|---------|---|---|---|--|
| Constituent | Name | City | Registered | 1 | 2 | 3 | 4 | |
| Alternates | Dr. Marshall L. Gallant | Orlando, FL | • | | | | | |
| | Dr. Terry G. O'Toole | Carlsbad, CA | • | | | | | |
| Virgin Islands | | | | | | | | |
| Delegate 1 | Dr. Stuart Wechter | St Thomas | • | • | • | • | • | |
| Virginia | | | | | | | | |
| Delegates 10 | Dr. Richard D. Barnes | Suffolk | • | • | • | • | • | |
| | Dr. Alonzo M. Bell | Alexandria | • | • | • | • | • | |
| | Dr. Mark A. Crabtree | Martinsville | • | | • | • | • | |
| | Dr. Ralph L. Howell, Jr. | Suffolk | • | • | • | • | • | |
| | Dr. Bruce R. Hutchison | Centreville | • | • | • | • | • | |
| | Dr. Kirk Norbo | Waterford | • | • | • | • | • | |
| | Dr. Elizabeth C. Reynolds | Richmond | • | • | • | • | • | |
| | Dr. Gus C. Vlahos | Dublin | • | • | • | • | • | |
| | Dr. Edward J. Weisberg | Norfolk | • | • | | | | |
| | Dr. Roger E. Wood | Midlothian | | | | | | |
| Alternates | Dr. Michael A. Abbott | Salem | | • | • | | | |
| w.comatec | Dr. David C. Anderson | Alexandria | | | | | | |
| | Dr. Alfred J. Certosimo | Mechanicsville | • | | | | | |
| | Dr. William V. Dougherty, III | Falls Church | • | | | | | |
| | Dr. Samuel W. Galstan | Chester | • | | | | | |
| | Dr. Rodney J. Klima | Burke | • | | | | | |
| | Dr. Michael J. Link | Newport News | • | | | | | |
| | Dr. Paul T. Olenyn | Burke | • | | | | | |
| | Dr. David C. Sarrett | | • | | | | | |
| | Dr. J. Ted Sherwin | Richmond | • | | | | | |
| | Dr. J. Ted Sherwin | Orange | • | • | | | | |
| Washington | Dr. Dr. ian C. Edwar | Fodovol Mov | | | | | | |
| Delegates 11 | Dr. Bryan C. Edgar | Federal Way | • | • | • | • | • | |
| | Dr. Linda J. Edgar | Federal Way | • | • | • | • | • | |
| | Dr. David E. Houten | Kelso | • | • | • | • | • | |
| | Dr. John C. Lo | Lakewood | • | • | • | • | • | |
| | Dr. David M. Minahan | Kenmore | • | • | • | • | • | |
| | Dr. Gregory Y. Ogata | Sammamish | • | • | • | • | • | |
| | Dr. James L. Ribary | Gig Harbor | • | • | • | • | • | |
| | Dr. Douglas P. Walsh | Seattle | • | • | • | • | • | |
| | Dr. Danny G. Warner | Vancouver | • | • | • | • | • | |
| | Dr. Rodney B. Wentworth | Bellevue | • | • | • | • | • | |
| | Dr. Laura Williams | East Wenatchee | • | • | • | • | • | |
| Alternates | Dr. Theodore M. Baer | Tacoma | • | | | | | |
| | Dr. Mary S. Jennings | Puyallup | • | | | | | |
| | Dr. Lawrence R. Lawton | Mead | • | | | | | |
| | Dr. Randy Ogata | Seattle | | | | | | |

2013 Index of Resolutions

Res. 1 **Task Force to Study Councils** Report of the Task Force to Study Councils: Council, Commission and Committee Self-Assessments, 5008: 339 Res. 2 **Board of Trustees** Delegate Allocation, 5017; 291 Res. 2S-1 **Twelfth Trustee District** Substitute Resolution, 5024a; 291 Res. 3 **Board of Trustees** Approval of 2014 Budget, 2025; 372 Res. 4 **Board of Trustees** Establishment of Dues Effective January 1, 2014, 2026; 375 Res. 5 **Council on Dental Benefit Programs** Amendment of the Policy, Tooth Designation Systems, 25; 4000; 301 **Council on Dental Benefit Programs** Res. 6 Amendment of the Policy, Reporting of Dental Procedures to Third Parties, 27; 4003; 303 **Council on Dental Benefit Programs** Res. 7 Amendment of the Policy, Recognition of Tooth Designation Systems for Electronic Data Interchange, 28; 4005; 324 Res. 8 **Council on Dental Benefit Programs** Amendment of the Policy, Statement on Capitation Dental Benefit Programs, 28; 4007; 303 Res. 9 **Council on Dental Benefit Programs** Amendment of the Policy, Guidelines for Dental Components of Health Maintenance Organizations, 29; 4009; 304 **Res. 10 Council on Dental Benefit Programs** Rescission of the Policy, Closed Panel Dental Benefit Plans, 30; 4011; 314 **Res. 11 Council on Dental Benefit Programs** Amendment of the Policy, Statement on Dental Benefit Plans, 31; 4013; 316 Res. 11S-1 **Fifth Trustee District** Substitute Resolution, 4014a; 316 Res. 12 **Council on Dental Benefit Programs** Amendment of the Policy, Support for Individual Practice Associations (IPAs), 32; 4015; 305 **Res. 13 Council on Dental Benefit Programs** Amendment of the Policy, Government Reports on Payments to Dentists, 33; 4016; 305 **Res. 14 Council on Dental Benefit Programs** Amendment of the Policy, Use of DEA Numbers for Identification, 33; 4018; 306 **Res. 15 Council on Dental Benefit Programs** Amendment of the Policy, Authorization of Benefits, 34; 4020; 306 **Res. 16 Council on Dental Benefit Programs**

Amendment of the Policy, Statement on Preventive Coverage in Dental Benefits Plans, 34; 4021; 306

Res. 17 Council on Dental Benefit Programs
Amendment of the Policy, Age of "Child," 35; 4023; 307

Res. 18 Council on Dental Benefit Programs

Amendment of the Policy, ADA's Dental Claim Form, 35; 4024; 307

Res. 19 Council on Dental Benefit Programs

Amendment of the Policy, Bulk Benefit Payment Statements, 36; 4025; 308

Res. 20 Council on Dental Benefit Programs

Amendment of the Policy, Medically Necessary Care, 36; 4027; 317

Res. 20S-1 Fifth Trustee District

Substitute Resolution, 4027a; 318

Res. 21 Council on Dental Benefit Programs

Amendment of the Policy, Third-Party Acceptance of Descriptive Information on Dental Claim Form,

37; 4028; 308

Res. 22 Council on Dental Benefit Programs

Amendment of the Policy, Charge for Administrative Costs, 37; 4029; 308

Res. 23 Council on Dental Benefit Programs

Amendment of the Policy, Development of ADA Diagnostic Coding, 37; 4030; 309

Res. 23B Board of Trustees

Substitute Resolution, 4031; 309

Res. 24 Council on Dental Benefit Programs

Amendment of the Policy, Policy on Fees, 38; 4032; 319

Res. 25 Council on Dental Benefit Programs

Amendment of the Policy, Fee Profiles, 38; 4033; 309

Res. 26 Council on Dental Benefit Programs

Amendment of the Policy, Hospitalization Insurance for Dental Treatment, 39; 4034; 309

Res. 27 Council on Dental Benefit Programs

Amendment of the Policy, Alteration of Dental Treatment Plans by Third-Party Claims Analysis, 39; 4035; 320

Res. 28 Council on Dental Benefit Programs

Amendment of the Policy, Principles for Pay-for-Performance or Other Third-Party Financial Incentive Programs,

39; 4036; 310

Res. 28S-1 Council on Dental Benefit Programs

Substitute Resolution, 4038; 310

Res. 29 Council on Dental Benefit Programs

Amendment of the Policy, Quality Health Care, 40; 4040; 311

Res. 30 Council on Dental Benefit Programs

Amendment of the Policy, Position Statement on the Appropriate Use of Assessment Data, 41; 4042; 311

Res. 31 Council on Dental Benefit Programs

Amendment of the Policy, Principles for the Application of Risk Assessment in Dental Benefit Plans,

42; 4044; 321

Res. 32 Council on Dental Benefit Programs

Amendment of the Policy, Third-Party Payers Overpayment Recovery Practices, 43; 4046; 312

Res. 33 Council on Dental Education and Licensure

Amendment to the Requirements for Recognition of Dental Specialties and National Certifying Boards for

Dental Specialists, 54; 3025; 328

Res. 34 Council on Dental Practice

Rescission of the National Healthcare Information Infrastructure (NHII) Task Force, 65; 4047; 313

Res. 35 Council on Dental Practice Amendment of the Policy, Recommendations of Future of Dentistry Report, 65; 4049; 313 Res. 36 Council on Dental Practice Amendment of the Policy, Electronic Technology Activities, 66; 4050; 313 Res. 37 Council on Dental Practice Statement Supporting the Dental Team Concept, 66; 4051; 313

Res. 38 Council on Dental Practice

Use of Environmentally Conscientious Measures in the Production, Packaging and Shipping of Dental Products, 66; 4053; 314

Res. 39 Council on Ethics, Bylaws and Judicial Affairs

Amendment of the Policy, Eliminating Use of Human Subjects in Board Examinations, 73; 5027; 351

Res. 39S-1 Sixteenth Trustee District

Substitute Resolution, 5029a; 351

Res. 40 Council on Ethics, Bylaws and Judicial Affairs

Statement Regarding Employment of a Dentist, 74; 5030; 353

Res. 41 Council on Ethics, Bylaws and Judicial Affairs

Amendments to Chapter VIII, Sections 30. B and C, 50 and 80. A of the ADA *Bylaws* (Nominations, Terms of Office and Vacancies for the Offices of Treasurer and Speaker), 75; 5033; 356

Res. 42 Council on Ethics, Bylaws and Judicial Affairs

Amendment of Chapter X, Section 120, Subsection G, Paragraph I of the ADA *Bylaws* (Duties of the Council on Ethics, Bylaws and Judicial Affairs), 77; 5036; 339

Res. 43 Council on Ethics, Bylaws and Judicial Affairs

Amendment of ADA Policy Entitled Definition of Committees, 79; 5037; 340

Res. 44 Council on Membership

Dues Structure, 105; 6000; 366

Res. 45 Council on Membership

Review of Student Dues Category, 106; 6003; 367

Res. 45S-1 Fifth Trustee District (Withdrawn)

Substitute Resolution, 6004a; 367

Res. 46 Council on Membership

Review of Graduate Dues Category, 108; 6005; 368

Res. 46S-1 Fifth Trustee District (Withdrawn)

Substitute Resolution, 6007a; 368

Res. 47 Standing Committee on Credentials, Rules and Order

Approval of Minutes of the 2012 House of Delegates, 1028; 278

Res. 48 Standing Committee on Credentials, Rules and Order

Adoption of Agenda and Order of Agenda Items, 1029; 278

Res. 49 Standing Committee on Credentials, Rules and Order

Referrals of Reports and Resolutions, 1030; 279

Res. 50 Board of Trustees

Response to Resolution 110H-2012: Monitoring the Dental Board of California's Development of a Portfolio Examination, 3033; 329

Res. 51 Council on Dental Practice

Response to Resolution 46-2012: Rescission of the Policy, Sale of Dental Equipment to Illegal Practitioners, 4055; 323

Res. 52 Council on Dental Practice

Registration of Dental Laboratories, 4057; 323

Res. 53 Board of Trustees

ADA Advocacy Agenda, 3078; 329

Res. 53S-1 Ninth Trustee District

Substitute Resolution, 3078a; 329

Res. 54 Board of Trustees

Development of a Robust Information Portal, 3079; 330

Res. 54S-1 First Trustee District

Substitute Resolution, 3079a; 330

Res. 55 Board of Trustees

Expanding Research Efforts in the Area of Dental Education Financing, 3080; 332

Res. 56 Board of Trustees

A Comprehensive Study of the Current Dental Education Model, 3081; 333

Res. 56S-1 Sixteenth Trustee District

Substitute Resolution, 3082a; 332

Res. 57 Board of Trustees

Revision of Accreditation Standards, 3083; 334

Res. 58 Joint Commission on National Dental Examinations

JCNDE Standing Rules Revisions, 3084; 330

Res. 59 Council on Membership

Amendment of ADA Policy on Qualifications for Membership, 6014; 365

Res. 60 Council on Membership

Amendment of ADA Policy on Promoting the Value of Tripartite Dentistry, 6015; 365

Res. 61 Council on Communications

Rescission of Policy on Use of ADA Logo, 5041; 340

Res. 62 Council on Communications

Rescission of Policy on Placement of Paid Education Television Messages Upon Request, 5043; 340

Res. 63 Board of Trustees

Conflict of Interest (Disclosure Policy) Revision, 5045; 341

Res. 64 Workgroup to Study Approval Authority for the ADA Budget

Approval of the ADA Budget, 5053; 282

Res. 64B Board of Trustees

Substitute Resolution, 5056; 282

Res. 65 Workgroup to Study Approval Authority for the ADA Budget

Procedures Governing the Budget Approval Process, 5059; 282

Res. 66 Workgroup to Study Approval Authority for the ADA Budget

Approval of High Level Strategic Goals by the House of Delegates, 5061; 359

Res. 67 Board of Trustees

Nominations to ADA Councils and Commissions, 1019; 279

Res. 68 Council on Ethics, Bylaws and Judicial Affairs (Withdrawn)

Rescission of the Policy, "The Dentist's Prayer," 5078; 278

| Res. 69 | Council on Access, Prevention and Interprofessional Relations Amendment of Policy on State Dental Programs, 5086; 341 |
|----------|--|
| Res. 70 | Council on Access, Prevention and Interprofessional Relations Amendment of Policy on Dental Care in Institutional Settings, 5087; 341 |
| Res. 71 | Council on Access, Prevention and Interprofessional Relations Amendment of Policy on Informational Support for Members Providing Oral Care in Long-Term Care Facilities, 5089; 342 |
| Res. 72 | Council on Access, Prevention and Interprofessional Relations Amendment of Policy on Communication and Dental Practice, 5090; 342 |
| Res. 73 | Council on Access, Prevention and Interprofessional Relations Amendment of Policy on Limited Oral Health Literacy Skills and Understanding in Adults, 5091; 342 |
| Res. 74 | Council on Access, Prevention and Interprofessional Relations Amendment of Policy on Preventive Dental Procedures, 5092; 342 |
| Res. 75 | Council on Access, Prevention and Interprofessional Relations Amendment of Policy on Bottled Water, Home Water Treatment Systems and Fluoride Exposure, 5093; 342 |
| Res. 76 | Council on Access, Prevention and Interprofessional Relations Amendment of Policy on Pouring Rights Contracts and Marketing of Soft Drinks to Children, 5094; 343 |
| Res. 77 | Council on Access, Prevention and Interprofessional Relations Amendment of Policy on Obesity, 5095; 343 |
| Res. 78 | Council on Access, Prevention and Interprofessional Relations Amendment of Policy on Oral Health Assessment for School Children, 5096; 360 |
| Res. 79 | Council on Access, Prevention and Interprofessional Relations Amendment of Policy on High Blood Pressure Programs, 5097; 343 |
| Res. 80 | Council on Access, Prevention and Interprofessional Relations Rescission of Policy on Home Health Care, 5098; 344 |
| Res. 81 | Council on Access, Prevention and Interprofessional Relations Rescission of Policy on Health Hazards of Air and Water Pollution, 5100; 344 |
| Res. 82 | Council on Access, Prevention and Interprofessional Relations Rescission of Policy on Guidelines for Hospital Dental Services, 5102; 344 |
| Res. 83 | Council on Access, Prevention and Interprofessional Relations Rescission of Policy on Suggestions for Dentists on Participating in the National High Blood Pressure Education and Screening Program, 5105; 344 |
| Res. 84 | Council on Members Insurance and Retirement Programs ADA Members Insurance Plans Recommended Study of a Potential Approach to On-Going Royalty Revenue, 2077; 297 |
| Res. 85 | Sixth Trustee District Investigate Dental Instrument Purchase and Leasing Plans Offered to Students by Dental Schools, 3102; 331 |
| Res. 85B | Board of Trustees Substitute Resolution, 3103; 331 |
| Res. 86 | Eleventh Trustee District Lifetime Membership Rule of 95, 6016 Rev.; 369 |
| Res. 87 | Sixth Trustee District National Oral Health Reports, 5108; 361 |

422 2013 INDEX OF RESOLUTIONS

Res. 88 Sixteenth Trustee District (Withdrawn) Requirements in Dental School Education Programs, 3104; 278 Res. 89 **Fifth Trustee District** Use of Health Care Effectiveness Data and Information Set (HEDIS) for Utilization Measures, 5128; 344 **Fifth Trustee District** Res. 90 Sale of Dental Equipment to Illegal Practitioners, 4071; 323 Res. 91 **Fourteenth Trustee District** Disclosure of Costs Incurred by Dental Students, 3106; 331 Res. 92 **Fourteenth Trustee District** Presentations for Long-Term Financial Implications of Debt Incurred by Students During Dental School, 3107; 331 Res. 93 **Fourteenth Trustee District** Contingency Based Medicaid Audits, 5130; 362 Res. 94 **First Trustee District** Designate Individuals With Intellectual Disabilities as a Medically Underserved Population, 5132; 364 Res. 95 **Fourteenth Trustee District** Assignment of Benefits, 5133; 363 Res. 95S-1 **Fourteenth Trustee District** Substitute Resolution, 5159a; 363 Res. 96 Reference Committee on Dental Benefits, Practice and Related Matters Consent Calendar, 300 Res. 97 Reference Committee on Legislative, Health, Governance and Related Matters Study of Trustee Districts, 364 Res. 98 Reference Committee on Legislative, Health, Governance and Related Matters Consent Calendar, 336 Res. 99 Reference Committee on Membership and Related Matters Consent Calendar, 365 Res. 100 Reference Committee on Dental Education, Science and Related Matters Consent Calendar, 327 Reference Committee on Dental Education, Science and Related Matters Res. 101 Composition of the ADA Library and Archives Advisory Board, 334 Res. 102 **Eighth Trustee District (Withdrawn)** The ADA Library Physical Collection, 7000; 334 Res. 103 Second Trustee District (Withdrawn) Amendment to the Manual of the House of Delegates, 7001; 364

2012 Resolutions

Res. 95-2012 Board of Trustees

Amendment of the ADA Constitution and Bylaws Regarding the Offices of First and Second Vice President,

137; 5000; 344

Res. 95-2012S-1 Fourth Trustee District

Substitute Resolution, 5004a; 344

Res. 99-2012 **Board of Trustees**

Amendment of the ADA *Bylaws* Regarding Notice for Dues, Special Assessments and Procedure for Changing the Dues of Active Members, 141; 5005; 338

Seventeenth Trustee District (Withdrawn) Res. 175-2012

Amendment of the ADA Constitution, Section 20. Administrative Body, 143; 5025; 278

Notes

2013 Index

This index references Annual Reports and Resolutions (pages 1-152); Supplement to Annual Reports and Resolutions, Volumes 1 and 2 (pages 1000-7001); and Transactions (pages 153-445).

Note: The Index to Resolutions beginning on page 417 charts the progress of the resolutions through the legislative process.

Access, Prevention and Interprofessional Relations, Council on

Access, community oral health infrastructure and capacity, 3 American Academy of Pediatrics, 5112

American College of Obstetrics and Gynecology, 5112

Centers for Medicare & Medicaid Services, 5110

Community Dental Health Coordinator, 5

Consultants approved, Res. B-90-2013, 212

Emerging issues, priorities and trends, 6

Fluoridation, 5112

Fluoridation facts, 5

Fluoridation in the U.S., status, 4

Fluoridation training, 5

Geriatric and special needs, 4, 5111

Health literacy in dentistry, 3

Health Resources and Services

Administration, 3

Interprofessional relations, 5 Medicaid-CHIP State Dental

Association, 3

Medicare Provider Advisory Committee, 3

Membership nominations, Board report, 1003

Mission, 1

National Association of Community Health Centers, 5111

National Roundtable for Dental

Collaboration, 5111 National Smokeless and Spit

Tobacco Summit, 7th, 5111 Policy review, 6

Prevention, 4

Prevention summit, 5112

Prevention summit, 2013, 5

Purpose, 1

Report to Board, 166, 192, 212, 269 Res. 69, State Dental Programs,

amended, 5080; Board, 249,

5086: House, 341

Res. 70, Dental Care in Institutional

Settings, amended, 5081; Board, 249, 5088; House, 341

Res. 71, Informational Support for Members Providing Oral Care in Long-Term Care Facilities, amended, 5081; Board, 249, 5089; House, 342

Res. 72, Communication and Dental Practice, amended, 5082; Board, 249, 5090; House, 342

Res. 73, Limited Oral Health Literacy Skills and Understanding in Adults, amended, 5082; Board, 250, 5091; House, 342

Res. 74, Preventive Dental Procedures, amended, 5082; Board, 250, 5092; House, 342

Res. 75, Bottled Water, Home Water Treatment Systems and Fluoride Exposure, amended, 5082; Board, 250, 5093; House, 342

Res. 76, Pouring Rights Contracts and Marketing of Soft Drinks to Children, amended, 5083; Board, 250, 5094; House, 343

Res. 77, Policy on Obesity, amended, 5083; Board, 250, 5095; House, 343

Res. 78, Oral Health Assessment for School Children, amended, 5084; Board, 250, 5096; substitution, Res. 78RC, 359; House, 359

Res. 79, High Blood Pressure Programs, amended, 5084; Board, 250, 5097; House, 343

Res. 80, Home Health Care, rescinded, 5084; Board, 250, 5098; House, 344

Res. 81, Health Hazards of Air and Water Pollution, rescinded, 5084; Board, 250, 5100; House, 344

Res. 82, Guidelines for Hospital Dental Services, rescinded, 5085; Board, 250, 5102; referred, 344

Res. 83, Suggestions for Dentists on Participating in the National High Blood Pressure Education and Screening Program, 5085; Board, 250, 5105; House, 344

Response to assignments from House, 5113

Smiles for life, 5

Strategic plan of ADA, 2

Supplemental Report 1: ADA Policy Review, 5080

Supplemental Report 2: Recent Council Activities, 5110

Supplemental Report 3: Report on the Community Dental Health Coordinator Pilot Program, 5126

United Nations environment program, 5111

U.S. National Oral Health Alliance, 3.5110

Accreditation

Actions, summary, CDA report, 15 CDEL report, 47

Fees, CDA report, 18

International, joint advisory

committee, CDA report, 19 Standard 2-18, self-study guide,

Res. B-13-2013, 165 Standard 4-6, intent statement,

Res. B-14-2013, 165 Standards, dental therapy, CDA report, 17

Standards, intent statement, Res. B-11-2013, 164

Standards, oral medicine, CDA report, 17

Standards, proposed, revised, CDA report, 16

Standards, revision, Res. 57, 3083 Standards, revisions, adopted, CDA

report, 16

Action for Dental Health see also **Call to Action**

CC report, 11

Report to Board, 188, 268

ADA Business Enterprises, Inc.

Audit function, 263

Financials, 129

Marketing, 130

Mission, 128

Products, 130

Purpose, 128

Renewed contracts, 130 Report to Board, 170, 195, 215, 248, 274 Royalties, 129 Strategic plan of ADA, 129

ADA Foundation

Financial matters, 133 Fundraising, 133 Give Kids A Smile, 133 Mission, 132 Paffenbarger Research Center, 133 Purpose, 132 Report to Board, 169, 195, 214, 268, 272 Strategic plan of ADA, 132

ADA Policy on Fee Profiles

Policy amendment, Res. 25, 38, 4033

ADA Policy on Fees

Policy amendment, Res. 24, 38, 4032

ADA Sessions, Council on

Annual Session, 153rd, 2012, 9 Appreciation from Board, Board report, 1000 Chair, Res. B-40-2013, 189 Consultant nominated, Res. B-126-2013, 244

Emerging issues/trends, 9 Liaison report to Board, 171, 196 Membership nominations, Board report, 1003 Mission, 8

Purpose, 8

Report to Board, 189, 209, 244 Strategic plan of ADA, 8

ADA.org

Information portal, development, Res. 54, 3079

ADA's Dental Claim Form

Policy amendment, Res. 18, 35, 4024

Administrative Review Committee

Composition, Res. B-24-2013, 162

Administrative Services, Division of Report to Board, 272 Supplemental appropriations, Res. B-17-2013, 159 Supplemental appropriations, Res. B-111, 245

Advocacy Communications Workgroup

CC report, 12

Affordable Care Act

Report to Board, 251

Age of "Child"

Policy amendment, Res. 17, 35, 4023

Alliance for Oral Health Across **Borders**

Membership, Res. B-124-2013, 245

Alteration of Dental Treatment Plans by Third-Party Claims Analysis

Policy amendment, Res. 27, 39, 4035

American Academy of Pediatrics CAPIR report, 5112

American Association of Women **Dentists**

Consultant to Council on ADA Sessions, Res. B-126-2013, 244

American Board of Dental

Examiners

Liaison report, 273

American College of Obstetrics and Gynecology

CAPIR report, 5112

American Dental Association

2012 consolidated financial statement approved, Res. B-72-2013, 184 2012 Tax Forms 990 and 990T approved, Res. B-71-2013, 184 Audit, 143

Audit, Auditors Report, 151 Finances, Auditors Report, 151 Image, CC report, 10

American Dental Hygienists Association

Presentation to Board, Res. B-3, 166

American Dental Political Action Committee

2012 financial statement approved, Res. B-74-2013, 184 2012 Tax Forms 990 approved, Res. B-72-2013, 184 Nominations approved, Res. B-80-2013, 214 Report to House, 280, 374

American Student Dental

Association

Consultants approved, Res. B-96-2013. 213

Liaison report to Board, 170, 216, 248

Anesthesiology

CDEL report, 50

Annual Session, 153rd, 2012

CAS report, 9

Annual Session, 154th, 2013

Local Arrangements Committee, Board report, 1000 Scientific Session, 379

Annual Session, 155th, 2014

Chairpersons, Local Arrangements Committee, approved, Res. B-39-2013, 189

Annual Session, 156th, 2015

General Chair, Local Arrangements Committee, approved, Res. B-41-2013, 189

Annual Sessions

Registration fees, approval process, Res. B-59-2013, 190 Registration fees, Res. B-38-2013,

Renaming/rebranding, report to Board, 209

Site recommendations, 209

Assessment Data

Use, policy amended, Res. 30, 41, 4042

Attendance Record, 395

Audit

2012 ADA consolidated financial statement approved, Res. B-73-2013, 184

2012 ADPAC financial statement approved, Res. B-74-2013, 184 Independent auditors report, 151

Audit Committee

Report to Board, 184, 207, 238, 263

Authorization of Benefits

Policy amendment, Res. 15, 34, 4020

Benefits

Assignment, Res. 95, 5133

Bergstrom, Bruce

Honorary membership election, 1001

Honorary membership nomination, Res. B-60-2013, 194

Board Diversity and Inclusion Education Program

Supplemental appropriations, Res. B-16, declared moot, 159

Board of Trustees

Action for Dental Health, report, 188 Active life membership, report, 167 Activities, December 2013, funding, Res. B-132-2013, 245 ADA Business Enterprises, Inc.,

audit function, 263 ADA Business Enterprises, Inc., report, 170, 195, 215, 248, 274

ADA Foundation, report, 169, 195, 214, 268, 272

ADA Institute for Diversity in Leadership, 1005

ADA members insurance plans financial audit, 193

ADEX, liaison report, 273

- Administrative body, *Constitution* amendment, Res. 175-2012, 143, 5025
- Affordable Care Act, report, 251 Agenda, March 10-11, 2013, approved, Res. B-1-2013, 158
- Agenda, June 9-11, 2013, approved, Res. B-31-2013, 184
- Agenda, August 4-6, 2013, approved, Res. B-81-2013, 207
- Agenda, October 6-8, 2013, approved, Res. B-129-2013, 238
- Agenda, November 5, 2013, approved, Res. B-157-2013, 256
- Agenda, December 16-17, 2013, approved, Res. B-143-2013, 263
- Allocation of civil service dentists, report, 212
- American Student Dental Association, liaison report, 170, 216, 248
- Annual session site recommendations, 209
- Appreciation to Council on ADA Sessions/2013 Committee on Local Arrangements, 1000
- Appreciation to employees, 1002 Attendance at third meeting, report,
- Attorney-client session, March 10, 2013, 172
- Attorney-client session, June 9, 2013, 205
- Attorney-client session, August 4, 2013, 228
- Attorney-client session, October 7, 2013, 252
- Attorney-client session, December 16, 2013, 274
- Audit Committee, report, 184, 207, 238, 263
- Budget, 2014, draft, 204
- Budget and Finance Committee, report, 158, 184, 207, 238, 264
- Budget summary worksheet, 2014, 2006
- Call to Action campaign, report, 166 Center for Professional Success, history, 191
- Center for Professional Success, report, 251
- Chief Communications Officer, report, 163, 166, 188, 243, 267
- Chief Financial Officer, report, 163 Closed sessions, March 10-11, 2013, 171
- Closed sessions, June 9-11, 2013, 205

- Closed sessions, August 4-6, 2013, 228
- Closed sessions, October 7, 2013, 252
- Closed sessions, December 16-17, 2013, 274
- Code maintenance process, 210 Commission on Dental
- Accreditation, report, 204, 244 Committees, self-assessment,
- Res. B-67-2013, 186
- Community Dental Health
 Coordinator Pilot Program, report,
 166, 212
- Community Dental Health Coordinator, report, 252
- Compensation Committee, report, 160, 185, 207, 238, 266
- Confidential session, October 8, 2013, 252
- Contingent fund status, 163, 191, 211, 245, 269
- Council chairs appointment, 247 Council on Access, Prevention and Interprofessional Relations, report, 166, 192, 212, 269
- Council on ADA Sessions, liaison report, 171, 196
- Council on ADA Sessions, report, 189, 209, 244
- Council on Communications, report, 208
- Council on Dental Benefit Programs, report, 210, 211
- Council on Dental Education and Licensure, report, 164, 171, 209
- Council on Dental Practice, report, 166, 191, 210
- Council on Ethics, Bylaws and Judicial Affairs, liaison report, 216
- Council on Ethics, Bylaws and Judicial Affairs, report, 246
- Council on Members Insurance and Retirement Programs, report, 167, 193, 246, 270, 271
- Council on Membership, report, 168, 193, 246, 271
- Council on Scientific Affairs, report, 168, 214, 272
- Data-driven recommendations to grow membership, 251
- Death of former officials, 1001
 Dental Content Committee, liaison report. 273
- Dental Content Committee, report, 216
- Dental Quality Alliance, report, 170, 210, 216, 273

- Dental Student Debt Task Force, report, 164
- Department of Dental Informatics, report, 211
- Department of Standards Administration, report, 271
- Disclosure policy revision, 208
 Distinguished Service Award, 1001
- Distinguished Service Award nomination, 195
- Diversity and Inclusion Committee, report, 163, 188, 212, 266, 270
- Division of Administrative Services, report, 272
- Division of Global Affairs, report, 211, 245
- Division of Information Technology, report, 192
- Division of Legal Affairs, report, 172, 205, 246, 270
- Division of Membership, Tripartite Relations and Marketing, report, 212
- Draft Strategic Plan, report, 252 Dues pricing study, report, 168 Election of Honorary Membership, 1001
- Executive Director, report, 170, 196, 215, 248, 273
- FDI Advisory Committee appointed, 257
- FDI Annual World Dental Congress, report, 269
- FDI delegation appointed, 257 Federal legislation, report, 166
- Federal regulations, report, 166

 Final insurance audit implementation
- Final insurance audit implementation plan proposals, 252
- Georgia Dental Association request for assistance, report, 215
- Give Kids A Smile and Presidential Gala, report, 244
- Governance Committee, report, 162, 186, 207, 239, 267
- Health Policy Resources Center, report, 210, 252
- Honorary Membership nominations, 194
- HRSA grant, report, 168
- Humanitarian Award Nominating Committee, report, 269
- Information Technology Committee, report, 162, 188, 243, 267
- Information Technology initiatives, report, 192
- Interagency workgroup on grassroots member communication, 271

Interagency workgroup on group dental practice, 167 International Booth Participation, report, 192 International business plan, report, 192 Internet review sites, 273 Joint Commission on National Dental Examinations, report, 190, Liaison assignments, 256 Library Task Force, report, 243 Managing Vice President (Conferences and Continuing Education), report, 268 Managing Vice President (Corporate Relations and Marketing Alliances), report, 164 Meeting, March 10-11, 2013, 157 Meeting, June 9-11, 2013, 183 Meeting, August 4-6, 2013, 206 Meeting, October 6-8, 2013, 237 Meeting, November 5, 2013, 256 Meeting, December 16-17, 2013, 262 Meeting dates, 2014, Res. B-35-2013, 195 Meeting dates, 2015, Res. B-36-2013, 195 Meeting dates, 2016, Res. B-37-2013, 195 Meeting dates, report, 195 Member commitments, Res. B-23-2013, 162 Members retirement programs ADA-AXA future plans, 247 Minutes, October 23, 2012, approved, Res. B-170-2012, 158 Minutes, December 9-12, 2012, approved, Res. B-2-2013, 158 Minutes, March 10-11, 2013, 157 Minutes, March 10-11, 2013, approved, Res. B-33-2013, 184 Minutes, June 9-11, 2013, 183 Minutes, June 9-11, 2013, approved, Res. B-83-2013, 207 Minutes, August 4-6, 2013, 206 Minutes, August 4-6, 2013, approved, Res. B-109-2013, 238 Minutes, October 6-8, 2013, 237 Minutes, October 6-8, 2013, approved, Res. B-145-2013, 263 Minutes, November 5, 2013, 256 Minutes, November 5, 2013, approved, Res. B-154-2013, 263 Minutes, December 16-17, 2013, Mission of Mercy, report, 261

MouthHealthy.org, progress report, 163 National Oral Health Alliance, report, 166 New Dentist Committee, liaison report, 171 New Dentist Committee, report, 171, 213 Nominations to councils/ commissions, 1002 Office of Student Affairs, report, 213 Pension Committee, report, 162, 188, 208, 242, 267 Policy review, 1006 President-Elect, report, 170, 196, 215, 248, 273 President, report, 170, 196, 215, 248, 272 Prevention summit, 2013, report, Public affairs, report, 166 Public Health Dentistry Workgroup, report, 171 Renaming/rebranding ADA annual session, 209 Report 1: Association Affairs and Resolutions, 1000 Report 2: 2014 Budget, 2000 Report 3: Delegate Allocation, 5017 Report 4: Re-Examination of Certain Suggestions From Westman Governance Study, 5014 Report 5: Board Action on ADA Members Insurance Plans Pursuant to Report by Council on Members Insurance and Retirement Plans, 2027 Report 6: Response to Resolution 159H-2012: Support of ADA Library, 3000 Report 7: Follow Up to 2012 Westman Governance Suggestions, 5062 Report 8: Development of ADA's Next Strategic Plan—A Critical Time for Dentistry, 2039 Report 9: Annual Report on the Current ADA Strategic Plan, 2046 Report 10: Response to Resolution 110H-2012: Monitoring the Dental Board of California's Development of a Portfolio Examination, 3033 Report 11: Information Technology Initiatives, Expenditures and

Estimated Costs, and Anticipated

Future Projects, 2058

Report 12: Annual Report of the State Public Affairs Program Oversight Workgroup, 5069 Report 13: Response to Resolutions 66H-2011, 91H-2011, B-204-2011, and 113H-2012: Deflating the Dental Education Bubble, 3036 Report 14: Compensation and Contract Relating to the Executive Director, 2069 Report 15: Response to Resolution 77H-2011: ADA Pension Plans, Report 16: Annual Report of the New Dentist Committee, 6021 Res. 2, Amendment of Bylaws, Various Chapters/Sections, Delegate Allocation, 5018; Board, 197, 222; substitution, Res. 2S-1, 5024a (1 of 9); House, 285 Res. 3, Budget 2014, approved, 2025; Board, 204; House, 284, 372 Res. 4, Dues, request, 2026; House, 374 Res. 50, Monitoring Dental Board of California's Development of Portfolio Examination, 3035; Board, 221; House, 329 Res. 53, ADA Advocacy Agenda, 3078; Board, 221; substitution, Res. 53S-1, 3078a; House, 329 Res. 54, Development of a Robust Information Portal, 3079; Board, 221; substitution, Res. 54S-1, 3079a; referred, 330 Res. 55, Expanding Research Efforts in the Area of Dental Education Financing, 3080; Board, 221; House, 331 Res. 56, Comprehensive Study of the Current Dental Education Model, 3081; Board, 221; substitution, Res. 56S-1, 3082a; House, 332 Res. 57, Revision of Accreditation Standards, 3083; Board, 221; House, 333 Res. 63, Disclosure Policy, amended, 5045; Board, 223; House, 341 Res. 67, Nominations to ADA Councils/Commissions, 1003, 1019: House, 279 Res. 95-2012, Amendment of Constitution and Bylaws, Vice President Offices, 137, 5000; Board, 203; substitution, Res. 95-2012S-1, 5004a (1 of 9); Board,

- 249, 5004a (8 of 9); declared moot, 344
- Res. 99-2012, Amendment of Bylaws, Dues Increase, 30-Day Notice, 141, 5005; Board, 203; House, 338
- Res. B-1-2013, agenda, March 10-11, 2013, approved, 158
- Res. B-2-2013, minutes, December 9-12, 2012, approved, 158
- Res. B-3, presentation by ADHA, 166
- Res. B-4-2013, Interagency Workgroup on Group Dental Practice, ADA members, 167
- Res. B-5-2013, nominations to Council on Scientific Affairs. 169
- Res. B-6-2013, Give Kids A Smile report to Division of Corporate Relations and Strategic Marketing Alliances, 164
- Res. B-7-2013, operating rules for Give Kids A Smile approved, 164
- Res. B-8-2013, social media posting protocol, 163
- Res. B-9-2013, social media code of conduct, 163
- Res. B-10-2013, consent calendar,
- Res. B-11-2013, intent statement supporting CODA accreditation standards, 164
- Res. B-12, dental school curriculum in practice administration, 165
- Res. B-13-2013, self-study guide for Standard 2-18, 165
- Res. B-14-2013, intent statement for Standard 4-6, 165
- Res. B-15, supplemental appropriations, Division of Membership, Tripartite Relations and Marketing, declared moot, 159
- Res. B-16, supplemental appropriations, Division of Membership, Tripartite Relations and Marketing, declared moot, 159
- Res. B-17-2013, supplemental appropriations, Division of Administrative Services, 159
- Res. B-18, supplemental appropriations, Division of Government and Public Affairs, declared moot, 159
- Res. B-19-2013, supplemental appropriations, Division of Dental Practice/Professional Affairs, 159

- Res. B-20-2013, supplemental appropriations, Division of Finance and Operations, 160
- Res. B-21, supplemental appropriations, Division of Communications and Marketing, declared moot, 160
- Res. B-22-2013, contingency fund requests, consideration procedure, 158
- Res. B-23-2013, Board member commitments, 162
- Res. B-24-2013, composition of Administrative Review Committee, 162
- Res. B-25-2013, amendment of Organization and Rules of the Board of Trustees, Compensation Committee charter, 160
- Res. B-26-2013, release of committed reserve funds, 162
- Res. B-27-2013, confidential
- Res. B-28-2013, confidential
- Res. B-29, unassigned
- Res. B-30-2013, amendment of Organization and Rules of the Board of Trustees, attendance at third meeting, reimbursement, 168
- Res. B-31-2013, agenda, June 9-11, 2013, approved, 184 Res. B-32-2013, consent calendar,
- Res. B-33-2013, minutes, March 10-11, 2013, approved,
- Res. B-34-2013, confidential resolutions released, 184
- Res. B-35-2013, 2014 Board meeting dates, 195
- Res. B-36-2013, 2015 Board meeting dates, 195
- Res. B-37-2013, 2016 Board meeting dates, 195
- Res. B-38-2013, registration fees, Annual Sessions, 189
- Res. B-39-2013, chairpersons, 2014 Local Arrangements Committee, 189
- Res. B-40-2013, chair, Council on ADA Sessions, 189
- Res. B-41-2013, General Chair, 2015 Local Arrangements Committee. 189
- Res. B-42-2013, Vulnerable Adults Publication, copyright transfer, 192 Res. B-43-2013, dues reduction for nonmembers in five states, 193

- Res. B-44-2013, dues reduction for nonmembers lapsed in 2009-2011, 193
- Res. B-45-2013, constituent/ component societies match ADA dues incentives. 193
- Res. B-46-2013, credit formula of ADA insurance plans, 193
- Res. B-47-2013, changes to Great-West Financial's risk and profit charge, 194
- Res. B-48-2013, amendment of Organization and Rules of the Board of Trustees, Insurance Surplus, 194
- Res. B-49-2013, payment of term life plan unallocated surplus setaside, 194
- Res. B-50-2013, 4th quarter 2012 financial statement file/release, 185
- Res. B-51-2013, supplement appropriation, Division of Education and Professional Affairs, 185
- Res. B-52-2013, transmittal of Library and Archives Transition Plan to House, 190
- Res. B-53-2013, establishment of ADA Library and Archives Advisory Board, 190
- Res. B-54-2013, memorandum of understanding with UIC considered at December 2013 meeting, 191
- Res. B-55-2013, research/ development funds expenditures, 190
- Res. B-56-2013, cap on unexpended funds, JCNDE, 190 Res. B-57-2013, funds reallocation, JCNDE, 190
- Res. B-58-2013, funding CDHC Program, 192
- Res. B-59-2013, annual session registration fees, approval process, 190
- Res. B-60-2013, honorary membership nominations, 194 Res. B-61-2013, Distinguished
- Service Award nomination, 195 Res. B-62-2013, ADA Institute for Diversity in Leadership, 2013-2014 class candidates, 188
- Res. B-63-2013, ADA Institute for Diversity in Leadership, 2013-2014, alternate class candidates, 188

- Res. B-64-2013, amendment of Board and Council rules regarding advisory committees, 186
- Res. B-65-2013, amendment of Organization and Rules of the Board of Trustees, use of ex officio, 186
- Res. B-66-2013, amendment of Organization and Rules of the Board of Trustees, Governance Committee Charter, 186
- Res. B-67-2013, self-assessment of Board committees, 186
- Res. B-68-2013, guidelines for absence of Executive Director or vacancy in Executive Director position, 187
- Res. B-69-2013, confidential action, 185
- Res. B-70-2013, 1st quarter 2013 financial statement file/release, 185
- Res. B-71-2013, ADA Forms 990 and 990T approved, 184
- Res. B-72-2013, ADPAC Form 990 approved, 184
- Res. B-73-2013, ADA audited 2012 consolidated financials statement approved, 184
- Res. B-74-2013, ADPAC audited 2012 financial statement approved, 184
- Res. B-75-2013, headquarters building operating expense report approved, 184
- Res. B-76, unassigned Res. B-77-2013, workgroup on
- officer and trustee compensation, 185
- Res. B-78, unassigned
- Res. B-79-2013, Board standing committee orientation, 208
- Res. B-80-2013, nominations to ADPAC approved, 214
- Res. B-81-2013, agenda, August 4-6, 2013, approved, 207
- Res. B-82-2013, consent calendar,
- Res. B-83-2013, minutes, June 9-11, 2013, approved, 207
- Res. B-84-2013, consultants to Council on Dental Education and Licensure approved, 209
- Res. B-85-2013, embargoed, 209
- Res. B-86-2013, embargoed, 209
- Res. B-87-2013, embargoed, 209
- Res. B-88-2013, leadership diversity survey, 212

- Res. B-89-2013, consultants to Council on Dental Practice approved, 210
- Res. B-90-2013, consultants to Council on Access, Prevention and Interprofessional Relations approved, 212
- Res. B-91-2013, 2nd quarter financial statements file/release, 207
- Res. B-92-2013, consultants to Council on Scientific Affairs approved, 214
- Res. B-93-2013, John W. Stanford New Investigator Award eligibility, 214
- Res. B-94-2013, consultants to Council on Dental Benefit Programs approved, 210
- Res. B-95-2013, consultants to Joint Commission on National Dental Examinations approved, 209
- Res. B-96-2013, nominations ASDA consultant program approved, 213
- Res. B-97-2013, consultants to Committee on International Programs and Development approved, 211
- Res. B-98, task force on human papillomavirus, 208
- Res. B-99-2013, consultants to New Dentist Committee approved, 213
- Res. B-100-2013, nominees for membership on councils, commissions and New Dentist Committee, 216
- Res. B-101-2013, intellectual property license for SNODENT and *Code*, 211
- Res. B-102-2013, Success Program, 222
- Res. B-103-2013, distribution of environmental scanning report and data, 208
- Res. B-104-2013, policies maintained, 208
- Res. B-105-2013, employee's retirement plan, 207
- Res. B-106-2013, employee's savings and thrift plan, 207
- Res. B-107-2013, Strategic Planning Steering Committee to host informational forum, 226
- Res. B-108-2013, new agency, Commission on Continuing Dental Education Accreditation, 209

- Res. B-109-2013, minutes, August 4-6, 2013, approved, 238 Res. B-110-2013, consent calendar, 238
- Res. B-111, supplemental appropriations, Division of Administrative Services, 245
- Res. B-112-2013, Council chairs appointment, 247
- Res. B-113-2013, CODA research/ development fund, 244
- Res. B-114-2013, spokespersons appointed, 243
- Res. B-115-2013, premium credits in the Term Life Insurance Plan, 246
- Res. B-116-2013, premium credits in the Income Protection Insurance Plan, 246
- Res. B-117-2013, premium credits in the Office Overhead Expense Insurance Plan, 246
- Res. B-118-2013, premium credit for participants in the MedCASH Insurance Plan, 246
- Res. B-119, 2013, Term Life Insurance Plan royalty distribution, 247
- Res. B-120-2013, Income Protection Insurance Plan royalty, 247
- Res. B-121-2013, Office Overhead Expense Insurance Plan royalty distribution, 247
- Res. B-122-2013, MedCASH Insurance Plan royalty distribution, 247
- Res. B-123-2013, embargoed, 252 Res. B-124-2013, membership in Alliance for Oral Health Across Borders, 245
- Res. B-125-2013, memorandum of understanding with CODA, 245
- Res. B-126-2013, nomination, consultant to Council on ADA Sessions, 244
- Res. B-127-2013, New Dentist Committee pilot program, 239
- Res. B-128-2013, Budget and Finance Committee charter change, study, 238
- Res. B-129-2013, agenda, October 6-8, 2013, approved, 238
- Res. B-130-2013, dues/finances changes, study, 238
- Res. B-131-2013, travel reimbursement, study, 238
- Res. B-132-2013, funding for December 2013 Board activities, 245

Res. B-133-2013, officer/trustee stipends, 239

Res. B-134-2013, tax classification of Treasurer, 239

Res. B-135-2013, royalties reserve account, 247

Res. B-136-2013, duties of Budget and Finance Committee, 239

Res. B-137-2013, reserve policies/ objectives, 240

Res. B-138-2013, long-term financial strategy, 241

Res. B-139-2013, trustee travel within districts, 241

Res. B-140-2013, spousal travel expenses, 242

Res. B-141-2013, President-Elect Corporate Officer Agreement, 261

Res. B-142-2013, Mission of Mercy continuation, 261

Res. B-143-2013, agenda, December 16-17, 2013, approved, 263

Res. B-144-2013, consent calendar, 263

Res. B-145-2013, minutes, October 6-8, 2013, approved, 263

Res. B-146-2013, Humanitarian Award, 269

Res. B-147-2013, new AXA retirement gateway association product, 270

Res. B-148-2013, spokespersons appointed, 267

Res. B-149-2013, guidelines for nominations to ADA Councils, Commissions and New Dentist Committee, 272

Res. B-150, unassigned

Res. B-151, embargoed, 271

Res. B-152, embargoed, 271

Res. B-153-2013, Robert H. Ahlstrom New Investigator Award, creation, 271

Res. B-154-2013, minutes, November 5, 2013, approved, 263

Res. B-155-2013, composition of Library and Archives Advisory Board, 268

Res. B-156, memorandum of understanding with University of Illinois at Chicago Medical Center Library, 268

Res. B-157-2013, agenda, November 5, 2013, approved, 256 Res. B-158-2013, appointment of Standing Committees, 258 Res. B-159-2013, New Dentist appointees to ADA Councils/ Commissions, 259

Res. B-160-2013, 2013-2014 Board sessions, 261

Res. B-161-2013, President Corporate Officer Agreement, 261 Res. B-162-2013, 2013 3rd quarter file/release, 264

Res. B-163-2013, supplemental appropriations, Division of Dental Practice/Practice Institute, 264

Res. B-164-2013, tenant improvements, 264

Res. B-165, international travel policy, 264

Res. B-166-2013, CODA orientation for Board, 263 Res. B-167-2013, confidential Res. B-168-2013, universal

assessment criteria, 265 Res. B-169-2013, supplemental

appropriations, Division of Information Technology, 265 Res. B-170-2012, minutes,

October 23, 2012, approved, 158 Res. B-170-2013, Institute for Diversity in Leadership class size, 267

Res. B-171-2013, tripartite leadership development network,

Res. B-172-2013, Committee on Diversity and Inclusion, composition, 267

Res. B-173-2013, Executive Director, key accountabilities, 266

Res. B-174-2013, Executive Director, performance goals, 266

Res. B-175-2013, portfolio changes, 266

Res. B-176-2013, Dental Quality Alliance succession plan, 273

Res. B-177, withdrawn

Res. B-178-2013, confidential

Res. B-179-2013, Give Kids A Smile and Recognition Gala, 268

Response to resolutions from House, 1018a (Page 1 of 2)

Retirement plan review, 194 Retiring Council/Commission

members, 1004

Retiring officers/trustees, 1002 Review of B-214-2011, 169 Rules Subcommittee, report, 239

Senior Director, Global Affairs, report, 192

Senior Vice President (Education and Professional Affairs), report, 268

Senior Vice President (Government and Public Affairs), report, 166, 188, 192, 212, 245, 268, 269

Senior Vice President (Membership, Tripartite Relations and Marketing), report, 167

Sessions, 2013-2014, Res. B-160-2013, 261

Stafford loans, 196

Standards annual volunteer awards program, 271

Standards Committee on Dental Informatics, liaison report, 171, 273

Standing Committee on Dental Informatics, report, 216 State legislation, report, 166 State regulations, report, 166 Strategic Planning Session, 273

Strategic Planning Steering Committee, report, 162, 188, 208

Success Program, report, 221 Supplemental appropriations requests, 245

Task Force on Dental Education Economics and Student Debt, report, 191

Task Force on Library Transition Plan, report, 171, 190

Termination of contract with Sharecare, Inc., 189 Treasurer, report, 170

Tripartite alignment, report, 167 UN Environmental Program negotiations, report, 170

Bottled Water, Home Water Treatment Systems and Fluoride Exposure

Policy amendment, Res. 75, 5082

Brand Management Workgroup

CC report, 12

Budget

2014, approved, Res. 3, 2025 2014, draft, 204

Approval, *Bylaws* amendment, Res. 64, 5053

Approval process, procedures, Res. 65, 5059 Board report, 2000

Board report, 2006 Summary, 2006

Budget and Finance Committee

Charter changes, study,
Organization and Rules of the
Board of Trustees amendment,
Res. B-128-2013, 238

Duties Organization and Rules of the Board of Trustees amendment, Res. B-136-2013, 239 Report to Board, 158, 184, 207,

Bulk Benefit Payment Statements

Policy amendment, Res. 19, 36, 4025

Bylaws Amendments

238, 264

Chapter I, Section 20(A)c, Res. 44, 105, 6001

Chapter I, Section 20(A)c, Res. 46, 108, 6006

Chapter I, Section 20(B), Res. 86, 6016 REVISED

Chapter I, Section 20(C), Res. 86, 6016 REVISED

Chapter I, Section 20(E)c, Res. 44, 105, 6001

Chapter I, Section 20(E)c, Res. 45, 106, 6004

Chapter I, Section 20(E)c, Res. 46, 108, 6006

Chapter I, Section 50(A), Res. 86, 6016 REVISED

Chapter II, Section 100, Res. 2, 5018

Chapter V, Section 10(A), Res. 2, 5018

Chapter V, Section 10(C), Res. 2, 5018

Chapter V, Section 10(D), Res. 2, 5018

Chapter V, Section 50(E), Res. 64, 5053

Chapter V, Section 130(A)c, Res. 64, 5053

Chapter V, Section 140(D), Res. 64, 5053

Chapter VI, Res. 95-2012, 137, 5000

Chapter VII, Section 10, Res. 95-2012, 137, 5000

Chapter VII, Section 100(F), Res. 64, 5053

Chapter VII, Section 100(F), Res. 99-2012, 141, 5005

Chapter VII, Section 100(G), Res. 64, 5053

Chapter VII, Section 100(N), Res. 2, 5018

Chapter VII, Section 130(A), Res. 95-2012, 137, 5000

Chapter VIII, Section 10, Res. 95-2012, 137, 5000

Chapter VIII, Section 30(A), Res. 95-2012, 137, 5000

Chapter VIII, Section 30(B), Res. 41, 75, 5033 Chapter VIII, Section 30(C), Res. 41, 75, 5033

Chapter VIII, Section 50, Res. 41, 75, 5033

Chapter VIII, Section 50, Res. 95-2012, 137, 5000

Chapter VIII, Section 60, Res. 95-2012, 137, 5000

Chapter VIII, Section 80(A), Res. 41, 75, 5033

Chapter VIII, Section 80(A), Res. 95-2012, 137, 5000

Chapter VIII, Section 90(C), Res. 95-2012, 137, 5000

Chapter VIII, Section 90(D), Res. 95-2012, 137, 5000

Chapter VIII, Section 90(F)e, Res. 64, 5053

Chapter X, Section 120(G)i, Res. 42, 77, 5036

Chapter XVIII, Section 40, Res. 86, 6016 REVISED

Chapter XVIII, Section 40, Res. 99-2012, 141, 5005

Chapter XXII, Section 20, Res. 99-2012, 141, 5005

Editorial, CEBJA duties, Res. 42, 77, 5036

California

Dental Board, development of portfolio examination, Res. 50, 3035

Call to Action see also Action for Dental Health

Campaign, report to Board, 166

Center for Professional Success

History, report to Board, 191 Report to Board, 251 Supplemental appropriations, Res. B-19-2013, 159

Centers for Medicare and Medicaid Services

CAPIR report, 5110

Charge for Administrative Costs

Policy amendment, Res. 22, 37, 4029

Chief Communications Officer

Report to Board, 163, 166, 188, 243, 267

Chief Financial Officer

Report to Board, 163

Children

Age, policy amended, Res. 17, 35, 4023

School, oral health assessment, policy amended, Res. 78, 5084

Children's Oral Health Campaign

CC report, 12

Civil Service Dentists

Allocation, report to Board, 212

Closed Panel Dental Benefit Plans

Policy rescission, Res. 10, 30, 4011 Text, 45, 4012

Code on Dental Procedures and Nomenclature

CDBP report, 22 Intellectual property license, Res. B-101-2013, 211 Maintenance process, report to Board, 210

Coding

Diagnostic, development, policy amended, Res. 23, 37, 4030

Commissions

Directory, 384
Membership nominees,
Res. B-100-2013, 216
New Dentist appointments,
Res. B-159-2013, 259
Nominations, Board report, 1002
Nominations, guidelines,
Res. B-149-2013, 272
Nominations, Res. 67, 1003, 1019
Nominations schedule, 1023
Retiring members, Board report,
1004
Self-assessment, Res. 1, 5013

5008 Committees

Definition, policy amended, Res. 43, 79, 5037 Self-assessment, Res. 1, 5013 Self-assessments, TFSC report, 5008

Self-assessments, TFSC report,

Communication

Dental care, policy amended, Res. 72, 5082

Communication and Dental Practice

Policy amendment, Res. 72, 5082

Communications

Grassroots member, interagency workgroup, 271

Communications and Marketing, Division of

Supplemental appropriations, Res. B-21, declared moot, 160

Communications, Council on

Action for dental health, 11
Advocacy Communications
Subcommittee, 12
Brand Management Workgroup, 12
Children's oral health, public
service campaign, 12
Consumer outreach, 13

Give Kids A Smile, 13 Image, 10 Membership nominations, Board report, 1003 Mission, 10 MouthHealthy.org business plan, 12 Policy review, 13, 5039 Purpose, 10 Report to Board, 208 Reputation Management Advisory Subcommittee, 11 Res. 61, Use of ADA Logo, rescinded, 5039; Board, 223, 5041; House, 340 Res. 62, Placement of Paid **Education Television Messages** Upon Request, 5040; Board, 223, 5043; House, 340 Response to House resolutions, 13 Social/digital media, 11 Strategic plan of ADA, 10 Supplemental Report 1: ADA Policy Review, 5039 Supplemental Report 2: Public Relations Initiative Progress Report, 5114

Community Dental Health Coordinator

CAPIR report, 5
Pilot program, CAPIR report, 5126
Pilot program, report to Board, 166, 212, 252, 269
Program, funding, Res. B-58-2013, 192

Compensation Committee

Charter, Res. B-25-2013, 160 Report to Board, 160, 185, 207, 238, 266

Component Societies

Match ADA dues incentives, Res. B-45-2013, 193

Conflict of Interest

Disclosure policy, policy amended, Res. 63, 5045

Constituent Societies

Match ADA dues incentives, Res. B-45-2013, 193

Constitution Amendments

Article IV, Section 20, Res. 175-2012, 143, 5025 Article V, Section 10, Res. 95-2012, 137, 5000

Consumer Outreach

Targeted, CC report, 13

Contingent Fund

Requests, consideration procedures, Res. B-22-2013, 158 Status report to Board, 163, 191, 211, 245, 269

Continuing Dental Education Accreditation, Commission on see also Continuing Education Recognition Program

New agency to replace CERP, Res. B-108-2013, 209

Continuing Education Recognition Program see also Continuing Dental Education Accreditation, Commission on

CDEL report, 50 New agency, Commission on Continuing Dental Education Accreditation, Res. B-108-2013, 209

Cooling Tower/Condenser Riser

Supplemental appropriations, Res. B-20-2013, 160

Corporate Relations and Strategic Marketing Alliances, Division of Give Kids A Smile, Res. B-6-2013,

Councils

Chair appointments, Res. B-112-2013, 247
Directory, 381
Membership nominees,
Res. B-100-2013, 216
New Dentist appointments,
Res. B-159-2013, 259
Nominations, Board report, 1002
Nominations, guidelines, Res.
B-149-2013, 272
Nominations, Res. 67, 1003, 1019
Nominations schedule, 1023
Retiring members, Board report, 1004
Self-assessment, Res. 1, 5013

Credentials, Rules and Order, Standing Committee on (House)

5008

Self-assessments, TFSC report,

Access to floor of House, 1025 Adoption of agenda, 1021 Attorney-client session, 1026 Closed session, 1026 Dedicated pro/con microphones, 1025 Distribution of materials in the

Distribution of materials in the House, 1027

Election procedures, 1024 Hearing of reference committees, 1022

Information/resource office, 1027 Installation of new officers/trustees, 1024

Introduction of new business, 1024 Manual of the House of Delegates, 1027 Media representatives at meetings of House, 1027 Minutes of the 2012 Session of House, 1021 Nominations of officers, 1023 Nominations of trustees. 1023 Nominations to councils/ commissions, 1023 Order of agenda items, 1021 Recognition of those waiting to speak, 1025 Report, 1021 Report to House, 277, 281, 326, 373 Reports of reference committees, 1023 Res. 47, minutes, House, 2012, approved, 1021, 1028; House,

278
Res. 48, agenda, House, 2012, adopted; Speaker authorized to alter, 1021, 1029; House, 278
Res. 49, referrals, approved, 1022, 1030; House, 279

Damazo, Ray

Humanitarian award, Res. B-146-2013, 269

Deaths

Former ADA officers, Board report, 1001

Definitions of Committees

Policy amendment, Res. 43, 79, 5037

Delegates

Allocation, Board report, 5017
Allocation, *Bylaws* amendment,
Res. 2, 5018
Substitution of alternate delegates,
1026

Dental Accreditation, Commission on

Accreditation actions, summary, 15 Accreditation fees, 18 Accreditation standards, intent statement, Res. B-11-2013, 164 Dental therapy accreditation standards, 17 Emerging issues/trends, 20 Joint Advisory Committee on International Accreditation, 19 Membership nominations, Board report, 1003 Memorandum of understanding, Res. B-125-2013, 245 Mission, 14 Oral medicine accreditation standards, 17 Orientation for Board, Res. B-166,

2013, 263

Policy review, 21
Proposed revised standards, 16
Purpose, 14
Quality assurance/strategic
planning, 18
Report to Board, 204, 244
Research/development fund,
Res. B-113-2013, 244
Response to House resolutions, 20
Revised policies, 18
Standards, revisions, adopted, 16
Strategic plan of ADA, 15
U.S. Department of Education
renewal of recognition, 17

Dental Admission Testing Program Trends, CDEL report, 51

Dental Auxiliaries

Unsupervised practice, policy rescission, Res. 37, 66, 4051

Dental Benefit Information Service CDBP report, 23

Dental Benefit Plans

Authorization of benefits, policy amended, Res. 15, 34, 4020 Capitation, statement, policy amended, Res. 8, 28, 4007 Closed panel, policy rescission, Res. 10, 30, 4011 Preventive coverage, policy amended, Res. 16, 34, 4021 Risk assessment, policy amended, Res. 31, 42, 4044 Statement, policy amended, Res. 11, 31, 4013

Dental Benefit Programs, Council on

Code on Dental Procedures and Nomenclature, 22

Consultants approved, Res. B-94-2013, 210

Dental Benefit Information Service,

Dental Quality Alliance, 23 Emerging issues/trends, 24 Membership nominations, Board report, 1003

Mission, 22

Policy review, 24

Purpose, 22

Report to Board, 210, 211

Res. 5, Tooth Designation Systems, amended, 25, 4000; Board, 217, 4002; House, 301

Res. 6, Reporting of Dental Procedures to Third Parties, amended, 27, 4003; Board, 217, 4004; House, 303

Res. 7, Recognition of Tooth Designation Systems for Electronic Data Interchanges, amended, 28, 4005; Board, 217, 4006; House, 323

Res. 8, Statement on Capitation Dental Benefit Programs, amended, 28, 4007; Board, 217, 4008; House, 303

Res. 9, Guidelines for Dental Components of Health Maintenance Organizations, amended, 29, 4009; Board, 218, 4010; House, 304

Res. 10, Closed Panel Dental Benefit Plans, rescinded, 30, 4011; Board, 218, 4011; referred, 314

Res. 11, Statement on Dental Benefit Plans, amended, 31, 4013; Board, 218, 4014; substitution, Res. 11S-1, 4014 a (1 of 4); substitution, Res. 11RC, 314; House, 314

Res. 12, Support for Individual Practice Associations (IPAs), amended, 32, 4015; Board, 218, 4015; House, 305

Res. 13, Government Reports on Payments to Dentists, amended, 33, 4016; Board, 218, 4017; House, 305

Res. 14, Use of DEA Numbers for Identification, amended, 33, 4018; Board, 218, 4019; House, 306

Res. 15, Authorization of Benefits, amended, 34, 4020; Board, 218, 4020; House. 306

Res. 16, Statement on Preventive Coverage in Dental Benefits Plans, amended, 34, 4021; Board, 218; 4022; House, 306

Res. 17, Age of "Child," amended, 35, 4023; Board, 218, 4023; House, 307

Res. 18, ADA's Dental Claim Form, amended, 35, 4024; Board, 218, 4024; House, 307

Res. 19, Bulk Benefit Payment Statements, amended, 36, 4025; Board, 218, 4026; House, 308

Res. 20, Medically Necessary Care, amended, 36, 4027; Board, 218, 4027; substitution, Res. 20S-1, 4027 a (1 of 3); referred, 317

Res. 21, Third-Party Acceptance of Descriptive Information on Dental Claim Forms, amended, 37, 4028; Board, 218, 4028; House, 308 Res. 22, Charge for Administrative Costs, amended, 37, 4029; Board, 219, 4029; House, 308

Res. 23, Development of ADA Diagnostic Coding, amended, 37, 4030; substitution, Res. 23B, 219, 4031; House, 309

Res. 24, ADA Policy on Fees, amended, 38, 4032; Board, 219, 4032; substitution, Res. 24RC, 318; House, 318

Res. 25, ADA Policy on Fee Profiles, amended, 38, 4033; Board, 219, 4033; House, 309

Res. 26, Hospitalization Insurance for Dental Treatment, amended, 39, 4034; Board, 219, 4034; House, 309

Res. 27, Alteration of Dental Treatment Plans by Third-Party Claims Analysis, amended, 39, 4035; Board, 219, 4035; substitution, Res. 27RC, 320; House, 320

Res. 28, Principles for Pay-for-Performance or Other Third-Party Financial Incentive Programs, amended, 39, 4036; substitution, Res. 28S-1, 4038; Board, 220, 4039; House, 310

Res. 29, Quality Health Care, amended, 40, 4040; Board, 220, 4041; House, 311

Res. 30, Position Statement on the Appropriate Use of Assessment Data, amended, 41, 4042; Board, 220, 4043; House, 311

Res. 31, Principles for the Application of Risk Assessment in Dental Benefit Plans, amended, 42, 4044; Board 220, 4045; substitution, Res. 31RC, 320; House, 320

Res. 32, Third-Party Payers Overpayment Recovery Practices, amended, 43, 4046; Board, 220, 4046; House, 312 Response to House resolutions, 24 Strategic plan of ADA, 22

Dental Care

Institutional setting, policy amended, Res. 70, 5081
Long-term care facilities, members informational support, policy amended, Res. 71, 5081
Medically necessary, policy amended, Res. 20, 36, 4027
Preventive, policy amended, Res. 74, 5082

Dental Care in Institutional Settings Policy amendment, Res. 70, 5081 Dental Claim Form

Descriptive information, third-party acceptance, policy amended, Res. 21, 37, 4028

Policy amended, Res. 18, 35, 4024

Dental Content Committee

Liaison report to Board, 273 Report to Board, 216

Dental Education and Licensure, Council on

ADA CE Online, 51

ADA recognized dental specialties, 50

ADA recognized specialty certifying boards, 50

ADA's recognition as a CERPapproved CE provider, 51

Amendment to the Requirements for Recognition of Dental Specialties and National Certifying Boards for Dental Specialists, 3025

Anesthesiology, 50

Career recruitment, resources and related activities, 48

CERP governance structure, 51 Clinical licensure examinations, 48 Consultants approved, Res. B-84-2013, 209

Continuing education matters, 51 Continuing Education Recognition Program, 50

Dental Admission Test Program, 51
Dental education/accreditation, 47
Emerging issues/trends, 47
Golden Apple awards, 48
Interagency Committee on
Continuing Education, 51
Joint Commission on National
Dental Examinations, 49

Licensure, 48

Licensure by credentials, 49 Membership nominations, Board

Mission, 46

New CERP application forms for CE providers, 51

Policy review, 58

report, 1003

Purpose, 46

Report to Board, 164, 171, 209

Res. 33, Amendment of

Requirements for Recognition of Dental Specialties and Requirements for Recognition of National Certifying Boards for Dental Specialists, 54, 3027; Board, 221, 3028; House, 328 Response to House resolutions, 52 Safety awareness campaign, 50 Sedation, 50 State licensure legislation, 49 Strategic plan of ADA, 47

Dental Equipment

Sale to illegal practitioners, policy adopted, Res. 90, 4071 Sale to illegal practitioners, policy rescission, Res. 51, 4056

Dental Health Maintenance

Organizations

Guidelines, policy amended, Res. 9, 29, 4009

Dental Hygienists

NBDHE, statistics, JCNDE report, 117

Dental Informatics, Department of Report to Board, 211

Dental Informatics, Standards Committee on

Liaison report to Board, 273

Dental Informatics, Standing Committee on

CDP report, 61 Liaison report to Board, 171 Report to Board, 216

Dental Instruments

Purchase/leasing plans offered by dental schools, investigation, Res. 85, 3102

Dental Laboratories

Registration, Res. 52, 4061

Dental Practice, Council on

Consultants approved, Res. B-89-2013, 210 Dental group practice, trends, 62

Dental informatics, 61 Emerging issues/trends, 61 Membership nominations, Board

report, 1003 Mission, 59

Policy review, 64

Purpose, 59

Report to Board, 166, 191, 210 Res. 34, The National Healthcare Information Infrastructure (NHII) Task Force, rescinded, 65, 4047; Board, 220, 4047; House, 313

Res. 35, Recommendations of Future of Dentistry Report, amended, 65, 4049; Board 220, 4049; House, 313

Res. 36, Electronic Technology Activities, amended, 66, 4050; Board, 220, 4050; House, 313

Res. 37, Statement Opposing Unsupervised Practice by Dental Auxiliaries, replaced, 66, 4051; Board, 220, 4051; House, 313 Res. 38, Use of Environmentally Conscientious Measures in the Production, Packaging and Shipping of Dental Products, policy adoption, 66, 4053; Board, 220, 4053; House, 314

Res. 51, Sale of Dental Equipment to Illegal Practitioners, rescinded, 4056; Board 221; 4056; substitution, Res. 90RC, 322

Res. 52, Registration of Dental Laboratories, 4061; Board 221; substitution, Res. 52RC, 323; House, 323

Response to House resolutions, 63 Standards administration, 61 Strategic plan of ADA, 59 Supplemental Report 1: Response to Resolution 46-2012: Rescission of the Policy, Sale of Dental

Equipment to Illegal Practitioners.

Supplemental Report 2: Registration of Dental Laboratories, 4057

Dental Practice/Practice Institute, Division of

Supplemental appropriations, Res. B-163-2013, 264

Dental Practice/Professional Affairs, Division of

Supplemental appropriations, Res. B-19-2013, 159

Dental Products

4055

Environmentally conscientious, policy adoption, Res. 38, 66, 4053

Dental Programs

State, policy amended, Res. 69, 5080

Dental Quality Alliance

CDBP report, 23

Quality measures, Res. 89, 5129 Report to Board, 170, 210, 216, 273 Succession plan, Res. B-176-2013, 273

Dental Student Debt Task Force

Report to Board, 164

Dental Team

Concept, policy adoption, Res. 37, 66, 4051

Dental Therapy Accreditation Standards

CDA report, 17

Dentists

Employment, policy adoption, Res. 40, 74, 5030 NBDE, statistics, JCNDE report, 115 Payments, government reports, policy amended, Res. 13, 33, 4016

The Dentist's Prayer

Policy rescission, Res. 68, 5079

Dentition

Tooth Designation Systems, policy amended, Res. 5, 25, 4000

Department of Education (U.S.)

Renewal of recognition, CDA report, 17

Development of ADA Diagnostic Coding

Policy amendment, Res. 23, 37, 4030

Development of ADA SNODENT Clinical Terminology

Policy amendment, Res. 23, 37, 4030

Diagnostic Coding

Development, policy amended, Res. 23, 37, 4030

Digital Media

CC report, 11

Digital Video Production

Supplemental appropriations, Res. B-21, declared moot, 160

Directory, 381

Disabilities, Intellectual

Designate as underserved population, Res. 94, 5132

Disclosure Policy

Policy amendment, Res. 63, 5045 Revision, Board report, 208

Distinguished Service Award

Election, Board report, 1001 Nomination, Res. B-61-2013, 195 Presentation, 279

Diversity

Leadership survey, Res. B-88-2013, 212

Diversity and Inclusion Committee

Composition, Res. B-172-2013, 267 Report to Board, 163, 188, 212, 266, 270

Diversity in Leadership, Institute for see Institute for Diversity in Leadership

Dues

Changes, study, Organization and Rules of the Board of Trustees amendment, Res. B-130-2013, 238

Graduate, CM report, 107 Incentives, constituent/component societies match ADA, Res. B-45-2013, 193 Increase, 30-day notice, *Bylaws* amendment, Res. 99-2012, 141, 5005

Increase, revenue impact, CM report, 107

Pricing study, report to Board, 168 Reduction for nonmembers in five states, Res. B-43-2013, 193

Reduction for nonmembers lapsed in 2009-2011, Res. B-44-2013, 193

Request, Res. 4, 2026 Structure, CM report, 104

Education, Dental

Advocacy agenda, Res. 53, 3078 Bubble, deflating, Board report, 3036

CDEL report, 47

Financing, expanding research, Res. 55, 3080

Model, study, Res. 56, 3081 Student costs incurred, disclosure, Res. 91, 3106

Education, Dental, Continuing CDEL report, 51

Education/Professional Affairs, Division of

Supplemental appropriations, Res. B-51-2013, 185

Elections

Procedures, 1024

Electronic Technology Activities

Policy amendment, Res. 36, 66, 4050

Eliminating Use of Human Subjects in Board Examinations

Policy amendment, Res. 39, 73, 5029

Employees

Appreciation from Board, Board report, 1002

Pension plan, Board report, 2071 Retirement plan, Res. B-105-2013, 207

Savings and thrift plan, Res. B-106-2013, 207

Environmental Scan

Dissemination plan, Res. B-103-2013, 208

Ethics, Bylaws and Judicial Affairs, Council on

Bylaws amendments requiring
House approval, 75
Duties, Bylaws amendment,
Res. 42, 77, 5036
Emerging issues/trends, 71
Ethics of single sitting exams, 71
Large group practice, 71

Liaison report to Board, 216 Membership nominations, Board report, 1003

Mission, 69

Policy review, 79

Purpose, 69

Report to Board, 246

Res. 39, Eliminating Use of Human Subjects in Board Examinations, amended, 73, 5029; Board, 222, 5029; substitution, Res. 39S-1, 5029a (1 of 2); substitution, Res. 39RC; House, 350

Res. 40, Statement Regarding Employment of a Dentist, policy adopted, 74, 5030; Board, 222, 5032; substitution, Res. 40RC, 351; House, 351

Res. 41, Amendment of *Bylaws*, Chapter VIII, Various Sections, Elective Officers, 75, 5033; Board, 222, 5033; substitution, 41RC, 354; House, 354

Res. 42, Amendment of *Bylaws*, Chapter X, Section 120(G)i, CEBJA Duties, 77, 5036; Board, 222, 5036; House, 339

Res. 43, Definitions of Committees, amended, 79, 5037; Board, 222, 5038; House, 340

Res. 68, The Dentist's Prayer, rescinded, 5079; Board, 249, 5079; withdrawn, 278

Response to House resolutions, 71 Strategic plan of ADA, 69

Supplemental Report 1: Rescission of the Policy: "The Dentist's Prayer," 5078

Evidence-Based Dentistry

Activities, CSA report, 121 CSA report, 120

Ex Officio

Use, amendment of *Organization* and *Rules of the Board of Trustees*, Res. B-65-2013, 186

Executive Director

Absence, guidelines, Res. B-68-2013. 187

Compensation/contract, Board report, 2069

Key accountabilities, Res. B-173-2013, 266

Performance goals, Res. B-174-2013, 266

Report to Board, 170, 196, 215, 248, 273

Report to House, 281

Vacancy, guidelines, Res. B-68-2013, 187

Federation Dentaire Internationale

Advisory Committee appointed, 257 Annual World Dental Congress, report to Board, 269 Delegation appointed, 257

Fees

Administrative costs, policy amended, Res. 22, 37, 4029 Policy amended, Res. 24, 38, 4032 Profiles, policy amended, Res. 25, 38, 4033

Ferris, Robert T.

Distinguished Service Award, 1001 Distinguished Service Award nomination, Res. B-61-2013, 195

Finance and Operations, Division of

Supplemental appropriations, Res. B-20-2013, 160

Finances

Changes, study, Organization and Rules of the Board of Trustees amendment, Res. B-130-2013, 238

Independent Auditors Report, 151
Long-term strategy, Organization
and Rules of the Board
of Trustees amendment,
Res. B-138-2013, 241
Portfolio changes, Res. B-1752013, 266

Financial Statements

2012, 4th quarter, file/release, Res. B-50-2013, 185 2013, 1st quarter, file/release, Res. B-70-2013, 185 2013, 2nd quarter, file/release, Res. B-91-2013, 207 2013, 3rd quarter, file/release, Res. B-162-2013, 264

Fluoridation

CAPIR report, 4, 5112

Fluoride

Importance, policy amended, Res. 75, 5082

Future of Dentistry

Report, recommendations, policy amended, Res. 35, 65, 4049

Georgia Dental Association

Request for assistance, report to Board, 215

Geriatric Dentistry

CAPIR report, 4, 5111

Give Kids A Smile

ADA Foundation joint gala, Res. B-179-2013, 268 ADAF report, 133 CC report, 13 Operating rules, approved, Res. B-7-2013, 164

Report to Board, 244

Report to Division of Corporate Relations and Strategic Marketing Alliances, Res. B-6-2013, 164

Global Affairs, Division of

Report to Board, 211, 245

Golden Apple Awards

CDEL report, 48

Governance

Westman study suggestions, Board reports, 5014, 5062

Governance Committee

Charter, amendment of Organization and Rules of the Board of Trustees, Res. B-66-2013, 186 Report to Board, 162, 186, 207, 239, 267

Government Affairs, Council on

Emerging issues/trends, 87
Federal activity, 85
Membership nominations, Board report, 1003
Mission, 85
Policy review, 89
Purpose, 85
Response to House resolutions, 89
State activity, 87
Strategic plan of ADA, 85

Government and Public Affairs, Division of

Supplemental appropriations, Res. B-18, declared moot, 159

Government Reports on Payments to Dentists

Policy amendment, Res. 13, 33, 4016

Grants

ADAF report, 133

Great-West Financial

Risk and profit charge, Res. B-47-2013, 194

Group Practice, Dental

CM report, 103

Large, CEBJA report, 71 Trends, CDP report, 62

Guidelines for Dental Components of Health Maintenance

Organizations

Policy amendment, Res. 9, 29, 4009

Guidelines for Hospital Dental Services

Policy rescission, Res. 82, 5085 Text, 5103

Headquarters Building

Operating expense report approved, Res. B-75-2013, 184 Tenant improvements, Res. B-164-2013, 264

Health Care

Quality, policy amended, Res. 29, 40, 4040

Health Care Effectiveness Data and Information Set (HEDIS)

Use, utilization measures, Res. 89, 5129

Health Hazards of Air and Water Pollution

Policy rescission, Res. 81, 5084 Text, 5101

Health Literacy in Dentistry

Adults, policy amended, Res. 73, 5082

CAPIR report, 3

Health Policy Resources Center

Report to Board, 210, 252

Health Resources Services Administration

CAPIR report, 3

Grant, report to Board, 168

High Blood Pressure see Hypertension

High Blood Pressure Programs

Policy amendment, Res. 79, 5084

Historical Record, 391

Home Health Care

Policy rescission, Res. 80, 5084 Text, 5099

Hospital Dental Service

Guidelines, policy rescission, Res. 82, 5085

Hospitalization Insurance for Dental Treatment

Policy amendment, Res. 26, 39, 4034

House of Delegates

Access to floor, 1025

Administrative body, *Constitution* amendment, Res. 175-2012, 143, 5025

ADPAC, report, 280

Agenda, 2013, adopted, Res. 48, 1021, 1029

American Dental Political Action Committee, report, 374

Attorney-client sessions, 1026

Closed session, November 1, 2013, 280

Closed sessions, 1026

Committee on Credentials, Rules and Order, report, 281, 326, 373

Committee on Local Arrangements, chair, introduction, 277

Delegate allocation, Bylaws amendment, Res. 2, 5018 Distinguished Service Award presentation, 279 Distribution of materials, 1027 Election procedures, 1024 Ethics Statement, 277 Executive Director, report, 281 Honorary Memberships, presentation, 281 Installation of officers/trustees, 373 Manual, 1027 Media representatives, 1027 Meeting, November 1-5, 2013, 277 Microphones, dedicated pro/con, 1025 Minutes, 2012, approved, Res. 47, 1021, 1028 Minutes, November 1-5, 2013, 277

279
President, report, 279
Reference Committee on Budget,
Business and Administrative
Matters, report, 297, 374
Reference Committee on Dental

Nominations of officers/trustees,

Reference Committee on Dental Benefits, Practice and Related Matters, report, 297

Reference Committee on Dental Education, Science and Related Matters, report, 326

Reference Committee on Legislative, Health, Governance and Related Matters, report, 282, 334

Reference Committee on Membership and Related Matters, report, 364

Resolution number system, 1024 Secretaries/executive directors, access, 1026

Secretaries/executive directors of constituent societies, 1026 Speakers, recognition, 1025 Standing Committee on

Credentials, Rules and Order, report, 277

Strategic goals, approval, Res. 66, 5061

Substitution of alternate delegates for delegates, 1026
Treasurer, report, 281

Voting procedures, 1023

Human Papillomavirus

Task force establishment, Res. B-98, 208

Humanitarian Award

Ray Damazo, Res. B-146-2013, 269

Hypertension

National education/screening program, policy rescission, Res. 83, 5085 Programs, policy amended,

Individual Practice Associations (IPAs)

Support, policy amended, Res. 12, 32, 4015

Individual Retirement Account

CMIRP report, 94

Res. 79, 5084

Information Technology

Board report, 2058 Initiatives, report to Board, 192

Information Technology Committee

Report to Board, 162, 188, 243, 267

Information Technology, Division of

Report to Board, 192 Supplemental appropriations, Res. B-169-2013, 265

Informational Support for Members Providing Oral Care in Long-Term Care Facilities

Policy amendment, Res. 71, 5081
Institute for Diversity in Leadership

Alternate candidates, 2013-2014, approved, Res. B-63-2013, 188 Board report, 1005 Candidates, 2013-2014, approved,

Res. B-62-2013, 188 Class size, Res. B-170-2013, 267

Insurance

ADA plans, credit formula, Res. B-46-2013, 193

Audit implementation plan proposals, 252

Group programs, CMIRP report, 92 Life, term plan unallocated surplus set-aside, payment, Res. B-49-2013, 194

Member plans, Board report, 2027 Surplus, amendment of Organization and Rules of the

Board of Trustees, Res. B-48-2013, 194

Insurance, Health

Private, exchange web portal endorsement, 271

Insurance, Hospitalization

Dental treatment, policy amended, Res. 26, 39, 4034

Insurance, Income Protection

Premium credits, Res. B-116-2013, 246

Royalty, Res. B-120-2013, 247

Insurance, MedCASH

Premium credit, Res. B-118-2013, 246

Royalty distribution, Res. B-122-2013, 247

Insurance, Office Overhead Expense

Premium credits, Res. B-117-2013, 246

Royalty distribution, Res. B-120-2013, 247

Insurance, Term Life

Premium credits, Res. B-115-2013, 246

Royalty distribution, Res. B-119-2013, 247

Interagency Workgroup on Group Dental Practice

ADA members, Res. B-4-2013, 167

International Accreditation, Joint

Advisory Committee on

CDA report, 19

International Business Plan

Report to Board, 192

International Programs and Development, Committee on

Consultants approved, Res. B-97-2013, 211

Internet/Intranet

Review sites, 273

Interprofessional Relations

CAPIR report, 5

John W. Stanford New Investigator Award

Eligibility, Res. B-93-2013, 214

Legal Affairs, Division of

Report to Board, 172, 205, 246, 270

Legislation, Federal

CGA report, 85

Report to Board, 166, 192, 212, 245, 269

Legislation, State

CDEL report, 49

CGA report, 87

Report to Board, 166, 192, 212, 245, 269

Library

Board report, 3000

Electronic resources, supplemental appropriations, Res. B-51-2013, 185

Physical collection, Res. 102, 7000 Transition plan, task force, report to Board, 171

Library and Archives Advisory Board

Composition, Res. 101, 334 Composition, Res. B-155-2013, 268 Establishment, Res. B-53-2013, 190 Report to House, 334 Res. 98, consent calendar, 334 Res. 98, House, 334

Library and Archives Transition Plan

Transmittal to House, Res. B-52-2013, 190

Library Task Force

Report to Board, 243

Licensure

Board examination, California portfolio development, Res. 50, 3035

Clinical examinations, CDEL report, 48

Examinations, single sitting, CEBJA report, 71

Licensure by Credentials

CDEL report, 49

Limited Oral Health Literacy Skills and Understanding in Adults Policy amendment, Res. 73, 5082

Local Arrangements, Committee on Directory, 385

Logo

Use, policy rescission, Res. 61, 5039

Long-Term Care Facilities

Oral care, members informational support, policy amended, Res. 71, 5081

Managing Vice President (Conferences and Continuing Education)

Report to Board, 268

Managing Vice President (Corporate Relations and Strategic Marketing Alliances)

Report to Board, 164

Manual of the House of Delegates

Distribution, 1027

Mass Media

Representatives at House meetings, 1027

Medicaid

Audits, contingency based, Res. 93, 5130

Medicaid-CHIP State Dental Association

CADID

CAPIR report, 3

Medicaid Provider Advisory Committee

CAPIR report, 3

Medically Necessary Care

Policy amendment, Res. 20, 36, 4027

Members Insurance and Retirement Programs, Council on

Emerging issues/trends, 95 Group insurance programs, 92 Individual retirement accounts, 94 Membership nominations, Board report, 1003

Mission, 91

Purpose, 91

Report to Board, 167, 193, 246, 270, 271

Res. 84, royalty revenue, study, 2079; Board, 248; substitution, Res. 84RC; House, 297 Retirement programs, 93 Strategic plan of ADA, 91 Supplemental Report 1: ADA

Supplemental Report 1: ADA

Members Insurance Plans
Recommended Study of a
Potential Approach to On-Going
Royalty Revenue, 2077

Membership

98

Conversion, CM report, 101
Experience, CM report, 102
Grow, data-driven
recommendations, report to
Board, 251
Growth plans, report to Board, 271
Outreach, CM report, 101
Qualifications, policy amended,
Res. 59, 6009
Recruitment/retention, CM report,

Membership, Active Life

Report to Board, 167

Membership, Council on

Dues structure, 104
Emerging issues/trends, 103
Graduate dues category, 107
Group practice, 103
Membership conversion, 101
Membership experience, 102
Membership nominations, Board report, 1003

Membership outreach, 101 Membership recruitment/retention, 98

Mission, 97

Policy review, 109

Purpose, 97

Report to Board, 168, 193, 246, 271 Res. 44, Amendment of *Bylaws*, Chapter I, Various Sections,

Student Dues, 105, 6001; Board, 226, 6002; not adopted, 366

Res. 45, Amendment of *Bylaws*, Chapter I, Section 20(E)c, Predoctoral Student Member Dues, 106, 6004; Board, 226, 6004; substitution, Res. 45S-1, 6004; not adopted, 367

Res. 46, Amendment of *Bylaws*, Chapter I, Sections 20(E)c and 20(A)c, Dues, Postdoctoral Student Members, 108, 6006; Board 227, 6007; substitution, Res. 46S-1, 6007a (1 of 3), not adopted, 367

Res. 59, Qualifications for Membership, amended, 6009; Board, 227, 6014; House, 365

Res. 60, Promoting the Value of Tripartite Dentistry, amended, 6009; Board, 227, 6015; House, 365

Response to assignments from House, 6008

Response to House resolutions, 108 Revenue impact of dues increase, 107

Strategic plan of ADA, 97 Supplemental Report 1: Recent Council Activities, 6008

Membership, Honorary

Election, Board report, 1001 Nominations, Res. B-60-2013, 194

Membership, Life

Rule of 95, *Bylaws* amendment, Res. 86, 6016 REVISED

Membership, Tripartite

Alignment, report to Board, 167 Leadership development network, Res. B-171-2013, 267

Value promotion, Res. 60, 6009 Membership, Tripartite Relations

and Marketing, Division of Report to Board, 212 Supplemental appropriations, Res. B-15, declared moot, 159 Supplemental appropriations, Res. B-16, declared moot, 159

Mission of Mercy

Continuation, Res. B-142-2013, 261

MouthHealthy.org

Business plan, CC report, 12 Progress report to Board, 163

National Association of Community Health Centers

CAPIR report, 5111

National Board Dental Examinations

Statistics, JCNDE report, 115

Use of human subjects, policy amended, Res. 39, 73, 5029 Written, integrated, JCNDE report, 111

National Board Dental Hygiene Examination

Statistics, JCNDE report, 117

National Dental Examinations, Joint Commission on

Cap on unexpended funds, Res. B-56-2013, 190 CDEL report, 49 Consultants approved. Res.

Consultants approved, Res. B-95-2013, 209

Emerging issues/trends, 114 Funds reallocation, Res. B-57-2013, 190

Integrated national board dental examination update, 111

Membership nominations, Board report, 1003

Mission, 110

Purpose, 110

Report to Board, 190, 209

Res. 58, JCNDE Standing Rules Revisions, 3085; Board, 222, 3085; House, 330

Research/development funds expenditures, Res. B-55-2013, 190

Standing rules, revisions, JCNDE report, 3084

Standing rules revisions, Res. 58, 3085

Strategic plan of ADA, 110
Supplemental Report 1: JCNDE
Standing Rules Revisions, 3084
Trends in number of examination
candidates/pass rates, 114

The National Healthcare Information Infrastructure (NHII) Task Force

Policy rescission, Res. 34, 65, 4047 Text, 68, 4048

National Oral Health Alliance (U.S.)

CAPIR report, 3, 5110 Report to Board, 166

National Roundtable for Dental Collaboration

CAPIR report, 5111

National Summit on Smokeless and Spit Tobacco

CAPIR report, 5111 Supplemental appropriations, Res. B-18, declared moot, 159

New Business

Introduction, 1024

New Dentist Committee

Annual report, 6021 Attendance at Washington Leadership Conference, Res. B-15, declared moot, 159 Consultants approved, Res. B-99-2013, 213

Liaison report to Board, 171 Membership nominations, Board report, 1003

Membership nominees, Res. B-100-2013, 216

Nominations, guidelines, Res. B-149-2013, 272

Pilot program, Res. B-127-2013, 239

Report to Board, 171, 213

Nonmembers

Dues reduction in five states, Res. B-43-2013, 193 Dues reduction, lapsed in 2009-2011, Res. B-44-2013, 193

Obesity

Policy amended, Res. 77, 5083

Officers

Compensation workgroup, formation, Res. B-77-2013, 185 Directory, 381 Nominations, 279 Nominations schedule, 1023 Retirement, Board report, 1002 Spousal travel expenses, Organization and Rules of the

Organization and Rules of the Board of Trustees amendment, Res. B-140-2013, 242

Stipends, Res. B-133-2013, 239

Officers, Elective

Bylaws amendments, Res. 41, 75, 5033

Bylaws editorial amendment, CEBJA report, 78

Officials

Former, deaths, Board report, 1001 **Oral Health**

Assessment for school children, policy amended, Res. 78, 5084 Information resources, trusted, CSA report, 121

National reports, ADA response, Res. 87, 5108

Oral Health Assessment for School Children

Policy amendment, Res. 78, 5084

Oral Health of Vulnerable Older Adults and Persons With Disabilities

Copyright transfer, Res. B-42-2013, 192

Oral Medicine Accreditation Standards

CDA report, 17

Organization and Rules of the Board of Trustees

Administrative Review Committee composition, Res. B-24-2013, 162 Advisory committees, amendment, Res. B-64-2013, 186

Board attendance at third meeting, Res. B-30-2013, 168

Budget and Finance Committee charter changes, study, Res. B-128-2013, 238

Budget and Finance Committee, duties, amendment, Res. B-136-2013, 239

Compensation Committee charter, Res. B-25-2013, 160

Dues/finances changes study, Res. B-130-2013, 238

Governance Committee charter, amendment, Res. B-66-2013, 186

Insurance surplus, amendment, Res. B-48-2013, 194

Long-term financial strategy, amendment, Res. B-138-2013, 241

Reserve policies/objectives, amendment, Res. B-137-2013, 240

Spousal travel expenses, amendment, Res. B-140-2013, 242

Travel reimbursement, study, Res. B-131-2013, 238 Trustee travel within districts, amendment, Res. B-139-2013, 241

Use of ex officio, amendment, Res. B-65-2013, 186

Paffenbarger Research Center ADAF report, 133

Patient Protection and Affordable Care Act

CGA report, 85

Pension Committee

Report to Board, 162, 188, 208, 242, 267

Placement of Paid Education Television Messages Upon Request

Policy rescission, Res. 62, 5040 Text, 5044

Policy on Obesity

Policy amendment, Res. 77, 5083

Policy Review

ADA Policy on Fee Profiles, Res. 25, 38, 4033

ADA Policy on Fees, Res. 24, 38, 4032

ADA's Dental Claim Form, Res. 18, 35, 4024

Age of "Child," Res. 17, 35, 4023 Alteration of Dental Treatment Plans by Third-Party Claims Analysis, Res. 27, 39, 4035

Authorization of Benefits, Res. 15, 34, 4020

Board report, 208, 1006 Bottled Water, Home Water Treatment Systems and Fluoride Exposure, Res. 75, 5082

Bulk Benefit Payment Statements, Res. 19, 36, 4025

CAPIR report, 6

CC report, 13

CDA report, 21

CDBP report, 24

CDEL report, 58

CDP report, 64

CEBJA report, 79

CGA report, 89

Charge for Administrative Costs, Res. 22, 37, 4029

Closed Panel Dental Benefit Plans, Res. 10, 30, 4011

CM report, 109

Communication and Dental Practice, Res. 72, 5082

Council on Communications, 5039 CSA report, 127

Definition of Committees, Res. 43, 79, 5037

Dental Care in Institutional Settings, Res. 69, 5081

The Dentist's Prayer, Res. 68, 5079 Development of ADA Diagnostic

Coding, Res. 23, 37, 4030

Disclosure Policy, Res. 63, 5045 Electronic Technology Activities,

Res. 36, 66, 4050

Eliminating Use of Human Subjects in Board Examinations, Res. 39, 73, 5029

Government Reports on Payments to Dentists, Res. 13, 33, 4016

Guidelines for Dental Components of Health Maintenance

Organizations, Res. 9, 29, 4009 Guidelines for Hospital Dental

Services, Res. 82, 5085 Health Hazards of Air and Water Pollution, Res. 81, 5084 High Blood Pressure Programs, Res. 79, 5084

Home Health Care, Res. 80, 5084 Hospitalization Insurance for Dental Treatment, Res. 26, 39, 4034

Informational Support for Members Providing Oral Care in Long-Term Care Facilities, Res. 71, 5081

Limited Oral Health Literacy Skills and Understanding in Adults, Res. 73, 5082

Medically Necessary Care, Res. 20, 36, 4027

The National Healthcare Information Infrastructure (NHII) Task Force, Res. 34, 65, 4047

Oral Health Assessment for School Children, Res. 78, 5084

Placement of Paid Education Television Messages Upon Request, 5040

Policy on Obesity, Res. 77, 5083
Position Statement on the
Appropriate use of Assessment
Data, Res. 30, 41, 4042

Pouring Rights Contracts and Marketing of Soft Drinks to Children, Res. 76, 5083

Preventive Dental Procedures, Res. 74, 5082

Principles for Pay-for-Performance or Other Third-Party Financial Incentive Programs, Res. 28, 39, 4036

Principles for the Application of Risk Assessment in Dental Benefit Plans, Res. 31, 42, 4044

Promoting the Value of Tripartite Dentistry, Res. 60, 6009

Qualifications for Membership, Res. 59, 6009

Quality Health Care, Res. 29, 40, 4040

Recognition of Tooth Designation Systems for Electronic Data Interchange, Res. 7, 28, 4005

Recommendations of Future of Dentistry Report, Res. 35, 65, 4049

Reporting of Dental Procedures to Third Parties, Res. 6, 27, 4003 Sale of Dental Equipment to Illegal

Practitioners, Res. 51, 4056 State Dental Programs, Res. 69, 5080

Statement on Capitation Dental Benefit Programs, Res. 8, 28, 4007 Statement on Dental Benefit Plans, Res. 11, 31, 4013

Statement on Preventive Coverage in Dental Benefit Plans, Res. 16, 34, 4021

Statement Opposing Unsupervised Practice by Dental Auxiliaries, Res. 37, 66, 4051

Statement Regarding Employment of a Dentist, Res. 40, 74, 5030

Statement Supporting the Dental Team Concept, Res. 37, 66, 4051

Suggestions for Dentists on Participating in the National High Blood Pressure Education and Screening Program, Res. 83, 5085

Support for Individual Practice Associations (IPAs), Res. 12, 32, 4015

Third-Party Acceptance of Descriptive Information on Dental Claim Forms, Res. 21, 37, 4028

Third-Party Payers Overpayment Recovery Practices, Res. 32, 43, 4046

Tooth Designation Systems, Res. 5, 25, 4000

Use of ADA logo, Res. 61, 5039 Use of Biodegradable Materials in Manufacture and Packaging of Disposable Dental Products, Res. 38, 66, 4053

Use of DEA Numbers for Identification, Res. 14, 33, 4018

Use of Environmentally
Conscientious Measures in
the Production, Packaging and
Shipping of Dental Products,
Res. 38, 66, 4053

Use of Human Subjects in Clinical Examinations, Res. 39, 73, 5029

Pollution

Air/water, health hazards, policy rescission, Res. 81, 5084

Position Statement on the Appropriate Use of Assessment Data

Policy amendment, Res. 30, 41, 4042

Position Statement on the Appropriate Use of Data From Quality Measurement

Policy amendment, Res. 30, 41, 4042

Pouring Rights Contracts and Marketing of Soft Drinks to Children

Policy amendment, Res. 76, 5083

Practice Management, Dental

Education, accreditation standards, Res. 57, 3083

Prayer

Dentist, policy rescission, Res. 68, 5079

Prescriptions

DEA numbers for identification, policy amended, Res. 14, 33, 4018

President

Corporate Officer Agreement, Res. B-161-2013, 261 Report to Board, 170, 196, 215, 248, 272

Report to House, 279, 6029

President-Elect

Corporate Officer Agreement, Res. B-141-2013, 261 Report to Board, 170, 196, 215, 248.273

Presidential Gala

Report to Board, 244

Prevention Summit

2013, report to Board, 166 CAPIR report, 5112

Preventive Dental Procedures

Policy amendment, Res. 74, 5082

Principles for Pay-for-Performance or Other Third-Party Financial **Incentive Programs**

Policy amendment, Res. 28, 39, 4036

Principles for the Application of Risk Assessment in Dental Benefit **Plans**

Policy amendment, Res. 31, 42, 4044

Professional Product Review CSA report, 123

Promoting the Value of Tripartite Dentistry

Policy amendment, Res. 60, 6009

Public Affairs

Report to Board, 166, 212, 245, 269

Public Health Dentistry Workgroup

Report to Board, 171

Public Relations

Initiative progress, CC report, 5114

Qualifications for Membership

Policy amendment, Res. 59, 6009

Quality Health Care

Policy amendment, Res. 29, 40, 4040

Recognition Gala

Give Kids A Smile joint gala, Res. B-179-2013, 268

Recognition of Tooth Designation **Systems for Electronic Data** Interchange

Policy amendment, Res. 7, 28, 4005

Recommendations of Future of **Dentistry Report**

Policy amendment, Res. 35, 65, 4049

Reference Committee on Budget, **Business and Administrative Matters**

Report to House, 297, 374

Reference Committee on Dental Benefits, Practice and Related **Matters**

Report to House, 297 Res. 96, consent calendar, 298; House, 298

Reference Committee on Dental **Education, Science and Related Matters**

Report to House, 326 Res. 100, consent calendar, 326; House, 326

Reference Committee on Legislative, Health, Governance and Related **Matters**

Report to House, 282 Res. 97, Study of Trustee Districts, 364; House, 364

Res. 101, Library and Archives Advisory Board, composition, 334; House, 334

Reference Committee on

Membership and Related Matters

Report to House, 364

Res. 99, consent calendar, 365; House, 365

Reference Committees

Hearings, schedule, 1022

Regulations, Federal

CGA report, 85

Report to Board, 166, 192, 212, 245, 269

Regulations, State

CGA report, 87

Report to Board, 166, 192, 212, 245, 269

Reporting of Dental Procedures to **Third Parties**

Policy amendment, Res. 6, 27, 4003

Reports

Referrals, approved, Res. 49, 1022, 1030

Reputation Management

Advisory subcommittee, CC report,

Requirement for Recognition of **Dental Specialties**

Amendment, Res. 33, 54, 3027

Requirements for Recognition of **Dental Specialties and National** Certifying Boards for Dental **Specialists**

Amendment, Res. 33, 54, 3027

Reserves

Committed, release, Res. B-26-2013, 162

Policies/objectives, Organization and Rules of the Board of

Trustees amendment, Res. B-137-2013. 240

Royalties account, Res. B-135-2013, 247

Resolution 17-2012

CDEL response, 52, 3025

Resolution 18H-2011

CAPIR response, 5111

Resolution 19H-2012

CDEL response, 55

Resolution 20H-2012

CDEL response, 55

Resolution 21H-2012

CDEL response, 55

Resolution 22H-2012

CDEL response, 55

Resolution 23H-2012

CDEL response, 55

Resolution 24H-2012

CDEL response, 55

Resolution 25H-2012

CDEL response, 55

Resolution 26H-2012

CDEL response, 55

Resolution 27H-2012

CDEL response, 55

Resolution 28H-2012

CDEL response, 55

Resolution 29-2012 CDEL response, 55

CEBJA response, 71

Resolution 30H-2012

CDEL response, 56

Resolution 31H-2012

CDEL response, 56

Resolution 32H-2012

CDEL response, 56

Resolution 34-2012

CDP response, 63

Resolution 46-2012

CDP response, 63

Resolution 50H-2012

CM response, 108

Resolution 51H-2012 Resolution 170H-2012 Mission, 119 CM response, 108 Board response, 1018a (Page 2 of 2) Policy review, 127 Resolution 66H-2011 CM response, 6009 Professional Product Review, 123 Board response, 3036 Resolution 185H-2012 Purpose, 119 Resolution 67H-2012 CDEL response, 56 Report to Board, 168, 214, 272 CM response, 109, 6008 Resolution B-214-2011 Seal of Acceptance program, 121 Resolution 74H-2012 Board review, 169 Standards development, 121 Board response, 1018a (Page 1 of 2) Resolutions Strategic plan of ADA, 119 Resolution 75H-2012 Consideration, Res. 103, 7001 Trusted resources for oral health CC response, 13 Numbering system, 1024 information, 121 Referrals, approved, Res. 49, 1022, **Seal Program** Resolution 76H-2012 Board response, 1018a (Page 1 of 2) 1030 Acceptance program, CSA report, Resolution 77H-2011 Retirement 121 Sedation Board response, 2071 Member plans, Board report, 2027 Resolution 88H-2012 Member programs, CMIRP report, CE course, CDEL report, 50 Board response, 1018a (Page 1 of 2) Senior Director (Global Affairs) Resolution 89H-2012 Members programs ADA-AXA Report to Board, 192 Board response, 1018a (Page 2 of 2) future plans, 247 **Senior Staff** Resolution 90H-2012 New AXA gateway association Directory, 381 Board response, 1018a (Page 2 of 2) produce, Res. B-147-2013, 270 **Senior Vice President (Education** Resolution 91H-2011 Plan review, report to Board, 194 and Professional Affairs) Board response, 3036 **Risk Assessment** Report to Board, 268 Resolution 91H-2012 Dental benefit plans, policy **Senior Vice President (Government** Board response, 1018a (Page 2 of 2) amended, Res. 31, 42, 4044 and Public Affairs) Resolution 92H-2009 Robert H. Ahlstrom New Investigator Report to Board, 166, 188, 192, CM response, 6011 **Award** 212, 245, 268, 269 Resolution 97H-2012 Creation, Res. B-153-2013, 271 Senior Vice President (Membership, Workgroup response, 5047 Royalty Tripartite Relations and Marketing) Resolution 105-2012 Revenue, CMIRP report, 2077 Report to Board, 167 CAPIR response, 5113 Revenue, study, Res. 84, 2079 **Sharecare** Resolution 106-2012 Rules of the House of Delegates Termination of contract, report to CAPIR response, 5113 Deletion of Consideration of Board, 189 Resolution 107H-2012 Budget, Res. 64, 5053 **Smiles for Life Curriculum** CDP response, 63 **Rules Subcommittee** CAPIR report, 5 Resolution 109H-2012 Report to Board, 239 **SNODENT** CDP response, 63 Clinical terminology, development, policy amendment, Res. 23, 37, Resolution 110H-2012 CDEL response, 3033 Safety Awareness Campaign 4030 Resolution 111H-2012 CDEL report, 50 Intellectual property license, Board response, 1018a (Page 2 of 2) Sale of Dental Equipment to Illegal Res. B-101-2013, 211 Resolution 112H-2012 **Practitioners** Social Media CC report, 11 CDA response, 20 Policy rescission, Res. 51, 4056 Resolution 113H-2012 Schools, Dental Code of conduct, Res. B-9-2013, Board response, 3036 Curriculum in practice Resolution 122H-2012 administration, Res. B-12, 165 Posting protocol, Res. B-8-2013, CGA response, 89 Dental instrument purchase/leasing 163 Resolution 159H-2012 plans, investigation, Res. 85, 3102 **Soft Drinks** Board response, 3000 Program requirements, Res. 88, Pouring rights/marketing, policy Resolution 160H-2012 3105 amended, Res. 76, 5083 CM response, 109, 6008 Scientific Affairs, Council on **Speaker of the House of Delegates** Resolution 161H-2012 Consultants approved, Res. B-92-Authorized to alter agenda of CDEL response, 56 2013, 214 House, Res. 48, 1021, 1029 Resolution 162H-2012 Bylaws editorial amendment, Emerging issues/trends, 124 CDP response, 64 Evidence-based dentistry, 120, 121 CEBJA report, 78 Resolution 164H-2012 Financial stability, 124 **Special Needs Dentistry** CDA response, 20 Membership nomination, Res. B-5-CAPIR report, 4, 5111 Resolution 165-2012 2013, 169 Specialties, Dental CEBJA response, 73 Membership nominations, Board Certifying boards, survey, CDEL

report, 1003

report, 50

| THE ZOIS INDEX |
|---------------------------------|
| |
| National certifying boards, |
| recognition, requirements, |
| amendment, Res. 33, 54, 3027 |
| Recognition, requirements, |
| amendment, Res. 33, 54, 3027 |
| Spokespersons |
| Appointed, Res. B-114-2013, 243 |
| Appointed, Res. B-148-2013, 267 |
| Stafford Loans |
| Report to Board, 196 |
| Standards |

Standards

Development, CSA report, 121

Standards Administration, Department of

Report to Board, 271

Standing Committees

Appointments, Res. B-158-2013, 258 Directory, 385

Orientation for new members, Res. B-79-2013, 208

Standing Rules for Councils and **Commissions**

Advisory Committees, amendment, Res. B-64-2013, 186

State Dental Programs

Policy amendment, Res. 69, 5080

State Public Affairs Program

Oversight workgroup, annual report, Board report, 5069

Statement on Capitation Dental Benefit Programs

Policy amendment, Res. 8, 28, 4007

Statement on Dental Benefit Plans

Policy amendment, Res. 11, 31, 4013

Statement on Preventive Coverage in Dental Benefit Plans

Policy amendment, Res. 16, 34, 4021

Statement Opposing Unsupervised Practice by Dental Auxiliaries

Policy rescission, Res. 37, 66, 4051 Text, 68, 4052

Statement Regarding Employment of a Dentist

Policy adoption, Res. 40, 74, 5030

Statement Supporting the Dental Team Concept

Policy adoption, Res. 37, 66, 4051

Strategic Goals

House, approval, Res. 66, 5061

Strategic Plan, American Dental **Association**

ADABEI report, 129 ADAF report, 132 Annual report, 2046 Board session, 273 CAPIR report, 2

CAS report, 8 CC report, 10 CDA report, 15 CDBP report, 22 CDEL report, 47 CDP report, 59 CEBJA report, 69 CGA report, 85 CM report, 97 CMIRP report, 91 CSA report, 119 Draft, report to Board, 252 Future, Board report, 2039 JCNDE report, 110

Strategic Planning Facilitator Supplemental appropriations,

Res. B-17-2013, 159

Strategic Planning Steering Committee

Host informational forum, Res. B-107-2013, 226 Report to Board, 162, 188, 208

Student Affairs, Office of

Report to Board, 213

Students, Dental

Advocacy agenda, Res. 53, 3078 Annual session registration fees, Res. B-38-2013, 189 Costs incurred, disclosure, Res. 91,

3106 Debt, financial implications,

presentations, Res. 92, 3107 Dues structure, Bylaws

amendment, Res. 44, 105, 6001

Students, Dental, Graduate

Dues structure, Bylaws amendment, Res. 44, 105, 6001

Students, Dental, Postdoctoral

Dues, Bylaws amendment, Res. 46, 108, 6006

Students, Dental, Predoctoral

Dues, Bylaws amendment, Res. 45, 106, 6004

Success Program

Enhance, Res. B-102-2013, 222 Report to Board, 221

Suggestions for Dentists on Participating in the National High **Blood Pressure Education and Screening Program**

Policy rescission, Res. 83, 5085 Text, 5106

Support for Individual Practice **Associations (IPAs)**

Policy amendment, Res. 12, 32, 4015

Task Force on Dental Economics and Student Debt

Report to Board, 191

Task Force on Library Transition

Report to Board, 171

Task Force to Study Councils

Report: Council, Commission and Committee Self-Assessments, 5008

Res. 1, Councils, Commissions, Committees Self-Assessments, 5013; Board, 196; House, 339

Tax Forms

ADA 990 and 990T approved, Res. B-71-2013, 184 ADPAC 990 approved, Res. B-72-2013, 184

Television

Educational messages, placement, policy rescission, Res. 62, 5040

Third-Party Acceptance of **Descriptive Information on Dental Claim Forms**

Policy amendment, Res. 21, 37, 4028

Third-Party Payers

Assignment of benefits, Res. 95,

Bulk Benefit Payment Statements, policy amended, Res. 19, 36, 4025

Incentive programs, policy amended, Res. 28, 39, 4036

Overpayment, recovery, policy amended, Res. 32, 43, 4046

Reporting dental procedures, policy amended, Res. 6, 27, 4003

Third-Party Payers Overpayment Recovery Practices

Policy amendment, Res. 32, 43, 4046

Tobacco

Smokeless/spit, national summit, CAPIR report, 5111

Tooth Designation Systems

Electronic data interchange, policy amended, Res. 7, 28, 4005 Policy amendment, Res. 5, 25, 4000

Travel Policy

International, Res. B-165, 264

Treasurer

Bylaws editorial amendment, CEBJA report, 78 Report to Board, 170 Report to House, 281 Tax classification, Res. B-134-2013, 239

Treatment Plan

Alteration by Third-Party Analysis, policy amended, Res. 27, 39, 4035

Trustee District (First)

Res. 94, Designate Individuals With Intellectual Disabilities as a Medically Underserved Population, 5132: referred, 364

Trustee District (Second)

Res. 103, consideration of resolutions, 7001; withdrawn, 364

Trustee District (Fifth)

Res. 89, Use of Health Care Effectiveness Data and Information Set (HEDIS) for Utilization Measures, 5129; House, 344

Res. 90, Sale of Dental Equipment to Illegal Practitioners, policy adopted, 4071; substitution, Res. 90RC, 322; House, 322

Trustee District (Sixth)

Res. 85, Investigate Dental Instrument Purchase and Leasing Plans Offered to Students by Dental Schools, 3102; substitution, Res. 85B, 248, 3103; not adopted, 331

Res. 87, National Oral Health Reports, 5108; Board, 251, 5108; House, 360

Trustee District (Eighth)

Res. 102, ADA Library Physical Collection, 7000; withdrawn, 334

Trustee District (Eleventh)

Res. 86, Amendment of *Bylaws*, Various Chapters/Sections, Lifetime Membership Rule of 95, 6016 REVISED; Board, 251; 6019 REVISED; referred, 368

Trustee District (Fourteenth)

Res. 91, Disclosure of Costs Incurred by Dental Students, 3106; referred, 331

Res. 92, Presentations for Long-Term Financial Implications of Debt Incurred by Students During Dental School, 3107; referred, 331

Res. 93, Contingency Based Medicaid Audits, 5130; substitution, Res. 93RC, 361; House, 361

Res. 95, Assignment of Benefits, 5133; substitution, Res. 95S-1, 5159a; House, 362

Trustee District (Sixteenth)

Res. 88, Requirements in Dental School Education Programs, 3105; withdrawn, 278

Trustee District (Seventeenth)

Res. 175-2012, Amendment of Constitution, Article IV, Section 20, Administrative Body, 143; 5025; Board, 204, 223, 5025; withdrawn, 278

Trustee Districts

Study, Res. 97, 364

Trustees

Compensation workgroup, formation, Res. B-77-2013, 185 Directory, 381 Nominations, 279 Nominations schedule, 1023 Retirement, Board report, 1002 Spousal travel expenses, Organization and Rules of the Board of Trustees amendment, Res. B-140-2013, 242 Stipends, Res. B-133-2013, 239 Travel reimbursement, study, Organization and Rules of the Board of Trustees amendment,

Res. B-131-2013, 238
Travel within districts, *Organization*and Rules of the Board
of Trustees amendment,
Res. B-139-2013, 241

Underserved

Intellectual disabilities, Res. 94, 5132

United Nations

Environmental Program negotiations, report to Board, 170

United Nations Environment Program

CAPIR report, 5111

Universal Assessment Criteria

Approved, Res. B-163-2013, 265

University of Illinois at Chicago

Medical Center Library, memorandum of understanding, Res. B-156, 268

Memorandum of understanding considered at December 2013 meeting, Res. B-54-2013, 191

Use of ADA Logo

Policy rescission, Res. 61, 5039 Text, 5042

Use of Biodegradable Materials in Manufacture and Packaging of Disposable Dental Products

Policy rescission, Res. 38, 66, 4053 Text. 68, 4054

Use of DEA Numbers for Identification

Policy amendment, Res. 14, 33, 4018

Use of Environmentally Conscientious Measures in the Production, Packaging and Shipping of Dental Products

Policy adoption, Res. 38, 66, 4053

Use of Human Subjects in Clinical Examinations

Policy rescission, Res. 39, 73, 5029

Vice President

Offices, Constitution and Bylaws amendments, Res. 95-2012, 137, 5000

Warren, Paul

Honorary Membership election, 1001

Honorary Membership nomination, Res. B-60-2013, 194

Water

Fluoride importance, policy amended, Res. 75, 5082

Westman & Associates

Governance suggestions, Board report, 5062

Workgroup on Officer and Trustee Compensation

Formation, Res. B-77-2013, 185

Workgroup to Study Approval Authority for the ADA Budget

Report: Response to Resolution 97H-2012: Budget Governance, 5047

Res. 64, Amendment of *Bylaws*, Various Chapters/Sections, Budget Approval Authority, 5053; substitution, Res. 64B, 223, 5056; not adopted, 282

Res. 65, Procedures Governing the Budget Approval Process, 5059; Board, 226, 5060; not adopted, 282

Res. 66, Approval of High Level Strategic Goals by the House of Delegates, 5061; Board, 226, 5061; not adopted, 358